# Appendix 3

## Buckinghamshire responsibilities for amber protocol medicines

'Shared care' is defined as ' The joint participation of GPs, hospital consultants and patients in the planned delivery of care…. informed by an enhanced information exchange over and above the routine clinic, discharge and referral letters' *(Hickman et al 1994)*[1]

**Principles for shared care in Buckinghamshire are incorporated into the following responsibilities of the specialist, GP and patient, for prescribing and monitoring of amber protocol medicines. The responsibilities should be read in conjunction with the medicine-specific protocol, the Summary of Product Characteristics (SPC) available on www.medicines.org.uk/emc and the BNF.**

**All protocols are for use in adult patients (16 years and over) unless otherwise specified.**

### Responsibilities

**The Specialist will be responsible for:**

1. Confirmation of diagnosis and indication for medicine treatment.

2. Pre-treatment assessment and recommendation of the appropriate medicine.

3. Pre-treatment counselling and documentation of discussion in patient's records and on agreement form. This counselling should include explanation of:
    1. rationale for treatment,
    2. benefits,
    3. time to response,
    4. potential side effects,
    5. precautions,
    6. the essential need for and frequency of regular blood tests. Unless regular blood tests are undertaken, the patient will be unable to continue taking the medication,
    7. written information about the medicine (PIL),
    8. shared care arrangements.

4. Recording of baseline and on-going blood results and dosages in the patient held monitoring booklet.

5. Provision of specialist and patient signatures on the shared care agreement form.

6. Provision of any additional instructions on monitoring and dose adjustments on the agreement and protocol e.g. if a patient is taking more than one DMARD.

7. Request for GP confirmation of acceptance of shared care by faxing the shared care protocol and completed agreement form together with the responsibilities document. This should include the estimated date when GP prescribing continuation is needed.
    a. For most patients GP continuation will take place eight weeks after specialist initiation if the patient is stable (check specific protocol for details).
    b. "In exceptional cases, for patients out of area who cannot travel to hospital, special arrangements will need to be agreed with the GP on an individual case basis."

8. Provision of a prescription for the initial 8 weeks (except for 7b or where the protocol advises otherwise) after test results are known to prescriber.

9. Organisation of appropriate blood test monitoring in accordance with the specific protocol.

10. Review of patient within 8 weeks after initiation of treatment (except for 7b or where the protocol advises otherwise).

11. Receipt and recording in notes that GP has / has not accepted shared care and ensuring appropriate action if not.

12. Regular follow up in Outpatient clinic to review disease activity and adverse effects of treatment and to adjust the dose.

13. Prompt (by fax, email or telephone) communication with the GP about any changes in treatment, results of blood tests, management of adverse effects or lack of attendance in clinic.

14. Deciding when to stop treatment.

15. Provision of clear arrangements for back-up advice and support for patients and GPs.

16. Provision of training to ensure that GPs have the skills to ensure safe practice.

**The General Practitioner will be responsible for:**

1. Prompt completion and faxed return of signed shared care agreement to the specialist within two weeks of its receipt.
2. Organisation of routine blood monitoring and ensuring that results are acted upon promptly.

3. Prescription and adjustment of dose according to the protocol or on specialist advice after test results are known to prescriber.

4. Recording of blood test results and medicine dosages in the patient held monitoring booklet, patient notes and prompt (by fax, email or telephone) communication of this information to the specialist.

5. Notification of specialist of any changes in the patient's condition, any adverse medicine reactions, if the patient fails to attend for blood monitoring

6. Notification of specialist and patient of changes to existing shared care provision and making appropriate arrangements for the patient's continuing care

7. **Non-compliance with medications or monitoring.** Contacting the patient to ascertain the reason for non-attendance for routine blood tests if more than one test is missed. Communication with the patient that non-attendance for blood testing may lead to withdrawal of the medication. Further help and advice can be sought from the hospital specialist team.

8. **Severe side effects/ potential overdose**. Urgent referral to specialist team or A&E.

9. Referral of patient back to specialist if the medicine becomes less effective.

10. Ensuring that all clinical staff involved in the provision of this service has the relevant knowledge and skills.

**The patient will be responsible for:**

1. Confirming understanding of the shared care agreement by signing it on treatment initiation.

2. Completion of the Trust consent form (for cytotoxic medicines only).

3. Reporting to the GP or specialist if he/she subsequently does not have a clear understanding of the treatment.

4. Attending for blood monitoring and follow up hospital or GP appointments.

5. Ensuring that the monitoring booklet and a list of all medications are brought to all GP surgery, outpatient and A&E consultations.

6. Ensuring monitoring booklet is kept up to date.

7. Reporting any adverse effects promptly to the GP and specialist.

**The hospital pharmacist will be responsible for:-**

1. Confirming that the patient has received verbal and written patient counselling / information and for providing additional counselling should this be required.

2. Checking blood test results in the monitoring booklet. If the booklet is not available or if blood test results are not up to date, contacting the prescriber to ask for the latest results

3. Verifying that doses prescribed are in accordance with the test results and as recommended in the protocol

**The community pharmacist:-**
It is recommended that the responsibilities of the hospital pharmacist (see above) are followed when test results are available.