

Local Enhanced Service

Provision of near-patient testing

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 within the fields of medicine 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 service is designed to be one in which:
 - (i) therapy should only be started for recognised indications for specified lengths of time
 - (ii) 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.

Service outline

4. This local enhanced service will fund:

- (i) **a near patient testing drug monitoring service** in respect of the following specified drugs and with awareness of any Local Shared Care Protocols:
 - a) Amiodarone
 - b) Atypical antipsychotics:
 - Amisulpiride
 - Olanzapine
 - Quetiapine
 - Risperidone
 - Zotepine
 - Aripiprazole
 - c) Immunosuppressant Drugs
 - Azathioprine
 - Leflunomide
 - Methotrexate
 - Penicillamine
 - Sodium aurothiomalate
 - Auranofin
 - Sulphasalazine
 - Cyclophosphamide
- (ii) **a register.** 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 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
- (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
- (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
- (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 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.

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 PCO clinical governance 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.

Accreditation

6. Those doctors who have previously provided services similar to the proposed 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 deemed professionally qualified to do so.