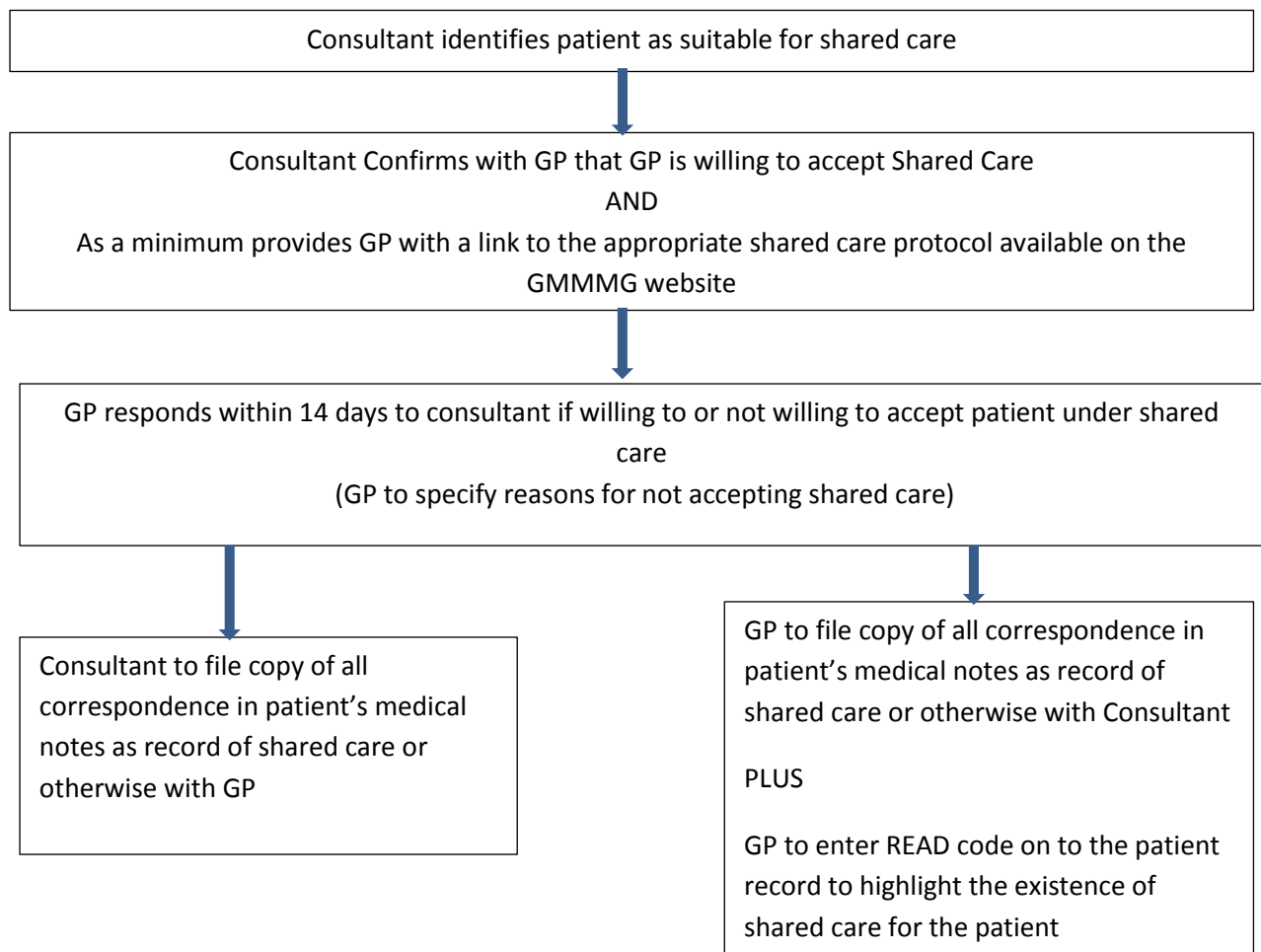


Mechanism for GPs accepting Individual Patients for Shared Care

GMMMG Agreed Process



Notes:

- The same process applies to initiation of a shared care drug on discharge following an inpatient stay or on an outpatient basis.
- The specialist must initiate the drug and must write to the GP to ask whether they are willing to participate in shared care. The letter needs to be dispatched promptly to the GP so that it can be dealt with in good time – email, fax or post are all suitable.
- If the GP is not willing to participate in shared care then it is the GP's obligation to state reasons for refusal and communicate these to the specialist.
- It is anticipated that the process should be completed easily within four weeks and it is therefore expected the specialist prescribes a minimum of 28 days' treatment (or as per the appropriate shared care protocol). The responsibility for prescribing the drug will remain with the specialist until shared care is agreed and, in all circumstances, until the patient has been stabilised on therapy (unless other local commissioning arrangements for the drug in question exist). It is therefore in the interest of all parties that the process runs smoothly and imperative that patients are not inconvenienced or unfairly treated in any way.
- Shared Care Protocols and Faxback acceptance/refusal forms will be available on the GMMMG website and it is advisable that they are read by both the specialist and the GP to familiarise themselves with their contents as there are differences between the protocols available for different drugs.

Mechanism for GPs accepting Individual Patients for Shared Care

Proposed Standard Wording for Requesting Shared Care Across Greater Manchester to be inserted in standard clinic/discharge letter from consultant to GP following outpatient or inpatient consultation.

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 Greater Manchester 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 Greater Manchester Medicines Management Group. A copy of the approved shared care protocol for this drug can be found on the GMMMG website at http://gmmmg.nhs.uk/html/gmmmg_app_scgs.php

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 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 is satisfied with this shared care arrangement at this time.

Treatment was started on *[insert date started]* *[insert dose]*.

If you are in agreement, please undertake monitoring and treatment from *[insert date]*

NB: date must be at least 1 month from initiation of treatment.

Please could you reply to this request for shared care and initiation of the suggested medication to either accept or decline within 14 days. A form is available on the GMMMG website to facilitate this, if you so wish.

Shared Care Agreement Form

GP Response

Dear Dr *[insert Doctors name]*

Patient *[insert Patients name]*

NHS Number *[insert NHS Number]*

Identifier *[insert patient date of birth/address]*

I have received your request for shared care of this patient who has been advised to start *[insert text here]*

- A I am willing to undertake shared care for this patient as set out in the protocol
- B I wish to discuss this request with you
- C I am unable to undertake shared care of this patient.

My reasons for not accepting are: <i>(Please complete this section)</i>

GP signature

Date

GP address/practice stamp