

Shared Care Protocol (SCP) Best Practice Guidelines

Good organisation of care across the interface between primary and secondary/tertiary care is crucial in ensuring that patients receive high quality care. Good professional practice requires care for patients to be seamless; patients should never be placed in a position where they are unable to obtain the medicines they need, when they need them. This document aims to improve communication of shared care.

The best interest, agreement and preferences of the patient should be at the centre of any shared care agreement and their wishes followed wherever possible. See the NHSE guidance for more information on [Responsibility for prescribing between Primary & Secondary/Tertiary Care](#) .

The Regional Medicines Optimisation Committees (RMOCs) for England are reviewing shared care arrangements, when advice is available from RMOC further work will be done on this area.

Where can I find Oxfordshire Shared Care Protocols?

All current approved shared care protocols are available on ClinOx here:

<http://oxccgportal.multi2.sitekit.net/clinical-support/medicines/shared-care-guidelines/>

When should transfer of prescribing to the GP take place?

The specialist must initiate treatment and prescribe until the dose is stable and will continue to provide prescriptions until a successful transfer of responsibilities. The specialist can assume the GP has agreed to shared care if they have not had a response to the request within 14 days, but must supply an adequate amount of the medication to cover the transition period (minimum of 28 days). The GP should respond as soon as possible if there are any issues or they are not able to proceed with shared care (via contact details on protocol or discharge letter). The patient should be informed immediately **by the specialist** if shared care is not going to take place and it should be made clear where they are to pick up their next prescription. In the future, it is hoped that Docman will provide an electronic means of accepting shared care.

What should the referral letter say?

The referral letter must contain a link to the shared care protocols (above), name the relevant protocol and at a minimum must confirm:

- pre-treatment assessment/monitoring has been completed and include any results if appropriate
- that the patient understands the nature and complications of drug therapy and their role in reporting adverse effects promptly.
- that the dose/condition is stable and provide details of the dose to be continued
- provide contact details for GP and patient so that support can be provided throughout treatment
- that unless any concerns are raised within 14 days, shared care will be assumed and the patient will collect the next prescription from the GP.

Are GP’s allowed to refuse shared care?

All shared care protocols have been approved by Area Prescribing Committee Oxfordshire (APCO) as suitable for use by specialists and GPs, so the expectation is that if the request is in line with the protocol the GP will accept shared care. Possible circumstances where an exception to an agreement may be appropriate, so that the hospital/specialist retains responsibility for prescribing:

- Patient is requiring ongoing specialist intervention and specialist monitoring (e.g. dose has not been fully titrated)
- Patients receive the majority of ongoing care, including monitoring, from the provider and the only benefit of transferring care would be to provider costs.
- The GP has insufficient information to participate in a shared care prescribing arrangement
- No shared care protocol agreement exists.
- The GP does not feel competent in taking on clinical responsibility for the prescribing of a specialist medicine.
- The patient and/or carer has not agreed to shared care

If you are a specialist requesting shared care from a GP that has raised concerns, consider:

- Reassuring them that the Shared Care Protocol sets out all the monitoring requirements as well advice on how to action the results
- Confirming you are available for advice from GP/patient at any time
- Agreeing to continue prescribing until dose is stable

Both GPs and specialists need to consider the GMC guidance when debating responsibility for prescribing: 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.

What do I do if I am requested to follow a Shared Care Protocol from an Out of Area Provider (i.e. out with Oxfordshire)?

This depends on the classification in Oxfordshire. See table below or contact occg.medicines@nhs.net for more advice.

Oxfordshire Classification	Advice
Amber (Shared Care Protocol)	If specialist provides an Area Prescribing Committee (APC) approved SCP or the specialist is working to the Out of Area (OOA) APC classification, GP can consider accepting on-going prescribing as per OOA SCP or classification. Alternatively, GP could ask specialist to work to Oxfordshire SCP.
Red (Specialist Only)	If specialist provides an APC approved SCP or the specialist is working to the OOA APC classification, GP can consider accepting on-going prescribing as per OOA SCP or classification. Alternatively, GP could refer

	prescribing back to the specialist since not agreed for primary care prescribing in Oxfordshire.
Brown (Restricted)	If specialist provides an APC approved SCP or the specialist is working to the OOA APC classification, GP can consider accepting on-going prescribing as per OOA SCP or classification. Alternatively, refer patient back to the specialist for on-going prescribing.
Black (not recommended)	Not recommended or commissioned by Oxfordshire, therefore refer patient back to out of area provider trust to recommend an alternative drug. Specialist to consider IFR if genuine exceptionality with on-going prescribing as per OOA SCP.