



Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath) Crawley CCG and Horsham & Mid-Sussex CCG

SHARED CARE Guideline – Amber Traffic Light Classification		
Name of medicine	XXXXXXX	
Indication (including whether for adults and/or children)	XXXXXXX	
PCN policy statement reference (if applicable)	XXXXXXX	
Author(s): XXXXXX		
Organisation(s): XXXXXX		
Version: X.X	PCN recommendation date: mmm/yyyy	Review date: usually 2 yrs post PCN

The Shared Care Guideline (SCG) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface.

This **AMBER** shared care sets out the patient pathway relating to this medicine and any information not available in the British National Formulary and manufacturer's Summary of Product Characteristics. Prescribing must be carried out with reference to those publications.

The SCG must be used in conjunction with the PCN agreed core roles and responsibilities stated in annex A.

An agreement notification form is included in annex B for communication of request for shared care from provider and agreement to taken on prescribing by primary care.

Roles and Responsibilities

Listed below are specific medicine/indication related responsibilities that are additional to those core roles and responsibilities that apply to all SCGs listed in annex A.

Consultant / Specialist

Examples may include:

- Describe the minimum duration of specialist prescribing required to ensure the patient is stable, benefiting from treatment and tolerating the medicine
- Dose titration schedule, and whether all actions are taken in secondary care, or may require Primary Care prescriber to titrate dose
- Patient monitoring in Specialist setting– e.g.3 monthly until discharge, then yearly review appointments or earlier if required due to adverse effects or abnormal test results
- Any other medicine/indication specific information that will be helpful to the primary care prescriber

Primary Care Prescriber

Examples may include:

- Dose titration schedule if applicable to primary care
- Patient monitoring in Primary Care setting e.g.3 monthly for the first 12 months, then 6 monthly in the longer term
- Special vaccination schedule if applicable
- Any other medicine/indication specific information that will be helpful to the primary care prescriber

Patient, Relatives, Carers

If there are no specific responsibilities that are additional to those included in annex A, please include the statement 'As listed in PCN agreed core roles and responsibilities for the shared care of medicines – annex A'

Key information on the medicine

Please refer to the current edition of the British National Formulary (BNF), available at www.bnf.org, and Summary of Product Characteristics (SPC), available at www.medicines.org.uk for detailed product and prescribing information and specific guidance.

Background to disease and use of medicine for the given indication

Brief paragraph

Indication

Specific to approved use in PCN (check formulary status)

Dosage and Administration

Include only where no SPC is available, i.e. for unlicensed /off-label use, and in line with approved use in PCN

Monitoring

Test	Frequency	Abnormal Result	Action if Abnormal Result
XXXXX	XXXXX	XXXXX	XXXXX

Cautions, contraindications - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Include only where no SPC is available, i.e. for unlicensed /off-label use, and in line with approved use in PCN

Adverse effects - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk
Include only where no SPC is available, i.e. for unlicensed /off-label use, and in line with approved use in PCN, or if there is specific local advice on action to be taken if a particular adverse effect arises

Drug interactions - Refer to current Summary of Product Characteristics (SPC): www.medicines.org.uk

Include only where no SPC is available, i.e. for unlicensed /off-label use, and in line with approved use in PCN

Support and Advice for the Primary Care

Name	Speciality	Telephone No.	Email address
XXXXX	XXXXX	XXXXX	XXXXX
Hospital Pharmacy	XXXXX	XXXXX	XXXXX
Out of Hours	XXXXX	XXXXX	XXXXX

Annex A: PCN agreed core roles and responsibilities for the shared care of medicines

Patients

- Expressing their preferences and wishes for how their treatment should be provided
- Consenting to treatment and agreeing to have aspects of their care, i.e. prescribing, transferred back to their GP
- Supported to know how to report any adverse effects to the specialist team, primary care prescriber or other healthcare professional involved in their care, and how adverse effects can be managed.
- Informing the specialist team, primary care prescriber or other healthcare professional if he or she has further questions or wants more information about the treatment.
- Sharing any concerns about their treatment and problems they are having taking their medicines with the specialist team, primary care prescriber or other healthcare professional involved in their care.
- To be available for monitoring as required.
- To be available for follow up appointments as required.

Relatives and Carers

- To support the patient in fulfilling their roles and responsibilities as outlined above.

Consultant/ Specialist

- Be aware that if you recommend that a colleague, for example a junior doctor or GP, prescribes a particular medicine for a patient, you must consider their competence to do so. You must satisfy yourself that they have sufficient knowledge of the patient and the medicine, experience (especially in the case of junior doctors) and information to prescribe. You should be willing to answer their questions and otherwise assist them in caring for the patient, as required^(Ref GMC).
- Be aware that if you delegate assessment of a patients' suitability for a medicine, you must be satisfied that the person to whom you delegate has the qualifications, experience, knowledge and skills to make the assessment. You must give them enough information about the patient to carry out the assessment required.
- Be aware that you are asking the GP to take full medicolegal responsibility for the prescription they sign^(Ref GMC). For this reason the shared care guidelines (SCGs) are agreed at the PCN with input from specialists and GPs, and, for individual patients, the patient's GP must agree to take over responsibility before transfer of care, before the patient is discharged from specialist care.
- Be aware of the formulary status and the traffic light classification of the medicine you are prescribing within the patient's CCG
- Assume clinical responsibility for the guidance given in the SCG, and where there is new information needed on the SCG to liaise with your Formulary Pharmacist who will facilitate an update via the PCN
- Evaluate the suitability of the patient for treatment, including consideration of the patient's current medication and any significant interactions.
- Discuss and provide the patient with information about the reason for choosing the medicine, the likelihood of both harm and benefits, consequences of treatment, and check that their treatment choice is consistent with their values and preferences
- Advise patient of unlicensed status of treatment (including off-label use) if appropriate and what this may mean for their treatment.

- Undertake baseline monitoring and assessment.
- Prescribe initial treatment and provide any associated training and counselling required.
- Continue to prescribe and supply treatment with appropriate monitoring until the patient's condition is stable; the patient is demonstrably benefiting from the treatment and is free from any significant side effects.
- Liaise with the primary care prescriber to agree to share the patient's care and provide relevant accurate, timely information and advice.
- Follow up and monitor the patient at appropriate intervals. If the primary care prescriber feels unable to accept clinical responsibility for prescribing then the consultant must continue to prescribe the treatment to ensure consistency and continuity of care. Provide clear and effective communication with patient, relatives and carers, and use of communication support if necessary.
- Only advise the patient that shared care will take place, and prescribing will be transferred, once the primary care prescriber has agreed to share responsibility of the patient care, and that this has been confirmed in writing.
- Ensure that the patient (and carer/relatives) are aware of their roles and responsibilities under the SCG
- Provide sufficient information and training for the patient to participate in the SCG

Primary Care Prescriber

- Be aware of the formulary and traffic light status of the medicine you have been asked to prescribe.
- Be aware that Amber medicines have been assessed by the PCN as requiring careful transition between care settings but SCGs will be available to support safe transfer of care.
- It would be usual for GPs to take on prescribing under a formal SCG. If you are uncertain about your competence to take responsibility for the patient's continuing care, you should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague. If you are still not satisfied, you should explain this to the other clinician and to the patient, and make appropriate arrangements for their continuing care.
- Be aware that if you prescribe at the recommendation of another doctor, nurse or other healthcare professional, you must satisfy yourself that the prescription is needed, appropriate for the patient and within the limits of your competence (Ref GMC).
- Be aware that if you prescribe, you will be responsible for any prescription you sign (Ref GMC).
- Keep yourself informed about the medicines that are prescribed for the patient
- Be able to recognise serious and/ or frequently occurring adverse side effects, and what action should be taken if they occur.
- Make sure appropriate clinical monitoring arrangements are in place and that the patient and healthcare professionals involved understand them
- Keep up to date with relevant guidance on the use of the medicines and on the management of the patient's condition.
- Respond to requests to share care of patients in a timely manner, in writing (including use of form in annex B)
- Liaise with the consultant to agree to share the patient's care in line with the SCG in a timely manner.

All

- Where it has been identified that a SCG requires update e.g. new information needed, liaise with the SCG author and/or your organisation PCN representative who will facilitate an update via the PCN.

Annex B: Shared care agreement notification form for medicines and indications approved as amber on the Surrey PAD or Crawley, Horsham and Mid-Sussex net formulary.

For the attention of the Practice Manager

FAX – Confirm you have the correct Safe Haven Fax Number before sending

E-mail – Confirm both sender and recipient e-mail addresses are nhs.net before sending

To: [Recipient Name]
From: [Your Name]
Re: [Subject]
cc: [Name]

Fax: [fax number]
Date: [Click to select date]
Pages: [number of pages]

[Notes]

Name of medicine	XXXXXX
Indication	XXXXXX

Person removing form from fax machine	
Relevant patients GP available to action within 5 days (if not Trust needs to be informed on day of receipt of request)	Yes/ No
If GP is NOT available within 5 days, please communicate to the requesting specialist the date when the GP will be available	

Hospital/ Patient information		Practice information	
Consultant Making Request		GP Name:	
Consultant Speciality Details:		Practice:	
Patient Name:		I agree to undertake shared care:	
Patient NHS Number:		I do not agree to undertake shared care:	
Patient Hospital Number:		If NOT please give reasons:	
Patient DOB:		Signed:	
Drug Name/ Dose:		Date:	
Next Prescription Due:		Please return form to:	Specialist safe haven fax number
Discharge letter written and sent:			
Please refer to the Surrey PAD or Crawley, Horsham and Mid-Sussex net formulary for relevant shared care documents			

Primary Care Prescriber should reply within 5 days of receipt of this form indicating participation (or not) in shared care of the patient