

Title: Development of GP information Sheets to support prescribing of appropriate Amber medicines

Background: At the point of adjudication as an amber drug, the Regional Group on Specialist Medicines (RGSM) will further recommend how the shared care arrangement between the GP and the Specialist should be supported. Usually members will recommend that a Regional Shared Care Guideline be developed. However, where the drug has very minimal monitoring requirements, or it is very infrequently used, the Group may recommend that a 'GP information Sheet' be developed instead.

It is recognised that for amber drugs with minimal or no monitoring requirements, that the focus of the information will be different from that of a Regional Shared Care Guideline. Additionally, for these drugs it is usually very clear in which sector any monitoring responsibilities lie, and so the same degree of consultation as happens during the development of a Regional Shared Care Guideline is not required.

Process: This paper sets out in brief the process by which GP information Sheets are developed.

1. The Amber drug is adjudicated at the Regional Group on Specialist Medicines meeting, and a determination is given as to whether shared care arrangement should be supported by:
 - a. a Regional Shared Care Guideline
 - b. a GP information Sheet
 - c. individually agreed for each patient between the specialist and GP e.g. clinic letters. In the absence of a Regional Shared Care Guideline, or a GP information Sheet, consultants should ensure that GPs are provided with sufficient information to enable them to safely prescribe these medicines for each individual patient.
2. The IPNSM will follow principles outlined in "[Guidance on the development & maintenance of shared care guidelines for amber listed medicines](#)" June 2019 document, in convening the group, selecting the Chair, and drafting the guidance. However the scope and scale of the group's work will be smaller, reflecting the lesser complexity of monitoring and service issues to be encountered in the shared care arrangement.
3. The development Group should include a GP.
4. The IPNSM and the Chair must ensure effective consultation through the specialist(s) in the field to ensure the correctness of the clinical content of the guidance.
5. It is expected that a wide consultation through the HSC would not be required, reflecting the lack of complex monitoring and service issues with sharing care.
6. On completion of the guidance, and when signed off the Chair, the IPNSM will bring the completed GP information Sheets as a full agenda item to the next meeting of the RGSM for final endorsement.
7. The review date for the GP information Sheets will be agreed at RGSM.
8. The document should then be published on the IPNSM website and Services notified onwards throughout HSCNI via the established distribution list.