

Oxford Eye Hospital Shared Care Agreement.

Information for General practitioners participating in a shared care agreement for the management of patients on immunomodulatory medication for inflammatory eye disease. This is adapted from the Rheumatology Shared care Agreement within Oxford shire

In line with the GMS contract requirements, this Shared Care protocol provides information about the management of patients on immunomodulatory medication for inflammatory eye disease (IMT) . IMTs may be used individually or in combination.

For the purposes of this agreement 'Shared care' is defined as ' The joint participation of general practitioners and hospital consultants in the planned delivery of care for patients with chronic inflammatory eye disorders, informed by an enhanced information exchange over and above the routine clinic, discharge and referral letters' (Hickman et al 1994)

This Protocol covers:

Immunomodulatory Agent	Suggested Monitoring regime
Azathioprine	FBC, LFTs, U&Es, CRP and ESR weekly for 6 weeks. Continue fortnightly until dose is stable for 6 weeks, thereafter monthly.
Tacrolimus	U&Es, FBC, ESR, CRP, LFT's and Creatinine, B/P and urinalysis monthly for 3 months, thereafter 2 monthly. Lipids and magnesium every 6 months. Trough Tacrolimus levels to be taken when dose needs to be adjusted into therapeutic range. Patient should OMIT the dose in the morning. Therapeutic range is 5ng/dL- 10ng/dL for Ophthalmic use
Methotrexate	FBC, LFTs, U&Es, ESR and CRP – 2 and then monthly after commencing MTX and at every dose increase, for 6 months and then 2 monthly
Mycophenolate Mofetil	FBC 2 and 4 weeks after each dose increase. Monthly at a stable dose for 6 months then 2 monthly LFTs, U&Es, ESR and CRP monthly for 6 months, then 2 monthly
Sulfasalazine	FBC, U&Es, LFTs, ESR and CRP monthly for 3 months, then 3 monthly

The protocol should be read in conjunction with the medication specific information provided by the manufacturers data sheet, as there can be slight variations in the monitoring requirements of certain medications.

All Immunomodulatory agents (IMTs) present some risk to the patient of adverse events therefore regular monitoring of blood tests is required to monitor disease activity, general condition and detect any side effects of the medication occurring. It has been shown that the incidence of side effects can be significantly reduced if monitoring is carried out in a well-organised way close to the patient's home. It is emphasised to all patients that unless regular monitoring of blood tests is undertaken they will be unable to continue taking the medication.

The hospital will issue the patient with a "shared care" booklet in which the blood results should be charted. The patient will bring this booklet to their primary care and hospital consultations.

The Ophthalmology Consultant will be responsible for provision of:

- Pre treatment assessment and recommendation of the appropriate DMARD to be prescribed.
- Pre treatment counselling to include rationale for treatment, benefits, potential side effects, precautions and monitoring requirements.
- Issue of written patient drug information, shared care monitoring booklet and contact telephone number.
- Regular review in the out-patient clinic to assess disease activity and recommend any adjustments to treatment.
- Telephone support in the event of any serious adverse reactions by a member of the medical team.
- Provision of formal or informal training as necessary to ensure that clinical staff within the primary care team have the necessary skills to ensure safe practice.

The General Practitioner will be responsible for:

- Provision of services related to the shared care agreement as listed in the GMS contract, in respect of near patient testing
- Prescribing the IMT as per recommendation of consultant
- Ensuring blood tests are taken in accordance with the Oxford Eye Hospital information sheets and National Guidelines for the monitoring of Second Line drugs (BSR 2007)
- Checking and recording of blood test results.
- Notification to the consultant rheumatologist of any changes in the patient's condition, any adverse drug reactions, or if the patient fails to attend for blood monitoring.
- Ensuring that all clinical staff involved in the provision of this service have the relevant knowledge and skills.

The patient will be responsible for:

- Attending for blood monitoring
- Ensuring shared care card is kept up to date
- Reporting any adverse side effects to medication to the GP or a member of the hospital rheumatology team.
- Ensuring that they bring the shared care card and a list of all medications to the surgery and out patient consultations.
-

Common problems and concerns

- **Side effects and drug interactions.** See individual drug monitoring sheets.
- **Patients not attending for routine blood tests.** Should your patient fail to attend for routine blood testing on more than one occasion the patient should be contacted to ascertain the reason for non attendance. It should be stressed that non attendance for blood testing may lead to withdrawal of the medication. Further help and advice can be sought from the clinical nurse specialist in rheumatology.

Instructions for referring back to the consultant team

- **Intolerance to side effects of IMTs.** If the patient has been established on IMT, withdrawal of treatment may result in a relapse of symptoms (ten Wolde et al 1996, Gotzsche et al 1996) Therefore it is important to consider alternative therapy in the event of side effects. Advice can be sought from the medical ophthalmology service.
- **Severe side effects/ Potential overdose.** Urgent referral to Eye casualty at OEH or A&E.
- **Non compliance with medication or monitoring.** Refer to Medical Ophthalmology service for help and advice.

Contact Numbers

Secretary harriet.sansom@ouh.nhs.uk. Or please page James Bayley Uveitis Link Nurse Practitioner via John Radcliffe Hospital Switchboard 01865 741166

References. / Further Information.

1. National Guidelines for the monitoring of second line drugs. *British Society for Rheumatology*. 2008.