# Principles of Shared Care

## 1. Introduction

Application of the following principles will facilitate effective shared care. However, it should be noted that GPs are not obliged to enter into shared care arrangements for a particular patient simply because the relevant drug has an amber classification. The Department of Health has confirmed that clinical responsibility for the patient's response to treatment lies with the person who signs the prescription.

## 2. Principles of Shared Care

### 2.1. Best interest of the Patient

The best interests of the patient should be at the centre of any shared care agreement. Arrangements should never be detrimental to or inconvenient for the patient.

### 2.2. Individual, patient by patient arrangements

Shared care prescribing guidelines should be accompanied by individual patient information, outlining all relevant aspects of that patient's care.

### 2.3. Reasonably predictable clinical situation

Transfer of clinical responsibility to primary care should be considered only where a patient's clinical condition is stable or predictable

### 2.4. Willing & informed consent of all parties, including patients and carers

All parties to the agreement must have sufficient, accurate, timely information in an understandable form. Consent must be given voluntarily. Specialists and general practitioners are encouraged to communicate with each other directly where questions arise around shared care for a particular patient. If issues remain, after these discussions, the department of the Chief / Senior Pharmacist at the CCG or Hospital Trust should be contacted for advice.

### 2.5. Clear definition of responsibility

The areas of care for which each partner in the arrangement has responsibility should be clearly defined and should be patient specific

### 2.6. Communication network & emergency support

Appropriate contact details should be provided to enable GPs to contact specialists readily, including (where appropriate) out-of-hours arrangements

### 2.7. Clinical information

This should include a brief overview of the disease and more detailed information on the treatment(s) being transferred including (as a minimum):

- Where the treatment is not licensed for any indication in the UK, or is licensed for other indications but not this indication, a note to this effect with an indication of the strength of evidence to support its use for this indication
- Dose, route of administration and duration of treatment
- Common adverse effects (incidence where known, identification, importance and management)
- Monitoring requirements and responsibilities
- Clinically important drug interactions and their management
- Contacts for more detailed information

### 2.8. Training

It is the responsibility of the service provider to make all reasonable efforts to acquire sufficient competence to provide the Service safely and adequately. The specialist department seeking the shared care arrangement will assist by offering any specific training which may be requested by the service provider, such as specialist injection techniques, etc

### 2.9. Review

Shared Care Agreements (SCAs) have a review date and will be reviewed by the Barnsley APC prior to that date or more frequently if clinically required.

## 3. Involving the Patient

The consultant should obtain the consent of the patient (and his/her carers if appropriate) **only** after the GP has agreed in principle to sharing care. Patients should never be used as a conduit for informing the GP that prescribing is to be transferred, nor should they be placed in a position where they are unable to obtain the medicines they need because of lack of communication between primary and secondary/ tertiary care.

## 4. Agreement of shared care between specialist and GP

Prescribing and monitoring responsibility relating to any individual patient will be transferred to the GP only once the GP has agreed regarding that named patient. The specialist department seeking the shared care arrangement will continue to prescribe and monitor treatment until transfer of responsibilities has been agreed. The GP must inform the specialist department within 14 days of receiving the written or e-mail request if it is unwilling or unable to provide the Service for that patient, with reasons.