Local Enhanced Service (NES)for the provision of near-patient testing

Service Level Agreement

PRACTICE – MEDICAL PRACTICE

Contents:

1. Financial Details

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.

Over the near future a Highland specific shared care protocol will be developed in liaison with Consultant colleagues. In the interim, practices should ensure they comply with the criteria contained within either the Highland Formulary, or the BNF.

This agreement is to cover the 12 months commencing 1 April 2005.

On agreeing a service plan with the PCO for the 12 months commencing 1 April 2005 practices will receive payment at level 3 of the nationally agreed rates, per patient, per year ie

Level 3 – Practice-funded phlebotomist or pharmacist etc, practice sample, laboratory test, practice dosing.	£117.21
In addition to the above fees, where sampling requires a domiciliary	£5.33

Visit to a housebound patient on behalf of the practice, and not by a member of staff employed by an NHS body to provide community health services, an additional fee would be paid for each separate address visited on that day

Claims for Payment

An estimated annual number of patients will be agreed with the Practice as part of this Service Level Agreement

Payment of quarter of this total amount will be made on quarterly basis, based on this estimated number.

Any in year changes in activity will be calculated/negotiated at the end of the financial year and payments amended accordingly.

Estimated Activity from Data Collection Exercise

Annual Number of Patients	

Actual activity should be submitted to the PCO on a quarterly basis, including drug being monitored. The list of drugs being monitored will be reviewed after the first quarter's information.

Payment Verification

Practices entering into this contract must participate fully in the verification process determined by the PCO and LMC. Practices should ensure that they keep proper records to ensure a full and proper audit trail.

It is anticipated that Practice computer systems will be utilised to enable this condition to be met.

Practices must be able and willing to evidence service delivery if required/requested by the PCO.

Annual Review of Contract

This contract will be reviewed annually, and will be in line with the annual review of the GMS Contract set out in the NHS (General Medical Services Contracts)(Scotland) Regulations, or other legislation as appropriate.

Practices will be expected to return to the PCO their end of year evaluation/results, in order to confirm compliance with the contract.

PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS SIGNED CONTRACT, INCLUDING DETAILS OF PRACTICE PLANS AS INDICATED

2. Signature Sheet

This document constitutes the agreement between the practice and the PCO in regards to this national enhanced service.

PRACTICE…… MEDICAL PRACTICE……

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCO:

Signature	Name	Date

3. Service Aims

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

(i) therapy should only be started for recognized indications for specified lengths of time

(ii) maintenance of patients first established 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

4. Criteria

The National Enhanced Service Specification details the following criteria. The following pages contain some further guidance from the PCO on expected processes, outcomes and deliverables based on this process. On aspiring to this service practices are required to submit plans under each of these items to the PCO.

(i) a shared care drug monitoring service

(ii) a register

(iii) call and recall

(iv) education and newly diagnosed patients

(v) continuing information for patients

(vi) individual management plan

(vii) professional links

(viii) referral policies

(ix) record keeping

(x) training

(xi) annual review

A local protocol, and associated drug list, will be produced to reflect local arrangements and include “amber” drugs and Consultant initiated drugs requiring monitoring in Primary Care within this specification.

Criteria One : A shared drug monitoring service

Details

- In respect of the following drugs:

  (a) Penicillamine

  (b) Auraofin

  (c) Sulphasalazine

  (d) Methotrexate

  (e) Sodium Aurothiomalate

  (f) Hydroxychloroquine

  (g) Ciclosporin (Also Spelt Cyclosporin)

  (h) Azathioprine

  (i) **Mercaptopurine**

  This should cover all locally agreed drugs where shared care is appropriate, and this list may increase following further discussion.

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Two: Register

Details

- Practices should be able to produce and maintain an up-to-date register of all shared drug monitoring service patients, indicating patient name, date of birth and the indication and duration of treatment and last hospital appointment

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Three: Call and recall

Details

- To ensure systematic call and recall of patients on this register is taking place either in a hospital or general practice setting

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Four : Education and newly diagnosed patients

Details

- 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

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Five : Continuing information for patients

Details

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

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Six : Individual management plan

Details

- 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

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Seven : Professional links

Details

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

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Eight: Referral policies

Details

- Where appropriate to refer patients promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Nine: Record keeping

Details

- 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

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Ten: Training

Details

- 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

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

Criteria Eleven: Annual review

Details

- 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 NES

  (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

Practice Plans for Year 05/06
(please detail below your practice's plans for this criteria)

Practice Evaluation at end of Year / results
(*at the end of the year please detail below the practice's results for this* criteria)

5. Untoward events

It is a condition of participation in this NES that practitioners will be given 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.

6. Accreditation

Those doctors who had 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 deemed professionally qualified to do so.

7. Ongoing Measurement and Accreditation

The ongoing measurement is outlined in the various criteria in the previous section.

In addition the practice is required to agree with the PCT this service specification/plan at the start of the year and to submit the completed document at the end of the year for evaluation purposes.

8. Dispute Resolution

Every attempt will be made to resolve any dispute informally between the Practice and the PCO. Failing that, the Dispute Procedure contained within the sections 464 to 474 of the Scottish General Medical Services Contract 2004 will apply.

9. Variation and Termination of Contract

Any variation to the terms and conditions contained herein requires to be agreed between the Practice and the PCO.

Any termination of services, or any part of the services covered by this contract, requires to be agreed between the Practice and the PCO before any termination takes place.

Drug: Penicillamine

Protocol number: 04

Indication: Rheumatoid arthritis

General guidance

1. This protocol sets out details for the shared care of patients taking PENICILLAMINE.

Background

2. Penicillamine is an effective second-line drug used in the treatment of rheumatoid arthritis.

Dosage Regimes

3. 125mg daily, increasing by 125mg increments every 4 weeks to 500mg daily if tolerated. Some patients respond to a lower dose, occasionally 750mg a day is required. If no response in 1 year discontinue treatment. Not to be taken within 2 hours of food.

Monitoring

FBC, U&E, LFTs	prior to treatment.
Urinalysis	prior to treatment.
FBC, urinalysis	every 2 weeks for 8 weeks, 1 week after any dosage increment, monthly thereafter.

Drug: Sulphasalazine

Protocol number: 05

Indication: Rheumatoid Arthritis

General guidance

1. This protocol sets out details for the shared care of patients taking SULPHASALAZINE.

Background

2. Sulphasalazine (Salazopyrin) is widely use for the long term treatment of rheumatoid arthritis. There are two preparations in use, Salazopyrin EN, (oval, film coated) and generic sulphasalazine (round, uncoated). The former is considered to have less GI side effects.

Dosage Regimes

3. 500mg daily increasing by 500mg weekly increments to a maximum of 1g bd, if tolerated. Some patients may respond to a lower dose. Treatment may be continued indefinitely, the usual reason for stopping being loss of benefit. Sulphasalazine is sometimes co-prescribed with other anti-rheumatic agents.

Monitoring

FBC, U&E, LFTs	prior to treatment.
FBC, LFTs	at 3, 6 & 12 weeks, every 3 months thereafter.
	: monthly for 3 months then every 6 months.

<u>Urgent FBC if patient complains of intercurrent illness during initiation of treatment.</u>

Drug: Sodium Aurothiomalate (Myocrisin)

Protocol number: 08

Indication: Rheumatoid Arthritis

General guidance

1. This protocol sets out details for the shared care of patients taking SODIUM AUROTHIOMALATE.

Background

2. Sodium aurothiomalate is a slow-acting drug effective in controlling disease activity in 60-70% of patients with rheumatoid arthritis. Improvement can be expected after 2-3 months (400-600 mg total dose), and in the absence of toxicity gold injections can be continued indefinitely.

Dosage Regimes

3. 10mg IM test dose then 50mg one week later followed by 50mg weekly to a total dose of 500mg. If there is a clinical response, the frequency of injections can be reduced to every 2 weeks up to a total dose of 1g. In the absence of an improvement continue at 50mg weekly to a total dose of 1g. If after 1g there is clinical improvement, reduce the frequency of injections to every 3-4 weeks. If no response after 1g total dose stop gold.

4. Dose record cards are available from the hospital and must be carefully maintained.

Monitoring

FBC, U+E, LFTs	prior to treatment
Urinalysis	prior to treatment
FBC, urinalysis	prior to each injection

(ESR/CRP is useful to assess response to therapy)

Drug: Auranofin

Protocol number: 09

Indication: Rheumatoid Arthritis

General guidance

1. This protocol sets out details for the shared care of patients taking AURANOFIN.

Background

2. Auranofin in general is less effective, less toxic and slower to induce a remission than intramuscular gold, and clinical benefit may not become apparent for up to 3-6 months.

Dosage Regimes

3. 6mg daily - either 6mg before breakfast, or 3mg bd before meals.

Monitoring

FBC, U&E, LFTs	prior to treatment
Urinalysis	prior to treatment
FBC, urinalysis	every 2 weeks for 3 months then monthly

Drug: Methotrexate

Protocol number: 11

Indication: Rheumatoid Arthritis, Psoriasis

General guidance

1. This protocol sets out details for the shared care of patients taking METHOTREXATE.

Background

2. Methotrexate is an effective second-line drug used in the treatment of rheumatoid arthritis and psoriasis. It has both immunosuppressant and anti-inflammatory effects.

Dosage Regimes

3. Initially 5mg to 7.5mg orally once weekly, maintenance dose 7.5 to 12.5mg per week.

Monitoring

FBC, U & E, LFTs	prior to treatment
Urinalysis -	prior to treatment
FBC	weekly for 6 week initially then monthly, any dosage increase should be followed by an FBC one week later
LFTs	3 monthly
U & E, creatinine	6 monthly