

WHO SHOULD REFER?

GP versus self-referral into Turning Point substance misuse

Background

- Substance misuse is a major contributor to morbidity and mortality, locally and globally¹
- Wakefield has the highest rate of deaths from drug use in Yorkshire and Humber²
- Ketamine use is increasing³
- Current referral process into Turning Point (substance misuse service) involves an online form, email, or telephone call, which is accessible to anyone

Self-referral	GP referral
<ul style="list-style-type: none">✓ Accessibility:<ul style="list-style-type: none">- Patient can contact directly- Avoids barriers to HCP e.g. stigma / limited appointments✓ Signposting: if GP referral declined, has information if needed✓ Autonomy: removes pressure to decide / consent immediately✓ Readiness: may demonstrate motivation/commitment to engage✓ Consistency: same service, regardless of referral route⚠ Awareness: relies on knowledge of the service for this pathway⚠ Dismissive/Denial: may diminish seriousness if not referred⚠ Isolation: may feel like the doctor is not bothered or lacks care⚠ Blame: subtext 'you got yourself into this mess, get yourself out'⚠ Accessibility: difficulty for certain groups, for example<ul style="list-style-type: none">- Non-English speakers- Neurodivergent individuals- Asylum seekers⚠ Motivation: the initial step of speaking to a HCP (healthcare professional) is often difficult, admitting it twice may be too much⚠ Avoidance: easier to avoid or ignore if given this option⚠ Amnesia: may not remember, especially if drinking or using substances, also easier to misplace information in these cases⚠ Misconceptions: may not self-refer due to incorrect beliefs about the service, whereas these could be addressed by the HCP⚠ Incomplete data: cannot track number of advised self-referrals, poor representation of how many people would benefit from service	<ul style="list-style-type: none">✓ Credibility: concern may be taken more seriously e.g. may struggle with distinction between social / harmful drinking✓ Traceability: pathway engagement can be tracked and fed-back to GPs, providing information about need for the service✓ Streamlined: takes the load and responsibility from the patient, especially if patient already at a GP appointment✓ Certainty: can address any misconceptions in real time✓ Affinity: addiction can be isolating, a referral can feel as though someone cares and is taking the time to listen✓ Support: may need 'push' in the right direction✓ Accountability: harder to ignore✓ Long-term: gain as addresses underlying source of many potential presenting problems e.g. injury/liver/kidney⚠ Time restriction: GPs only have 10m<ul style="list-style-type: none">- Exacerbated if patients do not subsequently engage- Difficulty initiating sensitive conversation⚠ Pressure: individuals may feel lack of control or pressure to make significant decision in small timeframe⚠ Stigma: if felt judged or stigmatised, then may carry this perception to the substance misuse service (<i>more hospital than GPs from lived experience group</i>)⚠ Confrontation: difficult conversations also require time, and need to be approached sensitively, especially if not ready or not acknowledged / accepted the problem

Method

Qualitative purposive sampling of perspectives with thematic analysis. Multiple 1:1 informal face-to-face interviews with the public health commissioner, turning point staff including the clinical service manager and non-medical prescriber, Bevan service provider, and general practitioner. Focus group with 4 peer mentors from Turning Point with lived experience.

Conclusion

Both routes have value. It may be unrealistic for GPs to refer all patients into Turning Point. However, recognising the circumstances where this would be more appropriate e.g. vulnerable individuals, should form part of the assessment. This is particularly relevant with substances that often have a clinical presentation e.g. liver damage with alcohol misuse, and bladder symptoms with ketamine.

References

1. <https://www.wakefieldjsna.co.uk/risk-factors/alcohol/>
2. <https://www.wakefieldjsna.co.uk/risk-factors/drug-use/>
3. Updated harms assessment of ketamine: commissioning letter (Jan 2025, GOV.UK)