­­**Bedfordshire, Luton and Milton Keynes Area Prescribing Committee (BLMK APC) – Formulary Subgroup**

**Agenda Cover for Shared Care Guidance**

**[Enter date]**

**Agenda item x.x**

**[Title]**

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| **What is the item?** |
| **What is the APC being asked to discuss?** |
| **Who is bringing this to the APC?** |
| **What are the options available?** |
| **Option 1: To approve the Shared Care Protocol (SCP)** |
| **Option 2: To recommend amendments to the SCP** |
| **Option 3: To reject the SCP** |

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| **Shared Care Protocol – please tick as appropriate:**  **New SCP**  **Revised / reviewed SCP** |
| **APC Recommendation** |
| 1. **Does the SCP cover a medicine which is already on the formulary and designated as suitable for shared care?** |
| 1. **Is the use within the product license?** |
| 1. **Is there a national SCP template? If so, has it been used? If not, please explain why.** |
| 1. **Have the Primary Care Prescribing Groups been consulted on the content of the SCP?** |