**Shared Care for Medicines and NHS shared care and specialist guided prescribing service specification - Frequently asked questions (FAQs)**

This document aims to address some questions and issues raised by both primary and secondary care related to shared care for medicines.

**Background Information**

Hertfordshire and West Essex (HWE) shared care documents are available on the **Prescribing, Policies and Pathways (hweclinicalguidance.nhs.uk)** website within the **Shared Care, Decision Making & Advice and Guidance (hweclinicalguidance.nhs.uk)** section. Shared care protocols may be HWE wide or place specific depending on service providers.

Some medicines in the NHS Shared care and specialist guided prescribing service specification have a prescribing support document in place as opposed to a shared care protocol. These are developed and updated with the input of both secondary and primary care clinicians and published on the **Prescribing, Policies and Pathways (hweclinicalguidance.nhs.uk)**.

HWE ICB Principles for Shared Care includes:

The fundamental principle of 'shared care' across primary and secondary care is to put the safety of the patient first. The best interests, agreement and preferences of the patient should be at the centre of any shared care agreement.

- **When should a provider organisation request to share care?**

Transfer of clinical responsibility to primary care should only be considered where the person's clinical condition is stable or predictable. The initial secondary care prescribing period should be enough for adverse effects associated with initiation of the drug to occur; to allow stabilisation of the patient's condition if sick; to allow stabilisation and achievement of a suitable therapeutic dose; and to allow time for communication and acceptance of shared care at this point with the patient's GP. This will usually be 12 weeks unless otherwise stated within the agreed individual shared care protocol. For some medications the stabilisation period could be as short as 4 weeks, if stated in the protocol.

Specialist responsibilities

Request for GP confirmation of acceptance of shared care by secure emailing of the shared care protocol and completed agreement form, allowing 2 weeks for response.

For most patients GP continuation will take place when stable e.g. 12 weeks after specialist initiation unless otherwise stated within the agreed individual shared care protocol (check specific protocol for details).

Primary care responsibilities

Prompt completion and e-mailed return of signed response about shared care agreement to the specialist within two weeks of its receipt.

- **Do GP practices need to request retrospective shared care agreements when a patient is on a shared care medicine but no formal shared care agreement available?**

No. Retrospective signed documents do not need to be sought. If the practice accepted the prescribing and monitoring of the medicine without a formal shared care agreement in place (it could be there was not one in existence when they took over prescribing) the practice would need to ensure the medication is still appropriate for the patient with appropriate responsibilities, monitoring and action as per the most up to date shared care protocol.

Advice and guidance or referral back to the initiating specialist may be required. Existing arrangements for safe prescribing/monitoring should continue while awaiting specialist review.

Patients on shared care drugs should be under the care of both secondary and primary care. i.e. not discharged from the specialist.

- **Do GP practices need to request retrospective shared care agreements if a patient is on a shared care medicine with a historic protocol in place?**

No. A signed copy of the most recent shared care does not need to be sought. The shared care agreement forms do not need to be updated if the shared care protocol has been updated (these are not legal documents). Clinical information and monitoring requirements may change, therefore the most up to date shared care protocol should be followed. This is the responsibility of the clinician prescribing and monitoring the medicine, as with any medicine.

- **How should a GP practice manage a patient who is on a shared care medicine that has been started by an out of area provider, but there is no shared care agreement available?**

Out of area providers may have agreed prescribing/monitoring arrangements for certain medicines that differ to the local arrangements agreed within HWE. If a patient was initiated on a medication from an out of area provider (where no shared care agreement may be in in place) clinical information, responsibilities, prescribing, monitoring, and action from that provider arrangements should be followed. This information will not have been through HWE internal governance processes and may have different information from HWE shared care protocols (although for consistency areas may follow national shared care guidance on monitoring) and if the GP practice prescriber has concerns relating to the prescribing or monitoring expectations for this medicine the ICB pharmacy team can be contacted for advice: hweicbhv.medicinesoptimisationteam@nhs.net.

- **Does a practice need to go back and code all patients on shared care medicines with the current ECF recommended read code?**

No. The code does not have to be applied retrospectively. It is acknowledged that a different code may have been used in the past. The coding is not used for service specification payment as payment is on a capitation-based method. The coding is to support practices to have an up-to-date list/register of patients, including new patients on shared care medicines. Practices may code patients not previously coded, and a pragmatic approach could be to apply the code when reviewing the patient.

- **How should we manage issues around adherence to shared care agreements e.g. patients are being discharged from secondary care or annual reviews are not being undertaken?**

If a shared care agreement is in place between the GP, patient, and provider and details of this agreement are not being followed, then this will need to be raised with the specialist/provider or primary care clinician to resolve. In the first instance this should be raised with the clinical team responsible. Persistent breaches of the shared care agreement should be raised with the clinical team involved and can be escalated by the ICB pharmacy team.

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