**Barts Health NHS Trust**

**Homerton Healthcare NHS Foundation Trust**

**Barking, Havering and Redbridge University Hospitals NHS Trust**

**East London NHS Foundation Trust**

**North East London NHS Foundation Trust**

# Delete the above as appropriate

# Shared Care Request (specialist to primary care prescriber)

Letter to be amended as appropriate

Date [insert date]

Dear [insert primary care prescriber's name]

Patient name: [insert patient's name]

Date of birth: [insert date of birth]

NHS Number: [insert NHS Number]

Diagnosis: [insert diagnosis]

As per the agreed shared care guideline (SCG) for [insert medicine name] for the treatment of [insert indication], this patient is now suitable for prescribing to move to primary care. **This letter should be read in conjunction with the following SCG: [insert SCG title]**

The SCG can be accessed under the ‘Shared Care Guideline’ section of the NEL ICB primary care portal via: <https://primarycare.northeastlondon.icb.nhs.uk/home/meds/>

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 SCG, I have carried these out.

I can confirm that the following has happened with regard to this treatment:

|  |  |
| --- | --- |
|  | **Checklist for specialist (to tick)** |
| *The patient has been initiated on this therapy and completed the initiation period as set out in the SCG* | *Yes* |
| *Baseline investigation and monitoring as set out in the SCG have been completed and were satisfactory* | *Yes* |
| *The condition being treated has a predictable course of progression and the patient can be suitably maintained by primary care* | *Yes* |
| *The risks and benefits of treatment have been explained to the patient* | *Yes* |
| *The roles of the specialist team and primary care team have been explained to the patient* | *Yes* |
| *The patient has agreed to this shared care arrangement, understands the need for ongoing monitoring, and has agreed to attend all necessary appointments* | *Yes* |
| *I have provided the patient with sufficient medication to last until primary care takes over prescribing (at least 28 days)* | *Yes* |

|  |  |
| --- | --- |
| **Treatment and follow up details** | **Specialist to complete** |
| *Treatment was started on* | [insert date] |
| *The current dose is* | [insert dose] |
| *Follow up date* | [insert date] |
| *If you are in agreement, please undertake monitoring and treatment from*  *(N.B. see SCG for time to transfer prescribing to primary care)* | [insert date] |
| *Monitoring should be continued in line with the SCG. Next blood monitoring is due on* | [insert date] |

Please email [insert department's generic email] to reply to this request for shared care and initiation of the suggested medication, to either **accept** or **decline** within **14 days**. Please contact the specialist team if you need additional time to discuss the case with the practice/NEL Pharmacy and Medicines Optimisation Team before making a decision for shared care. They can be contacted via email at: [nelondonicb.prescribingqueries@nhs.net](mailto:nelondonicb.prescribingqueries@nhs.net)

The template response letters can be accessed under the ‘Shared Care Guideline’ section of the NEL ICB primary care portal via: <https://primarycare.northeastlondon.icb.nhs.uk/home/meds/>

Yours sincerely,

[insert specialist's name]

[insert specialist's role]

***Electronically signed***

**Reference**

This letter has been adapted from the Regional Medicines Optimisation Committee’s (RMOC) shared care template letter which is accessible here:  <https://www.sps.nhs.uk/articles/rmoc-shared-care-guidance/>