

EFFECTIVE SHARED CARE AGREEMENT OF SEVELAMER FOR THE TREATMENT OF HYPERPHOSPHATEMIA IN PRE-DIALYSIS CHRONIC KIDNEY DISEASE

RESPONSIBILITIES and ROLES

Specialist clinician responsibilities	
1	Discuss the benefits and side effects of treatment with the patient.
2	Check for possible drug interactions with sevelamer and patients regular medication. Avoid prescribing interacting drugs.
3	Assess likelihood of compliance.
4	Ensure patient is given sufficient information about their treatment.
5	Perform all baseline tests (including FBC, U&Es and LFTs).
6	Initiate and stabilise treatment with sevelamer. Stabilisation will usually take 4 weeks.
7	Supply medication until care is transferred to GP.
8	Ask the GP whether he or she is willing to participate in shared care and explain the intention to share care with patient/carer and obtain consent.
9	Monitor serum phosphate and calcium levels and any other parameters considered necessary, regularly.
10	Inform GP of the dose to be prescribed, any changes in dose, when to stop treatment and when to refer the patient back to specialist clinician.
11	Ensure GP has access to blood results for information.
12	Monitor for side effects and report adverse events to the MHRA and GP where appropriate.
13	Inform GP if patient does not attend specialist clinician appointments and action to be taken.
14	Have a mechanism in place to receive rapid referral of a patient from the GP in event of deteriorating clinical condition.
15	Ensure that clear backup arrangements exist for GPs to obtain advice and support.
General Practitioner responsibilities	
1	Reply to the request for shared care as soon as possible.
2	Prescribe sevelamer at the dose recommended once patient is established on treatment.
3	Ensure compatibility with other concomitant medication.
4	Adjust the dose as advised by the specialist clinician.
5	Contact the specialist clinician if you suspect the patient is not complying with their medication.
6	Check for possible drug interaction when prescribing new medication and avoid prescribing interacting drugs.
7	Stop treatment on the advice of the specialist clinician or immediately if an urgent need to stop treatment arises.
8	Refer the patient to the specialist clinician if his/her condition deteriorates.
9	Report any suspected adverse events to specialist team and any severe adverse events to MHRA.
Patient's / Carer's role	
1	Take sevelamer as recommended by specialist clinician.
2	Report to the specialist clinician or GP if he / she does not have a clear understanding of the treatment.
3	Request repeat prescriptions from the GP at least 5 days before the next supply is needed.
4	Attend scheduled appointments with specialist clinician, GP and for monitoring.
5	Share any concerns in relation to treatment with GP or specialist clinician.
6	Inform specialist clinician or GP of any other medication being taken, including over-the-counter products
7	Inform specialist clinician or GP if you feel you are having problems taking your medication or have stopped taking it.
8	Report any adverse effects to the specialist clinician or GP.

SUPPORTING INFORMATION EFFECTIVE SHARED CARE AGREEMENT

Information on therapeutic indication, dosage, method of administration, side effects and management considerations in special populations can be found in the Summary of Product Characteristics for sevelamer available from www.medicines.org.uk

Monitoring requirements

Monitoring Interval	Full blood count	LFTs	U&Es (including serum phosphate, calcium and bicarbonate)	GP or Specialist Clinician
Baseline	✓	✓	✓	Specialist Clinician
On going	If applicable	<i>(only in patients with hepatic impairment)</i>	✓	Specialist Clinician

Additional information which cannot be found in the SPC

BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No.	Bleep:	Fax:	Email address:
In hours Specialist clinician:	Via hospital switch 01782 715444			
Out of hours				
GP:				
Hospital Medicines Information Dept:	01782 674537			Medicines.Information@uhnms.nhs.uk
Other:				