**SHARED CARE AGREEMENT**

*Dabigatran and Edoxaban in the treatment of deep vein thrombosis and pulmonary embolism and the prevention of recurrent DVT and PE*

Sharing of care assumes communication between the specialist, GP and patient, and other members of the care team including specialist nurses and pharmacists. 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.

If a GP is invited by the specialist to participate in a shared care arrangement, the GP should reply to this request within 10 working days. If the GP is not confident to undertake these roles, then he or she is 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.

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

**Dabigatran** is an oral direct thrombin inhibitor that specifically and reversibly inhibits thrombin (Factor II) - see NICE TA327.

**Edoxaban** is an anticoagulant that directly inhibits factor Xa – see NICE TA354.

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<tr>
<th>Specialist responsibilities</th>
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<td>1. Diagnosis of condition and ensuring other treatment options have been fully explored.</td>
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<td>2. Discussion of risk / benefits, initiation of treatment, referral to anticoagulation specialist nurse for counselling where appropriate.</td>
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<td>3. Supply an orange Anticoagulant Therapy patient booklet containing general information to keep at home for reference.</td>
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<td>4. Supply an Anticoagulant Alert Card for the patient to keep on their person in the event of an emergency.</td>
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<td>5. Supply a UHL Medicines Leaflet for the relevant medicine</td>
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<td>6. Advise GP on monitoring adverse drug reactions (ADRs).</td>
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<td>7. Liaison with the general practitioner (GP) to share the patient's care using the Shared Care Request Form. Shared care should not be assumed until a written agreement has been received from the GP.</td>
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<td>8. If appropriate outlining to GP when therapy may be reduced and stopped assuming no relapse in patient’s condition. Review periods to be agreed.</td>
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<td>9. Responding to issues raised by GP after care of patient has been transferred</td>
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<td>10. Advising GP to consult local guidance for information on drug interactions, adverse effects etc.</td>
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**GP responsibilities**

1. Confirm or decline request to share patient’s care within 10 working days, using the shared care request form.
2. Monitoring the patient’s overall health and well being and observing patient for evidence of ADRs/abnormalities and raising with secondary care clinician if necessary.
3. Clinical surveillance in line with anticoagulation practice throughout the treatment period.
4. Assessment of renal function at least once a year, or more frequently as clinical circumstances dictate when it is suspected that the renal function could decline or deteriorate.
5. Notify secondary care clinician if creatinine clearance falls below 30ml/min (dabigatran) or 15ml/min (edoxaban).
6. Comply with terms of the Community Based Service and any national advice on dabigatran or edoxaban.
7. Ensuring advice is sought from the secondary care clinician if there is any significant change in the patient’s physical health status.
8. Reducing/stopping treatment in line with secondary care clinician’s original request.

**Community pharmacist responsibilities**

1. Check patient is taking the medicine as prescribed
2. Check the patient is attending for monitoring as outlined above
3. Report any side effects to the GP

**Patient responsibilities**

1. Attendance at initial counselling session
2. Report untoward effects to prescribing clinician
3. Compliance with treatment
4. Compliance with blood tests as detailed by prescribing clinician
5. Informing other professionals as appropriate that they are receiving an anticoagulant.

**Further advice and support - this information is not inclusive of all prescribing information**

Consultant Haematologists (Dr B Myers, Dr R Gooding)
Haemophilia Centre, LRI
Fax 0116 258 5093

Anticoagulation Clinic
Mobile Hotline: 07960 779941
Tel: 0116 2586720
Fax: 0116 2587561 Email anticoagulation@uhl-tr.nhs.uk

Summary of product characteristics via [electronic Medicines Compendium (eMC)](http://www.medicines.org.uk/emc)

British National Formulary via [BNF.org](http://www.bnf.org)

Trent Medicines Information Centre, Victoria Building, Leicester Royal Infirmary, LE1 5WW
Tel: 0116 258 6491 Fax: 0116 258 5680
e-mail: medicines.info@uhl-tr.nhs.uk

**Version Section Description of amendments Date Author / amended by**

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<thead>
<tr>
<th>Version</th>
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</thead>
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