AWTTC
All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

DOCUMENT TITLE: Shared Care Prescribing and Monitoring Guidance
CLOSING DATE: 23rd October 2020

Please complete your personal details along with the Consultation Pro-forma **and** the Declaration of Interests form below. Please type directly into the forms and save with your initials (or other appropriate identifier) before returning to awttc@wales.nhs.uk.

Please note: Comments received during consultation are compiled in a report and considered by the development group. Each comment will be addressed and any changes to the document that are made as a result will be noted. The summary report including any comments submitted will be available upon request.

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Please allow three weeks from the date of final publication for the summary of consultation comments to be made available.

Name	Karen Hodson and Jonathan Lloyd Jones
Organisation/Company	Royal Pharmaceutical Society

CONSULTATION PRO-FORMA

Page number/section number/ line number	Comment
89-94	1.We agree and support the statements made that 'Lack of communication between primary and secondary/tertiary care and misunderstandings around the responsibilities can lead to delays and poor patient experience'. 2.Pharmacy teams regularly have to support patients without having full access to records or information about their current medicine's regimen or treatment; this makes it difficult to fully support the patient. Ensuring Community Pharmacy are aware of a shared care protocol would be extremely useful so that additional support can be proactively initiated by the community pharmacist.
95-97	19% of pharmacists are qualified as independent prescribers and there is a commitment in Wales, through Pharmacy Delivering a Healthy Wales, to increase this. We are pleased that all primary care prescribers are considered in this guidance as some pharmacists are responsible for managing shared care in some GP practices.
101-109	Shared care agreements should be developed on a once for Wales basis to avoid duplication wherever possible. Uniformity across Health Boards (HBs) can support patient safety and would avoid different shared care protocols from different HBs being sent to one GP practice. Likewise specialists may have patients from other HBs coming to them and they shouldn't have to spend time 'reacquainting' with different approaches. People often have multiple Long-Term Conditions and different specialities using different approaches could also cause confusion to all parties.

115	We think this needs further clarity - does this exclude drugs for monitoring annually and include quarterly monitoring
125-131	As noted elsewhere, there should also be written information noting the patient's understanding of the agreement and need for appropriate monitoring. This would facilitate patient care and help minimise the cases where patients fail to attend for appropriate monitoring tests. Often primary care teams have a challenging time persuading patient to attend for appropriate tests.
141	Pharmacists are often presented with patients who have no medication and are anxious as a result of patients being given inadequate amounts of medicine on discharge. Due to the complexity and specialist nature of these medicines it is unlikely that community pharmacies will keep these medicines as regular stock. It is important that patients are given an adequate supply on discharge to avoid further delay and/or patient harm. We are pleased to see this being addressed.
160-161	As above (141)
166	This should include the patient's responsibility to attend for appropriate monitoring/ tests
171-172	Many pharmacist prescribers in primary and secondary care are appropriately skilled and should be considered to deliver this care. As the number of Community Pharmacists Independent Prescribers increase, there is an opportunity for them to become involved. Currently this is a challenge, until all Community Pharmacists have read and write access to patients' medical notes. We are calling for such access to records and test results for Community Pharmacists in order to better utilise their skills and knowledge.
180-187	Should there not be a statement in the AWMSG guideline re: equity of access to shared care arrangements? Whilst we appreciate each patient as an individual and should be judged case by case, there needs to be an appropriate assessment to ensure patients aren't penalised, e.g. would a Primary Care prescriber be able to deny the request based on capacity? There is a statement specific to the inappropriateness of denial based on price alone – perhaps it needs to be expanded out further?
202-204	Due to the complexity and specialist nature of these medicines it is unlikely that community pharmacies will keep these medicines as regular stock. This can lead to further delay and/or patient harm. It is not common practice for prescribers to communicate with community pharmacist. We would encourage this practice for the stock to be sourced appropriately in order to improve the patient experience. Opening this communication line would also encourage multi-disciplinary teamwork to support the patient.
2.19-2.22	With many of the difficulties sighted relating specifically to documentation and shared access to information it may be worth having a section in this guide specific to this. We welcome the tightening up on the responsibilities for appropriate documentation and the essential inclusions. This will ensure that decisions/advice are traceable to original prescriber (pharmacists waste so much time trying to trace

	back original paperwork/decisions or the individual prescriber themselves–unnecessary position, requiring ethical decision more often than needs be)
246-252	It is important that community pharmacists are included as a primary care professional who should be informed of the shared care agreement with the consent of the patients. They can be part of the MDT who can then encourage patients to attend for monitoring and will also have the knowledge of the arrangements in place for this medicine supply and monitoring. Whilst the development of a template is to be commended, issues identified by our members include the Shared Care documentation is not always sent to primary care or only a letter is sent and not the full document. We therefore wondered how this document will be disseminated and what training for shared care will be available to all staff involved.

DECLARATION OF INTERESTS

Do you have any business or personal interests that might be material and relevant to the project/document under consideration?

Yes	
No	x

If **yes**, please give details below:
