

# Procedure for the shared care of medicines



## Purpose of this procedure:

The aim of this procedure is to support safe and effective prescribing of medicines across secondary and primary care. It defines circumstances under which medicines are considered appropriate for shared care and 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<sup>1</sup> and the Healthcare Quality Strategy for NHSScotland<sup>2</sup>, 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.”*

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 a GP or non-medical prescriber in primary care. These medicines will often have a relatively high adverse effect profile and may require specific monitoring.<sup>3</sup> 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.<sup>3</sup>

When a specialist considers a patient's condition to be stable or predictable, they may seek the agreement of the GP or primary care non-medical prescriber concerned (and the patient) to share their care. In proposing shared care agreements, a specialist should advise which medicines to prescribe, what monitoring will need to take place in primary care, how often medicines should be reviewed, and what actions should be taken in the event of difficulties.<sup>4,5</sup> 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.<sup>6</sup>

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'.<sup>7</sup>

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 and primary care non-medical prescribers, however, it is not necessary to have a locally approved document in place in order to share care.

# Procedure for the shared care of medicines



For the purposes of this procedure a medicine is considered to be eligible for a shared care agreement if it can be initiated in secondary care and then prescribed in primary care<sup>3</sup> and meets the following criteria:

- ✓ prescribed for a potentially serious condition<sup>3</sup>
- ✓ complex<sup>3</sup> [intended use likely to be outwith the clinical experience of a GP]
- ✓ relatively high adverse effect profile<sup>3</sup>
- ✓ may require specific monitoring and dose titration<sup>3</sup>
- ✓ new, or rarely prescribed<sup>6</sup>

Legal responsibility for prescribing lies with the doctor or health professional who signs the prescription and it is the responsibility of the individual prescriber to prescribe within their own level of competence. Further advice on this is contained within the General Medical Council's (GMC) core guidance; Good Medical Practice (GMP) is recommended.<sup>5</sup>

For non-medical prescribing please refer to the [NHS Lothian Framework for Independent and Supplementary Prescribing](#). The range of healthcare professionals now authorised to prescribe medicines has broadened and continues to expand. This guidance therefore relates to all those professionals with responsibility for prescribing.<sup>5</sup>

## The Procedure:

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Roles and Responsibilities are described as a series of steps .

### Patients



1

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



2

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



3

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



4

Be available for monitoring and follow up appointments as required.



5

Decline shared care if, after due consideration of the options, they decide it is not in their best interests.<sup>8</sup>

### Relatives and Carers



1

Support the patient in fulfilling their roles and responsibilities as outlined above.



2

Be included in discussions about shared care, where appropriate. Involvement of carers may be critical, especially in circumstances when it is not possible for the patient to make a decision, for example due to mental capacity.<sup>8</sup>

## Specialist Clinicians



Liaise with GP or primary care non-medical prescriber 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 procedure 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. There may be a case for withdrawing SCAs if it is considered the document is no longer required, see Appendix 3. The Medicines Management Team (MMT) will be able to assist with facilitating contact with GPs (see also below).

## General Practitioners and primary care non-medical prescribers



1

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



2

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



3

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



4

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



5

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.<sup>6</sup>



6

Refer back to the specialist in the event of deteriorating clinical condition or any aspect of patient care that is of concern and may affect treatment.



7

Contribute to the development of locally approved SCAs in partnership with secondary care colleagues. The procedure for development and approval of SCAs is described in Appendix 1. There may be a case for withdrawing SCAs if it is considered the document is no longer required, see Appendix 3.

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



1

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



2

Consider resource implications of implementation of SCAs in primary care.

## Medicines Governance Committees



1

Facilitate the development of locally approved SCAs. Lothian Formulary Committee (FC) advises on the appropriate place in therapy of new medicines following national (SMC/HIS/SIGN/NICE) and local recommendations. Formulary Decisions for medicines which are considered suitable for specialist initiation and may be continued in a primary care setting are flagged as SI on the formulary website.



2

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.



3

The procedure for development and approval of SCAs is described in Appendix 1. This procedure relates to complex treatments routinely used in a specialist setting, for which GPs may require additional support and guidance. SCAs are approved by the General Practice Prescribing Committee (GPPC).

## Hospital Clinical Pharmacists



1

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



2

Coordinate the revision of existing SCAs in association with the specialist team.

## Primary Care Pharmacists



1

Support GPs and primary care non-medical prescribers with the provision of advice on the shared care of medicines.



2

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

## Medicines Management Team



1

Support the operational implementation of this policy.

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## Associated materials/references:

This procedure relates to the [NHS Lothian Safe Use of Medicines Policy](#)

1. Patients and their medicines in hospital. Joint Report, National Pharmaceutical Forum and Scottish Medical and Scientific Advisory Committee. NHS Circular: HDL (2006) 14. Scottish Executive Health Department. February 2006.  
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2. The Healthcare Quality Strategy for NHSScotland. The Scottish Government, May 2010.  
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4. NHS Circular 1992 (GEN) 11 Responsibility for Prescribing Between Hospitals and GPs. The Scottish Office. [www.sehd.scot.nhs.uk/mels/GEN1992\\_11.pdf](http://www.sehd.scot.nhs.uk/mels/GEN1992_11.pdf)
5. Responsibility for prescribing between Primary & Secondary/ Tertiary Care; NHS England/ Direct Commissioning Change Projects. January 2018. [www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf](http://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf)
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<https://policyonline.nhslothian.scot/Policies/Procedure/Use%20of%20Unlicensed%20Medicines%20Policy.pdf>
8. Shared Care for Medicines Guidance A Standard Approach. Regional Medicines Optimisation Committee (RMOC). Specialist Pharmacy Service. February 2021. [www.sps.nhs.uk/wp-content/uploads/2020/01/RMOC-Shared-Care-for-Medicines-Guidance-A-Standard-Approach-Live-1.0.pdf](http://www.sps.nhs.uk/wp-content/uploads/2020/01/RMOC-Shared-Care-for-Medicines-Guidance-A-Standard-Approach-Live-1.0.pdf)

## List of Appendices

**Appendix 1:** Procedure for the development of locally approved Shared Care Agreements (SCAs)

**Appendix 2:** Template for SCA

**Appendix 3:** Template for withdrawal of an SCA

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

# Procedure for the shared care of medicines

## Appendix 1

### Procedure for the development of locally approved Shared Care Agreements (SCAs)

Lothian Formulary Committee (FC) makes a decision on the appropriate place in therapy of a new medicine following national and local recommendations.

The medicine is considered suitable for **specialist initiation** and therefore may be continued in a primary care setting, and is flagged as **SI** on the formulary website.

#### Development of SCA using agreed template [Appendix 2] by health professionals

**Specialist Clinicians** 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. Relevant people should be involved in the development of the SCA, in particular GPs.

**General Practitioners and primary care non-medical prescribers** Contribute to the development of locally approved SCAs in partnership with secondary care colleagues.  
**Clinical Directors, Associate Divisional Medical Director, Clinical Management Team, Director of Operations, Primary Care Managers and Clinical Directors**

Consider resource implications of implementation of SCAs in primary care.

**Hospital Clinical Pharmacists** Contribute to the development of SCAs in collaboration with the prescribing clinicians.

Coordinate the revision of existing SCAs in association with the specialist team.

**Primary Care Pharmacists** Support GPPC and the Medicines Management Team to manage SCA procedures.

Shared care agreements (SCAs) provide additional support for GPs and primary care non-medical prescribers, however, it is not necessary to have a locally approved document in place in order to share care.

For the purposes of this procedure a medicine is considered to be eligible for a shared care agreement if it can be initiated in secondary care and then prescribed 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

SCA is submitted to the General Practice Prescribing Committee (GPPC) for approval

Approved SCA added to Formulary website

If it is considered that a SCA is no longer required, it can be proposed to be withdrawn (see also Appendix 3) - this is agreed by the GPPC.



# Procedure for the shared care of medicines



## Appendix 2

### Shared Care of Medicines - Template for SCA

Link to Policy Online [under the Safe Use of Medicines Policy]

<https://policyonline.nhslothian.scot/Policies/Pages/safe-use-of-medicines-policy.aspx#tab5>

## Appendix 3

### Template for withdrawal of an SCA

Link to Policy Online [under the Safe Use of Medicines Policy]

<https://policyonline.nhslothian.scot/Policies/Pages/safe-use-of-medicines-policy.aspx#tab5>

## Appendix 4

### Members of the Short-Life Working Group

Dr Robin Balfour	GP
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