

<b>Service Specification No.</b>	<b>EPCS1</b>
<b>Service</b>	<b>Administration of GnRH Analogues</b>
<b>Commissioner Lead</b>	<b>Colin Webb, Commissioning Manager</b>
<b>Provider Lead</b>	<b>Primary Care Network Clinical Directors</b>
<b>Period</b>	<b>April 2020 – March 2025</b>
<b>Date of Review</b>	<b>March - Annually</b>

## **1. Population Needs**

### **1.1 National/local context and evidence base**

- 1.1.1 Gonadorelins are used in the treatment of carcinoma of the prostate and can form part of treatment for breast cancer. There are a number of treatment regimes which vary in the detail of their programme of administration and main purpose. Broadly they can be divided on the basis of the progress of the disease into advanced local disease and metastatic disease. The central usage, however, remains the treatment of metastatic cancer of the prostate.
- 1.1.2 In addition, gonadorelins are increasingly used in the treatment of endometriosis and prior to endometrial ablation.
- 1.1.3 Virtually all the prescriptions issued for injectable gonadorelins are written by GPs and most of these are also administered by GPs. In some practices an appropriately trained practice nurse will site the depot implants. The great majority of scripts are issued for Zoladex (generic name Goserelin), which is administered subcutaneously into the anterior abdominal wall as a depot implant. Others are given subcutaneously or intra-muscularly depending upon the indications and the preparation.
- 1.1.4 Different preparations are in place for treatment of Ca prostate, which are either injectable or implants. These are Buserelin, Goserelin Acetate, Leuprorelin Acetate or Triptorelin. The majority of preparations for treatment of Ca prostate are either Goselerin implants or Leuprorelin injections. There are varying treatment models for administering gonadorelins to patients with Ca prostate dependent on the clinical management programme agreed for that patient.
- 1.1.5 The Commissioner has determined that this is a service that should be provided within a GP practice environment within the Primary Care Network that the patients registered practice is a member. Predominantly it is expected that this will be the patient's own registered practice wherever possible. As such this specification is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services as defined in core GMS/PMS/APMS contracts. No part of this contract by commission, omission or implication defines or re-defines essential or additional services.

## **2. Outcomes**

### **2.1 NHS Outcomes Framework Domains & Indicators**

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	✓
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	✓
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	✓

	<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	✓
	<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	✓
<b>3. Scope</b>			
<b>3.1</b>	<b>Aims and objectives of service</b>		
3.1.1	To provide a safe and clinically effective service for patients within a primary care environment;		
3.1.2	To provide a locally accessible service that enhances the patient experience;		
3.1.3	To reduce patient attendances in secondary care;		
3.1.4	To ensure the most efficient use of NHS resources.		
<b>3.2</b>	<b>Service description/care pathway</b>		
3.2.1	The Provider will:		
	<ul style="list-style-type: none"> <li>• <b>Patient register</b> – establish and maintain a valid up-to-date register of patients being treated in accordance with this specification. The register should include the conditions for which the drug is prescribed, details of the agreed treatment regime (1 monthly or 3 monthly injections), date of next injection and date of next review if known. <i>The register will be held within individual GP practices not at Primary Care Network level.</i></li> <li>• <b>Call and recall</b> – ensure that there is a failsafe arrangement in place that ensure patients are recalled for appointments at the required intervals as necessary and to have systems in place to identify and follow up patients that default on their scheduled appointments.</li> <li>• <b>Professional links</b> – work within agreed shared care arrangements with secondary care clinicians. Individual treatment plans will normally be drawn up by local consultants. The Provider will be expected to follow these treatment plans unless there has been discussion and agreement with local consultants to modify them;</li> <li>• <b>Education and newly diagnosed patients</b> – support the education of both newly diagnosed patients and those with established disease. The secondary care team will provide the main source of advice for both newly diagnosed patients and those with established disease. The Provider will reinforce and supplement that advice where appropriate to do so;</li> <li>• <b>Individual Management Plan</b> - provide the patient with an outline individual management plan which gives the reason for treatment, the agreed treatment programme and the planned duration. This plan should be consistent with any agreed shared care protocols;</li> <li>• <b>Claiming for Activity</b> – each practice will claim for the administration of GnRH Analogues through the North Yorkshire and Humber Enhanced Services Portal.</li> <li>• <b>Record keeping</b> - maintain adequate records in the patient's lifelong record. This should include details of the patient's monitoring, any untoward incidents and evidence of patient consent to treatment. Suggested read codes are:</li> </ul>		
	<b>Item</b>	<b>Snomed</b>	
	Insertion of hormone implant (procedure)	278854009	
	Insertion of testosterone implant (procedure)	177628001	

Insertion of estrogen implant (procedure)	177627006
Insertion of Gonadorelin analogue implant	417369003

The Primary Care Network will ensure that the necessary data sharing agreements are in place across practices (where applicable) and that patient consent is gained prior to sharing records.

- **Training** - ensure that primary care staff involved in providing any aspect of care under this scheme are adequately trained, have the necessary skills and are appropriately qualified.
- **Provide safe and suitable facilities for undertaking invasive procedures** - ensure safe and suitable facilities for undertaking invasive procedures. The provider must ensure there are effective and safe sterilisation and infection control arrangements in place. The Provider must have infection control policies that are compliant with national guidelines including inter alia the handling of used instruments, excised specimens and the disposal of clinical waste.

**3.3 Population covered**

3.3.1 Patients registered with a GP practice that is a member of NHS Hull CCG.

3.3.2 The Provider must ensure that all patients registered with a practice that is a member of the Primary Care Network can access the service.

**3.4 Acceptance and exclusion criteria**

3.4.1 This scheme covers the administration of gonadorelin analogues in primary care in the following circumstances:

- patients with an established diagnosis and agreed treatment plan for Carcinoma of the Prostate;
- patients with an established diagnosis and agreed treatment plan for breast cancer;
- treatment of endometriosis as part of a maintenance programme;
- administration of a gonadorelin analogue as a single dose prior to endometrial ablation.

3.4.2 This scheme covers those patients who are housebound and unable to attend their usual practice premises.

**3.5 Interdependence with other services/providers/bodies**

Local secondary care acute providers  
Hull and East Riding Prescribing Committee (HERPC)

**4. Applicable Service Standards**

**4.1 Applicable national standards (e.g. NICE)**

4.1.1 As stated in paragraphs SC2 (Regulatory Requirements) and SC3 (Service Standards) the Provider is required to adhere to all national standards as issued

from time to time by any relevant Regulatory and Statutory bodies including guidance issued by appropriate competent bodies (e.g. Royal Colleges).

#### **4.2 Applicable local standards**

4.2.1 The shared care guidelines for GnRH Analogues in the treatment of Prostate Cancer have been agreed by Hull and East Riding Prescribing Committee (HERPC) and can be accessed at

<https://www.hey.nhs.uk/wp/wp-content/uploads/2016/03/gonadorelinAnalogues.pdf>

4.2.2 The shared care guidelines for GnRH Analogues in the treatment of Endometriosis or prior to Endometrial Ablation have been agreed by Hull and East Riding Prescribing Committee (HERPC) and can be accessed at

<https://www.hey.nhs.uk/wp/wp-content/uploads/2018/05/GonadorelinAnaloguesUlipristal.pdf>

### **5. Applicable quality requirements and CQUIN goals**

#### **5.1 Applicable quality requirements**

5.1.1 The Provider will develop and follow a standard operating policy for provision of this service.

5.1.2 It is a condition of participation in this service that practitioners will give notification, within 48 hours (two working days), of the information becoming known to him/her, to the CCG clinical governance lead, of all relevant significant adverse events, emergency admissions or deaths of any patient treated under this service. This is in addition to any statutory obligations.

### **6. Location of Provider Premises**

6.1 Premises:

6.1.1 The service will be provided from the Provider's Premises located at: Hull GP Practices.

### **7. Individual Service User Placement**

Not applicable