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| Report Title | Experiences of GP support from people with histories of addiction |
| Organisation | BSURF (Bolton Service User Forum) |
| Date and Time: | 15th July 2016 |
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Acknowledgements

Healthwatch Bolton would like to thank BSURF members for giving up their meeting session to this discussion and sharing their experiences so openly.

Disclaimer

This report relates verbatim comments gathered during the time of our visit. All comments recorded by Healthwatch Bolton have been added to Healthwatch Bolton's databank of patient comment.

Background

During the Summer of 2016 Healthwatch Bolton was working on a piece of thematic engagement work on the subject of Men's Health. The visit to BSURF was planned as part of this project.

Strategic drivers

- Engaging with hard to reach and vulnerable communities
- Monitoring quality in the provision of services
- People centred approaches to care

Who we spoke to

25 BSURF members participated in the discussion. All the participants have suffered from addictions to drugs and / or alcohol.

Method

Healthwatch Engagement Officer, Gail Gregory, introduced Healthwatch and our interest in discussing experiences of healthcare, the group then took on the subject and developed a thoughtful and productive discussion. BSURF is a peer support organisation and members are extremely skilled at managing and participating in group discussions. Healthwatch recorded all comments. We made a light touch edit of the material, grouping comments around the

various themes that emerged. The comments are presented here in the form of a record of the discussion.

Topics/Themes

GP knowledge of addiction: Management of addiction to painkillers: Prescriptions vs talking therapies: Stigma: Specialist addiction services appointments and waiting times: Beacon House: Access to support whilst awaiting specialist services: Importance of employment: Services working together.

The Discussion

On hidden rates of addiction

- *“I’m not surprised by the alcohol (rates in Bolton) and it’ll be a lot higher than that.....there’s a lot more than that as there are functioning alcoholics”*
- *“The GP alcohol forms - what happens to those? Sometimes people aren’t honest on their forms. Someone should do something and ask them more.”*
- *“My experience of working with men is that they don’t like to admit it... ‘druggies and alki’s.....’ When you do go to the GP it’s always for a different purpose.”*
- *“Because Manchester Road (specialist addiction services) is perceived as being ‘scary’.....because its people with all sorts of addictions. It doesn’t account well for different types of people and lots of people don’t attend because of that.”*

On available support from GPs

- *“Doctors prescribe a tablet which masks the illness or problem.”*
- *“There’s a definite stigma with addiction. GPs don’t understand stigma all they know is how to refer.”*
- *“You can be prescribed anti-depressants but no one seems to suggest any counselling or anything - it feels like they don’t know enough about mental health. It would be useful to have a mental health practitioner in the GP surgery as the 1st point of contact. Peer supporters might be good - BSURF have been sending mentors up to Beacon House to support people who are waiting for an appointment.”*
- *“I work for services - GPs appear to be very ignorant and don’t understand the stigma and stuff at addiction. There’s a need for more specialist GPs and more*

GP training on addiction. We tried to get funding to go out to GPs to do training but the lack of funding stopped it.”

- *“I was passed back to my GP from the Psychologist too soon.”*
- *“Doctors are well overworked - when I talked to my doctor about addiction he just told me to out and find services myself.”*
- *“In my experience it’s always a different GP”*
- *“We tried to set up things like ‘Recovery Champions’ before but never managed to get it off the ground due to funding.”*
- *“The (specialist addiction) service at Beacon House needs to travel away from Manchester Road and go out to GPs and health centres. They could do the initial contacts and harm reduction whilst waiting for specialist services.*

On GPs responses to addictions to prescription drugs

- *“GP’s just give you pills. I’ve been addicted to painkillers - that’s why I’m here (BSURF). The GP just keeps authorising it even when I’ve said I had a problem. There’s no help or referral at all for addiction to painkillers... they just say to come off it.... You start buying it on the street. I don’t think GPs know enough about addiction.”*
- *“Tramadol is easy to get addicted to and its prescribed quite easily by GPs”*
- *“My GP gives me 100 codeine at a time even though I’ve told them I have a problem.... I asked for help with it and they just told me to cut them down quickly”*
- *“It’s easy when you attend Bardoc (Out of Hours Service) - because they don’t get your notes - even if your GP refuses you. In the past I’ve gone there when I’ve already had 200 from the GP and 100 from the ‘Out of Hours’.”*
- *“I was in a car crash and I was prescribed ‘Tramadol’. I told the GP I was an addict and I don’t want ‘Tramadol’.”*

On Work

- *“Suicide rates are shocking - it’s depressing but it doesn’t surprise me. Unemployment rates in Bolton I used to be down south; it was easier.”*
- *“I found a job pretty quick. I’m a lifelong addict and just out of jail. I got a job pretty easyif you have a depressive mind-set it’s difficult to go out and look for work.”*
- *“I agree - I’m a chef. I used to work in Bolton but the opportunities are better in Manchester.”*

On other issues

- *“In trying to get help for my grandson who has come to live with us I’ve had to use some of the council systems, he needs to go to school - the online process is terrible: I tried to do it but decided to go to the “one stop shop”. That could only help with housing. The computers in the library, when I accessed them, they didn’t work. I came here (BSURF) rang up and ordered the forms.”*
- *“Home-cooking is dying out. I’m shocked when I go out to see how many take-always there are. I think people need to bring back cookery in school.”*
- *Several members had been to a Substance Misuse Feedback Event and found it really good and interesting.*

Conclusions

People in recovery find little in the way of understanding from their GP services.

GPs are ill equipped to deal with addictions to prescription drug and, as a result, appear to be contributing to that problem. Lack of coordinated working between different parts of the health system exacerbates this problem.

People waiting for treatment from specialist addiction services are not well supported.

Concentrating addiction services at a single site may be counterproductive in that it may deter/delay presentation from those who are ‘functioning addicts’.

Recommendations

1. There is an urgent need for information, training and clinical support for GPs in respect of working with people with histories of addiction.
2. Protocols and practice concerning the prescription of highly addictive drugs need to pay much more heed to addiction issues.
3. Community based services need to provide a variety of appropriate specialist addiction related interventions that are accessible and mitigate against the problems posed by stigma.