

NHS Sheffield CCG Medicines Management Team
Re-audit of the management of oral and subcutaneous(s/c) methotrexate in
primary care in Sheffield (November 2014 – April 2015)

Information to practices was sent in April 2013 and marked as “Safety warning for all prescribers to consider” to reinforce the safety message of the *National Patient Safety Agency alert (2006)*.

<http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?ASsetID=60037&>

Though Sheffield had evidenced improvements in the management of methotrexate in primary care there were still certain themes that needed to be addressed. Therefore a re-audit was produced and performed in each GP practice in Sheffield facilitated by Medicines Management Team (MMT) members. This report highlights the results from the initial audit undertaken in Nov/Dec 2013 and the re-audit from Nov 2014/April 2015.

Aim of the audit

The audit assessed whether oral and subcutaneous methotrexate is prescribed appropriately; whether blood monitoring arrangements are being carried out in line with the Shared Care Protocol (SCP); and if improvements had been made since the initial baseline audit.

Audit criteria and standards

There were 8 criteria in line with NPSA alert June 2006. A standard of 100% was set for each. The MMT was also asked to collect additional information, which would complement and add extra value to the audit.

Results

Results were received from 84 practices. According to records, 17 practices had not previously been involved with the DMARD locally commissioned service

Table 1. Number of all patients prescribed methotrexate in primary care

Methotrexate prescribing in primary care	Audit Nov 2013	Re-audit Nov 2014
A. Number of all patients prescribed methotrexate in primary care	1512	1687
Number of patients prescribed oral methotrexate in primary care	1491	1657
Number of patients prescribed s/c methotrexate in primary care	21	30

Table 2. Audit Standards Results

	Audit Nov 2013	Re-audit Nov 2014
Standard 1 100% of patients receiving methotrexate have appropriate correspondence from the hospital received by the GP	82.3	79.3
Standard 2 100% of patients have results entered regularly in the record book	45.9	44.2
Standard 3 100% of patients on oral methotrexate are prescribed 2.5mg tablets (Patients can be excluded if there is clear documentation that this has been discussed with the patient and the use of the 10mg tablets is justified) and those on s/c methotrexate are prescribed Metoject® 50mg/ml pre-loaded pen (different volumes /doses available)	99.6 Metoject brand of Methotrexate was not mentioned in SCP at the time of the audit	99.4
Standard 4 100% of prescriptions for methotrexate state dose in mg and number of tablets or volume (and strength) of injection needed to fulfill that dose.	87.6	94.3

Standard 5 100% of prescriptions for methotrexate clearly state the tablets should be taken or the injection administered ONCE a week	98.4	98.8
Standard 6 100% of prescriptions for methotrexate clearly state the day of the week on which the tablets are taken / injection to be administered	34.2	59.6
Standard 7 100% of prescriptions for methotrexate have a maximum duration of no more than 12 weeks between review.	50.7	74.0
Standard 8 100% of patients with prescriptions for methotrexate have their blood monitoring up to date as per SCP or within 2 weeks of review date	83.7	83.3

The information was collected from the GP computer systems only. Table 1 shows that there has been an increase in prescribing of both oral and subcutaneous injection in primary care. The standard of 100% was almost met in 3 areas. There is still significant improvement to be made for standard 6 where prescriptions clearly state the day of the week on which the tablets are taken / injection to be administered. Difference in the interpretation of 'appropriate' in standard 1 may have contributed to the reduction found in the re-audit.

Recommendations

- All practices to write / review their practice protocol for the safe prescribing of methotrexate in primary care. A template is available from the MMT.
- To continue measures to avoid methotrexate 10mg tablets being initiated in primary care and to promote prescribing of injection by brand.
- GPs to review the management and documentation of the record book e.g. encourage use of READ code – Community DMARD monitoring booklet - by adding to practice protocol.
- GPs to routinely measure CRP and full LFTs as per SCP – introduction of the 'DMARD group' blood testing request on ICE should ensure all monitoring is completed.
- Encourage use of a clinical system DMARD monitoring template to aid management.
- GP to implement measures to prompt timely monitoring e.g. adding number of prescription issues rather than a review date; for repeat dispensing prescriptions a maximum number of 12 weeks supply is generated.
- Practice to ascertain and record on the repeat prescription the day of the week for methotrexate. Investigate involvement of the community pharmacists in supporting this recommendation.
- MMT member to work with the practice to ensure action plan is completed and implemented.
- For a future re-audit, amend standard 1 to assess use of transfer of care form.

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