

SHARED CARE PRESCRIBING GUIDELINE

XXXX for the treatment of XXXX in

ADULTS/PAEDIATRICS [delete as appropriate]

[Author of Shared Care Guideline please note then delete: Where developing a multi-drug or multi-indication shared care guideline there is flexibility for author to adapt the way that the information is presented, but the overall content as outlined below should remain the same]

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| **SHARED CARE PROCESS FLOWCHART** |
| **Specialist clinician completes Shared Care Request Letter (Appendix 1) and sends to patient’s GP via email.**  **GP considers shared care request, taking into account the following:**   * Is the patient’s condition predictable or stable? * Whether they have the relevant knowledge, skills and access to equipment to allow them to monitor treatment as indicated in this shared care prescribing guideline? * Whether they have been provided with relevant clinical details including monitoring data?   **If NO to any of these questions, GP should contact the requesting consultant or the local primary care Medicines Optimisation Team within 2 weeks of receipt to discuss**  **If YES to all the above, and after reading this shared care guideline then it is appropriate for GP to accept prescribing responsibility**  Issues not resolved  Issues resolved / details clarified  **Complete Shared Care Refusal Letter (Appendix 3) and email back to the requesting clinician**  **Complete Shared Care Agreement Letter (Appendix 2) and email back to the requesting clinician within 2 weeks of receipt**  **NOTES**  There may be implications for the patient where invitation to share care is declined. For example, the patient may need to be changed to an alternative treatment regimen. It would not normally be expected that shared care prescribing would be declined on the basis of cost.  Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. **It is important that patients are consulted about treatment and are in agreement with it**.  Prescribing should follow requirements in the [South East London Interface Prescribing Policy](https://selondonccg.nhs.uk/wp-content/uploads/dlm_uploads/2021/09/SEL-Interface-prescribing-policy-2019-21-JULY-2020-FINAL.pdf).  **The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use. The patient’s best interests are always paramount.**  If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable (within 2 weeks). |

1. **Areas of responsibility**

It is the responsibility of the specialist team to work with the Primary Care Lead to support GPs with drug monitoring, including consideration of patient recall systems where appropriate, and to advise on long-term stock issues where these become apparent.

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| **Consultant / Specialist team responsibilities** |
| **As an example to include:**   * Ensuring patient fits criteria for use of this drug (e.g. no contraindications, cautions, fits local agreement for use of the drug) * Baseline monitoring tests (to be listed) * To initiate, stabilise and supply treatment over the first X days / weeks / month(s) * To inform patients of practical issues related to the use of XXXX, such as administration, storage and maximum dose – see “Clinical Information” section on page X * At the time of initiating, notify GP in writing that XXXX has been prescribed. The GP should be invited to share care once the patient is stable. Information provided to the GP should include: * A copy of the shared care guidelines * That a prescription for the first X days / month(s) supply has been given * Information on when the patient will next be reviewed and by whom * A request that the GP continue prescribing after X days / month(s) * Any monitoring that will remain under the consultant’s responsibility, including informing GP about any new evidence or data * To retain ongoing responsibility for prescribing the treatment they have initiated until this has been taken over in primary care * To review patient every X months as a minimum. To additionally review patient at the request of GP should any problems arise (side-effects / lack of efficacy). Add timescales for when the patient will be reviewed if problems arise * To communicate promptly with the GP if treatment is changed. Add timescales, e.g. within 2 weeks * To report any suspected adverse effects to the MHRA: [http://www.yellowcard.gov.uk](http://www.yellowcard.gov.uk/) |

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| **General Practitioner responsibilities** |
| **As an example to include:**   * To consider shared care proposal within 2 weeks of receipt. If agree to request to continue prescribing as detailed in shared care guideline. Confirmation to the requesting consultant is required **within 2 weeks** of receipt of this guideline by completing and returning the agreement on page 3 * If do not agree to shared care discuss with requesting consultant or local primary care Medicines Optimisation Team within 2 weeks of receipt of shared care request * To provide ongoing prescriptions for XXXX after X weeks / month(s) * To adjust the dose as advised by the specialist * To agree monitoring requirements with specialist – see page X of this document for GP monitoring requirements * To comment on the results of any monitoring undertaken in primary care to make the results and any impact of these clear to the patient * To report and seek advice regarding any concerns, for example: side-effects, co-morbidities, pregnancy, or lack of efficacy to the specialist team * To advise the specialist if non-compliance is suspected * To refer back to specialist if the patient's condition deteriorates * To stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises. * To report any suspected adverse effects to the MHRA via the Yellow Card scheme: [http://www.yellowcard.gov.uk](http://www.yellowcard.gov.uk/) |

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| **Patient's / Carer’s responsibilities** |
| **As an example to include:**   * To contact the specialist or GP if he or she does not have a clear understanding of any aspect of the treatment. * To inform prescribing specialist, GP and other healthcare professionals of any other medication being taken, including over the counter products, alternative therapies or recreational drugs. * To inform community pharmacists that they are using XXXX before purchasing medication over-the-counter * To attend all hospital and GP appointments * To take medicines as agreed and take steps to ensure that no doses are missed and not to share medicines with others * To arrange and attend all regular monitoring required and to confirm with the specialist or GP team that the results of these are satisfactory to continue the medication (contact can be via telephone to the admin team or patient having online access to their results in cases where confirmation is provided alongside the results that they are satisfactory). * To read the patient information leaflet included with the medication. * To report any adverse effects or warning symptoms to GP or hospital specialist * To report to GP and maternity services team if pregnant or breastfeeding. * To inform GP and hospital of any changes in addresses or telephone contact numbers. |

1. **CLINICAL INFORMATION**

**NOTE:** The information here is not exhaustive. Please also consult the current Summary of Product Characteristics (SPC) for **XXXX** prior to prescribing for up to date prescribing information, including detailed information on adverse effects, drug interactions, cautions and contraindications (available via [www.medicines.org.uk](http://www.medicines.org.uk))

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| **Background** |  | | |
| **Indications**  Note if indication is unlicensed or not |  | | |
| **Place in Therapy**  Indicate what drugs should have been tried before this drug is considered |  | | |
| **Locally agreed off-label use**  Including supporting information |  | | |
| **Initiation and ongoing dose regime**  **Note:**   * Transfer of monitoring and prescribing to primary care is normally after the patient’s dose has been optimized and with satisfactory investigation results for at least 4 weeks. * The duration of treatment & frequency of review will be determined by the specialist, based on clinical response and tolerability. * All dose or formulation adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician. * Termination of treatment will be the responsibility of the specialist. | **Initial stabilisation:**  **(The loading period must be prescribed by the initiating specialist)**  **Maintenance dose (following initial stabilisation):**  **(The initial maintenance dose must be prescribed by the initiating specialist)**  **Conditions requiring dose adjustment**  **Duration of treatment** | | |
| **Pharmaceutical aspects** | Route of administration |  | |
| Formulation |  | |
| Administration details |  | |
| Other important information |  | |
| **Baseline investigations, initial monitoring and ongoing monitoring to be undertaken by specialist** | **Baseline investigations:**  **Initial monitoring**   * Monitoring at baseline and during initiation is the responsibility of the specialist, only once the patient is optimised on the chosen medication with no anticipated further changes expected in immediate future will prescribing and monitoring be transferred to the GP.   **Ongoing monitoring:** | | |
| **Ongoing monitoring requirements to be undertaken by primary care** | **Monitoring** | | **Frequency** |
|  | |  |
| **Adverse effects and management**  Any serious adverse reactions should be reported to the MHRA via the Yellow Care scheme  [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) | **Result** | | **Action for GP** |
|  | |  |
| **Advice to patients and carers**  The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual medicines. | **The patient should be advised to report any of the following signs or symptoms to their GP without delay:** | | |
| **Criteria for stopping treatment**  e.g. poor response, adverse effects requiring cessation |  | | |
| **Follow up arrangements**  e.g. frequency of specialist clinic attendance |  | | |
| **Pregnancy, paternal exposure and breast feeding**  It is the responsibility of the specialist to provide advice on the need for contraception to male and female patients on initiation and at each review but the ongoing responsibility for providing this advice rests with both the GP and the specialist. | **Pregnancy:**  **Breastfeeding:** | | |
| **Additional information** | **Where patient care is transferred from one specialist service or GP practice to another, a new shared care agreement must be completed.** | | |
| **Evidence base for treatment and key references**  Include hyperlinks to original sources and access dates |  | | |
| **To be read in conjunction with the following documents** |  | | |
| **Local arrangements for referral**  Define the referral procedure from hospital to primary care prescriber & route of return should the patient’s condition change. |  | | |

# **COMMUNICATION AND SUPPORT [Delete any entries that are not required]**

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| **King’s College and Princess Royal Hospitals switchboard: 0203 299 9000** | |
| **Consultant/specialist team**  [Add names role and speciality of relevant personnel] | Tel:  Email:  Alternative contact: e.g. for clinic/specialist nurse  Out of hours contact: e.g. duty doctor |
| **Medication – Prescribing advice, interactions, availability of medicines**  [Add details of lead pharmacist involved in shared care development]  Medicines Information/relevant hospital pharmacy dept | Tel:  Email:  Tel:  Email: |
| **Guy’s and St. Thomas’ Hospital switchboard: 0207 188 7188** | |
| **Consultant/specialist team**  [Add names role and speciality of relevant personnel] | Tel:  Email:  Alternative contact: e.g. for clinic/specialist nurse  Out of hours contact: e.g. duty doctor |
| **Medication – Prescribing advice, interactions, availability of medicines**  [Add details of lead pharmacist involved in shared care development]  Medicines Information/relevant hospital pharmacy dept | Tel:  Email:  Tel:  Email: |
| **Lewisham and Greenwich Hospitals switchboard [To be added]** | |
| **Consultant/specialist team**  [Add names role and speciality of relevant personnel] | Tel:  Email:  Alternative contact: e.g. for clinic/specialist nurse  Out of hours contact: e.g. duty doctor |
| **Medication – Prescribing advice, interactions, availability of medicines**  [Add details of lead pharmacist involved in shared care development]  Medicines Information/relevant hospital pharmacy dept | Tel:  Email:  Tel:  Email: |
| **South London and Maudsley (SLAM): switchboard [To be added]** | |
| **Consultant/specialist team**  [Add names role and speciality of relevant personnel] | Tel:  Email:  Alternative contact: e.g. for clinic/specialist nurse  Out of hours contact: e.g. duty doctor |
| **Medication – Prescribing advice, interactions, availability of medicines**  [Add details of lead pharmacist involved in shared care development]  Medicines Information/relevant hospital pharmacy dept | Tel:  Email:  Tel:  Email: |
| **Oxleas NHS Trust switchboard [To be added]** | |
| **Consultant/specialist team**  [Add names role and speciality of relevant personnel] | Tel:  Email:  Alternative contact: e.g. for clinic/specialist nurse  Out of hours contact: e.g. duty doctor |
| **Medication – Prescribing advice, interactions, availability of medicines**  [Add details of lead pharmacist involved in shared care development]  Medicines Information/relevant hospital pharmacy dept | Tel:  Email:  Tel:  Email: |

**Appendix 1: Shared Care Request letter (Specialist to Primary Care Prescriber)**

Dear *[insert Primary Care Prescriber's name]*

Patient name: *[insert patient's name]*

Date of birth: *[insert date of birth]*

NHS Number*: [insert NHS Number]*

Diagnosis: *[insert diagnosis]*

As per the agreed South East London shared care prescribing guideline for *[insert medicine name]* for the treatment of *[insert indication],* this patient is now suitable for prescribing to move to primary care.

The patient fulfils criteria for shared care and I am therefore requesting your agreement to participate in shared care. Where baseline investigations are set out in the shared care protocol, I have carried these out.

I can confirm that the following has happened with regard to this treatment:

|  |  |
| --- | --- |
| **[Shared care can only be considered if the following requirements have been met. Please complete all parts of the right hand column to confirm this]** | **Specialist to complete:** |
| *The patient has been initiated on this therapy and has been on an optimised dose for the following period of time:* | *………….. weeks/months* |
| *Baseline investigation and monitoring as set out in the shared care documents have been completed and were satisfactory* | *Yes* |
| *The condition being treated has a predictable course of progression and the patient can be suitably maintained by primary care* | *Yes* |
| *The risks and benefits of treatment have been explained to the patient* | *Yes* |
| *[If applicable to SCA, otherwise delete] A contraceptive check for this patient has been completed within the last …….. months/week* | *Yes, Dated:…………….*  *N/A* |
| *The roles of the specialist/specialist team/* *Primary Care Prescriber / Patient and pharmacist have been explained and agreed* | *Yes* |
| *The patient has agreed to this shared care arrangement, understands the need for ongoing monitoring, and has agreed to attend all necessary appointments* | *Yes* |
| *I have enclosed a copy of the shared care protocol which covers this treatment/the SCP can be found here (insert electronic/ web link)* | *Yes* |
| *I have included with the letter copies of the information the patient has received* | *Yes* |
| *I have provided the patient with sufficient medication to last until:* | *……………………………………..* |
| *I have arranged a follow up with this patient in the following timeframe e.g. within 3 months / 6 months (please specify)* | *……………………………………..* |

Treatment was started on *[insert date started]* and the current dose is *[insert dose and frequency]*.

If you are in agreement, please undertake monitoring and treatment from *[insert date]* NB: date must be at least 1 month from initiation of treatment.

The next blood monitoring is due on *[insert date]* and should be continued in line with the shared care guideline.

Please could you reply to this request for shared care and initiation of the suggested medication to either accept or decline within 14 days.

**Appendix 2: Shared Care Agreement Letter (Primary Care Prescriber to Specialist)**

**Primary Care Prescriber Response**

Dear *[insert Doctor's name]*

Patient *[insert Patient's name]*

NHS Number *[insert NHS Number]*

Identifier *[insert patient's date of birth and/oraddress]*

Thank you for your request for me to accept prescribing responsibility for this patient under a shared care agreement and to provide the following treatment

|  |  |  |
| --- | --- | --- |
| Medicine | Route | Dose & frequency |
|  |  |  |

I can confirm that I am willing to take on this responsibility from *[insert date]* and will complete the monitoring as set out in the shared care protocol for this medicine/condition.

Primary Care Prescriber signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Prescriber address/practice stamp:

**Appendix 3: Shared Care Refusal Letter (Primary Care Prescriber to Specialist)**

**Re*:***

Patient *[insert Patient's name]*

NHS Number *[insert NHS Number]*

Identifier *[insert patient's date of birth and/oraddress]*

Thank you for your request for me to accept prescribing responsibility for this patient.

In the interest of patient safety, NHS South East London ICS**,** in conjunction with local acute trusts have classified *[insert medicine name]*as a Shared Care drug, and requires a number of conditions to be met before transfer can be made to primary care.

**I regret to inform you that in this instance I am unable to take on responsibility due to the following:**

|  |  |  |
| --- | --- | --- |
|  |  | **Tick which apply** |
| **1.** | **The prescriber does not feel clinically confident in managing this individual patient’s condition, and there is a sound clinical basis for refusing to accept shared care**  As the patients primary care prescriber I do not feel clinically confident to manage this patient’s condition because *[insert reason]*. I have consulted with other primary care prescribers in my practice who support my decision. This is not an issue which would be resolved through adequate and appropriate training of prescribers within my practice.  **I have discussed my decision with the patient and request that prescribing for this individual remain with you as the specialist, due to the sound clinical basis given above.** |  |
| **2.** | **The medicine or condition does not fall within the criteria defining suitability for inclusion in a shared care arrangement**  As the medicine requested to be prescribed is not included on the national list of shared care drugs as identified by RMOC (Regional Medicines Optimisation Committees) or is not a locally agreed shared care medicine I am unable to accept clinical responsibility for prescribing this medication at this time.  **Until this medicine is identified either nationally or locally as requiring shared care the responsibility for providing this patient with their medication remains with you** |  |
| **3.** | **A minimum duration of supply by the initiating clinician**  As the patient has not had the minimum supply of medication to be provided by the initiating specialist, I am unable to take clinical responsibility for prescribing this medication at this time. Therefore, can you please contact the patient as soon as possible in order to provide them with the medication that you have recommended.  ***Until the patient has had the appropriate length of supply the responsibility for providing the patient with their medication remains with you.*** |  |
| **4.** | **Initiation and optimisation by the initiating specialist**  As the patient has not been optimised on this medication I am unable to take clinical responsibility for prescribing this medication at this time. Therefore can you please contact the patient as soon as possible in order to provide them with the medication that you have recommended.  ***Until the patient is optimised on this medication the responsibility for providing the patient with their medication remains with you.*** |  |
| **5.** | **Shared Care Protocol not received**  As legal responsibility for clinical care lies with the clinician who signs the prescription, I need to ensure that I am in possession of sufficient clinical information for me to be confident to prescribe this treatment for my patient and it is clear where each of our responsibilities lie to ensure the patient is safely managed***.***  For this reason I am unable to take clinical responsibility for prescribing this medication at this time, therefore would you please contact the patient as soon as possible in order to provide them with the medication that you have recommended.  ***Until I receive the appropriate SCP, responsibility for providing the patient with their medication remains with you.*** |  |
| **6.** | **Other (Primary Care Prescriber to complete if there are other reasons why shared care cannot be accepted. NB: Capacity issues to be discussed with local primary care Medicines Optimisation Team prior to returning this form)** |  |

I would be willing to consider prescribing for this patient once the above criteria have been met for this treatment.

NHS England ‘Responsibility for prescribing between Primary & Secondary/Tertiary care’ guidance (2018) states that “when decisions are made to transfer clinical and prescribing responsibility for a patient between care settings, it is of the utmost importance that the GP feels clinically competent to prescribe the necessary medicines. It is therefore essential that a transfer involving medicines with which GPs would not normally be familiar should not take place without full local agreement, and the dissemination of sufficient, up-to-date information to individual GPs.” In this case we would also see the term GP being interchangeable with the term Primary Care Prescriber.

Please do not hesitate to contact me if you wish to discuss any aspect of my letter in more detail and I hope to receive more information regarding this shared care agreement as soon as possible

Yours sincerely

**Primary Care Prescriber signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Care Prescriber address/practice stamp:**