

Working in Partnership

SHARED CARE PRESCRIBING GUIDELINE

NAME OF MEDICINE AND INDICATION

All text printed in red should be superseded or deleted when preparing a new shared care document.

General Shared Care Guideline (SCG) Principles

- Medicines considered suitable for shared care are those which should be initiated by a Specialist, but where prescribing and monitoring responsibility may be transferred to Primary Care. Due to their potential side effects, shared care medicines usually require significant regular monitoring, and regular review by the Specialist is needed to determine whether the medicines should be continued. The best interest, agreement and preferences of the patient should be at the centre of any shared care agreement.
- The transfer of prescribing responsibility from the Specialist to the patient's General Practitioner (GP) or Primary Care prescriber should occur when both parties are in agreement that the patient's condition is stable or predictable, and that the Primary Care prescriber has the relevant knowledge, skills and access to equipment to allow them to monitor treatment as indicated in this shared care prescribing guideline.
- The aim of this guideline is to equip Primary Care prescribers with the information to confidently take on clinical and legal responsibility for prescribing the medication under a shared care agreement within their own level of competence.
- Within the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS), shared care guidelines are produced and updated through a robust governance process, following consultation with a wide range of key stakeholders. On this basis for BLMK ICS approved shared care guidelines, it is anticipated that Primary Care prescribers, upon individual assessment, will accept shared care for the patient if they felt it was clinically appropriate to do so and seek patient consent.
- If the Primary Care prescriber feels that a request for shared care cannot be accepted, i.e. falls outside of their own level of competence, they should initially seek further information or advice from the clinician who is sharing care responsibilities or from another experienced colleague in line with the [General Medical Council \(GMC\) guidance](#).
- If the Primary Care prescriber is still not satisfied clinically to accept shared care, they should make appropriate arrangements for the patient's continuing care where possible. This may include asking another colleague in their practice to undertake the shared care. In the event that other colleagues in the practice also decline to share care, the Primary Care prescriber could seek assistance and advice from their Primary Care Network (PCN) (e.g. PCN Pharmacist).
- If the decision, after discussion with the PCN, is to decline shared care, the Primary Care prescriber should notify the Specialist clinician of their decision and reason to decline as soon as they can and in a timely manner (within a maximum of 14 to 21 days upon receipt of request) by completing and returning section B of Appendix 1 and ensure the patient is aware of the change. In this scenario, the prescribing responsibility for the patient remains entirely with the Specialist. It is anticipated that this would be a very rare event.
- Where the hospital or Specialist clinician retains responsibility for monitoring drug therapy and/or making dosage adjustments, the Primary Care prescriber must be informed of any dose changes made as soon as possible to avoid medication errors. Similarly, if the Primary Care prescriber makes changes to the patient's medication regimen, the Primary Care prescriber must inform the Specialist in a timely manner. Primary Care prescribers can contact the Specialist team for advice, training and support as required.
- An agreed method of communication of blood test results and results of investigations between the

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Specialist, the Primary Care prescriber, the Community Pharmacist and the patient should be agreed at the onset of shared care and documented in the patient's notes in both Secondary care and Primary Care. Blood test results can usually be accessed electronically by both Secondary Care and Primary Care prescribers in the majority of cases. For some medications and in certain cases, the patient may elect to have a patient-held monitoring booklet, e.g. those on warfarin and lithium therapy.

- The principles above apply to shared care arrangements that involve the Specialist service sharing care with GPs and/or other Primary Care prescribers, e.g. Community Nursing Services. Where patient care is transferred from one Specialist service or GP practice to another, a new shared care agreement request must be commenced.

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NAME OF MEDICINE AND INDICATION

Introduction and Aims of Shared Care (including a brief overview of the condition being treated for):

1. AREAS OF RESPONSIBILITY

Secondary/Tertiary Care Prescribers or Specialist Team

(Add in any other roles and responsibilities specific to the medicine in this shared care guideline, e.g. follow-up and monitoring arrangements, communication with Primary Care prescriber, details to provide to Primary Care prescriber, provision of patient information, etc.)

- To obtain patient informed consent for sharing of care between the Specialist, Primary Care prescriber and patient. Consenting parties must have sufficient, accurate, timely information in an understandable form. Consent must be given voluntarily and must be documented in the patient's notes.
- To confirm the working diagnosis.
- To confirm that the patient's condition has a predictable course of progression and the patient's care can be suitably maintained by Primary Care, following their medicine being optimised with satisfactory investigation results for at least 4 weeks.
- If shared care is considered appropriate for the patient, the patient's treatment regimen is confirmed, and benefit from treatment is demonstrated, the Specialist will contact the Primary Care prescriber to initiate shared care.

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- At the point of initial contact, the Specialist should check if the Primary Care prescriber can access blood test results electronically. If access is unavailable, the Specialist and the Primary Care prescriber should agree a process of communication to ensure blood test results and relevant results of investigations can be accessed by both parties in a timely manner.
- Following the request to the patient's Primary Care prescriber to initiate shared care; to ensure that the patient has an adequate supply of medication until shared care arrangements are in place. Further prescriptions will be issued if, for unforeseen reasons, arrangements for shared care are not in place by the anticipated start date of the shared care (usually within 28 days or once the patient is stabilised on the medication). Patients should not be put in a position where they are unsure where to obtain supplies of their medication.
- To ensure that the Primary Care prescriber has sufficient information to enable them to monitor treatment, identify medicines interactions, and prescribe safely. This should include access or direction to a current copy of the SCG and contact details for the initiating Specialist.
- The Specialist will provide the patient's Primary Care prescriber with the following information:
 - diagnosis of the patient's condition with the relevant clinical details
 - details of the patient's specialist treatment to date
 - details of treatments to be undertaken by the Primary Care prescriber (including reasons for choice of treatment, medicine or medicine combination, frequency of treatment, number of months of treatment to be given before review by the Specialist)
 - the date from which the Primary Care prescriber should prescribe the treatment
 - details of other specialist treatments being received by the patient that are not included in shared care
 - details of monitoring arrangements required
- Whenever the Specialist sees the patient, he/she will:
 - send a written summary to the patient's Primary Care prescriber in a timely manner, noting details of any relevant blood test results or investigations if applicable
 - confirm that ongoing treatment with the monitored medicine is appropriate
 - record test results on the patient-held monitoring booklet if applicable and if this method of communication has been agreed at the onset of shared care
 - confirm the current dosage and clearly highlight any changes made both to the patient and in writing to the patient's Primary Care prescriber who will action any of them as required
- The Specialist team will:
 - provide training, advice and guidance (as appropriate) for Primary Care prescribers if necessary to support the shared care agreement
 - provide contact details for both working and non-working hours
 - supply details for fast track referral back to secondary/specialist care
 - provide the patient with details of their treatment, follow-up appointments, monitoring requirements and, where appropriate, nurse specialist contact details
 - provide continued support for the Primary Care prescriber and answer any questions they may have on the treatment and the condition for which the medicine is being used
- Prior to transfer of prescribing, the Specialist will:
 - Ensure that patients (and their caregivers, where appropriate) are aware of and understand their responsibilities to attend appointments and the need for continued monitoring arrangements.
- The Specialist will document the decision to transfer prescribing of the treatment to the Primary Care prescriber via the shared care guideline in the patient's hospital medical notes. If the Primary Care prescriber declines the request for shared care and the Specialist is therefore responsible for the prescribing of the medication for the patient, the Specialist will document this also in the patient's hospital medical notes.

Primary Care Prescribers

(Add in any other roles and responsibilities specific to the medicine in this shared care guideline, e.g. monitoring arrangements, when and how to refer back to the Specialist, etc.)

- To prescribe within their own level of competence. The (GMC) guidance on "Good practice in prescribing and managing medicines and devices" states that doctors are responsible for the prescriptions they sign and their decisions and actions when they supply and administer medicines and devices, or authorise or instruct others to do so. They must be prepared to explain and justify their decisions and actions when prescribing, administering and managing medicines.

- The same principles apply to non-medical prescribers as well as medical prescribers as outlined in the “[Competency Framework for all Prescribers](#)”.
- To confirm that the patient or carer consents to sharing of care between the Specialist, Primary Care prescriber and patient. Consenting parties must have sufficient, accurate, timely information in an understandable form. Consent must be given voluntarily and must be documented in the patient’s notes.
- If shared care is accepted, commencement of shared care must be clearly documented in the patient’s Primary Care medical notes.
- If declining the request for shared care, the decision and rationale should be explained to the Specialist in writing as soon as is possible and in a timely manner, within a maximum of 14 to 21 days upon receipt of request. The patient should also be informed of the decision.
- Ensure that he/she has the information and knowledge to understand the therapeutic issues relating to the patient’s clinical condition.
- Undergo any additional training necessary in order to carry out the prescribing and monitoring.
- Agree that in his/her opinion the patient should receive shared care for the diagnosed condition unless good reasons exist for the management to remain within Secondary/Specialist care.
- Prescribe the maintenance therapy in accordance with the written instructions contained within the SCG or other written information provided, and communicate any changes of dosage made in Primary Care to the patient. It is the responsibility of the prescriber making a dose change to communicate this to the patient.
- If it has been agreed that a patient-held monitoring booklet will be used and where applicable, keep the patient-held monitoring record up to date where possible with the results of investigations, changes in dose and alterations in management and take any actions necessary.
- Report any adverse effect in the treatment of the patient to the Specialist team, and via the MHRA Yellow Card Scheme <https://yellowcard.mhra.gov.uk/>.
- The Primary Care prescriber will ensure that the patient is monitored as outlined in the SCG and will take the advice of the referring Specialist if there are any amendments to the suggested monitoring schedule.
- The Primary Care prescriber will ensure a robust monitoring system is in place to ensure that the patient attends the appropriate appointments in Primary Care for follow-up and monitoring, and that defaulters from follow-up are contacted to arrange alternative appointments. It is the Primary Care prescriber’s responsibility to decide whether to continue treatment for a patient who does not attend appointments required for follow-up and monitoring, and to inform the Specialist of any action taken.
- Primary Care prescriber are not expected to be asked to participate in a shared care arrangement where:
 - no locally approved SCG exists, or the medicine or condition does not fall within the criteria defining suitability for inclusion in a shared care agreement
 - 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
- Where community nurse involvement is required in the administration of medicines under a SCG, nurses should be provided with adequate information and guidance by the prescriber or the Specialist. Arrangements should be made in good time for any potential problems to be resolved to ensure that patient care is not compromised.

Patient and/or carer

(Add in any other roles and responsibilities specific to the medicine in this shared care guideline, e.g. keeping record books and showing this to relevant HCP, etc.)

- To provide their informed consent for sharing of their care with the Specialist and Primary Care prescriber. Consenting parties must have sufficient, accurate, timely information in an understandable and accessible format. Consent must be given voluntarily and must be documented in the patient’s notes. Supporting information is available from NICE “[Making decisions about your care](#)”.
- To take their medication as agreed, unless otherwise instructed by an appropriate healthcare professional.
- To meet all necessary monitoring arrangements to ensure the safe prescribing of their medication, and to alert the prescriber where these arrangements are not met.
- To attend all follow-up appointments with the Primary Care prescriber and Specialist. If the patient is unable to attend any appointments, they should inform the relevant practitioner as soon as possible and arrange an alternative appointment.
- Inform healthcare professionals of their current medications prior to receiving any new prescribed or over-the-counter medication.

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- Report all suspected adverse reactions to medicines to their Primary Care prescriber.
- Store their medication securely away from children and according to the medication instructions.
- Read the information supplied by their Primary Care prescriber, Specialist and Pharmacist and contact the relevant practitioner if they do not understand any of the information given.
- An agreed method of communication of results of investigations between the Specialist, the Primary Care prescriber, the Community Pharmacist and the patient should be agreed at the onset of therapy.
- If it has been agreed to use a patient-held monitoring booklet, the patient needs to arrange for the monitoring booklet to be kept up to date.

Community Pharmacist

(Add in any other roles and responsibilities specific to the medicine in this shared care guideline)

- Know where to access locally agreed shared care guidelines to aid professional clinical check of prescription prior to dispensing.
- Professionally check prescriptions to ensure they are safe for the patient and contact the Primary Care prescriber if necessary to clarify their intentions. It is good practice to check the patient-held record book if applicable to ensure the correct dose is dispensed*.
* An agreed method of communication of results of investigations between the Specialist, the Primary Care prescriber, the Community Pharmacist and the patient should be agreed at the onset of therapy.
- Fulfil legal prescriptions for medication for the patient unless they are considered unsafe.
- Counsel the patient on the proper use of their medication.
- Advise patients suspected of experiencing an adverse reaction to their medicines to contact their Primary Care prescriber or Specialist/Specialist nurse team.

2. COMMUNICATION AND SUPPORT

<p>Hospital / Specialist contact information <i>(The referral letter will indicate named consultant)</i></p> <p>Hospital name and address:</p> <p>Consultant names:</p> <p>Role and specialty:</p> <p>Tel number:</p> <p>Fax number:</p> <p>Email address:</p> <p>Alternative contact (e.g. for clinic or specialist nurse):</p>	<p>Out-of-hours contact details & procedures:</p>
<p>Specialist support / resources available to Primary Care prescriber including patient information:</p>	

3. CLINICAL INFORMATION

<p>Indication(s):</p> <p>(Please state whether licensed or unlicensed)</p> <p><i>If intended for off-label use, local agreement and supporting information required.</i></p>			
<p>Place in therapy:</p> <p><i>(For using drug locally in relation to other treatment options, e.g. 2nd line)</i></p>			
<p>Therapeutic summary:</p> <p><i>(Brief description of drug's effects)</i></p>			
<p>Initiation and ongoing dose regime and Route of administration:</p>	<p><i>Note: Transfer of monitoring and prescribing to Primary Care is normally after the patient's dose has been optimised and with satisfactory investigation results for at least 4 weeks.</i></p> <p><i>All dose or formulation adjustments will be the responsibility of the initiating Specialist unless directions have been discussed and agreed with the Primary Care prescriber. Termination of treatment will be the responsibility of the Specialist.</i></p> <p><u>Initial stabilisation:</u> <i>(The loading period must be prescribed by the initiating Specialist)</i></p> <p><u>Maintenance dose (following initial stabilisation):</u> <i>(The initial maintenance dose must be prescribed by the initiating Specialist)</i></p> <p><u>Conditions requiring dose adjustment:</u></p>		
<p>Duration of treatment:</p>			
<p>Preparations available (Manufacturer):</p>			
<p>Summary of adverse effects:</p> <p><i>(See Summary of Product Characteristics (SPC) for full list)</i></p> <p><i>Include incidence, identification, importance and management</i></p> <p>Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme.</p>	<p>Adverse effect</p>	<p>Frequency/likelihood</p>	<p>Management</p> <p><i>Clarify action to be taken by the Primary Care prescriber only.</i></p> <p><i>(e.g. refer back to hospital, seek advice from hospital or any other appropriate actions)</i></p>

<p>Monitoring requirements by Specialist (baseline investigations, initial monitoring and ongoing monitoring):</p> <p><i>Include frequency of ongoing monitoring</i></p>	<p><u>Baseline investigations:</u></p> <ul style="list-style-type: none"> • <p><u>Initial monitoring:</u> (Monitoring at baseline and during initiation is the responsibility of the Specialist until the patient is optimised and stabilised on the medicine with no anticipated further changes)</p> <ul style="list-style-type: none"> • <p><u>Ongoing monitoring:</u></p> <ul style="list-style-type: none"> • 			
<p>Ongoing monitoring requirements by Primary Care prescriber:</p> <p><i>Include:</i></p> <ul style="list-style-type: none"> • Range of acceptable results • When the Primary Care prescriber should refer back to the Specialist • When the Primary Care prescriber should stop treatment immediately 	<p>Monitoring</p>	<p>Frequency</p>	<p>Result</p>	<p>Action for Primary Care prescriber</p>
<p>Clinically relevant drug interactions and advice on management:</p> <p><i>Note: This does not replace the SPC and should be read in conjunction with it.</i></p>	<p>Drug interaction</p>		<p>Management / Action for Primary Care prescriber</p>	
<p>Please see SPC for comprehensive information.</p>				
<p>Clinically relevant precautions and contraindications:</p> <p><i>Note: This does not replace the SPC and should be read in conjunction with it.</i></p>	<p><u>Cautions/Precautions:</u></p> <p><u>Contraindications:</u></p> <p>Please see SPC for comprehensive information.</p>			
<p>Renal impairment:</p>				
<p>Hepatic impairment:</p>				
<p>Advice to patients and carers:</p> <p><i>The Specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual medicines.</i></p>	<p>The patient should be advised to report any of the following signs or symptoms to their Primary Care prescriber without delay:</p> <ul style="list-style-type: none"> • • 			

Appendix 1

DRUG NAME + INDICATION

Shared Care Guideline: Prescribing Agreement Outcome

- The requirement for the Primary Care prescriber to send written confirmation to the Specialist team for acceptance of shared care is NOT mandated.
- If the decision is to decline shared care, section B MUST be completed by the Primary Care prescriber and returned to the Hospital/Specialist team as detailed in Section A.

Section A: To be completed by the Hospital Consultant initiating the treatment			
GP Practice Details: Name: Address: Tel no: Fax no: NHS.net email:	Patient Details: Name: Address: DOB:/...../..... Hospital number: NHS number (10 digits):		
Consultant name: Clinic name: Contact details: Address: Tel no: Fax no: NHS.net email:			
Diagnosis:	Drug name & dose to be prescribed by Primary Care prescriber:		
Next hospital appointment / follow-up with Specialist:/...../.....			
Dear Dr.,			
Your patient was seen on/...../..... and I have started(<i>insert drug name, dose and frequency</i>) for the above diagnosis. The patient has been on an optimised dose for(<i>insert period of time</i>).			
The patient fulfils the criteria for shared care and I am therefore requesting your agreement to sharing the care of this patient from/...../..... (NB: date must be at least 1 month from initiation of treatment) in accordance with the Shared Care Guideline (approval date:/...../.....).			
Please take particular note of Section 1 where the areas of responsibilities for the Specialist, Primary Care prescriber and patient/carer for this shared care arrangement are detailed. Where baseline investigations and monitoring are set out in the shared care guideline, I have carried these out on/...../..... and the results are acceptable for shared care as shown below.			
Test	Result	Test	Result
The next monitoring is due on/...../..... and should be continued in line with the shared care guideline.			
I can also confirm that the following has happened with regard to this treatment:			
			Specialist to complete
The condition being treated has a predictable course of progression and the patient can be suitably maintained by Primary Care			Yes / No
The aims, risks and benefits of treatment have been explained to the patient			Yes / No
The roles of the Specialist/ Specialist team/ Primary Care Prescriber/ Patient and Pharmacist have been explained and agreed			Yes / No
The patient has agreed to this shared care arrangement, understands the need for ongoing monitoring, and has agreed to attend all necessary appointments and comply with treatment instructions			Yes / No

I have enclosed a copy of the shared care guideline which covers this treatment / the guideline can be found here (<i>insert electronic/ web link</i>)	Yes / No
I have included with the letter copies of the information the patient has received	Yes / No

Other relevant information:

Please could you reply to this request for shared care and initiation of the suggested medication to either accept or decline within 14 to 21 days. Thank you and kind regards.

Consultant Signature:

Consultant Name: Date:/...../.....

Section B: To be completed by the Primary Care prescriber and returned to the Hospital Consultant as detailed in Section A above (Please sign & return your response to request to shared care within 14 to 21 days of the request.)

Thank you for your request for me to accept prescribing responsibility for this patient under a shared care agreement and to provide the treatment as detailed in Section A above.

Tick which applies:

- I accept sharing care as per the shared care guideline and above instructions.
- I would like further information. Please contact me on:
- I am not willing to undertake shared care for this patient for the following reason (*tick which applies*):

	Reason for decline	Tick which apply
1	I do not feel clinically confident in managing this individual patient's condition, and there is a sound clinical basis for refusing to accept shared care. (<i>Insert reason</i>) I have consulted with other Primary Care prescribers in my practice who support my decision. I have discussed my decision with the patient and request that prescribing for this individual remains with you due to the sound clinical basis given above.	
2	The medicine or condition does not fall within the criteria defining suitability for inclusion in a shared care arrangement (medicine not included on the national list of shared care drugs as identified by RMOC or is not a locally agreed shared care medicine).	
3	The patient has not had the minimum duration of supply of medication to be provided by the initiating Specialist. Therefore, please contact the patient as soon as possible in order to provide them with the appropriate length of supply of the medication before transferring the prescribing responsibility to the Primary Care prescriber.	
4	The patient has not been optimised/stabilised on this medication. Therefore, please contact the patient as soon as possible in order to provide them with the medication until the patient is optimised on this medication before transferring the prescribing responsibility to the Primary Care prescriber.	
5	Shared Care Guideline not received. Therefore, please contact the patient as soon as possible in order to provide them with the medication until I receive the appropriate Shared Care Guideline before transferring the prescribing responsibility.	
6	Other (Primary Care prescriber to complete if there are other reasons why shared care cannot be accepted or why shared care is to be discontinued if already started, e.g. adverse effects):	

I would be willing to consider prescribing for this patient once the above criteria have been met for this treatment. Please do not hesitate to contact me if you wish to discuss any aspect of this Prescribing Agreement Outcome in more detail.

Yours sincerely,

Primary Care Prescriber Signature: Date:/...../.....

Primary Care Prescriber Name: GP Address/Practice stamp: