2024/26 Bassetlaw Place Shared Care Protocol Delivery Scheme

Service Specification

Bassetlaw GPs are expected to primarily follow the prescribing guidance & traffic light system of the Doncaster and Bassetlaw Place Medicines Optimisations Committee (PMOC). This committee incorporates the functions of the former Doncaster and Bassetlaw Area Prescribing Committee (APC).

This reflects the acute/secondary referral pathways for Bassetlaw, which remain overwhelmingly into South Yorkshire, and in particular into Doncaster and Bassetlaw Hospitals (noting that Bassetlaw Hospital, whilst physically in Nottinghamshire is part of the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust).

Bassetlaw practices are therefore primarily required to follow part 1) of this service specification, which is the SYB **Service Specification for Shared Care.** For Bassetlaw this relates primarily to physical healthcare, noting that Doncaster have a separate agreed list with RDASH their mental health provider. The exception is children's ADHD, which Bassetlaw practices do refer to South Yorkshire and are therefore expected to follow the shared care protocols in place via the Doncaster and Bassetlaw PMOC.

Referrals to physical health providers in Nottinghamshire

Where a Bassetlaw patient is referred to / admitted for a physical condition to an NHS Provider where **Nottinghamshire APC guidance is in place** it is expected that the Bassetlaw practice will make every reasonable effort to follow the prescribing traffic light & shared care applicable to that provider; subject to safe practice capabilities and available capacity. Further detail regarding this is within part 2 of this specification **'NHS Nottingham & Nottinghamshire Place Based Partnerships (PBPs) Primary Care Monitoring LES'**

Mental Health Referrals into Nottinghamshire Providers

Bassetlaw mental health referrals are predominantly made into Nottinghamshire, where Nottinghamshire APC guidance applies. In this respect Bassetlaw practices are expected to provide share care and monitoring at the same level as other Nottinghamshire GP practices who have signed up to the '**NHS Nottingham & Nottinghamshire PBPs Primary Care Monitoring LES'.**

Contract Details

The contract will run from 1st April 2024 to 31st March 2026, subject to review at 12 months.

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

Monitoring and Remuneration

All aspects of the below LES specifications are applicable to Bassetlaw practices with the exception of the sections relating to claiming and remuneration. Bassetlaw practices will be remunerated on a weighted capitation basis (1 April) and are not expected to submit individual claim forms, as long as they have made a written undertaking to participate in the service.

Challenge to this payment will be made where a provider reports that a practice is refusing to accept the care detailed. In this instance evidence of adherence will be expected.

Remuneration

Payment will be [redacted] per head of weighted population as of 1 April (subject to any uplift).

To note, the weighted capitation figures are released by NHS Digital / NHS England & Improvement usually in May each year. Once confirmed, the Primary Care Finance Team will be in a position to release the first payment (a Q1 payment) and subsequent monthly payments to those practices signed up to deliver the scheme. Payment will be made automatically, in arrears.

For payment queries or remittance advice please contact the Primary Care Finance Team nnicb-nn.pcfinancequeries@nhs.net

Bassetlaw PBP Shared Care Protocol Approved List Feb 2024

	Link
Acarizax and Grazax SCP	Acarizax and Grazax SCP
ADHD – Children	Attention Deficit Hyperactivity Disorder
Amiodarone	Amiodarone
Bicalutamide	Bicalutamide-SCP-V1.0-Jan-2022.pdf
Ciclosporin Eye Drops	Ciclosporin 0.1% Eye Drops
Cinacalcet for Hyperparathyroidism	Cinacalcet Shared Care for Hyperparathyroidism
Colistin & Tobramycin for Non-Cystic Fibrosis	Colistin & Tobramycin for Non-Cystic Fibrosis
Dalteparin	Dalteparin
Denosumab	Denosumab-V3.0-April-2022-Review-March-2024.pdf
Epilepsy in Adults	Epilepsy_SCP__Updated_February__2023_v.5.pdf
Enoxaparin (INHIXA)	Enoxaparin-Inhixa-DBHFT-Interim-Transfer-document-Nov-2018-V4.0.doc
Growth Hormone in Children	Growth-Hormone-in-Children-SCP-Aug-2020-V5.0-updated-march-2023.pdf
Growth Hormone in Adults	Growth Hormone in Adults.pdf
Hydrocortisone medication in children	Hydrocortisone-medication-in-children-SPC-V1.0.pdf
Melatonin 2mg MR Tablets (Circadin)	Melatonin Shared Care Protocol May 2022
Modafinil in Narcolepsy	Modafinil.pdf
Parkinson's Disease	Parkinson's_Disease_SYB_Shared_Care_Final_v4.1.pdf
Rheumatology Conditions	Rheumatology Conditions
Riluzole	Riluzole.pdf
Myasthenia Gravis/Chronic Inflammatory Demyelinating Polyradiculopathy	Myasthenia & CIDP SCP
Testosterone New initiation for men	Shared-care-guideline-for-NEW-initiation-of-TESTOSTERONE-in-men-with-hypogonadism-and-testosterone-deficiency.-V1.0.pdf
Testosterone for Women	SCP_testosterone_HRT_women.pdf

Part 1 – South Yorkshire (Doncaster) Service Specification for Shared Care

Bassetlaw GP practices are expected to comply with the service specification below, which has been copied verbatim. This relates primarily to physical healthcare, noting Doncaster practices have a separate agreed list with RDASH their mental health provider. The exception is children's ADHD, which Bassetlaw practices do refer to South Yorkshire and are therefore expected to follow the shared care protocols in place via the Doncaster and Bassetlaw PMOC.

Please note references to monitoring of the LES and payments by South Yorkshire ICB do not apply to Bassetlaw Practices. Payment will be made by Nottingham and Nottinghamshire ICB on a capitated basis. Practices will be required to confirm they have the arrangements in place to fulfil their obligations set out in this specification.

Service Specification for Shared Care	
Period:	1st April 2022 to 31st March 2024 (2024/26 service specification to be confirmed)
Date of Review:	Annual
Version Control:	V3.2
Tier:	Tier One Locally Enhanced Service
Introduction:	
All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This specification outlines the more specialised services to be provided. The specification of 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 the specification by commission, omission or implication defines or redefines essential or additional services**.**	
Background:	
The treatment of several diseases is reliant on medicines that are clinically effective but require regular monitoring. In order to achieve this, a number of shared care protocols have been developed by the Doncaster and Bassetlaw Area Prescribing Committee (APC) and, from Oct 2023, Doncaster and Bassetlaw Place Medicines Optimisation Committee (PMOC). These are intended to provide clear guidance to General Practitioners and Hospital Prescribers regarding the procedures to be adopted when clinical responsibility for	

a patient's treatment with a shared care medicine is shared between primary and secondary care.

Service Outline:

This specification relates to patients who are:

1. Prescribed one of the medicines outlined in the shared care protocols agreed by the Doncaster and Bassetlaw APC or PMOC and available from the ICB (Doncaster Place) Medicines Management website at http://medicinesmanagement.doncasterccg.nhs.uk/
2. Prescribed a medicine under a shared care arrangement from an out of area prescriber that is not identified under the local shared care protocols.
3. Commenced on the stated therapy for recognised shared care indications
4. Stabilised in a secondary care setting
5. Have a formal shared care agreement in place.

GP Contractors providing this service will undertake the management of patients who have been identified as suitable under the terms of the shared care protocols to be managed in primary care.

The management will include:

a. Provision of a shared care medicine prescribing and monitoring service as per the shared care guidelines of the Doncaster and Bassetlaw Area Prescribing Committee. This will include systematic processes and mechanisms to ensure appropriate patient follow up.
b. Produce and maintain a register of all patients who are managed under one of the shared care prescribing protocols.
c. Operate a call and recall system to ensure that patients are recalled as per the shared care protocols
d. Ensure appropriate referral policies are in place in line with the shared care protocols
e. Maintain up to date and comprehensive records of the service provided
f. Report any adverse incidents through the necessary routes

GP Contractors providing this service should ensure that all staff involved in the delivery of this specification have the necessary skills, experience and training and are competent to deliver the service.

Each new medicine approved by the Doncaster and Bassetlaw PMOC in year will be assessed individually for the resource implications. Following this, a process of negotiation between the ICB Primary Care team and the LMC will take place to ensure that the relevant resource is in place before introducing the medicine into the Shared Care LES*. There will be no cap on the number of medicines approved by the PMOC for inclusion in the Shared Care LES.

An annual review will be undertaken to ensure that this specification and associated remuneration reflects resource requirements.

The reimbursement of medicines is not within the scope of this specification but will be funded separately by NHS South Yorkshire Integrated Care Board.

**** Not all new medicines will have a resource implication for general practice. Where this is found to be the case the LES will not attract any additional payments.***

Accreditation:

The responsibility to ensure that all qualifications and standards are in place to provide this service lies with the practice. (Depending on the enhanced service the ICB may ask for evidence in support of those staff identified to provide the service).

Payment:

N/A for Bassetlaw Practices. An overall payment will be made to Bassetlaw practices based on weighted capitation.

Data Reporting:

There are currently no data submissions required in relation to this enhanced service however, the ICB reserves the right to request supporting evidence to demonstrate participation as required.

Note: NHS South Yorkshire ICB is investigating the potential of moving away from manual submissions via the matrix to remote reporting via the usage of read codes / snomed codes. If technically viable it is hoped that this will come in to effect on selected Locally Enhanced Services in 2020/21 with a wider use of coded reporting coming in to affect from 2021/22.

The move towards an automated data extraction is designed to free up practice and ICB resource and ensure a robust and timely flow of information. Practices will be informed well in advance of any changes and will be provided with relevant codes, system templates (if appropriate) and guidance as required.

Quality Review Requirements:

As part of ongoing quality assurance and service development processes NHS South Yorkshire ICB propose to undertake with practices at least one quality review per practice per year.

It is not intended that this quality review process will necessitate physical practice visits and where possible should be undertaken over the phone or through the exchange of documentation. Where possible, we will try to undertake these quality reviews as part of existing communication / visits already being planned / undertaken.

We will contact practices in advance to arrange a mutually convenient time to facilitate any quality reviews.

The purpose of the audits will be to:

- Provide assurance of the evidence of Clinical competencies
- Triangulate finance with activity submissions (Pre Snomed/Read code reporting)
- Gain a better understanding of trends across Doncaster
- Garner and share best practice across Doncaster GP practices

In instances where the ICB enact a quality review based upon the submission of data made by a practice, the ICB will ensure any review is done within 3 months of data being submitted by the practice and therefore it is recommended that practices retain details of submitted reports for the 3 month time period in order that there is the opportunity to cross reference data as needed.

Whilst we aim to undertake at least one quality review per practice per year, additional quality reviews may be prompted by factors such as:

- Notable deviation from Doncaster average activity based upon data analysis from NHS South Yorkshire ICB's Performance and Intelligence Team i.e. if average activity is expected to be around 2 patients a month and a practice submits for 20 patients a month;
- Notable lack of submissions / activity i.e., if in previous years, the practice has reported 20 patients a month and 6 months into the financial year, no activity has been submitted.

Part 2 NHS Nottingham & Nottinghamshire PBPs Primary Care Monitoring LES

Where a Bassetlaw patient is referred to / admitted for a physical condition to an NHS Provider where Nottinghamshire APC guidance is in place it is expected the Bassetlaw practice will make every reasonable effort to adhere to the specification below but are not expected to submit evidence / make claims where they have done so.

With regards to Mantal Health referrals Bassetlaw practices are expected to provide share care and monitoring at the same level as other Nottinghamshire GP practices who have signed up to the specification below

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
Version	Bassetlaw PBPs

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.

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

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/

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)

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)
- 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

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 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, subject to review at 12 months.

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

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)

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		