OCCG SERVICE SPECIFICATION (2017/18)
NEAR PATIENT TESTING AS PART OF SHARED CARE MONITORING

1. Background

The treatment of several diseases within the fields of medicine is increasingly reliant on drugs that, while clinically effective, need regular 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. This service is deemed to be best provided by GPs as part of the integrated care package and ensures that responsibility for prescribing and monitoring of these drugs stays together.

2. Aims

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

(i) therapy should normally be initiated in secondary care, for recognised indications for specified lengths of time
(ii) maintenance of patients should be properly controlled in line with a shared care protocol
(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 the resources by the National Health Service is efficient

3. Service Outline

This service covers drugs that have been proposed by the Area Prescribing Committee (Oxfordshire) as being suitable for shared care or monitoring and approved by the Commissioner. Where formal shared care arrangements have been agreed between primary and secondary care these form part of the specification of this service. This service also applies to monitoring for denosumab as outlined in guidance document 'Using Denosumab for Osteoporosis in Primary Care'.

Practices should be able to produce an up-to-date register of all shared care drug monitoring service patients, indicating patient name, date of birth, the indication and duration of treatment, evidence that appropriate monitoring has taken place, and last hospital appointment.

Practices should ensure that the systematic call and recall of patients on this register is taking place in either a hospital or general practice setting.

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

When appropriate, practices should refer patients promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist.

Practices should ensure that all patients (and/or their carers and support staff when appropriate) receive appropriate education and advice on the management of, and prevention of, secondary complications of their condition. This should include written information.

Practices should review with the patient an individual management plan prepared jointly with secondary care, which gives the diagnosis, planned duration and therapeutic range to be obtained.

Practices should maintain adequate records of the performance and result 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.

Read codes should be used for recording activity information relating to this service on the Electronic Patient Record. All eligible patients require read codes for the drug prescribed (this occurs automatically when a drug is prescribed and unlike other read codes does not appear in the problem list), as well as **9N2S** 'seen by practice phlebotomist' or **41D0** 'blood taken in the last quarter' in order to qualify for payment in that quarter.

4. Untoward Events

It is a condition of participation in this service that practitioners will give notification to the CCG quality lead 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. This must be reported within 72 hours of the information becoming known to the practice. This is in addition to the practitioner's statutory obligations.

5. Accreditation

Those doctors who have previously provided services similar to this 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 service shall be deemed professionally qualified to do so.

6. Audit/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 service
(b) details as to any near-patient testing equipment used and arrangements for internal and external quality assurance
(c) details of training and education relevant to the drug monitoring service
(d) details of the standards used for the control of the relevant condition
(e) assurance that any staff member responsible for prescribing must have developed the necessary skills to prescribe safely.

7. Payment

In 2017/18 Practices will receive a fee of £83 per year per patient seen. Where additional drugs are added to the service in year practices will be eligible to claim for payment for monitoring these drugs as from the date that the relevant drugs were approved for inclusion by the Commissioner. Payment will be made quarterly based on actual activity carried out as reflected in quarterly activity monitoring reports to the CCG as per clause 8 below.

See appendix 1 for coding and data capture for payment.

Practices will also be able to claim a supplementary payment of £12 for each home visit for near patient testing where this service is not available from the Oxford Health community nursing or community phlebotomy services. Please use the code shown below to record this activity. Payment is per home visit, not per patient.

Additional payment supplement	**Numbers of patients seen by practice phlebotomist in either group who have been monitored at home in the quarter**	**8HLT. Phlebotomy D.V. done**

8. Monitoring
Practices are asked to submit a quarterly report using QUEST of actual activity to the CCG by the 15th of the month following the end of each quarter during the year (i.e. patients receiving one of the listed drugs who have had blood taken in line with the guidance below - least frequent monitoring within range is acceptable). Practices are also required to complete a yearly audit of performance against measures outlined in section 6 by 31st March 2018 and to make this available to the CCG if requested.

9. Termination
This service will terminate on 31st March 2018. Any change or early termination of this agreement must be agreed by both Commissioner and Provider.

Appendix 1 Drugs included for the purposes of this service

The following drugs are included in this service specification.
Payment for the drugs in Table 1 is based on a search population identified on any of the included drugs in the last 6months and coded for phlebotomy (9N2S. Seen by practice phlebotomist and 41D0. Blood sample taken) in the current quarter.

Table 1

Drug	**Specialist team**	**Monitoring (approx. frequency)**
Amiodarone new	Cardiology	6 monthly
Azathioprine	Dermatology, gastroenterology, respiratory (Sarcoidosis), renal, auto-immune liver disease inc transplant, rheumatology and neurology	Monthly-3 monthly
Ciclosporin	Dermatology, gastroenterology, rheumatology and neurology	Monthly to 2 monthly
Clozapine	Mental Health (OH)	Monthly
Denosumab	Rheumatology	6 monthly
Dronedarone	Cardiology	Monthly initially then periodically
Hydroxycarbamide (2)	Haematology	2 monthly
Leflunamide	Rheumatology	2 monthly
Lithium new	Mental Health (OH)	3-6 monthly
Methotrexate	Dermatology, gastroenterology, ophthalmology, rheumatology adult and paediatric, respiratory and neurology	2 monthly
Mercaptopurine	Gastroenterology	2 monthly
Mycophenolate	Dermatology, gastroenterology, auto-immune liver disease (not transplant), respiratory, rheumatology, renal, ophthalmology and neurology	Monthly to 2 monthly
Penicillamine	Rheumatology	Monthly
Riluzole new	Neurology	Monthly, then 3 monthly then annually
Sacubitril valsartan new	Cardiology	6 monthly
Sodium Aurothiomalate(Gold)	Rheumatology	Monthly
Sulfasalazine	Gastroenterology and rheumatology	3 monthly
Testosterone gels and Nebido	Endocrinology	6 to 12 monthly

Payment for drugs in table 2 is based on code 66P8 (high risk drug monitoring - shared care) per patient for current quarter. This code will require manual entry for each blood test to ensure payment. The code should be used exclusively for the blood tests for drugs listed below.

Table 2.

Drug	**Specialist team**	**Monitoring (approx. frequency)**
Dimethyl fumarate new	Multiple Sclerosis	3 monthly (phlebotomy only)
Tacrolimus new	Ophthalmology	Monthly to 2 monthly

Patients should be treated and monitored in line with shared care protocols agreed with OCCG. Please refer to the protocols for detail on monitoring regimes. NB The shared care protocols are subject to review during the year. When on-going commissioning responsibility is clarified the shared care protocols will be aligned to cover all CCG commissioned indications for each drug. All practices will be notified of any changes to shared care protocols or any drugs that may be added or removed from the list in-year.