

## DISEASE-MODIFYING DRUGS IN RHEUMATOLOGY Shared Care Protocol – Responsibilities

Shared care assumes communication between the rheumatology specialist, GP and patient. The intention to share care should be explained to the patient and accepted by them. Patients are under regular follow-up and this provides an opportunity to discuss drug therapy.

This document outlines the shared care responsibilities for disease modifying anti-rheumatic drugs (DMARDs), namely azathioprine, ciclosporin, hydroxychloroquine, leflunomide, methotrexate, mycophenolate and sulfasalazine, which are used by the adult and paediatric rheumatology services.

### ***Rheumatology Specialist Team***

#### **At the start of treatment:**

- Complete pre-treatment assessments, including baseline tests, in accordance to the specific shared care protocol
- Initiate treatment by prescribing the first 56 days
- With the exception of hydroxychloroquine that does not require ongoing blood monitoring, supply the patient with 3 blood cards (for FBC, U&E and LFTs) and inform patients to book and attend blood tests at 2, 4 and 6 weeks after starting treatment
- Ensure that patients understand the nature and complications of drug therapy and their role in reporting adverse effects promptly, as part of obtaining informed agreement to shared care
- Provide a copy of the drug-specific patient information leaflet (or direct patient to Versus Arthritis website <https://www.versusarthritis.org/about-arthritis/treatments/drugs/>)
- Provide a copy of OUHFT 'Rheumatology Shared Care Monitoring Card' to the patient and/or carer, which includes contact details for the rheumatology advice line
- Send a letter to the GP requesting shared care once dose is stable, confirming the above has been completed. Include any results from pre-treatment assessments if appropriate. Provide details of the dose to be continued. Outline shared care protocol criteria and/or direct them to the relevant document on the Oxfordshire CCG website

#### **After 2-6 weeks of treatment (except hydroxychloroquine):**

- Check blood test results from week 2, week 4 and week 6 (available on EPR for Oxfordshire patients/contact GP practice for blood results if patient's GP practice is not in Oxfordshire)
- Ensure any abnormal results are acted upon promptly

#### **After 4-6 weeks of treatment (except hydroxychloroquine):**

- Conduct a consultation with the patient and/or to check that the patient is not experiencing any issues or side effects.
- Confirm that the patient is stable (no side effects, tolerating the drug and established on monthly blood tests). Communicate this information in a shared care handover letter to the GP. Shared care can now commence.
- If the patient is not stable requiring change in the treatment regime, the patient will remain under the care of the specialist until they become stable, as above.

**Unless any concerns are raised by the GP within 14 days, shared care will be assumed and the patient will collect the next prescription from the GP. <sup>1</sup>**

**During treatment:**

- Liaise with GP regarding changes in disease management, drug dose, missed clinic appointments
- Be available to give advice to GP and patient

All DMARDs except hydroxychloroquine:

- If the dose is increased, patient's bloods will be monitored as above
- If dose is decreased, additional monitoring may not be required at discretion of the rheumatology specialist - this will be clearly communicated in the clinic letter and the existing monitoring schedule should continue

**GP**

- Ensure that provision has been made for the patient to have blood monitoring as per local arrangements
- Prescribe medication once the dose is stable or shared care is agreed
- Ensure all monitoring is completed in accordance to 'Recommended monitoring schedule for patients taking disease-modifying anti-rheumatic drugs (DMARDs)' (insert link)
- Check results then advise the specialist of any deteriorations or abnormal results. Results should be recorded on the monitoring card if the GP practice is outside of Oxfordshire.
- Notify the specialist to any changes in patient's condition, any adverse drug reactions or failure to attend tests
- If a patient fails to attend for monitoring:
  - Only issue a 28 day prescription and book them in for the next available appointment for a blood test
  - If they fail to attend a second blood test then contact the specialist team for advice and to discuss suitability for continuing treatment before supplying further prescriptions

**Patient and/or carer**

- Agree to treatment and monitoring after making an informed decision
- Agree to being under the shared care of the GP and specialist
- Ensure that they are booked in for blood test monitoring as per local arrangements and attend as required
- Attend all hospital and GP appointments as scheduled
- Ensure monitoring card is kept up to date and is brought to all appointments (especially patients whose GPs are out of Oxfordshire)
- Report any side effects to the GP or a member of the specialist team

Contact Details	Oxford University Hospitals NHS Foundation Trust	
Rheumatology	Rheumatology Helpline (Adult and Paediatric) Adult - Option 1 (Monday to Friday 8am - 2pm, answerphone service) Paediatric - Option 2 (Monday to Friday, answerphone service) Closed on weekends and bank holidays  Rheumatology Registrar/Consultant on call Registrar on site Monday to Friday 9am-8pm	Tel: 01865 737656  Email: Adult - <a href="mailto:rheumatology.noc@nhs.net">rheumatology.noc@nhs.net</a> Paediatric - <a href="mailto:cnspaedrheumatology@ouh.nhs.uk">cnspaedrheumatology@ouh.nhs.uk</a>  OUH switchboard number: 0300 304 7777, ask for Rheumatology on call

	Weekends and bank holidays 9am-5pm	
Medicines Information	Tel: 01865 221505 (Monday to Friday 9am - 5pm) Email: <a href="mailto:Medicines.information@ouh.nhs.uk">Medicines.information@ouh.nhs.uk</a>	

## References

1. Shared Care Protocols (SCP) Best Practice Guidelines. March 2019. Available from: <https://clinox.info/clinical-support/local-pathways-and-guidelines/Prescribing/Shared%20Care%20Protocol%20Best%20Practice%20Guidelines.pdf>
2. NHS England. Responsibility for Prescribing Between Primary and Secondary/Tertiary Care. (2018). Available from: <https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf>