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| **SHARED CARE AGREEMENT**  **[Medicine Name] for [Indication] – [Select Adults or Children]**  **Amber TLS – [Select 1 or 3 Months]** |

**Principles of Shared Care**

Shared care agreements provide a framework for the seamless transfer of care from a hospital or specialist service setting to general practice, where this is appropriate and in the patient’s best interest. When a specialist considers a patient’s condition to be stable or predictable, they may seek the agreement of the GP (or other primary care prescriber) concerned and the patient to share their care.

Patients and/or carers must be centrally involved in any decision-making process. They should be supported by good quality information that helps them to both come to an informed decision about engagement in a shared care arrangement and sets out the practical arrangements for ongoing supplies of medicines.

The existence of a shared care agreement does not necessarily mean that the GP has to agree to and accept clinical and legal responsibility for prescribing; they should only do so if they feel clinically confident in managing that condition. Clinical responsibility for prescribing is held by the person signing the prescription, who must also ensure adequate monitoring.

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| **Responsibilities of Secondary Care Specialist** | | | | |
| * Initiate treatment and prescribe for the length of time agreed (1 or 3 months) – this should be a sufficient amount of time to allow optimisation of treatment and demonstrate that the patient’s response is consistent. * Discuss the benefits and side effects of treatment with the patient. * Review concurrent medications for potential interactions prior to initiation. * Undertake the clinical assessment and relevant monitoring at baseline and during the initiation period. * Communicate details of treatment to GP (in writing or via secure email) within the first month of treatment and ask the GP whether he or she is willing to participate in shared care. * Discuss shared care arrangements with the patient/carer, obtain their consent and explain their responsibilities. * Review the patient's condition and monitor response to treatment regularly where indicated. * Inform the GP after each clinic attendance if there is any change to treatment or monitoring. * Supply GP with clinic letter or discharge summary within 14 days of an outpatient review or inpatient admission, and inform GP if patient does not attend scheduled clinic appointments. * Ensure that clear arrangements exist for GPs to obtain advice and support. * Report adverse events to the MHRA. * Stop treatment where appropriate or provide GP with advice on when to stop. | | | | |
| **Responsibilities of GP/Primary Care Prescriber** | | | | |
| * Reply to the request as soon as practicable if they are **unable** to support shared care (in writing or via secure email). * Prescribe medicine at the dose recommended after the initiation period. * Undertake ongoing clinical assessment and relevant monitoring following initiation period. * Review any new concurrent medications for potential interactions. * Refer promptly to specialist when any loss of clinical efficacy is suspected (e.g. worsening of disease-related symptoms, new symptoms suggestive of disease recurrence or progression) or intolerance to therapy occurs. * Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment. * Report adverse events to the specialist and MHRA. * Stop treatment on the advice of the specialist. | | | | |
| **Responsibilities of Patient/Carer** | | | | |
| * Report to the specialist or GP if he or she does not have a clear understanding of the treatment. * Share any concerns in relation to treatment with medicine. * Report any adverse effects to the specialist or GP whilst taking the medicine. * Attend appointments for clinical review and monitoring. | | | | |
| 1. **Summary of condition and treatment aims**   Include links to relevant clinical guidelines e.g. NICE | Click or tap here to enter text. | | | |
| 1. **Details of medicine and indication**   Please state whether licensed or unlicensed (off-label) use. Note that shared care is generally unsuitable for off-label prescribing unless it is a widely recognised use (e.g. included in BNF) | Click or tap here to enter text. | | | |
| 1. **Pharmaceutical aspects** | Route of administration: | | Click or tap here to enter text. | |
| Formulation: | | Click or tap here to enter text. | |
| Administration details: | | Click or tap here to enter text. | |
| Other important information: | | Click or tap here to enter text. | |
| 1. **Usual dose and frequency (including details of dose adjustments, e.g. in renal impairment) and duration of therapy**   Transfer of monitoring and prescribing to Primary care is normally after the patient is on regular dose and with satisfactory investigation results.  All dose or formulation adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician.  The duration of treatment will be determined by the specialist, based on clinical response and tolerability.  Termination of treatment will be the responsibility of the specialist. | Click or tap here to enter text. | | | |
| 1. **Baseline investigations and initial monitoring to be undertaken by specialist** | **Baseline investigations** | | | |
| * Click or tap here to enter text. | | | |
| **Monitoring** | | **Frequency** | |
| * Click or tap here to enter text. | | * Click or tap here to enter text. | |
| 1. **Ongoing monitoring requirements to be undertaken by primary care** | **Monitoring** | | **Frequency** | |
| * Click or tap here to enter text. | | * Click or tap here to enter text. | |
| 1. **Action(s) to be taken by primary care if abnormal result(s)** | * Click or tap here to enter text. | | | |
| 1. **Cautions and contraindications**   Please note this does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it. | **Cautions**   * Click or tap here to enter text.   **Contraindications**   * Click or tap here to enter text. | | | |
| 1. **Significant medicine and food interactions and management**   For a comprehensive list, consult the BNF or Summary of Product Characteristics ([SPC](https://www.medicines.org.uk/emc/)) | * Click or tap here to enter text. | | | |
| 1. **Adverse effects and management**   Include details of incidence, identification, importance and management. | **Adverse Effect** | | **Action to be taken if detected** | |
| * Click or tap here to enter text. | | * Click or tap here to enter text. | |
| 1. **Advice to patients and carers**   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. | * Click or tap here to enter text. | | | |
| 1. **Pregnancy and breast feeding**   It is the responsibility of the specialist to provide advice on the need for contraception to male and female patients on initiation and at each review but the ongoing responsibility for providing this advice rests with both the GP and the specialist. | * Click or tap here to enter text. | | | |
| 1. **Specialist contact information** |  | | | |
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| **Other Specialist Contact Information** | | | |
| * Click or tap here to enter text. | | | |
| 1. **Additional information**   For example, process for when Specialist or GP changes roles; specific issues related to patient age/ capacity/ specific monitoring. | * Click or tap here to enter text. | | | |
| 1. **References** | * Summary of Product Characteristics for (Click or tap here to enter text.) via <https://www.medicines.org.uk/emc> * BNF online (Click or tap here to enter text.) via <https://bnf.nice.org.uk/> * NICE Clinical Guideline (Click or tap here to enter text.) via <https://www.nice.org.uk/guidance> * Click or tap here to enter text. | | | |
| 1. **To be read in conjunction with the following documents** | * NHS England: Responsibility for Prescribing Between Primary & Secondary/ Tertiary Care. Ref 07573, Version 1.0, Published January 2018. Accessed via: <https://www.england.nhs.uk/publication/responsibility-for-prescribing-between-primary-and-secondary-tertiary-care/> * Click or tap here to enter text. | | | |

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| *Shared Care Agreement template adapted with agreement from AWP by Rachel Hobson, October 2020. Version 0.1* |