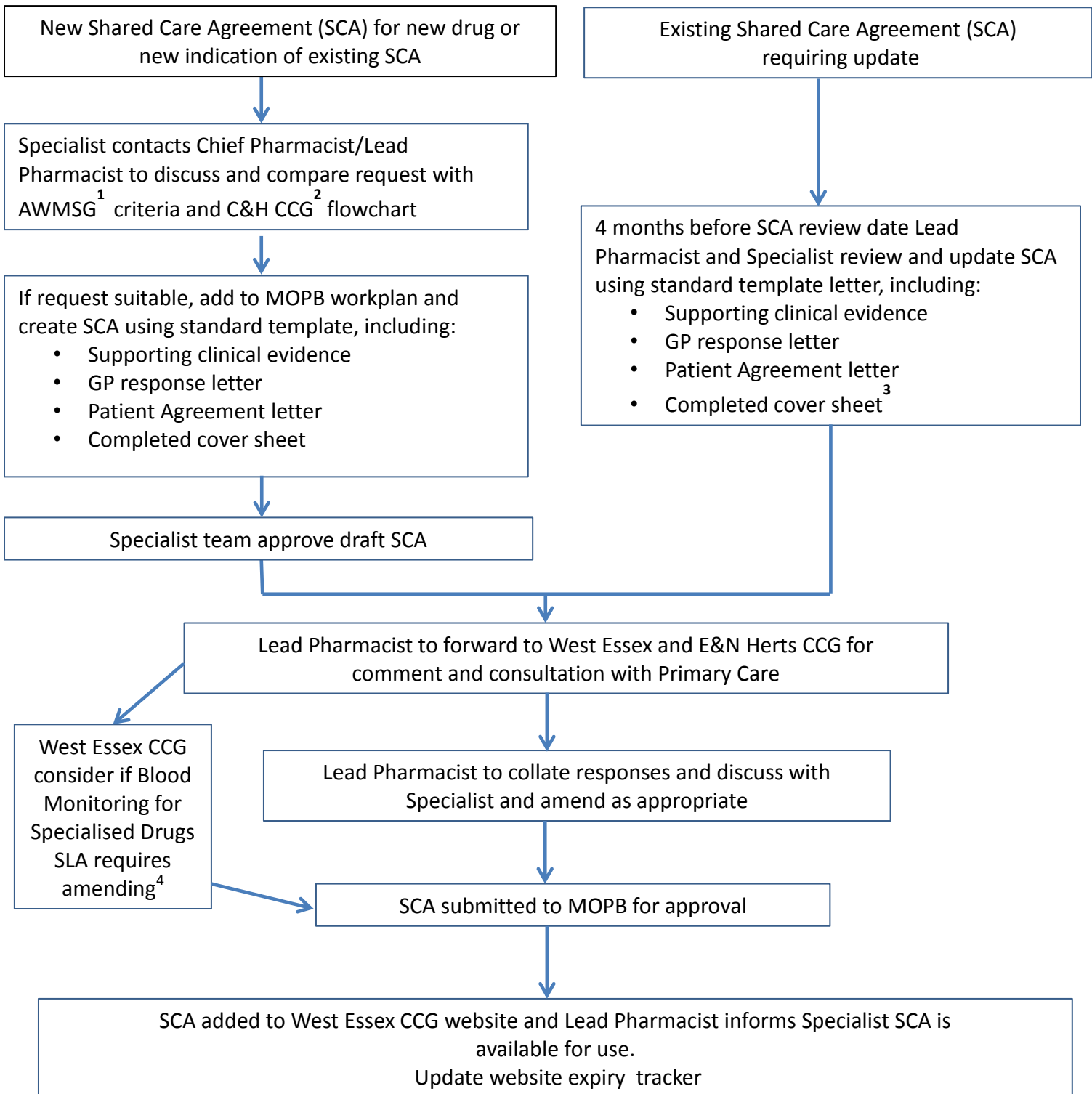


Process for creating or updating Shared Care Agreement



¹ AWMSG: All Wales Medicines Strategy Group (See Appendix 1)

² C&HCG: City & Hackney CCG (See Appendix 2)

³ Completed cover sheet (see Appendix 3)

⁴ AWMSG: <http://www.awmsg.org/docs/awmsg/medman/Defining%20Shared%20Care.pdf> Defining Shared Care

Appendix 1

Drugs can be classified according to the traffic light system:

- Red** hospital only prescribing
- Amber** suitable for shared care
- Green** appropriate for prescribing in primary or secondary care

A general practitioner may rarely encounter drugs commonly used by a specialist. Lack of familiarity with medication is an important cause of medication errors. It is therefore essential that care is only shared where it is in the best interests of the patient. The following criteria may be helpful when considering whether drugs are suitable for shared care agreements:

1. Therapy is for a licensed indication for a chronic condition. Occasionally a drug that has a recognised (but unlicensed) indication may be considered suitable for shared care.
2. Statements in the Summary of Product Characteristics (SPC) relating to the most appropriate place for prescribing (usually section 4.2) should normally be followed.
3. There is sufficient evidence for its use over existing preparations. Shared care is therefore not appropriate where clinical experience is limited or side effects have yet to be established.
4. The professional signing the prescription takes legal responsibility. Consideration will need to be given to professional opinion such as Drugs and Therapeutics Committee and Local Medical Committee, as to whether shared care of this drug is appropriate.
5. Therapy is initiated and stabilised in secondary/tertiary care. The need for stabilisation will vary with different drugs, patients and local agreement. Adequate follow-up can be provided by secondary/tertiary care.
6. Drug administration and monitoring does not require specialist equipment or skills.
7. The safety profile of the drug is such that inadequate monitoring may have serious implications.
8. The service to the patient is convenient and appropriate to their needs.
9. If the patient must attend the specialist on a regular basis (for reasons other than obtaining a prescription) then it may be safer and more appropriate for prescribing to be undertaken by secondary/tertiary care.
10. Responsibility for prescribing should remain with consultants where drugs are undergoing or included in a hospital based clinical trial. WHC 91(94)

11. A comprehensive shared care protocol for the drug is available that clearly identifies the areas of care for which each partner has responsibility.

12. The use of resources by NHS Wales is efficient. Transferring prescribing between primary and secondary/tertiary care for purely budgetary reasons is not appropriate.

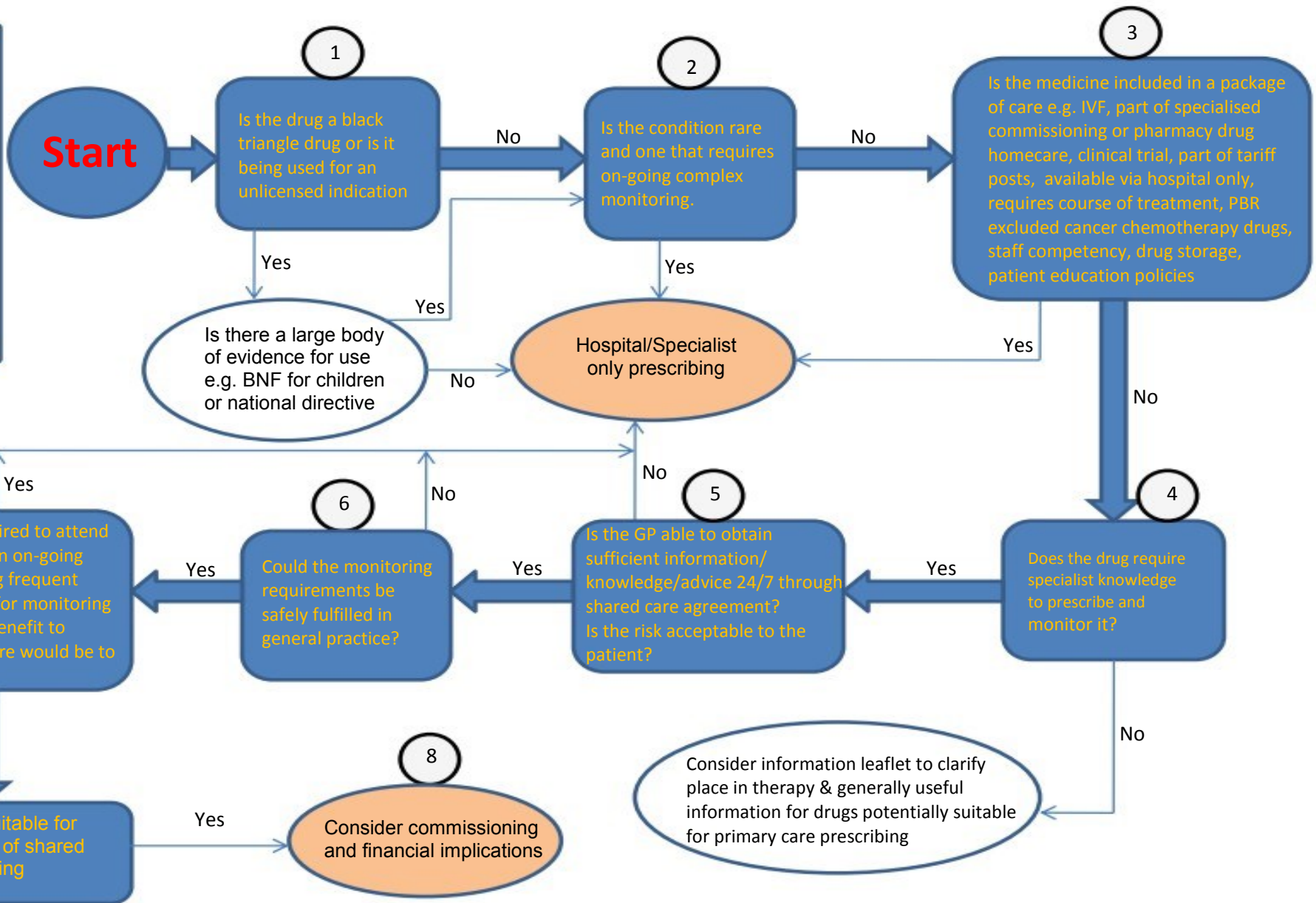
Good Practice in Prescribing Medicines (2006) General Medical Council

Responsibility for prescribing medicines for hospital outpatients:

26. If you are the doctor signing and issuing the prescription you bear responsibility for that treatment; it is therefore important that, as the prescriber, you understand the patient's condition as well as the treatment prescribed and can recognise any adverse side effects of the medicine should they occur.

27. There should be full consultation and agreement between general practitioners and hospital doctors about the indications and need for particular therapies. The decision about who should take responsibility for continuing care or treatment after initial diagnosis or assessment should be based on the patient's best interests rather than on the healthcare professional's convenience or the cost of the medicine.

This is a guide to help the decision process to consider suitability of drug for shared care agreement



Point 4. Specialist knowledge is that which is outside the usual practice of a General Practitioner

Appendix 2 Adapted with permission from NELMMN.

Decision Box number on Chart	Discussion points below for each question on flowchart when deciding on hospital only or shared suitability
1	
2	
3	
4	
5	
6	
7	
8	

Appendix 2

Adapted with permission from NELMMN. Approved by the NHS City and Hackney and Homerton Hospital NHS Foundation Trust

SCA Approved MOPB Feb 2017 review Feb 2019

Appendix 3

Shared Care Agreement (SCA)

Cover Sheet

New SCA or New Indication:

Drug:

Indication:

Rationale for SCA:

Estimate of number of patients/year:

Updating SCA:

Drug:

Indication:

Amendments:

I confirm the Specialist team support the SCA and agree to the responsibilities as stated

Specialist name **Date**

Signature

Lead Pharmacist name **Date**

Signature