Shared Care agreement Protocol

Essential Shared Care Agreements (ESCAs) are written agreements between specialist services and general practitioners and allow care, specifically prescribing, to be safely shared between them.

Refusal & acceptance of a shared care agreement

A GP can refuse a shared care agreement if he or she is not happy with the burden of responsibility it puts on the GP, and then the consultant must take full responsibility for prescribing and any necessary monitoring.

If the GP doesn't agree to shared care, they will write to the specialist within 14 days, giving reasons. If accepting shared care, prescribe and monitor the medicine as set out in the specialist's instructions and in the shared care agreement.

Responsibilities

Consultant responsibilities:

The Consultant will:

1. **Stabilisation and request for Shared Care**

- Ensure all initial necessary tests are undertaken.
- Decide on the treatment.
- Decide if Shared Care is appropriate for the patient.
- Contact the GP to invite participation in Shared Care and/or Near Patient Testing by sending an advance request, together with the Shared Care Protocol.
- Arrange for hospital supply of medication until in the opinion of the Consultant the patient's condition is stable.
- The hospital recognises that the GP has the right to refuse to agree to Shared Care. In such an event the total clinical responsibility for the patient for the diagnosed condition will remain with the Consultant.

2. Initiate and Review

- Send a letter (Appendix 4) to the GP when the patient is stable, “handing over” the Shared Care and Near Patient Testing (where commissioned) of the patient to the GP (only if a positive response to the SC request has been received from the GP).

- A minimum of a further two weeks supply of the drug will be dispensed by the hospital. Where appropriate, the patient will be issued with a drug monitoring record card.
- In cases where the drug is not easily obtained in the community the hospital pharmacist will attempt to contact a local pharmacist (designated by the patient) to give advance warning of the agreement to Shared Care and ensure that a supply can be obtained.
- The hospital will arrange regular out-patient assessment depending on clinical circumstances and will see the patient at the GP's request e.g. where the Shared Care Protocol indicates need for a review. The assessments will include clinical monitoring as set out in the protocol.
- The hospital will notify the GP of any change in the patient’s status including the dose, frequency and form of the drugs currently prescribed.
- Whenever the patient is seen by the Consultant, he/she will send a written summary within 14 days to the patient's GP.
- The Consultant will inform the GP of a contact number and ensure that they or their representative will be available to provide information or advice to the GP.

GP responsibilities

1. Consider and Respond

The General Practitioner:

- Following receipt of the advance Shared Care request form will ensure that he/she has the information and knowledge to understand the therapeutic issues relating to the patient’s medical condition and the facilities to comply with the protocol.
- Within one week of receipt of the request, will return the completed Shared Care Request form response to indicate whether he/she is willing to undertake Shared Care and/or Near Patient Testing when the patient is stabilised.
- Take over the Shared Care and Near Patient Testing (where commissioned) of the patient once a letter has been received from the Consultant indicating that the patient has been stabilised on the SC drug.

2. Maintain and Communicate

The General Practitioner will:

- Prescribe the maintenance therapy in accordance with the Consultant request.
- Monitor and record the therapy in accordance with the appropriate Shared Care Protocol.

- Report any adverse events in the treatment of the patient to the Consultant, as well as to the usual bodies e.g. Medicines and Health Care products Regulatory Agency (MHRA).

Examples of situations inappropriate for Shared Care.

- Medicines requiring ongoing specialist intervention and specialist monitoring. Some medicines may have several indications which may require a different status decision depending on the monitoring and assessment required. For example, a medicine might be suitable for shared care in one clinical condition whilst remaining specialist for another.
- Patients receiving most of the ongoing care, including monitoring, from the specialist service and the only benefit of transferring care would be a transfer of costs away from the specialist setting provider costs.
- Medicines that do not have a marketing authorisation within the UK should not be considered for shared care and should only be prescribed in accordance with local health board unlicensed drugs policy. (Licensed medicines that have a recognized (but unlicensed indication) may occasionally be considered for Shared Care*)
- The medicine requires specialist knowledge to safely use or requires long-term on-going specialist monitoring of efficacy or toxicity (either because of difficulty in recognising side effects or high cost/availability of investigations to identify toxicity).
- Where the medicine has no monitoring requirements.
- The medicine is specifically designated as hospital only by nature of the product.
- Medicines prescribed as part of an ongoing hospital based clinical trial or requiring specialist administration and monitoring using skills or equipment.
- There is an AWMSG/NICE recommendation that the medicine should not be prescribed on the NHS for the condition specified.
- The treatment is for a patient who will be discharged from ongoing hospital/specialist care and follow up.
- The medicine cannot be safely administered in primary care.
- Where the patient lacks capacity to comply with the shared care guideline and agreement, and there is inadequate supportive care available from a care giver

Process for patient on or requiring shared care Protocol.

1. **Patient on shared care and stable**
    - Accept SCP WRITTEN REPLY
    - Written reply should include discharge.
    - Contact the patient to inform of SCP and next date of issue/monitoring.
    - Send Patient a letter about frequency of blood and ensuring they continue with engagement with secondary care.
    - If a discharge is received – write back high priority.

2. **Patient on shared care and unstable**
    - Dr to review patient for abnormal results/ dose change.
    - Inform patient that we will be contacting the secondary care team and its likely they will take over prescribing.
    - Contact Secondary care team by phone and letter informing them of concern and ask for a urgent review.
    - Infrom them that the Practice will be unable to prescribe for 3 months.

3. **Patient Transferring Practices**

Under local team:

- Contact team and ask for a new SCP
- If the team Refuse or unable to provide a review in time and are referral is in put in place. Do we still prescribe while waiting for the referral ?

Not under a local team:

- Contact the relevant team for them to re refer (New referral)
- Do we continue to prescribe in the meantime?

GMMG – Guidance on transfer of prescribing Responsibilities

https://gmmmg.nhs.uk/wp-content/uploads/2021/09/GMMMG-Guidance-on-Transfer-of-Prescribing-Responsibilities-FINAL-web.pdf