

## **Shared Immunosuppressant Monitoring Agreement for post heart/lung transplant**

The content of this shared monitoring agreement was correct as of [insert date]

Please ensure that summaries of product characteristics (SPCs), British national formulary (BNF) or the Medicines and Healthcare products Regulatory Agency (MHRA) or NICE websites are reviewed for up-to-date information on any medicine.

### **Responsibilities of the specialist prescribing the immunosuppressant regime**

Send copy of the Shared monitoring agreement to patient's GP and ask if they are willing to participate in shared monitoring.

Assess the suitability of the patient for shared monitoring, ensuring patient aware of:

Actions to take if suspected adverse drug effects

The need for continuous monitoring

Agrees to the sharing of clinical data

Inform the GP of the information provided to the patient

Provide 24hr access to Primary Care for support and advice

Once treatment is optimized (and not less than 3 months post transplant), complete the shared monitoring documentation, and send to patient's GP detailing the current and ongoing drug doses and brand, any relevant test results, next monitoring date and investigations required.

Provide guidance to Primary Care of abnormal result ranges requiring same day (including out of hours) discussion with the prescribing specialist team, on a case-by-case basis.

All immunosuppressant prescribing, including dose or formulation adjustments, will remain the responsibility of the specialist post-transplant team.

The prescribing specialist will retain the responsibility for monitoring the patient's ongoing response to immunosuppressant treatment and will directly advise the patient (copied to GP) if dose change or other treatment adjustment is required.

If blood specimens are to be posted to the transplant centre for testing, then the prescribing team will:

1. provide the patient with the blood sample packaging required to be compliant with the transport of UN3373 as per specified in Packing Instruction 650 of ADR (The European Agreement concerning the International Carriage of Dangerous Goods by Road).  
[Transporting infectious substances - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
2. Pay the cost of the postage of the sample.

## GP Responsibilities

Reply to the request for Shared Monitoring within three weeks of receipt.

Record the specialist prescribed immunosuppressant medication onto the electronic GP practice record as a **hospital issue only medication**. Guidance on how to add hospital issue medications to the clinical record can be found via: [Recording medicines prescribed elsewhere into the GP practice record - NHS Digital](#). If these medications are not recorded on the electronic GP practice record, it could result in healthcare professionals not having enough information to make an informed clinical decision about a patient's care. It is recommended that the drug dosage instruction states: "HOSPITAL PRESCRIBED & SUPPLIED, NOT TO BE ISSUED BY GP".

Contact the prescribing specialist team if relevant changes to patient condition or advice needed for prescribing concurrent medications.

Advise the patient how to access their local NHS phlebotomy service.

Undertake the requested blood test monitoring, the type and frequency to be detailed by the prescribing specialist on case-by-case basis.

Communicate all results of the requested blood tests back to the specialist prescribing team within **[insert, suggest two working days of receipt]**.

Notify the prescribing team of urgent results, as per guidance issued by the specialist prescriber (see responsibilities of the specialist prescriber).

## Responsibilities of the Patient

Agree to shared monitoring and the sharing of data/results between specialist prescribing and Primary Care Teams.

Take medications as per prescribed and follow safety advice provided by prescriber or patient information leaflets.

Attend appointments including those required for blood tests and investigations.

Inform specialist prescribing team, **within two working days**, of the sample date of shared monitoring blood tests so that results can be retrieved by the specialist prescribing team.

## Additional Information

Where patient care is transferred from one specialist service or GP practice to another, a new shared care agreement must be completed. Ensure that the specialist is informed in writing of any changes to the patient's GP or their contact details.

**Shared monitoring blood test request**, to be completed for each sample request

Dear.....

This patient is under shared monitoring of their immunosuppressant regime. Please undertake blood testing, as requested below, and forward results to the specialist prescribing team.

Patient Name

Patient DOB

Patient Address

Patient NHS number

Current immunosuppressant regime prescribed by Specialist Team:

Drug name	Brand	Dosage
-----------	-------	--------

Next monitoring required:

Date	Blood test investigations
------	---------------------------

ALL Results to please be forwarded for the attention of the Prescribing Specialist team via:  
[insert email address]

Results requiring same day (including out of hours) discussion with prescribing specialist team:  
[insert abnormal result ranges requiring urgent attention]

**Specialist contact information:**

Name: [insert]

Role and specialty: [insert]

Daytime telephone number: [insert daytime telephone number]

Email address: [insert email address]

Alternative contact: [insert contact information, e.g. for clinic or specialist nurse]

Out of hours contact details: [insert contact information, e.g. for duty doctor]

**Request for blood sample to be taken by phlebotomist for posting to transplant centre**

Dear Phlebotomist,

This patient is under shared monitoring between their primary care and specialist prescribing transplant teams.

Patient name

Patient DOB

Patient Address

Patient NHS number

Please kindly take a [insert] tube sample and hand to the patient to them to post to their transplant team for immunosuppressant monitoring.

{insert postage address of monitoring transplant unit}

Please ensure the sample is labelled with the following:

- Name
- DOB
- NHS number
- Date and time specimen taken
- [insert if further labelling requirements]

Please provide the sample to the patient to them to post to their transplant team for immunosuppressant monitoring at: [insert postage address of monitoring transplant unit]

The patient has been provided with blood sample packaging required to be compliant with the road transport of UN3373 patient blood specimen(s).

Any queries, please do not hesitate to telephone: [insert contact details of specialist prescribing team].

Thank you for your assistance to facilitate this patient's monitoring.

[insert name]

**Shared monitoring request letter (Specialist prescriber to Primary care team)**

Dear [insert GP's name]

Patient name: [insert patient's name]

Date of birth: [insert date of birth]

NHS Number: [insert NHS Number]

Diagnosis: [insert diagnosis]

As per the attached shared monitoring agreement for post cardiothoracic transplant patients, this patient is now suitable for shared monitoring with primary care.

The patient fulfils criteria for shared monitoring of their post-transplant immunosuppressant regime. I am therefore requesting your agreement to participate in shared monitoring.

I can confirm that the following has happened with regard to this treatment:

**Specialist to complete**

The patient has been optimised on their immunosuppressant regime and has been on stable dose for the following period of time: [insert]

Baseline investigation and monitoring have been completed and were satisfactory: Yes / No

The risks and benefits of treatment have been explained to the patient Yes / No

The roles of the specialist/specialist team/ Primary Care Prescriber / Patient and pharmacist have been explained and agreed: Yes / No

The patient has agreed to this shared care arrangement, understands the need for ongoing monitoring, and has agreed to the patient responsibilities of the shared monitoring agreement: Yes / No

I have enclosed a copy of the shared monitoring agreement: Yes / No

I have arranged a follow up with this patient in the following timescale: [insert]

If you are in agree, please undertake shared monitoring from [insert date]

Where possible please respond to this request for shared monitoring to [insert contact details/email] within 21 days.