

NOTTINGHAMSHIRE AREA PRESCRIBING COMMITTEE SHARED CARE PROTOCOL AGREEMENT

Management of Auto-immune Hepatitis in Adults

OBJECTIVES

- Define the referral procedure from hospital to GP and vice versa.
- Define the back up care available from the specialist department (Hepatology at NUH and Nottingham NHS Treatment Centre or Gastroenterology at SFH).
- Provide a summary of information on azathioprine therapy to GPs.

REFERRAL CRITERIA

- Prescribing responsibility will only be transferred when it is agreed by the specialist and the patient's primary care prescriber that the patient's condition is stable.
- Prescribing responsibility will only be transferred to the patient's primary care prescriber once the prescriber has agreed to each individual case.

REFERRAL PROCESS

- The request for shared care should be accompanied by individual patient information, outlining all relevant aspects of the patients' care including:
 - Diagnosis of the patient's condition with the relevant clinical details.
 - Details of treatment to be undertaken by GP.*
**Including reasons for choice of treatment, medicine or medicine combination, frequency of treatment (including day of the week if weekly treatment), number of months of treatment to be given before review by the consultant.*
 - Details of the patient's treatment to date (if relevant).
 - Date that treatment was started for each medicine being transferred to shared care.
 - Details of any recent dose changes (in past 6 months).
 - Details of all other treatments being received by the patients that are not included in shared care – e.g. steroids, analgesics etc.
 - Details of monitoring arrangements.
 - Allergies
 - Identified interactions and any action taken.
 - Details of medication supplied and when the patient is due to need a new supply.
 - Details of influenza and/or pneumococcal vaccines given (to ensure that vaccinations are not duplicated).
 - Direction to the information sheets at www.nottsapc.nhs.uk.
- If the GP does not agree to share care for the patient then he/she will inform the Specialist of this decision in writing within 14 days.
- In the interim, the clinical responsibility and supply of the medicine under issue to the patient will be retained by the prescriber who initiated the treatment.
- In cases where shared care arrangements are not in place or where problems have arisen within the agreement and patient care may suffer, the responsibility for the patient's management including prescribing reverts back to the specialist.

BACKGROUND INFORMATION AND SCOPE

The imidazole purine analogue Azathioprine is of proven benefit as a steroid sparing agent in the treatment of auto-immune hepatitis (AIH). AIH is a chronic inflammatory liver disease which, if untreated, often leads to cirrhosis, liver failure and death.

Azathioprine can cause serious adverse reactions including leucopenia and thus requires regular monitoring, cautious dose titration and awareness of medicine interactions. This guideline sets out prescribing and monitoring responsibilities to facilitate shared care of this medication.

CONDITION TO BE TREATED

Auto-Immune Hepatitis.

AREAS OF RESPONSIBILITY

Specialists Roles and Responsibilities

1. The specialist will confirm the working diagnosis.
2. The specialist will recommend and initiate the treatment.
3. The specialist will suggest that shared care may be appropriate for the patient's condition.
4. The specialist will ensure that the patient has an adequate supply of medication (usually 28 days) until shared care arrangements are in place. Further prescriptions will be issued if, for unseen reasons, arrangements for shared care are not in place at the end of 28 days. Patients should not be put in a position where they are unsure where to obtain supplies of their medication.
5. If shared care is considered appropriate for the patient, and the patient's treatment and condition are stable, the specialist will contact the GP.
6. The specialist will provide the patient's GP with relevant patient information as described in the referral process above.
7. Review patients annually and send a written summary within 14 days to the patient's GP.
8. The specialist team will be able to provide training for primary care prescribers if necessary to support the shared care agreement.
9. Contact details for primary care prescribers for during working and non working hours will be made available
10. Details for fast track referral will be supplied.
11. The specialist will provide the patient with details of their treatment, follow up appointments, monitoring requirements and nurse specialist contact details.

Primary Care Prescribers Roles and Responsibilities

The GP will be responsible for:

1. Ensuring that he/she has the information and knowledge to understand the therapeutic issues relating to the patient's clinical condition.
2. Undergoing any additional training necessary in order to carry out a practice based service.
3. Agreeing that in his / her opinion the patient should receive shared care for the diagnosed condition unless good reasons exist for the management to remain within secondary care.
4. Prescribing the maintenance therapy in accordance with the written instructions contained within the GP information sheets, and communicating any changes of dosage to the patient.
5. Administration of influenza, pneumococcal and any other vaccines recommended in the national schedules/advice as appropriate.
6. Reporting any adverse effect in the treatment of the patient to the consultant.

Nottinghamshire Area Prescribing Committee

7. The GP will ensure that the patient is monitored according to the Nottinghamshire Area Prescribing Committee shared care agreement for Auto-Immune Hepatitis and will take the advice of the referring consultant if there are any amendments to the suggested monitoring schedule.
8. The GP will ensure that the patient is given the appropriate appointments for follow up and monitoring, and that defaulters from follow up are contacted to arrange alternative appointments. It is the GPs responsibility to decide whether to continue treatment in a patient who does not attend appointments required for follow up and monitoring. As a guide, a telephone or written reminder should be sent to the patient if follow up is 1-2 weeks late. A telephone reminder is necessary if follow up is 3 weeks late. A written letter to stating that medication will be stopped and consultant informed is necessary if follow up is 4 weeks late.

Community Pharmacist Roles and Responsibilities

The community pharmacist will:

1. Professionally check prescriptions to ensure they are safe for the patient and contact the GP if necessary to clarify their intentions.
2. Fulfill legal prescriptions for medication for the patient unless they are considered unsafe.
3. Counsel the patient on the proper use of their medication.
4. Advise patients suspected of experiencing an adverse reaction to their medicines to contact their GP.

Patient's Roles and Responsibilities

The patient will:

1. Take their medication as agreed, unless otherwise instructed by an appropriate healthcare professional.
2. Attend regular blood tests, routine influenza and pneumococcal vaccinations, and follow-up appointments with GP and specialist. If they are unable to attend any appointments they should inform the relevant practitioner as soon as possible and arrange an alternative appointment.
3. Inform all healthcare professionals, involved in AIH care, of their current medication prior to receiving any new prescribed or over-the-counter medication.
4. Report all suspected adverse reactions to medicines to their GP.
5. Ensure not to run out of their medications, request supply of maintenance therapy in a timely manner, and store their medication securely away from children.
6. Read the information supplied by their GP, specialist and pharmacist and contact the relevant practitioner if they do not understand any of the information given.

Hepatology / Gastroenterology Support and Advice - Please contact the appropriate Liver Nurse Specialist or in their absence the patient's Consultant if you require any advice about treatment or disease management within this client group

NOTTINGHAM UNIVERSITY HOSPITALS switchboard 0115 924 9924

Liver Nurse Specialists	
Vicki Sugden	x 54139
Andy Mierkalns	x 83457
Maggie Nichols	x 83169
Karen Bennett	x 80128

Consultants: Hepatology secretaries ext. 63443 /62317/80441	
Martin James	80441 / 63862
Neil Guha	80441 / 63862
Emilie Wilkes	76327 / 71836
Suresh Venkatachalapathy	80441 / 63862
Guru Aithal	80441 / 63862
Steve Ryder	80441 / 63862
Dominic Aravinthan	76327 / 71836
Peter Eddowes	76327 / 71836
Mujdat Zeybel	80441 / 63862

SHERWOOD FOREST HOSPITAL SWITCHBOARD 01623 622515

Consultants	
Dr. S Foley	x 3545
Dr. N Wight	x 6105
Dr. A Shonde	x 6866
Dr. S Misra	x 4245
Dr. S Benfield	x 6105
Dr. S Ahmad	X 4245
Dr. Peter Eddowes	07812275992

NEWARK HOSPITAL SWITCHBOARD 01623 622515

Associate Specialist	
Dr. J Iqbal	extension 5675

Out of hours

A Consultant, Specialist Registrar or Pharmacist may be contacted via the appropriate hospital switchboard.

Version Control- Management of Auto-immune Hepatitis in Adults			
Version	Author(s)	Date	Changes
2.1	Lynne Kennel	21/09/2017	
3.1	Shary Walker	17/09/2020	- Statement on influenza & other vaccines - Information re: vaccination, ordering repeat prescription and blood tests added under patient's responsibilities - Contacts updated