## Proposal form for Shared Care or Fact Sheet document

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| --- | --- |
| **Drug Name** |  |
| **Formulation** |  |
| **Indication(s)** |  |
| **Requesting Trust/CCG** |  |
| **Approval Committee** | *Not necessary for established drugs* |
| **Date Approved** | *Not necessary for established drugs* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | | | | **Yes** | **No** |
| 1 | Does this medicine appear on the NCL Joint Formulary or a local Trust formulary or recommended by a NICE TA? | | | |  |  |
| **If answer *Yes* to gateway question above, proceed to answer questions below. If answer *No* to the question above, the drug is not suitable for a shared care or fact sheet document. Please contact your local Trust Formulary Pharmacist for information on how to add the medicine to the Formulary.** | | | | | | |
| 2 | Is the medication on the North Central London Red List? | | | |  |  |
| **If answer *Yes* to question above, the drug is not suitable for a shared care or fact sheet document. It should remain in secondary/tertiary care only. If you would like to challenge this position, please complete the** [**North Central Red List**](https://www.ncl-mon.nhs.uk/wp-content/uploads/2017/08/ncl_red_list.pdf) **proposal form and return to the Joint Formulary Support Pharmacists (**[**admin.ncl-mon@nhs.net**](mailto:admin.ncl-mon@nhs.net)**)** | | | | | | |
|  | *Speciality* | | | | | |
| 3 | Does the medicine require specialist initiation? | | | |  |  |
| 4 | Does the drug require a period of stabilisation before transfer into primary care? | | | |  |  |
|  | *Population* | | | | | |
| 5 | Is this drug (when used for the requested indication(s)) being used in at least 30 patients?[[1]](#footnote-1) | | | |  |  |
| 6 | Do the majority of patients within the service reside in NCL? | | | |  |  |
|  | *Safety* | | | | | |
| 7 | Are there any safety concerns about the medication? (If yes, please describe in box 26) | | | |  |  |
| 8 | Have there been any safety alerts for this drug or class of drugs? | | | |  |  |
|  | *Monitoring* | | | | | |
| 9 | Does this drug require monitoring with facilities a GP won’t have access to? | | | |  |  |
| 10 | Is there a regular, ongoing need to monitor the drug due to effectiveness or toxicity? | | | |  |  |
| 11 | Is there need for regular assessment due to the condition being treated? | | | |  |  |
| 12 | Is the majority of the patient’s care still provided in the hospital? | | | |  |  |
| 13 | Is there any specialist, ongoing intervention required with this medicine? | | | |  |  |
|  | *Funding* | | | | | |
| 14 | Is the drug provided via an NHS England commissioned service? (if yes, provide details of the tariff in box 26, including whether the tariff includes drug costs) | | | |  |  |
| 15 | Is the drug commissioned by NHS England? | | | |  |  |
| 16 | Is the drug listed in the Drug Tariff? | | | |  |  |
| 17 | Does the medicine have an associated contract price obtainable in hospital only? | | | |  |  |
| 18 | Has Homecare been explored as a possible resolution? (please provide details in box 26) | | | |  |  |
|  | *Indication* | | | |  |  |
| 19 | Is the drug used in more than the requested indication? (if yes, please describe in box 26) | | | |  |  |
| **Please provide the estimated number of patients per medication/indication** | | | | | | |
| 20 | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Medicine** | **Indication** | **Trust** | **Number of patients currently on treatment** | **Number of new patients expected per annum** | | XXX | XXX |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | |
| **Please describe the formulary status in other London Trusts (or other eligible centres in the UK)** | | | | | | |
| 21 |  | | | | | |
| **Please describe the roles and responsibilities of primary, secondary and tertiary care (including frequency of ongoing reviews or whether patients are discharged from the service)** | | | | | | |
| 22 | CCG/GP:  Secondary care/consultant:  Tertiary care/consultant: | | | | | |
| **Please describe the monitoring expectations of the GP or other non-specialist clinician** | | | | | | |
| 23 | |  |  |  | | --- | --- | --- | | **Blood test** | **Frequency** | **Action if out of range** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | |
| **Please describe the very common, common and severe possible adverse effects of the medication(s)** | | | | | | |
| 24 | |  |  |  | | --- | --- | --- | | **Adverse effect** | **Frequency** | **Suggested management by GP** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | |
| **Please describe any changes in healthcare resource utilisation in any sector (changes to monitoring, capacity etc)** | | | | | | |
| 25 |  | | | | | |
| **If you would like to provide further information to support your proposal, please enter into the box below:** | | | | | | |
| 26 |  | | | | | |
| **For use by JFC Support Staff:** | | | | | | |
| 27 | |  |  | | --- | --- | | **Secondary/Tertiary care** | | | Annual cost of drug per patient from Secondary/Tertiary care (use contract price where applicable) |  | | * Total for year 1 |  | | * Total for year 2 onwards |  | | Overall increase/decrease in healthcare resource utilisation |  | | **Primary care** | | | Annual cost of drug per patient from Primary care (Drug Tariff price) |  | | * Total for year 1 |  | | * Total for year 2 onwards |  | | Overall increase/decrease in healthcare resource utilisation |  | | | | | | |
| **Assessing Committee** | | **NCL MOC/ NCL SCG** | **Date** |  | | |
| **Decision** | | **Proposal Approved/ Not Recommended for Shared Care or Fact Sheet** | | | | |
| **Recommended format** | | **Fact Sheet/ Shared Care** | | | | |

1. This is based on the NCL population of 1.5 million people, so the population meets a threshold of at least 2 patients per 100,000 total NCL population [↑](#footnote-ref-1)