

Request to Share Care and Agreement Form

**Guideline Number; Version number; Title (include drug(s) and specialties if relevant)
Shared Care Protocol**

This Request to Share Care provides Key Primary Care Information on responsibilities and monitoring. The aim is to support the GP to agree to share care arrangements. Refer to Full Shared Care Protocol for further information (page 3 onwards).

GP to review and must respond to provider Trust request to share care within 2 weeks using form provided on page 2/3.

For Completion by Specialist (with Shared Care Agreement Form)

Patient name.....	OR	Addressograph label
DOB.....		
NHS number.....		
Drug(s) Dose and Route at handover:		
Indication:		
Date of first prescription by specialist:		Patient weight (kg):
Estimated date for prescribing to be continued by the GP:		
Next monitoring tests due and dates:		
Specialist additional comments/advice:		
.....		

Key Primary Care Information (refer to Full Shared Care Protocol for further information)

GP RESPONSIBILITIES

MONITORING AND ACTIONS TO BE TAKEN

Monitoring Table – see GP monitoring column for GP actions.

Test	Indication	Specialist pre-treatment baseline	Specialist during treatment initiation	GP ongoing monitoring	Specialist ongoing monitoring

Action to be taken if Abnormal Result

Abnormal Result	Action to be taken by GP

- The expectation is that this information along with the full protocol provides sufficient information to enable GPs to be confident to take on the clinical & legal responsibility for prescribing and monitoring.
- Prescribing and monitoring responsibility will only be transferred under this shared care protocol when:
 - Specialist has initiated treatment and prescribed/monitored treatment for initial stabilisation period.
 - Specialist has provided pre-treatment counselling and discussed patient responsibilities, preferences and obtained consent to shared care arrangements.
 - Specialist and patient have completed and signed the shared care agreement form (page 2/3).

Shared Care Agreement Form

This form is used to agree shared care between the specialist, patient and GP.

Specialist and patient agreement

By signing below we accept:

- the HMMC shared care principles ([ENHCCG](#) ; [HVCCG](#)) and
- the requirements and responsibilities defined in this drug specific shared care protocol

Specialist name:	Patient name or addressograph label:
Designation:	<div style="border: 1px dashed black; width: 80%; margin: 0 auto; height: 100px;"></div>
Provider Trust:	
Direct telephone number:	
Email:	
Email (for use by GP to respond to request to share care):	
Date:	Specialist Signature:
Date:	Patient Signature:

GP response to shared care

Please return to specialist **within two weeks** of receipt of request to share care.

This form is to be completed by the GP who is requested to share care.

I agree to accept shared care for this patient as set out in this shared care protocol and HMMC shared care principles ([ENHCCG](#) ; [HVCCG](#))

I do not accept shared care for this patient

My reason(s) for not prescribing are given below:

Please note that GP agreement is voluntary, with the right to decline to share care if for any reason you do not feel confident in accepting clinical responsibility. Refusal should not be for financial reasons.

GP name:	Practice address /stamp:
Direct telephone number:	<div style="border: 1px solid black; width: 80%; margin: 0 auto; height: 100px;"></div>
Email:	
Date:	
Date:	GP Signature:

Please return a copy of the completed form to the requesting specialist within two weeks of receipt of request to share care (preferably by email).

1. Specialist to retain copy in patient's hospital records.
2. Copy to be given to patient.
3. GP to retain copy in patient's notes.

Full Shared Care Protocol

**Guideline Number; Version number; Title (include drug(s) and specialties if relevant)
Shared Care Protocol**

This full protocol provides prescribing and monitoring guidance. It should be read in conjunction with HMMC shared care principles, [Summary of Product Characteristics \(SPC\)](#) and the [BNF](#).

Use Font Arial size 11

BACKGROUND AND INDICATION(S) FOR USE

DOSAGE, ROUTE OF ADMINISTRATION AND DURATION OF TREATMENT

Also refer to page 1/2

SPECIALIST RESPONSIBILITIES INCLUDING PRE-TREATMENT ASSESSMENT

GP RESPONSIBILITIES

Refer to page 1/2 and GP Considerations for Shared Care

PATIENT RESPONSIBILITIES IN COOPERATION WITH SPECIALIST AND GP

DISPENSING PHARMACIST RESPONSIBILITIES

MONITORING AND ACTIONS TO BE TAKEN

Refer to page 1/2

SIDE EFFECTS AND ACTIONS TO BE TAKEN (REFER TO [BNF](#) AND [SPC](#) for full details)

Side Effect	Action to be taken by GP

CONTRAINDICATIONS AND PRECAUTIONS (REFER TO [BNF](#) AND [SPC](#) for full details)

NOTABLE DRUG INTERACTIONS (REFER TO [BNF](#) AND [SPC](#) for full details)

CONTACT DETAILS for BACK-UP INFORMATION / ADVICE

Contact Details <i>(provide details of different sites where applicable)</i>			
Direct dials for clinicians <i>(and nhs.net e-mail where available)</i>			
Specialist Team designated nhs.net email			
Out of hours contact			
Pharmacy Team shared care admin nhs.net email			
Switchboard			

SUPPORTING INFORMATION

REFERENCES

GP Considerations for Shared Care

This shared care agreement outlines suggested management for the prescribing of the specified drug(s) and indication(s) when the responsibility is shared between the specialist and general practitioner (GP). Sharing of care assumes communication between the specialist, GP and patient. It is important that patients are consulted about treatment and are in agreement with it. The intention to share care should be explained to the patient by the doctor initiating treatment and consent obtained.

Prescribing is to be initiated in secondary care by a provider Trust specialist and will usually be prescribed for 12 weeks unless otherwise stated within the agreed individual shared care protocol. **The expectation is that these shared care guidelines should provide sufficient information to enable GPs to be confident to take on the clinical and legal responsibility for the prescribing and the monitoring of this / these drug(s) in stable patients.** The questions below will help you confirm this:

- Is the patient's condition predictable or stable?
- Do you have the relevant knowledge, skills and access to equipment to allow you to monitor treatment as indicated in this shared care document?
- Have you been provided with relevant clinical details including monitoring data?
- Have this document and BNF/SPC provided sufficient information for you to feel confident in accepting clinical and legal responsibility for prescribing?

If you can answer YES to all of these questions (after reading this shared care guideline), then it is appropriate for you to accept the prescribing responsibility. GPs need to formally accept shared care by completing and returning the form provided within this protocol to the specialist within two weeks of receipt of request to share care.

If the answer is NO to any of these questions, you should not accept prescribing responsibility. You should respond back to the consultant outlining your reasons for NOT prescribing on the agreement form within two weeks of receiving the request to share care. If you do not have the confidence to prescribe, you still have the right to decline. In such an event, the total clinical responsibility for prescribing the medication and any monitoring required remains with the specialist. Please note that medication cost is not an acceptable reason for refusal to take on shared care.

The prescribing doctor legally assumes clinical responsibility for the drug and the consequences of its use as well as responsibility of monitoring (securing and reviewing blood test results).

Prescribing and monitoring responsibility will only be transferred when the consultant and the GP agree that the patient's condition is stable or predictable. This will usually be 12 weeks of treatment unless otherwise stated within the agreed individual shared care protocol.

Approval Information

Title of Guideline	
Guideline Number	
Version	
Effective Date	This information must be completed before submission to HMMC.
Review Date	This information must be completed before submission to HMMC.
Original Version Produced	
Approvals:	
Provider Trust Drug / Formulary Management Group (e.g. MUSP, TPC)	This information must be completed before submission to HMMC.
Hertfordshire Medicines Management Committee	
Author/s	This information must be completed before submission to HMMC.
Department(s) responsible for updating the guideline	This information must be completed before submission to HMMC.

Hertfordshire Shared Care Protocol Template

Version	3
Developed by	HVCCG and ENHCCG pharmacy and medicines optimisation teams with support and agreement of local stakeholders and shared care task and finish group
Date ratified	October 2019 (Hertfordshire Medicines Management Committee)
Review date	October 2022