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|  | Shared care set up checklist |
|  | Case Review – client assessed as suitable for shared care |
|  | Discussion with client re: moving to shared care and approved prescriber (AP) identified |
|  | Discussion with AP re: taking on client in a shared care arrangement |
|  | Request for approval of shared care participation sent to HARU |
|  | Approval received – appt with AP made for document set up/general practice staff education etc. |
|  | Date for transfer of care agreed upon with AP |
|  | Advise client of approval and transfer date. Transfer appt booked (by client) |
|  | Handover sent/given to AP with transfer of QOTP form and digital photo |
|  | Contact dosing pharmacy and advise of changes, provide reporting requirements. Send follow up letter and reporting form. |
|  | Transfer appt attendance (CM may want to attend this with client) |
|  | ADS review appointment supplied to AP and client |