Berkshire West Integrated Care System
Representing
Berkshire West Clinical Commisioning Group
Royal Berkshire NHS Foundation Trust
Berkshire Healthcare NHS Foundation Trust
Berkshire West Primary Care Alliance

Prescribing Guidelines

Prescribing arrangement for the management of patients transferring from ***Secondary Care to Primary Care***

Guideline for the management of patients prescribed drug treatment monitored via DAWN clinical software

[APC PG 037]

Approval and Authorisation

Approved by	Job Title	Date
Area Prescribing Committee	APC Chair	*April 2019*
GP MOC	GP MOC Chair	*May 2019*

Change History

Version	Date	Author	Reason
v.1.0	07/03/2019	D. Pollock	New Guideline

This prescribing guideline remains open to review considering any new evidence

This guideline should only be viewed online and will no longer be valid if printed off or saved locally

For the latest information on interactions and adverse effects, always consult the latest version of the Summary of Product Characteristics (SPC), which can be found at: http://www.medicines.org.uk/

Author	D. Pollock	Date of production:	March 2019
Job Title	Clinical Integration Pharmacist	Review Date	March 2022
Protocol Lead	Dr A. Chan (Associate Medical Director)	Version	v. 1.0

Principles of Prescribing Arrangement

These prescribing Guidelines are a local policy to enable General Practitioners to accept responsibility for the prescribing and monitoring of medicines, treatments or devices in primary care, in agreement with the initiating specialist service.

This guideline provides a framework for the seamless transfer of care for a person from a hospital or specialist service setting to general practice, where this is appropriate and in the patient's best interest. People should never be placed in a position where they are unable to obtain the medicines they need because of a lack of communication between primary and secondary care.

It is important to note, in line with the General Medical Council guidance on prescribing, doctors are responsible for prescriptions they sign, and their decisions and actions when they supply and administers medicines and devices; or authorise or instruct others to do so.

Transfer of care

Transfer of clinical responsibility to primary care should be considered where the patient's clinical condition is monitored jointly and clinical advice available from secondary care with a predictable monitoring guideline in place (see Appendix A for full details)

Referral to the GP will take place once the GP has agreed to this in **each individual case**, and the hospital or specialist will continue to provide prescriptions for 4 weeks until a successful transfer of responsibilities. The GP should confirm the agreement and acceptance of the shared care prescribing arrangement and that supply arrangements have been finalised. The secondary care provider must supply an adequate amount of the medication to cover this transition period. The patient should then be informed to obtain further prescriptions from the GP.

Clinicians should clearly explain what a shared care arrangement means for the patient and why it might be an option in their case. The patient or their carers should have the opportunity to ask questions and explore other options if they don't feel confident that shared care will work for them. They should be fully involved in, and in agreement with, the decisions to move to a shared care model for their on-going care. **Importantly, patients should never be used as a conduit for informing the GP that the prescribing is to be transferred.**

Patient consent

The best interest, agreement and preferences of the patient should be at the centre of the decision to begin shared care and their wishes followed wherever possible. Patients should be able to decline shared care if, after due consideration of the options, they decide that it is not in their best interests. Involvement of carers may be critical, especially in circumstances when it is not possible for the patients to make a decision e.g. mental capacity; where appropriate they should be included in the discussion about shared care.

Background

This guideline aims to give guidance for the transfer of the prescribing responsibility from secondary to primary care in line with NHS England guidelines. Monitoring requirements for each drug will be set out in individual drug summaries

DAWN Monitoring

DAWN Clinical Software is a software package designed for disease management or medication management that aids healthcare professionals monitor long-term patients taking potentially harmful drugs.

All patients will be monitored remotely by secondary care via the DAWN clinical software, in line with the frequencies set out in individual drug summaries (Appendix B). Patients will need to have their blood taken at the GP surgery (or local phlebotomy service) with the results automatically feeding into DAWN.

Responsibilities

Specialist Team Responsibilities (Consultant/Clinical Nurse Specialist)
General Responsibilities • Confirm patient's diagnosis/need for treatment • Confirm patient's suitability for the recommended drug treatment (i.e. drug is suitable for patients who are pregnant or have a history of cardiac arrhythmias) • Where patient is suitable for the recommended drug treatment**,** ensure the process of shared care has been explained to the patient and they give their informed consent to the transfer of care to their GP • Initiate the patient on the recommended drug treatment and arrange for follow-up appointments (via outpatient clinic/virtual clinics) to manage dose titration and appropriate monitoring • Ensure the patient is reviewed in line with the monitoring requirements (Appendix B) after dose optimisation and discontinue the drug treatment if there is no improvement in symptoms • Any dose changes once the patient is established on treatment will be conveyed in writing to the GP for the GP to prescribe • Monitor side effects of medication via routine follow up • Report adverse events to the CHM/MHRA • Check drug interactions with any known current medication the patient is taking • Supply the patient with prescription(s) (via RBH Outpatient Pharmacy) to cover the period of transfer to the GP. This needs to take in to account the period for the GP to accept the request and must include as a minimum, the period between treatment initiation and stabilisation. **Transfer of Prescribing Responsibilities** • Transfer of clinical responsibility to primary care should only be considered where there is a monitoring protocol in place and the secondary care team confirms that the person's clinical condition is stable or predictable. • Communicate to the patient's GP to request a transfer of prescribing

responsibilities; detailing the drug, formulation, dose and frequency to be prescribed, along with details of how to refer to the specialist team should the patient develop a problem with their treatment.

Disease Monitoring

- The patient will be reviewed by the Specialist Team when necessary.
- Monitoring of the patient's blood results will be done via the DAWN clinical software.
- Communicate to the GP all necessary monitoring that needs to be carried out in primary care (Appendix B)

Primary Care Team Responsibilities (General Practitioner)

- The GP will add the drug to the patient's repeat prescription within 2 weeks of receipt of the information from the Specialist Team and issue on-going prescriptions.
- Check drug interactions with any new medication(s) started or any new conditions diagnosed against the patients other concurrent medication. Contact the specialist team if possible interactions found and discuss with Consultant.
- Amend prescription as per requests from secondary care for dose changes in patients on established treatment.
- Where a change in medication or dose is required, for example if a drug/dose has not been tolerated, the following procedure will be followed:
    - **GP/Patient to contact Clinical Nurse Specialist will liaise with Consultant to decide on a suitable alternative dose.**
    - **Clinical Nurse Specialist will send a written request to ask GP to issue a prescription, detailing individual patient plan including dose titration or the need to discontinue treatment (where applicable).**
- Report adverse events to the CHM/MHRA.
- Report adverse events to the CHM/MHRA.
- Report adverse events to the consultant sharing the care of the patient.

Routine Monitoring

- **Please see details in Appendix B**

Patient's role (or that of carer)

- Ask the specialist or GP for information, if he or she does not have a clear understanding of the treatment.
- Tell the specialist or GP of any other medication being taken, including over-the-counter products.
- Read the patient information leaflet included with your medication and report any side effects or concerns you have to the specialist or GP
- Adhere to treatment as advised by the specialist.

Communication

Specialist to GP

The Specialist Consultant/Nurse will inform the GP when they have initiated any drug/treatment and will provide a summary of dosage / instructions for the GP to follow, along with details of when prescribing will need to transfer (in line with Appendix A).

GP to Specialist

If the GP has concerns over the prescribing of the drug/treatment, they will contact the Specialist Team as soon as possible.

Contact Information

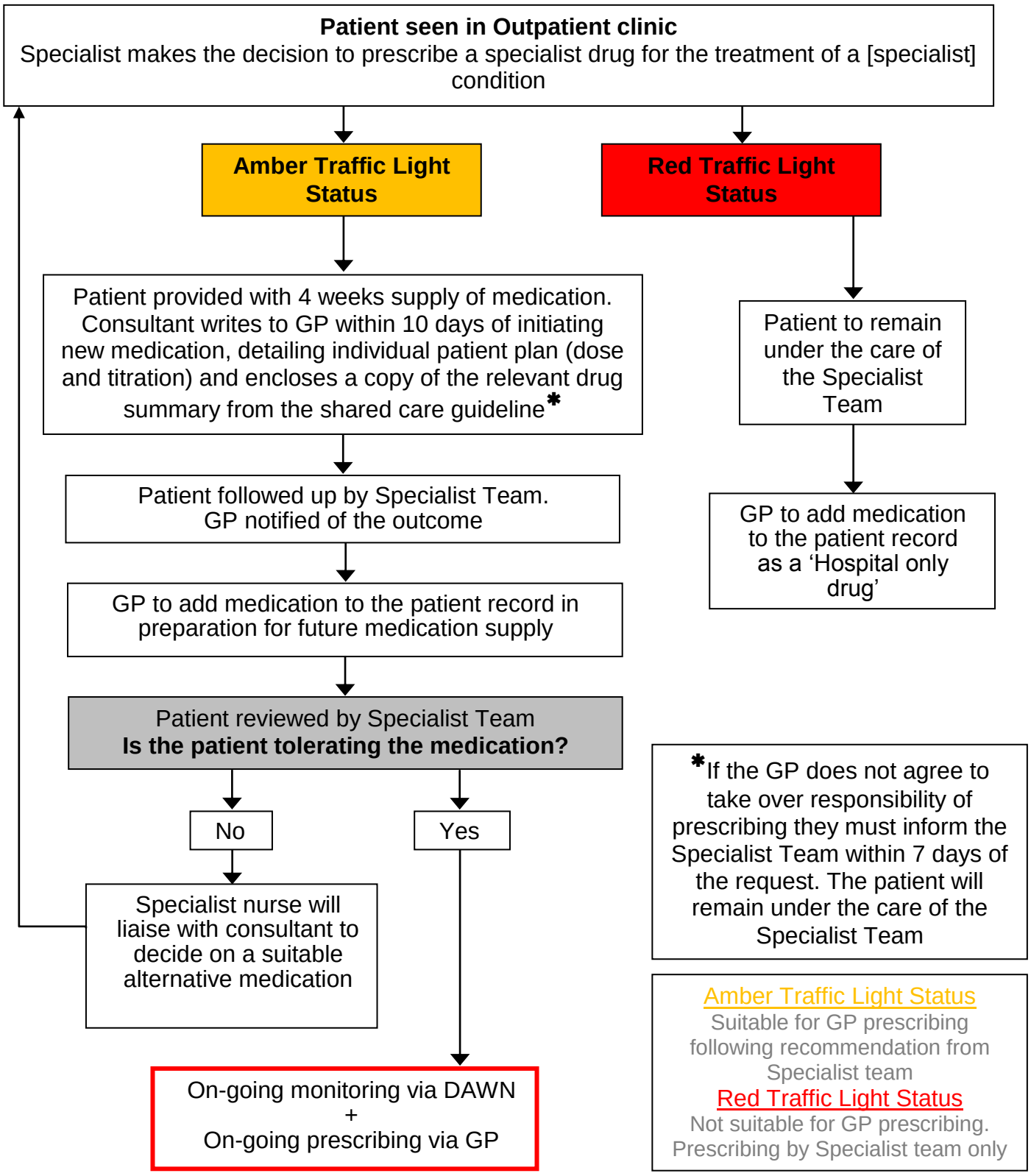
Specialist Team	Telephone	Email
Rheumatology	0118 322 6574	Dawn.dmard@royalberkshire.nhs.uk
Gastroenterology	0118 322 8733	Rbft.ibdnurses@nhs.net
Dermatology	0118 322 8145 / 8209	-
Respiratory	0118 322 6676	rbft.respiratoryadvice@nhs.net
Neurology	0118 322 6855	-

References

1. NHS England. 2018. *Responsibility for prescribing between Primary & Secondary/Tertiary Care. Accessed via https://www.england.nhs.uk/publication/responsibility-for-prescribing-between-primary-and-secondary-tertiary-care/ on 16/3/2018.*

Appendix A

Process for transferring prescribing between Primary and Secondary Care



*If the GP does not agree to take over responsibility of prescribing they must inform the Specialist Team within 7 days of the request. The patient will remain under the care of the Specialist Team

Amber Traffic Light Status
Suitable for GP prescribing following recommendation from Specialist team

Red Traffic Light Status
Not suitable for GP prescribing. Prescribing by Specialist team only

Appendix B

List of Individual Drug Summaries

Drug	Link to monitoring section	Net.Formulary Traffic Light Status
Azathioprine	Click here for full list of monitoring Guidelines	Amber
Ciclosporin	Click here for full list of monitoring Guidelines	Amber
Hydroxychloroquine	Click here for full list of monitoring Guidelines	Amber
Leflunamide	Click here for full list of monitoring Guidelines	Amber
Methotrexate	Click here for full list of monitoring Guidelines	Amber
Murcaptopurine	Click here for full list of monitoring Guidelines	Amber
Mycophenolate Mofetil	Click here for full list of monitoring Guidelines	Amber
Sodium Aurothomalate	Click here for full list of monitoring Guidelines	Amber
Sulfasalazine	Click here for full list of monitoring Guidelines	Amber
Tacrolimus	Click here for full list of monitoring Guidelines	Amber
Abatacept*	Click here for full list of monitoring Guidelines	Red
Adalimumab*	Click here for full list of monitoring Guidelines	Red
Apremilast	Click here for full list of monitoring Guidelines	Red
Baricitinib*	Click here for full list of monitoring Guidelines	Red
Brodalimumab*	Click here for full list of monitoring Guidelines	Red
Certolizumab pegol *	Click here for full list of monitoring Guidelines	Red
Etanercept*	Click here for full list of monitoring Guidelines	Red
Golimumab*	Click here for full list of monitoring Guidelines	Red
Infliximab*	Click here for full list of monitoring Guidelines	Red
Ixekizumab*	Click here for full list of monitoring Guidelines	Red
Rituximab *	Click here for full list of monitoring Guidelines	Red
Sarilumab*	Click here for full list of monitoring Guidelines	Red
Secukinumab*	Click here for full list of monitoring Guidelines	Red
Tocilizumab*	Click here for full list of monitoring Guidelines	Red
Ustekinumab*	Click here for full list of monitoring Guidelines	Red
Vedolizumab*	Click here for full list of monitoring Guidelines	Red
Tofacitinib *	Click here for full list of monitoring Guidelines	Red

*All under one policy; *Biologic - Drug Monitoring Summary FINAL*