SULFASALAZINE SHARED CARE AGREEMENT (SCA) FOR ADULTS

FOR USE IN RHEUMATOLOGY AND GASTROENTEROLOGY

SPECIALIST RESPONSIBILITIES

1. Assess patient, confirm diagnosis and discuss benefits and risks of treatment with the patient.
2. Perform pre-treatment assessments and on-going monitoring as detailed on page 3.
3. Prescribers should familiarise themselves with the drug indication, dose, administration, contra-indications, cautions, side-effects, interactions and preparation by referring to the current version of the Summary of Product Characteristics (https://www.medicines.org.uk/emc/product/6686/smpc) or the BNF (http://www.medicinescomplete.com/mc/index.htm).
4. Initiate and titrate treatment with sulfasalazine therapy and supply until dose and monitoring stable for 6 weeks.
5. Provide appropriate written information on sulfasalazine to the patient.
6. Review efficacy of treatment and ensure any drug treatment changes are communicated to the GP.
7. Act on pathology lab results if initiated by the hospital.
8. Advise the GP on frequency of monitoring and what to do when the parameters change.
9. Communicate any changes in frequency of pathology testing to the GP if relevant.
10. Ensure clear back-up arrangements exist for GPs, including telephone number for advice and support and regularly checked e-mail account.
11. Discuss proposed SCA with the patient.
12. Send a letter to the patient's GP to request participation in the SCA, along with this current SCA and the clinic letter (containing full details of the prescribing and treatment plan). The GP must respond to the specialist within 14 days by signing this agreement and sending to the hospital.
13. Full clinical responsibility for the patient and the prescribed treatment will remain with the specialist if the GP declines to participate.

Once the GP has agreed to participate in the SCA, the specialist will:

1. Make a record in the patient's secondary care notes that treatment is being given as part of an SCA.
2. Inform the patient of the aspects of care that will be provided by the specialist and by the GP.
3. Ensure ongoing treatment is provided before prescribing is transferred.
4. Inform the patient when to contact their GP practice.
5. Ask the patient to report any adverse effects about their treatment to the specialist or GP. Adverse events should be reported by the specialist or GP to the MHRA (http://yellowcard.mhra.gov.uk/).
6. Review the patient as clinically appropriate and inform the GP of any changes to treatment.
7. Advise the GP of the on-going monitoring required as detailed on page 3.
8. Advise the GP of when and how to discontinue treatment (if necessary).
9. Ensure clear arrangements exist for GPs to obtain advice and support.

GP RESPONSIBILITIES

1. Review request from the specialist to participate in the SCA and respond to the specialist as soon as possible (within 14 days). To accept shared care please return a signed copy of this agreement to the specialist. Prescribing should not be refused on the grounds of drug cost. Sulfasalazine is included in the local Shared Care Enhanced Service.

Once shared care accepted, the GP will:

2. Make a record in the patient's primary care notes that treatment is being given as part of an SCA.
3. Familiarise themselves with the drug indication, dose, administration, contra-indications, cautions, side-effects, interactions and preparation by referring to the current version of the Summary of Product Characteristics (https://www.medicines.org.uk/emc/product/6686/smpc) or the BNF (http://www.medicinescomplete.com/mc/index.htm).
4. Prescribe sulfasalazine in accordance with the specialist prescribing and treatment plan.
5. Check for possible drug interactions when newly prescribing or stopping concurrent medication.
6. Report any adverse effects to the specialist and to the MHRA (http://yellowcard.mhra.gov.uk/).
7. Follow advice from the specialist regarding any changes required to treatment.
8. Perform on-going monitoring as advised by the specialist and detailed on page 2.

Written and approved by Ipswich and East Suffolk CCG, Ipswich Hospital NHS Trust, North East Essex CCG, Colchester Hospital University NHS Foundation Trust, West Suffolk CCG and West Suffolk NHS Foundation Trust. June 2020. Review June 2022.

9. Refer to the specialist if the patient's clinical condition deteriorates, if intolerance to treatment develops, or if contra-indications/cautions arise that prevent continued prescribing. Female patients must be asked to inform the specialist or GP if they are pregnant or planning a pregnancy.
10. Discontinue treatment (if necessary) on the advice of the specialist.
11. Contact the specialist for any necessary advice and support via the telephone helpline numbers provided.

Special Instructions

- It is common practice to use combination Disease Modifying (DMARD) Therapies e.g. leflunomide, methotrexate. Where a new DMARD is started then the frequency of monitoring should reflect that of the drug requiring most frequent monitoring.
- When patients are taking combination therapy or have individual risk factors, e.g. liver / renal disease, it may be necessary to monitor bloods more frequently than usual. The patient should be monitored as advised by the Specialist for individual patients.

PATIENT RESPONSIBILITIES

1. Report any adverse effects to the specialist or GP whilst taking Sulfasalazine.
2. Share any concerns in relation to treatment with Sulfasalazine.
3. Female patients must inform the specialist or GP if they are pregnant or planning a pregnancy. Sulfasalazine can be used in pregnancy but folic acid should be considered.
4. Ensure regular participation in required screening and monitoring associated with sulfasalazine therapy.
5. Check with your Pharmacist/GP before starting to take any new over the counter medicine or supplement as these may interact with your sulfasalazine.

ESNEFT - Ipswich site		
Rheumatology	Dr Lane / Dr Watts: 01473 702362 Dr Weerakoon / Dr Shand: 01473 702039 Dr Abdulkader/Dr Ntatsaki: 01473 707324	Email ihn-tr.rheum-sharedcare@nhs.net (for non-urgent correspondence) Advice and guidance on NHS e-referrals
Gastroenterology	Dr Simon Williams 01473 703519 Dr Louise Scovell 01473 702535 Dr Yin Miao 01473 703188 Dr Abdul Mohsen 01473 703505 Dr Daniel Gavin 01473 703439	Dr M Fahdawi 01473 702987 IBD Nurse Specialist 01473 702865 Email ihn-tr.Gastrosecs@nhs.net Advice and guidance on NHS e-referrals
ESNEFT - Colchester site		
Rheumatology	Dr Byrne: paul.byrne@esneft.nhs.uk Dr Walton: tom.walton@esneft.nhs.uk Dr Davies: rachel.davies@esneft.nhs.uk Dr Lauren Steel: Lauren.steel@esneft.nhs.uk Rheumatology Department (01206) 742165/742279	Clinical Nurse Specialist Jayne Brooks: jayne.brooks@esneft.nhs.uk Clinical Nurse Specialist Lucy Mascurine: lucy.mascurine@esneft.nhs.uk
Gastroenterology	Dr Ian Gooding Ian.Gooding@esneft.nhs.uk Dr Mary McStay Mary.McStay@esneft.nhs.uk	Dr Simon Ralphs Simon.Ralphs@esneft.nhs.uk Dr Achuth Shenoy Achuth.Shenoy@esneft.nhs.uk
West Suffolk Hospital		
Rheumatology	Dr Katerina Achilleos 01284 713484 Dr Mark Sykes 01284 713440 RheumatologyNurses@wsh.nhs.uk	Dr Shweta Bhagat 01284 712977 Dr Catherine Bevington 01284 712907 RheumatologySecretaries@wsh.nhs.uk
Gastroenterology	Dr Krishna Basavaraju 01284 713650 Dr Miriam Fort Gasia 01284 712901 Dr Pantelis Grigoriadis 01284 712877 Dr Abdullah Mawas 01284 712901 IBD-Nurses@wsh.nhs.uk	Dr Dan Sharpstone 01284 713481 Dr Nadim Sheikh 01284 713650 Dr Simon Whalley 01284 712877 IBD Specialist Nurses 01284 713481 GastroenterologySecretaries@wsh.nhs.uk

GP to complete and return to specialist within 14 days	
Patient name:	
Date of birth:	
Hospital Number:	
GP name	
GP signature to accept shared care:	
Date	

Reference:

- British Society of Rheumatology and British Health Professional in Rheumatology. Guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs (2017)

SHARED SPECIALIST & GP RESPONSIBILITIES: MONITORING

On-going monitoring will be transferred from the specialist to the GP after the specialist has stabilised the patient on treatment

	Parameter	Frequency	
	In addition to absolute values for haematological indices, a rapid fall or rise and a consistent upward or downward trend in any value should prompt caution and extra vigilance		
Specialist	Pre-screening as per speciality guidelines	• Prior to starting treatment. Take appropriate action prior to transferring care to GP	
	Height, weight and blood pressure	• Prior to starting treatment	
	Parameter	**Frequency**	**Action to take if abnormal result**
Specialist moving to GP once shared care accepted	Urea & Electrolytes (U&Es) including creatinine	• Prior to starting treatment • During treatment: every 2 weeks until dose and monitoring stable for 6 weeks, then monthly for 3 months, thereafter consider reducing frequency of monitoring to every 2-3 months based on clinical judgement and following discussion with specialist • Dose increases: every 2 weeks until on a stable dose for 6 weeks; then revert back to previous schedule. Patients who have been stable for 12 months: monitor on an annual basis	• Creatinine rise >30% over 12 months and/or calculated GFR <60: withhold sulfasalazine until discussed with specialist
	Full Blood Count (FBC)		• White blood count (WBC) <3.5x10^9/l • Unexplained eosinophilia >0.5x10^9/l • Neutrophils <1.6x10^9/l • Platelets <140x10^9/l Withhold sulfasalazine until discussed with specialist
			• Mean corpuscular volume (MCV) >105 f/l: consider withholding sulfasalazine; check serum B12, folate, thyroid function tests and discuss with specialist
	Liver Function Tests (LFTs)		• Albumin – unexplained fall (in absence of active disease) <30g/l: withhold sulfasalazine until discussed with specialist • Aspartate transaminase (AST), alanine aminotransferase (ALT) > twice upper limit of reference range or >100 U/l: withhold sulfasalazine until discussed with specialist
	C-Reactive Protein (CRP)	• Prior to starting treatment • During treatment: monthly or with routine monitoring when on a stable dose	• Discuss with specialist if unexpected results
	Symptom (ask patient at each visit)		**Action for GP to take if symptom occurs**
Specialist and GP	New or increasing unexplained dyspnoea or dry cough		• Withhold sulfasalazine and discuss urgently with specialist
	Nausea, dizziness, headache		• Continue sulfasalazine if possible; consider reducing dose or stopping if symptoms severe—discuss with specialist
	Severe sore throat, abnormal bruising		• Immediate FBC and withhold sulfasalazine until the result of FBC is available; discuss with specialist
	Rash or oral ulceration, nausea and vomiting, diarrhoea		• Withhold sulfasalazine until discussed with specialist
	Infection requiring antibiotics		• Withhold sulfasalazine whilst on antibiotics. Consider restarting sulfasalazine at least one week after stopping antibiotic treatment.