Near Patient Testing Local Enhanced Service Specification

In recognition of the changes in the monitoring requirements of the drugs listed in the National Enhanced Service, Aneurin Bevan University Health Board intends to commission these as a Local Enhanced Service (LES) in order to incorporate up to date monitoring.

The drugs and conditions included in this LES are:-

Methotrexate
Penicillamine
Leflunomide
Sodium Aurothiomalate (Gold IM)
Amiodarone
Azathioprine/Mercaptopurine
Sulfasalazine
Mycophenolate

Introduction

1. All practices 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.

Background

2. The treatment of several diseases is increasingly reliant on drugs that, while clinically effective, need regular blood monitoring. This is due to the potentially serious side-effects that these 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.

Aims

3. The near patient testing shared care service is designed to be one in which:

(i) therapy should only be started for recognised indications and for specified lengths of time
(ii) maintenance of patients initially stabilised in the secondary care setting should be properly controlled
(iii) the service to the patient is convenient
(iv) the need for continuation of therapy is reviewed regularly
(v) the therapy is discontinued when appropriate
(vi) the use of resources by the National Health Service is efficient.

Service outline

4. This local enhanced service will fund:

a near patient drug monitoring service in respect of the following specified drugs:

Methotrexate
Penicillamine
Leflunomide
Sodium Aurothiomalate (Gold IM)
Amiodarone
Azathioprine/Mercaptopurine
Sulfasalazine
Mycophenolate

This local enhanced service will fund:

I. **A shared care drug monitoring service** in respect of the drugs specified above.

II. **a register.** Practices must be able to produce and maintain an up-to-date register of all near patient testing drug monitoring service patients, indicating patient name, date of birth and the indication and duration of treatment and last hospital appointment

III. **call and recall.** To ensure that systematic call and recall of patients on this register is taking place either in hospital or general practice setting.

IV. **education and newly diagnosed patients.** To ensure that all newly diagnosed/treated patients (and/or their carers when appropriate) receive

appropriate education and advice on management of and prevention of secondary complications of their condition. This should include written information where appropriate and be provided to the patient on initiation by the secondary care clinician.

V. **continuing information for patients.** To ensure that all patients (and/or their carers and support staff when appropriate) are informed of how to access appropriate and relevant information.

VI. **individual management plan.** To ensure that the patient has an individual management plan, which gives the reason for treatment, the planned duration, the monitoring timetable and, if appropriate, the therapeutic range to be obtained. This should be completed by the secondary clinician and received by the practice.

VII. **professional links.** To work together with other professionals when appropriate. Any health professionals involved in the care of patients in the programme should be appropriately trained.

VIII. **referral policies.** Where appropriate to refer patients promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist.

IX. **record keeping.** To 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.

X. **training.** Each practice must ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so

XI. **annual review.** All practices involved in the scheme should perform an annual review which could include:

a) brief details as to arrangements for each of the aspects highlighted in the LES
b) details as to any arrangements implemented for internal and external quality assurance
c) details as to any near-patient testing equipment used and arrangements for internal and external quality assurance
d) details of training/education relevant to the shared care drug monitoring service
e) details of the standards used for the control of the relevant condition
f) assurance that any staff member responsible for service provision must have developed the necessary skills to provide the service safely and undertake monitoring as detailed in the relevant shared care protocol.

Untoward Events

5. It is a condition of participation in this LES that practitioners will give notification, in addition to their statutory obligations, within 72 hours of the information becoming known to him/her, to the Deputy Medical Director or Primary Care Clinical Director of all emergency admissions or deaths of any patient covered under this service, where such admission or death is or may be due to usage of the drug(s) in question or attributable to the relevant underlying medical condition.

Accreditation

6. Those doctors who have previously provided services similar to this enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be determined professionally qualified to do so. Those who wish to provide this service should complete the required accreditation forms and return them to Contractor Services, NWSSP, Cwmbran House, Mamhilad.

Costs

7. Each practice contracted to provide this service will be funded to provide a service that includes:

   Practice funded phlebotomist, practice sample, laboratory test, practice monitor and prescribe accordingly, dose adjustment by or guided by secondary care

   £80 per patient, per year, paid quarterly in arrears

The main general principle of the prescribing and monitoring of a near patient testing drug is that secondary care are responsible for the initiation and stabilisation of the drug and all the associated monitoring during this time. This includes the prescribing of this drug. Once a patient is stable, and after primary care has been sent and returned the documentation to secondary care agreeing to take over the responsibility, the prescribing and associated appropriate monitoring is the responsibility of primary care.

When a patient is started on a near patient testing drug the secondary care clinician will send a “consultant request shared care / near patient testing” form to the appropriate GP practice. This is an advance request and should be completed and returned to the requesting clinician.

Once the patient is on a stable dose of the near patient testing drug, primary care will be asked to undertake near patient testing. Primary Care is then responsible

for the prescribing and monitoring of the near patient testing drug as detailed in the near patient testing protocols.

In the event that a patient is prescribed more than one Near Patient Testing drug practices must seek authorisation from the Deputy Medical Director in advance of claiming multiple reimbursement. Where authorisation has been granted practices can then claim for each drug individually; they must clearly demonstrate the additional workload required for each drug e.g. completely different tests at different frequencies. This must be clearly recorded within the patient record. The Primary Care Team will notify NWSSP as to each approval so that payments can be processed accordingly.

Practices should adhere to the monitoring arrangements as detailed within the Shared Care Protocols. The exception to this is where the secondary care clinician has recommended and the GP is in agreement with an alternative regime for a particular patient. The practice must clearly indicate this in the patient record and can evidence this.

The full near patient testing protocols are sent by secondary care at the time the patient is initiated on the drug. These need to be referred to and kept in the individual patient record.

All shared care protocols can be accessed via:

http://www.wales.nhs.uk/sites3/page.cfm?orgid=814&pid=38180

END

Application Form Service List
Claim Form