

Monthly Prescribing Recommendation April 2015

Monitoring of Drugs in Primary Care

Your CCG supported the principle of asking GP practices to focus on monthly prescribing topics to deliver further prescribing cost efficiencies. Prescribing is a major contributor to the CCG's overall QIPP plan and the realistic ambition of financial balance. Achieving the latter is essential to qualify for the quality premium payment that can bring significant financial benefits to the CCG, and allow re-investment in primary care in subsequent years. Practices, therefore, are being asked to complete the relative actions before the end of the stated period.

During April, we ask that practices <u>familiarise themselves with the drugs included in the</u> <u>Monitoring of Drugs in Primary Care Service and run searches to identify patients</u> <u>prescribed the drugs included in Appendix 2 (see below)</u>

Background

Prior to April 2013, a local adaptation of a National Enhanced Service for Near Patient Testing (NPT) defined what drugs were included within the service, general detail of the expected safety and partnership working requirements of the service, the agreed banding of different drugs and the payments the bands would attract.

This service will remain in place and the updated specification will be included in contracts. A revised list of drugs and payments for bands is shown below in appendix 1 and 2. This will run from April 1st 2015. These documents have been approved by the local branch of the LMC. The list of drugs has been updated to include newer drugs that now require monitoring in primary care and also the removal of others. A new band, 2b, has been introduced which includes antipsychotic agents to recognise the additional monitoring requirements for some patients prescribed these drugs. It is expected that pre-treatment ECG's (if required) will be done in secondary care and primary care will be responsible for ongoing monitoring (including ECG if required).

The list of drugs will be reviewed and updated annually and we would be pleased to receive feedback on drugs that prescribers feel should be included in future updates of the list.

Practices are advised to:

- Read through the new payment bandings and the drugs included within each band.
- Look at guidelines for the prescribing and monitoring of these drugs e.g shared care guidance, NICE guidance.
- Review searches to produce up to date lists of patients prescribed these drugs.

Links to formularies and local shared care guidelines:

TEWV Antipsychotic Monitoring

http://www.tewv.nhs.uk/Global/Policies%20and%20Procedures/Pharmacy/Antipsychotic%20Monitoring%20may%202011.pdf - TEWV Guidance for safe transfer of prescribing

- http://www.tewv.nhs.uk/Global/Policies%20and%20Procedures/Pharmacy/PHARM-0023-
- v5%20Safe%20prescribing%20transfer%20guidance.pdf
- South Tees NHS Foundation Trust: www.southteesformulary.nhs.uk/
- County Durham and Darlington: <u>http://formulary.cdd.nhs.uk/</u>
- York and Scarborough Formulary: <u>www.yorkandscarboroughformulary.nhs.uk/</u>
- Tees, Esk & Wear Valley NHS FT: as per CNS chapter of CDD Formulary: http://formulary.cdd.nhs.uk/CNS

Further prescribing information can be found at: <u>www.medicines.org.uk/emc</u>

Yours sincerely,

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Appendix 1:

Banding	Payment per drug patient per year	Typical monitoring requirements
Band 1	£91.95	high intensity monitoring
Band 2	£45.97	intermediate
Band 2b	£26.56	anti-psychotics
Band 3	£7.15	closer to routine and/or infrequent

Banding criteria and service payments for 'Monitoring of Drugs in Primary Care'

Band 1: £91.95 per drug per patient per year

Monitoring every one-two months of U&Es, LFTs, FBCs. Include ECG, respiratory function tests etc. more than once a year. Verbal interview and record keeping of symptom checklist. Reporting of concerns to specialist.

Band 2: £45.97 per drug per patient per year

Monitoring more than twice a year up to and including every three months. Include ECG, respiratory function tests etc. once a year. Verbal interview and record keeping of symptom checklist. Reporting of concerns to specialist.

Band 2b: £26.56 per drug per patient per year

Monitoring typically twice a year but may be up to and including every three months. Include ECG, respiratory function tests etc. once or twice a year in relevant patients. Verbal interview and record keeping of symptom checklist. Reporting of concerns to specialist.

Band 3:£7.15 per drug per patient per yearMonitoring twice a year or less oftenTwo or more of the following: U&Es, LFTs, FBCsVerbal interview and record keeping of symptom checklist.

Reporting of concerns to specialist.



Appendix 2:

Banding decisions on drugs included in the 'Monitoring of Drugs in Primary Care' service

Most current versions of shared care guidelines should be accessed from the relevant hospital trust, e.g. South Tees NHS Foundation Trust via specialists or <u>www.southteesformulary.nhs.uk</u>

<u>Band 1</u>

Frequent blood testing, in respect of the following specified drugs:

Auranofin (po)	Azathioprine (po)
Ciclosporin (po)	Cyclophosphamide (po)
Degarelix (inj)	Leflunomide (po)
Mercaptopurine (po)	Methotrexate (po)
Mycophentolate (po)	Penicillamine (po)
Sodium aurothiomalate (inj)	Sulphasalazine (po)
Tacrolimus (po)	

Band 2

Monitoring, including blood testing, or other special monitoring or other special circumstances, in respect of the following drugs:

Adefovir (po)	Atomoxetine (po)
Dexamfetamine (po)	Denosumab (inj)
Dronedarone (po)	Entecavir (po)
Flutamide (po)	Goserelin (imp)
Lamivudine (po)	Leuprorelin (inj)
Methylphenidate (po)	Riluzole (po)
Tenofovir (po)	Triptorelin (inj)

Band 2b

Anti-psychotics, in respect of the following drugs:

Amisulpiride (po)	Aripiprazole (po)	
Benperidol (po)	Chlorpromazine (po)	
Flupentixol (po/ inj)	Fluphenazine (inj)	
Haloperidol (po)	Olanzapine (po)	
Paliperidone (po)	Pericyazine (po)	
Perphenazine (po)	Pimozide (po)	
Pipotiazine (inj)	Promazine (po)	
Quetiapine (po)	Risperidone (po/ inj)	
Sulpiride (po)	Trifluoperazine (po)	
Zuclopenthixol (po/ inj))		

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Band 3

Routine monitoring of the following drugs:

Amiodarone (po)	Apomorphine (inj)
Darbepoetin alfa (inj)	Donepezil (po)
Epoetin (inj)	Galantamine (po)
Hydroxychlorquine sulphate (po)	Lanreotide (inj)
Memantine (po)	Octreotide (inj)
Rivastigmine (po)	