

Practical DMARD Monitoring in Primary Care – Rheumatology Patients

Supporting Shared Care Across Dorset from 1st July 2025

While Primary Care based monitoring has occurred in the West of Dorset for many years it is a fundamental change to the historical model operated in the East of Dorset and reflects the introduction of a new Pan-Dorset Monitoring LES and updated [Shared Care Policies](#).

This guide is for patients under Rheumatology receiving DMARD therapy. The Dorset Shared Care Protocols apply across specialties, including Dermatology, Gastroenterology, Neurology, and others. However, this document outlines specific arrangements for patients under the long-term care of Rheumatology Services in Dorset.

Which patients are affected?

These changes apply to two patient groups:

Patients newly initiated on DMARDs

- Secondary Care will initiate, prescribe, and monitor the DMARD for the first **12 weeks** using a standard monitoring approach:
 - 2-weekly blood tests for 6 weeks, then
 - Monthly blood tests for 3 months, then
 - 3-monthly blood test monitoring thereafter
- Before the end of this period, Secondary Care will issue a formal request to the GP for shared care transfer (see Appendix 1 of the relevant shared care protocol).
- This is an **opt-out** system. If a GP practice has signed up for Shared Care and does not formally decline, it is assumed prescribing and monitoring will transfer to Primary Care.

Patients already established on DMARDs

- These patients have typically received prescriptions via Primary Care for months or years, but their monitoring has remained with Secondary Care.
- From 1st July 2025, ongoing monitoring (usually every 3 months) will now be a Primary Care responsibility.
- There will be **no individual shared care request** letters for this cohort. Transfer is assumed based on practice sign-up to the shared care LES.

What Primary Care Needs to Do

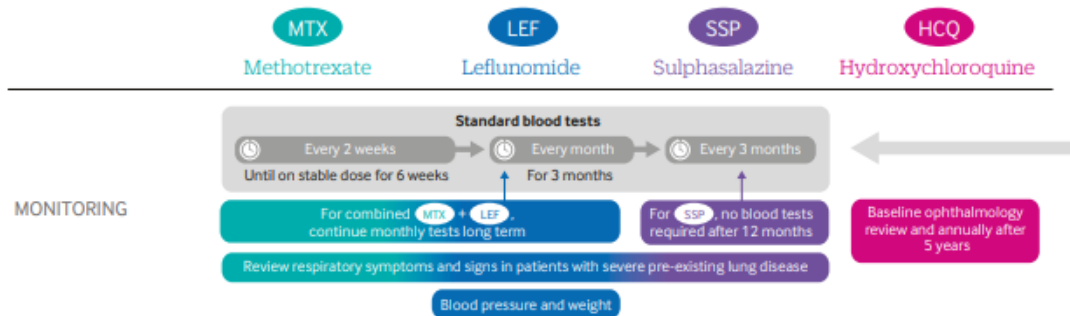
- Ensure appropriate blood monitoring is arranged (typically every 3 months).
- Inform patients that blood tests will now be organised by the GP surgery.
- Secondary Care will retain full access to test results, but will not monitor them routinely once shared care is in place.

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Monitoring in Practice – Guidance for GPs Managing Rheumatology Patients

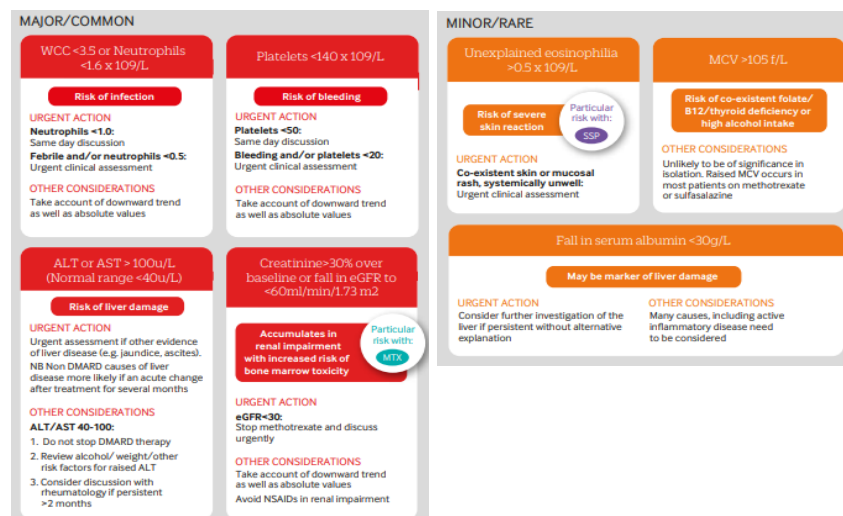
The current DMARD monitoring guidelines produced by British Society of Rheumatology (2017) were summarized in a helpful infographics, published in the [BMJ \(2017\)](#).



- A standardised approach to blood test monitoring is advised for all DMARDs (FBC, U&E, LFTs) with the exception of Hydroxychloroquine which does not require blood test monitoring.
- CRP is not required for DMARD monitoring but is a useful adjunct to monitoring disease activity for patients with inflammatory rheumatic conditions.
- After 12 months of monitoring, routine testing for sulfasalazine is not required.

Managing Abnormal Blood Results

- Mild abnormalities for patients established on DMARDs are not uncommon and may not require specific action beyond repeating the test at an appropriate interval (usually 2-4 weeks). More significant abnormalities as listed below should prompt action.
- While individual results can be informative, observing **trends** over time is equally important. A sudden change or consistent rise or fall in any should prompt increased clinical attention.
- When action is taken to suspend medication **please inform the treating team** so we can review and advise accordingly.
- Further practical advice is available via [NICE CKS](#)



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Seeking Advice for Monitoring abnormalities.

- Where non-urgent clinical queries or abnormal results are identified please use **Advice & Guidance** as the preferred method of communication. We will aim to respond within 2 working days.
- Please ensure your request includes sufficient clinical information such as the presence of recent infections or intercurrent illness, newly started or interacting medications, any trends in blood test results.
- For Urgent or same-day queries please use **Consultant Connect** to speak directly to a Rheumatologist or use the advice line details below:

Contact Details for Dorset Rheumatology Teams:

- Christchurch & Wimborne: 0300 019 5302
- Poole: 0300 019 2849
- West Dorset (Dorchester, Weymouth, Bridport and Blandford): 01305 255864.

Delayed or Missed Monitoring Tests

- Do not stop DMARDs automatically if routine tests are delayed. Unnecessary interruption can impact disease control and long-term outcomes. If monitoring is overdue and cannot be arranged promptly, use clinical judgment based on prior stability and clinical context.
- Most patients will be on 3-monthly testing, but the evidence base for this is limited. During the COVID-19 pandemic, up to 6-monthly monitoring was advised for stable patients with no additional risk factors.
- Persistent non-compliance with monitoring tests may reflect a range of factors, including patient adherence and access or system-related delays. Where safe monitoring cannot be ensured, referral back to Rheumatology should be considered for review and support.