NHS COMMISSIONING BOARD

2013/14 NHS STANDARD CONTRACT

PARTICULARS

SCHEDULE 2 – THE SERVICES

1. Service Specifications (B1)

Mandatory headings 1 – 4. Mandatory but detail for local determination and agreement

Optional headings 5 – 7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement.

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| **Service Specification** |  |
| **No.** | TBC |
| **Service** | Near patient testing for CRP in patients attending with lower respiratory tract infection |
| **Commissioner Lead** | Jacqui Seaton, Deputy Executive – Primary Care and Medicines Management |
| **Provider Lead** | Telford and Wrekin GP Practice |
| **Period** | 1st April 2019 - 31st March 2020 |
| **Date of Review** | March 2020 |

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| **1. Population Needs** |
| 1.1 **National/local context and evidence base**  Tackling high antibiotic prescribing to try to reduce antibiotic resistance is a top priority both nationally and internationally. In the UK, GPs issue around 80% of all prescribed antibiotics although research shows that they only have a small impact on symptoms. Reducing unnecessary antibiotic prescribing in primary care, is therefore one approach to reducing their unnecessary use overall.  It has been shown that point of care testing (POCT) for ‘C reactive protein (CRP)’ can give GPs extra information and help them to better target antibiotics to those people most likely to benefit from taking them.  C-reactive protein (CRP) is an acute phase protein that rises in the blood stream non-specifically in response to inflammation. Liver failure can impair the production of CRP and chronic inflammatory conditions can result in persistently elevated levels. CRP levels can become elevated in response to viral infections but generally rise to higher levels in bacterial infections, especially severe bacterial infections. CRP POCT use can therefore help to guide decision making, **however it is not a replacement for clinical decision making and results should be interpreted in the context of the clinical assessment**.  The main role that CRP POCT is likely to have in general practice is in guiding antibiotic prescribing decisions. Its use may help improve clinical decision making and may make an important contribution to antimicrobial stewardship within general practice. CRP POCT can also potentially help with patient education and managing expectations for an antibiotic.  NICE pneumonia guidelines recommended the use of CRP testing to enhance the assessment of patients with LRTI. Specifically, the test has a role in patients without a clinical diagnosis of pneumonia but in whom there is still uncertainty about whether an antibiotic is needed. |
| **2. Outcomes** |
| * 1. **NHS Outcomes Framework Domains & Indicators**      |  |  |  | | --- | --- | --- | | Domain 1 | Preventing people from dying prematurely | ✓ | | Domain 2 | Enhancing quality of life for people with long-term conditions |  | | Domain 3 | Helping people to recover from episodes of ill-health or following injury |  | | Domain 4 | Ensuring people have a positive experience of care | ✓ | | Domain 5 | Treating and caring for people in a safe environment and protecting them from avoidable harm | ✓ |   **2.2 Local defined outcomes**  A reduction in the inappropriate use of antibacterial agents used in the management of respiratory tract infections, in line with national antibiotic stewardship programme. |
| **3. Scope** |
| **3.1** **Aims and objectives of service**  C reactive protein (CRP) testing is now available as a point of care test (CRP POCT) that can be used in primary care. NICE recommends its use in the diagnosis and appropriate management of lower respiratory tract infections in adults.  The purpose of this enhanced service is to improve antimicrobial stewardship by reimbursing practices for use of a near patient test (CRP) in patients presenting with lower respiratory tract infection when an antibiotic is being considered but the clinical diagnosis is uncertain from the presenting symptoms. The ES will improve patient safety by reducing inappropriate antibiotic prescribing and support the CCG to meet its antibiotic prescribing target. |
| * 1. **Service descriptions/care pathway** * See Appendix 1: Point of Care C-Reactive Protein (CRP) Testing in Primary Care for patients with Lower Respiratory Tract Infections pathway. * The pathway includes details on: * Patients to be considered for CRP testing * Interpretation of CRP test * Treatment guidelines following CRP assessment * Recording requirements (EMIS template for clinical assessment and practice payment claim form) * External Quality Assurance of Afinion analyser * Practices will be expected to order CRP assays directly from Abbott – the CCG will pay for all CRP assays. * Practices will be required to store the CRP assays as per the manufacturer’s instructions   **Audit Requirements**  For claims to be valid, practices must ensure that they record the outcome of all CRP POCT on the practice audit form. The audit form must be returned to the CCG on a monthly basis.  (See Appendix 1 - Point of Care C-Reactive Protein (CRP) Testing in Primary Care for patients with Lower Respiratory Tract Infections care pathway)  **Payment**  Each completed and recorded test will be reimbursed at £5  Claims must be submitted to the CCG at the end of each month (no later than 10 working days from end of each month) using the claim / audit form in the CRP care pathway (Appendix 1).   * 1. **Population covered**   The Provider shall provide services to all appropriate patients registered with a practice within Telford & Wrekin Clinical Commissioning Group.   * 1. **Any acceptance and exclusion criteria and thresholds**   None   * 1. **Interdependence with other services/providers**   The Provider shall ensure that, where appropriate to the service, they work with other appropriately trained professionals. |
| **4. Applicable Service Standards** |
| * 1. **Applicable national standards (e.g. NICE)**   Clinical guideline [CG191] Published date: December 2014  [Pneumonia in adults: diagnosis and management](https://www.nice.org.uk/guidance/cg191)   * 1. **Applicable standards set out in guidance and/or issued by a competent body (e.g. Royal Colleges)**   None   * 1. **Applicable local standards**   Prescribing of any antibacterial treatment following CRP assessment must be in line with local Antibiotic prescribing policy. |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable quality requirements**   All practices must ensure that they complete the required quality control assessments.   * 1. **Applicable CQUIN goals**   **None** |
| **6. Location of Provider Premises** |
| The Provider’s premises are located at:  All GP premises within Telford & Wrekin Clinical Commissioning Group |
| **7. Individual Service User Placement** |
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**Appendix 1 Point of Care C-Reactive Protein (CRP) Testing in Primary Care for patients with Lower Respiratory Tract Infections**

**Consider a point of care C-reactive protein (CRP) test if after clinical assessment a diagnosis of pneumonia has not been made and it is not clear whether antibiotics should be prescribed.**

**Patient presents with symptoms of lower respiratory tract infection**.

Cough as the main symptom and with at least 1 other lower respiratory tract symptom (such as fever, sputum production, breathlessness, wheeze or chest discomfort or pain) and no alternative explanation (such as sinusitis or asthma).

**Patient Counselling**

Explain to patients with CAP that after starting treatment their symptoms should steadily improve, although the rate of improvement will vary with the severity of the pneumonia, and most people can expect that by:

**1 week**: fever should have resolved,

**4 weeks:** chest pain and sputum production should have substantially reduced,

**6 weeks:** cough and breathlessness should have substantially reduced,

**3 months:** most symptoms should have resolved but fatigue may still be present,

**6 months:** most people will feel back to normal.

Explain to patients they should seek further medical advice if symptoms do not begin to improve within 3 days of starting the antibiotic, or earlier if their symptoms are worsening.

**Antibacterial therapy**

**Low Severity Community Acquired Pneumonia**

**FIRST LINE:**

Amoxicillin 500mg - three times daily for 7 days

**ALTERNATIVE TREATMENT OPTION (Penicillin allergic):**

Doxycycline 200mg STAT on day 1 then 100mg twice daily for a further 6 days

See antibiotic prescribing guidelines for further information: <http://www.telfordccg.nhs.uk/infections>

**Moderate Severity Community Acquired Pneumonia**

Consider hospital referral

**Community acquired pneumonia (CAP) - Severity assessment in primary care**

When a clinical diagnosis of CAP is made, determine whether patients are at low, intermediate or high risk of death using the **CRB65 score**.

CRB65 score is calculated by giving 1 point for each of the following prognostic features:

* confusion (abbreviated Mental Test score 8 or less, or new disorientation in person, place or time)
* raised respiratory rate (≥ 30 breaths per minute)
* low blood pressure (diastolic ≤ 60 mmHg or systolic ≤ 90 mmHg)
* age ≥ 65 years of age.

Stratify patients for risk of death as follows:

* 0: low risk (< 1% mortality risk)
* 1 or 2: intermediate risk (1‑10% mortality risk)
* 3 or 4: high risk (> 10% mortality risk)

Use clinical judgement in conjunction with the CRB65 score to inform decisions about whether patients need hospital assessment as follows:

* score of 0 or 1: consider home-based care
* score of 1-2 consider hospital referral
* score of 3-4 urgent hospital referral

The CRB65 score should not replace clinical judgement in deciding if a person should be admitted. Other factors should also be considered in making the decision. These include:

* The person's wishes.
* Their social support.
* Pre-existing conditions.
* Pregnancy.
* General frailty.

**Do NOT routinely offer microbiological tests to patients with low-severity CAP**

**Treatment Guide**

**Use results of the CRP test to guide antibiotic prescribing as follows:**

* **CRP concentration less than 20mg/litre** - Do NOT routinely offer antibiotic therapy.
* **CRP concentration is between 20 mg/litre and 100 mg/litre** - Consider a delayed antibiotic prescription (a prescription for use at a later date if symptoms worsen).
* **CRP concentration is greater than 100 mg/litre** - Offer antibiotic therapy.

**Reporting POC CRP Testing for patients with lower respiratory tract infections**

Complete the respiratory review template on your EMIS system confirming that you have requested a point of care CRP test.

The review template will also enable you to record examination findings, the actual CRP level and the outcome of the review in terms of prescribing of an antibacterial.

The practice will also be asked to keep a simple record of the date a CRP test was completed and the CRP level. This will facilitate the quarterly practice payment.

**External Quality Assurance (EQA)**

Each practice site will receive a whole blood sample on a monthly basis. The sample will need to be analysed and the result reported back to the external QA provider. The CCG will receive confirmation that each site has completed the monthly QA process and an assurance that their monitor is reading to the specified accuracy.

If there are any concerns about the accuracy of the monitor following EQA further analysis of the monitor/assay procedure may be requested.

Practices will not receive payment for CRP analysis if they do not participate in the EQA process.

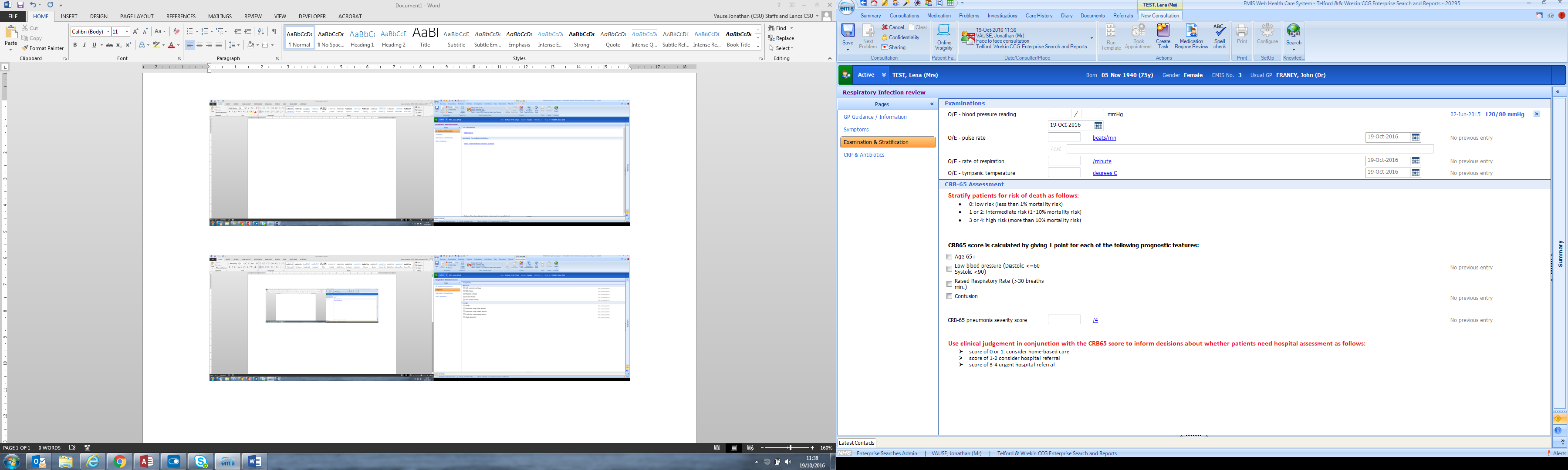
**Practice payment**

Each practice will receive payment for actively using the CRP testing capability. A fee will be reimbursed for every completed test.

Payment will initially be based on return of a quarterly submission form, outlining the date each test was completed and the associated CRP level.

Additionally, practices will be encouraged to complete the respiratory review template. This will further underpin practice payments as it will allow central data extraction of CRP and confirmation of any outcome linked to CRP testing. The EMIS template will be uploaded centrally onto your clinical systems.

EMIS: **Respiratory Infection Review Template.**



**Point of Care C-Reactive Protein (CRP) Testing – Practice Payment Claim Form**

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| **Practice** | |
| **Period Claimed** |  |

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Unique patient identifier** | **CRP level** | **Was an antibiotic prescribed? (please tick 🗹)** | | |
| **Antibiotic Prescribed** | **Delayed Antibiotic Prescription given** | **No Antibiotic prescribed** |
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**Please fax your claim form to Heather Weaver, Medicines Management (01952) 580303**