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**Service Specification for Methotrexate Monitoring (non-RheMOS patients only)**

 **Period: 1st April 2017 to 31st March 2018**

**Date of Review: Annual**

**Introduction**

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients.

This specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services.

No part of the specification by commission, omission or implication defines or redefines essential or additional services.

**Background**

This service acknowledges the existence of current *‘shared care protocols for Rheumatology***.*’***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.

This service requires both the Specialist Consultant and GP to care for the patient and those who provide this service must abide by this. Its purpose is to provide Methotrexate monitoring and treatment to patients receiving NHS Rheumatology care not covered by the TA Monitor System. This specification has been developed to provide a specialist service for those patients and practices this affects.

This **does not** include Rheumatology patients who attend Doncaster Royal Infirmary, who are covered by the RheMOS monitoring system used by the Trust.

**Aims**

The monitoring service is designed to be:

* For patients, who have been stabilised on Methotrexate in the secondary care setting, to have a defined programme of monitoring in primary care
* Convenient to the patient
* An efficient use of NHS resources
* Consistent with the existing shared care protocol for Methotrexate prescribing

## Service outline

This service specification will fund:

A shared care drug monitoring servicewhichis specifically for Methotrexate and for the management of rheumatology patients not attending DRI.

* Prescribe *oral* Methotrexate once patient stable and shared care has been agreed
* Identify adverse events if the patient presents with any signs and liaise with the hospital specialist if any complications of treatment arise
* Perform the required blood tests at the correct frequencies
* Monitor blood results and action as detailed
* Stop treatment on the advice of the hospital specialist or if the GP feels it is clinically indicated

This will also require:

* *A register*:Practices must be able to produce and maintain an up-to-date register of all such patients on Methotrexate, indicating patient name, date of birth and the indication and duration of treatment, last hospital and next expected out-patient appointment date and any significant events.
* *Call and recall****:*** To ensure that systematic call and recall of patients on this register is taking place in accordance with the shared care protocol (<http://medicinesmanagement.doncasterccg.nhs.uk/documents/inflammatory-arthritis-and-connective-tissue/>)
* *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
* *Individual management plan:*To ensure that the patient has received from secondary care 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
* *Professional links:* To work together with other professionals as appropriate. Any health professionals involved in the care of patients in the programme should be appropriately trained
* *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. This will also include referral back to the consultant when specific need arises as a result of the monitoring programme
* *Record keeping***:** 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
* *Training:*Each practice must ensure that all staff involved in any clinical aspect of care under this scheme has sufficient knowledge and experience or receive sufficient training and skills to undertake this LES
* *Annual review:* All practices involved in the scheme must, if asked, submit a report to the CCG Primary Care Team, which will include:
* The process and protocols utilised in this monitoring scheme
* Details of training, education and experience relevant to the drug monitoring service
* Audit of the standards used by staff for the control of the relevant condition as detailed in the shared care protocol

**Accreditation**

No additional formal training should be required. Each practice must ensure that all staff involved in any clinical aspect of care under this scheme have sufficient knowledge and experience to undertake this LES. The practice will implement appropriate recall systems within the practice to ensure safe and consistent monitoring.

**Performance and Payment**

Activity data should be submitted on a monthly basis to the CCG

The practice will be required to submit audit information on request.

Activity should be submitted within 14 days of month end for activity undertaken in month.

Activity for March 2018 should be submitted within 7 days of month end. DCCG reserve the right to withhold payment on activity not received within these time scales