Workshop 13:30 to 15:30

Sharing care of medicines across primary and secondary care
Introduction

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Workshop objectives

• Describe how pharmacists can support and facilitate the safe transfer of prescribing and monitoring of medicines from acute to home setting
• Explore how healthcare professionals can work together with patients to ensure that the best possible care is provided in the right place
• Describe how medicines governance processes can support safe and effective shared care of medicines
Introduction exercise
Healthcare structure
Healthcare structure
Healthcare structure
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NHS Lothian Medicines Governance Committee Structure
October 2013

NHS Lothian Board

Healthcare Governance Committee

Area Drug and Therapeutics Committee

Medicines Utilisation Review Group

Prescribing Sub-Committees

Formulary Committee

Medicines Policies Sub-Committee

General Practice Prescribing Committee

Hospital and Specialist Services Medicines Committee

University Hospitals Division Drug and Therapeutics Committee

Patient Group Direction Committee

Community Health (Care) Partnership Prescribing Forum

Paediatric and Neonatal Committee

Cancer Therapeutics Advisory Committee
Healthcare structure
Section 6(iii), Medicines management (MM) domain

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**Guidance:** Medicines Management

The strategic aim of the indicators within the medicines management domain is to continuously improve the quality and cost-effectiveness of prescribing in general practice.

This is achieved by promoting the supervision and review of repeat medication lists and the implementation and measurement of prescribing avoidance and non-local dispensing compliance. They encourage the use of medicines to maximise therapeutic benefit and improve safety by minimising adverse drug reactions and drug-drug interactions.

Recognised best practice includes the appropriate use of a risk and benefit discussion with the patient.

MM indicator 001(1)

The practice meets the NHS Board prescribing adviser at least annually and agrees 3 actions related to prescribing.

MM001(1) aim of the indicator

To continuously improve the quality and cost-effectiveness of prescribing in general practice by identifying opportunities for improving between the NHS Board and ensuring that these actions most likely to have benefits in keeping with overarching aims of the domain.
Healthcare structure
Complex Patient – Colin Adrians

- History of alcoholic liver disease
- Liver transplant in January 2014 (Royal Infirmary)
- Patient lives in Livingston (30 miles from base hospital)
Complex Patient – Colin Adrians

- Nine months after transplant
- tacrolimus (Prograf©) 2.5mg twice daily
- mycophenolate mofetil 1g twice daily
- ranitidine 150mg twice daily
Complex Patient – Colin Adrians

- Patient is fit and well and reviewed every two months by transplant specialists

How does the patient continue to receive supplies of medicines?

- The patient lives 30 miles from hospital and does not drive
- Public transport takes 2 hours each way
Complex Patient – Colin Adrians

- The patient is registered with Dr Mair at Livingston Medical Centre. The practice has 6000 patients and four fulltime GPs. Ten transplant patients are registered with the practice and, although Dr Mair is an experienced GP, he has not cared for a transplant patient before

Should Dr Mair prescribe Prograf®, mycophenolate or ranitidine?  
How can Dr Mair prescribe these medicines with confidence?  
Are there any monitoring issues with these medicines?  
What is the role of the pharmacist in supporting this patient and the prescriber?
tacrolimus (Prograf®)

- What is the indication for this medicine?
- What are the monitoring requirements?
- Are there any special considerations for this medicine?
Contents

Safety advice

Oral tacrolimus products: prescribe and dispense by brand name only, to minimise the risk of inadvertent switching between products, which has been associated with reports of toxicity and graft rejection.

Caffeine citrate: two products of different strengths are now available. Care must be taken with dosing, as the two products are not equivalent.

Febuxostat (Adenuric®): stop treatment if signs or symptoms of serious hypersensitivity (e.g., serious skin reactions or systemic hypersensitivity) occur.

Press

Tacrolimus ointment (Protopic): reminder of a possible risk of malignancies including lymphomas and skin cancers.
mycophenolate mofetil

• What is the indication for this medicine?
• What are the monitoring requirements?
• Are there any special considerations for this medicine?
ranitidine

• What is the indication for this medicine?
• What are the monitoring requirements?
• Are there any special considerations for this medicine?
Who should prescribe?

- Is the patient stable?
- Is there a need to monitor treatment and adjust dose?
- Does the prescriber feel confident sharing the care?
- Are guidelines available and are they adequate?
Sharing care

- Shared care guidelines are developed when sophisticated or complex treatments are initiated in secondary care and then prescribed by a GP.
- The guidelines set out the process that needs to be followed for the GP to take on prescribing responsibility.
- Successful shared care arrangements enable the combination of the best of both primary and secondary care for the benefit of the patient.
- They allow the seamless transfer of patient treatment from the secondary care sector to general practice.
- Enables patient to receive care in setting more convenient to them.
Role of specialist team (consultant)

- Initiation of treatment following diagnosis
- Discuss the risks and benefits of treatment with the patient
- Liaise with the GP to agree the sharing of care
- Provides information and support to the GP
- Provides initial supply of the medicine
Role of the GP

- Ensure that they have sufficient knowledge about the treatment
- Liaise with consultant to agree the sharing of care
- Prescribe the medication in line with local guidance, including monitoring
- Refer back to the consultant if there are any concerns regarding the clinical condition of the patient
Role of the pharmacist

- Hospital: contribute to the development of shared care guidance
- Practice/primary care: support GP and provide advice on the use of shared care guidance
- Community: ensure continuity of supply
Role of the patient

- Attending monitoring and follow up appointments
- Reporting side effects to specialist team, GP or other healthcare professional
- Sharing concerns about treatment with specialist team, GP or other healthcare professional
Specialist medicines

- Specialist medicines are increasingly used by non-specialists
- Traditionally used exclusively in secondary care
- There is increasing demand on healthcare services, with pressure on capacity
- Earlier diagnosis
- Care settings are changing
- Shift from secondary to primary care
- Patient centred treatment
What are the risks/concerns/problems?

- GP (non-specialists) taking responsibility for unfamiliar treatments
  - Monitoring for toxicities, efficacy, ADRs
  - Where does liability fall
- Lack of consultation between professionals over transfer of prescribing responsibility
- Patients caught in the middle of dispute leading to issues with continuity of treatment
- Ensuring sufficient quantities supplied from specialist services to allow time to obtain prescription and supply from GP/community pharmacy
What are the benefits?

- Treatment is delivered safely in setting convenient to patient
- Sharing of expertise
- Improving communication and dialogue
- Patient centred care
Suitable medicines

- Prescribed to treat a potentially serious condition
- Complex – intended use is likely to be outside of the usual clinical experience of most GPs
- Relatively high adverse effects profile
- May require specific monitoring and dose titration
- Novel or rarely prescribed
Time for work

• Case studies based on real patients
• Resources provided to help
• We would like you to design a shared care guidance for the medicine used, and for the clinical indication in the case study
• Consider the healthcare services in which you work
• 45 minutes in small groups
Time for work

Focus on

• what information would be required
• how would it be provided
• Who would provide this information
• What are the roles and responsibilities of the different members of the team
• What are the challenges
Time for work
• Each group to feedback on their case studies
• What are the main challenges?
• Are the challenges different in different countries?
• Do you have any unique solutions to share?
Process and governance

• Policy and Procedures for the Shared Care of Medicines approved by Area Drug and Therapeutics Committee
• Supports process from development to implementation
• Defines roles and responsibilities
• Development of policy sought input from all sectors
Process and governance

• The policy seeks to ensure patients have equitable access to medicines across secondary and primary care and that information is communicated effectively.

• This is in line with recommendations in the national Healthcare Quality Strategy.
Process and governance

• Prescribers must be aware of their responsibilities when prescribing and primary care prescribers must receive comprehensive information to allow safe and effective prescribing.
• Clearly defined processes and good communication are essential components to shared care.
• Decisions about who should take responsibility for continuing care or treatment after initial diagnosis or assessment should be based on the patient’s best interests, rather than on convenience or cost of the medicine and associated monitoring or follow-up.
Process

- Medicine is approved for use by local formulary committee
- Place of treatment is considered at this point
- Suitability for shared care
- Unlicensed or off label - classified as
  RED: Specialist Use only
  AMBER: General Use with restrictions
  GREEN: Unrestricted General Use
Process

- Clinical team drafts shared care agreement (SCA) using approved template
- Clinical pharmacist has lead role in this process and contributes to content
- Agreed within clinical team
• SCA is submitted to drug and therapeutic committee for approval
  – Peer review
• SCA is then submitted to primary care GP committee to confirm aspects are acceptable in primary care
Process

- Once approved SCA is added to local formulary website by medicines management team (MMT)
- Review date (e.g. 2 years)
Shared Care of Medicines

You are in: Home > Shared Care of Medicines

Shared care arrangements aim to facilitate the seamless transfer of individual patient care from secondary care to general practice. They are intended for use when medicines, often prescribed for potentially serious conditions and complex by their very nature, are initiated in secondary care and then prescribed by a GP in primary care. These medicines will often have a relatively high adverse effect profile and may require specific monitoring.

A new NHS Lothian Policy and Procedures for the Shared Care of Medicines was approved in June 2013, available on the NHS Lothian intranet via this link.

Templates in MS Word for shared care agreements and for requesting the removal of a shared care protocol are available via this link.

Shared care arrangement eligibility criteria
For the purposes of this policy a medicine is considered to be eligible for a shared care arrangement if it can be initiated in secondary care and then prescribed by a GP in primary care and meets the following criteria:

- prescribed for a potentially serious condition
- complex [intended use likely to be outwith the clinical experience of a GP]
- relatively high adverse effects profile
- may require specific monitoring and dose titration
- new, or rarely prescribed
General Notes
All approved shared care agreements (SCAs) will be listed on this page. These will be developed as the new policy is implemented.

- octreotide and lanreotide (somatostatin analogues) for the treatment of neuroendocrine tumours
- lisdexamfetamine for attention deficit hyperactivity disorder (ADHD) in children aged 6 years and over
- memantine for treatment of severe dementia of the Alzheimer's type
Challenges

- Deskilling – local versus national
- Responsibility
- Agreement (GPPC)
- Patients vanishing
- Who is responsible for when the inevitable happens?
- Budgetary pressure
Summary

- Clearly defined roles and responsibilities
- Pharmacists supportive role to facilitate clinical confidence
- Clear governance structures are essential