Shared care prescribing guideline:

Name of medicine and indication

Date XXX, Version X

Approved by the BLMK Area Prescribing Committee: Month / Year

Review date – Month / Year

All text printed in red should be superseded or deleted when preparing a new shared care document.

The content of this shared care guideline was correct as of enter date (month & year). As well as this document, please ensure that summaries of product characteristics (SPCs), British National Formulary (BNF) or the Medicines and Healthcare products Regulatory Agency (MHRA) or NICE websites are reviewed for up-to-date information on any medicine.

This guideline should also be read in conjunction with the BLMK Principles for Shared Care which provide additional detail to support prescribers.

Specialist responsibilities

(Add in any other roles and responsibilities specific to the medicine in this shared care guideline, e.g. follow-up and monitoring arrangements, communication with Primary Care prescriber, details to provide to Primary Care prescriber, provision of patient information, etc.)

- Assess the patient and provide diagnosis; ensure that this diagnosis is within scope of this shared care guideline (section 2) and communicated to primary care.
- Use a shared decision making approach; discuss the benefits and risks of the treatment with the patient and/or their carer and provide the appropriate counselling (see section 10) to enable the patient to reach an informed decision. Obtain and document patient consent. Provide an appropriate patient information leaflet.
- Assess for contraindications and cautions (see section 3) and interactions (see section 6).
- Conduct required baseline investigations and initial monitoring (see section 7).
- Initiate and optimise treatment as outlined in section 4.
- Transfer to primary care is normally after the patient has been treated for 3 months and stabilised on treatment, with satisfactory investigation results for at least 4 weeks.
- Once treatment is optimised, contact the patient's GP practice to initiate shared care, detailing the diagnosis, current and ongoing dose of enter details of medication, any relevant test results, and when the next monitoring is required. Include contact information (section 12).
- Prescribe sufficient medication to enable transfer to primary care (minimum 28 days' supply), including where there are unforeseen delays to transfer of care.
- Conduct the required monitoring in section 7 and communicate the results to primary care. After each review, advise primary care whether treatment should be continued, confirm the ongoing dose, and whether the ongoing monitoring outlined in section 8 remains appropriate.
- Review treatment and reassume prescribing responsibility if a patient becomes or wishes to become pregnant. *(delete if not applicable)*

- Provide advice to primary care on the management of adverse effects if required

Primary care responsibilities

(Add in any other roles and responsibilities specific to the medicine in this shared care guideline, e.g. monitoring arrangements, when and how to refer back to the Specialist, etc.)

- To confirm that the patient or carer consents to sharing of care between the specialist, primary care prescriber and patient.
- If shared care is **accepted**, commencement of shared care must be clearly documented in the patient's primary care medical notes. The requirement for the primary care prescriber to send confirmation in writing via letter or approved electronic communication to the specialist team for acceptance of shared care is NOT mandated.
- If **declining** the request for shared care, the decision and rationale should be explained to the specialist in writing as soon as is possible and in a timely manner, within a maximum of 14 to 21 calendar days upon receipt of request. The patient should also be informed of the decision. See Appendix 1 of the BLMK Shared Care Principles for supporting information.
- If accepted, prescribe the maintenance therapy as detailed in the specialist's request and as per section 4, taking into any account potential drug interactions in section 6.
- Adjust the dose of medication (enter medicine name) prescribed as advised by the specialist.
- Conduct the required monitoring as outlined in section 8. Communicate any abnormal results to the specialist.
- Manage adverse effects as detailed in section 9 and discuss with specialist team when required.
- Stop medicine name and discuss urgently with the specialist if the patient develops signs of enter relevant details. *(delete if not applicable)*
- Discuss with the specialist if the patient becomes or plans to become pregnant. *(delete if not applicable)*
- Stop treatment as advised by the specialist.

Patient and/or carer responsibilities

(Add in any other roles and responsibilities specific to the medicine in this shared care guideline, e.g. keeping record books and showing this to relevant HCP, etc.)

- Take medicine name as prescribed and do not stop taking it without speaking to their primary care prescriber or specialist.
- Tell anyone who prescribes them a medicine that they are taking medicine name.
- Attend regularly for monitoring and review appointments with primary care and specialist, and keep contact details up to date with both prescribers. If provided, they should bring their monitoring booklet to each appointment *(delete if not applicable)*. Be aware that medicines may be stopped if they do not attend appointments. Test results from the GP surgery, and hospital test results which have been sent to the GP surgery, may be reviewed via the NHS app.
- Report adverse effects to their primary care prescriber. Seek immediate medical attention if they develop any symptoms as detailed in section 10.
- Report the use of any over the counter (OTC) medications to primary care and specialist and be aware they should discuss the use of medicine name with their pharmacist before purchasing any OTC medicines.
- Inform the specialist or primary care prescriber as soon as possible if they become pregnant or wish to become pregnant. *(delete if not applicable)*

1. Background

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Include a brief overview of the medicine (including mode of action) and the condition(s) being treated.

Medicine name is licensed for the treatment of insert relevant information. It is not licensed for all the conditions it is used to treat. However, its use for the indications below are well established and supported by clinical specialists *(delete if not applicable i.e. all use is covered by the product license)*.

This shared care guideline does not cover treatment of people less than 18 years old *(delete if not applicable; enter any other relevant exclusions)*.

2. Indications

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Enter indication(s) covered by the SCG. State whether licensed or unlicensed (*If intended for off-label use, local agreement and supporting information required).*

The specialist must specify the indication for each patient when initiating shared care and clearly state when use is off-label.

This shared care guideline applies to adults aged 18 and over *(amend if applicable to the individual guideline).*

3. Contraindications and cautions

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This information does not replace the Summary of Product Characteristics (SPC) and should be read in conjunction with it. Please see eBNF & SmPC for comprehensive information.

Contraindications:

- State any relevant contraindications
-

Cautions:

- State any relevant cautions
-

4. Initiation and ongoing dose regimen

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- Transfer of monitoring and prescribing to primary care is normally after the patient has been treated for at least 3 months and is considered stable, the dose has been optimised, with satisfactory investigation results for at least 4 weeks
- The duration of treatment & frequency of review will be determined by the specialist, based on clinical response and tolerability.
- All dose or formulation adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician
- Termination of treatment will be the responsibility of the specialist.

Initial stabilisation:

The initial stabilisation period must be prescribed by the initiating specialist.

Enter details of initiation regime applicable to the included indication(s)

Maintenance dose (following initial stabilisation):

The initial maintenance dose must be prescribed by the initiating specialist.

Transfer of monitoring and prescribing to primary care is usually after 3 months. The duration of treatment will be determined by the specialist based on clinical response and tolerability.

Enter details of maintenance regime applicable to the included indication(s)

Conditions requiring dose adjustment:

- e.g. renal impairment, hepatic impairment *(delete if not applicable)*

5. Pharmaceutical aspects

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Route of administration:	
Formulation:	
Administration details:	
Other important information:	

6. Significant medicine interactions

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The following list is not exhaustive. Please see eBNF or SmPC for comprehensive information and recommended management.

7. Baseline investigations, initial monitoring and ongoing monitoring to be undertaken by specialist

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Monitoring at baseline and during initiation is the responsibility of the specialist; only once the patient is optimised on the chosen medication with no anticipated further changes expected in immediate future will prescribing and monitoring be transferred to primary care.

Baseline investigations:

Initial monitoring and at dose change:

Ongoing monitoring:

The specialist will retain the responsibility for monitoring the patient's ongoing response to treatment and advise if a dose change or treatment cessation is appropriate. This should be undertaken on at least an annual basis.

After each review, advise primary care whether treatment should be continued, confirm the ongoing dose, and whether the ongoing monitoring outlined in section 8 remains appropriate.

8. Ongoing monitoring requirements to be undertaken by primary care

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See section 9 for further guidance on management of adverse effects/responding to monitoring results.

Monitoring	Frequency
•	•
•	•
(If relevant) If monitoring results are forwarded to the specialist team, please include clear clinical information on the reason for sending, to inform action to be taken by secondary care.	

9. Adverse effects and other management

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Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme. Visit https://yellowcard.mhra.gov.uk/.

For information on incidence of ADRs see relevant summaries of product characteristics.

Result	Action for primary care
As well as responding to absolute values in laboratory tests, a rapid change or a consistent trend in any value should prompt caution and extra vigilance	

10. Advice to patients and carers

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The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual medicines.

The patient should be advised to report any of the following signs or symptoms to their primary care prescriber without delay:

-
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The patient and/or carer should be advised:

- What shared care means for their treatment, what to expect, and their responsibilities under shared care.
- Tell anyone who prescribes them a medicine that they are taking enter medicine name. Always ask a pharmacist before purchasing any medicines over the counter, including herbal remedies, and ask if they are safe.
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Patient information:

11. Pregnancy, paternal exposure and breast feeding

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It is the responsibility of the specialist to provide advice on the need for contraception to male and female patients on initiation and at each review, but the ongoing responsibility for providing this advice rests with both the primary care prescriber and the specialist. *Amend as applicable.*

Pregnancy:

Breastfeeding:

Paternal exposure:
If applicable

Fertility:
If applicable

12. Specialist contact information

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Name: *[insert name]*
Role and specialty: *[insert role and specialty]*
Daytime telephone number: *[insert daytime telephone number]*
Email address: *[insert email address]*
Alternative contact: *[insert contact information, e.g. for clinic or specialist nurse]*
Out of hours contact details: *[insert contact information, e.g. for duty doctor]*

13. Additional information

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Where patient care is transferred from one specialist service or GP practice to another, a new shared care agreement must be initiated. Ensure that the specialist is informed in writing of any changes to the patient's GP or their contact details.

Add any other relevant additional information.

14. References

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15. Other relevant national guidance

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- Shared Care for Medicines Guidance: A Standard Approach, Regional Medicines Optimisation Committee (RMOC), February 2021.
- NHSE guidance – Responsibility for prescribing between primary & secondary/tertiary care. Available from https://www.england.nhs.uk/publication/responsibility-for-prescribing-between-primary-and-secondary-tertiary-care/
- General Medical Council. Good practice in prescribing and managing medicines and devices. Shared care. Available from https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices/shared-care
- NICE NG197: Shared decision making. Last updated June 2021. https://www.nice.org.uk/guidance/ng197/.