

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE
SHARED CARE AGREEMENT – FRAMEWORK

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1. REFERRAL CRITERIA

- Shared Care is only appropriate if it provides the optimum solution for the patient.
- Prescribing responsibility will only be transferred when it is agreed by the consultant and the patient's GP that the patient's condition is stable or predictable.
- The patient will be given a supply of xxxxx sufficient for 12 weeks maintenance therapy.

2. AREAS OF RESPONSIBILITY

GP responsibilities	Consultant responsibilities
1.	1.
Patient responsibilities	
1.	

3. COMMUNICATION AND SUPPORT

i. Hospital contacts:	ii. Out of hours contacts and procedures:
iii. Local arrangements for referral Define the referral procedure from hospital to primary care prescriber & route of return should the patient's condition change	
iv. Specialist support/resources available to GP including patient information	

4. CLINICAL INFORMATION

i. Prescribed indications	
ii. Therapeutic summary	
iii. Dose & Route of administration	
iv. Pregnancy, paternal exposure and breastfeeding	Pregnancy: Breastfeeding:
v. Duration of treatment	
vi. Adverse effects	
vii. Monitoring Requirements	
viii. Clinically relevant drug interactions	
ix. Contraindication	
x. Additional information	Where patient care is transferred from one specialist service or GP practice to another, a new shared care agreement must be completed.
xi. Supply, storage and reconstitution instructions	
xii. To be read in conjunction with the following documents	<ul style="list-style-type: none"> • RMO Shared Care Guidance • NHSE/NHSCC guidance – items which should not be routinely prescribed in primary care: guidance for CCGs • NHSE policy- Responsibility for prescribing between Primary & Secondary/Tertiary Care
xiii. Prepared by	
Reviewed by	

This does not replace the SPC, which should be read in conjunction with it.

Sample transfer letter

{Insert Hospital Logo here}

Hospital No: «HOSPITAL_NUMBER»
 NHS No: «NHS_NUMBER»

{Insert date}

PRIVATE & CONFIDENTIAL

«GP_TITLE» «GP_INITIALS» «GP_SURNAME»
 «GP_ADDRESS_1»
 «GP_ADDRESS_2»
 «GP_ADDRESS_3»
 «GP_ADDRESS_4»
 «GP_POSTCODE»

DERBYSHIRE JAPC SHARED CARE AGREEMENT LETTER

Dear «GP_TITLE» «GP_SURNAME»

«FORENAME_1» «SURNAME» «DATE_OF_BIRTH»
 «CURRENT_ADDRESS_1» «CURRENT_ADDRESS_2» «CURRENT_ADDRESS_3» «CURRENT_ADDRESS_4»
 «CURRENT_POSTCODE»

Your patient was seen on {Insert date} with a diagnosis of {Insert diagnosis}. I have initiated the following medication {Insert drug name} and am writing to ask you to participate in the shared care for this patient.

This medication has been accepted as suitable for shared care by the Derbyshire Joint Area Prescribing Committee (JAPC). I agree to the secondary care responsibilities set out in the shared care agreement for this medication (available from www.derbyshiremedicinesmanagement.nhs.uk/clinical_guidelines/shared_care_guidelines). I am therefore requesting your agreement to share the care of this patient. Where preliminary tests are set out in the agreement I have carried these out and results are below.

Dose Regimen	Date {Insert medicine name} started	Date for GP to start prescribing {Insert medicine name} from
The baseline test results are (if applicable):		

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

	Specialist to complete
<i>The patient has been initiated on this therapy and has been on an optimised dose for the following period of time:</i>	
<i>Baseline investigation and monitoring as set out in the shared care documents have been completed and were satisfactory</i>	Yes / No
<i>The condition being treated has a predictable course of progression and the patient can be suitably maintained by primary care</i>	Yes / No
<i>The risks and benefits of treatment have been explained to the patient</i>	Yes / No
<i>The roles of the specialist/specialist team/ Primary Care Prescriber / Patient and pharmacist have been explained and agreed</i>	Yes / No
<i>The patient has agreed to this shared care arrangement, understands the need for ongoing monitoring, and has agreed to attend all necessary appointments</i>	Yes / No
<i>I have enclosed a copy of the shared care protocol which covers this treatment/the SCP can be</i>	Yes / No

<i>found here (insert electronic/ web link)</i>	
<i>I have included with the letter copies of the information the patient has received</i>	<i>Yes / No</i>
<i>I have provided the patient with sufficient medication to last until</i>	
<i>I have arranged a follow up with this patient in the following timescale</i>	

If you do **NOT** wish to participate in shared care for this patient, usually under clinical grounds, please complete the attached form.

Yours sincerely

{Consultant name}

GP RESPONSE TO SHARED CARE (only complete & send if **NOT** participating in shared care*)

* For completeness please record medication on GP clinical system as per guidance- ['Recording medicines prescribed and issued by other Healthcare Providers'](#)

Shared care is produced by GPs and specialists knowledgeable in the field of that drug usage. The shared care has been approved by the JAPC. This allows a more convenient service to the patient and cost effective use of NHS resources.

Patient:	NHS No:
Consultant:	Medicine requested for shared care:

I will **NOT** be undertaking the GP responsibilities as described in the agreed shared care guideline. My clinical reasons for declining shared care for this patient are listed in the box below:

		Tick which apply
1.	<p>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</p> <p>As the patients primary care prescriber I do not feel clinically confident to manage this patient's condition because <i>[insert reason]</i>. 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.</p> <p>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.</p>	
2.	<p>The medicine or condition does not fall within the criteria defining suitability for inclusion in a shared care arrangement</p> <p>As the medicine requested to be prescribed is not included on the national list of shared care drugs as identified by RMOC or is not a locally agreed shared care medicine I am unable to accept clinical responsibility for prescribing this medication at this time.</p> <p>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</p>	
3.	<p>A minimum duration of supply by the initiating clinician</p> <p>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.</p> <p>Until the patient has had the appropriate length of supply the responsibility for providing the patient with their medication remains with you.</p>	
4.	<p>Initiation and optimisation by the initiating specialist</p> <p>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.</p> <p>Until the patient is optimised on this medication the responsibility for providing the patient with their medication remains with you.</p>	
5.	<p>Shared Care Protocol not received</p> <p>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.</p> <p>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.</p> <p>Until I receive the appropriate SCP, responsibility for providing the patient with their medication remains with you.</p>	

6.	Other (Primary Care Prescriber to complete if there are other reasons why shared care cannot be accepted)	
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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

{GP name}
{Surgery}

Please send a copy of this response to:

1. The specialist/consultant requesting shared care
2. **AN ANONYMISED COPY OF THIS FORM ONLY** to the Medicines Management Clinical Effectiveness Team, 1st Floor East Point, Cardinal Square, 10 Nottingham Road, Derby, DE1 3QT or E-MAIL: ddccg.derbyshiremedicinesmanagement@nhs.net

(Sending a copy of this form to the Clinical Effectiveness Team will help to identify any inappropriate requests for shared care e.g. indication not covered, hospital monitoring requirements not fulfilled. It will also help to inform the CCG prescribing group of the reasons shared care is not being undertaken allowing for changes to be made in future updates to improve patient care).