NOTTINGHAMSHIRE AREA PRESCRIBING COMMITTEE SHARED CARE PROTOCOL AGREEMENT

Management of RHEUMATOLOGICAL CONDITIONS (Rheumatoid arthritis, Psoriatic arthritis and Connective tissue diseases (SLE, myositis and vasculitis)) with Disease-Modifying Anti Rheumatic Drugs (DMARDS) in Adults

Refer to the CCG for any specific commissioning arrangements.

OBJECTIVES

- **Define the patients referral procedure from hospital to GP and vice versa**
- **Define the backup care available from the Rheumatology Unit**
- **Provide a summary of information on DMARD 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.

REFERRAL PROCESS

- The request for shared care should be accompanied by individual patient information, outlining all relevant aspects of the patient's care and which includes direction to the information sheets at www.nottsapc.nhs.uk/shared-care.
- If the GP does not agree to share care for the patient, then they will inform the Specialist 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 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the review date listed, the medicine automatically reverts back to RED classification and this shared care guideline is no longer valid.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

DMARD therapy in rheumatology requires the use of guidelines for monitoring of toxicity as patients may be taking these medicines indefinitely and adverse events can be significant. This SCP is based on latest British Society for Rheumatology (BSR) and British Health Professionals in Rheumatology (BHPR) guidance for disease modifying anti-rheumatic medicine therapy which was published in 2017. The BSR Guideline process has NICE approval. The guideline covers monitoring of patients on combination therapy where specified. The BSR/BHPR guideline recommends that these patients are monitored more stringently. The optimal timing of monitoring is based on clinical experience as there is little evidence to inform the optimal timing of monitoring schedules.

CONDITION TO BE TREATED

Rheumatoid arthritis, Psoriatic arthritis, Connective tissue disease (SLE, myositis and vasculitis).

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 42 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 42 days. Patients should not be put in a position where they are unsure where to obtain supplies of their medication. The specialist team will be responsible for monitoring and prescribing the medicine during this initial period. Once the patient is known to be tolerating the medicine, transfer to shared care would normally take place. It is expected that at least one hospital review will occur before transfer to shared care occurs.

5. If shared care is considered appropriate for the patient, the specialist will contact the GP.
6. The specialist will provide the patient's GP with the following information:
    - diagnosis of the patient's condition with the relevant clinical details.
    - details of the patient's treatment to date.
    - details of treatment to be undertaken by GP*.
    - details of all other treatments being received by the patient that are not including in shared care – e.g. analgesics, anti-TNFs etc.
    - details of monitoring arrangements

*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.

7. Review patients annually.
8. Provide to patients taking methotrexate, a patient information leaflet and monitoring document in line with the National Patient Safety Agency Patient Safety Alert 13, 1 June 2006 'Making sure you take oral methotrexate safely'.
9. Whenever the specialist sees the patient, they will:
    - send a written summary within 14 days to the patient's GP.
    - record test results on the patient-held monitoring booklet and take any action necessary.
10. Contact details for primary care prescribers for during working and non-working hours will be made available
11. Details for fast track referral will be supplied.

PRIMARY CARE PRESCRIBERS ROLES AND RESPONSIBILITIES The GP will be responsible for:

1. Ensuring that they have 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 their 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. For patients taking methotrexate, keeping the patient-held monitoring booklet up to date with the results of investigations changes in dose and alterations in management and take any actions necessary.
   It is the responsibility of the clinician actioning the results from monitoring, in accordance with this shared care guideline, and thereby prescribing for the patient to complete the patients record with the necessary information.
6. Provide to patients taking methotrexate, who do not attend rheumatology clinics at the hospital on a regular basis, a patient information leaflet and monitoring document in line with the National Patient Safety Agency Patient Safety Alert 13, 1 June 2006 'Making sure you take oral methotrexate safely'.
7. Reporting any adverse effect in the treatment of the patient to the consultant.
8. The GP will ensure that the patient is monitored according to the Nottinghamshire Area Prescribing Committee shared care agreement for rheumatology and will take the advice of the referring consultant if there are any amendments to the suggested monitoring schedule.

9. 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. If the patient regularly fails to attend for monitoring, the GP may withhold the prescription and inform the consultant responsible for the patient's care.
10. Be aware of patients who attend with symptoms such as breathlessness, dry persistent cough, vomiting or diarrhea as these can be signs of oral methotrexate toxicity or intolerance. Refer them back to the prescriber for further investigation
11. Offer patients vaccination in line with the current Joint Committee on Vaccination and Immunisation advice (green book) https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book.

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

See individual information sheets

REFERENCES:

Ledingham J, Gillick N, Irving K. et al. (2017) BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs. *Rheumatology* doi:10.1093/rheumatology/kew479.

NPSA Patient Safety Alert: Improving compliance with oral methotrexate guidelines 1st June 2006.