

Hospital No:  
NHS No:  
{Insert date}

**PRIVATE & CONFIDENTIAL**

«GP\_TITLE» «GP\_INITIALS» «GP\_SURNAME»  
«GP\_ADDRESS\_1»  
«GP\_ADDRESS\_2»  
«GP\_ADDRESS\_3»  
«GP\_ADDRESS\_4»  
«GP\_POSTCODE»

**WEST ESSEX MEDICINES OPTIMISATION PROGRAMME BOARD  
SHARED CARE AGREEMENT LETTER**

Dear «GP\_TITLE» «GP\_SURNAME»

«FORENAME\_1» «SURNAME» «DATE\_OF\_BIRTH»  
«CURRENT\_ADDRESS\_1» «CURRENT\_ADDRESS\_2» «CURRENT\_ADDRESS\_3»  
«CURRENT\_ADDRESS\_4» «CURRENT\_POSTCODE»

Your patient was seen on *{Insert date}* with a diagnosis of *{Insert diagnosis}*. I have initiated the following medication *{Insert drug name}* and am writing to ask you to participate in the shared care for this patient.

This medication and indication has been accepted as suitable for shared care by the West Essex MOPB. I agree to the secondary care responsibilities set out in the shared care agreement for this medication (available from <http://www.westessexccg.nhs.uk/your-health/medicines-optimisation/shared-care-medicines>). I am therefore requesting your agreement to share the care of this patient. Where preliminary tests are set out in the agreement I have carried these out and results are below.

Dose Regimen	Date <i>{Insert medicine name}</i> started	Date after which GP to start prescribing <i>{Insert medicine name}</i> <sup>1</sup>

The baseline test results are (if applicable/attach separately if necessary):

**Last bloods taken :**

**Date for GP to take next bloods:**

Interpretation of current bloods: Stable / Increasing\* / Decreasing\*

If increasing or decreasing, please state which components:

Footnote 1:

It is expected that patients will request a repeat prescription sometime after this date and should be the date or approximate date of the last prescription issued.

The dose has been titrated and is stable

I confirm I have explained to the patient: the risks and benefits of treatment, the baseline tests conducted the need for monitoring, how monitoring will be arranged, and the roles of the consultant / nurse specialist, GP and the patient in shared care.

I confirm the patient has understood and is satisfied with this shared care arrangement at this time and has signed the patient agreement.

If you do **NOT** wish to participate in shared care for this patient, usually under clinical grounds, please complete the attached form.

Yours sincerely

**{Consultant name}**