NHS Barnsley Clinical Commissioning Group NHS Bassetlaw Clinical Commissioning Group NHS Rotherham Clinical Commissioning Group NHS Sheffield Clinical Commissioning Group NHS Doncaster Clinical Commissioning Group

Principles of Shared Care Protocols

1 Robust shared care arrangements facilitate the safe transition of medicines for use in a specified condition between secondary and primary care clinicians with the intention that good shared care is safer for the patient, safer for the prescriber and greatly reduces the likelihood of unexpected adverse drug interactions. Shared care arrangements should follow on from initiation of a specified treatment by a hospital specialist.

2 Patients are entitled to expect shared care arrangements to be seamless and not result in them becoming involuntary intermediaries between clinicians in disagreement.

3 The objective of a shared care protocol is to support patient-centred care and in so doing to clarify roles and responsibilities of the involved clinicians

4 Shared care protocols should be brief and to the point, but must contain adequate, accurate and up to date information on where, when and who to obtain further information and advice.

5 Patient safety is of paramount importance and so there must be clarity on the responsibilities of the clinicians sharing the care of the patient and the monitoring requirements to be undertaken, including who should be responsible for such monitoring.

6 A specialist will ask the primary care prescriber to take over shared care prescribing by written request or by phone call. If this is done via telephone conversation it should be backed up by written confirmation.

7 If the primary care prescriber feels, for clinical reasons, uncertain for about agreeing to engage in shared care their concerns should initially be shared with the named specialist service. If agreement cannot be reached prescribing should be undertaken in secondary care.

8 Shared care protocols are generally needed only where drugs or conditions require:

- Specialist assessment to enable patient selection and initiation of treatment
- Short or medium term (e.g. 3-6months) specialist monitoring of efficacy or until the patient is stable.
- Short or medium term specialist monitoring of effects or disease state
- Specific long term monitoring of effects or disease state

9 Traffic light systems should consistently reflect shared care arrangements

10 Patients will remain under the care of the specialist i.e. they should not be discharged. If the primary care prescriber or patient would like to stop the treatment the specialist should be informed.

11 There will be timely communication concerning shared care supplemented by a detailed management plan.

12 Shared care protocols should not duplicate information that is available in the BNF or other readily available authoritative source such as the summary of product characteristics so as to avoid out of date information being relied upon.

13 Where local policy or usage differs from information in the authorities this should be highlighted in the shared care protocol along with any additional monitoring requirements.

14 Local Commissioning funding and pathway arrangements need to match any clinical shared care arrangements.

15 Shared care protocols will be agreed jointly by primary and secondary care in conjunction with the local medical committee and the constituent CCGS guided by the APC

16 Area wide shared care arrangements will be supported by collaborative working across the 5 CCGs in SYB towards area wide shared care arrangements utilising the SYB shared care protocol.

THE
THE SOUTH YORKSHIRE & BASSETLAW

Shared Care Protocol

For

[Insert drug name or clinical area]

Shared care guideline developed by:

Name, Job title, Organisation
Name, Job title, Organisation
Name, Job title, Organisation

Date approved:

Review Date: 3 years from approval

NHS Sheffield Clinical Commissioning Group
NHS Rotherham Clinical Commissioning Group
NHS Bassetlaw Clinical Commissioning Group
NHS Doncaster Clinical Commissioning Group
Add Lead provider logo here
NHS Barnsley Clinical Commissioning Group

[Insert Title from Front page]

Statement of Purpose

This shared care guideline (SCG) has been written to enable the continuation of care by primary care clinicians of patients initiated on [insert drug name or type of therapy] by the [insert specialty and organisation], where this is appropriate and in the patients' best interests. Primary care will only be requested to take over prescribing of [insert drug name or type of therapy] within its licensed indication unless specifically detailed otherwise below.

Responsibilities of specialist clinician

- To discuss benefits and side effects of treatment with the patient/carer and obtain informed consent, in line with national guidance. This is particularly important for unlicensed products.
- To provide patient / carer with contact details for support and help if required; both in and out of hours
- To initiate [insert name] in appropriate patients
- To [insert stabilisation or assessment details]
- To prescribe the first month's supply or until patient stable
- To contact patient's primary care prescriber to request prescribing and monitoring under shared care and send a link to or copy of the shared care guideline.
- To advise the primary care prescriber regarding continuation of treatment, including the duration of treatment
- To discuss any concerns with the primary care prescriber regarding the patient's therapy
- The patient to normally remain under the specialists' care but if ongoing specialist co-ordination of the patient's care is not required the specialist must provide access to advice and intervention of that specialist in a more timely manner than via a new referral.

Responsibilities of the primary care clinician

- To refer appropriate patients to secondary care for assessment
- Confirm the agreement and acceptance of the shared care prescribing arrangement and that supply arrangements have been finalised (see appendix for template letter). Or To contact the requesting specialists if concerns in joining in shared care arrangements,
- To report any serious adverse reaction to the appropriate bodies eg: MHRA and the referring specialist
- To continue to prescribe for the patient as advised by the specialist
- Ensure monitoring as indicated in monitoring section below
- To inform the specialist if the patient discontinues treatment for any reason
- To seek the advice of the specialist if any concerns with the patient's therapy
- To conduct an annual medication review or more frequent if required In the event that the primary care prescriber is not able to prescribe, or where the SCG is agreed but the specialist is still prescribing certain items e.g. Hospital only product; the

primary care prescriber will provide the specialist with full details of existing therapy promptly by fax (or other secure method) on request.
- For medication supplied from another provider prescribers are advised to follow recommendations for Recording Specialist Issued Drugs on Clinical Practice Systems

Responsibilities of Patients or Carers

- To be fully involved in, and in agreement with, the decision to move to shared care
- To attend hospital and primary care clinic appointments and to bring monitoring information eg: booklet (if required). Failure to attend will potentially result in the medication being stopped.
- Present rapidly to the primary care prescriber or specialist should the clinical condition significantly worsen.
- Report any suspected adverse effects to their specialist or primary care prescriber whilst taking [insert name of product]
- To read the product information given to them
- To take [insert name of product] as prescribed
- Inform the specialist, primary care prescriber or community pharmacist dispensing their prescriptions of any other medication being taken – including over-the-counter medication.

Indication

[Insert details of drug or clinical / disease area e.g. Epilepsy and specific area of treatment e.g. facial hirsutism in women]

[Insert any relevant details of mechanism of action and or place in therapy. Please keep these brief.]

[Insert links to NICE guidance etc. rather than reproducing text here.]

[If relevant, insert any local variations to national guidance or licensed indications, including recognised evidence base and/or it is standard treatment]
[Insert details of any care pathways]

Selection of patients

[Insert details of appropriate patients and details of any reasons of exclusion]

Exclusion criteria - for any additional contra-indications see below

Dosage

[Insert details, including route of administration and duration of treatment]

Contra-indications

<u>The details below are not a complete list and the BNF and the SPC remain authoritative</u>

Avoid full monographs. Only include relevant significant side effect as link to BNF / SPC above

[Link to/Insert contra-indications]

Side –effects

The details below are not a complete list and the BNF and the SPC remain authoritative

Avoid full monographs. Only include relevant significant side effect as link to BNF / SPC above.
[Insert details of common side-effects and management]

Monitoring

[Insert details of monitoring required, including frequency and who will do it]

If monitoring arrangements differ from the SPC or national guidelines, an explanation should be given
[Insert details of when discontinuation would be necessary]

[If appropriate insert DRUG NAME] is▼; report any serious adverse reaction to the MHRA, using the yellow card system.]

(If monitoring arrangements differ from the SPC, an explanation should be given)

Interactions

The details below are not a complete list and the current BNF and the SPC remain authoritative.

[Insert details of common interactions and their management. Avoid full monographs. Only include relevant / common interactions and their management as link to BNF / SCG above gives full detail.]

Additional information

[Insert Any additional information or action required e.g. recommended vaccinations]
Add link to any training if applicable / available

Re-Referral guidelines

Patients who are being treated on the advice of the secondary care team, but are no longer being seen in that setting, may still need review should problems arise. The appropriate level of care and/or advice should be available from the secondary care team in a timely manner without requiring a new referral. Include route of return' should their condition change (such as a return of symptoms, or a development of adverse effects)]

Ordering information

[Insert any special details of how to order, contact details etc]

Contacts for Support, education and information

[Insert departmental contact details, if appropriate secure e mail addresses and telephone numbers. To also include out of hours contact details]

[Insert web details of department or trust information page]

Where relevant / available

[Insert web details and or phone numbers of specialist support groups]

Equality and Diversity

[Insert details of any relevant considerations]

References

[Insert details of evidence used or referred to]

Full list of side-effects is given in the [DRUG NAME] summary of product characteristics (SPC), available from www.emc.medicines.org.uk .

https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf

Option A (delete this section if shared care guideline requires primary care prescriber to positively accept and respond to requesting specialist).

It will be presumed by the referring specialist that the primary care team is operating under this shared care guideline. Should the primary care prescriber feel unable to act under this shared care guideline they should discuss with the specialist requesting the care in the first instance. If after discussion they still feel unable to prescribe then the primary care clinician must notify the specialist in writing.

Option B (delete this section if shared care guideline does not require the primary care prescriber to positively accept and respond to requesting specialist and shared care is assumed, unless otherwise communicated').

As stated under primary care responsibilities, they should communicate with the specialist to confirm the agreement and acceptance of the shared care prescribing arrangement. This may be through a separate transfer of care form or the form on the sample letter below.

Template letter to primary care prescriber

Dear Prescriber

RE: _____ DOB: ___/___/_____ NHS: _____

Address: _____ Postcode: _____

Your patient is being started on treatment with [enter product details].

This treatment can be prescribed by primary care prescribers under the Traffic Light System under the "shared care" arrangements. This shared care guideline has been approved by the South Yorkshire and Bassetlaw Area Prescribing Groups.

We have chosen to use [enter product details] because [insert reasons].

As part of shared care arrangements please can you monitor (e.g. FBC, eGFR), adherence, response and side effects to therapy every [insert frequency]. Will you also please undertake to prescribe for your patient?

The prescriber will be responsible for ensuring monitoring of the patient on the medication being prescribed as per this guideline.

Please acknowledge you are happy to take on shared care by completing and returning the slip below to above address or by secure email to _____

Do not hesitate to contact us if you have any concerns.

Yours sincerely

Clinician's Name

Clinician's Title

IMPORTANT REMINDER

The prescriber is responsible for monitoring the patient on the medication being prescribed

RE: _____ DOB: ___/___/_____ NHS: _____

Address: _____ Postcode: _____

☐ I AGREE to take on shared care of this patient

☐ I DO NOT AGREE to take on shared care of this patient

Signed _____

Practice_____ Date_____