

Private and Confidential

EFFECTIVE SHARED CARE AGREEMENT

THIS FORM IS TO BE USED ONLY WHEN THERE IS A LOCALLY APPROVED SHARED CARE AGREEMENT

A consultant wishing to invite a GP to participate in an effective shared care agreement should complete this form and forward to the patient's GP. Sharing of care assumes communication between the Consultant, GP and patient. The intention to share care should be explained to the patient by the Consultant initiating treatment. It is assumed that by completing this form, the Consultant has obtained the patient's consent for shared care of their treatment.

If a consultant asks the GP to participate in shared care, the GP should reply to this request as soon as practical by completing the GP section of this form. A copy should be retained by the GP and the original form should be returned to the Consultant, for filing in the patient's hospital notes. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition will remain with the Consultant.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

TREATMENT FOR SHARED CARE	DRUG NAME: <div style="text-align: center; color: gray;">(STATE DRUGS)</div>	PATIENT'S NAME: 	DATE OF BIRTH:
	FOR TREATING: <div style="text-align: center; color: gray;">(STATE CONDITION)</div>	ADDRESS: <div style="text-align: center; color: gray;">ADDRESSOGRAPH LABEL</div>	
			HOSPITAL UNIT NO:

CONSULTANT TO COMPLETE	CONSULTANT NAME: 	SPECIALITY: 	
	TELEPHONE NUMBER: 	FAX NUMBER: 	EMAIL:
	SIGNATURE: 	DATE: 	

The full Effective Shared Care Agreements (ESCA) and supporting information should be accessed via the North Staffordshire netFormulary:

<http://www.northstaffordshirejointformulary.nhs.uk/docs/esca/>

All ESCA request forms **must be accompanied** by a comprehensive clinic letter from the consultant to the patient's GP detailing any clinical investigations that have been undertaken to provide assurances of safe care transfer.

GP TO COMPLETE	ACCEPT SHARED CARE AGREEMENT: YES <input type="checkbox"/> NO <input type="checkbox"/>		
	<i>If "No" is ticked, GP to complete 'Decline to prescribe' form and send this to the referring consultant alongside the completed 'Consultant to GP agreement' form.</i>		
	GP NAME: 	PRACTICE ADDRESS: 	
	TELEPHONE NUMBER: 	FAX NUMBER: 	EMAIL:
	SIGNATURE: 	DATE: 	