**Criteria for a Shared Care Agreement (SCA)**

Shared Care Agreements provide valuable clinical information to support shared care. Shared Care Agreements will not be suited to every situation and should only be considered in accordance with the following inclusion criteria.

The medicine or treatment:

1. is initiated by a specialist service (typically a consultant in either the acute setting or mental health), but where it is expected that ongoing prescribing will continue in primary care
2. intended use is likely to be outside of the clinical experience of a GP
3. will have an expected duration of treatment exceeding 1 month
4. will be intended either for use within its marketing authorisation (license) or will be off-label use that is low-medium risk (refer to Unlicensed Medicines Policy). It is not expected that medicines widely accepted for use in unlicensed indications (e.g. amitriptyline for neuropathic pain) would require a SCA.
5. If being used for a licensed indication, will be accepted for use in Scotland by the Scottish Medicines Consortium (where applicable) and be included in either the GGC Adult Formulary or the GGC Paediatric Formulary.

In addition:

1. The patient’s general physical, mental and social circumstances are such that he/she would benefit from shared care arrangements

**Guidance notes for submitting a Shared Care Agreement**

1. Shared Care Agreements must use the formal SCA template and be submitted along with this checklist to the Prescribing Interface Subcommittee of ADTC
2. This form contains sections marked in grey which are able to be ticked or used to input text.
3. Sections 1 to 3 are intended to be completed by the person submitting the Shared Care Agreement (usually the lead author) and sent, along with a word version of the Shared Care Agreement using the standard template to [SCP@ggc.scot.nhs.uk](mailto:SCP@ggc.scot.nhs.uk). Remember to complete the header and footer sections as appropriate before submitting the template.
4. The agreement will be considered by the Prescribing Interface Subcommittee of ADTC, who may request further information, invite one of the agreement’s authors to the meeting to answer specific questions or suggest amendments to the agreement prior to approval. Only those agreements meeting specific criteria will be approved (see above)
5. Section 4, 5 and 6 (Headers marked in blue) relate to the approval process and will be completed by a representative of the Prescribing Interface Subcommittee of ADTC upon the approval of the agreement.
6. SCA will not be approved if there are any workload implications of monitoring in primary care, unless agreement has been made to reimburse GP practices for this monitoring.
7. Shared Care Agreements will automatically be given a review date of 3 years from the date of approval and will be added to the Shared Care Agreement page within [www.ggcmedicines.org.uk](http://www.ggcmedicines.org.uk)

Useful contacts:

* + Generic mailbox [SCP@ggc.scot.nhs.uk](mailto:SCP@ggc.scot.nhs.uk).
  + GP/Primary Care Contract Team [GMS.ContractTeam@ggc.scot.nhs.uk](mailto:GMS.ContractTeam@ggc.scot.nhs.uk)

**Section 1: General Information about this Shared Care Agreement (SCA)**

|  |  |
| --- | --- |
| **Generic drug name:** |  |
|  |  |
| **Intended indication:** |  |

**Does this Shared Care Agreement supersede or replace an existing agreement? Yes:**  **No:**

**If ‘yes’ please provide the name and approval date of agreement being replaced below:**

|  |  |
| --- | --- |
| **Lead Author of SCA:** |  |
|  |  |
| **Designation:** |  |
|  |  |
| **Email address:** |  |

**If this Shared Care Agreement was developed by a group or committee, please provide the name of the group/committee below:**

**Section 2: Representation of stakeholder in development of this SCA**

**Please tick if the group who developed this shared care agreement included representatives from the following:**

Senior acute clinicians from the relevant specialty

Clinical Pharmacist representation

GP representation

Appropriate non-medical prescriber representation (e.g. nurse prescriber)

HSCP Lead for Prescribing and Clinical Pharmacy or Primary Care Practice Support Pharmacist

Other representation on development group (provide details here:     )

**Section 3: Implications for Primary Care**

**What, if any, are there additional cost or service implications for primary care as a result of this SCA?**

**Additional cost associated with a transfer of prescribing from the acute sector to primary care**

If so, please provide additional detail, for example the cost per patient per year and the estimated number of patients:

**Additional monitoring requirements for Primary Care**

If so, please provide detail including whether agreement has been made to reimburse GP Practices for this monitoring:

**GPs have been fully consulted on the implications of this SCA**

If so, please provide detail of the consultation process:

**Do you wish to provide any further information?**

**Section 4: Assessment of Shared Care Agreement**

|  |  |  |
| --- | --- | --- |
| **Assessment Tool for Approving Group/Committee** | **Yes** | **No** |
| Is the SCA relating to a licensed medicine or preparation? |  |  |
| Is the use a licensed indication for this medicine/treatment? |  |  |
| Is the medicine/treatment in the SCA included in the GGC Adult Formulary or Paediatric Formulary and being used within the restrictions of use? |  |  |
| Has the development of the SCA involved appropriate representation from stakeholders? |  |  |
| Has there been broad consensus for this SCA from relevant persons within the Specialist Service? |  |  |
| Have Primary Care been fully consulted on this SCA? |  |  |
| Are there any new financial implications that will result from the implementation of this SCA? |  |  |
| If there are monitoring requirements for primary care, have these been subject to agreement (e.g. via Near Patient Testing NES) and are appropriate? |  |  |

**Section 5: Assessment Decision**

|  |  |
| --- | --- |
| **Name of group approving SCA:** | **Prescribing Interface Subcommittee of ADTC** |
|  |  |
| **Decision** | **Approved for use (no modifications required)**  **Approved for use (pending modifications)**  **Not approved for use** |
|  |  |
| **Decision comments:**  Please provide details of any modifications necessary and if not approved for use, the rationale for the decision |  |
|  |  |
| **Date of Approval:** |  |
|  |  |
| **Name of group representative:** |  |
|  |  |
| **Designation of person:** |  |

**Section 6: Approval Checklist for Approving Group/Committee**

Feedback on decision and any amendments passed on to lead author

Approval date and review date (3 years after approval date) added to SCA template

PDF of Final version of SCA added to Prescribing Resources Section of website

Link to SCA emailed to lead author