

Near Patient Drug Monitoring Primary Care Agreement 2019/20

1. Purpose of Agreement

This agreement outlines the expectations and obligations in Primary Care to undertake the prescribing and monitoring of specific medicines which have been agreed by the Cambridgeshire and Peterborough Joint Prescribing Group (C&PCCGJPG) as suitable for prescribing under Shared Care Guidance (SCG). Practices that agree to this Local Commissioned Service do so for all shared care agreements included on the CCG Prescribing Website <http://www.cambsphn.nhs.uk/CJPG/SharedCareGuidance.aspx>.

2. Duration of Agreement

This agreement is for a period of six months, commencing **1st April 2019** and ending on **30th September 2019**.

The agreement may be updated periodically with recommendations made by the Cambridgeshire and Peterborough Joint Prescribing Group concerning the list of drugs included in this agreement.

3. Introduction

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This local commissioned service specification outlines a more specialised service 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. The CCG believes that all currently prescribed drugs requiring shared care have been identified and SCG's are in place. This is a small number of patients, covering drugs not commonly used, and therefore all prescribing information, cautions on use and monitoring details are in a standard format in each SCG document for easy GP reference. Both drug and its indication for use form the basis of the SCG. The C&PCCG JPG includes GP representatives from each locality who have agreed that the SCGs are appropriate to management in Primary Care.

No part of the specification by commission, omission or implication defines or redefines essential or additional services.

4. Background

Shared Care Guidance is available for specific drugs and indications. These drugs are initiated and the patient stabilised where necessary in the specialist setting, and are continued in primary care under a formal SCG agreement under this Local Commissioned Service.

If a GP is uncertain about their competence to take responsibility for the patient's continuing care, they should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague.

If the GP is still not satisfied, they should explain this to the other clinician and to the patient, and make appropriate arrangements for their continuing care however in signing up to this agreement the practice must provide all services for all Shared Care Guidance agreements.

5. Aims

The Near Patient Drug Monitoring service is designed to be one in which:

- (i) therapy should only be initiated for recognised indications (as per Shared Care Guidelines clinically ratified by the Cambridgeshire and Peterborough Joint Prescribing Group) This initiation includes the **Education of Newly Diagnosed and treated Patients** which ensures 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.
- (ii) where applicable, maintenance of patients first 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.

6. Service Outline

This local commissioned service will fund the additional work involved in locally agreed shared care indications where monitoring is required by the relevant SCG. The monitoring required varies from SCG to SCG and is specific for that drug/indication only.

The payment for agreed monitoring reflects the practice's workload to complete all aspects of monitoring and is outlined in 2 levels – Level, 2 and 3. All drugs are outlined in Appendix 1.

There are two levels of monitoring intensity levels being proposed within the proposed contract:

Level Two – medium/low intensity blood monitoring. Monitoring including blood testing.

Level Three – high intensity blood monitoring required. A shared care drug monitoring service including frequent blood testing

The tariff pricing for each level includes blood sampling. Blood samples undertaken within this agreement are excluded from the Phlebotomy LES.

All drugs covered by SCG are likely to be repeat medications and the medication review on repeat. The reference to the Shared Care Guideline is accepted as the evidence that the following are in place:

- (i) **A Register of all patients under SCG**
Practices should be able to produce and maintain an up-to-date register of all shared care drug monitoring service patients, indicating:
 - patient name
 - date of birth
 - indication and duration of treatment
 - date practice accepted responsibility for monitoring
 - last hospital appointment.
- (ii) **A system of Call and Recall** To ensure that systematic call and recall of patients on this register is taking place.

- (iii) **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.
- (v) **Professional links.** To work together with other professionals when appropriate. Any health care professionals involved in the care of patients in the programme should be appropriately trained.
- (vi) **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.
- (vii) **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.
- (viii) **Training.** 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. Staff are expected to keep up-to-date with current evidence and guidance.

In addition as good governance, practices should perform Annual Review of its shared care including

- (a) brief details as to arrangements for each of the aspects highlighted in the service
- (b) details as to any computer-assisted decision-making equipment used and arrangements 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 and education relevant to the drug monitoring service
- (e) details of the standards used for the control of the relevant condition
- (f) assurance that any staff member responsible for prescribing must have developed the necessary skills to prescribe safely.

7. Untoward Events

In addition to their statutory obligations, it is a condition of participation in this service that practitioners will give notification, within 28 days of the information becoming known to him/her, to the Commissioner clinical governance lead of all emergency admissions of any patient covered under this service, where such emergency admissions may be due to usage of the drug(s) in question or attributable to the relevant underlying medical condition.

It is a condition of participation in this service that practitioners will give notification to the Commissioner clinical governance lead of all deaths of any patient covered under this service, where such 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 practitioner. This is in addition to a practitioner's statutory obligations.

8. Accreditation

Those doctors who have previously provided services similar to the proposed local commissioned 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 local commissioned service shall be deemed professionally qualified to do so.

9. Pricing and Payment Arrangements

- Pricing

Practices will receive the following payments:

- £90.00 per patient per annum for Level Three
- £40.00 per patient per annum for Level Two

If a patient is taking more than one medicine under a shared care agreement, the practice may only claim for the patient once. This will be paid at the level that attracts the highest payment.

10. Activity Reporting

Practices are required to submit their activity on the **number of patients** (not number of tests) who are receiving practice based monitoring of the drugs listed under **Appendix 1**. This should be submitted via the Practice Commissioning Statements by the 15th day of the following month, following Quarter end.

Submissions should be made via capccg.enhancedservices@nhs.net

If Practices require help or advice on clinical recording, coding, please contact The Primary Care Information team via the following email address: capccg.primarycareinformation@nhs.net

11. Payment Verification

Practices entering into this contract agree to participate fully in the post payment verification/validation process determined by the Commissioner and LMC. Practices should ensure that they keep accurate records of claims made to ensure a full and proper audit trail is available and Practices are encouraged to utilise Practice computer systems to enable this condition to be met.

12. Performance

The CCG reserves the right to suspend the commissioning of this service where there are concerns around compliance and patient safety.

13. Safeguarding Adults

It is important that practices protect patients from avoidable harm (as defined in Safeguarding Adults guidelines) including safeguarding training, training on the Mental Capacity Act and Deprivation of Liberty. A Safeguarding lead should be identified in each practice.

14. Care Quality Commission (CQC)

The provider must meet CQC standards and where appropriate be registered with the Care Quality Commission (CQC). The standards and the relevant services are contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2014.

15. Termination

Should either party wish to terminate this agreement, a minimum period of 3 months notice must be provided in writing.

16. Signatories to the Agreement

Practices wishing to provide this service are required to complete and sign the application form, and return to the Commissioner for consideration. Failure to sign and return will be taken as a practice decline to participate in the agreement.

Appendix 1: Near Patient Drug Monitoring

Drug	Indication	Monitoring Intensity Level	Payment
Alemtuzumab	Multiple Sclerosis	Level 3	£90.00 per patient per annum
Aliskiren	Resistant hypertension	Level 2	£40.00 per patient per annum
Atomoxetine, Dexamfetamine, Methylphenidate, Lisdexamfetamine	ADHD (Adults and Children)	Level 3	£90.00 per patient per annum
Azathioprine	Immunosuppression	Level 2	£40.00 per patient per annum
Ciclosporin	Immunosuppression	Level 2	£40.00 per patient per annum
Cinacalcet	Secondary hyperparathyroidism in chronic renal failure (Adults)	Level 2	£40.00 per patient per annum
Colistin	Pseudomonas aeruginosa lung infections	Level 2	£40.00 per patient per annum
Enoxaparin injection	Patients undergoing invasive procedures to establish a diagnosis of pulmonary hypertension, assess treatment response or in preparation for surgery (Adults)	Level 2	£40.00 per patient per annum
Gentamicin (nebulised)	Long term prophylaxis of chronic lung infections in non-CF bronchiectasis (Adults)	Level 2	£40.00 per patient per annum
Gold (Myocrisin, Sodium Aurothiomalate) intramuscular injection	Rheumatoid arthritis	Level 3	£90.00 per patient per annum
Hydroxycarbamide	Myeloproliferative neoplasms treatment in adults	Level 3	£90.00 per patient per annum
Leflunomide	Rheumatic diseases	Level 3	£90.00 per patient per annum
Lithium		Level 3	£90.00 per patient per annum
Melatonin	Sleep disturbances (children and adolescents)	Level 2	£40.00 per patient per annum
6-mercaptopurine	Immunosuppression	Level 3	£90.00 per patient per annum
Methotrexate (sub-cutaneous and low dose)	Immunosuppression	Level 3	£90.00 per patient per annum

Midodrine	Idiopathic orthostatic hypotension	Level 2	£40.00 per patient per annum
Modafinil	Narcolepsy with or without cataplexy (Adults)	Level 2	£40.00 per patient per annum
Mycophenolate	Immunosuppression	Level 2	£40.00 per patient per annum
Nintedanib	Idiopathic pulmonary fibrosis	Level 3	£90.00 per patient per annum
Penicilliamine	Immunosuppression	Level 3	£90.00 per patient per annum
Pirfenidone	Idiopathic pulmonary fibrosis	Level 2	£40.00 per patient per annum
Riluzole	Amyotrophic lateral sclerosis form of motor neurone disease	Level 2	£40.00 per patient per annum
Sirolimus	Transplant patients	Level 2	£40.00 per patient per annum
Sodium oxybate	Cataplexy in adults patients with narcolepsy (Adults)	Level 2	£40.00 per patient per annum
Stiripentol	Seizures (Paediatrics)	Level 2	£40.00 per patient per annum
Sulfasalazine	Rheumatic diseases	Level 2	£40.00 per patient per annum
Tacrolimus	Transplant (Adults)	Level 2	£40.00 per patient per annum
Tobramycin (nebulised)	Chronic <i>Pseudomonas aeruginosa</i> infections (Paediatrics)	Level 2	£40.00 per patient per annum
Tolvaptan	Tolvaptan (Jinarc) for autosomal dominant polycystic kidney disease	Level 3	£90.00 per patient per annum