

### REPORT TO THE PBC GOVERNANCE COMMITTEE 11<sup>th</sup> MARCH 2009

Enclosure:	(1)				
Subject:	Community Monitoring of Disease Modifying Drugs (DMARDs)				
Lead Director:	Geraint Griffiths				
Lead Officer:	Nicky Brooks				
Recommendation:	For Approval		For Discussion		For Information X

#### PURPOSE OF THE REPORT:

Clinical approval was secured at the February PEC subject. This paper was given clinical approval at February's meeting subject to further points of clarification which have been addressed in the amended LES. These are as follows:

- Supplying further operational detail in the introduction
- Clarification on the costings and method of payment
- Rewording of phrasing in the finance section

The amended LES is enclosed for information.

#### KEY POINTS:

The new LES and community service will offer a more robust process and enable this monitoring to be offered to other DMARDs. Prescribed in other specialities i.e. Gastrology, Dermatology and Respiratory.

#### IMPLICATIONS:

Legal and/or Risk	The current monitoring systems in place are not sufficiently robust.
Financial	For Stafford PBC this additional service / LES can be delivered within the existing financial, however for Cannock PBC additional resources will need to be identified.
Training	Training will be provided by the enhanced PCT community service working in conjunction with individual practices.
PBC	Financial implications see above. Final proposal will require both Stafford and Cannock PBC to support.
Other	

#### RECOMMENDATIONS / ACTION REQUIRED:

- For information.

**Local Enhanced Service for the Provision of Monitoring Disease  
Modifying Drugs**

**Service Level Agreement**

Contents:

Introduction

**Background**

**Criteria**

**Disease Modifying Drugs to be monitored**

**Getting the patients onto the system**

**Getting bloods onto Rhemos system and acting on the results**

**Risks and associated actions**

**Training**

**4. Review/Audit**

**5. Finance details**

**6. Signature sheet**

**INTRODUCTION**

All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients. They are also encouraged to provide the Directed, National and Local Enhanced services to the populations they serve. The specification for this service is designed to cover the enhanced aspects of clinical care of the patient, which is beyond the scope of essential services.

- To ensure patient safety which using disease modifying drugs.
- To unify the governance approach to safe practice in the use of these drugs across the primary / secondary care interface.

**BACKGROUND**

Clinical concerns have been raised regarding the robustness of the community monitoring of Disease Modifying Drugs (DMARDs). In response a task and finish group was established in 2008 to review the existing LES in conjunction with the establishment of a community service to support GP practices with this monitoring and to extend the current service from Rheumatology to other specialities such as Gastrology, Dermatology and Respiratory specialities who also prescribe DMARDs. The community service and LES will only be applicable to GP practices who use Mid Staffordshire Foundation Trusts pathology services.

Rhemos is monitoring software allowing blood test results to be reviewed and all abnormal results flagged for attention. The software will allow all results to be trended (identifying rises and falls). The software sets parameters for attendance for blood test and also flags non-attendance.

**CRITERIA 1. – DISEASE MODIFYING DRUGS TO BE MONITORED****Auranofin****Azathioprine****Ciclosporin****Hydroxychloroquinne****Leflunomide****Methotrexate****Penicillamine****Sodium Aurothiomalate (Myocrisin)****Sulphasalazine**

## CRITERIA 2. –PUTTING THE PATIENTS ONTO THE SYSTEM

1. With the exception of Leflunomide GPs will need to complete a GP referral form (Rhemos form) prior to issuing the 1<sup>st</sup> prescription. The practice will need to specify which email address is to be used.
2. Rhemos referral form to be emailed to Rhemos administrator. Administrator will confirm receipt and supply monitoring schedule for the medication prescribed to the GP.
3. The practice will record the monitoring schedule in the patient's notes.

## CRITERIA 3 – GETTING BLOOD TESTS TO RHEMOS AND ACTING ON THE RESULTS

1. All blood tests undertaken by the practice / or their designated phlebotomy service need to be identified with the Rhemos label to allow the laboratory to download the results to the Rhemos computer. If the patient attends the blood room blood forms with Rhemos labels will need to be provided by the practice.
2. Rhemos administrator will download the Rhemos bloods daily Monday-Friday excluding bank holidays and print out all abnormal results and trends.
3. The Clinical Nurse specialist will deal with abnormal bloods with one or more of the following responses:
  - Telephoning patient to withhold medication and repeat bloods
  - Just repeat bloods
  - Discuss further with relevant consultant if under consultant care
  - Discuss with patients GP if patient discharged to primary care (GP may need to refer patients back to secondary care as a new referral)
 All actions will be reported back to the patients GP via email.
4. Patients who DNA for monitoring will be contacted via letter or telephone by the Rhemos administrator. If they do not attend for regular monitoring then the GP will be informed via email and medication may be potentially withheld. (See appendix 1 for patient letter). *(to be supplied at a later date)*

## CRITERIA 4 – RISKS AND ASSOCIATED ACTIONS

Risk – changes software used within the laboratory might mean that bloods do not get downloaded to the Rhemos software. Action –Rhemos Administrator to contact laboratory immediately logging a problem and to identify a time line for when blood results will be back on line. Global email to all GPs informing of the problem and when back up and running.

Risk – Software not identifying abnormal results. Action – Rhemos Administrator to contact Rainyday software for assistance, Log risks on risk register, and SUI forms to be completed.

GP not responding to emails on monitoring problems. Action-Clinical Nurse Specialist to telephone GP and discuss issues of monitoring patients and non-

response to emails. May need to bring to attention of medicine management team/Primary Care Team – as this could constitute a breach of contract.

In the event that a GP received results that are considered abnormal and has not received an email from the Rhemos team with action taken, the GP should contact the Rhemos team.

## TRAINING

The practice needs to ensure that they are familiar with the roles and responsibilities of undertaking this LES.

Staff will need to be competent in specific areas: to list

To work with the Rhemos team to facilitate Practice visits to undertake the agreed actions.

## Review/Audit

The services delivered will be subject to Clinical Audit and monitoring – and practices to participate in any service reviews. These will be developed in year and practices will be required to participate in any action plans.  
E.g. DNA rates, unnoticed abnormal blood results.

## FINANCE

The proposed finance payments have been recommended in light of the following practice responsibilities:

Providing patients with prescription for medication  
Undertaking / arranging phlebotomy / correct labels etc.  
Undertake blood pressure recording as required  
Dealing with abnormal results in conjunction with the Community Rheumatology Team, which may include new referral to secondary care, altering medication referral for investigations. This will be done in partnership via email / phone  
Patient not attending for monitoring will be identified to the GP. The decision as to whether withhold medication will be a clinical judgement made by the GP. . To contact the Rhemos administrator if further clarification is required with results, management etc.  
Participating in service reviews / audit.

It is proposed that the 4 levels of provision are reduced to 2 levels (externally funded phlebotomy (Provision 1) and practice funded phlebotomy (provision 2). The prices are based upon 2005 prices with a 2.3% uplift.

Provision 1 £10.55 (per test as detailed above)

Provision 2 £27.45 (per test as detailed above)

## SIGNATURE