Policy and Procedures for the Shared Care of Medicines
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1.0 Introduction

Shared care arrangements aim to facilitate the seamless transfer of individual patient care from secondary care to general practice. They are intended for use when medicines, often prescribed for potentially serious conditions and complex by their very nature, are initiated in secondary care and then prescribed by GP in primary care. These medicines will often have a relatively high adverse effect profile and may require specific monitoring.

Clearly defined processes and good communication are essential components to shared care. Prescribers must be aware of their responsibilities when prescribing and primary care prescribers must receive comprehensive information to allow safe and effective prescribing.

Clear communication, effective collaboration between patients and healthcare professionals and smooth continuity of care are key elements of the Healthcare Quality Strategy for NHSScotland.

NHS Circular No 1992 (GEN) 11 ‘Responsibility for Prescribing Between Hospitals and GPs’ states that a consultant should seek the agreement of the GP to share care of a patient. Information regarding dosage, administration and monitoring should be provided by the consultant for the GP.

Decisions 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 convenience or cost of the medicine and associated monitoring or follow-up.

Shared care arrangement eligibility criteria

For the purposes of this policy a medicine is considered to be eligible for a shared care arrangement if it can be initiated in secondary care and then prescribed by a GP in primary care and meets the following criteria:

- prescribed for a potentially serious condition
- complex [intended use likely to be outwith the clinical experience of a GP]
- relatively high adverse effect profile
- may require specific monitoring and dose titration
- new, or rarely prescribed

The term used to describe a locally approved document which sets out details of shared care is known in NHS Lothian as a shared care agreement (SCA). These documents provide additional support for GPs, however, it is not necessary to have a locally approved document in place in order to share care. Such documents were previously known in NHS Lothian as shared care protocols.

1.1 Aim of the Policy

The aim of the policy is to ensure safe and effective prescribing of medicines across secondary and primary care.

1.2 Policy Objectives

This policy will define circumstances under which medicines will be considered appropriate for shared care and will support prescribing across the secondary/primary care interface.
1.3 Scope

This policy is applicable to patients being treated within primary care and secondary care across NHS Lothian.

Requests for shared care may be made for some unlicensed medicines categorised as amber in line with NHS Lothian’s ‘Policy and procedures for the use of unlicensed medicines’.

2.0 Philosophy, Principles and Objectives

This policy seeks to ensure patients have equitable access to medicines across secondary and primary care and that information is communicated effectively. This is in line with recommendations in a Joint Report from the National Pharmaceutical Forum and the Scottish Medical and Scientific Advisory Committee, 2006 and the Healthcare Quality Strategy for NHSScotland, which includes as priorities:

- Clear communication and explanation about conditions and treatment
- Effective collaboration between clinicians, patients and others
- Continuity of care

and states:

“Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.”

3.0 Roles and Responsibilities

3.1 Patients

Informing the specialist team, GP or other healthcare professional if he or she does not have a clear understanding of the treatment.

Reporting any adverse effects to the specialist team, GP or other healthcare professional involved in their care.

Sharing any concerns about their treatment and compliance with the specialist team, GP or other healthcare professional involved in their care.

To be available for monitoring and follow up appointments as required.

3.2 Relatives and Carers

To support the patient in fulfilling their roles and responsibilities as outlined above.
3.3 NHS Lothian Staff

3.3.1 Clinicians

3.3.1.1 Specialist

Liaise with GP to agree to share the patient’s care and provide relevant information to permit the safe management of the patient’s condition.

Provide clear and effective communication with patient, relatives and carers, and use of communication support if necessary.

Advise patient of unlicensed status of treatment if appropriate and what this may mean for their treatment.

Initiate treatment and any associated training and counselling required.

Initial monitoring of treatment until the patient’s condition is stable and the patient is demonstrably benefiting from the treatment.

Follow up and monitor the patient at appropriate intervals.

If the GP feels unable to accept clinical responsibility for prescribing then the consultant must continue to prescribe the treatment to ensure accessibility.

Develop locally approved shared care agreement documents for those complex treatments routinely used in a specialist setting, for which GPs may require additional support and guidance (see Appendix 1 for process for development and approval of SCAs and Appendix 2 for template). Remember to involve relevant people in the development of the SCA, in particular GPs. The Medicines Management Team (MMT) will be able to assist with facilitating contact with GPs (see also Section 3.3.6, below).

3.3.1.2 General Practitioner

Liaise with specialist to agree to share the patient’s care.

Provide clear and effective communication with patient, relatives and carers, and use of communication support if necessary.

Ensure that they have sufficient clinical knowledge about the treatment and are prepared to take clinical responsibility for prescribing.

Prescribe the medicine taking into consideration any locally approved guidance, undertaking appropriate monitoring.

If uncertain about competence to take responsibility for the patient’s continuing care, seek further information or advice from the clinician with whom the patient’s care is shared or from another experienced colleague. If still not satisfied, explain this to the other clinician and to the patient, and make appropriate arrangements for their continuing care.4
Refer back to the specialist in the event of deteriorating clinical condition or any aspect of patient care that is of concern to the GP and may affect treatment.

Contribute to the development of locally approved SCAs in partnership with secondary care colleagues. The process for development and approval of SCAs is described in Appendix 1.

3.3.2 **Clinical Directors, Associate Divisional Medical Director, Clinical Management Team, Director of Operations, Primary Care Managers and Clinical Directors**

Ensure medicines use is in line with NHS Lothian medicines governance policies.

Consider the resource implications of implementation of SCAs in primary care.

3.3.3 **Medicines Governance Committees**

Facilitate the development of locally approved SCAs. Lothian Formulary Committee (FC) will advise on the appropriate place in therapy of new medicines following national recommendations (SMC/HIS/SIGN/NICE). Submissions for inclusion of a new medicine in the Lothian Joint Formulary (LJF) should include consideration for the suitability of shared care prescribing.

Acute Services Drug and Therapeutics Committees (DTCs) and the General Practice Prescribing Committee (GPPC) will work together to support an efficient process of review, approval and implementation of SCAs.

The process for development and approval of SCAs is described in Appendix 1.

3.3.4 **Hospital Clinical Pharmacist**

Contribute to the development of SCAs in collaboration with the prescribing clinicians.

Co-ordinate the revision of existing SCAs in association with the specialist team.

3.3.5 **Primary Care Pharmacist**

Support GPs with the provision of advice on the shared care of medicines.

Support GPPC and the Medicines Management Team in managing the processes involved in the development, submission, approval and review of SCAs.

3.3.6 **Medicines Management Team**

Support the operational implementation of this policy.
4.0 References


5.0 List of Appendices

Appendix 1: Process for the development of locally approved documents (SCAs)

Appendix 2: Template for SCA

Appendix 3: Template for withdrawal of an SCA

Appendix 4: Members of the Short-Life Working Group
Appendix 1

Process for the development of locally approved documents (SCAs)

Complex treatment which meets eligibility criteria for shared care and is routinely used in specialist setting

Approved as appropriate for prescribing in primary care

GPs require additional support and guidance

Clinical team develops locally approved shared care agreement document with involvement of relevant colleagues, in particular GPs, using agreed template

SCA submitted to six-monthly shared care meeting with representatives from prescribing subgroups relevant to therapeutic area for approval

Approved

Not approved

SCA added to LJF website www.ljf.scot.nhs.uk by MMT

Revised if appropriate and resubmitted
## SHARED CARE AGREEMENT

**Name of medicine**

**Name (brand)**

**Indication**

...  

Version: 1.0  
Approval date: mmm yyyy  
Review date: mmm yyyy

The Shared Care Agreement (SCA) is intended to facilitate the accessibility and safe prescribing of complex treatments across the secondary/primary care interface. It does not contain all of the relevant product information, which should be sought using the current British National Formulary and manufacturer’s Summary of Product Characteristics. The SCA must be used in conjunction with the NHS Lothian Policy and Procedures for the Shared Care of Medicines, available at: [http://www.ljf.scot.nhs.uk/SharedCareofMedicines/Pages/default.aspx](http://www.ljf.scot.nhs.uk/SharedCareofMedicines/Pages/default.aspx)

### Roles and responsibilities

List below specific responsibilities that are additional to those detailed in the policy

Listed below are specific responsibilities that are additional to those included in the NHS Lothian Policy and Procedures for Shared Care. Please refer to the policy for core roles and responsibilities that apply to all Shared Care Agreements.

**Consultant**

Please give specific information where this will be helpful to the primary care prescribers, e.g.

- Initiation of therapy with ‘drug x’ over a one month period, then supply of the medicine for one further month once the patient’s treatment is stable
- Patient monitoring – 3 monthly for the first 12 months, then 6 monthly in the longer term

**General Practitioner**

- 
- 

**Patient, relatives, carers**

*If there are no specific responsibilities that are additional to those included in the NHS Lothian Policy and Procedures for Shared Care, please include the statement ‘As listed in NHS Lothian Policy and Procedures for the Shared Care of Medicines’*

**Support and Advice for the GP**

*E.g. Contact points, telephone numbers, supportive guidance*

**Key Information on the Medicine**


**Background to disease and use of drug for the given indication**

*Brief paragraph*

**Indication**

*Specific to approved use in NHS Lothian (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 NHS Lothian

### Monitoring

<table>
<thead>
<tr>
<th>Test</th>
<th>Frequency</th>
<th>Abnormal Result</th>
<th>Action if Abnormal Result</th>
</tr>
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Cautions, contraindications - Refer to current Summary of Product Characteristics (SPC): [www.medicines.org.uk](http://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 NHS Lothian

Adverse effects - Refer to current Summary of Product Characteristics (SPC): [www.medicines.org.uk](http://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 NHS Lothian, 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](http://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 NHS Lothian
## Appendix 3
### Template for withdrawal of an SCA

#### Application to request removal of an NHS Lothian Shared Care Agreement (SCA)

<table>
<thead>
<tr>
<th>Shared care arrangement eligibility criteria</th>
<th>NHS Lothian Policy and Procedures for the Shared Care of Medicines</th>
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- complex [intended use likely to be outside the clinical experience of a GP]
- relatively high adverse effect profile
- may require specific monitoring and dose titration
- new, or rarely prescribed

<table>
<thead>
<tr>
<th>Title of SCA</th>
<th>Revision Date</th>
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<table>
<thead>
<tr>
<th>Current usage in secondary care (most recent 12 months data)</th>
<th>Number of items:</th>
<th>Total cost:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Current usage in primary care (most recent 12 months data)*</th>
<th>Number of items:</th>
<th>Total cost:</th>
</tr>
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</table>

* to be completed by MMT

<table>
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<tr>
<th>Responsible pharmacist</th>
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<tr>
<th>Summary of reasons that SCA is no longer required</th>
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- Does the drug continue to be used for the indication given in the SCA?
- Are alternative drugs now used for this indication? If yes, give details
- Is the drug currently used for other indications?
- Has the SMC [www.scottishmedicines.org.uk](http://www.scottishmedicines.org.uk) provided any specific recommendations and restrictions on the prescribing of this drug?

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<tr>
<th>Template completed by</th>
<th>Date</th>
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<tr>
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<tr>
<th>Comments from SCA Review Group</th>
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<tr>
<th>Agreement that SCA be removed</th>
<th>Yes / No</th>
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<tr>
<th>Formulary Pharmacist advised of removal</th>
<th>Date:</th>
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### Appendix 4
Members of the Short-Life Working Group

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<td>Lead Pharmacist, Medicines Information</td>
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<tr>
<td>Lead Pharmacist, Medicines Management Team</td>
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<tr>
<td>GP Adviser, Medicines Management Team</td>
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<tr>
<td>Primary Care Pharmacist</td>
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<tr>
<td>Clinical Pharmacist, Community Mental Health Teams (Edinburgh)</td>
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<tr>
<td>Formulary Pharmacist</td>
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<tr>
<td>Primary Care Pharmacist</td>
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