 [](https://www.google.co.uk/url?sa=i&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwjn3oWnqYXbAhWBVhQKHeeYA4EQjRx6BAgBEAU&url=https%3A%2F%2Fjobs.bmj.com%2Fjob%2F71595%2Fconsultant-in-public-health%2F&psig=AOvVaw1OzZxZEBbpQ8KTQQokmZ_X&ust=1526391423027722) 

Shared Care Guideline

for

[Insert drug name for X condition (where applicable for drugs which have multiple uses) or clinical area]

This shared care guideline (SCG) has been written to enable the continuation of care by primary care clinicians of patients initiated on [insert drug name or type of therapy] by the [insert specialty and organisation], where this is appropriate and in the patients’ best interests. Primary care will only be requested to take over prescribing of [insert drug name or type of therapy] within its licensed indication unless specifically detailed otherwise below.

**Introduction**

|  |
| --- |
| **Indication/Licensing information**   * State whether licensed or unlicensed * Algorithm for place in therapy, where appropriate * Refer to national prescribing guidance e.g. NICE guidance * Refer to local prescribing guidance * Insert any local variations to national guidance or licensed indications, including recognised evidence base and/or it is standard treatment   **Pharmacology**  **Dosage and administration**   * Route of administration * Duration (where applicable) * Products and strengths available |

**Responsibilities of the specialist clinician initiating treatment**

|  |
| --- |
| **Summary**   * To assess the suitability of the patient for treatment and initiate [insert drug name] in appropriate patients. (including confirming the patient has no contra-indications to treatment and considering the relevance of any cautions, including interactions). * To discuss the benefits and side effects of treatment with the patient/carer and the need for long term monitoring if applicable. Obtain informed consent in line with national guidance. This is particularly important for unlicensed products. To discuss the patient’s responsibilities (see relevant section) in relation to the shared care agreement. * To perform baseline tests and if appropriate routine tests until the patient is stable (see details of baseline and routine tests which should be carried out by the specialist in the monitoring section below). * To prescribe for the first 12 weeks of treatment (include if the specialist will review the patient after initiation before prescribing is picked up in primary care). * To ask the GP whether they are willing to participate in shared care. * To provide the GP with a summary of information relating to the individual patient to support the GP in undertaking shared care (see shared care request form in Appendix A which includes a link to the shared care guideline). * To advise the GP of any dosage adjustments required, monitoring required, when to refer back, and when and how to stop treatment (if appropriate). |

* To advise the GP when the patient will next be reviewed by the specialist but if ongoing specialist

co-ordination of the patient’s care is not required, an individual care plan should be agreed on a case-by-case basis (DELETE IF NOT APPLICABLE). This may include the access to advice and intervention of that specialist in a timelier manner than via a new referral and may fall outside shared care arrangements (DELETE IF NOT APPLICABLE).

* To monitor the patient for adverse events and report to the GP and where appropriate Commission on Human Medicines/MHRA (Yellow Card scheme).
* To provide the GP with contact details in case of queries.
* To provide patient / carer with contact details for support and help if required; both in and out of hours.

**Responsibilities of the primary care clinician**

**Acceptance of Responsibility by the Primary Care Clinician**

It is optional for the primary care clinician to participate in taking on responsibility for shared care for the patient. Primary care clinicians will take on shared care only if they are willing and able.

**Summary**

* To reply to the request for shared care as soon as possible.
* To prescribe and adjust the dose as recommended by the specialist.
* To ensure there are no interactions with any other medications initiated in primary care.
* To continue monitoring as agreed with secondary care in the monitoring section below.
* To inform the specialist if the patient discontinues treatment for any reason.
* To seek the advice of the specialist if any concerns with the patient’s therapy. For example:
  + Patient or general practitioner is **not** comfortable to continue with the existing regime due to either change in condition or drug side effects.
  + Advice in respect of concordance.
  + Special situations, (e.g. Pregnancy).
* Discontinue the drug as directed by the specialist if required.
* To conduct an annual medication review or more frequently if required.
* To identify adverse events if the patient presents with any signs and liaise with the hospital specialist where necessary. To report adverse events to the specialist and where appropriate the Commission on Human Medicines/MHRA (Yellow Card scheme).

**Responsibilities of Patients or Carers**

|  |
| --- |
| **Summary**   * To be fully involved in, and in agreement with, the decision to move to shared care. * To attend hospital and primary care clinic appointments and to bring monitoring information e.g. booklet (if required). Failure to attend will potentially result in the medication being stopped. * Present rapidly to the primary care prescriber or specialist should the clinical condition significantly worsen. * Report any suspected adverse effects to their specialist or primary care prescriber whilst taking [insert name of product]. * To read the product information given to them. * To take [insert name of product] as prescribed. * Inform the specialist, primary care prescriber or community pharmacist dispensing their prescriptions of any other medication being taken – including over-the-counter medication. |

**Clinical Particulars**

**The details of side-effects, cautions, contraindications and interactions are not a complete list and the current BNF (**[**https://www.medicinescomplete.com/#/**](https://www.medicinescomplete.com/#/)**) and the SPC (**[**https://www.medicines.org.uk/emc/**](https://www.medicines.org.uk/emc/)**) remain authoritative.**

|  |  |
| --- | --- |
| **BNF therapeutic class** |  |
| **Cautions and Contraindications** |  |
| **Pregnancy and breast feeding** |  |
| **Adverse Drug Reactions** | * Only include common side-effects or relevant significant side effects as link to BNF / SPC above * Include details of incidence, identification, importance and management (include details of when to refer to specialist team) * Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) |
| **Monitoring** | * Insert details of monitoring required, including frequency and who will do it. (This should include details of baseline tests and initial monitoring that should be carried out by the specialist and ongoing monitoring requirements to be undertaken in primary care) * Insert details of what action to take when each of the defined parameters alters * Insert details of when discontinuation would be necessary * [If appropriate insert DRUG NAME]▼ is a black triangle drug; report ALL suspected adverse reactions to the MHRA via the Yellow Card scheme: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) * If monitoring arrangements differ from the SPC or national guidelines, an explanation should be given |
| **Interactions** | * Only include clinically important/common interactions and their management as link to BNF / SPC above. |
| **Additional information** | * Insert any additional information or action required e.g. recommended vaccinations * Add link to any training if applicable/available |
| Re-Referral guidelines | * Patients who are being treated on the advice of the secondary care team, but are no longer being seen in that setting, may still need review should problems arise. The appropriate level of care and/or advice should be available from the secondary care team in a timely manner without requiring a new referral. Include ‘route of return’ should their condition change (such as a return of symptoms, or a development of adverse effects). |
| Ordering information | * Insert any special details of how to order, contact details etc. |

**Communication and contact details**

**Specialist to primary care clinician**

The specialist will inform the primary care clinician when they have initiated drug X. When the patient is near completing the satisfactory initiation period, the specialist will write to the primary care clinician to request they take over prescribing and where possible give an indication as to the expected length of treatment. The specialist will also send a shared care request form to support the primary care clinician in undertaking shared care. (Appendix A)

**Primary Care Clinician to specialist**

If the primary care clinician has concerns over the prescribing of drug X, they will contact the specialist as soon as possible.

**Contact names and details**

|  |  |  |
| --- | --- | --- |
| **Contact Details** | **Telephone number** | **Email** |
|  |  |  |
|  |  |  |
|  |  |  |

* Include out of hours contact details where available
* Insert web details of department or trust information page
* Where relevant/available insert web details and/or phone numbers of specialist support groups

**Equality and diversity**

* Insert details of any relevant considerations.

**References**

* Include details of references used to or referred to e.g. SPC, BNF, national guidance, key clinical papers. Provide weblinks wherever possible.

<https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf>

### *Development Process*

*This guidance has been produced by <insert name and job title> following an AMBER classification status of <insert drug name> by the Barnsley Area Prescribing Committee. This guideline has been subject to consultation and endorsement by <insert details of relevant specialists> and was ratified by the Area Prescribing Committee on <insert date>.*

**Appendix A – Shared Care request form (Amber) for [insert drug name or clinical area]**

* Specialist to complete when requesting primary care clinician to enter a shared care arrangement.
* Primary care clinician to return signed copy of form. [Insert details of how to return the form e.g. to a safe haven e-mail address, postal address if the form should be returned by post]
* Both parties should retain a signed copy of the form in the patient’s record.

**From** (**Specialist**): **To** (**Primary care clinician**):

As per the agreed Barnsley shared care guideline for [insert drug name or clinical area], this patient is now suitable for prescribing to move to primary care.

The patient fulfils the criteria for shared care and I am therefore requesting your agreement to participate in shared care. I have carried out baseline tests and initial monitoring as detailed in the shared care guideline.

Patient details

Name: NHS Number:

Address: DOB:

Diagnosed condition:

Amber Drug details

Drug name: Dose and frequency:

Date of initiation: Length of treatment:

The patient has been provided with sufficient medication to last until: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The patient will be reviewed by the consultant on:

The patient should be reviewed by the primary care clinician by:

**Telephone number(s) for contact**:

**Consultant**: **Date**:

Monitoring

The following monitoring should be undertaken by the primary care clinician. Refer to the monitoring section of the shared care guideline.

|  |  |  |
| --- | --- | --- |
| Parameter | Date next test due | Frequency |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Communication

**Consultant**

Telephone number: Fax number:

Email address:

**Specialist Nurse**

Telephone number: Fax number:

Email address:

Confirmation of acceptance of shared care

Specialist (Doctor/Nurse) name:

Specialist (Doctor/Nurse) signature: Date:

I, [insert name of primary care clinician] can confirm I :

□ accept the request to participate in shared care for the patient named above and will

complete the monitoring as set out in the shared care guideline for this medicine/condition.

□ reject the request to participate in shared care for the patient named above. The reason for

this being ……………………………………………………………………………………….

Signature of primary care clinician: Date:

**To save resources you have been sent appendix A of the shared care document.** The full

document (………….*date approved ………)* can be accessed on the Barnsley BEST website at the following link:

<http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/>

Or via the Barnsley Area Formulary [www.barnsleyformulary.nhs.uk](http://www.barnsleyformulary.nhs.uk)