

**National Enhanced Service for the Provision of Near-Patient  
Testing**

Reference: NES02

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## **1. Financial Details**

This agreement is to cover the 12 months commencing 1 April 2009.

On agreement with the PCT for the 12 months commencing 1<sup>st</sup> April 2009 practices will receive £8.71 for laboratory outreach sampling, test and dose paid at mid-point per patient per quarter monitored through this service.

## **2. 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

## **3. Criteria**

The National Enhanced Service Specification details the following criteria. The following pages contain some further guidance from the PCT 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 PCT.

- (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

### **Criteria One : A shared drug monitoring service**

#### **Details**

- In respect of the following drugs:

(a) Penicillamine

(b) Araofin

(c) Sulphasalazine

(d) Methotrexate

(e) Sodium Aurothiomalate

This should cover all 'amber' lists drugs where shared care is appropriate

### **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

### **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

## **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

## **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

## **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

## **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

## **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

## 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

## 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

## 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

## 3. 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.

#### **4. 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.

#### **5. 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 that they meet the service specification/plan at the start of the year and to submit completed documentation at the end of the year for evaluation purposes. Monitoring will take place quarterly.

### **Appendix - Service Guidelines (draft)**

#### **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.

Urgent FBC if patient complains of intercurrent illness during initiation of treatment.

## **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