

Effective Shared Care Agreements (ESCA)

MTRAC Templates

For some products MTRAC recommends prescribing with the guidance of an effective shared care agreement (ESCA), and, since 2001, it has provided a template ESCA for such products, for local adaptation and adoption.

Successful shared care agreements enable the combination of the best of both primary and secondary care for the benefit of the patient. They allow the seamless transfer of patient treatment from the secondary care sector to general practice.

While 'protocols' and guidelines may be useful, they, in themselves, do not constitute an adequate basis for shared care operations.

This document outlines the minimum data required for shared care providing a structural basis for discussions with secondary care clinicians when considering entering into a shared care agreement.

Effective shared care relies on:

- **Individual, patient-by-patient agreements**
ESCAs should be patient-specific and encompass all aspects relevant to that particular patient.
- **A reasonably predictable clinical situation**
Clinical responsibility should be considered for transfer to primary care only where it is agreed that the patient's clinical condition is stable or predictable.
- **Willing and informed consent of all parties**
This includes patients, carers and doctors. Consenting parties must have sufficient, accurate and timely information in an understandable form. Consent must be given voluntarily.
- **A clear definition of responsibility**
The shared care agreement should identify the areas of care for which each partner has responsibility and where, if appropriate, the specialist resources are available to the general practitioner. This should be patient specific.
- **A communication network**
Agreed communication should include a telephone contact number for use when problems arise, and fax and email details if appropriate. Progress reports should be produced to an agreed time-scale with regular review.
- **A clinical summary**
This should include a brief overview of the disease, the product's licensed indications, therapeutic classification, dose, route of administration and duration of treatment, a summary of adverse effects, monitoring requirements and responsibilities, clinically relevant drug interactions and their management, peer-reviewed references, and contacts for more detailed information.
- **Emergency support**
Contact numbers should include those for out-of-hours queries.
- **Training**
Any training required by general practitioners and their staff should be identified and provided to a satisfactory standard by the specialist department seeking the shared care arrangement.
- **Funding**
It should be recognised that resources available in Practices and Trusts are not uniform. Funding difficulties should be directed to the CCG.

ESCAs form an essential component of the wider concept of disease management. The issue of patient safety is always paramount.