General Healthcare Assessment

There is now a requirement that all service users within specialist drug treatment agencies receive a general healthcare assessment. This will be monitored within updated NDTMS reporting mechanisms for tier 3 and 4 services and will be measured against local standards.

The NTA has defined the healthcare assessment as:-

> ‘As part of their assessment and care plan, all drug users require a general healthcare assessment, which appraises and responds to (by direct intervention or referral) their risk of, for example, injecting-related wound infection, blood borne viruses, overdose (accidental or intentional), sexually transmitted disease or poor dental health, and will also include a basic health screen carried out by a trained professional.’

*Adult Treatment Plan Guidance Notes 2006-07*

**Purposes/Aims**

- To identify unmet health needs and address these through care planning
- To ensure account is taken of health problems which could interact with drug treatment
- As a means of attracting and retaining patients into drug treatment
- To improve drug treatment outcomes such as abstinence and relapse prevention in line with current evidence
- To create opportunities for harm minimisation interventions

The intention is first to define a universal healthcare assessment, which should be carried out by all agencies on all drug users. DANOS competencies required are: AF3 ‘Carry out comprehensive substance misuse assessment’.

In the future, the NTA intends to issue further guidance on incremental health assessment according to drug worker competencies, service amenities and drug user needs.
Therefore, as a first stage towards this goal, the minimum definition is as follows:

All drug users presenting to specialist drug agencies will receive as part of their assessment:

A. **Verbal health assessment**

*General* health questions should address
- Current illnesses/symptoms particularly epilepsy, asthma, liver disease
- Prescribed/OTC (over the counter) drugs
- Cigarette smoking
- Sexual health (risks and STD history) including smear status in women age 25-64
- Current use of/need for contraception
- Dental health
- Diet and weight loss

*Drug-related* health questions should address:

a) **All patients:**
   - Blood-borne virus testing and results (HIV, HBV, HCV)
   - Hepatitis Immunisation status (HBV, HAV) and other immunisations (Tetanus, TB)
   - History of fits/blackouts
   - History of overdose

b) **Drug smokers**
   - Smoking methods
   - wheeze/breathlessness/cough/sputum(‘are you coughing anything up?’)/haemoptysis(‘are you coughing up any blood?’)/chest pain

c) **Past and current injectors**
   - Injecting status and problems
   - History of skin infection/cellulitis/ulcer/abscess
   - History of septicaemia (‘blood poisoning’) /endocarditis (infection in your heart valves or the lining of your heart?’)
   - History of DVT/PE/other thrombosis (‘blood clot in your leg/lung/anywhere else?’)

B. **Basic physical health assessment by examination**

a) **All patients** should be offered examination of
   - Injection sites
   - Any current concerns related to wound infections and skin swellings