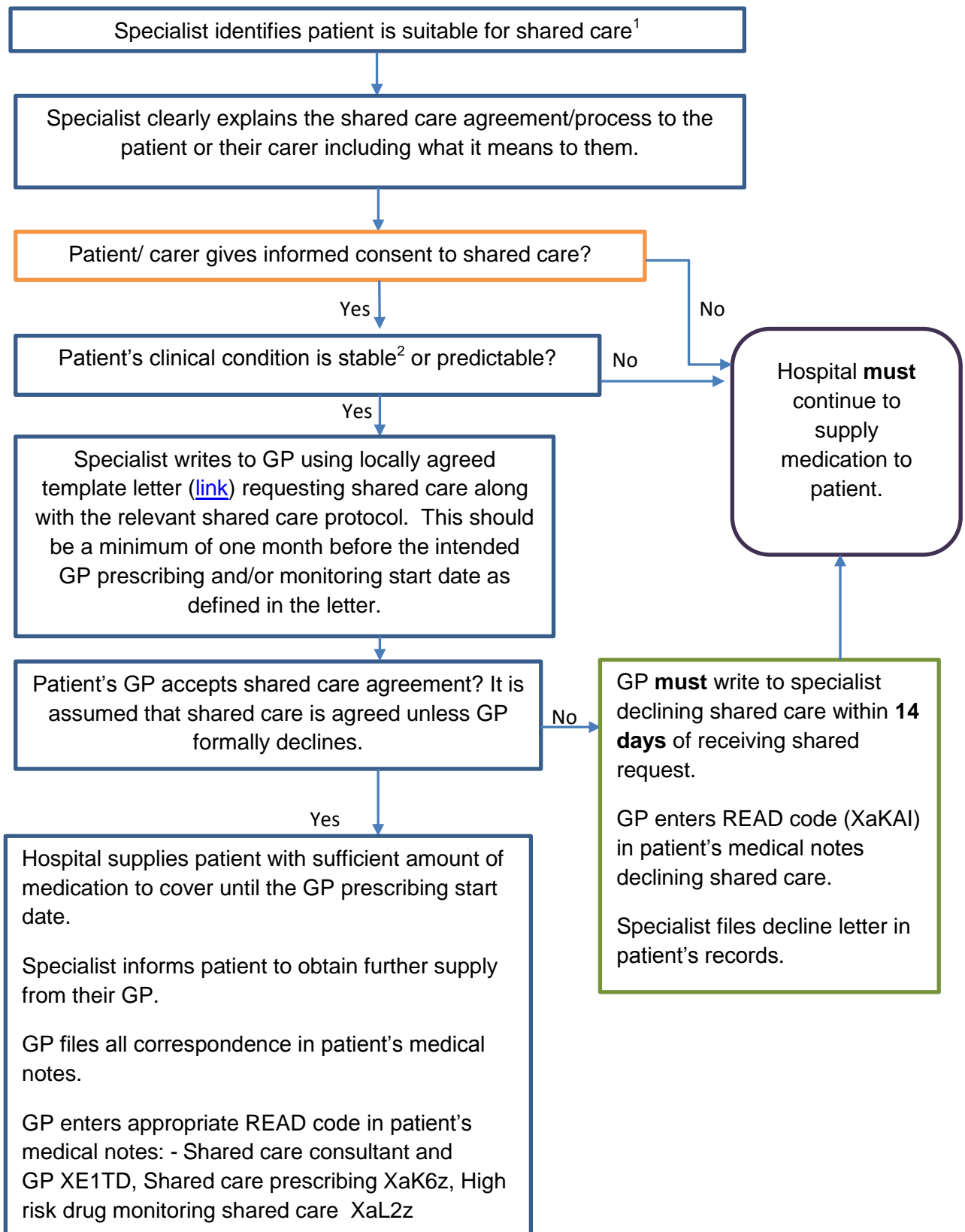


Flow Chart for Shared Care Process



¹ Shared care is defined as the sharing of prescribing and monitoring responsibilities between secondary/tertiary care and primary care for high risk drugs.

² Usually a minimum of three months from treatment start date. Associated biochemistry results appear to be within normal range

Template letter to request shared care (suggested wording)

Date [Insert date letter typed here]

Dear Dr *[insert Doctors name here]*

Patient name: *[insert Patients name here]*

Date of birth: *[insert date of birth]*

NHS Number: *[insert NHS Number]*

Diagnosis: *[insert diagnosis here]*

As per the agreed mid Essex locality shared care protocol for *[insert drug name]* for the treatment of *[insert indication]* this patient is now suitable for prescribing to move to primary care.

This drug has been deemed as appropriate for shared care by the mid Essex Area Prescribing Committee. A copy of the approved shared care protocol for this drug can be found on the mid Essex CCG website at ([link here](#)) or copy attached

The patient fulfils criteria for shared care and I am therefore requesting your agreement to participate in shared care. Where baseline investigations are set out in the shared care protocol I have carried these out.

I confirm that I have explained to the patient: the risks and benefits of treatment, the baseline tests conducted, the need for monitoring, how monitoring will be arranged, and the roles of the consultant / nurse specialist, GP and the patient in shared care. I confirm the patient has understood and consented to this shared care arrangement at this time.

Treatment was started on *[insert date started]*, the patient is currently on a dose of *[insert dose]*.

[Insert additional information regarding prescribing plan here: review, planned dosage changes etc]

Your agreement to shared care will be assumed unless I receive a formal letter from you declining shared care within 14 days of receiving this request. Please undertake prescribing and/or monitoring from *[insert date]* (NB: date must not be less than one month from the date of this letter).

If you are unwilling or unable to accept this shared care agreement, please reply within 14 days of receiving this request stating the reason why you are unable to provide this service.

| | |
|---------------------------|---|
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| Document reference | Shared care process flow PRO201811 v1.0 Final |
| Author | Medicines Optimisation Team, MECCG |
| Consulted with | <p>Mid Essex Medicines Optimisation Group</p> <p>Gini Hay, IBD Clinical Nurse Specialist, MEHT</p> <p>Dr S R Medapati Dhana, Consultant Physician & Gastroenterologist, MEHT</p> <p>Dr Rakesh Shah, Consultant Gastroenterologist, MEHT</p> <p>Dr Subrahmanyam Peddasomayajula, Consultant Rheumatologist, MEHT</p> <p>Dr Daya Ashok, Consultant Rheumatologist, MEHT</p> <p>Dr Arul Srinivasan, Consultant Rheumatologist, MEHT</p> <p>Dr Win Win Maw, Consultant Rheumatologist, MEHT</p> <p>Dr Catriona Sinclair, Consultant Dermatologist, MEHT</p> <p>Dr Davide Altamura, Consultant Dermatologist, MEHT</p> |
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| Previous version | Key changes |
|-------------------------|--------------------|
| N/AI | New document |