**Request to Share Care and Agreement Form**

**Shared Care Protocol: Dapsone for patients within adult services**

**Guideline No:12 Version 1**

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.

 **GP to review and must respond to provider Trust request to share care within 2 weeks**. **This form is used to agree shared care between the specialist, patient and GP and a copy of the form to be retained in 1.Patients’ hospital records, 2. Given to patient, and 3. Retained in GP notes.**

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

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| **Specialist and patient agreement****By signing below we accept:*** The Herts and West Essex Area Prescribing Committee [shared care principles](https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=1739&checksum=752d25a1f8dbfb2d656bac3094bfb81c) (HWE APC) and
* The requirements and responsibilities defined in this drug specific shared care protocol
 |
| Specialist name:       | Specialist signature:        |
| Designation:       | Date:       |
| Direct telephone:       | Patient signature or specialist confirmation of patient agreement to shared care arrangement:        |
| Provider trust:       |
| Email/ Shared care email for use by GP:       | Date:       |
| **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 APC [shared care](https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/download?cid=1739&checksum=752d25a1f8dbfb2d656bac3094bfb81c) principles [ ] I do not accept shared care for this patient [ ] My reason(s) for not prescribing are given below (refer to GP considerations for shared care at end of protocol): |
| GP name:       | Practice Address/Stamp:       |
| Direct telephone number:       |
| Email:       |
| Date:       | GP Signature:       |

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| **Key Primary Care Information (refer to Full Shared Care Protocol for further information)****GP RESPONSIBILITIES*** Consider request to shared care arrangements and prompt completion. Email return of signed response to the specialist using the Shared Care Agreement Form **within 14 days** of its receipt
* If accepted, prescribe ongoing treatment as detailed in the specialist’s request and take into any account potential drug interactions.
* Adjust the dose of dapsone prescribed as advised by the specialist.
* Conduct the required monitoring as outlined. Communicate any abnormal results to the specialist.
* Manage adverse effects and discuss with specialist team when required. ·
* Stop treatment as advised by the specialist.
* Inform specialist of any change in the medical condition of patient which may have effect on disease/medications.

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| **MONITORING AND ACTIONS TO BE TAKEN****Monitoring Table- see GP monitoring highlighted in grey**

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| **Monitoring table** | **Hospital specialist** | **Hospital specialist** | **GP**  | **Hospital specialist**  |
| Test | Indication | Pre-treatment baseline | During Treatment Initiation | Ongoing | Annual review |
| U&E inc creatinine CrCl | Baseline and ongoing assessment for disease and drug dose assessment | √ | Weekly for one month, then monthly for three months  | 3 monthly thereafter | As part of annual review or as clinically indicated  |
| Reticulocyte count  |  | Weekly for one month, then monthly for three months  | 3 monthly thereafter | As part of annual review or as clinically indicated |
| FBC | √ | Weekly for one month, then monthly for three months  | 3 monthly thereafter | As part of annual review or as clinically indicated  |
| ALT and/or AST and albumin | √ | Weekly for one month, then monthly for three months  | 3 monthly thereafter | As part of annual review or as clinically indicated  |
| Glucose – 6 -Phosphate dehydrogenase (G6PD) deficiency | Baseline  | √ |  |  |  |

**The exact frequency of monitoring to be communicated by the specialist in all cases.**Dose adjustments and consequent monitoring will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician.The specialist will retain the responsibility for monitoring the patient’s ongoing response to treatment and advise if a dose change or treatment cessation is appropriate. This should usually be undertaken annually.**Action to be taken if Abnormal Result**Any serious adverse reactions should be reported to the MHRA via the Yellow Cardscheme. Visit [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard). For information on incidence of ADRs see relevant summaries of product characteristic

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| **Abnormal Result** | **Action to be taken by GP** |
| Haemolysis / Haemolytic anaemia (raised reticulocyte count & bilirubin & possible drop in Hb)  | Seek advice from dermatologist. |
| WBC <2.5 x 109/l | Withhold until discussed with specialist team |
| Neutrophils <1.5 x 109/l | Withhold until discussed with specialist team |
| Platelets <150 x 109/l | Withhold until discussed with specialist team |
| MCV >105 fl | Check B12, folate and TFTs and start supplementation iflow |
| AST, ALT, Alk Phos >2 fold rise (from upper limit of reference range) | Repeat bloods every 2 weeks Ask patient about viral/bacterial infections Check that it is not due to another drug or alcohol. Stop and contact specialist immediately by phone or email |
| U&Es | Unexpected, deranged results – seek advice from dermatologist |
| Methaemoglobinaemia – very rare. Typically presents as breathlessness or blue colour  | Stop dapsone immediately & seek immediate medical admission |
| Dapsone syndrome (rash, fever & eosinophilia) | Stop dapsone immediately & seek immediate medical admission |
| Stevens Johnson syndrome  | Stop dapsone immediately & seek immediate medical admission |
| Toxic epidermal necrolysis  | Stop dapsone immediately & seek immediate medical admission |

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* 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 1).

**Full Shared Care Protocol**

**Shared Care Protocol: Dapsone for us in adult services**

**Guideline No 12; Version 1**

**This full protocol provides prescribing and monitoring guidance. It should be read in conjunction with HMMC shared care principles,** [**Summary of Product Characteristics (SPC)**](https://www.medicines.org.uk/emc) **and the** [**BNF**](http://www.bnf.org/bnf/index.htm)**.**

**BACKGROUND AND INDICATION(S) FOR USE**

Dapsone is an antibacterial medicine belonging to the sulfonamide class of antibiotics. It acts as an antiinflammatory drug and has been used successfully as a treatment for several skin conditions such as dermatitis herpetiformis, pyoderma gangrenosum, sweet’s syndrome and vasculitis for many years. It may also be used for other inflammatory skin conditions, where other treatments are ineffective. This guideline covers the use of dapsone within the licensed indications of treatment of dermatitis herpetiformis and other dermatoses, in adults. Dapsone is licensed for a number of other indications; these are outside the scope of this guideline.

**Licensed indications:**

Dapsone is licensed for use in:

- Dermatitis herpetiformis

- other inflammatory dermatoses

**DOSAGE, ROUTE OF ADMINISTRATION AND TREATMENT REGIMEN**

**Adult dosage and administration**

Patient specific dosage guidance will be provided to the GP by the specialist. Usually initially 50mg orally daily, gradually increased to 300mg daily if required. Once lesions have begun to subside, the dose should be reduced to a minimum as soon as possible, usually 25-50mg daily, which may be continued for a number of years.

Maintenance dosage

*Dermatitis herpetiformis:* Initially 50mg daily gradually increased to 300mg daily if required. Once

lesions have begun to subside, the dose should be reduced to a minimum as soon as possible,

usually 25-50mg daily, which may be continued for a number of years. Maintenance dosage can often

be reduced in patients receiving a gluten-free diet.

**Preparations available:** Dapsone 50mg and 100mg tablets

Tablets should be swallowed whole with sufficient amounts of water. Administration with food does not affect absorption.

Transfer of monitoring and prescribing to primary care is normally after the patient’s dose has been optimised, and with satisfactory investigation results for at least 3 months.

The duration of treatment & frequency of review will be determined by the specialist, based on clinical response and tolerability. All dose or formulation adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician. Termination of treatment will be the responsibility of the specialist.

**Swallowing Difficulties**

Please refer to the [‘specials’ alternative guidance](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hweclinicalguidance.nhs.uk%2Fall-clinical-areas-documents%2Fdownload%3Fcid%3D2274%26checksum%3D95f8d9901ca8878e291552f001f67692&data=05%7C02%7Cheernamehta%40nhs.net%7Ccba67ac584344a90298108dcafcc3bcd%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638578538908037976%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=drWPIVzT4RkMn0VJJa96%2F2dIm19xPNtqcc0yghL%2FsEA%3D&reserved=0) for a list of commonly prescribed medicines and alternative methods of administration for patients with swallowing difficulties, feeding tubes or for patients prescribed unlicensed ‘specials’ medication. Each entry takes into account alternative medicines, formulations, cost and licensing. This list is not exhaustive. As not all medicines are listed, please contact the initiating specialist if required for individual patient advice if a patient has a swallowing difficulty.

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| **SPECIALIST RESPONSIBILITIES INCLUDING PRE-TREATMENT ASSESSMENT** * Assess the patient and provide diagnosis; ensure that this 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 the patient to reach an informed decision. Obtain and document patient consent. Provide an appropriate patient information leaflet. ·
* Assess for contraindications and cautions and interactions.
* Conduct required baseline investigations and initial monitoring and provide results to GP
* Initiate and prescribe dapsone and arrange appropriate blood test monitoring for the initial stabilisation period (usually for 12 weeks) and/or until the GP formally agrees to shared care
* 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. Include contact information.
* Prescribe sufficient medication to enable transfer to primary care, including where there are unforeseen delays to transfer of care.
* Conduct scheduled reviews and monitoring and communicate the results to primary care. After each review, advise primary care whether treatment should be continued, confirm the ongoing dose, and whether the ongoing monitoring remains appropriate.
* Provide advice to primary care on the management of adverse effects if required.
* Inform GP of patients who do not attend clinic appointments, admin to contact patient to rearrange Ensure that backup advice is available at all times. (see Contacts section) and respond to any GP queries as soon as possible.
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**GP RESPONSIBILITIES**

Refer to page 2 and GP Considerations for Shared Care page 9 & 10

**MONITORING AND ACTIONS TO BE TAKEN**

* Refer to page 2/3.

**DISPENSING PHARMACIST RESPONSIBILITIES**

* Confirming that the patient has received verbal and written patient counselling / information and provide additional counselling should this be required.

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| **PATIENT AND/OR CARER RESPONSIBILITIES IN COOPERATION WITH SPECIALIST AND GP*** Take dapsone as prescribed and avoid withdrawal unless advised by the 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 primary care prescriber. Seek immediate medical attention if they develop any symptoms
* Report the use of any over the counter medications to their primary care prescriber and be aware they should discuss the use of dapsone with their pharmacist before purchasing any OTC medicines.
* Moderate their alcohol intake.
* Not to drive or operate heavy machinery if dapsone affects their ability to do so safely.
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| **SIGNIFICANT INTERACTIONS WITH OTHER MEDICATIONS** For a comprehensive list consult the BNF or Summary of Product Characteristics. Seek advice from the initiating specialist if there are any concerns about interactions. Excretion of dapsone is reduced and plasma concentrations are increased by concurrent administration of probenecid. Rifampicin has been reported to increase the plasma clearance of dapsone. Increased dapsone and trimethoprim concentrations have been reported following concurrent administration in AIDs patients.Antiepileptics (fosphenytoin, phenytoin, phenobarbital, primidone) – use with caution due to increased risk of side-effects. • Antimalarials (chloroquine, primaquine) – use with caution due to increased risk of side-effects. • Clozapine – contraindicated due to the risk of blood dyscrasias. • Cimetidine – may increase dapsone levels without increasing haemolysis and given concomitantly may reduce the initial risk of methaemoglobinaemia. • Folic acid antagonists (eg methotrexate) - increase in Dapsone levels; increased risk of side-effects. • Nitrofurantoin – use with caution due to increased risk of side-effects. • Saquinavir – contraindicated due to the risk of cardiac arrhythmias. • Probenecid – contraindicated due to increase in Dapsone levels and increased risk of side-effects. • Rifampicin and rifabutin – use with caution due to decrease in Dapsone levels. • Sulphonamides – increased risk of haemolysis. • Trimethoprim and co-trimoxazole – use with caution due to increase in Dapsone levels, increased risk of side-effects. Be alert for evidence of increased dapsone toxicity (methaemoglobinaemia). **CONTRAINDICATIONS & CAUTIONS****Contraindications:**Known hypersensitivity to sulfonamides, sulfones, or any of the excipients; severe anaemia; porphyria; severe glucose-6-phosphate dehydrogenase deficiency. Dapsone contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.**Cautions:*** Dapsone may cause photosensitivity, advise patients that use of sunbeds should be avoided, when outdoors protective clothing worn and use of sunscreen SPF 50.
* Dapsone should be used with caution in patients with cardiac, pulmonary, cerebrovascular or peripheral vascular disease.
* Patients deficient in glucose-6-phosphate dehydrogenase, or methaemoglobin reductase, or with haemoglobin M are more susceptible to the haemolytic effects of dapsone.
* Dapsone should be used with caution in anaemia. Severe anaemia should be treated before starting dapsone.
* Dapsone should be used with caution in patients who are exposed to agents capable of causing haemolysis; or conditions associated with haemolysis such as certain infections. Refer to the current BNF and SMPC for information regarding pregnancy and lactation. Dapsone is not known to be teratogenic but there is a risk of haemolysis at birth and in breastfed infants.
* Product contains lactose.
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| **SIDE EFFECTS AND ACTIONS TO BE TAKEN (REFER TO** [**BNF**](http://www.bnf.org/bnf/index.htm) **AND** [**SPC**](http://www.medicines.org.uk/emc) **for full details)*** GP to liaise with specialist if any side effects are a cause for concern.
* Patients should be instructed to report immediately any evidence of infection, unexpected bruising or bleeding or other manifestations of bone marrow depression - also refer to monitoring section.

Adverse effects are dose related. **Common:** Stomach upset, anorexia; nausea; vomiting; headache; lethargy; mild haemolysis; methaemoglobinaemia; sulphaemoglobinaemia. **Infrequent:** Depression; rash; moderate/ severe haemolysis; hepatitis; motor/ sensory neuropathy. **Rare:** * Agranulocytosis; hypoalbuminemia; insomnia; psychosis; nephrotic syndrome; reduced fertility.

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| **SIDE EFFECTS** | **Action to be taken by GP** |
| Methaemoglobinaemia (shortness of breath, headache, fatigue, dizziness, blueish skin or lips, chest pain or palpitations  | Stop dapsone immediately and seek immediate admission. |
| Dapsone syndrome (rash, fever and eosinophilia – see adverse effects, below) | Stop dapsone immediately and seek specialist advice about urgent admission; consider immediate admission if warranted. |
| Cutaneous hypersensitivity reactions (Stevens-Johnson syndrome, toxic epidermal necrolysis etc. see adverse effects, below) |
| Any of the following: mouth ulcers or bleeding gums, sore throat, fever, epistaxis, unexpected bruising or bleeding, unexplained illness or infection  | See patient within 24 hours of contacting the practice for urgent FBC and LFT. Signpost patient to alternative provider if this is not possible e.g. weekend/bank holidayConsider stopping dapsone and contacting specialist |

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**PREGNANCY, PATERNAL EXPOSURE AND BREASTFEEDING**

It is the responsibility of the specialist to provide advice on the need for contraception to male

and female patients on initiation and at each review, but the ongoing responsibility for providing

this advice rests with both the primary care prescriber and the specialist.

**Pregnancy**

*Pregnancy*

It is now generally considered that the benefits of dapsone in the treatment of leprosy outweigh any potential risk to the pregnant patient. Some leprologists recommend 5mg folic acid daily for leprosy patients receiving dapsone during pregnancy.

*Breast-feeding*

Dapsone diffuses into breast milk and there has been a report of haemolytic anaemia in a breast fed infant. While some feel that dapsone should not be used in lactating mothers, in general treatment for leprosy is continued in such patients.

*Fertility*

There is limited information available on the effect of dapsone on fertility; it may reduce the numbers and / or motility of sperm, thereby rendering impregnation less likely.

**Paternal exposure:**

Male patients should be aware of the possible male-mediated foetal toxicity. Effective contraception during treatment with dapsone should also be guaranteed.

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| **ADVICE TO PATIENTS AND CARERS**The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual drugs.**The patient should be advised to report any of the following signs or symptoms to their****primary care prescriber without delay:**Patients should be advised that dapsone is usually well tolerated, but the treatment should start with some caution, considering how your body responds to it and if you experience any side effects.* Some people experience mild headaches or sickness.
* Changes in haemoglobin (the pigment that gives blood its colour) can make the lips and fingertips appearing slightly blue.
* Rarely, dapsone may cause bone marrow suppression (a decrease in the ability of the bone marrow to produce blood cells) which can lead to fever, mouth ulcers, a sore throat, bruising or prolonged bleeding.
* Dapsone may cause anaemia (low red cell count or low haemoglobin) shortness of breath and tiredness, especially in those with a genetic condition called glucose-6- phosphate dehydrogenase (G6PD) deficiency. This results in low levels of an enzyme called G6PD. This condition is more common in those with Mediterranean, African and Asian ancestry. The level of G6PD enzyme can be tested for this deficiency before dapsone is prescribed.
* Allergy to dapsone can cause fever, a rash and swelling of glands in the neck, armpits and groins (lymphadenopathy). Please stop dapsone immediately if you have an allergic reaction and seek advice from your GP or dermatologist as soon as possible.

**The patient should be advised:*** Moderate their alcohol intake while taking dapsone. Taking alcohol and dapsone together increases the risk of liver injury.
* Tell anyone who prescribes them a medicine that they are taking dapsone. Always ask apharmacist before purchasing any medicines over the counter, including herbal remedies,and ask if they are safe.
* Dapsone may lower the number and movement of sperm. It does not affect the developing baby. Studies on dapsone use during pregnancy have not shown an increased risk of birth defects. However, dapsone should only be taken during pregnancy when the benefits outweigh the risks. If dapsone is to be taken during pregnancy, it is recommended to also take 5 mg of folic acid daily.

[Dapsone-PIL-Sept-2023.pdf (bad.org.uk)](https://cdn.bad.org.uk/uploads/2021/11/19174015/Dapsone-PIL-Sept-2023.pdf) |

**REFERENCES**

* British National Formulary (BNF) – accessed via <https://bnf.nice.org.uk/> on 19/03/2024
* Electronic Medicines Compendium (EMC) –accessed via [https://www.medicines.org.uk/emc on 19/03/2024](https://www.medicines.org.uk/emc%20on%2019/03/2024)
* British association of dermatologists PIL – accessed via [British Association of Dermatologists (bad.org.uk)](https://www.bad.org.uk/pils/dapsone/) on 19/03/24

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| **CONTACT DETAILS for BACK-UP INFORMATION / ADVICE** **East and North Hertfordshire NHS Trust**

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| **Department** | **Contact number** | **Specialist Team designated nhs.net email** | **Pharmacy Team shared care admin contact** | **Out of hours contact / switchboard** |
| **Dermatology** | Via switchboard | No generic email adress | sharedcare.enh-tr@nhs.net 01438 284032 | 01438 314333  |

**Princess Alexandra Hospital NHS trust**

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| **Department** | **Contact number** | **Specialist Team designated nhs.net email** | **Out of hours contact / switchboard** |
| **Dermatology** | 01279 827227Derm Secretaries | tpa-tr.dermatologyclinicalcorrespondence@nhs.net |  |

**West Hertfordshire Hospitals NHS Trust**

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| **Department** | **Contact number** | **Specialist Team designated nhs.net email** | **Out of hours contact / switchboard** |
| **Dermatology Department** | Watford General:01923 217375 01923 21713901923 436036St Albans City:01727 897837Hemel Hempstead:01442 287467 | westherts.dermatologysecretaries@nhs.netPharmacy team: wherts-tr.medinfowatford@nhs.net | Watford General: 01923 244366St Albans City:01727  866122Hemel Hempstead:01442 213141 |

**Communication**For any queries relating to a patient’s treatment with dapsone, please contact the specialist as documented at the top of this document. Read in conjunction with HWE APC shared care principles document.For advice if you have any concerns contact the specialist team. If unable to contact specialist team or out of hours, contact medical registrar on call. |

**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 useas 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**

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| Version  |  2.0 Harmonisation of Hertfordshire Medicines Management Committee (HMMC) guidance and West Essex Medicines Optimisation Programme Board (WEMOPB) guidance updates include:* Rebadging with HWE ICB and removal of ENHCCG and HVCCG headers
* Review date removed and replaced with standard statement.
 |
| Developed by | Pharmacy and Medicines Optimisation Team |
| Approved by | Area Prescribing Committee April 2024 |
| Date approved/updated | Approved APC April 2024 |
| Review date:  | The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.  |