# Shared Care Agreement: Apomorphine for Parkinson's Disease

This Shared Care Protocol sets out details for the sharing of care for patients prescribed Apomorphine injections. This protocol is for use within Parkinson's Disease in adults, as stated in section 2.

It should be read in conjunction with the latest Summary of Product Characteristics (SPC) available at www.medicines.org.uk/emc/.

As outlined in NHS England Guidance 2018 "Responsibility for Prescribing between Primary & Secondary/Tertiary Care. When a specialist considers a patient's condition to be stable or predictable, they may seek the agreement of the GP concerned (and the patient) to share their care.

This document provides information on drug treatment for the shared commitment between the consultant and primary care clinician concerned. The primary care clinician may accept or decline shared care. If shared care is declined the primary care clinician practice must discuss the reason for refusal with the consultant within 14 days. Where appropriate, the clinical responsibility will then remain with the consultant.

**Introduction**

This shared care guideline sets out details to support the transfer of responsibility for prescribing apomorphine for any of the indications listed in section 2, from specialist to primary care. For further information please click on the links below:

British National Formulary

http://www.medicines.org.uk/emc/

| Ratification Process | Details |
|---|---|
| **Authored by:** | Cambridgeshire and Peterborough Integrated Care System |
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**The content of this shared care protocol was correct as of August 2025. As well these protocols, 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.**

## Specialist responsibilities

- Assess the patient and provide diagnosis; ensure that this diagnosis is within scope of this shared care protocol (section 2) and communicated to primary care.
- Use a shared decision making approach; discuss the benefits and risks of the treatment with the patient and/or their carer and provide the appropriate counselling (see section 11) to enable the patient to reach an informed decision. Obtain and document patient consent. Provide an appropriate patient information leaflet.
- Assess for contraindications and cautions (see section 4) and interactions (see section 7) apomorphine or domperidone when considering apomorphine therapy.
- Conduct the required monitoring in section 8 and communicate the results to primary care. After each review, advise primary care whether treatment should be continued, confirm the ongoing dose, and whether the ongoing monitoring outlined in section 9 remains appropriate.
- Provide advice to primary care on the management of adverse effects if required.
- Arrange response test if appropriate.
- Advise the primary care clinician by standard letter of the diagnosis and proposed treatment and invite the primary care clinician to share care.
- Provide opportunity for primary care clinician to discuss the management of Parkinson's Disease.
- Recommend any concomitant medication that may be required such as domperidone, (please note dosage and duration is off-label use – Please refer to this link for details of MHRA safety update and advice on dosing regimen and ECG monitoring advice from the Association of British Neurologists on the use of domperidone in general and with specific reference to use with apomorphine).
- Recommend route of administration and dose to primary care clinician. Advise primary care clinician of the monitoring tests needed, test intervals and date of review appointment.
- Ensure compliance with NICE NG71.
- Provide backup advice and support to community PDNS/ primary care clinician if required.
- To have a mechanism in place to receive rapid referral of a patient in the event of deteriorating clinical condition.

**For apomorphine response test:**

- Assess suitability of patient by conducting an apomorphine response test in day assessment unit in secondary care or within the community setting with the nurse specialist.
- Provide training/ information to patient and carer. Training may also be provided by nursing staff from the drug companies who manufacture apomorphine (Britannia Pharmaceuticals or EVER Pharma).

Specialist nurse responsibilities:

- Carry out the apomorphine response test where appropriate.
- Communicate promptly with the primary care clinician in writing, providing details of:
    - The dose.
    - Method of administration.
    - The frequency of routine blood monitoring.
    - Type of infusion line/ needles associated with apomorphine use (PIP codes).
    - Details regarding the dosage/ monitoring requirements for domperidone (if applicable)
- Inform the primary care clinician and specialist team (consultant, Trust PDNS and community PDNS) promptly (within 48 hours) of changes in treatment or dose. Specialist nurse will be working within written titration guidance of hospital specialist team.
- Make information on adverse effects and action taken available promptly to the primary care clinician and the specialist team.
- Periodically review patient's condition and need for medication at agreed intervals.
- Ensure 6 monthly/ annual blood test (as directed by the hospital specialist) are requested and results actioned by primary care clinician.
- Have a mechanism in place to deal with mechanical failure of:
    - an apomorphine pump (Britannia 24hour hotline: 0844 8801327),
    - D-mine pen and D-mine pump (EVER Pharma 24hour hotline: 0800 2540175).
- Ensure that clear backup arrangements exist for primary care clinicians to obtain advice and support.
- Report significant adverse events to the MHRA and primary care clinician.
- Carry out ongoing monitoring of Parkinson's Disease symptoms, drug response and blood pressure and refer if required.

## Primary care responsibilities

- Respond to the request from the specialist for shared care in writing. It is asked that this be undertaken within 14 days of the request being made, where possible. Acceptance will be assumed if no response was received within this time period.
- Prescribe domperidone if required for test dose.

- Carry out a baseline ECG before response test and send ECG to specialist for interpretation / approval
- Prescribe apomorphine at the dose and for the route of administration recommended by the specialist team and prescribe the relevant needles/ infusion lines/ sharps device (bin) as specified by the hospital specialist team. Prescribe any concomitant medication including domperidone as directed by the specialist team.
- Check compatibility with other or new concomitant medication (for example computer generated warnings).
- Arrange and monitor blood test results at 6-12 month intervals as directed by the specialist (FBC, LFTs and renal function tests, Coombes test only required if 2 x abnormal FBC results or low Hb.)
- Monitor the patient's overall health and wellbeing when patient presents and at intervals agreed with specialist team.
- Consult promptly with the specialist team if the patient deteriorates, has problems administering apomorphine, or when test results are abnormal, or if patient defaults from blood test appointments.
- When urgent advice is required and the community or hospital specialist team are not available, primary care clinicians are advised to contact the Britannia hotline (0844 8801327) or EVER Pharma hotline (0800 2540175).
- Report significant adverse events to the specialist team and MHRA (if not already reported by the specialist nurse).

## Patient and/or carer responsibilities

- Ask the specialist team for clarification of anything that is not clearly understood regarding the treatment.
- Share any concerns about treatment with apomorphine with a doctor or nurse involved in shared care.
- Inform nurses and doctors involved in shared care of any other medication being taken, including over-the-counter products or herbal remedies.
- Attend appointments for reviews and blood tests.
- Ensure copies of blood test kept with prescribing information.
- Report any adverse effects or warning symptoms to a nurse or doctor involved with shared care.
- Report any suspected pregnancy of the patient or partner to a nurse or doctor involved with shared care.
- Dispose of waste products in sharps bin as instructed by the specialist nurse.

- Report to the hospital specialist or primary care clinician if they do not have a clear understanding of their treatment.
- Patients must not exceed the recommended dose.
- Patients must attend their scheduled clinic and blood test appointments (where relevant).
- Patients must inform other clinical staff that they are receiving treatment.
- Report any adverse effects to the hospital specialist or primary care clinician.

### Primary care clinician/hospital communication network responsibilities:

- In case of any concern regarding monitoring blood tests or any other aspect of a patient's care, please contact the hospital specialist by phone (see contact details in section 13) giving patient's name, a contact number for the patient and primary care clinician along with details of the problem. The specialist will respond as soon as possible.
- Patients are given an out of hours contact for Britannia Pharmaceuticals or EVER Pharma in case of mechanical breakdown of apomorphine pump, D-mine pen/ pump.
- Specialist nurse letters will be communicated with 48 hours of patient review. Primarily this will be via letter.

## 1. Background

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Apomorphine is a potent injectable dopamine agonist with a high affinity for D1, D2 and D3 receptors and has no narcotic properties. It is licensed for the treatment of frequent and/or severe akinesia ('off periods') not controlled by individually titrated levodopa and/or other dopamine agonists. Treatment is by intermittent subcutaneous injection at the onset of an 'off' period or by continuous subcutaneous infusion by a pump.

The decision to initiate apomorphine is primarily undertaken by a Parkinson's disease specialist. The specialist team at Addenbrooke's Hospital includes; consultant neurologists, consultant geriatricians, Parkinson's disease specialist nurse (PDNS) prescribers and ApoGoD-mine nurse.

The specialist team at North West Anglia NHS Foundation Trust includes; consultant neurologists, consultant geriatricians and ApoGoD-mine nurse.

The specialist team at Cambridgeshire and Peterborough NHS Foundation Trust consists of Parkinson's disease specialist nurse (PDNS) prescribers.

Sharing of care assumes communication between the specialist team who recommends the initiation of therapy, the community PDNS, the ApoGo/D-mine nurse, the primary care clinician, the patient and any carer or relative nominated by the patient, and other members of the care team including the patient's community pharmacist.

The intention to share care between the specialist team and the primary care clinician will be explained to the patient by a member of the specialist team. It is important that patients are consulted about treatment and are in agreement with it.

The specialist will contact the patient's primary care clinician to request a shared care arrangement.

If the specialist team asks the primary care clinician to share care, the primary care clinician should reply to this request as soon as practical if intending to refuse. (usually within two weeks).

If the primary care clinician has any concerns regarding undertaking this role their concerns should be raised as soon as possible.

Once agreement to share care has been received, the patient will be referred for an apomorphine response test.

If the primary care clinician is not confident to undertake the roles outlined, they are under no obligation to do so.

In such an event the responsibility for apomorphine treatment, if it were to go ahead, remains with the specialist team.

Training, education and professional support will be provided for all those involved by the hospital PDNS and Apo/ D-mine nurse.

## 2. Indications

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Apomorphine will be prescribed for use in patients with Parkinson's disease for the treatment of frequent and/or severe akinesia ('off periods') not controlled by individually titrated levodopa and/or other dopamine agonists.

## 3. Locally agreed off-label use

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**See above.**

## 4. Contraindications and cautions

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This information does not replace the Summary of Product Characteristics (SPC), and should be read in conjunction with it. Please see BNF & SPC for comprehensive information.

**Contraindications:**

- Hypersensitivity to the active substance or to any of the excipients (sodium metabisulphite, hydrochloric acid, sodium chloride)
- Patients with respiratory depression, dementia, psychotic diseases or hepatic insufficiency.

- Intermittent apomorphine treatment is not suitable for patients who have an 'on' response to levodopa that is marred by severe dyskinesia or dystonia.
- Children and adolescents under 18 years of age.

**Cautions:**

- Patients with renal, pulmonary or cardiovascular disease
- Patients with severe hepatic impairment or significant electrolyte disturbance
- Patients taking medication which possibly affecting electrolyte balance, CYP3A4 metabolism or QT interval
- Elderly and/or debilitated patients
- Patients with neuropsychiatric disturbances - may be exacerbated by apomorphine
- Patients at risk for torsades de pointes arrhythmia; due to potential for QT prolongation especially when apomorphine is given at high doses
- Patients with postural hypotension or those taking antihypertensives

## 5. Initiation and ongoing dose regimen

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- Transfer of prescribing to primary care is normally after at least 12 weeks, and when the patient's dose has been optimised and with satisfactory investigation results for at least 4 weeks.
- The duration of treatment & frequency of review will be determined by the specialist, based on clinical response and tolerability.
- All dose or formulation adjustments will be the responsibility of the initiating specialist unless directions have been discussed and agreed with the primary care clinician.
- Termination of treatment will be the responsibility of the specialist.

**Response Test procedure:**

- The response test may take place in an outpatient clinic/day case, in community by an appropriate specialist or as an inpatient.
- Most patients will need to be pre-treated with domperidone 10mg three times a day THREE days prior to apomorphine challenge and arrange day case admission for apomorphine challenge.
- Avoid domperidone in patients taking concomitant medication known to cause QT prolongation.
- Routine ECG is required to exclude cardiac conduction problems or significant cardiac disease. If these are present, do not continue with the challenge and the patient will be referred to a cardiologist.

- Routine blood test results are reviewed (FBC, U&Es and CPK).
- Written patient consent is obtained.
- The patient must be in an 'off' state prior to starting the response test so their morning Parkinson's disease medication is usually omitted; however, the patient's mobility needs to be considered if the challenge is to be performed as a day case. The hospital team will provide specific instructions for each patient.
- The challenge is normally carried out first thing in the morning to avoid unnecessary patient discomfort.
- A baseline motor function examination using a clinical assessment tool is often performed to provide an assessment of the patient's response to consecutive doses of apomorphine.
- Single injections of increasing doses of apomorphine are administered (eg 1mg, 3mg, 5mg, 6mg and 7mg) at 45 minute to 1 hour intervals with subsequent recordings using the clinical assessment tool until a response is seen (the patient switches 'on').
- If 7mg is administered without any positive effect, the patient is usually considered to be a non-responder. However, in rare cases the specialist team may consider administering a slightly higher dose (max 10mg).
- The patient is closely observed and monitored throughout for any side effects.
- Lying and standing BP is monitored.
- The challenge will be stopped if the patient experiences any side effects.

**The challenge procedure must be carried by the specialist.**

**Intermittent doses**

**APO-go pen 10mg/ml solution for injection**

- APO-go pen 10mg/ml solution for injection is for subcutaneous (SC) use by intermittent bolus injection. The pen must be discarded every 48 hours and the needles changed after every injection.

**Dacepton 10mg/ml solution for injection in cartridge**

- Dacepton 10mg/ml solution for injection in cartridge is intended for multidose use by subcutaneous intermittent bolus injection using only the dedicated D-mine pen. A new cartridge can be used for up to 15 days (if there is not enough solution left for the next dose, the cartridge has to be removed and discarded). A new needle has to be used for each injection. The dosage is determined on an individual patient basis, typically within the range of 3 to 30mg daily, usually given as 1 to 10 injections per day. Individual bolus injections should not exceed 10mg. The total daily dose should not exceed 100mg.

Apomorphine has an onset of action of between 5 to 15 minutes, lasting usually for about one hour. The optimal dosage of apomorphine hydrochloride varies between individuals but, once established, remains relatively constant for each patient.

**Continuous infusion**

**APO-go POD 5mg/ml solution for infusion in cartridge**

- APO-go POD is for subcutaneous use.
- APO-go POD is a pre-diluted solution intended for use without dilution as a continuous subcutaneous infusion by minipump. APO-go POD is designed to be used with a pump (the Crono APO-go III Infusion Pump or the Crono PAR4 20 Infusion Pump) and the CronoBell Sleeve. These are CE marked medical devices.

**Dacepton 5mg/ml solution for infusion**

- Dacepton 5mg/ml solution for infusion is a pre-diluted vial intended for use without dilution for subcutaneous use and to be administered as a continuous subcutaneous infusion by D-mine pump and/or syringe-driver.
- It is not intended to be used for intermittent injection.

A continuous subcutaneous infusion may be preferable in those requiring more than 10 separate injections per day. A challenge procedure is not necessarily required.

- Commence pump at a rate of apomorphine 1mg/hour then increased according to individual's response. Increases in the infusion rate should not exceed 0.5mg/hour at intervals of not less than 4 hours.
- Infusions should run for waking hours only. Unless the patient is experiencing severe night-time problems, 24 hour infusions are not advised. Tolerance to the therapy does not seem to occur as long as there is an overnight period without treatment of at least 4 hours.
- The infusion site should be changed every 12 hours.

**Please refer patients to specialist services if dose adjustments are required.**

## 6. Pharmaceutical aspects

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| Route of administration: | • **Subcutaneous intermittent bolus injection**<br>• **Continuous subcutaneous infusion** |
| Formulation: | • For subcutaneous intermittent bolus injection:<br>  ○ APO-go pen 10mg/ml solution for injection |

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| | ○ Dacepton 10mg/ml solution for injection in cartridge<br>• For continuous subcutaneous infusion:<br>○ APO-go POD 5mg/ml solution for infusion in cartridge<br>○ Dacepton 5mg/ml solution for infusion |
| Administration details: | **APO-go pen 10mg/ml solution for injection:**<br>• APO-go Pen 10 mg/ml Solution for Injection is for subcutaneous use by intermittent bolus injection.<br>**Dacepton 10mg/ml solution for injection in cartridge:**<br>• Dacepton solution for injection in cartridge is intended for multidose use by subcutaneous intermittent bolus injection using only the dedicated D-mine-Pen.<br>• Patients and caregivers must receive detailed instructions in the preparation and injection of doses, with particular attention paid to the correct use of the required dosing pen (see instructions for use included with the dosing pen). There are differences in the dosing pen of this product and other apomorphine products on the market. Therefore when a patient has received a particular pen and is trained on it, a switch to a different product should be accompanied by re-training under the supervision of a health care professional.<br>• Any remaining air in the cartridge should be removed before use (see Instructions for Use of the dosing pen).<br>**APO-go POD 5mg/ml solution for infusion in pre-filled syringe:**<br>• APO-go POD is for subcutaneous use.<br>• APO-go POD is a pre-diluted solution intended for use without dilution as a continuous subcutaneous infusion by minipump. APO-go POD is designed to be used with a pump (the Crono APO-go III Infusion Pump or the Crono PAR4 20 Infusion Pump) and the CronoBell Sleeve. These are CE marked medical devices.<br>• A summary of the instructions for setting up the infusion can be found in Section 6.6 of the SPC.<br>**Dacepton 5mg/ml solution for infusion:**<br>• Dacepton 5 mg/ml solution for infusion is a pre-diluted vial intended for use without dilution for subcutaneous use and to be administered as a continuous subcutaneous infusion by minipump and/or syringe-driver. It is not intended to be used for intermittent injection. |

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| | • The choice of which minipump and or syringe-driver to use, and the dosage settings required, will be determined by the physician in accordance with the particular needs of the patient. |
| Other important information: | • Apomorphine must not be used via the intravenous route.<br>• Do not use if the solution has turned green. The solution should be inspected visually prior to use. Only clear, colourless and particle free solution should be used.<br>• APO-go PFS 50mg/10mL solution for infusion pre-filled syringes are now discontinued. |

## 7. Significant medicine interactions

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The following list is not exhaustive. Please see BNF or SPC for comprehensive information and recommended management.

- Avoid administration of apomorphine with other drugs known to prolong the QT interval.
- Patients taking concomitant medications for their Parkinson's disease should be monitored for unusual side effects or signs of potentiation of effect.
- Neuroleptic medicinal products may have an antagonistic effect if used with apomorphine.
- Caution with medicines with a narrow therapeutic index – the effects of apomorphine on the plasma concentration of other medicinal products has not been studied.
- Concomitant use of apomorphine with ondansetron may lead to severe hypotension and loss of consciousness and is therefore contraindicated. Such effects might also occur with other 5-HT3 antagonists.
- Antiemetics with anti-dopaminergic actions (for example, haloperidol, chlorpromazine, promethazine, prochlorperazine, metoclopramide, levopromazine and droperidol) have the potential to worsen the symptoms in patients with Parkinson's disease and should be avoided. In addition, use of these anti-emetics could increase the risk of QT prolongation, hypotension and torsade de pointes arrhythmias.

## 8. Baseline investigations, initial monitoring and ongoing monitoring to be undertaken by specialist

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Monitoring at baseline and during initiation is the responsibility of the specialist; only once the patient is optimised on the chosen medication with no anticipated further changes expected in immediate future will prescribing and monitoring be transferred to primary care.

**Baseline investigations:**

- ECG
- Blood pressure
- Full blood count
- Renal function

**Ongoing monitoring:**

- Please see below

## 9. Ongoing monitoring requirements to be undertaken by primary care

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See section 10 for further guidance on management of adverse effects/responding to monitoring results.

| Monitoring | Frequency |
|---|---|
| • Full blood count | 6 monthly |
| • Creatinine | 6 monthly |
| • Blood potassium | 6 monthly |
| • ALT | 6 monthly |

**(If relevant) If monitoring results are forwarded to the specialist team, please include clear clinical information on the reason for sending, to inform action to be taken by secondary care.**

## 10. Adverse effects and other management

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**Any serious adverse reactions should be reported to the MHRA via the Yellow Card scheme. Visit** www.mhra.gov.uk/yellowcard

For information on incidence of ADRs see relevant summaries of product characteristics.

**As well as responding to absolute values in laboratory tests, a rapid change or a consistent trend in any value should prompt caution and extra vigilance.**

| Result | Action for primary care |
|---|---|
| **Blood and lymphatic system disorders**<br>Uncommon:<br>• Haemolytic anaemia and thrombocytopenia have been reported in patients treated with apomorphine.<br>Rare:<br>• Eosinophilia has rarely occurred during treatment with apomorphine HCl. | Refer patient back to specialist services. |
| **Immune system disorders**<br>Rare:<br>• Due to the presence of sodium metabisulfite, allergic reactions (including anaphylaxis and bronchospasm) may occur. | Refer patient back to specialist services. |
| **Psychiatric disorders**<br>Very Common:<br>• Hallucinations<br>Common:<br>• Neuropsychiatric disturbances (including transient mild confusion and visual hallucinations) have | Refer patient back to specialist services. |

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| occurred during apomorphine HCl therapy.<br>Not known:<br>• Impulse control disorders: Pathological gambling, increased libido, hypersexuality, compulsive spending or buying, binge eating and compulsive eating can occur in patients treated with dopamine agonists including apomorphine.<br>• Aggression, agitation | |
| **Nervous system disorders**<br>Common:<br>• Transient sedation with each dose of apomorphine HCl at the start of therapy may occur; this usually resolves over the first few weeks.<br>• Somnolence<br>• Dizziness or light-headedness<br>Uncommon:<br>• Apomorphine may induce dyskinesias during 'on' periods, which can be severe in some cases, and in a few patients may result in cessation of therapy.<br>• Sudden sleep onset episodes.<br>Not known:<br>• Syncope<br>• Headache | Refer patient back to specialist services. |
| **Vascular disorders**<br>Uncommon:<br>• Postural hypotension is seen infrequently and is usually transient. | Refer patient back to specialist services. |

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| **Respiratory, thoracic and mediastinal disorders**<br>Common:<br>• Yawning<br>Uncommon:<br>• Breathing difficulties | Refer patient back to specialist services. |
| **Gastrointestinal disorders**<br>Common:<br>• Nausea and vomiting, particularly when apomorphine treatment is first initiated, usually as a result of the omission of domperidone. | Refer patient back to specialist services. |
| **Skin and subcutaneous tissue disorders**<br>Uncommon:<br>• Local and generalised rashes | Refer patient back to specialist services. |
| **General disorders and administration site conditions**<br>Very common:<br>• Most patients experience injection site reactions, particularly with continuous use. These may include subcutaneous nodules, induration, erythema, tenderness and panniculitis. Various other local reactions (such as irritation, itching, bruising and pain) may also occur.<br>Uncommon:<br>• Injection site necrosis and ulceration<br>Not known:<br>• Peripheral oedema | Refer patient back to specialist services. |

## 11. Advice to patients and carers

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The specialist will counsel the patient with regard to the benefits and risks of treatment and will provide the patient with any relevant information and advice, including patient information leaflets on individual medicines.

- Inform patients to report nodule formation and/or ulceration, somnolence, or persistent side effects to the primary care clinician without delay.

## 12. Pregnancy, paternal exposure and breast feeding

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It is the responsibility of the specialist to provide advice on the need for contraception to male and female patients on initiation and at each review, but the ongoing responsibility for providing this advice rests with both the primary care prescriber and the specialist.

**Pregnancy:**

- There is no experience of apomorphine usage in pregnant women.
- Animal reproduction studies do not indicate any teratogenic effects, but doses given to rats which are toxic to the mother can lead to failure to breathe in the newborn. The potential risk for humans is unknown.
- Apomorphine should not be used during pregnancy unless clearly necessary

**Breastfeeding:**

- It is not known whether apomorphine is excreted in breast milk. A decision must be made whether to continue/discontinue breastfeeding or to continue/discontinue therapy with apomorphine taking into account the benefit of breast-feeding to the child and the benefit of apomorphine for infusion to the woman.

**Paternal exposure**:

- No information available

## 13. Specialist contact information

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**Cambridge University Hospitals NHS Foundation Trust:**

| Name | Role | Contact detail |
|---|---|---|
| Dr Alistair Mackett | Consultant Geriatrician | 01223 217785 |
| Dr Katherine Turner | Consultant Geriatrician | 01223 217785 |
| Dr Paul Worth | Consultant Neurologist | 01223 216760 |
| Dr Philip Buttery | Consultant Neurologist | 01223 331160 |
| Parkinson's Disease Nurse Specialist | | 01223 349814/ cuh.parkadvancedtherapies@nhs.net |

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| Apo Go Nurse | 07503 230128 |
| D-mine Nurse | 01283 389180 |
| Medicines Information Pharmacy | 01223 217502 / 217478 |

**North West Anglia NHS Foundation Trust:**

| Name | Role | Contact detail |
|---|---|---|
| Dr Mapillakkandi | Consultant Geriatrician | 01733 673549 |
| Dr Saqib | Consultant Geriatrician | 01733 673549 |
| Dr Tom Stoker | Consultant Neurologist | 01733 673549 |
| Liz Carter | Apo go Nurse | 07503 230128 |
| D-mine Nurse | | 01283 389180 |

**Cambridgeshire and Peterborough NHS Foundation Trust**

Community Parkinson's Nurse Specialist

| Role | Contact details: |
|---|---|
| Community Parkinson's Specialist Nurse | 0330 7260077 / parkinsonscommunityteam@cpft.nhs.uk |

## 13.

## 14. Additional information

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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.

## 15. References

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- APO-go Pen 10mg/ml Solution for Injection - Summary of Product Characteristics (SmPC) - (emc) | 2232
- Dacepton 10 mg/ml solution for injection in cartridge - Summary of Product Characteristics (SmPC) - (emc) | 9650
- APO-go POD 5 mg/ml solution for infusion in cartridge - Summary of Product Characteristics (SmPC) - (emc) | 13993
- Dacepton 5 mg/ml solution for infusion - Summary of Product Characteristics (SmPC) - (emc) | 9632
- Apomorphine hydrochloride | Drugs | BNF | NICE
- Shared Care Guidance - Apomorphine use in Parkinson's disease

## 16. Other relevant national guidance

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- Shared Care for Medicines Guidance – A Standard Approach (RMOC). Available from https://www.sps.nhs.uk/articles/rmoc-shared-care-guidance/
- NHSE guidance – Responsibility for prescribing between primary & secondary/tertiary care. Available from https://www.england.nhs.uk/publication/responsibility-for-prescribing-between-primary-and-secondary-tertiary-care/
- General Medical Council. Good practice in prescribing and managing medicines and devices. Shared care. Available from https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices/shared-care
- NICE NG197: Shared decision making. Last updated June 2021. https://www.nice.org.uk/guidance/ng197/

## 17. Local arrangements for referral

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Define the referral procedure from hospital to primary care prescriber & route of return should the patient's condition change.

If there are any concerns in relation to the patient or their condition changes, primary care prescribers should contact the relevant initiating specialist using the **Specialist contact information** detailed above.

Specialist teams should contact primary care prescribers via the usual communication routes agreed locally.

## Appendix 1: Shared Care Request letter (Specialist to Primary Care Prescriber)

Dear *[insert Primary Care Prescriber'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 agreed *[insert APC name]*shared care protocol for *[insert medicine name]* for the treatment of *[insert indication],* this patient is now suitable for prescribing to move to primary care.

The patient fulfils criteria for shared care and I am therefore requesting your agreement to participate in shared care. Where baseline investigations are set out in the shared care protocol, I have carried these out.

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

| Criteria | Specialist to complete |
|---|---|
| *The patient has been initiated on this therapy and has been on an optimised dose for the following period of time:* | |
| *Baseline investigation and monitoring as set out in the shared care documents have been completed and were satisfactory* | *Yes / No* |
| *The condition being treated has a predictable course of progression and the patient can be suitably maintained by primary care* | *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 attend all necessary appointments* | *Yes / No* |
| *I have enclosed a copy of the shared care protocol which covers this treatment/the SCP can be found here (insert electronic/ web link)* | *Yes / No* |

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| *I have included with the letter copies of the information the patient has received* | *Yes / No* |
| *I have provided the patient with sufficient medication to last until* | |
| *I have arranged a follow up with this patient in the following timescale* | |

Treatment was started on *[insert date started]* and the current dose is *[insert dose and frequency]*.

If you are in agreement, please undertake monitoring and treatment from *[insert date]*
NB: date must be at least 1 month from initiation of treatment.

The next blood monitoring is due on *[insert date]* and should be continued in line with the shared care guideline.

Please respond to this request for shared care, in writing, within 14 days of the request being made where possible. Acceptance will be assumed if no response is received within 14 days.