NHS
Lancashire and South Cumbria
Integrated Care Board

# Local Enhanced Service Specification:

## Shared Care of Medicines Final 26-27 v1.1

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| **Service Specification No.** | |
| **Service** | High Risk Drugs – Shared Care |
| **Commissioner Lead** | Lancashire and South Cumbria ICB |
| **Provider Lead** | GP Practices in Lancashire and South Cumbria |
| **Period** | 1st March 2026 – 31st March 2027 |
| **Date of Review** | To be reviewed annually |
| **Last Updated** | 18th March 2026 |

## 1. Population Needs and Background

### 1.1 National/local context and evidence base

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification is for the monitoring of several secondary care initiated amber drugs that require monitoring at three/six monthly intervals or more frequently. 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.

The treatment of several diseases within the fields of medicine, are increasingly reliant on drugs that, while clinically effective, need regular blood and other monitoring. This is due to the potentially serious side-effects that these drugs can potentially cause. It has been shown that the number of side-effects can be reduced significantly if this monitoring is carried out in a well-organised way, close to the patient's home. Medicines that have been designated with an Amber 1 or 2 RAG rating are considered suitable for a GP to monitor within their practice **once the drug has been initiated and stabilised within secondary care.**

In 2018, the NHS England Primary Care Delivery: Policy & Strategy, Operations & Information Directorate in partnership with BMA, RCGP, RCN and NAPP issued guidance entitled Responsibility for prescribing between Primary & Secondary/Tertiary Care. This defined shared care as: "Shared care agreements are a specific approach to the seamless prescribing and monitoring of medicines which enables patients to receive care in an integrated and convenient manner. Shared care is a particular form of the transfer of clinical responsibility from a hospital or specialist service to general practice in which prescribing by the GP, or other primary care prescriber, is supported by a shared care agreement."

## 2. Scope & Service Standards

### 2.1 NHS Outcomes Framework Domains & Indicators

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

### 2.2 Local defined outcomes

- To ensure care is delivered in a timely manner and in a convenient location closer to the patient's home.
- Improved patient experience
- Reduced need for onward referral
- Improved monitoring of patients on high-risk drugs resulting in improved patient safety

## 3. Scope & Service Standards

### 3.1 Aims and objectives of service

This service is designated to remunerate practices for additional work involved in monitoring amber 1 and 2 shared care drugs within the GP practice that have been stabilised within secondary care and that require frequent monitoring as per the intervals detailed under each individual shared care document.

**Service Aims**:

- Ensure patient convenience, whilst remaining clinically safe.
- Ensure patients receive the necessary and appropriate monitoring at the right time.
- Clinicians involved are confident in accepting the legal and clinical responsibility associated with the prescribing of these medicines.
- Therapy should only be stated for recognised indications for specified lengths of time.
- Maintenance of patients first stabilised in the secondary care setting should be properly controlled.
- Monitoring of patient's therapy is managed through their GP practice, standardising the provision and use of blood test monitoring.
- The need for continuation of therapy is reviewed regularly by the specialist.
- The therapy is discontinued when appropriate.
- The use of resources by the National Health Service is efficient.

**3.2 Service Description/Care Pathway**

The service will provide near patient testing as per LSCMMG shared care guidance associated with the prescribing of medicines designated as amber level 1 & 2 by LSCMMG

**3.3 Population covered**

The service is to be provided for all eligible residents of that are registered with a GP in Lancashire and South Cumbria ICB.

**3.4 Any acceptance and exclusion criteria and thresholds**

All patients must be registered with a GP Practice in Lancashire and South Cumbria, those that are not will be excluded from this service.

This service is intended to cover NHS shared care (including with approved right to choose providers). However, where a practice has considered the criteria in the Local Guidelines for Good Prescribing in Primary care and feel sufficiently assured to choose to agree shared care with a private provider for medications covered by the shared care agreements, this specification applies.

**3.5 Interdependence with other services/providers**

Staff involved with the provision of this service must work together with other professionals where appropriate. The provider should refer patients to other appropriate services and to relevant support agencies using locally agreed guidelines.

Links to the current, agreed clinical shared care guidance can be found on the Lancashire and South Cumbria formulary site, reference below.

Additional drugs may be introduced within the contract year if approved by LSCMMG and published on the LSC formulary site. Where this occurs, practices will be fully informed and funded according to the agreed monitoring frequency at the agreed rates below.

**Agreeing Shared Care**

Practices should ensure there is a completed and signed Shared Care Agreement attached to the patient notes for any **newly** initiated shared care agreement

Practices must adhere to the ICB agreed Shared Care guidelines for each drug.

Occasionally tertiary services may ask practices to use shared care guidelines agreed in their geography. The Northwest is aiming to align these to reduce or eliminate any duplication or contradiction.

This service specification will fund out of area shared care if agreed by the medicines optimisation team.

**A register**
Practices should be able to produce and maintain an up-to-date register for all shared care drugs monitored via this service. Each register should include the patients name, date of birth and the indication and duration of treatment and last specialist appointment.

Practices should have robust systems in place to ensure systematic call and recall of all patients on the register is taking place for appropriate monitoring to occur. If practices do not provide this service, the practice must make appropriate arrangements to ensure patients are monitored safely through an alternative provider.

Although systems such as Eclipse RADAR can support practices through safety netting e.g. identifying patients at an increased risk of harm due to a failure in the call and recall system or failure to act on abnormal results, they are not a substitute or intended as an alternative to a robust call and re-call system.

Practices must maintain adequate records of the service provided, incorporating all known information relating to any significant events.

**3.6 Equipment / Premises**
The provider must ensure any equipment used has been quality assured and that the service is delivered from premises that meet the current regulatory standards.

**3.7 Governance and Safety**
Practices must ensure that monitoring is accurate and up to date before a prescription is issued. The expectation is that monitoring and prescribing will be undertaken by the same provider.

**3.8 Audit, Record Keeping and Reporting**
The provider must be able to produce an up-to-date register of all patients receiving a shared care medicine; including patient name, date of birth and the initiation and duration of treatment, including the last hospital appointment.

The provider must maintain adequate records of the service provided including all regular monitoring, dates of attendance, issues arising from treatment and incorporating all known information relating to any significant events e.g., hospital admissions, death of which the practice has been notified.

Patients' records should be assigned the relevant SNOMED Code as shown below to allow relevant audits to be conducted.

**High risk drug monitoring - 205801000000109**

The provider must ensure that a systematic call and recall of patients on the Practice register is taking place.

All providers of NHS commissioned care should use the latest NHS Information Governance Toolkit to assist in implementation and assessment of compliance with policy and legal requirements.

Full records of all procedures, screening and tests should be maintained in such a way that aggregated data and details of individual patients are readily accessible. Practices should regularly audit and peer review outcomes.

Practices must ensure that details of the patient's monitoring are included in his or her lifelong record. If the patient is not registered with the Practice, then the Practice must send this information to the patient's registered Practice for inclusion in the patient notes.

**3.9 Inclusion and Exclusion Criteria**

**Inclusion:** All amber shared care drugs (Amber 1 &2) that require bloods and other monitoring/ investigations as part of the recommended monitoring more frequently than per annum and above 'usual care'.

**Exclusions:** Any amber drugs that do not require shared care i.e. Amber 0 drugs . Recommended annual assessment should form part of the standard clinical annual review process. Any drugs with an LSCMMG RAG rating of RED or GREEN.

Phlebotomy is commissioned separately and is outside the scope of this specification.

## 4. Finance

**4.1 Finance**

Payment should only be claimed for those patients prescribed a shared care drug who receive near patient testing and monitoring by the practice, including taking clinically appropriate action in response to results and patient response.

**The provider will receive £30 per patient monitoring episode.**

For patients on two or more medications within this service specification practices should claim for monitoring one drug only unless the monitoring requirements of each drug is significantly different from the other.

Practices are required to submit claims (see above) on the claim form in accordance with the monitoring requirements and respective SNOMED codes.

All activity should be recorded using the appropriate SNOMED codes.

**High risk drug monitoring – 205801000000109**

The overarching Local Enhanced Service (LES) claims process, timescales, and parameters for practices to submit claims for LES activity is within a 3 month period after the activity has been completed and to ensure that this is included within contractual agreements.

The provider must email lscicb.localenhancedservices@nhs.net by the 10th of every month. Forms must be submitted within 3 months of the activity taking place. Please note that claims submitted to the Enhanced Service Contract Team after the 3 month period will not be approved for payment.

If you have any questions, please contact the Contract Team lscicb.localenhancedservices@nhs.net or your local primary care team.

Phlebotomy is commissioned separately and is outside the scope of this service specification.
MLCSU Data Quality searches available on Enterprise Searches and Reporting (ES &R) will be used for validation of claims.

Practices will receive payments on completion of the claim form. Claim forms should be submitted monthly.

**4.2 Fraud Policy**
In the event of suspected fraud or other illegality being uncovered at any stage the ICB will implement the ICB Fraud Policy and will investigate.

Information supporting reported activity and monitoring information must be made available to the ICB or its representatives upon request. Failure to provide this information, or the provision of incomplete or inaccurate information, may result in suspension of payments or clawback, as well as further investigation by the ICB and its representatives.

## 5. Applicable Service Standards

**5.1 Applicable national standards (e.g. NICE)**
The delivery of the commissioned service is underpinned by the appropriate standards, including but not limited to:

- *Dept. of Health EL(91)127 "Responsibility for prescribing between Hospitals and GPs*'
- Care Quality Commission Standards
- Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance
- Relevant safeguarding standards.
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**5.2** The service provider is required to adhere to all current infection prevention guidance including the Health and Social Care Act 2012 and NICE Guidance CG139 or relevant guidance which supersedes these detailed.

**5.3 Applicable standards set out in Guidance and/or issued by a competent body**

**5.4 Applicable local standards**

Prescribing by a Primary Care prescriber of an Amber level 2 (with shared care and enhanced service) should normally be carried out in accordance with the guidance provided in the LSCMMG Monitoring Guidelines and/or the shared care protocol (where available) for that drug. Current shared care protocols are updated regularly.

The most up to date version should be used and can be found at: Shared Care Guidelines - Lancashire and South Cumbria Formulary

These guidelines provide best practice guidance for monitoring these drugs, with information accrued from a variety of sources.

Adherence to the guidelines may not ensure a successful outcome in every case. The ultimate judgement regarding a particular clinical result must be made by the clinician considering the clinical data presented by the patient and the diagnostic and treatment options available.

A provider may be accepted for the provision of the service if it has a partner, employee or sub-contractor who has the necessary skills and experience to undertake the required patient monitoring to the standards of this specification.

Providers undertaking this service will be required to demonstrate a continuing sustained level of activity, conduct regular audits, be appraised on what they do and take part in necessary supportive activities.

The provider is required to maintain evidence of continuing professional development in relation to this service specification. This may be produced as evidence for re-accreditation. Clinical updates/training could include supervised practice, liaison/clinical audit sessions and/or attendance at appropriate post-graduate meetings/lectures/events etc.

**Business Continuity**

The provider must ensure that adequate arrangements are in place for continuity of the service in the event of staffing shortages, facilities, and system failures appropriate to the service to include subcontractors.

**Significant Events**

The Department of Health and social care emphasises the importance of collected incidents nationally to ensure that lessons are learned across the NHS.
A proactive approach to the prevention of recurrence is fundamental to making improvements in patient safety.

The provider must have systems in place for documenting and learning from significant events, including reporting as appropriate.
The provider should be aware of the various reporting systems, such as:

- The National Patient Safety Agency National Reporting and Learning System.
- The Medicines and Healthcare Products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system) and accidents involving medical devices.
- The legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

In addition to their statutory obligations, the provider should give notification, within 72 hours of the information becoming known to him/her, of all emergency admissions or deaths of any patient treated by the provider under this service, where such admission or death is, or may be due, to the providers treatment of the relevant underlying medical condition covered by this specification.

**6. Applicable Quality Requirements**

The performance monitoring for this enhanced service will be completed quarterly using Data Quality searches as above.:

**Latest Shared Care Guidelines are available from:**
Shared Care Guidelines - Lancashire and South Cumbria Formulary

**References**

1. Safe management of therapeutic drug monitoring Published 2 October 2024 · Last updated 17 October 2024 https://www.sps.nhs.uk/articles/safe-management-of-therapeutic-drug-monitoring/
2. Specialist Pharmacy Service Medicines Monitoring https://www.sps.nhs.uk/home/tools/drug-monitoring/
3. NHS England, Regional Medicines Optimisation Committees advice. Shared Care Protocols NHS England » Shared Care Protocols
4. Summary of product characteristics - Electronic Medicines Compendium (eMC) https://www.medicines.org.uk/emc

## APPENDIX 1 – SHARED CARE LES DATA QUALITY GUIDANCE

### CLAIM CODE

| Code | Description |
|---|---|
| 205801000000109 | High risk drug monitoring – shared care |

### GUIDES AVAILABLE

Guides for the following can be found on the GP Intranet/Learning Academy/DQ Specialist:

**LTC Shared Care LES User Guide**

For activating the template launcher: **LSC ICB LES Protocol Guide**

### TEMPLATES

The template for the Shared Care LES is available through your shared folder in Resource Publisher and is titled **ML ICB Shared Care (HRDM) v1.8**. Emails will be sent whenever the template is updated. Please ensure that you keep Resource Publisher refreshed to ensure that you are using the most up to date template.

A template picker is also available to support the selection of the appropriate template. Instructions on how to enable these protocols are provided in the guide referenced above.

### SEARCHES

All searches for the Shared Care LES are available through Enterprise Searches & Reports, the CCG tab at the bottom of Population Reporting. Searches are managed by the Data Quality Team and emails will be sent from the Data Quality Team regarding the location and when any searches have been updated. Any updated searches will be available in the same place. Searches need to be copied and pasted into your practices folder to be able to use them.

### DATA EXTRACTS

All data is extracted based on left/deceased patients and the code above being added to the patients record once within the specified timeframe.

### DATA QUALITY CONTACT DETAILS

All requests for support or query resolution should be logged on the Self-Service Portal at: https://sunrise-saas.com/mlcsu/SContacts/

For any urgent queries please ring: **0300 555 0212**