**Shared Care Contract for Immune Modifying Drugs**

**(IMD previously DMARDS)**

**Northumberland Clinical Commissioning Group**

**January 2014**

1. Introduction

Immune modifying drugs (IMD) are added at increasingly early stages in the treatment of various diseases to suppress the processes responsible for chronic inflammation. They may be used as either monotherapy or in combinations. IMD’s are used for the treatment of various conditions (e.g. rheumatoid arthritis, connective tissue disorders and vasculitis) and in other specialities, including gastroenterology, respiratory medicine, dermatololgy and ophthalmology.

These shared care guidelines outline suggested ways in which the responsibilities for managing the prescribing of IMD’s can be shared between the specialist service and practitioner in primary care. For this arrangement to work successfully a number of ground rules need to be agreed.

1. IMD’s should be initiated by hospital specialists only and should not be initiated in the primary care setting.
2. GP’s are invited to prescribe IMD’s and participate in shared care in accordance to the instructions given by the hospital specialists once the patient has reached a stable dose (patients to be considered from 3 months after initiation of treatment).
3. If a hospital specialist asks the GP to prescribe drugs for this treatment, the GP should reply to this request as soon as practicable.
4. The intention of shared care should be explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and in agreement with it.
5. The doctor who prescribes medication legally assumes clinical responsibility for the drug and consequence of its use.
6. The specialist service will remain available for advice on patients e.g. patients who are pregnant or thinking of becoming pregnant
7. If a GP is not willing to undertake these roles, then the total clinical responsibility for the patient or the diagnosed condition remains with the specialist service.
8. Transplant patients and pregnancies are excluded from this Shared Care Contract
9. Parameters and Responsibilities

Parameters

It is the intended that the transfer of prescription and monitoring to primary care would normally take place at 3 months after the patients has been started on an IMD and is on a stable does of the IMD. It is envisaged that shared care will be applicable to the following drugs:

Methotrexate, Sulfasalazine, Leflunomide, Myocrosin, Azathioprine, Mycophenolate Mofetil (MMF), Cyclosporine A (CyA), this list is not exhaustive.

The consultant will then determine whether shared care is appropriate for the patient’s condition and will contact the GP via letter (Appendix 1)

**Responsibilities**

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| **Specialist Service Responsibilities** |
| 1. Confirm the patient’s diagnosis and carry out any baseline tests necessary.
2. Ensure that the patient is educated and provided with information in a suitable format on disease and drug treatment options and the importance of attending monitoring appointments.
3. Initiate the IMD’s and continue to prescribe until patient’s drug dose and monitoring intervals are stable. Dose changes in previously stable patients should be initiated in secondary care but prescribing and monitoring can continue in primary care with any changes of dosage and monitoring clearly communicated to the GP and patient in writing.
4. Confirm that the GP is willing to accept the patient onto a shared care arrangement.
5. Discuss the shared care process with the patients, issue them with a patient held shared care booklet and a letter informing them of the shared care process.
6. Provide the patient’s GP with diagnosis of the patients condition with the relevant clinical details; details of any treatment to date and treatments to be provided by the GP.
7. Communicate with the GP when treatment is changed or needs to be changed by the GP, and/or when any changes to the monitoring are required
8. Ensure that the patient is given the appropriate appointments for secondary care follow up and that defaulters from follow up are contacted to arrange alternative appointments
9. Ensure that clear back up arrangements exist for GPs to obtain advice and support.
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| **General Practitioners Responsibilities** for practices listed in appendix 2 |
| 1. Reply to the request for shared care as soon as practicable, either accepting shared care or informing the secondary care specialist why it is not felt appropriate in this case.
2. Prescribe the IMD at the dose recommended
3. Carry out monitoring according to the guideline recommendations
4. Ensure that the patients is aware of any treatment changes and that where held, the monitoring booklet is up to date.
5. Report to and seek advice from the specialist service on any aspect of the patient care that is of concern and may affect treatment.
6. Refer the patient to the specialist service if his or her condition deteriorates
7. Stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises
8. Reports adverse effects to the specialist service
9. Decide if necessary after discussion with the specialist service, whether to continue treatment in a patient who does not attend appointments required for follow up and monitoring. And have a system in place to ensure the detection of non-attenders. (As a general rule, the prescription should not be issued if blood monitoring is not being done).
10. Submit the required information to the North East Commissioning Support Unit (NECSU) on a quarterly basis for NECSU to process payment for the patients monitored.
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| **Patient Responsibilities** |
| 1. Take medicines as prescribed or inform the GP / specialist service if they have not been taken
2. Make appointments for monitoring at advised intervals
3. Attend monitoring and follow up as required, re-arranging appointments if unable to attend for whatever reason.
4. Request repeat prescriptions from their GP
5. Make their shared care booklet available to be updated
6. Report any side effects to their GP

Inform the GP of any other medication they are taking, including products purchased ‘over the counter’. |

1. **Contractual Arrangements**

In agreeing to this shared care arrangement, the following conditions will apply:

* The payment to the practice for the monitoring of a patient will be £45 per patient per quarter for the first 6 months and £30.42 per patient per quarter thereafter as long as the patient has monitoring in that quarter. This is a standard rate regardless of what IMDs the patient is being prescribed and is applicable once per patient per quarter.
* Payment will be made quarterly in arrears subject to via data extraction from GP IT systems
* All practices wishing to participate in the shared care arrangement will be required to sign and return a copy of these guidelines to the relevant Foundation Trust.
1. **Monitoring Arrangements**

The monitoring requirements are those as per the North of Tyne Clinical Guidelines, ‘Newcastle, North Tyneside and Northumberland Guidelines on Monitoring Immune Modifying Drugs in Stable Adult Patients’ NoT20.

1. **Availability of Back up Advice and Support**

Advice should be available from the specialist service. This can be accessed via the phone number stated on the Consultant’s letter.

The Foundation Trust Switchboard numbers are:

0191 233 6161 Newcastle upon Tyne NHS Foundations Trust

0844 811 8111 Northumbria Healthcare NHS Foundation Trust

**Private and Confidential**

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| **Shared Care Request / Confirmation*** Consultant/Specialist Nurse to complete first section of form and send to patient’s GP at the first review
* GP to complete second section of form and return to hospital consultant within 28 days
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A copy of the full shared care guideline can be viewed at [www.northoftyneapc.nhs.uk](http://www.northoftyneapc.nhs.uk)

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| Consultant: ……………………………………………. | Patient Details (use hospital label if preferred)………………………………………………………….. |
| Department: …………………………………………… | Name:…………………………………………………. |
| Hospital:………………………………………………... | Address ……………………………………………….Postcode:………………….. Sex:……………………Hosp.Reg.No:……………... DOB:………………….. |

**Treatment Requested for Prescribing in Accordance with an Approved Shared Care Arrangement**

Drug Name:……………………………………………………………………. Frequency…………………………

Other information (if appropriate):……………………………………………………………………………………….

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**Signed (hosp. Dr / Specialist Nurse**:………………………………………………………………………………...

**Name (print):** ……………………………………………**Date:**…………………………………………………………

**Signed (patient name)**:………………………………………………………………………………………………….

**Name (print):**…………………………………………….**Date:**…………………………………………………………

**Section 2 – To be completed by GP** Please tick one box

**I ACCEPT the proposed shared care arrangement for this patient 🞏**

Or

**I ACCEPT the proposed shared care arrangement with the caveats below 🞏**

Or

**I DO NOT ACCEPT** **the shared care arrangement for this patients 🞏**

My caveats / reason (s) for not accepting include**:**

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**Signed:**……………………………………….**Name (print)**……………………………..**Date**……………………….

 **(patient’s GP)**

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| **NB: Participation in this shared care arrangement implies that prescribing responsibility is shared between the hospital consultant and the patient’s GP** |