

## Shared Care and Fact Sheet Decision Process

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## Document control

Date	Version	Amendments
24.02.16	0.1	Initial document
14.03.16	0.2	Amendments made following MON
31.03.16	1.0	Approved version
27.06.16	1.1	Amendment made to page 3
06.12.17	2.0	Page 4 decision process amended to allow by-pass MOC discussion if consensus achieved
06.03.19	3.0	Updated flow diagrams to account for appropriate identification of medications, tertiary care patient population, documents that undergo a lengthy creation process, work flow being kept in SCG – with new process for proposals of shared care
01.10.19	3.1	Flow diagrams simplified. Definitions added. Instructions added for stakeholder engagement and co-ordination by JFC Support.
19.04.2022	3.2	Updated flow diagrams following CCG merger and updated proposal process

## Document management

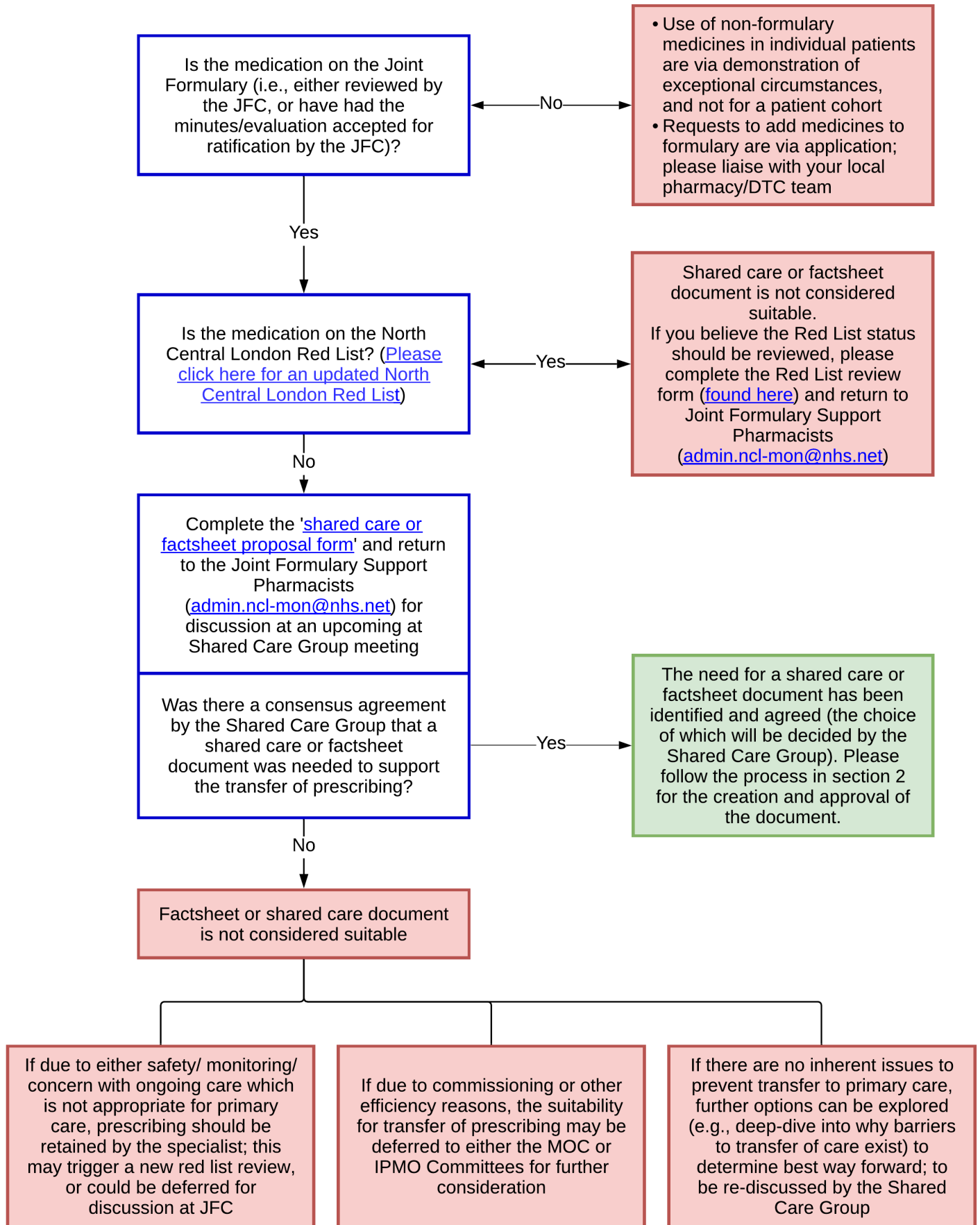
Groups / Individuals who have overseen the development of this guidance:	NCL Joint Formulary Support Pharmacists
Groups which were consulted and have given approval:	Based on original document by South East London APC NCL Medicines Optimisation Committee, December 2017
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### 1: Definition of medication criteria for either a Shared Care or a Fact Sheet

A **Fact Sheet** is suited to a drug that is not on the NCL Red List but the GP is not routinely familiar with the drug; the GP can safely prescribe the drug with additional information. With no other clinical rationale to require the prescribing to be retained by the hospital, a fact sheet provides additional information on dosage, safety, follow-up and contact information of the specialist clinicians for advice if needed.

A **Shared Care** is appropriate for a drug that is not on the NCL Red List and can be prescribed in Primary care; however, the drug carries a higher risk due to the significant monitoring during maintenance prescribing. It is initiated by a Specialist and prescribing is continued by a consenting and appropriately skilled General Practitioner. The Shared Care document will list the same details as a Fact Sheet, but will also include the Shared Care responsibilities of both parties, clinical monitoring information, and will require an agreement from the General Practitioner to accept each patient under the Shared Care agreement.

## 2: Determining suitability to produce a new interface document



### 3: Process for the creation and implementation of Shared care and Fact sheet document

