CONSULTATIONS BY APPOINTMENT

We fully understand that some patients registering with the Ellon Group Practice have a drug/substance misuse problem. As a practice we are perfectly happy to deal with medical problems, that may arise, in the usual way.

At the moment we have a designated Health Care Professional who will, by appointment, see these patients and manage their problem with the aim of reducing their drug/substance dependency. He/she will organise any medication e.g. methadone, as part of such a programme.

**The doctors in the practice will under NO circumstances prescribe reduction programme medication such as methadone to these patients.**

If a patient wishes to register with this practice and is taking other ‘medication’ which is recognised as potentially addictive, (Dihydrocodeine, diazepam, temazepam etc) and it is not being taken for a specific medical condition, the doctors of the practice retain the right NOT to prescribe this – without being intimidated in any way.

If proof of previous supply of these medicines, from another doctor is provided at the outset then this medication MAY be continued but it will be in a reducing dose. The quantity given, the dose and frequency, again, will be at the discretion of the doctor and him or her alone.

Under NO Circumstances will these scripts be re-issued if lost/stolen/mislaid.

Anyone with a drug/substance misuse problem wishing to register with the practice does so on the full understanding that they will be removed from our list if they do not comply with the above

- We have a practice policy for dealing with persistent non-attenders of pre-booked appointments. We will write to any patient who does not attend appointments on multiple occasions within a 12 month period and the ultimate result will be de-registration with the practice.

- We have a ZERO tolerance policy regarding intimidation/aggressive/threatening behaviour (this includes rudeness) towards ANY of the Health Centre Staff.

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ELLON GROUP PRACTICE

- I have read and accept the above guidelines on the provision of treatment for patients with drug/solvent misuse problems.
- I have read and accept the above guidelines on non-attendance of pre-booked appointments
- I have read accept the above statement on Zero Tolerance

Patient Name ___________________________ Date of Birth ______________

Patient Signature _______________________________ Date ____________

Patient agreement 2013.