

Shared Care Medications Policy

Updated 12th September 2024

Purpose of the policy

To set out clearly for patients and providers, the responsibilities that Verwood Surgery expects of patients, providers and the GP surgery.

In addition, this policy will highlight the requirements for 'Shared Care' medications to be prescribed and when the surgery are able to enter such agreements.

Shared Care Medications / Arrangements

What is shared care?

- Shared care is a term used within the NHS to describe the situation where a specialist doctor wishes to pass some of the patient's care, such as prescription of medication, over to their general practitioner (GP). This is something that can be requested but the guidance for all medications is that this may only be done if the GP agrees. The GP will need to consider a number of factors to decide if this is safe.
- In shared care arrangements (SCAs) the prescribing Consultant or specialist team still remain responsible for parts of the patient's care. These should be defined in the SCA and usually include any changes to the medication regime or any complications related to the medication. The presence of a specialist is also essential for the GP to be deemed to be operating under 'shared care'. Shared care is not 'shared' unless it is shared by the GP with someone else.
- Without this then GPs may be deemed to operating outside of Good Medical Practice.
- This is particularly pertinent with regards to private medications that fall within the 'Amber – shared care' category.
- See [HERE](#) for a list of medications that require SCAs: This list is not complete for Dorset as it should also include some drugs, such as Methotrexate, that are used in Rheumatological disease and some skin diseases. These SCAs are absent in Dorset but are a requirement for NHS prescribing. We expect this anomaly to be corrected soon by Dorset ICB. Other clinics outside Dorset may also have SCAs and although they may choose to use their own, the GP must agree before prescribing in most cases.
- It is also important to remember that formal shared care arrangements are voluntary on the part of the GP and the GP should be mindful of their own clinical competence and workload capacity when considering agreeing to enter into such an arrangement. Workload requested for an individual patients will need to be considered in balance with the reasonable needs of the practice population and whether further workload can be absorbed by the practice team safely.
- Verwood Surgery will consider the following points and will not take on prescribing from any NHS provider if the practice is not satisfied that these requirements can be met.

The specialist has sought agreement of the GP and made clear the nature and responsibilities of each party of the shared care arrangement before transferring any care or prescribing and you feel assured by what you have seen.

Do you feel that the prescribing and associated knowledge required falls within the scope of your team's professional competence?

Do you feel this falls within your team's workload capacity?

Are there adequate resources and sufficient capacity for the work of managing safe systems for monitoring and prescribing for this medication in your practice?

For NHS providers, are they locally commissioned or have they been approved by your ICB as working in line with UK best practice and local prescribing guidelines/shared care protocols?

For private providers are you satisfied that the provider is appropriately accredited, practicing in line with UK best practice and will prescribe and monitor patients in line with locally agreed pathways apply?

For those under private providers – Has there been an agreement with the patient that prescribing will cease, if the patient for whatever reason, is unable to continue follow up with a private provider? IMPORTANT: please read the point below.

Private Shared Care Arrangements

- Verwood Surgery currently agrees to take on long-term prescribing of medications that fall under the 'Green' traffic light status or 'Amber' (that have been initiated by the private team and stabilised but don't require shared care) but we retain the right to refuse if we don't have sufficient expertise or resources to manage the medication. These should be limited to ongoing items that would be considered a normal part of the patient's medicines. Acute, one-off or urgent items should be prescribed by the provider at the patient's expense.
- **Verwood Surgery will not enter into shared care agreements for medication that require this with private providers.** In these circumstances the patient should ask their private provider to refer them into an appropriate NHS service. The reason for this is that it cannot be guaranteed that a private arrangement will continue between private and provider and patient.
- We will not prescribe 'Red' medications requested or initiated by private providers at all.
- References

[General practice responsibility in responding to private healthcare \(BMA\)](#)

[Understanding Shared Care – NHS, Right to Choose and Private Providers \(Wessex LMCs\)](#)

[Duty of care when test results and drugs are ordered by secondary care \(BMA\)](#)

[Good Medical Practice \(General Medical Council - UK\)](#)

[Discharge Standards \(NHS England\)](#)