

Prescribing Points



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This newsletter is written by the Medicines Optimisation Team, Oxfordshire CCG (OCCG), Jubilee House, Oxford Business Park South, Oxford, OX4 2LH. It is for all health professionals in Oxfordshire and is uploaded to the OCCG website. For queries, contact OCCG.medicines@nhs.net.

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Rheumatology Shared Care Protocols

The rheumatology team recently reviewed all Disease Modifying Anti-Rheumatic Drug (DMARD) Shared Care Protocols (SCPs), the updated rheumatology protocols were approved at APCO in September 2019. The main changes are around the shared care responsibilities and monitoring requirements. The DMARD protocols for all non-rheumatology indications remain the same and are included in the list below, these are due to be reviewed shortly. All DMARD SCPs can be found on [ClinOx](#):

- [Azathioprine for use in Adult Rheumatology](#)
- [Azathioprine for use in Dermatology, Gastroenterology, Hepatology, Neurology, Respiratory and Renal](#)
- [Ciclosporin for use in Adult Rheumatology](#)
- [Ciclosporin for use in Dermatology, Neurology and Gastroenterology](#)
- [Methotrexate for Adult and Paediatric Rheumatology](#)
- [Methotrexate for use in Dermatology, Neurology, Gastroenterology, and Respiratory](#)
- [Mycophenolate for use in Adult Rheumatology](#)
- [Mycophenolate for use in Dermatology, Hepatology, Neurology, Respiratory, Gastroenterology and Renal](#)
- [Sulfasalazine for use in Adult Rheumatology](#)
- [Sulfasalazine for use in Adult Gastroenterology](#)
- [Hydroxychloroquine for use in Adult and Paediatric Rheumatology and Dermatology](#)
- [Mercaptopurine for use in Adult Gastroenterology](#)
- [Leflunomide for use in Adult and Paediatric Rheumatology](#)

The monitoring on each of the rheumatology protocols has been updated to follow the Standard Monitoring Schedule as per British Society of Rheumatology Guidelines. The main change is that, after a patient has been on a stable dose for three months, monitoring is now only required every three months rather than monthly, which is a reduction in the ongoing monitoring of stable patients. The monitoring required is covered in each individual protocol, a summary document titled [Recommended Monitoring Schedule for Rheumatology Patients Taking DMARDS](#) has also been produced.

Shared care assumes communication between the rheumatology specialist, GP and patient. The responsibilities have been clarified to provide more detail on the duties of each party and can be found at the start of each protocol. There is also summary document available: [DMARDS in Rheumatology Shared Care Protocol Responsibilities](#). The specialist has a responsibility to initiate treatment by prescribing the first 56 days. After initiation of treatment the patient will require blood tests at 2, 4 and 6 weeks and will be provided with blood cards for results to be sent back to the specialist. Any phlebotomy completed by the GP practice can be claimed in line with the '[Procedures Requested by Secondary Care Providers](#)' service specification. Between weeks 4-6, the specialist will consult with the patient and if the dose is stable they will then send a letter to the GP requesting shared care. Unless any concerns are raised by the GP within 14 days of the request being sent, shared care will be assumed. The GP will then take on the responsibility for prescribing and ensuring all monitoring is completed in accordance to the relevant protocol. It is also essential that the patient and/or carer agrees to treatment and monitoring after making an informed decision and attend all hospital and GP appointments as scheduled.

The new shared care protocols will be reviewed after six months to ensure that the new arrangements are working. Any issues should be reported via datix (see below).

So What?

- Shared care requires communication between the rheumatology specialist, GP and patient. Ensure all parties are following the most recent protocol, available on [ClinOx](#).
- Note the change in [monitoring requirements](#) and [responsibilities](#) for rheumatology indications

Hydroxychloroquine for use in Adult and Paediatric Rheumatology and Dermatology

The [Hydroxychloroquine Shared Care Protocol](#) has been updated to include information and a flow chart to help risk stratify **new** patients based on retinopathy risk. The advice is in line with Royal College of Ophthalmologists Guidance (Feb 2018). The only deviation, based on local agreement, is that no baseline monitoring is required for patients expected to be on treatment for less than 5 years. These patients will be kept under regular follow-up. The risk assessment will be completed by the specialist who will inform the GP on the actions required. The GP is responsible for ensuring that the patient is attending regular eye tests. The updated protocol now covers both rheumatology and dermatology indications.

For **existing** patients on hydroxychloroquine, while the retinal monitoring service is being set up, please see the [hydroxychloroquine and retinal screening position statement](#) for further information on management.

So What?

- Ensure the updated [Hydroxychloroquine Shared Care Protocol](#) is used
- Note the protocol now covers both rheumatology and dermatology
- For information on existing patients and retinal screening, see [position statement](#).

Shared Care Best Practice Guidelines

In order to improve communication around shared care between secondary and primary care and the patient; the CCG published [Shared Care Protocol Best Practice Guideline](#). The guideline contains information on when should transfer of care to GPs take place, whether GPs are allowed to refuse shared care and what to do if the request comes from an out of area provider. This guideline will be reviewed again when the Regional Medicines Optimisation Committees (RMOC) guidance becomes available.

So What?

- For answers to FAQs on Shared Care, check the [Shared Care Protocol Best Practice Guideline](#)
- For further advice email the Medicines Optimisation Team for advice on occg.medicines@nhs.net

Reporting Issues with Shared Care

It is essential that any issues with shared care are reported via [Datix](#). Any information reported will be used to inform all work and reviews on shared care and will therefore help transform shared care across Oxfordshire. The Medicines Optimisation Team is able to offer advice on issues around shared care, email any questions to occg.medicines@nhs.net.

So What?

- Report any issues with shared care via [Datix](#).
- For advice email occg.medicines@nhs.net

Payments for Shared Care Monitoring

The [Near Patient Testing as Part of Shared Care Monitoring](#) service specification sets out the payments available for GPs providing shared care monitoring. In 2019/20 practices will receive a fee of £21.17 per patient seen per quarter. Payment will be made quarterly based on actual activity carried out as reflected in quarterly activity monitoring reports to the CCG. The drugs included in this service are listed in appendix 1, this list is updated in year when drugs are approved for shared care by Area Prescribing Committee Oxfordshire (APCO). For details on the drugs currently included and how to ensure payments are claimed, please refer to the service specification.

So What?

- Refer to the [Near Patient Testing Service Specification](#) to ensure payments are received for shared care

District nurse administration of methotrexate injections

The methotrexate shared care protocols ([rheumatology](#) and [other specialties](#)) now include information about administration of methotrexate injections by a District Nurse/Community Children's Nurse for housebound patients. Also available is a '[clarity of responsibilities if patient housebound](#)' document that outlines the process for blood tests and administration when the patient is housebound.

A similar [document](#) is also available for housebound patients administered denosumab by the DN team

So What?

- For clarification on District Nurse and GP responsibilities for housebound patients receiving methotrexate injections, see document [here](#).

Methotrexate Injections – Prescribe by Brand

Currently there are four different brands of methotrexate parenteral products available in the UK: Metoject, Nordimet, Zlatal and Methofill. Metoject PEN is the first choice methotrexate injections in Oxfordshire, and recently Nordimet has been approved as second line to Metoject, to be used in patients who are unable to use or experience compliance issues with Metoject device. Zlatal and Methofill should not be used in Oxfordshire.

Currently in Oxfordshire, only 41% of methotrexate injections are prescribed by brand name. Issues with patients being provided with the wrong brand due to prescriptions being written generically have been reported to the Medicines Optimisation Team. **Please ensure all prescriptions for methotrexate injections in your practice are prescribed by brand name** to help reduce the likelihood of selecting a different methotrexate product to the one that is intended. The [rheumatology methotrexate shared care protocol](#) has been updated to reflect the updated product choices.

So What?

- To avoid any potential safety concerns in case of intentional or unintentional switching between these products, ensure all methotrexate injections are prescribed by brand. Please review the prescribing in your practice.
- Patients should be trained and supported to ensure they can effectively administer the brand of methotrexate that they have been prescribed.