



# JESMOND

## HEALTH PARTNERSHIP

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### **Policy for accepting shared care agreements (SCA)**

*GMC guidance on competency makes it clear there is an absolute and overriding duty on Doctors to make sure they are competent to safely prescribe. If they are unsure, they should not prescribe.*

#### **Criteria for accepting SCAs from both private and NHS providers**

- We will facilitate prescriptions for patients who are stabilised on their current dose, as long as continuing to prescribe is within our level of competence as GPS.
- The Practice will consider all requests for Shared Care.
- Shared Care Templates from private providers must be of at least equivalent standard to NHS providers – the templates for this can be found here [NHS England » Shared Care Protocols \(SCPs\)](#)
- The Practice reserves the right to decline a shared care agreement.
- The Practice reserves the right to decline a prescription request if prescribing is thought to no longer be safe or that the medication has not been taken as originally prescribed.
- Requests for prescribing or monitoring must be in writing from provider in the form of a standardised shared care agreement.
- We will not perform baseline investigations or examinations needed to initiate medications for external providers.
- Medicines accepted for shared prescribing should be on an approved list from the Area Prescribing Committee (amber drugs).
- Shared care should only be considered where the patient's clinical condition is stable or predictable i.e. they are established on the medication
- We will not initiate any changes to a patient's current dose. Any titration or discontinuation needs to be done by the specialist provider.
- The patient must remain under the care of their specialist whilst on treatment and must be assessed at least annually.
- If a patient has been prescribed medication abroad previously, they must be under the care of a UK provider before we can take on shared care.

#### **The SCA must include:**

- Date and signature
- The frequency of patient review by the specialist clinic, which must be at least annually.
- If monitoring is requested, the thresholds for normal/abnormal findings and to acceptance of responsibility for actioning abnormal findings

- Contact details for the private provider if the need for clinical advice is required.
- Details about the medication requested, including licensed indications, dose, route, administration, duration of treatments, adverse effects, cautions and contraindications and clinically important drug interactions.

### **Specialist responsibilities:**

- Assess the patient and provide diagnosis. Ensure the diagnosis is within scope of this shared care protocol 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, to enable them to reach an informed decision. Obtain and document consent. Provide an appropriate patient information leaflet.
- Ensure the patient and/or their carer understands that treatment may be stopped if they do not attend for monitoring and treatment review.
- Assess for contraindications and cautions and interactions.
- **Conduct required baseline investigations and initial monitoring.**
- Initiate and optimise treatment as outlined in the SCA. Prescribe the maintenance treatment for at least 4 weeks and until optimised.
- Prescribe in line with controlled drug prescription requirements.
- Once treatment is optimised, complete the shared care documentation and send to patient's GP practice detailing the diagnosis, current and ongoing dose, any relevant test results and when the next monitoring is required.
- Contact information must be included.
- Prescribe sufficient medication to enable transfer to primary care, including where there are unforeseen delays to transfer of care.
- Conduct the required monitoring in and communicate the results to primary care. This monitoring, and other responsibilities below, may be carried out by a healthcare professional in primary or secondary care with expertise and training in ADHD, depending on local arrangements.
- Determine the duration of treatment and frequency of review. After each review, advise primary care whether treatment should be continued, confirm the ongoing dose, and whether the ongoing monitoring outlined in the SCA remains appropriate.
- **Trial discontinuations should be managed by the specialist**
- Reassume prescribing responsibilities if a woman becomes or wishes to become pregnant.
- Provide advice to primary care on the management of adverse effects if required.

### **Primary care responsibilities:**

- Respond to the request from the specialist for shared care in writing. It is asked that this be undertaken within 14 days of the request being made, where possible.
- If accepted, prescribe ongoing treatment as detailed in the specialists request and as per NHS England Shared Care guidance.
- Prescribe in line with controlled drug prescription requirements.

- Conduct the required monitoring as outlined in Communicate any abnormal results to the specialist.
- Assess for possible interactions when starting new medicines
- Manage adverse effects and discuss with specialist team when required.
- Stop Medication and make an urgent referral for appropriate care if any serious/life threatening complications are suspected.
- Refer the management back to the specialist if the patient becomes or plans to become pregnant.
- Stop treatment as advised by the specialist. Trial discontinuations should be managed by the specialist.

**Patient and/or carer responsibilities:**

- Take medication as prescribed and avoid abrupt withdrawal unless advised by primary care prescriber or specialist.
- Attend regularly for monitoring and review appointments with primary care and specialist, and keep contact details up to date with both prescribers. Be aware that medicines may be stopped if they do not attend.
- Report adverse effects to their GP. Seek immediate medical attention if they develop any symptoms as detailed in.
- Report the use of any over the counter medications to their primary care prescriber and be aware they should discuss the use of their medication with their pharmacist before purchasing any OTC medicines.
- Be aware that some medications can affect cognitive function and are subject to drug driving laws, therefore patients must ensure their ability to drive is not impaired before driving
- Follow specialist advice around avoiding alcohol and recreational drugs if advised to do so.
- Patients who have been prescribed a controlled drug are responsible for storing it securely.
- Patient must not share their medication with anyone else.
- Patients of childbearing potential should take a pregnancy test if they think they could be pregnant, and inform the specialist or GP immediately if they become pregnant or wish to become pregnant.
- If a switch in the type of medication is required, either for clinical reasons or because that medication is not available, this needs to be managed by the specialist.