

# MODEL LOCAL ENHANCED SERVICE

## ADMINISTRATION OF GONADORELINS FOR PATIENTS WITH CARCINOMA (Ca) OF THE PROSTATE

### Introduction

1. All practices are expected to provide essential and 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 enhanced aspects of clinical care of the patient, which go beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

### Background

2. Gonadorelins are used primarily, though not exclusively, in the treatment of carcinoma of the prostate. There are a number of treatment regimes, which vary in the detail of their programme of administration and main purpose. Broadly they can be divided on the basis of the progress of the disease into advanced local disease and metastatic disease. The central usage, however, remains the treatment of metastatic cancer of the prostate. Currently it is estimated that over 95% of the scripts for gonadorelin analogues are written for Ca prostate.
3. Virtually all the prescriptions issued for injectable gonadorelins are written by GPs and most of these are also administered by GPs. In some practices an appropriately trained practice nurse will site the depot implants. The great majority of scripts are issued for Zoladex (generic name goselerin), which is administered subcutaneously into the anterior abdominal wall as a depot implant. Others are given subcutaneously or intra-muscularly, depending upon the indications and the preparation.
4. Different preparations are in place for treatment of Ca prostate, which are either injectable or implants. These are Buserelin, Goselerin Acetate, Leucoprelin Acetate or Triptorelin. The majority of preparations for treatment of Ca prostate are either Goselerin implants or Leucoprelin injections.
5. There are varying treatment models for administering gonadorelins to patients with Ca prostate dependent on the clinical management programme agreed for that patient.

### Advice

6. This model service has been agreed between the Welsh Assembly Government and the General Practitioners Committee (Wales) for the administration of gonadorelins for patients with Ca Prostate only. I

### Aims

7. The administration of gonadorelins within primary care is designed to be an enhanced service in which:

- Patients with an established diagnosis and agreed treatment plan of Carcinoma of the Prostate, can undergo part of their treatment safely, effectively and conveniently close to their home.
- There is much greater integration of primary and secondary care services and which recognises the increasing contribution that primary care can make in medical management and treatment of the hitherto predominantly hospital based approach.

## Service Outline

8. It is a requirement of this National Enhanced Service that the contractor;
  - i. **provides a register** - Practices will need to produce and maintain a valid up-to-date register of patients being treated as part of this enhanced service.
  - ii. **demonstrates a call and recall system** - Practices will need to ensure a systematic call and recall of patients on this register is taking place, and have in place the means to identify and follow up patients in default.
  - iii. **agrees a joint clinical management programme** - Patients should be managed on the basis of individual treatment plans which will normally be drawn up by local consultants. Practices will be expected to follow these treatment plans unless there has been discussion and agreement with local consultants to modify them.
  - iv. **Support the education of both newly diagnosed patients and those with established disease.** The secondary care oncology team will provide the main source of advice for both newly diagnosed patients and those with established disease. The practice will reinforce and supplement that advice where appropriate to do so.
  - v. **Provides an outline individual management plan** – Wherever possible to ensure that the patient has an outline individual management plan, which gives the reason for treatment, agreed treatment programme and the planned duration. This plan should be consistent with any agreed shared care protocols.
  - vi. **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, and relevant deaths of which the practice has been notified.
  - vii. **Ensure primary care staff training** - Each practice must ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so. Practices should be able to demonstrate that they have in place a policy to cover staff training and maintenance of skills.
  - viii. **Provide safe and suitable facilities for undertaking invasive procedures** - LHBs should be satisfied that practices undertaking to provide the “Gonadorelin Administration Enhanced Service” have adequate and appropriate facilities and equipment comparable to those required for the safe provision of any invasive procedure.

## **Untoward events**

9. It is a condition of participation in this NES that practitioners will give notification, within 72 hours, of the information becoming known to him/her, to the LHB clinical governance lead, of all relevant significant adverse events, emergency admissions or deaths of any patient treated under this service. This is in addition to any statutory obligations.

## **Accreditation**

10. Doctors will need to satisfy, at appraisal, that they have the necessary medical experience, training and competence necessary to enable them to provide for a safe and effective Gonadorelin enhanced service.

## **Pricing**

11. Given the different modes of administering gonadorelins for Ca prostate, an annual fee has been set for 2005/06 for providing an individual treatment package for patients as set out in the Service Outline of this specification.
12. The annual fees applicable are: All patients entering the scheme will attract a annual fee of £100 which will be payable quarterly in arrears, provided that at least one injection has been given in the relevant quarter. Existing patients, with an established diagnosis of Ca prostate, who require continuation of their Gonadorelin treatment beyond 2005 will be regarded as new patients entering the scheme and will attract an annual retention fee of £100, which is payable quarterly in arrears, provided the patient has received at least one injection in the relevant quarter.