

Rheumatoid Arthritis

DMARD near patient testing



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Audit Feb 2013 - 2014



- Retrospective review of patients with rheumatoid arthritis (RA) on DMARDs - enhanced services & near patient testing
 - 58% (N=39) of 73 patients with RA on amber drugs - DMARDs
- All should be under rheumatology secondary care follow up
 - 1 patient not under secondary care
- All should have a scanned shared care protocol (SCP) on Docman
 - Only 23% scanned SCP (N = 9)

Which RA patients had a shared care protocol (SCP) scanned on Docman?



- 4 of 20 patients on Methotrexate
- 4 of 14 patients on Sulfasalazine
- 1 of 7 patients on Hydroxychloroquine
- 0 of 1 patient on Leflunomide
- 0 of 1 patient on Mycophenylate
- 0 of 1 patient on Hydroxycobalamin

What about other patient groups prescribed amber drugs?



- General opinion at practice that Rheumatology are most likely secondary care provider who send SCP
- Not audited, but likely far fewer than 23% mental health patient's on amber drugs have a SCP!

Near patient testing accuracy?



- Methotrexate – 20 patients
 - 3 exempt – monitored by hospital
 - Only 6 of 17 were correctly monitored as per SCP (**25%**)
 - ✦ 6 patients over investigated
 - ✦ 6 patients under investigated
 - Resulting in **31** unnecessary/wasted phlebotomy appointments per year from this group of 20 patients

Near patient testing accuracy?



- Sulfasalazine – 14 patients
 - 1 exempt – hospital monitoring
 - 10 patients correctly monitored (71%)
 - ✦ 2 patients over monitored (One patient 22 unnecessary blood tests)
 - ✦ 1 patient under monitored
 - **24** wasted /unnecessary phlebotomy appointments from this group of patients over 1 yr

Near patient testing accuracy?



- **Other drugs:**

- Hydroxychloroquine – 7 patients - no documented advice for annual visual testing by optometrist
- Leflunomide – 1 patient – under monitored
- Mycophenylate – 1 patients – under monitored in frequency of bloods but unnecessary 9x U&E & LFT bloods

Summary



- Review of small patient group on amber (DMARD) medications revealed snapshot of practice shared care prescribing:
 - Lack of shared care protocols in patient notes
 - Poor compliance with near patient testing
 - Patients both under & over tested
 - 45 wasted phlebotomy appointments from small patient cohort over one year! (N-39)
- Need for change in shared care prescribing practices



Thankyou