



Dear Date.....

Patient name			
Address			
NHS No.		DoB	
Discharge date			
Hospital			
Diagnosed condition(s)			
Relevant prescribing recommendations			

Thank you for your recent letter requesting me to continue/initiate prescribing of the above medication. This medicine falls into the AMBER category of our Traffic Light scheme (see below) and within this area may be prescribed by GPs who are happy to do so under a shared care protocol.

If a shared care protocol exists in your area please forward details. If not please complete the attached template so that roles and responsibilities are clearly defined.

Thank you in anticipation.

Yours sincerely,

Please print name:.....

Practice name and address:.....

Northamptonshire Traffic Light Scheme

You may be aware that health economies across the UK provide strategic frameworks within which prescribers are recommended to operate. Decisions are based on assessment of clinical and financial risk, and of existing service provision within the area, as agreed by the Northamptonshire Prescribing Advisory Group (NPAG) and local Medicines Management Clinical Committees. In Northamptonshire, as elsewhere, this is called the Traffic Light Scheme.

Medicine Classification	Reason	Tick
Red	Specialist only.	
Amber 1	Request by a specialist for transfer of care to the GP must include monitoring and general information and be supported by a Trust-approved shared care protocol if available or, if not, then an interim monitoring guideline; sufficient information has not been given to enable me to prescribe.	
Amber 2	Request by a specialist for transfer of care to the GP must include monitoring and general information; sufficient information has not been given to enable me to prescribe.	
Double red - restricted list	Not suitable for prescribing in primary or secondary care due to lack of efficacy or good clinical evidence. If you wish to recommend this medicine then please complete and submit a prior approval form which is available at - http://gp.northamptonshireccg.nhs.uk/medicinesoptimisation/prior-approval.htm	
Grey list	Awaiting decision at next NPAG meeting; recommended not to prescribe at present.	

cc Prescribing Team, NHS Northamptonshire Clinical Commissioning Group, Francis Crick House, Summerhouse Road, Moulton Park Industrial Park, Northampton NN3 6BF.

.....Clinic..... (Consultant)
Letter to request Shared Care of an Amber Medicine..... (Date)

Dear Dr.

Re: Surname NHS No..
First name(s): D.O.B.

Your patient attended Clinic on.....

Diagnosis:

Treatment history:

or see attached letter

Request to Share Care has been categorised by NPAG as an AMBER 1 drug and, as such, is covered by the near-patient testing enhanced service. I am requesting your consent to the shared care of your patient and the transfer of prescribing only / and monitoring (delete as applicable) as detailed in the agreed Shared Care Protocol. If you are in agreement please prescribe treatment as below.
Medicine name (IN FULL AND BLOCK CAPITALS).....
which is licensed / unlicensed (delete as applicable) for (insert indication being treated).

Your patient has been stabilised on the above medicine. Please prescribe the following treatment:
Medicine name (brand if applicable):Presentation:Strength:
Dosage regime (including day of week and no. of tablets, if appropriate):.....
Prescribe treatment from(insert date of transfer of care) until.....
I will reassess your patient in weeks from the date of transfer of care to you andmonthly thereafter. I will send you a written summary within 14 days of each visit.

The following preliminary tests have been carried out in secondary care (test results are attached)

This section MUST be completed.
I will / Please could you (delete as applicable) arrange and monitor the following tests (please specify test schedule):

(Amber 1:If no SCP is available please state why the tests are required and attach interim monitoring guidelines):

The medical staff will be available to give advice and support; please refer to the attached SCP or interim monitoring guidelines for full details. In addition to routine follow-up, I will accept referral for reassessment at your request if you have any concerns about this patient at any time. In the event of an emergency, care of your patient will revert toTrust.....Department.

Signature (and designation): Date:

PATIENT INFORMATION

I confirm I have explained to the patient: the risks and benefits of treatment, the baseline tests conducted, the need for monitoring, how monitoring will be arranged, and the roles of consultant, GP and patient in shared care. I confirm the patient has understood and is satisfied with this shared care arrangement at this time. The patient has been given the following written information.

Signature (and designation):.....

The patient has been given the following information by me as the GP:

Signature of GP:.....

Please return this form as soon as possible. If you have any concerns about the recommended treatment or monitoring arrangements, please contact me immediately, before returning this form.

GP RESPONSE

- I am willing to accept this shared care arrangement for this patient as laid out in the Shared Care Protocol or on the attached monitoring guidelines.
- I am willing to prescribe the medicine as recommended, but would like monitoring to remain the responsibility of the hospital consultant. (In this case, the hospital consultant will need to arrange for the GP to be advised in a timely manner of both the results of monitoring blood/biochemical test results and prescribing instructions.)
- Having discussed my concerns with the hospital consultant, I am NOT willing to accept the shared care arrangement for this patient.

State reason why shared care arrangement has been declined:

Signature of GP:

Date:

In the exceptional event that this request to share care is declined, please send a copy of your reply to:
Prescribing Team, NHS Northamptonshire Clinical Commissioning Group, Francis Crick House,
Summerhouse Road, Moulton Park Industrial Park, Northampton NN3 6BF.

AND

the centre requesting shared care.