Managing Shared Care for Disease Modifying Anti-Rheumatic Drugs

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Overview & setting
- Esplanade surgery is a medium sized general practice on the Isle of Wight (list size 10,000 patients).
- An island-wide shared care agreement (SCA) for the management of disease-modifying anti-rheumatic drugs (DMARDs) in primary care defines the roles and responsibilities of specialists, general practitioners (GP) and patients for safe DMARD management.
- GP responsibilities are to prescribe DMARDs.
- DMARD management at Esplanade Surgery has historically been an administrative task devolved to a practice nurse with no DMARD expertise. The monitoring process relied on an Excel spreadsheet and GPs remembering to tell the nurse when new patients started DMARDs.

Actions
1. Pharmacist audit of DMARD monitoring at Esplanade Surgery (Figure 1)
2. Initiation of monitoring for patients not managed within SCA
3. Set up of pharmacist-led DMARD monitoring service (January 2017)

Figure 1: DMARD Audit Process

Request SCAs for patients without copy on clinical record
Search SystemOne to identify patients with DMARD repeat templates
Initiate monitoring for patients monitored outside SCA specification
Identify: Whether copy of SCA in record
Which DMARD(s) prescribed
Which condition(s) treated
Which specialist unit overseeing
Whether monitoring as specified in the SCA

DMARD audit results
The audit identified 80 patients prescribed DMARDs, 70 patients should have been actively monitored (10 patients had been stable on sulfasalazine for >2 years and no longer required active monitoring); 12/70 patients were not actively monitored (Figures 2 & 3).
Copies of SCAs were available on the clinical records of 41/80 patients (Figure 2). Patients were more likely to be monitored as specified in the SCA if they were on the monitoring list but, 24/58 patients on the monitoring list were still not monitored as specified in the SCA (Figure 4).

Figure 2: Number of patients with DMARD SCAs

Figure 3: DMARD repeat templates prescribed

Figure 4: Monitoring of DMARD patients

Actions taken following audit
Following the audit, blood test forms were sent to 15 patients (who were not monitored as specified in the DMARD SCA). SCA requests were sent to the specialist overseeing the treatment of 29 patients. Two patients, who had not had a specialist review for >5 years, were referred for specialist review and DMARD repeat templates were cancelled for four patients.

Setting up a pharmacist-led DMARD monitoring system
The November 2016 audit demonstrated that the administrative approach to managing DMARD SCAs was not effective. A pharmacist-led DMARD monitoring system was implemented in February 2017 to manage DMARD SCAs.
1. SystemOne recalls were set up for every patient with a DMARD template; the recall date was set for when the next blood test result was due and the recall interval was set to the monitoring interval specified in the SCA for each DMARD.
2. A SystemOne search was set up to identify patients with a DMARD recall due in the next month. Blood test forms (to cover the next 6 months) were sent to all patients with a recall due.
3. A second search was set up to identify any patients with a DMARD repeat template and no DMARD recall. This search identifies any new patients who require monitoring.
Each month the practice pharmacist runs the searches and reviews the patients’ records: checking monitoring has been completed, identifying patients who need blood test forms and checking DMARDs are prescribed as recommended by the specialist in their clinic letters.

Conclusions
DMARDs are potentially toxic medicines which require careful monitoring. They are routinely prescribed in primary care as part of SCAs between specialists, GPs and patients. A robust system for monitoring and prescribing is required to ensure the safe use of DMARDs in primary care. Practice pharmacists are ideally placed to have clinical oversight of such a system.
Conducting clinical audits of key prescribing areas can identify opportunities for practice pharmacists to improve patient safety by expanding their clinical roles.