



The 3T's Formulary

NHS Swindon, NHS Wiltshire

Great Western Hospitals NHS Foundation Trust

(In collaboration with Avon and Wiltshire Mental Health Partnership and Oxford Health NHS Foundation Trust)

Shared Care Agreement Signature Sheet

Naltrexone Hydrochloride tablets

For opiates

This page is to be completed by the consultant psychiatrist initiating the therapy. A copy of both completed forms should be retained by the GP and a copy should be returned to the consultant (preferably by email) for uploading in the patients records on Rio.

Dear Dr _____

I am requesting your agreement to share the care of the patient named below in accordance with the approved [Shared Care Agreement for naltrexone tablets for opiates](#)

Patient details:	
Name:	NHS number:
D.O.B:	Diagnosis:

The above treatment has been approved as suitable for shared care by AWP Mental Health Partnership NHS Trust, Medicines Management Group. Where baseline tests are required, these have been done and the results are given below.

Medication details:
Name:
Strength:
Formulation:
Dose:
Date treatment to resume by GP :
Baseline test results:

If you are in agreement with shared care for this patient, I will reassess the patient in ___ weeks and send you a written summary / discharge the patient into your care (delete as appropriate). I would be grateful if you could resume treatment effective from the date given above.

If you have any concerns about the treatment or monitoring arrangements, please contact me to discuss **before** returning this document.

I confirm I have explained to the patient, the risks and benefits of treatment, the baseline tests conducted, the need for monitoring, how monitoring will be arranged, and the roles of the consultant, GP, pharmacist and patient in shared care. I confirm the patient has understood and is satisfied with this shared care arrangement at this time. This has been recorded in the patients records.

Consultant Details:	
Name:	Signature:
Department/ Team:	
Hospital:	Date of request:
Direct telephone number:	Email:

When emailing patient data please ensure you send from your nhs.net address to the recipients nhs.net address. This is the only secure way to send / receive confidential information.

GP response to shared care

This form is to be completed by the GP who is sharing care. A copy of **both** completed forms should be retained by the GP and a copy should be returned to the consultant psychiatrist (preferably by email).

Patient details:	
Name:	NHS number:
D.O.B:	Drug requested for shared care:
Consultant:	

Please tick those that apply:

I agree to accept shared care for my patient as given in the shared care agreement for naltrexone tablets.

I have discussed my concerns with the consultant psychiatrist but have decided that I will NOT agree to shared care for this patient.
 My reason(s) for not prescribing are given below:

Although I have decided **not** to agree to shared care for naltrexone for this patient, I am happy to do the monitoring for LFTs/ GGT as requested by the specialist.

Please note that GP agreement is voluntary, with the right to decline to share care if for any reason you do not feel confident in accepting clinical responsibility. Refusal should not be for financial reasons and the cost of the drug is NOT a barrier to sharing care. All prescribers will want to keep reasonably up-to-date with important developments in therapeutics. Practitioners have a duty to keep themselves informed of the drugs that are recommended for their patients

GP name	Practice address /stamp:
Direct telephone number:	
Email:	
Date:	Signature:

Please return a copy of both completed forms to the requesting consultant within 3 weeks of receiving this request (preferably by email).

In the event that this request to shared care is declined, please *also* send a copy of your reply to: Bethan Shepherd, Formulary Pharmacist at bethan.shepherd@nhs.net

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