



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

**CONSULTANT REQUEST for SHARED CARE or
SHARED CARE / NEAR PATIENT TESTING (NPT)**

Date: _____

To: Dr _____

Diagnosed condition: _____

Your patient has been started on _____

The shared care protocol (SCP) forcan be viewed on the clinical portal address:

<https://www.wmic.wales.nhs.uk/shared-care-protocols/>. A copy of the SCP is also attached SCP CV No.....

I am writing to ask if you would be prepared to consider prescribing the medication when the patient has been stabilised on this drug. This is an **ADVANCE** request. I will write to you when the patient is stable but would be grateful if you return this form to me within a week. You will not be expected to prescribe (*or monitor if NPT drug*) until you have received the letter stating the patient has been stabilised.

I will continue to monitor according to the shared care protocol but would appreciate if you wrote the prescriptions' for the family to facilitate access nearer home. (*Delete this sentence if NPT drug*)

Consultant's Name: _____ Signature: _____

Contact Telephone No: _____ Date: _____

Department: _____ Hospital: _____

GP RESPONSE (*Please tick as appropriate*)

A. I am willing to undertake when patient has been stabilised in secondary care

- Shared care ☐
- Shared care/NPT ☐

B. I am unable to undertake shared care for this patient

- *please tick reason(s) below*

- Practice does not participate in Shared Care ☐
- Training Issues, we would welcome supportive training ☐
- Unwilling to take responsibility for prescribing this drug ☐
- Time issues ☐
- Other – please state to help us improve this service

PLEASE RETURN COMPLETED FORM OR A PHOTOCOPY TO:

Name:

Address:

Telephone No.

Should you need to discuss prior to returning the completed form please call the number above

GP Signature and date: _____

Practice Address / Stamp _____