

Effective Shared Care Agreement (ESCA)

Oral Antipsychotics

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of oral antipsychotics can be shared between the specialist and general practitioner (GP). **This agreement covers all oral antipsychotics included in the Birmingham, Sandwell, Solihull and environs APC Formulary with the exception of clozapine, pimozide and penfluridol.** Where prescribed, these antipsychotics will continue to be prescribed by specialist services. Oral antipsychotics are often an essential component of treatment for schizophrenia, schizoaffective disorder and bipolar affective disorder. Other indications for specific antipsychotics include psychotic depression and augmentation with antidepressants in severe depression. They can also be used for unlicensed indications including significant and distressing anxiety disorders including obsessive compulsive disorder, Tourettes syndrome and post-traumatic stress disorder. For such indications, specialist services should liaise closely with the GP and ensure that the GP understands the unlicensed/off label indication, the evidence supporting the proposed use and is happy to take on the prescribing.

You are **invited** to participate; however, if you do not feel confident to undertake this role, then you are under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. In this case, please complete a decline to prescribe form and return to the specialist Trust. In such cases, the treatment should be added to the patient's repeat prescription as a 'non-issued item' for information and safety purposes and 'Hospital Prescribing only. Do not prescribe/dispense' on the dose line. This may also be done prior to the transfer of prescribing during initiation and stabilisation.

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care will be explained to the patient by the specialist initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

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

RESPONSIBILITIES and ROLES

Specialist responsibilities
1. Provide a specialist assessment of the patient and confirm the diagnosis
2. Discuss the choice of treatment, potential benefits, treatment side effects and possible drug interactions with the patient
3. Undertake baseline physical investigations (weight, blood pressure, blood glucose/HbA1c, lipids, renal function, liver function, prolactin and ECG if specified in SPC)
4. Advise the GP of any abnormal findings on baseline or initial assessment including any implications for the future prescribing of antipsychotic medication.
5. Initiate treatment and stabilise the dose
6. After 3 months' treatment (if prescriptions are still being provided by specialist) check weight, blood pressure, blood glucose/HbA1c, lipids, renal function, liver function and prolactin (if there are symptoms of hyperprolactinaemia)
7. Advise the GP of any abnormal findings at the three month check, including any implications for the future prescribing of antipsychotic medication.
8. Provide adequate and specific information about prescribed treatment including dose and proposed duration of treatment. Where necessary, this will include appropriate information on unlicensed/off label treatments and the evidence supporting the proposed use.
9. In the case of Quetiapine M/R preparations, provide a clear rationale for use to the GP along with details of why other medicines within the formulary are not appropriate for this patient.
10. Review the patient at least once a year until the patient is discharged from specialist mental health services where this is possible.
11. Notify promptly, any changes in prescribed treatment or their clinical status and ensure the patient has sufficient medication until the GP has agreed to take on prescribing, including how and when antipsychotic therapy may be reduced and/or stopped.
12. Report suspected serious or unusual adverse drug reactions via the Yellow Card scheme https://yellowcard.mhra.gov.uk/
13. Ensure clear backup arrangements exist for GPs, for advice and support (please complete details below)

General Practitioner responsibilities

1. Provide, at referral of the patient for specialist assessment, any relevant test results available in primary care to the specialist to help with baseline physical health assessment in order to reduce repeated investigations.
2. Reply to the request for shared care as soon as practicable i.e. within 10 working days
3. Prescribe oral antipsychotics at the dose recommended

4. In the patient's notes, using the appropriate Read Code listed below, denote that the patient is receiving treatment under a shared care agreement						
GP Prescribing System	Read Code	Description		GP Prescribing System	Read Code	Description
EMIS and Vision	8BM5.00	Shared care prescribing		SystemOne	XaB58	Shared care
5. Monitor patient's response to treatment; make dose adjustments if agreed with specialist						
6. Report to and seek advice from the consultant psychiatrist or their team on any aspect of patient care that is of concern to the GP, patient or carer and may affect treatment						
7. Where necessary, advise specialist services of any issues with prescription issues such as failing to pick up repeat prescriptions, issues with adherence, and discuss with specialist services the appropriate actions to take.						
8. Notify the specialist team of any relevant changes to other medications or other issues of concern						
9. After 3 months' treatment (if prescriptions being provided by GP) check weight, blood pressure, blood glucose/HbA1c, lipids, renal function, liver function and prolactin (if there are symptoms of hyperprolactinaemia)						
10. Check weight, blood pressure, blood glucose/HbA1c, lipids, renal function, liver function and prolactin (if there are symptoms of hyperprolactinaemia) and ECG (if indicated in SPC) annually						
11. Advise the specialist of any abnormal findings and clarify any implications for the future prescribing of antipsychotic medication.						
12. Monitor adherence with medication including establishing arrangements for obtaining repeat prescriptions						
13. Report suspected serious or unusual adverse drug reactions via the Yellow Card scheme https://yellowcard.mhra.gov.uk/						
14. Stop treatment on advice of specialist						

Patient's and carer's role

1. Report to the specialist, clinical nurse specialist or GP if he or she does not have a clear understanding of the treatment
2. Share any concerns in relation to treatment with oral antipsychotics with the specialist, clinical nurse specialist or GP
3. Report any adverse effects to the specialist or GP whilst taking oral antipsychotics
4. Attend regular outpatient appointments with the specialist and GP
5. Follow verbal and written communications on medicines including Choice and Medication where appropriate
6. Take medication regularly as agreed with specialist prescribers and GP

BACK-UP ADVICE AND SUPPORT

Trust	Contact details	Telephone No.	Email address:
	Consultant:-		
	Specialist Nurse		

Side Effect Monitoring

Antipsychotic medication can cause a range of side effects. This will depend in part on the susceptibility of the individual to specific side effects as well as the pharmacological properties of the individual antipsychotic. All patients should be systematically assessed at regular intervals for a range of side effects of antipsychotics including

- movement disorders
- metabolic side effects
- sedative effects
- sexual side effects
- cardiac side effects
- thrombotic effects
- blood dyscrasias
- hepatic problems

Direct and indirect questions should be used as well as exploring any signs and symptoms of such side effects.

At a minimum, antipsychotic side effects should be explored within the annual physical health check, which should also include exploration of the impact on metabolic side effects associated with antipsychotics.

Patients with severe mental illness are less likely to have physical health checks, more likely to smoke, put on weight, do less physical exercise, have a poor diet, develop diabetes and die early. A proactive approach should be taken to assess physical health and promote healthy lifestyles, following NICE guidance for smoking cessation, physical activity, nutrition and cardiovascular prevention.

Practical tips for managing side effects of antipsychotics

Side Effect	Examples of practical management tips
Weight Gain	<ul style="list-style-type: none"> • Aim for as healthy diet with plenty of fruit and vegetables • Increase activity and exercise • Support service user to set realistic weight loss targets • Seek dietician support if necessary
Constipation	<ul style="list-style-type: none"> • Dietary advice: plenty of fruit and vegetables, high fibre foods • Plenty of fluids, preferably water • In addition, medication may be necessary e.g. senna, Fybogel
Movement Disorders	<ul style="list-style-type: none"> • Review dose/type of medication • Prescribe anticholinergic medication (unless Tardive dyskinesia (TD) or akathisia) • Distraction techniques e.g. exercise to alleviate subjective symptoms of akathisia. Review antipsychotic if akathisia persists or TD develops
Dry Mouth	<ul style="list-style-type: none"> • Sip water regularly. Advise against too many sugary drinks • Recommend regular dental check ups • Try sucking sugar free sweets or chewing sugar free gum • Artificial sprays e.g. Salivase® may occasionally be indicated
Sexual Side Effects	<ul style="list-style-type: none"> • Work with patient to identify the cause. Consider weight, depression, stress, relationship problems and other health issues • Recommend use of lubricant if female patients complain of painful sex
Menstrual Disturbance	<ul style="list-style-type: none"> • Conduct medication review • Consider if contraceptive advice is needed
Urinary Retention	<ul style="list-style-type: none"> • Older men may need to see their doctor to rule out prostate problems • Check fluid intake

Medication profile

Medication to be TRANSFERRED TO GP PRESCRIBING		
Drug name and form (NB Brand name prescribing essential)	Dose and frequency	Commenced on:

I agree to participate in this shared care agreement for the treatment of the below named patient with Oral Antipsychotics for the treatment of psychosis and schizophrenia, bipolar affective disorder and schizoaffective disorder

General Practitioner

Name (please print) _____ Signature _____ Date _____

Hospital Specialist/Consultant

Name (please print) _____ Signature _____ Date _____

Patient's name	Date of birth	Sex	Home Address	Hospital Number
				NHS Number

Please keep a copy of this agreement for your own records and forward the original to the above named Consultant at