



**North & South Essex**

Local Medical Committees

# Shared Care Agreements

## A Guidance Document for Practices

# Index

Specialist Drug Prescribing & Monitoring	page 3
Prescribing medication requested by a private provider	page 4
Shared Care with private providers	page 5
Gender Dysphoria	pages 6 & 7
Specialist Drug Monitoring	page 8

# Specialist Drug Prescribing & Monitoring

## Specialist Drug Prescribing & Monitoring

- There is increasing demand on GPs to participate in specialist drug prescribing and monitoring. This could be either via a LES or a Shared Care Agreement. Quite often, there is an expectation that GPs will take this up without any agreement at all.

Agreements to share care are important as they set out the responsibilities of each healthcare professional in managing delivery of specialist drugs, including arrangements to resource the transfer of work to primary care.

Points to consider before signing a shared care agreement include:

- You are responsible for the prescriptions that you sign. You must only prescribe medicine when you have adequate knowledge of your patient's health and be satisfied that the medicine serves your patient's needs.
- 'Good Medical Practice' states you must recognise and work within the limits of your competence and you must keep your knowledge and skills up to date.
- Shared care requires the agreement of all parties; it's essential that all parties communicate effectively and work together.
- You receive appropriate funding to provide delivery of a shared care agreement.

# Prescribing medication requested by a private provider

## Prescribing medication requested by a private provider

- GMC Good Medical Practice states that doctors in the NHS and private sector should "prescribe drugs or treatment, including repeat prescriptions, only when they have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs."

If requested by a private consultant to initiate or continue prescribing medications, and if the GP agrees with this advice, then this could be appropriate. However, if the GP does not feel competent to prescribe the requested medication, or they do not know if the medication best serves the patient's need, the GP should inform the private provider that the prescriptions should be provided by a specialist.

# Shared Care with private providers

## Shared Care with private providers

- Sometimes, the care of a patient is shared between two doctors, usually a GP and a specialist, and there is a formalised written 'shared care agreement' setting out the position of each, to which both parties have willingly agreed.

Where these arrangements are in place, GP providers can arrange the prescriptions and appropriate investigations, and the results are fully dealt with by clinicians with the necessary competence under the shared care arrangement. There is NHS guidance available about this.

Most shared care arrangements are commissioned by NHS commissioners and may not be funded for patients seeking private treatment. If this is not funded by local commissioners, the prescriptions and investigations should remain the responsibility of the private provider.

All shared care arrangements are voluntary, so even where agreements are in place, practices can decline shared care requests on clinical and capacity grounds. The responsibility for the patient's care and ongoing prescribing then remains the responsibility of the private provider.

For further information on General Practice responsibility in responding to private healthcare, please click [here](#).

# Gender Dysphoria

## Gender Dysphoria

- As a consequence of poor commissioning at a national level, there is increasing pressure on GPs to prescribe medication for gender dysphoria patients. The BMA has produced the following guidance [here](#).

GPs should understand gender incongruence and the issues involved to ensure quality care is provided. However, we also need to balance what can be expected of GPs and the expertise which should rightly remain with specialist services.

This guidance aims to explain what should be provided in primary care and to highlight some of the underpinning ethical and legal considerations.

It is not exhaustive, and the BMA encourage practices to refer to the information referenced throughout. They also recommend to read it in conjunction with their guidance on [inclusive care of trans and non-binary patients](#).

NHS England guidance on shared care agreements, advises it is important that GPs feel clinically competent to prescribe the necessary medicines, in order to provide the most appropriate level of care to patients. It also states if ongoing monitoring and prescribing are part of the shared care agreement, then the resources and capacity to ensure consistent delivery need to be determined before any shared care prescribing is implemented: [NHS England - guidance on responsibility of prescribing between primary and secondary/tertiary care](#)

# Gender Dysphoria (continued)

## Gender Dysphoria (Continued)

- **The guidance also includes a list of possible circumstances where it may not be appropriate for a shared care agreement to be agreed, or where an exception to an agreement may be appropriate, so that the hospital/specialist retains responsibility for prescribing:**
  - Medicines requiring ongoing specialist intervention and specialist monitoring.
  - Patients receive the majority of ongoing care, including monitoring, from the provider and the only benefit of transferring care would be to provider costs.
  - Medicines, which are unlicensed and/or are being used outside of product license (e.g. licensed medicine used for unlicensed indication or at an unlicensed dose) unless there is a recognised evidence base and/or it is standard treatment. In terms of paediatric medicines, that inclusion of dosage guidance in the Children's BNF provides a suitable evidence base.
  - Medicines, which are only available through the provider, i.e. are not available on FP10, including any 'borderline' products when used outside approved indications
  - Medicines used as part of a provider-initiated clinical trial or the continuation of a provider initiated clinical trial or compassionate use, where no arrangement has been made in advance with the commissioner to meet the extra cost of treatment.
  - The GP has insufficient information to participate in a shared care prescribing arrangement where applicable.
  - No shared care prescribing agreement exists.
  - The GP does not feel competent in taking on clinical responsibility for the prescribing of a specialist medicine.
  - Medicines and other prescribable products, which have not been approved for addition to the provider's formulary.
  - Medicines subject to High-tech Hospital at Home guidance (EL(95)5).
  - All other treatments funded by NHS England unless specifically agreed to be provided through a shared care prescribing agreement, or other process as agreed by the local APC.
  - Without collaboration and agreement with the patient and/or carer

# Specialist Drug Monitoring

## Specialist Drug Monitoring

• The following lists examples of the type of conditions which GPs may be asked to participate in shared care prescribing and monitoring arrangements.

- Cardiology
- Dermatology
- Gastroenterology
- Gender dysphoria
- Haematology
- Psychiatry
- Rheumatology

The list is not exhaustive and the push from secondary/tertiary care providers to move responsibility for prescribing and monitoring of drugs, traditionally provided in their settings is only likely to increase. Expected GP competence is expanding without the resource to match expectations.





# **North & South Essex**

Local Medical Committees

North & South Essex Local Medical Committees Ltd  
Unit 5 Whitelands, Terling Road, Hatfield Peverel,  
Chelmsford, Essex  
Essex CM3 2AG

**Tel:** 01245 383430

**Email:** [info@essexlmc.org.uk](mailto:info@essexlmc.org.uk)

**Web** [www.essexlmc.org.uk](http://www.essexlmc.org.uk)