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 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, drug or drug 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 drug being transferred to shared care.
  - Details of any recent dose changes (in past 6 months).
  - Details of all other treatments being received by the patient 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](http://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.

- If an updated version of this shared care protocol is not received by the review date listed, the medicine automatically reverts back to RED classification and this shared care guideline is no longer valid.
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 drug 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 and pneumococcal vaccinations as appropriate.
6. Reporting any adverse effect in the treatment of the patient to the consultant.
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 all 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 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. 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.

REFERENCES
1. Imuran tablets 25mg Summary of Product Characteristics. Last updated on www.emc.medicines.uk 22/05/2012. [accessed 8/7/14]

There are no current NICE guidelines on the use of azathioprine or mercaptopurine for Autoimmune Hepatitis.
Hepatology / Gastroenterology Support and Advice - Please contact the appropriate Inflammatory Bowel Disease Nurse Specialist or in their absence the patient's Gastroenterologist, if you require any advice about treatment or disease management within this client group.

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**Associate Specialist**
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Out of hours
A Consultant, Specialist Registrar or Pharmacist may be contacted via the appropriate hospital switchboard.

Part of the Shared Care Protocol: Management of Auto-Immune Hepatitis in Adults

**APPROVED: September 2014, REVIEW DATE: September 2017**