Service	NHS Nottingham & Nottinghamshire Place Based Partnerships Primary Care Monitoring LES
Commissioner Lead	[redacted]
Provider Lead	GP Practices of Nottingham City, South Nottingham, and Mid-Nottinghamshire Place Based Partnerships
Period	1 April 2024 to 31 March 2026
Date of Review	Annually

1. Population Needs

1.1 National/local context and evidence base

Shared Care Protocol Monitoring

Shared Care Protocols (SCPs) outline initiation, prescribing and monitoring responsibilities of these therapies for the secondary care specialist and the GP. Care is transferred to primary care once the patient is stable and agreed as clinically appropriate according to the individual shared care document and in agreement between clinicians.

Shared care drug administration following an approved SCP, allows prescribing to be taken on by a patient's GP and by doing so care is provided closer to the patient's home using local facilities within primary care providers whilst reducing waiting times in secondary care. This improved access is important especially for less mobile patients that have severe conditions that affect their ability to travel. The service will give patients choice, encouraging those that are suitable to participate in shared care whilst recognising that some patients may wish to continue using acute services. Local management against a defined quality standard ensure consistency in practice and broader access to treatment. Both have a long-term effect on driving up quality and reducing inequalities.

The Primary Care Monitoring LES funds the monitoring aspect of shared care of a drug, when used in the treatment of the indications as listed in Appendix 1, was initiated in secondary care and the monitoring is carried out face to face by a GP, Practice Nurse or similar clinical nurse position at minimum intervals of quarterly (except for ADHD which is six monthly). The LES does not fund acceptance of shared care or drug administration.

Stable Prostate Cancer

Prostate cancer is one of the most common cancers in men accounting for 27% of all new cancer cases in males in the UK. There are around 52,300 new prostate cancer cases every year and each year about 12,000 men die from the disease. It is predominantly a disease of older men with around 20% of cases occurring in men under the age of 65 years. The condition of many patients with prostate cancer can be stable for a number of years post diagnosis, or post radical treatment. Prostate cancer survival is improving and has tripled in the last 40 years in the UK, probably because of PSA testing. 78% of men diagnosed with prostate cancer in England survive their disease for ten years or more.

Historically these patients have been followed up on a regular basis in secondary care. This specification establishes a formal agreement between primary and secondary care to ensure patients are monitored and managed in the most appropriate setting. This is in accordance with NICE guidance.

Regular Monitoring of a Patient outside of a Shared Care Protocol

In addition to requests for monitoring under a SCP, adhoc requests are received throughout the year for general practice to provide monitoring in line with shared care or agreed protocol for a registered patient under the care of, or recently discharged from, a secondary care clinician or team. This is additional work for the practice that is not covered by the GMS/PMS/APMS contract, another Local Enhanced Service

and has not been factored into the development of or a change in service or guidance. To acknowledge this additional work, it has been included in this LES on a prior approval basis from 1 April 2021.

The request for regular, face to face monitoring should only be carried out where it is clinically appropriate for the patient's registered GP, Practice Nurse or similar clinical nurse position to do so in line with shared care or agreed protocol. This should not be viewed as an opportunity for services to transfer monitoring to primary care, bypassing the Service Change process or consideration by the Nottinghamshire Area Prescribing Committee.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	x
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

2.2 Local defined outcomes

- Provide a local point of contact, which is accessible, timely and promotes continuity of care
- Fewer hospital appointments and reduction in follow ups
- Effective and efficient use of financial resources
- Reduced waits for treatments and clinics
- Patients value appointments with GP and nurses in familiar surroundings

3. Scope

3.1 Aims and objectives of service

Aims

- To provide choice for patients encouraging those that are suitable to access care in a primary care setting which is often more convenient and reduces unnecessary hospital appointments for blood tests
- To continue to provide a safe effective service in a primary care setting
- Use primary and secondary care resources efficiently

Objectives

- To extend the range of services available within primary care, ensuring a seamless transition for patients from secondary to primary care
- To deliver reduced waits and a responsive service with fewer hospital appointments for patients
- Accommodate the working population and deliver a variety of clinic times freeing up resources and capacity in the acute setting allowing them to deal with more complex cases

3.2 Service description/care pathway

This service is designed to cover the enhanced aspects of clinical care of the patient all of which are beyond the scope of essential services. No part of this specification by commission, omission or implication defines or redefines essential or additional services.

This service covers:

- Patients that require monitoring of Nottinghamshire APC classified Amber 1 medicines when used as part of a SCP in the treatment of the indications as listed in Appendix 1.

- Men with stable, diagnosed prostate cancer that require, as set out in Appendix 1:
  - Monitoring of hormone therapy (GnRH).
  - Monitoring only, including watchful wait.

- Where GP practices would like the ICB to consider whether a medication or treatment should be eligible for inclusion within the Primary Care Monitoring Local Enhanced Service, please raise this with the Primary Medical Services Commissioning and Quality Team at nnicb-nn.primarycarenotts@nhs.net. You will be asked to complete a template which will be considered by the ICB.

Shared Care Protocols (SCP)
Patients registered with a Primary Care Provider signed up to the Amber 1 Shared Care Protocol Monitoring Enhanced Service and have been initiated and stabilised in secondary care after diagnosis, will be encouraged to move to shared care for blood tests, monitoring and repeat prescribing in primary care. Once agreement has been reached between the specialist, registered GP and patient, the initiation of shared care arrangements will take place in line with the SCP approved by the Nottinghamshire Area Prescribing Committee where the drug is classified as Amber 1 under the Traffic Light Classification for the condition being treated.

Providers must adhere to the criteria laid down within the Nottinghamshire APC approved SCPs.

Copies of all SCPs and drug information sheets can be found on the Nottinghamshire APC website https://www.nottsapc.nhs.uk/shared-care/shared-care-protocols/

Stable Prostate Cancer
The service will be provided to patients with a confirmed diagnosis of prostate cancer who are deemed suitable for discharge from secondary care based follow up as identified by the PSA Pathway Guidance for Community Monitoring of Patients with Stable Prostate Cancer, reviewed December 2020. This will include patients already monitored and managed in primary care.

PSA Monitoring:
- Undertake 3-6 monthly PSA blood testing and follow-up appointments
- Follow-up appointments, face to face, telephone or online, will be carried out by the GP or appropriately qualified nurse to review symptoms. PSA results may be discussed at that consultation.

GnRH Monitoring:
- Monitor, prescribe and administer GnRH on a 3-6 monthly basis
- Follow up patients who do not attend at the required interval for a repeat injection
- Keep a record electronically in the patient's notes of the date of administration and the batch number and expiry date of the drug
- Record any adverse reactions to the drug
- Seek specialist advice regarding any complications of treatment
- Ensure that there are adequate back up/contingency plans in place for the continued provision of the service in the event of breakdown of equipment, key staff absence or supply chain problems.

Providers must adhere to the PSA Pathway Guidance for Community Monitoring of Patients with Stable Prostate Cancer, reviewed December 2020.

3.2.2 Prescribing

Shared Care Protocol Monitoring

The secondary care specialist will be responsible for providing the initial prescription for 28 days' supply of medication following consultation or until such time as the patient is stable as set out in the SCP. The primary care provider will be responsible for subsequent prescribing of medication in primary care in line with the Nottinghamshire APC approved shared care guidelines.

For those patients who wish to remain within the secondary care setting for their monitoring arrangements, the secondary care specialist will retain responsibility for monitoring and prescribing.

Shared Care with Private Providers

Shared Care with private providers is not currently envisaged due to the general principle of keeping as clear a separation as possible between private and NHS care. Shared Care is currently set up as an NHS service. A private patient seeking access to shared care should therefore have their care completely transferred to the NHS.

If in exceptional clinical circumstances shared care with a private provider seems to be appropriate, please contact a member of the Nottingham & Nottinghamshire ICB Medicines Optimisation Team for further advice. Shared care may be appropriate where private providers are providing commissioned NHS services and where appropriate shared care arrangements are in place.

NHS and Private Interface Prescribing Guidance revised-nhs-and-privateinterface-prescribing-pmr-100621-6.pdf (nottinghamshiremedicinesmanagement.nhs.uk)

Stable Prostate Cancer

Gonadorelin Analogues (GnRH)

It will be the responsibility of the provider to ensure that patients will be administered GnRH injections in line with current Nottinghamshire Area Prescribing Committee (APC) guidance. Please note: Triptorelin (Decapeptyl SR®) products are recommended in Nottinghamshire as the preferred GnRH analogues for prostate cancer. **Patients may be prescribed Triptorelin (Decapeptyl SR®) even if this is different from the GnRH analogue originally recommended by secondary care.** Therapy should be switched when the next dose of Gonadorelin analogue is due. Please refer to the APC website for further information including the current APC Position Statement (www.nottsapc.nhs.uk).

3.2.3 Referral Criteria for this Service

- Only those patients prescribed a listed medication where the drug is classified as Amber 1 under the Nottinghamshire Traffic Light Classification for the condition being treated will be considered for the service (Appendix 1).
- Only those patients discharged from secondary care follow-up into primary care follow-up in line with the PSA Pathway Guidance for Community Monitoring of Patients with Stable Prostate Cancer, reviewed December 2020, will be eligible for inclusion within this service.
- Patient choice.
- Patient selection criteria stated within the shared care / pathway guidelines.
- Patients registered primary care provider has signed up to this enhanced service.
- Primary Care Provider has explicitly agreed to the request for shared care / monitoring and management.

The secondary care specialist will contact the registered GP practice to ask if the GP is willing to participate in shared care prior to initiating therapy so that follow on prescribing arrangements can be made. In the case of patients with Stable Prostate Cancer, the secondary care specialist will refer the

patient to their registered GP practice who will have diagnosed and staged the disease and recommended a management plan.

The secondary care specialist is responsible for talking through the patient's roles and responsibilities as part of their discussion on whether to start therapy and that the patient / carer agree to undertake the monitoring requirements.

On the rare occasion the Primary Care Provider will not accept shared care / monitoring and management of an individual patient for valid clinical reasons, the patient's monitoring and prescribing arrangements will remain with secondary care. Individual cases must be discussed between the GP and Consultant. The GP is responsible for contacting the consultant in writing to give their agreement to (or declining of) acceptance on to the practice based register.

3.2.4 Patient Register

- The Provider must create and maintain a register of patients.
- The Provider must have in place a robust process to ensure all aspects of monitoring in line with the Shared Care Protocol are completed and within the timescales set for all patients on the register. Where monitoring has not been completed, the reason must be documented.
- The register must provide the data required for monitoring purposes to support the practice in claiming.
- There must be a robust, systematic call & recall system in place to ensure monitoring and reviews occur as per the requirements of the SCP or PSA Pathway Guidance.
- The Provider should have mechanisms in place to manage non-attendees of monitoring appointments.
- Implement a process that ensures patients are informed of their test results.
- Implement a system that ensures patients who do not attend are contacted at least three times by different means. If the patient does not wish to attend, the reason must be documented.

3.2.5 Individual Management Plan

The Provider must ensure that each patient has an individual management plan created in conjunction with the specialist and the patient, and includes the reason for the treatment, planned duration and monitoring timetable (including therapeutic range if possible).

3.3 Population covered

The service will be available to patients registered with a Nottingham or Nottinghamshire GP practice.

3.4 Any acceptance and exclusion criteria and thresholds

Exclusion criteria

- Patients where the drug is classified as Red under the Nottinghamshire Traffic Light Classification for the condition being treated and /or no Nottinghamshire APC SCP is in place.
- Patients that are not on medication listed in Appendix 1 for the indication being treated.
- Patients that are registered with a provider that has not agreed to deliver the service.
- The patient's wellbeing would not benefit from shared care arrangements as determined by the consultant.
- Patients who consistently fail to attend for monitoring and therefore not compliant with the monitoring requirements, and the GP has determined the patient care may suffer as a result.
- Patient choice.
- Active surveillance, which is defined as the active monitoring of patients with prostate cancer, with a view to treatment with curative intent if there are signs of progression. Patients within this group will continue to be followed up in secondary care.

Referral back to secondary care

The Provider will re-refer the patient to the relevant secondary care specialist if the criteria as set out in the Shared Care Protocol; PSA Pathway Guidance or discharge letter are reached.

3.5 Interdependence with other services/providers

Establish key working relationships and interdependencies with:

- Appropriate Secondary Care Consultants.
- Specialist Nurses.
- Pharmacists.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The provider must ensure that they are aware of, compliant with, and can provide evidence if required, to demonstrate compliance with all relevant standards including adherence to the relevant NICE guidelines where applicable.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

The provider must ensure they are aware of, compliant with and provide evidence if required to demonstrate compliance with any relevant standards.

4.3 Applicable local standards

The provider must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with all local policies, procedures and guidance. CQC registration is completed, and the Regulations for Service Providers and Managers met (https://www.cqc.org.uk/guidance-providers/regulations). Staff involved in delivering this service should be adequately trained and supervised as determined by the provider and must have suitable indemnity.

Serious Incidents (SI's) and Patient Safety Incidents (PSI's)

It is a condition of participation in this service that providers will report all incidents where a patient has experienced harm to the ICB, in line with the Patient Safety Incident Response Framework (PSIRF). Providers and commissioners must engage in open and honest discussions to agree the appropriate and proportionate response. If deemed to be a Serious Incident the incident will be logged by the ICB on the current serious incident management system STEIS (the Strategic Executive Information System) or any other data base as directed by national guidance.

Safety Alerts

Providers must ensure that they are aware of and have a process in place for managing any safety alerts from the following sources that apply to any equipment or patient safety concerns associated with this enhanced service and that these are acted upon:

- Medicines and Healthcare products Regulatory Agency (MHRA): http://www.mhra.gov.uk/#page=DynamicListMedicines
- Local or national clinical guidance.
- National and local formularies.

Where requested details of action taken must be reported back to the ICB within the designated timescale.

4.3.1 Infection Prevention and Control

Good infection prevention and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone (The Health Act 2008) Registered providers should meet the requirements of The Health and Social Care Act 2008. The provider should:

- Have systems in place to manage and monitor the prevention of infection, including regular audit and training. Infection prevention and control training for all staff every 2 years and hand hygiene yearly for all clinicians.
- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections and meets national estates guidance and local IPC guidance.
- Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
- Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely manner.
- Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others.
- Systems to ensure that all care workers are aware of and discharge their responsibilities in the process of preventing and controlling infection.
- Provide adequate isolation facilities.
- Secure adequate access to laboratory support.
- Have and adhere to infection prevention and control policies that are based on national and local guidance.
- Have a system in place to manage the occupational health needs and obligations of staff in relation to infection and vaccination.
- Have robust systems and processes in place to manage pandemics at a practice level including the management and reporting of staff outbreaks.

Safeguarding
All staff working in this service area will be trained and competent in safeguarding children and adults as outlined in the Intercollegiate Guidance:

Children: https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies

Adults: https://www.rcn.org.uk/Professional-Development/publications/adult-safeguarding-roles-and-competencies-for-health-care-staff-uk-pub-007-069

Looked After children: Looked After Children: Roles and Competencies of Healthcare Staff | Royal College of Nursing (rcn.org.uk)

All staff will comply with Nottingham and Nottinghamshire safeguarding children and adult procedures which can be accessed via these links:

Safeguarding Children Procedures City & County: https://nottinghamshirescb.proceduresonline.com/

Safeguarding Adult Procedures Nottinghamshire: https://nsab.nottinghamshire.gov.uk/procedures/

Safeguarding Adult Procedures Nottingham City: https://www.nottinghamcity.gov.uk/information-for-residents/health-and-social-care/adult-social-care/adult-safeguarding

On the request of the commissioner, the provider will provide evidence to give assurance of compliance with safeguarding standards.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)
The provider will be expected to complete a declaration and self–assessment form on an annual basis as part of the performance management framework.

5.2 Applicable CQUIN goals (See Schedule 4 Part E)
To be agreed by commissioner.

6. Location of Provider Premises

The Provider's Premises are located at:
The Service will be provided within the boundaries of Nottingham & Nottinghamshire ICB. Providers must have adequate mechanisms and facilities including premises and equipment as are necessary to enable the proper provision of this service.

Location(s) of Service Delivery
The Provider is required to carry out the service within a recognised primary care setting registered for the purpose of healthcare.

Days/Hours of operation
As a minimum the service will operate Monday to Friday 8am to 6.30pm, GP core contract opening hours. The service will be expected to provide a variety of clinic times providing choice for the patient and will vary from provider to provider.

7. Contract

The contract will run from 1st April 2024 to 31st March 2026.

The notice period is three months for termination under General Condition 17.2 in writing to the Primary Care Commissioning Team nnicb-nn.primarycarenotts@nhs.net

3.6 Remuneration and Outcome Measures

Providers will receive a payment of [redacted] per patient on the Shared Care Protocol or Stable Prostate Cancer practice register per quarter.

Where a patient is under primary care monitoring of a Shared Care Protocol and monitoring of stable prostate cancer, the practice would claim twice per quarter for that one patient.

If a patient is prescribed one medication for two separate conditions, the practice would claim once per quarter for the monitoring of that one patient.

If a patient is prescribed two medications for two separate conditions, the practice would claim twice per quarter for the monitoring of that one patient.

If a patient is prescribed two medications for one condition and the monitoring requirements are similar, the expectation is that monitoring would be completed as part of the same review appointment, one claim per patient can therefore be made per quarter.

Providers should claim only once per patient per quarter irrespective of the number of patient contacts or injections / PSA tests given in that quarter.

If a patient is referred back to the secondary care specialist for their condition, and therefore leaves primary care management, under the terms of this service no payment will be made for that quarter until the patient re-enters primary care management.

Payment
Payments are made quarterly in arrears, based on receipt of completed LES Claim Form. The price includes all consumables.

All Providers will be required to complete an Annual Audit for Shared Care Drug Administration (Appendix 2) and submit with their Q4 LES Claim Form within the deadline set (30 April) to release any Q4 payment due.

Quarterly LES Claim Form Submission Deadlines

Completed claim forms to be submitted by the deadline date to the Primary Care Commissioning Team nnicb-nn.primarycarenotts@nhs.net

- Q1 deadline 31 July
- Q2 deadline 31 October
- Q3 deadline 31 January
- Q4 deadline 30 April

LES Claim Forms will not be accepted after the deadline date (except in exceptional circumstances) which will lead to loss of practice income.

Practices are reminded that records relating to the completion and submission of the claim, including confirmation of date & time of submission, are kept within the practice to support the claim. These records may be examined by the ICB for verification purposes as part of an annual review or at any other notified time.

Required for all patients:

- Practice can produce and maintain a register of all patients being monitored under this service which identifies the data required for monitoring purposes.
- Name of GP Lead(s) responsible for care co-ordination.
- Assurance that the practice accessed training prior to offering the service and that competencies are maintained.
- Run a 3 monthly audit to ensure patients are seen as per the agreed guidelines for each pathway.

GP mythbuster 12: Accessing medical records and carrying out clinical searches - Care Quality Commission (cqc.org.uk)

SCP1: Patients on Shared Care Drugs Monitored under a Shared Care Protocol

SystmOne
For SystmOne practices, as part of F12 there is a report for SCP in the F12 Local Enhanced Services Claims folder which makes it simple to find the numbers for claiming. These reports show patients coded as below (consider using the F12 LES templates for the service where green stars indicate the codes to add for claiming purposes). The F12 reports *will* account for any current active patients AND any deducted *within* that quarter where you have been caring for them.

EMIS
Unfortunately, EMIS reports cannot be shared centrally in the same way as SystmOne, therefore practices will need to write these searches for themselves currently– the same codes and criteria should be used for reporting purposes, however.

Report Name	Criteria and requirements		F12 Template
SCP1: Patients on Shared Care Amber 1 Drugs **NOTE**: Although the code of shared care is used to identify claimable patients, they should also have a coded indication as to why they are on the	**Any patient on a repeat of any of the following drugs for the indication(s) noted in Appendix 1:** • Atomoxetine • Azathioprine • Ciclosporin • Dexamfetamine • Leflunomide • Lisdexamfetamine	• Mercaptopurine • Methotrexate • Methylphenidate • Penicillamine • Sulfasalazine • Testosterone (Sustanon)	Shared Care Drug Monitoring

drug - speciality & indication (e.g., Rheumatoid Arthritis) which can be evidenced if payment verification is required. **Please refer to Appendix 1**	**AND** coded at any time with Shared care (301781000000101) OR Shared care prescribing (415522008) **WITHOUT** a later code of Shared care prescribing declined (415523003) Shared care prescribing referred back to hospital (415524009)	

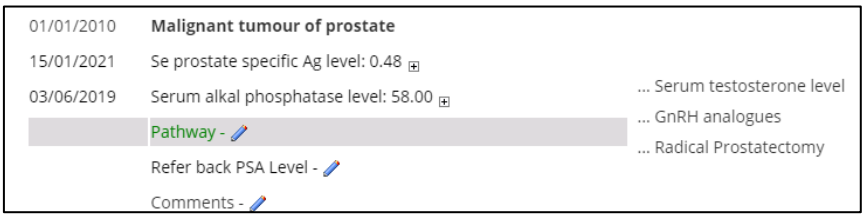
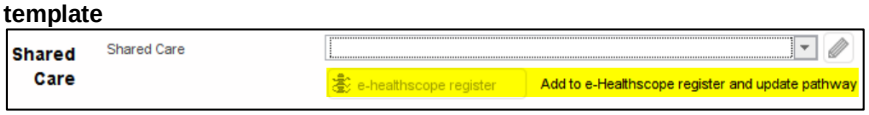
PSA1: Stable Prostate Cancer Monitoring

SystmOne

For SystmOne practices, as part of F12 there is a report for PSA in the F12 Local Enhanced Services Claims folder which makes it simple to find the numbers for claiming. These reports show patients coded as below (consider using the F12 LES templates for the service where green stars indicate the codes to add for claiming purposes). The F12 reports *will* account for any current active patients AND any deducted *within* that quarter where you have been caring for them.

EMIS

Unfortunately, EMIS reports cannot be shared centrally in the way we as SystmOne, therefore practices will need to write these searches for themselves currently– the same codes and criteria should be used for reporting purposes, however.

Report Name	Criteria and requirements	F12 Template
PSA1: Stable Prostate Cancer Monitoring	Any patient with diagnosed stable Prostate cancer coded **AND** coded at any time with Shared care (301781000000101) OR Shared care – consultant and GP (268529002) **WITHOUT** a later code of Shared care prescribing declined (415523003) Shared care prescribing referred back to hospital (415524009) **NOTE! This LES also requires data to be input into the eHealthScope record as there are pathway requirements that cannot be added via SystmOne or EMIS.**  **SystmOne practices should use the link direct from the F12 prostate cancer template**  **EMIS practices can use this link to access the e-Healthscope GP register and then add the pathway information –** https://ehsweb.nnotts.nhs.uk/default.aspx?tabid=343	F12 Prostate Assessment & Ca Prostate Review eHealthScope pathway editor

Providers will be required to:

- Comply with requests from Nottingham & Nottinghamshire ICB to provide information as it may reasonably request for the purposes of monitoring the providers' performance of its obligations under this service.
- Participate in an audit relating to this service as requested by Nottingham & Nottinghamshire ICB.

Appendix 1 v1 (January 2022)

Shared Care Protocols
Nottinghamshire APC classified Amber 1 medicines when used as part of a Shared Care Protocol in the treatment of the indications as listed below.

This list will be updated and circulated to providers on approval (with funding identified) of additional Shared Care Protocols.

Drug	Speciality	Indication
Azathioprine	Dermatology	Psoriasis, Eczema
	Gastroenterology	Inflammatory Bowel Disease Auto-Immune Hepatitis
	Rheumatology	Rheumatoid Arthritis Connective Tissue Disease
	Neurology	Neuro-inflammatory conditions
Ciclosporin	Rheumatology	Rheumatoid Arthritis
Leflunomide	Rheumatology	Rheumatoid Arthritis Psoriatic arthritis
Mercaptopurine	Gastroenterology	Inflammatory Bowel Disease
Methotrexate	Dermatology	Psoriasis, Eczema
	Rheumatology	Rheumatoid Arthritis Connective Tissue Disease
Penicillamine	Rheumatology	Rheumatoid Arthritis
Sulfasalazine Monitoring required for 1st 2 years	Rheumatology	Rheumatoid Arthritis Sero-negative spondyloarthropathy
Testosterone (Sustanon)	Endocrinology (Paeds)	Growth Hormone Constitutional delay in growth & puberty and hypogonadism in children & adolescents
Methylphenidate Hydrochloride	Mental Health (Paeds) Mental Health Adults	ADHD (6yrs to 18yrs) ADHD (Adults)
Atomoxetine Hydrochloride		
Lisdexamfetamine		
Dexamfetamine		

GnRH and Prostate Specific Antigen (PSA) Monitoring

GnRH Monitoring	Secondary care initiate, patient discharged to GP for monitoring and repeat GnRH three or six monthly
Watchful Wait	Test and assess patient six monthly
Monitor Discharged Patients 2yrs Post Surgery	Test and assess patient six monthly
Monitor Post Radical Therapy	Serum PSA and testosterone six monthly for three years, then Serum PSA annually lifelong

Please refer to PSA Pathway Guidance for Community Monitoring of Patients with Stable Prostate Cancer, reviewed April 2025, for details.

Appendix 2: Shared Care Drug Administration Annual Audit

Please submit completed form to nnicb-nn.primarycarenotts@nhs.net with your Q4 LES Claim Form to release Q4 payment: Deadline 30 April

Practice Name		**Practice Code:**	
Name:		**Date:**	
Designation:			

The Practice is aware of and accepts / would accept requests for shared care monitoring of patients in line with the following Amber 1 SCPs. Activity is claimed for under the Primary Care Monitoring LES			**Yes / No**
Rheumatology	Azathioprine	Rheumatoid Arthritis Connective Tissue Disease	
	Ciclosporin	Rheumatoid Arthritis	
	Leflunomide	Rheumatoid Arthritis Psoriatic arthritis	
	Methotrexate	Rheumatoid Arthritis Connective Tissue Disease	
	Penicillamine	Rheumatoid Arthritis	
	Sulfasalazine - Monitoring required for 1st 2 years	Rheumatoid Arthritis Sero-negative spondyloarthropathy	
Gastroenterology	Azathioprine	Inflammatory Bowel Disease Auto-Immune Hepatitis	
	Mercaptopurine	Inflammatory Bowel Disease	
Dermatology	Azathioprine	Psoriasis, Eczema	
	Methotrexate	Psoriasis, Eczema	
Neurology	Azathioprine	Neuro-inflammatory conditions	
Endocrinology (Paeds)	Testosterone (Sustanon)	Growth Hormone. Constitutional delay in growth & puberty and hypogonadism in children & adolescents	
Mental Health	Methylphenidate Hydrochloride Atomoxetine Hydrochloride Lisdexamfetamine Dexamfetamine	ADHD (6yrs to 18yrs)	
		ADHD (Adults)	

Criteria One: Shared Care Agreement	Yes / No	Details
Can the Provider access the relevant and most up to date versions of the Shared Care Protocols (SCP)? https://www.nottsapc.nhs.uk/shared-care/		
Can all the primary care monitoring requirements as set out in the SCP be addressed by the practice?		
Can the primary care prescriber responsibilities outlined in the SCP be fulfilled by the practice?		
Have there been any complaints or concerns received from the referring specialists?		
Criteria Two: Patient Register	Yes / No	Details
Is there a patient register in place?		

Is all information relating to significant episodes e.g. hospital admissions, recorded within the patient record?		
Is there a robust and systematic call & recall system in place?		
Is there a mechanism in place to deal with DNA's?		
Is there a robust system in place for flagging abnormal results?		

Criteria Three: Professional Links and Training	Yes / No	Details
Have all staff (clinical & non-clinical) undergone necessary training to deliver SCP monitoring?		

Criteria Four: Patient Experience	Yes / No	Details
How many complaints have been received in the last year for this service?		