



Tablet Press **EXTRA**

The prescribing newsletter for GPs, nurses and pharmacists in
Northamptonshire Primary Care Trust



August 2011

Update on the DAWN system for shared care arrangements between Primary Care Prescribers and Kettering General Hospital NHSFT

With the help of Nene Commissioning, KGH purchased DAWN software in 2008. Since implementation, over 2,000 patients taking potentially harmful drugs for long term conditions have had their blood test monitoring switched from a manual system to this IT system, supporting more timely interventions.

This is an update on the achievements since implementing DAWN and tips on how to help improve these patients' experiences when they attend for their blood tests at either the hospital or their practice

Note – Northampton General Hospital will also be using DAWN software for their rheumatology patients on DMARDs. They are currently uploading the patients' details onto DAWN prior to full implementation. Further updates will be advised over the coming months.

At KGH DAWN is currently being used to help manage 2,054 patients; 1,583 in rheumatology, 223 in dermatology and 248 in gastroenterology. These patients are receiving treatment with Disease Modifying Anti-Rheumatic Drugs (DMARDs) or other 'amber' ⁽¹⁾ medicine under shared care arrangements and in some cases 'red' ⁽²⁾ medicines, which are NOT shared care.

The DAWN IT system alerts staff to patients whose blood test results are overdue, abnormal or a cause for concern. Hospital staff review blood results within 4 days of receipt and contact patients and GPs by phone and / or letter as appropriate to provide advice before the GP issues a new prescription.

All the tests required for each individual patient have been entered in the ICE record and mirror exactly the entry on the DAWN system. For the safety of patients, tests have been consolidated so that a full battery of standard tests is performed each time.

What can primary care do to help ensure shared care arrangements work smoothly?

1. Please adhere to the rheumatology, gastroenterology and dermatology shared care protocols (SCPs) - available on [HNN](#) and [Pathfinder](#) sites. This will ensure that the correct tests are ordered for patients and ensure that copy results from Pathology will also be sent automatically to GPs via EDI. There is also a facility to access and download results from ICE if test results fail to arrive by EDI. NB: Local SCPs may differ from other guidelines available eg Prodigy
2. Before issuing repeat prescriptions it's vital to check that recent blood test results as per the SCP are available before issuing a repeat prescription. The parameters and limits to monitor, and appropriate action to take, are detailed in the SCPs
3. Do discuss with the Consultant **BEFORE** stopping or withholding treatment, or altering a patient's blood test schedule

This edition is also available on HNN (Health Network Northants)

<http://nww.northants.nhs.uk/Display/Dynamic.jsp?topic=14070&lhsid=514&oid=2854¤tid=2854>

<http://pathfinder.nhs.uk/>

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4. Note treatment for TRANSPLANT patients receiving azathioprine, ciclosporin, methotrexate, mycophenolate or tacrolimus for immunosuppression must NOT be stopped unless directly sanctioned by the transplanting centre.
5. Remind your patients that they can attend one of the KGH outlying phlebotomy clinics at Isebrook, Nene Park, Corby Diagnostic Centre or Rectory Road, Rushden for DMARD blood tests. The clinic staff are familiar with the arrangements for ordering DMARD blood tests via the ICE system.

If a patient attends a phlebotomy clinic (KGH or outlying) for a routine DMARD blood test or re-test for any reason, practices DON'T need to print a new ICE DMARD request form for the patient to take to the clinic; the pre-existing ICE record highlighted in blue contains all the correct tests that are required for that patient. The patient just needs to show their DMARD booklet (or tell the staff that they are a DMARD patient if they haven't got a booklet yet)

The booklets will facilitate this process, so patients should be encouraged to use and look after their booklet.

If a patient attends the GP surgery for a routine DMARD blood test, the GP must re-print the ICE DMARD request form, highlighted in blue, as per the KGH Path Lab protocol ([full instructions](#)). Technical help can be obtained from Rebecca Murphy 01536 491157. If for any reason ICE is not available and a handwritten request is needed, please do NOT simply write 'DMARDs' in the 'tests required' box on the form but DO please list the individual tests required (see table below).

6. If you have any patients for whom you are prescribing a DMARD and who is not in a shared care arrangement, please contact the appropriate Department to discuss referral to a consultant.

⁽¹⁾ azathioprine, 6-mercaptopurine, ciclosporin, cyclophosphamide, dapsone, hydroxychloroquine, leflunomide, methotrexate, minocycline, mycophenolate, myocrisin, penicillamine, sulfasalazine

⁽²⁾ acetretin, adalimumab, etanercept, infliximab, isotretinoin, rituximab, tacrolimus and tocilizumab

Contact details in case of queries

Specialty	Consultants 01536 49xxxx	Nurse Specialists 01536 49xxxx	Standard tests	Extra tests*
Dermatology	Johan Vorster ext 2923 Olivia Stevenson 1195	Amanda Tredwell ext 3319 Peta Thurston 3319	FBC LFT U&E creatinine	Proteinurinalysis (uPCR)
Gastroenterology	Naveed Azam 2108 Andy Chilton 2802 Debasish Das 2802 Andy Dixon 2802 Anwar Hussain 2799 Andrew Steel 2108	Michelle Skelton ext 1464 Cathy Crawshaw]ans 3353	FBC LFT U&E creatinine ESR CRP	Proteinurinalysis (uPCR)
Rheumatology	George Kallarackal 2382 Ernest Suresh 3394	Lilian Lawson ext 2398 Mandy Devine 2398	FBC LFT U&E creatinine ESR CRP	Proteinurinalysis (uPCR)

* for cyclophosphamide, myocrisin, penicillamine

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