

**North Central London**

**Joint Formulary Committee**

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| **Shared Care Guideline**  **[Drug]**  **Treatment of xxx** |

Dear GP

The information in the shared care guideline has been developed in consultation with Primary Care and it has been agreed that it is suitable for shared care.

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the Consultant when treatment is initiated. It is important that patients are consulted about treatment and are in agreement with it.

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1. Introduction Target audience

This document should provide sufficient information to enable you to make an informed decision regarding the clinical and legal responsibility for prescribing this drug.

[Drug] is/are xxx that are used to xxx.

Indication

xxx

Progressing to a stable, optimal dose usually takes approximately xxx. Once achieved, a shared care arrangement with you will be requested. It will clarify responsibilities between the specialist and general practitioner (GP) for managing the prescribing of xxxxxxxxxxxxxxxxxx such as:

* Who will prescribe;
* Who will monitor;
* Any tests required (e.g. blood tests), the exact names/nature of the tests, why they are needed, the frequency of testing, the location in which these will be carried out and action to be taken for any abnormal results
* Which clinician will be responsible for receipt and review of the results;
* Who will communicate any necessary changes in dose to the patient and the GP;

*Please note that for some conditions and/or drugs, a Patient-Held Monitoring and Dosage Record booklet is required, in which case, in addition to all the above, the shared care guideline should also clarify who is responsible for recording the test results in this booklet.*

1. Shared Care criteria

Patients who are stabilised on xxxxxx and have been monitored appropriately at baseline and after initiation of treatment with no problems identified during this period. Abbreviations

1. Shared care responsibilities
   1. Consultant and /or Specialist Nurse

Send a letter to the GP along with shared care criteria and transfer form requesting shared care for this patient. Indication, dose and frequency to be decided by the hospital team.

1. Before initiating treatment, perform baseline test to measure xxx
2. Discuss the benefits and side effects of treatment with the patient. Provide the patient with a Patient Information Leaflet, explain it and ensure that the patient understands the reason for the treatment, and dosing regimen
3. Initiate treatment and prescribe until the GP formally agrees to share care (until patient is stabilised or as according to Section C for local minimum supply durations). Patients will be seen in clinic prior to consideration of shared care
4. Discuss the shared care arrangement with the patient
5. Provide results of baseline tests and recommend frequency of monitoring to GP. The consultant must also explain what the recommended tests are, why they are needed and the location in which these tests will be carried out
6. Send a letter to the GP after each clinic attendance ensuring current dose, weight, most recent blood results and frequency of monitoring are stated
7. Inform GP of blood test results, actions to take in case of abnormal results, and advise the GP on when to adjust the dose, stop treatment, or consult with specialist
8. Periodically review the patient’s condition and communicate promptly with the GP when treatment is changed. Counsel the patient on any dose changes that are made during clinic appointments
9. Evaluate adverse effects reported by GP or patient
10. Report adverse events to the MHRA (via yellow card scheme) and GP
11. Inform GP of patients who do not attend clinic appointments
12. Ensure that clear backup arrangements exist for GPs to obtain advice and support
    1. General Practitioner

Complete transfer form and send back to h*ospital* confirming acceptance/ rejection of shared care for patient. If GP unable to agree to shared care, inform the Hospital team stating reasons within ***14 days*** of receipt of request. If no response is received with 14 days, the Consultant will assume the GP has accepted shared care.

1. Monitor patient’s overall health and well-being
2. Prescribe the drug treatment as described (but not to alter the dose unless advised to do so by the specialist). The term “as directed” **SHOULD NOT** be used
3. Ensure that the patient understands the dosing
4. Ensure the patient understands that he/she must report the warning symptoms as listed under “adverse effects”
5. Ensure compatibility with concomitant medication
6. Monitor results at recommended frequencies as described under “clinical monitoring” and inform the Consultant if abnormal
7. Adjust the dose as advised by the specialist (where applicable) and counsel patient on any dose changes
8. Report any adverse events and non-compliance to the hospital specialist, where appropriate
9. Stop treatment on advice of specialist or immediately if urgent need arises
10. Help in monitoring the progression of disease and inform the hospital team of any changes to medication
11. Report adverse events to the specialist and MHRA
12. All requests for repeat prescriptions should be reviewed individually prior to issuing
    1. Patient responsibility
13. Attend all hospital and GP appointments
14. Take medicines as agreed
15. Report to the specialist or GP if he/she does not have a clear understanding of the treatment
16. Inform specialist or GP of any other medication being taken, including over-the-counter products
17. Report any adverse effects or warning symptoms to GP or specialist
18. Inform hospital and GP of any changes in address or telephone numbers
    1. Clinical Commissioning Group
19. To provide feedback to Trusts from the standard letter, via the shared care forum.
20. To support GPs to make the decision whether or not to accept clinical responsibility for prescribing.
21. To support Trusts in the resolving issues that may arise as a result of shared care.
22. Indications

xxx is for the treatment of adults/children with xxx (unlicensed – delete if appropriate)

1. Dose and Administration

xxx

Preparations available

Xxx

1. Adverse effects

Possible adverse effects and what to do if they occur:

* xxxxxxxxxxxx
* xxxxxxxxxxxx
* xxxxxxxxxxxx
* xxxxxxxxxxxx

Serious suspected reactions (even if well recognised or causal link uncertain) should be reported to the CHM.

1. Cautions

* xxxxxxxxxxxx
* xxxxxxxxxxxx
* xxxxxxxxxxxx
* xxxxxxxxxxxx

For a full list of cautions, refer to the Summary of Product Characteristics.

1. Clinical Monitoring

Regular monitoring according to xxxxxxxxx

The specialist may conduct additional investigations as required e.g. xxxxxxx. The results will be sent to the GP.

1. Contraindications

* xxxxxxxxxxxx
* xxxxxxxxxxxx
* xxxxxxxxxxxx
* xxxxxxxxxxxx

For a full list of contraindications, refer to the Summary of Product Characteristics.

1. Drug Interactions

xxx

For a full list of drug interactions, refer to the Summary of Product Characteristics.

1. References

Provide an up-to-date evidence base for procedural documents using Vancouver style. Websites should include hyperlinks and ‘date last accessed’, SPCs should include title in full, manufacturer and date last updated on eMC.

1. Associated documents

Optional section

1. Contact Details

Hospital

|  |  |
| --- | --- |
| Hospital switchboard: | 020X |
| Consultant: Name | ext / bleep |
| Specialist or Dept sister: Name | ext / bleep |
| Specialist or Dept Pharmacist: Name | ext / bleep |
| Further information and support: |  |

**Document control**

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| Date | Version | Amendments |
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**Document management**

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Appendix : xxx transfer form: from [Trust] to GP practice

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| **Section A: to be completed by secondary care** *Send to practice*  *This document is to request the shared care pathway of your patient and comprises an agreement between the GP and named consultant. The patient will continue to be seen by the named consultant as regular follow up.* | | | | | | | | | |
| *Fix address label here (ensure NHS no.on)* | | | | |  | Clinic stamp *or give details below* | | | |
|  |
|  |
|  | | | | | | | | | |
| Department |  | | | |  |  | | | |
|  | | | | | |  | | | |
| Clinic phone |  | | | |  |  |  | | |
|  | | | | | |  | | | |
| Consultant |  | | | |  | Email |  | | |
|  | | | | | | | | | |
| Indication for prescription |  | | | | | | | | |
|  | | | | | | | | | |
| Drug prescribed |  | | | | | | | | |
|  | | | | | | | | | |
| Date Drug started | |  | | Current dose | | | |  |  |
|  | | | | | | | | | |
| Relevant conditions |  | | | | | | | | |
|  | | | | | | | | | |
| Monitoring variations |  | | | | | | | | |
|  | | | | | | | | | |
| Date next blood test |  | | Next disease review due in | | | | |  | months’ time. |
|  | | | | | | | | | |

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| **Section B: [Accept Shared Care] to be completed by practice** *Send back* ***FAO referring consultant*** *above*  The above patient has been accepted into our monitoring service. | | | | |
| Practice date for next blood test | |  |  | Practice stamp |
|  | | |  |
| Signed /  Designation |  | |  |
| Date | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section B: [Reject Shared Care] to be completed by practice** *Send back* ***FAO referring consultant*** *above*  The above patient has not been accepted into our monitoring service. | | | | |
| Reason | |  |  | Practice stamp |
|  | | |  |
| Signed /  Designation |  | |  |
| Date | | |  |

**Section C: Shared Care Agreement (Trust specific information)**

*This section (and reference to it: Consultant Shared Care Responsibilities point 3) can be removed if all Trusts and CCGs have the same contractual arrangements.*

|  |  |
| --- | --- |
| **Contact details** | |
| Clinic / service |  |
| Address |  |
| Email |  |
| Telephone |  |

**Contractual details**

|  |  |
| --- | --- |
| CCG 1 |  |
| No. weeks Trust to prescribe |  |
| Treatment reviews to be conducted by trust (frequency) |  |

|  |  |
| --- | --- |
| CCG 2 |  |
| No. weeks Trust to prescribe |  |
| Treatment reviews to be conducted by trust (frequency) |  |

|  |  |
| --- | --- |
| CCG 3 |  |
| No. weeks Trust to prescribe |  |
| Treatment reviews to be conducted by trust (frequency) |  |