Service Specification No.	EPCS3
Service	**Shared Care Monitoring Service**
Commissioner Lead	Colin Webb, Commissioning Manager
Provider Lead	
Period	1 April 2020 - 31 March 2021
Date of Review	31 March - Annually

1. Population Needs

1.1 National/local context and evidence base

1.1.1 The treatment of several diseases within the fields of medicine, particularly in rheumatology, 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. The mechanism for shared care, agreed locally, includes a traffic light system for the classification of drugs. Amber drugs are those classified as appropriate for shared care, with the General Practitioner taking over the responsibility for ongoing care after an agreed period of time.

1.1.2 Since this service is heavily reliant on the shared care arrangements between primary and secondary care in Hull, the Commissioner has determined that this is a service that should be contracted at Primary Care Network level and provided within a GP practice environment by the patient's registered practice. 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

Domain 1	**Preventing people from dying prematurely**	**X**
Domain 2	**Enhancing quality of life for people with long-term conditions**	**X**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

3. Scope

3.1 Aims and objectives of service

3.1.1 The CCG wishes to commission a service for registered patients who require monitoring in primary care under established shared care guideline arrangements

with secondary care providers. This may involve the taking of bloods and other tests or examinations at pre-determined intervals.

3.1.2 The near patient testing service is designed to be one in which therapy should only be started for recognised indications for specified lengths of time.

3.1.3 This service aims to:

i. Provide patients with ongoing support in a safe primary care environment following initial treatment and stabilisation of their condition in secondary care;
ii. Provide a convenient service for patients;
iii. Ensure the service is clinically safe by continually assessing the need to continue treatment, liaising with specialists in secondary care as necessary;
iv. Ensure therapy is discontinued when appropriate;
v. Ensuring the most cost effective use of NHS resources.

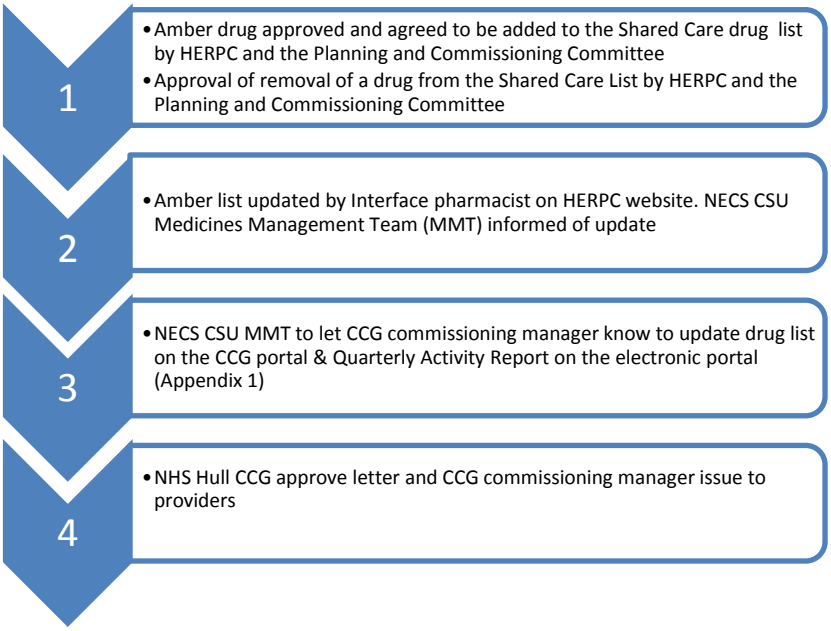
3.2 Service description/care pathway

3.2.1 This service will only apply where the drug monitoring arrangements are covered by shared care guideline drugs that have been agreed by Hull and East Riding Prescribing Committee (HERPC) and then the CCG Planning and Commissioning Committee.

3.2.2 This list will be reviewed on a bi-monthly basis and amended if necessary based on changes to existing shared care guidelines and the introduction of new shared care guidelines following agreement at HERPC. In such circumstances the Commissioner will advise the Provider by letter, how these changes affect the drugs covered by this agreement. A revised list of the drugs covered by this agreement will also be published on the CCG portal. The details of the shared care arrangements are to be found on the following website:

http://www.hey.nhs.uk/herpc/amber.htm

The pathway is summarised below:



3.2.3 Patient monitoring carried out under this arrangement must be done under a shared care framework agreement between the GP and the patient's Consultant. HERPC approve local shared care framework agreements which will specify the respective roles and responsibilities of the GP and the hospital specialist with regards monitoring and clinical management of the patient. Where the shared care arrangement is with a Trust other than Hull University Teaching Hospital NHS Trust or Humber Foundation NHS Trust and is for a drug designated by HERPC as a shared care drug, the GP practice has the option to consider whether to enter into the other Trusts shared care framework agreement.

3.2.4 The monitoring should be done at appropriate intervals in accordance with a Prescribing/Shared Care Framework.

3.2.5 The level of input required from the Provider in relation to each shared care framework varies as does the level of input from individual practices i.e. some practices outsource sampling whilst others do this within their practice. To acknowledge this variance each framework has been classified as the following depending on the level support provided:

- **Level 1** - The provider works within the shared-care guidelines to issue prescriptions but outsources sampling, testing, and dosing
- **Level 2** - The provider works within the shared-care guidelines to issue prescriptions and undertakes physiological monitoring (e.g. blood pressure checks, height & weight etc). Consultant retains responsibility for dosing
- **Level 3** - The provider organises laboratory test and takes responsibility for dosing in accordance with shared-care guidelines. Sampling is undertaken by a District Nurse or other externally funded provider
- **Level 4** - The provider organises laboratory test and takes responsibility for dosing in accordance with shared-care guidelines. The practice also undertakes sampling.

3.2.6 Details of the bandings for each drug managed according to a shared care guideline (as of 1st April 2020) are set out in the following table. This list will be subject to change and the provider notified accordingly via the process set out in paragraph 3.2.2.

SHARED CARE MONITORING SERVICE

Schedule of Shared Care Guidelines

Drug	**BNF Classification and Indication**	**Level**
Acamprosate	**Alcohol withdrawal**	**1 only**
Anastrazole	**Chemoprevention of Familial Breast Cancer**	**1 only**
Apomorphine	**Dopaminergic drug - Parkinson's disease**	**1 or 3 or 4**

Atomoxetine, Dexamphetamine,	**Treatment of ADHD**	**2 only**
Azathioprine	**Immunosuppression**	**1 or 3 or 4**
Azathioprine and 6-mercaptopurine	**Inflammatory Bowel Disease**	**1 or 3 or 4**
Ciclosporin for Immunosuppression	**Immunosuppression in adults**	**1 or 3 or 4**
Ciclosporin in Renal Transplant	**Renal**	**1 or 3 or 4**
Cinacalcet	**Secondary hyperparathyroidism in end stage Renal disease**	**1 or 3 or 4**
Degarelix	**Treatment of adult male patients with advanced hormone-dependent prostate**	**1 only**
Denosumab	**Primary and secondary prevention of osteoporotic fractures in postmenopausal**	**1 only**
Disulfiram	**Alcohol Relapse Prevention**	**1 only**
Erythropoetin	**Renal Anaemia**	**2 only**
Fulvestrant	**Breast Cancer**	**1 only**
Grazax	**Treatment of grass pollen allergies**	**2 only**
Guanfacine	**Attention Deficit Hyperactivity Disorder**	**1 only**
Hydroxychloroquine	**DMARD and immunosupression**	**1 or 3 or 4**
Ibandronate (breast cancer)	**Post menopausal women with breast cancer**	**1 or 3 or 4**
Ibandronate (MBD)	**Metastatic bone disease**	**2 only**
Isocarboxazid	**Treatment of depressive illness**	**1 or 3 or 4**
Leflunomide	**Disease modifying anti-rheumatic drug**	**2 only**
Lisdexamfetamine	**Attention Deficity Hyperactivity Disorder**	**N/A**
Lithium*		
Lithium	**Affective disorders and cluster headaches**	**1 or 3 or 4**
Melatonin	**Sleep disorders**	**1 only**
Memantine, Rivastigmine,	**Dementia**	**2 only**
Methotrexate for Immunosuppression	**Immunosuppression**	**1 or 3 or 4**

Midazolam Oromucosal Solution	**For the management of Status Epilepticus in adults and children**	**1 only**
Modafinil	**Narcolepsy**	**1 or 3 or 4**
Mycophenolate Mofetil	**Immunosuppression**	**1 or 3 or 4**
Mycophenolate Mofetil or	**Post renal transplant**	**1 or 3 or 4**
Naltrexone in Alcohol Relapse	**Alcohol relapse prevention**	**1 or 3 or 4**
Naltrexone in Relapse Prevention	**Treatment of narcotic addiction**	**1 or 3 or 4**
Penicillamine	**Disease-modifying anti-rheumatic drug - rheumatoid arthritis**	**2 only**
Phenelzine	**Treatment of depressive illness**	**1 only**
Raloxifiene	**Chemoprevention of famillial breast cancer**	**1 or 3 or 4**
Riluzole	**Treatment of amytrophic lateral sclerosis**	**1 or 3 or 4**
Sirolimus	**Immunosuppressant post renal transplant**	**2 only**
Sodium Aurothiomalate	**Disease-modifying anti-rheumatic drug - rheumatoid arthritis**	**1 or 3 or 4**
Somatostatin Analogues	**Somatostatin Analogue - licensed indications (symptoms associated with**	**1 or 3 or 4**
Somatropin	**For adult growth hormone deficiency**	**1 or 3 or 4**
Sulphasalazine	**DMARD and immunosupression**	**1**
Tacrolimus	**Immunosuppression post transplant**	**1 or 3 or 4**
Tamoxifen	**Chemoprevention of familial breast cancer**	**1 only**
Testosterone	**Treatment of male hypogonadism and menopausal symptoms in women**	**2 only**
Tranylcypromine	**Treatment of depressive illness**	**1 or 3 or 4**
Ulipristal Acetate (Esmya®)	**Treatment of Uterine Fibroids with Heavy Menstrual Period**	**1 only**
Verapamil	**Cluster headaches**	**1 only**
Colistimethate (Colomycin or	**Treatment of colonisation and infections of the lung due to pseudomonas**	**1 only**
Dornase Alpha	**Phosphorylated glycosylated recombinant hyman deoxyribonuclease 1 (rhDNase) -**	**1 only**
Tobramycin	**Cystic fibrosis management**	**1 only**

The monitoring of lithium is covered in the Quality and Outcomes framework and is therefore not covered by this contract

3.2.7 Clinicians must exercise proper clinical judgement about their competence to manage and enter into shared care arrangements in individual cases. They will not be obliged to agree to every request to take on shared care arrangements but must be prepared to engage in appropriate education and training opportunities where this is available.

3.3 Specific requirements

The Provider will provide/ensure the following requirements are met:

3.3.1 **Patient register.** The Provider should be able to produce and maintain an up-to-date register of all shared care drug monitoring service patients, indicating:

- Name
- Date of birth
- Address
- Contact telephone number
- Past medical history
- Medication history and duration of treatment
- Previous blood results on a system that allows previous results to be easily accessed and trends observed.
- last hospital appointment

3.3.2 Call and recall. To ensure that there is a failsafe arrangement in place that ensures patients are recalled for appointments at the required intervals as necessary, either in a hospital or general practice setting and to have systems in place to identify and follow up patients in default.

3.3.3 Education and newly diagnosed patients. To ensure that all newly diagnosed/treated patients (and/or their carers when appropriate) have received appropriate education and advice on the management of and prevention of secondary complications of their condition. This should include written information where appropriate. This information would normally be provided to the patient by the responsible secondary care provider.

3.3.4 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.

3.3.5 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.

3.3.6 Professional links. To work together with other professionals, especially consultants and/or nurse specialists as identified in the Prescribing Framework when appropriate. Any health professionals involved in the care of patients in the programme should be appropriately trained.

3.3.7 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.

3.3.8 Record keeping. To maintain adequate records of the service provided, incorporating all known information relating to any significant events e.g. adverse reactions, hospital admissions, relevant deaths of which the practice has been notified. This information should be recorded in the patient's record and coded accordingly (Snomed). Any serious untoward incidents associated with the

provision of this service should be reported via the Commissioner's reporting system.

Suggested Snomed codes:

Code	Description
415522008	Shared care prescribing
268529002	Shared care consultant and general practitioner

3.3.9 **Training.** The Provider must ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so. All nurses involved in providing this service should be registered with the NMC.

3.4 Population covered

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

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

3.5 Any acceptance and exclusion criteria and thresholds

3.5.1 The service is restricted to patients who are receiving treatment under a Shared Care Framework arrangement and includes one of the drugs listed above.

3.5.2 Drugs should only be used for the indications specified.

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

3.5.4 Out of Area Shared Care Frameworks can be accepted at the GPs discretion. Refer to Annex 1 - Extended Primary Care Medical Service – Shared Care Monitoring Out of Area Shared Care Framework Process for guidance on the process.

3.6 Interdependence with other services/providers

Hull and East Riding Prescribing Committee
Hull University Teaching Hospitals NHS Trust
Humber Foundation NHS Trust (inc community services)
Other NHS Trusts providing services to NHS Hull CCG patients
North East England Commissioning Support (Medicines Optimisation)
Voluntary organisations and support groups

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

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 (eg Royal Colleges).

4.2 Applicable local standards

The service provided must conform to the standards set out in the shared care guidelines issued from time to time by the Hull and East Riding Prescribing Committee.

http://www.hey.nhs.uk/herpc/amber.htm

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

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

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

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

Annex 1

Extended Primary Care Medical Service – Shared Care Monitoring

Out of Area Shared Care Framework Process