

# Administration of Depot Antipsychotics Injections 2017-18

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## 1. Purpose of Agreement

This agreement outlines the expectations and obligations of clinical practice, on practices that choose to undertake the administration of depot antipsychotic injections. It does not represent a change in GP clinical responsibility.

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

## 2. Duration of Agreement

This agreement is for a period of twelve months, commencing **1<sup>st</sup> April 2017** and ending on **31<sup>st</sup> March 2018**

## 3. Background

### **Administration of depot antipsychotic injections**

Long-acting antipsychotic depot injections are used for maintenance therapy for schizophrenia and other psychoses especially when compliance with oral treatment is unreliable.

Depot antipsychotics are categorised by the Cambridgeshire and Peterborough Joint Prescribing Group as 'Recommended - Specialist initiation'. Therefore once treatment has been initiated by the hospital specialist, the depot antipsychotic injection can be continued in primary care.

The administration of the depot injections and associated physical monitoring of the patient can be undertaken in primary care.

### **Administration**

Depot antipsychotics injections are administered by deep intramuscular injection at intervals of 1 to 4 weeks. This is dependent on the choice of depot antipsychotic injection and also on patient response.

In general not more than 2–3 mL of oily injection should be administered at any one site; correct injection technique (including the use of z-track technique) and rotation of injection sites are essential.

### **Physical monitoring**

Prescribing support guidance can be accessed via the Cambridgeshire and Peterborough Joint Prescribing Group website

## 4. Scope of service to be provided

### **This locally commissioned service will fund:**

The administration of depot antipsychotic injections (as recommended in the CCG formulary) for maintenance therapy of schizophrenia and other psychoses.

## 5. Requirements under this service

It is a requirement of this local commissioned service that the contractor;

- **Create 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. Patients should be added to the register in a timely fashion using the relevant Read Codes.
- **Operate a call and recall system -**  
Practices will need to ensure that they operate a systematic call and recall of patients on the register and have in place the means to identify and follow up patients who default. It is the responsibility of the practice to pursue further contact with any Patient who DNAs. Any 'informed dissent' must be fully recorded.
- **Agree a joint clinical management programme –**  
Patients should be managed on the basis of individual treatment plans and on a patient by patient basis, which will normally be drawn up by local consultants, but need to be agreed in advance of transfer of care by the GP. Practices will be expected to follow these treatment plans when shared care has been agreed unless there has been discussion and agreement with local consultants to modify them, or the GP indicates they can no longer accept this patient for shared care.
- **Provide 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.
- **Maintain Adequate Records**  
Each practice is required 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. Any telephone advice should be recorded as a consultation as part of patient record
- **Training & Development of Primary Care Staff**  
Each practice must ensure that all staff involved in providing any aspect of care under this scheme has 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 for administration of injections.
- **Provide safe and suitable facilities for undertaking invasive procedures –**  
Practices providing this service must ensure that they have adequate and appropriate facilities and equipment comparable to those required for the safe provision of any invasive procedure
- **For patients still under CPFT care**
  1. The patient continues to receive regular support from a community psychiatric care worker.
  2. The intervals for review by the psychiatric team are set out in the care plan.
- **For Stable patients discharged by CPFT**
  1. If the patient's condition deteriorates, or if the care plan is not adhered to, or appears to be inadequate, the conditions for referral back to the team are clearly set out in the discharge plan, including agreement for rapid\* re-accessing of CPFT services.  
It is recommended that in the first instance the GP contact the relevant consultant (specified in discharge plan) to agree best course of action and next steps.

2. in all cases of people covered by this LES: In an emergency, these patients may be re-referred immediately back to CPFT for rapid\* re assessment. Again it is recommended that the GP contact the relevant consultant in the first instance.

\* Rapid

- When appropriate GP contacts relevant consultant to discuss case and agree plan

Where re-referral needed

- GP contacts ARC in normal way for emergency/urgent re-referral
- GP references Discharge plan to ARC
- ARC confirm discharge plan on RiO and;
- Fast tracks the re-referral to appropriate team (thereby not needing further Triage.)

## 6. Pricing and Payment Arrangements

### - Pricing

Practices will receive **£303 per patient per annum (pro-rata)** for the administration and physical monitoring of depot antipsychotic injections to patients in line with the patients individual treatment plan (***this payment is per patient per annum and not per injection***)

### - Payment Arrangements

Practices will be commissioned in the first instance against their commissioned levels of activity and the indicative budget for the provision of each service for the forthcoming year. Practices will receive 12 monthly payments based on the total indicative budget for the year with any adjustments to be made at year end if necessary.

## 7. Activity Reporting

### Reporting Arrangements

Practices are required to submit activity on the number of patients being monitored (as described above) in the relevant quarter via their Practice Commissioning Statement to [capccg.enhancedservices@nhs.net](mailto:capccg.enhancedservices@nhs.net) by the 15th day of the following month, following Quarter end.

The Primary Care Information Team can support you to develop recording and reporting tools. If practices require further information please contact the team via the following email address:

[capccg.primarycareinformation@nhs.net](mailto:capccg.primarycareinformation@nhs.net)

## 8. Payment Verification

Practices entering into this contract agree to participate fully in the post payment verification/validation process determined by the Commissioner and LMC. Practices should ensure that they keep accurate records to ensure a full and proper audit trail is available and Practices are encouraged to utilise Practice computer systems to enable this condition to be met.

## 9. Performance

The CCG reserves the right to suspend the commissioning of this service where there are concerns around compliance and patient safety.

## 10. Safeguarding Adults

It is important that practices protect adults from avoidable harm (as defined in Safeguarding Adults guidelines) including safeguarding training, training on the Mental Capacity Act and Deprivation of Liberty. A Safeguarding lead should be identified in each practice.

## 11. Care Quality Commission (CQC)

The provider must meet CQC standards and where appropriate be registered with the Care Quality Commission (CQC). The standards and the relevant services are contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2014.

## **12. Termination**

Should either party wish to terminate this agreement, a minimum period of 3 months notice must be provided in writing.

## **13. Signatories to the Agreement**

Practices wishing to provide this service are required to complete and sign the application form, and return to the Commissioner for consideration.