

Service Name	<i>Shared Care Drug Monitoring Service</i>																
Service Specification Number																	
Population and/or geography to be served	Staffordshire and Stoke-on-Trent																
Service aims and desired outcomes	<p>1.0 Population Needs</p> <p>1.1 National/local context and evidence base</p> <p>Increasingly, patients with continuing specialist clinical needs can be cared for at home or in the community. This includes medicines, which could be prescribed by primary care prescribers if sufficient support, review criteria and information are shared between the primary care prescriber, specialist and importantly patients themselves.</p> <p>Shared care medicines are defined as those which should be initiated by a specialist and where prescribing responsibility may be transferred to primary care, but which require ongoing monitoring and specialist review.</p> <p>Primary care prescribers are not expected to be asked to participate in a shared care arrangement where no locally approved or out of area recognised protocol exists, or where the medicine or condition falls outside of the criteria defined as being suitable for inclusion in the shared care agreement.</p> <p>Medicines suitable for shared care with a local Effective Shared Care Agreement (ESCA) will be identified by the South Staffordshire Area Prescribing Group (APG) and the North Staffordshire & Stoke on Trent Area Prescribing Committee (APC), clearly identified as such within the North Staffordshire & Stoke on Trent Formulary or the South Staffordshire Formulary.</p> <p>Where a patient is under the care of an NHS specialist team from outside of area (OOA) and where the specialist can provide an NHS Area Prescribing Committee (APC or equivalent) approved ESCA, a general practice may consider accepting a request to share care and this will fall within the scope of this contractual arrangement. For full prescribing advice see Appendix 1.</p> <p>If a GP is uncertain about their competence to take responsibility for the patient's continuing care under an approved ESCA arrangement (as specified in Appendix 1), they should seek further information or advice from the clinician with whom the patient's care is shared, or from another experienced colleague.</p> <p>2.0 Outcomes</p> <p>2.1. NHS Outcomes Framework Domains & Indicators</p> <table border="1"> <tr> <td>Domain 1</td><td>Preventing people from dying prematurely</td><td></td></tr> <tr> <td>Domain 2</td><td>Enhancing quality of life for people with long-term conditions</td><td></td></tr> <tr> <td>Domain 3</td><td>Helping people to recover from episodes of ill-health or following injury</td><td></td></tr> <tr> <td>Domain 4</td><td>Ensuring people have a positive experience of care</td><td></td></tr> <tr> <td>Domain 5</td><td>Treating and caring for people in safe environment and protecting them from avoidable harm</td><td></td></tr> </table> <p>2.2 Local defined outcomes</p> <ul style="list-style-type: none"> Overall increase in general practice ESCA medicine acceptance rates moving towards 80% following appropriate requests from secondary care providers (as defined in Appendix 1) after 2 years from the baseline position. 		Domain 1	Preventing people from dying prematurely		Domain 2	Enhancing quality of life for people with long-term conditions		Domain 3	Helping people to recover from episodes of ill-health or following injury		Domain 4	Ensuring people have a positive experience of care		Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	
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	<ul style="list-style-type: none"> • Reduce the number of shared care ESCA medicine related Datix queries across the system by 20% in the first year rising to 50% after 2 years from the baseline position. <p>3.0 Scope</p> <p>Aim of the Service</p> <ul style="list-style-type: none"> • To provide a safe, clinically effective, and timely ongoing shared care drug monitoring service in primary care for medicines with an Amber-E formulary status following initiation and stabilisation by the specialist team. • If the primary care prescriber refuses to accept shared care, the requesting specialist should be notified in writing by the primary care prescriber within 14 days of request, giving the reasons for refusal (utilising the system's decline to prescribe form). • Transfer of prescribing responsibility to a primary care prescriber without prior agreement is not appropriate. • Refusal by a primary care prescriber to share care and prescribing responsibilities should not prevent a clinically appropriate therapy being prescribed by a specialist. • In line with the GMC Good Practice in Prescribing and Managing Medicines and Devices, if the primary care prescriber feels unable to take on responsibility for the patient's continuing care they should explain this to the other clinician and to the patient and where possible assist with making appropriate alternative arrangements for their continuing care. • Providers have a responsibility to ensure their clinical knowledge is kept up to date and it is expected that any shared care agreement (in line with Appendix 1) will be suitable for use by a GP or relevant primary care prescriber. • Declining to participate in a shared care arrangement is expected to be exceptional and in the best interests of the patient and in line with prescribing guidance laid out in Appendix 1.
<p>Service description and location(s) from which it will be delivered</p>	<p>3.2 Service Model:</p> <p>The Provider shall:</p> <p>3.2.1 Accept an invitation within 14 days of receipt to share a patient's care from secondary care in line with the details outlined in the ESCA, following initiation and stabilisation by the specialist teams. The specialist remains responsible for gaining the patient's consent to enter into a shared care arrangement. Individual roles and responsibilities of the specialist, the patient and the GP will be outlined in each ESCA.</p> <p>Maintain a patient ESCA register The Provider will need to produce and maintain a valid up-to-date register of patients indicating:</p> <ul style="list-style-type: none"> • patient name • date of birth • medicine name, form, strength and dose • indication and duration of treatment (where known or state long term) • date practice accepted an ESCA shared care request for the patient • date practice declined an ESCA shared care request for the patient <p>3.2.2 Demonstrate a call and recall system - The Provider will need to ensure a systematic call and recall of patients on this register is taking place and have in place the means to identify and follow up patients as default.</p>

3.2.3 Support the education of both newly diagnosed patients and those with established disease The secondary care specialist teams will provide the main source of advice for both newly diagnosed patients and those with established disease. The Provider will reinforce and supplement that advice where appropriate to do so.

3.2.4 Maintain accurate records – The Provider is to maintain adequate records of the service provided, incorporating all known information relating to any significant events e.g. adverse reactions, hospital admissions and relevant deaths of which the practice has been notified.

3.2.5 Ensure individual management plans are in place – clear treatment/individual management plans should be provided by the specialist that detail the indication, agreed treatment programme and the planned duration of treatment. The Provider should ensure these are documented in the patient's medical record. The Effective Shared Care Agreement (ESCA) should be provided by the specialist and a copy of which recorded within the patient's medical records.

3.2.6 Ensure primary care staff training - The Provider must ensure that all staff involved in provision of any aspect of care under this scheme have the necessary training, competency, and skills to do so.

3.2.7 Ensure that in order for **prescribing** to take place within primary care, monitoring must be undertaken, clinically reviewed, authorised and recorded within the patient's primary care medical records.

3.2.8 Ensure that **monitoring** is undertaken in accordance with the specified details within the ongoing monitoring requirements to be undertaken by primary care section of the ESCA. Where aspects of on-going monitoring remains with the specialist team, this will be cleared defined in the ongoing monitoring to be undertaken by specialist section of the ESCA. Appendix 1 outlines the transition process to support general practice to move to monitoring within primary care. Whilst the system is in a period of transition, the Provider is responsible for liaising with the specialist to ensure the ongoing monitoring is taking place in line with legacy commissioning arrangement.

3.2.9 Ensure that where results are outside of the recognised usual ranges, the Provider shall refer to the relevant ESCA and where directed to do so, contact the specialist teams for further advice and guidance.

3.2.10 Untoward Events:

In addition to their statutory obligations, it is a condition of participation in this service that practitioners will give notification, within 28 days of the information becoming known to him/her, to the Commissioner clinical governance lead of all emergency admissions of any patient covered under this service, where such emergency admissions may be due to usage of the drug(s) in question or attributable to the relevant underlying medical condition.

It is a condition of participation in this service that practitioners will give notification to the Commissioner clinical governance lead of all deaths of any patient covered under this service, where such death is or may be due to usage of the drug(s) in question or attributable to the relevant underlying medical condition. This must be reported within 72 hours of the information becoming known to the practitioner. This is in addition to a practitioner's statutory obligations.

3.2.11 Population covered:

The service is available to patients registered with the GP practice or to another practice within the Primary Care Network (PCN) where the practice is providing the service on behalf of the PCN.

3.2.12 GP Provider:

3.2.12.1 The service shall be available to any patient registered with the practice as a permanent or temporary resident.

3.2.12.2 The practice shall also have the ability to manage patients, which are registered at a GP practice within their Primary Care Network.

3.3. Any acceptance and exclusion criteria and thresholds:

Under the conditions of this agreement, the provider has the responsibility to ensure that the service is to be available to all patients meeting the following criteria:

- Registered practice patients / patients from a practice within the Primary Care Network
- Prescribed a medicine with an agreed Staffordshire and Stoke on Trent ESCA or where the patient is under the care of an out of area NHS Hospital Trust specialist team as specified in Appendix 1.

Exclusions:

- For clinical indications outside of the specification of the ESCA.
- Patients excluded from the indications within the ESCA i.e. applying an ESCA specified for an adult patient to a child.
- Medicines not included on the Staffordshire and Stoke on Trent net. Formularies with an Amber ESCA status unless under the care of an out of area NHS Hospital Trust specialist team as specified in Appendix 1.
- For requests from none NHS providers, seek advice from the Medicines Optimisation Team (see Appendix 1).

3.4. Interdependence with other services/providers:

The provider shall ensure that, where appropriate to the service, interdependencies are built with the following service providers:

- Acute Service
- Community Services
- Appropriate agreed clinical pathways

4.0 Applicable quality requirements and Accreditation Requirements

[Shared Care for Medicines Guidance. A Standard Approach. Regional Medicines Optimisation Committee](#)
[Good Practice in Prescribing and Managing Medicines and Devices. General Medical Council](#)

Appendix 1: Prescribing Details

Harmonisation of ESCAs, a process of transition:

Practices will be aware; the Staffordshire and Stoke on Trent system is in the process of harmonising the South Staffordshire and North Staffordshire and Stoke on Trent medicine formularies to develop one system wide formulary and one set of agreed ESCAs.

Alongside this process, the NHSE&I Regional Medicines and Optimisation Committees (RMOCs) are preparing to publish a set of national shared care agreements (ESCAs), and these will be reviewed by the system when available for consideration for location system adoption and the retirement of the local ESCA (where appropriate).

Where the system have agreed and ratified local ESCAs, these will be reviewed, harmonised, and formatted to reflect the nationally prepared ESCAs where appropriate. This process has commenced in February 2022.

Therefore, initially existing ESCAs for North Staffordshire & Stoke on Trent and existing ESCAs for South Staffordshire as specified on each formulary shall be utilised whilst the harmonisation process takes place.

Drug monitoring arrangements shall remain unaltered from the current specific ICB arrangements until such time as the existing ESCAs are reviewed and a new ESCA is developed and ratified across the local healthcare system or until substantial changes within the local ESCA drug monitoring delivery pathways have been agreed at Place. Therefore, there will be a period of transition as the system moves to full harmonisation of ESCAs across the system.

If as a result of the harmonisation process, if the total number of medicines with an ESCA status alters, the ICB is committed to review the changes and any workload implications with the LMC on a three monthly basis during the transition and bi-annually thereafter.

Dealing with requests from Private Providers:

For requests to share care with a Private Provider, please seek advice from the medicines optimisation team at the ICB via medscommissioningqueries@staffsstoke.icb.nhs.uk

Dealing with requests where net.Formulary states a non-ICB Funded and Commissioned Status for the Medicine:

This may be a medicine linked to NHSE&I specialised commissioning services or the Local Authority, for example in the case of substance misuse services. Please contact the medicines optimisation team for advice and guidance medscommissioningqueries@staffsstoke.icb.nhs.uk

Dealing with requests from Out of Area (OOA) NHS Providers:

The following section seeks to provide advice regarding an ESCA request received by practices from OOA NHS Providers. Please contact the medicines optimisation team for advice via medscommissioningqueries@staffsstoke.icb.nhs.uk

Out of Area (OOA) NHS Provider requests shared care for a medicine whose status within the Staffordshire and Stoke on Trent is:

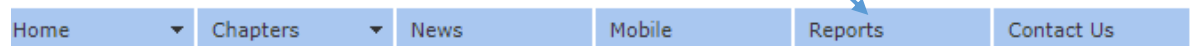
Status	Description
RED	Local formulary supports specialist only prescribing therefore contact the ICB Medicines Optimisation Team via medscommissioningqueries@staffsstoke.icb.nhs.uk for advice and guidance. The ICB will provide clear guidance, either decline to prescribe or if specialist willing to initiate and stabilise in line with the RMOC Standard Approach, GP to consider accepting an NHS OOA APC (or equivalent) approved ESCA, accept ESCA request and enter patient on the practice ESCA register.
AMB E	Initiation and maintenance of prescribing by Specialists and transfer to Primary Care prescribing, in accordance with an ESCA (Shared Care Agreement) Provided the specialist provides an NHS OOA APC (or equivalent) approved ESCA, a general practitioner can accept the OOA ESCA or ask the specialist to consider utilising the Staffordshire & Stoke on Trent ESCA.
AMB I	Initiation and maintenance of prescribing by Specialists and transfer to Primary Care prescribing when appropriate. Provided the specialist provides an NHS OOA APC (or equivalent) approved ESCA, a general practitioner can accept the OOA ESCA.
AMB R	Initiation and maintenance of prescribing in Primary Care following recommendation from a Specialist. Provided the specialist provides an NHS OOA APC (or equivalent) approved ESCA, a general practitioner can accept the OOA ESCA.
AMB	Medicines which can be prescribed within Secondary Care but are only suitable for prescribing in Primary Care after specialist referral. There is no need for approved shared care guidelines for medicines in this category. (This Amber status is currently under review due to the revised expansion to the classifications of Amber I and Amber R. When the review is complete this general Amber status will be retired)
GREEN	Medicines which can be prescribed in either Primary or Secondary Care. Contact the ICB Medicines Optimisation Team via medscommissioningqueries@staffsstoke.icb.nhs.uk for advice and guidance.
GREY	Medicine is not commissioned in Staffordshire and Stoke on Trent. Refuse request for ESCA and refer back to the specialist to request an alternative medicine to be recommended. Inform the ICB Medicines Optimisation Team via medscommissioningqueries@staffsstoke.icb.nhs.uk Specialist can request IFR if exceptionality criteria considered.

Appendix 2: Where to find the current list of medicines that are classified as Shared Care Medicines

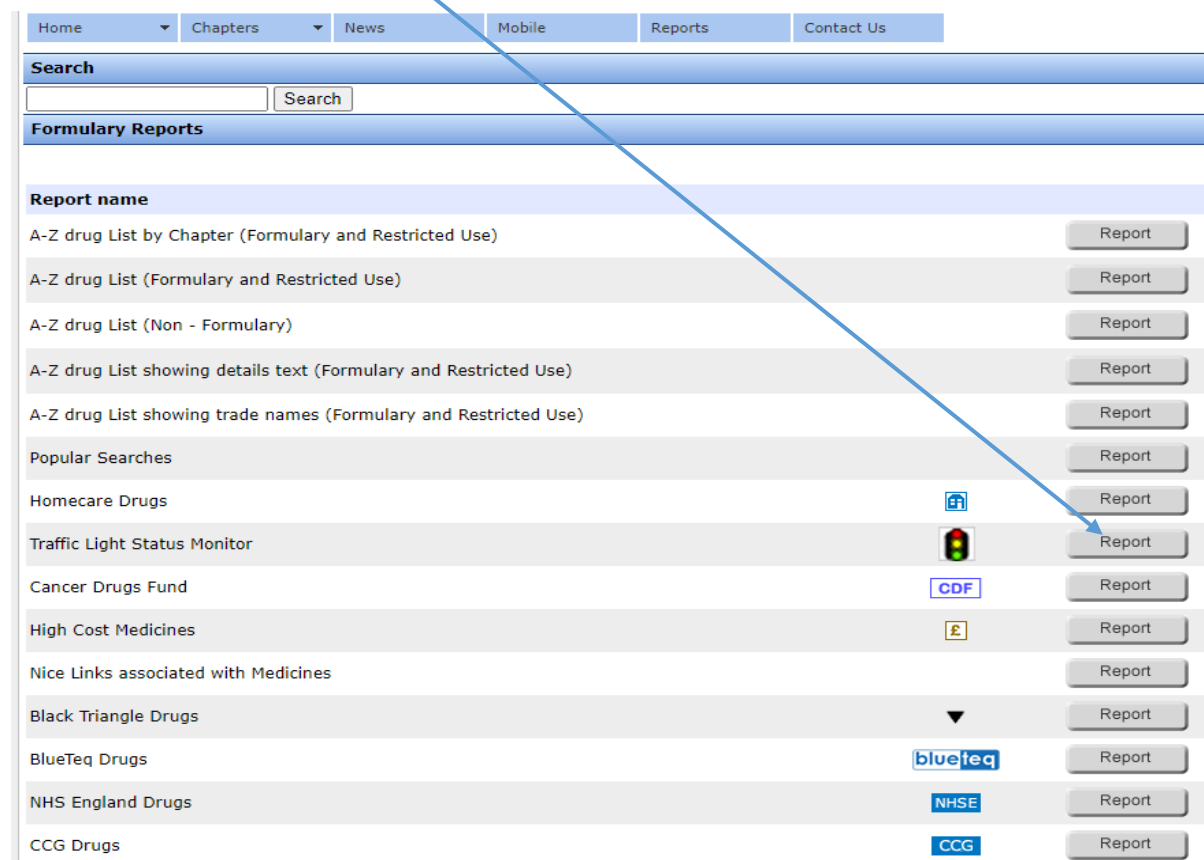
For GP Practices in North Staffordshire use [North Staffordshire Joint Formulary Formulary](#)

For GP Practices in South Staffordshire use [South Staffordshire Joint Formulary Formulary](#)

Click on reports on the home page



Click on Traffic light status monitor



Click on Amber E and this will give you the latest “live” list for your area

Section	Name
RED	<u>Red</u>
AMB E	<u>Amber E</u>
AMB I	<u>Amber Initiation</u>
AMB R	<u>Amber Recommended</u>
AMBER	<u>Amber</u>
GREEN	<u>Green</u>
F	<u>On Formulary</u>
	<u>Unknown</u>

Schedule 2 – Activity Plan & Reporting

Indicative Activity:

The following highlights the estimated number of patients to be managed under this service specification:

CCG	Approx. number of patients	£70.00 per item
CANNOCK CHASE CCG (04Y00)	3357	£ 234,990.00
EAST STAFFORDSHIRE CCG (05D00)	2290	£ 160,300.00
NORTH STAFFORDSHIRE CCG (05G00)	6352	£ 444,640.00
SE STAFFS & SEISDON PENINSULAR CCG (05Q00)	4509	£ 315,630.00
STAFFORD AND SURROUNDS CCG (05V00)	3237	£ 226,590.00
STOKE ON TRENT CCG (05W00)	7401	£ 518,070.00
Grand Total	27146	£ 1,900,220.00

Reporting:

- Practices will need to record all elements of the drug monitoring service using the Universal Offer Shared Care template available within the clinical system.
- This should be recorded with any relevant clinical coding entries and any other relevant data to ensure that compliance with this Service Level agreement can be demonstrated. Practices are encouraged to ensure that a clear audit trail exists to support post payment verification.
- If Practices require help or advice on clinical recording, coding, and reporting, please contact your Data Quality Facilitator.

Schedule 3 – Pricing & Payment Process

The Provider shall be paid £70 per patient per annum for a patient prescribed an Amber- ESCA medicine as specified in Appendix 1.

The funding will cover service delivery, appropriate coding and monitoring processes of the services.

Schedule 4 – Delivery Requirements

The following documents need to be submitted to the commissioner to provide assurance around delivery prior to the service commencing.

- Shared Care Drug Monitoring Operating Procedure (SOP)
- Quality Control Systems. (QC)
- Staffing Structure and Qualifications

Schedule 4 – Performance Monitoring

The ICB reserves the right to suspend the commissioning of this service where there are concerns around compliance and patient safety.

Quality Commission (CQC (Care Quality Commission))

The provider must meet CQC standards and where appropriate be registered with the Care Quality Commission (CQC). The standards and the relevant services are contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2014.