NOTTINGHAMSHIRE AREA PRESCRIBING COMMITTEE
SHARED CARE PROTOCOL AGREEMENT

Dronedarone for paroxysmal or persistent atrial fibrillation

OBJECTIVES

- To outline the referral criteria for shared-care, define the responsibilities of the Secondary Care Cardiology service and GP.
- To provide an information summary on the prescribing and monitoring of dronedarone for non-permanent atrial fibrillation (AF).

REFERRAL CRITERIA

- Prescribing responsibility will only be transferred after the patient has been taking dronedarone for at least one year and when it is agreed by the specialist and the patient's primary care prescriber that **the patient's condition is stable**.

PROCESS FOR TRANSFERRING PRESCRIBING TO PRIMARY CARE

- The request for shared care should include individual patient information, outlining all relevant aspects of the patients care and which includes 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 his/her decision in writing within 14 days.

- In cases where shared care arrangements are not in place, or where problems have arisen within the agreement and patient care may be affected, the responsibility for the patients management including prescribing reverts back to the specialist.

CONDITION TO BE TREATED

For the treatment of AF, NICE recommends that pharmacological and/or electrical rhythm control is considered for people with AF whose symptoms continue after heart rate has been controlled, or for whom a rate-control strategy has not been successful. First line medical treatment for long-term rhythm control is a beta-blocker (other than sotalol) unless there are contraindications.

NATIONAL/ LOCAL GUIDANCE

Dronedarone is recommended by NICE in TA197 as an option for the maintenance of sinus rhythm after successful cardioversion in people with paroxysmal or persistent AF as a second-line treatment option and after alternative options have been considered and who have at least one of the following cardiovascular risk factors:

- hypertension requiring medicines of at least two different classes
- diabetes mellitus
- previous transient ischaemic attack, stroke or systemic embolism
- left atrial diameter of 50mm or greater or
- age 70 years or older

and

- who do not have left ventricular systolic dysfunction and
- who do not have a history of, or current, heart failure.

CLINCAL INFORMATION

See the Information Sheet for Primary Care Prescribers.

AREAS OF RESPONSIBILITY

Specialist's Roles and Responsibilities

1. The specialist will confirm the working diagnosis.
2. The specialist will recommend and initiate the treatment. Prescribing responsibility will remain with secondary care for one year from initiation.
3. 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.
4. If shared care is considered appropriate for the patient, and the patient's treatment and condition are stable, the specialist will contact the GP.
5. The specialist will provide the patient's GP with the following information:
   - diagnosis of the patient's condition with the relevant clinical details. A copy of the patient's recent ECG should be provided for comparative purposes.
   - details of the patient's treatment to date
   - details of treatments to be undertaken by GP*
   - details of other treatments being received by the patient that are not included in shared care
   - details of monitoring arrangements

   *Including reasons for choice of treatment, medicine or medicine combination, frequency of treatment, number of months of treatment to be given before review by the consultant.
6. Whenever the specialist sees the patient, he/she will
   - send a written summary within 14 days to the patient's GP.
   - communicate any dosage changes made to the patient
7. The specialist team will be able to provide training for primary care prescribers if necessary to support the shared care agreement.
8. Contact details for primary care prescribers for during working and non working hours will be made available

9. Details for referral back to secondary care will be supplied.
10. The specialist will provide the patient with details of their treatment, follow up appointments, monitoring requirements and nurse specialist contact details as appropriate.

Primary Care Prescriber's 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 patients clinical condition.
2. Undergoing any additional training necessary in order to carry out a practice based dronedarone 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. If the GP does not agree to shared care for the patient then he/she will inform the Specialist of his/her decision in writing within 14 days.
5. Prescribing the maintenance therapy in accordance with the written instructions contained within the GP information sheets, and communicating any changes of dosage made in primary care to the patient. It is the responsibility of the prescriber that makes a dose change to communicate this to the patient.
6. Reporting any adverse effect related to the medication to the consultant.
7. The GP will ensure that the patient is monitored as outlined in the information sheet(s) 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

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CONTACT DETAILS

NOTTINGHAM CITY HOSPITAL SWITCHBOARD 0115 9691169

Nurse Specialists	
Ellen Berry Helen Padgett Cathy Holton	Ext 54482
Consultants	
Dr Alun Harcombe	Ext 56247
Dr Andrew Staniforth	Ext 56248
Dr Tim Robinson	Ext 56244
Dr Arif Ahsan	Ext 56256
Dr Richard Varcoe	Ext 58389
Dr Sachin Jadhav	Ext 56247
Dr Mike Sosin	Ext 59350
Dr Jenny Chuen	Ext 58389
Dr Robert Henderson	Ext 56294
Dr Kamran Baig	Ext 54535
Dr William Smith	Ext 56294
Dr Thomas Mathew	Ext 59350
Dr Shahnaz Jamil-Copley	Ext 57256
Dr Bara Erhayiem	Ext 59704
Dr Akhlaque Uddin	Ext 59704
Dr Sushma Rekhraj	Ext 54535

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

SHERWOOD FOREST HOSPITAL SWITCHBOARD 01623 622515

Consultants	
Dr Solomon Tekle	Ext 4315
Dr Sukhbinder Bassi	Ext 3503
Dr Iftikhar Fazal	Ext 3508

Out of hours (or in-hours if patient's cardiologist is not available)
The on- call cardiology consultant is accessible on bleep or mobile via switchboard.