PROCESS FOR DEVELOPMENT AND APPROVAL OF SHARED PRESCRIBING ARRANGEMENTS ACROSS SOUTH EAST LONDON

Need for Shared care identified

- Requirement for shared prescribing identified by South East London Integrated Medicines Optimisation Committee (SEL IMOC) following consideration of formulary request, using "to share or not to share care" flowchart as a guide.
- The requirement will fall into one of three categories: (i) Full Shared Care Guideline (ii) Transfer of Care agreement (iii) Single information sheet for GP practices. **The term "shared care" is used in this section as reference to all three categories.** Please refer to the SEL IMOC Red Amber Green Grey (RAGG) medicines list background information for full details.

Development of shared care

- Where a drug is supported by SEL IMOC as amber 3, the applicant will be advised that implementation will be dependent on development of shared care guidance. The drug will **not** be added to the formulary until shared care guidance is approved
- The process for commenting on and approving shared care guidance should take no longer than **3 months.** This timescale will start once a **first draft** of the document is available.
- Hospital and ICS borough leads will be nominated at the SEL IMOC meeting to lead and support development of shared care. ICS borough leads should ensure there is appropriate primary care input in the development of the shared care document.
- Requesting clinician and lead Trust pharmacist to lead development of shared care document (using appropriate template) and to liaise **from the beginning** with identified ICS borough lead during the development process.
- Authors to keep SEL IMOC informed and updated on progress via the monthly SEL IMOC meetings.

Development Considerations

Draft document stage:

- National shared care guidelines should be considered for local adoption where available.
- All SEL member organisations **must** be consulted and feedback should be documented using the "comments tracker". Individual SEL IMOC members should facilitate this process.
- The draft must be consulted on by the six boroughs within SEL ICS to allow consideration of local implementation issues. This should help facilitate implementation of shared care, for example, by improving the willingness of practices to participate in shared care at a borough level.
- The ICS borough lead involved in development of the guidance will be responsible for co-ordinating and collating comments from the other ICS boroughs using the comments tracker. This results in a more streamlined process for sharing comments with the document authors and will help prevent duplication. Feedback from boroughs should be returned **within 1 month**.
- Comments should be addressed by authors using the comments tracker. Comments should be addressed **within 1 month** of being received, and the SEL IMOC could be used to help resolve specific issues.

Final document stage:

- Once comments have been addressed, the final document should be taken to the next appropriate SEL IMOC meeting for sign off, with a copy of the completed comments tracker.

Final Approval

- Final document approval will be via the SEL IMOC meetings which are held monthly.
- SEL IMOC logos will be added to the final documentation.

Once approved

- SEL ICS organisations should take the document to their individual Medicines Management Committees (or equivalent) for information and implementation.
- Process for implementing the shared care guidance to be agreed internally by individual Trusts. This includes inclusion of shared care guidelines on organisational websites.
- Training for primary care clinicians e.g., practice base pharmacists should be considered for implementation of the shared care guideline.

Audit and Review

- Shared care related documents should be reviewed every 3 years or earlier if issues are identified through use of the shared care guidance or there is a change in practice, prescribing advice or the evidence base.
- From February 2014, the IMOC will be responsible for managing a database of shared care guidelines and their expiry dates.
- The review process should start **6 months** before the guideline is due to expire and will follow the process described for initial approval.
- The Trust (document owners) will take responsibility for updating the document, with ICS borough support.
- ICS medicines optimisation teams will consider any audit and monitoring requirements for individual shared care guidelines.

Approval date: January 2022 **Review date:** January 2024 **(or sooner if evidence or practice changes)**

South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London: South East London Clinical Commissioning Group (covering the boroughs of Bexley/Bromley/Greenwich/ Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

To share care or not to share care in South East London?

What is shared care?

In line with the Regional Medicines Optimisation Committee (RMOC) Shared Care for Medicines Guidance - Standard Approach, shared care is for medicines that require initiation by a specialist due to the medicines potential adverse effect profile which requires specific monitoring, dose titration and regular review by the specialist to determine whether the medicine is clinically safe and effective to continue, for example methotrexate.

A shared care guideline outlines clear definition of responsibilities for managing the prescribing of a complex medicine between the specialist, a primary care prescriber and the patient. Shared care should be discussed and agreed with the patient from the start. Effective communication is vital for shared care to work as well as the inclusion of Community Pharmacy. Please see the RMOC Shared Care for Medicines Guidance for the roles and responsibilities of a community pharmacist in shared care. **See BOX 1 & 2.**

Is the drug going to be taken through SEL IMOC processes?

NO → Contact your Trust Formulary Pharmacist or, for ICS queries, contact relevant borough ICS Chief Pharmacist for further advice

YES

What are the patient numbers associated with the use of this drug?

LOW (<2 patients /100,000 population)

Shared care not appropriate. Consider alternative management strategies, such as an individualised management plan that is agreed between the specialist and the individual patient's GP.

HIGH

Does the drug require **specialist** involvement for patient selection, initiation, stabilisation and monitoring?

NO → Are there concerns about the drug e.g., safety?

YES → **Consider transfer of prescribing**

NO → **Shared care not required** GP Information sheet and/or a minimum data set for inclusion within a clinical letter could be considered on a case by case basis

YES

Is monitoring required on a regular, on-going basis and/or assessment for effectiveness/toxicity?

YES → **Consider shared care**

NO → **Consider transfer of prescribing**

BOX 1: Additional points to consider when deciding if shared care is required:

Shared care is NOT appropriate if:

- The majority of the patient's on-going care is being delivered by the hospital e.g., regular hospital outpatient attendances
- The drug is included as part of the tariff paid to the provider trust for a service.
- The drug is designated **red** on the RAG list (specialist/hospital only).
- The drug is only available via hospitals or is only available through specialist routes, i.e., not available on FP10.
- The drug is undergoing or included in a hospital based clinical trial
- The specialist considers that only they can monitor the patient's response to medication, for example, due to the need for specialised investigations
- The drug is subject to high-tech hospital at home guidance, EL(95)5
- The drug cannot be safely administered in primary care
- Unlicensed drugs **except** where a substantial body of evidence exists to support the use of an unlicensed medicine e.g., recommended by NICE or other recognised body such as a Royal College or professional society or a licensed medicine outside its licensed indications e.g., paediatrics. The GP may be asked to prescribe in these circumstances
- An electronic communication and monitoring system is not available, and there is no effective alternative system of communication

BOX 2: Other points to consider

- Are other similar drugs already prescribed in primary care without shared care?
- Are GPs who are being requested to assume prescribing responsibility likely to be familiar with the drug? Is prescribing within their expertise?
- Is the treatment going to be used on a long-term basis i.e. >6months?
- Could the drug be supplied directly to the patient through home healthcare options?
- Has NICE or the Department of Health indicated that the treatment is suitable for shared care?

South East London Integrated Medicines Optimisation Committee FINAL approved XX XX