

Title: GUIDELINES FOR THE USE OF EFFECTIVE SHARED CARE AGREEMENTS	Version 1.2	Document Replaced: Revised
Guidance Developed by Chief Pharmacist, BCPFT Guidance Approved By: Medicines Management Committee BCPFT	Date Revised: 10/7/2018	Next Review: 10/7/2021

Effective Shared Care Agreements (ESCA) are written agreements between specialist services and general practitioners, and allow care, specifically prescribing, to be safely shared between them. They are individual to a specific drug, and detail who is responsible for what aspect of care, and when early referral is required back to specialist services. They allow the seamless transfer of prescribing responsibility from the specialist services to general practice.

ESCA help to reduce the risk of medicines related problems for drugs that a GP may be unfamiliar with or that require on-going joint arrangements between the GP, specialist and patient. The use of ESCA allows, in some cases, for GPs to prescribe specialist drugs and to have confidence that the practice is safe and appropriate.

All ESCA are agreed by the Trust's Medicines Management Committee, whose membership includes representatives from the local CCGs. ESCA are normally developed for all drugs which are either specialist in nature or that have specific monitoring requirements, e.g. a blood test is required at regular intervals.

An ESCA should be produced by the specialist (with pharmacy/medicines management support where appropriate) when transferring patients from specialist to general practitioner care, to ensure that all parties are aware of their obligations for monitoring efficacy and side-effects, managing doses, withdrawing treatment, etc. The prescriber that signs the prescription takes medico-legal responsibility.

A general practitioner has the right to refuse to enter into shared care, but to refuse on the grounds of drug costs alone is unacceptable. When a GP has refused to enter into shared care, the specialist will continue to have prescribing responsibility. Where funding is an issue, invoicing arrangements may need to be agreed with the Trust commissioners in order that drug costs can be charged to the relevant CCG. Each Trust is to provide details of the process for funding in these circumstances.

Midlands Therapeutic Advisory Committee (MTRAC) Policy on ESCA

Successful shared care arrangements enable the combination of the best of both primary and secondary care for the benefit of the patient. While protocols and guidelines may be

useful, they, in themselves, do not constitute an adequate basis for shared care operations. Effective shared care relies on ESCAs.

Here are some recommendations from MTRAC:

Effective shared care relies on

- **Individual, patient-by-patient arrangements.** ESCAs should be patient specific and encompass all aspects relevant to that particular patient.
- **A reasonably predictable clinical situation.** Clinical responsibility should be considered for transfer to primary care only where it is agreed that the patient's clinical condition is stable or predictable.
- **Willing and informed consent of all parties.** This includes patients, carers and doctors. Consenting parties must have sufficient, accurate and timely information in an understandable form. Consent must be given voluntarily.
- **A clear definition of responsibility.** The shared care arrangement should identify the areas of care for which each partner has responsibility and where, if appropriate, the specialist resources are available to the GP. This should be patient specific.
- **A communication network.** Agreed communication should include a telephone contact number for use when problems arise, and fax and email numbers if appropriate. Progress reports should be produced to an agreed time-scale with regular review.
- **A clinical summary.** This should include a brief overview of the disease and more detailed information on the treatment being transferred for which each partner has managerial and clinical responsibility. At a minimum, it should identify the product's licensed indications, therapeutic classification, dose, route of administration and duration of treatment, adverse effects (their identification, management, importance and incidence), monitoring requirements and responsibilities, clinically relevant drug interactions and their management, storage and reconstitution of product, peer-reviewed references for product use, and contacts for more detailed information.
- **Emergency support.** Contact numbers should include those for out-of-hours queries.
- **Training.** Any training required by GPs and their staff should be identified and provided to a satisfactory standard by the specialist department seeking the shared care arrangement.
- **Funding.** It should be recognised that resources available in practices and Trusts are not uniform. Funding difficulties should be directed to the CCG.

ESCAs form an essential component of the wider concept of disease management. The issue of patient safety is always paramount.