

## SCHEDULE 2 – THE SERVICES

### Service Specifications (B1)

<b>Service Specification No.</b>	11J_0216
<b>Service</b>	Near Patient Testing – For the monitoring of specified drugs which require regular blood monitoring and review where appropriate in Primary Care
<b>Commissioner Lead</b>	Dorset CCG
<b>Provider Lead</b>	Primary Care Team
<b>Period</b>	1 <sup>st</sup> April 2017 – 31 <sup>st</sup> March 2018
<b>Date of Review</b>	31/3/18

#### Population Needs

##### **Introduction**

Practices that sign up to enhanced services are expected to provide essential and those additional services they are contracted to provide to all their patients.

This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

This specification relates to the monitoring of patients on specified drugs as part of a shared care arrangement between hospital specialist and GP following specialist initiation of therapy and stabilisation. Therefore it is imperative that there is a clear understanding of clinical and prescribing responsibilities between the specialist and GP.

##### National/local context and evidence base

##### **Background**

The treatment of several diseases within the fields of medicine, particularly in Rheumatology, Gastroenterology and Dermatology, are increasingly reliant on drugs that, while clinically effective, need regular monitoring. This is due to the potentially serious side effects that the drugs can occasionally cause.

It has been shown that the incidence of side-effects can be reduced significantly if this monitoring is carried out in a well-organised way, close to the patient's home.

The drugs specified are only prescribed under the direction of hospital specialists and traditionally in some areas of Dorset these patients have been followed up and monitored in hospital outpatients. However it is more convenient to patients and reduces pressure on hospital waiting lists if the service is offered in Primary care.

The West Dorset cluster covers a rural population with a widely dispersed population. Patients may have to travel miles to reach their nearest hospital. One of Dorset CCG's priorities is equity of provision and where practicable the patients should not need to travel

large distances for hospital care if the service can be provided efficiently and safely within Primary care.

## Outcomes

### NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

### Local defined outcomes

- Patient Safety and therapeutic drug maintenance;
- Care closer to home and increase levels of patient satisfaction;
- Demonstration of adherence to monitoring requirements;
- Flagging through CCG's adverse incident reporting where sharing of care and communication is not working;
- Demonstration of adherence to NPSA requirements for relevant drugs (MTX, lithium, amiodarone) this may be via a clinical system tool e.g.; - Ardens, PINCER toolkit e.g.; - or a clinical system tools.

## Scope

### Aims and objectives of service

The service aims to enable patients, whose drug therapy entails regular monitoring, to access a safe, effective and convenient service close to home.

The near patient testing service is designed to be one in which:

- Therapy shall only be started for recognised indications;
- Initiation of patients on these drugs shall be by specialist services and shall be properly stabilised prior to transferring to Primary care for monitoring responsibilities;
- The monitoring service in Primary care to the patient is convenient and safe;
- The need for continuation of therapy is reviewed regularly in conjunction with the hospital specialist and GP;
- The therapy is discontinued when appropriate in conjunction with the hospital specialist and GP.

### Service description/care pathway

This service shall be delivered by GPs for the monitoring of drugs as set out in Appendix 1 alongside the specialist and in accordance with the guidance provided by the Dorset

Medicines Advisory Group and a shared-care guideline (where available) for that drug.

Patients suitable for shared care drug monitoring shall be identified by the specialist and referred to the GP following initiation and stabilisation in secondary care.

GP's will accept responsibility from specialists for the drug monitoring element of the patients care in line with this specification.

It is recommended a participation agreement between the GP lead on behalf of the practice and the lead specialist for the patient shall be signed setting out the responsibilities of the share care required. An example of a participation agreement is attached.



Participation  
Agreement.docx

The participation agreement is an aid to specify the roles and responsibilities of the GP and the specialist with regards to monitoring; it is recommended is a partnership agreement is in place it is developed in partnership with the GP and specialist.

The monitoring shall be delivered at appropriate intervals in accordance with updated guidelines'. In exceptional circumstances there may be instances that arrangements for patient monitoring are different to the guidelines set, however the specialist and GP involved in the patients care shall agree, justify and evidence their decision.

**The GP shall:**

- Be confident in accepting the legal and clinical responsibility associated with the monitoring of specific drugs (**GPs shall refuse if they are not clinically comfortable to take on the specialist instructions. GPs are strongly recommended not to take on the monitoring and agreed actions of these medicines unless they have been adequately informed by the specialist in writing of the GP's responsibilities with regards to monitoring, side effects and interactions and are happy to take on the responsibility);**
- Inform secondary care of their intentions as soon as possible in writing if they do not wish to participate;
- Accept patients for drug maintenance and monitoring of specific drugs following initiation and stabilisation by the specialist;
- Monitor patients therapy and manage this with regular communication as required with the specialist;
- Ensure monitoring is carried out at regular intervals as clinically appropriate and in line with National and/or Local guidelines;
- Discuss with the specialist prior to discontinuation of therapy;
- Maintain strong communication links with the specialist involved in the patients care;
- Provide evidence that service provision reflects CCG requirements (See Performance, Monitoring and Audit arrangements for details);

- Provide the service to patients registered at the practices participating in this contract.
- Produce and maintain up-to-date records of all patients receiving a specified drug and managed alongside the specialist. This shall include;
  - Patient's demographic details;
  - Indication for the relevant treatment;
  - Date of the last hospital appointment;
  - Medication history and duration of treatment;
  - Previous blood results;
- Produce and maintain a patient held record which incorporates the management plan (this is particularly important for those drugs that are the subject of a NPSA alert), agreed with the specialist, which includes the following;
  - Reason for treatment;
  - Planned duration;
  - Monitoring timetable;
  - Therapeutic range to be obtained , (if appropriate);
- Ensure that there is call and recall system in place for all patients on the register, in line with the monitoring requirements and the patient's individual management plan;
- Ensure that all newly diagnosed/treated patients (and/or their carers where appropriate) receive education and advice consistent to what they have received by their specialist on the following;
  - Management of, and prevention of, secondary complications of their condition. (*This should include written information where appropriate*).
  - Information on how to access appropriate and relevant support throughout the course of their care;
- Be responsible in maintaining appropriate professional links, especially with the specialist;
- Ensure the service is available during the practices contracted hours, subject to sample collection services;
- Ensure the practices business continuity plan provides up to date account of cover for leave (both anticipated and unanticipated) and succession planning for staff turnover;
- Clear referral policies to ensure that, where appropriate, patients can be referred promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist;
- Maintain adequate records of the service provided, incorporating all known information relating to any significant events e.g. hospital admissions, death, of which the practice has been notified;
- Inform Dorset CCG, at the earliest opportunity, if there is a significant disruption to the service in order that continuity can be maintained through an alternative provider.

The [Dorset Formulary](#) aims to provide guidance on who should initiate and then continue the prescribing of certain medicines categorised as amber.

The ultimate judgement regarding a particular clinical result shall be made by the GP in light of the clinical data presented by the patient and the diagnostic and treatment options available and with advice from the specialist. The SPC's for these drugs are available at <http://www.medicines.org.uk/emc/>.

#### [Any acceptance and exclusion criteria and thresholds](#)

#### [Interdependence with other services/providers](#)

- Specialist (Acute Trust)
- CCG
- Dorset Medicines Advisory Group

#### [Applicable Service Standards](#)

#### [Applicable national standards \(eg NICE\)](#)

#### [Applicable standards set out in Guidance and/or issued by a competent body \(eg Royal Colleges\)](#)

BSR / BHPR Non-Biologic DMARD Guidelines

#### [Applicable local standards](#)

#### [Dorset Formulary](#)

Relevant shared care guidelines

#### [Performance, Monitoring and Audit Arrangements](#)

##### **The Practice shall;**

- Ensure an appropriate record of activity is developed and maintained for audit purposes and which meets the requirements of this contract;
- The CCG may ask for an audit/clinical review of the care provided.
- The report shall include (but not limited to);
  - Activity;
  - Compliance with monitoring regimes;
  - Complications, untoward incidents and significant events including never events;
  - Monitoring timetable;
  - Any computer-assisted decision-making and/or drug monitoring equipment used and arrangements for internal and external quality assurance;
  - Training, education and professional development relevant to the drug monitoring service;
  - Assurance that any staff member responsible for monitoring shall have developed the necessary skills to monitor safely.

<b>Applicable quality requirements and CQUIN goals</b>
<b>5.1 Applicable quality requirements (See Schedule 4 Parts A-D)</b>
It is a condition of participation in this service that practitioners will give notification, in addition to their statutory obligation, within 72 hours of the information becoming known to him/her, to the CCG Primary Care Team.
<b>5.2 Applicable CQUIN goals (See Schedule 4 Part E)</b>
N/A
<b>Location of Provider Premises</b>
<b>The Provider's Premises are located at:</b>
<b>Individual Service User Placement</b>