**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* |

Advice regarding live vaccine use in patients on azathioprine or mercaptopurine differs between centres across NEL. Please indicate whether you would like your patient to receive live vaccines as per Green Book criteria or if they are to be excluded completely. Please note this advice can change if patients are started on additional immunosuppressant therapies.

|  |  |
| --- | --- |
| **Live vaccination choice** | **Specialist to tick one box** |
| ***Green book guidance:*** *live vaccines should be avoided in patients taking azathioprine at a dose greater than 3 mg/kg/day, or mercaptopurine greater than 1.5 mg/kg/day.* |  |
| *Patients should* ***NOT*** *be given live vaccines if on any dose of azathioprine or mercaptopurine* |  |

|  |  |
| --- | --- |
| **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/>