LOCAL LEICESTERSHIRE
MEDICAL LEICESTER
COMMITTEE RUTLAND

# *Position Statement by:*
# Leicester, Leicestershire, and Rutland Local Medical Committee
# Shared Care Agreements

This set of principles will be used by LLR LMC as the basis to consider whether the LMC does or does not support a proposed change in status of a specialist medication.

## 1. PURPOSE OF SHARED CARE

1.1 The aim of **Shared Care Guidelines** is to provide information and a framework to General Practitioners about complex or high-cost therapies that their patients may receive following specialist referral.

1.3 **Shared Care Prescribing** refers to medication which is initiated by a specialist and ongoing prescribing and monitoring is shared with a GP practice, usually accompanied by guidance or a shared care agreement.

1.4 A **Shared Care Agreement** should set out:

- 1.4.1 when it is appropriate for a general practitioner to take over prescribing.
- 1.4.2 whether the drug needs titrating first, and if so, over what period.
- 1.4.3 what counselling the specialist provider must provide to the patient.
- 1.4.4 what monitoring is required, and which is provided by general practice and which by the specialist provider.
- 1.4.5 list of other GP and specialist responsibilities
- 1.4.5 likely or significant side effects, and how the GP should respond.
- 1.4.6 a direct method of contact for patients with the secondary provider, and expectation in terms of response time

1.5 Shared care arrangements should only be entered into where the following two requirements can be met:

- 1.5.1 The arrangements prioritise and protect **patient safety.**
- 1.5.2 There is contractual recognition of the **transfer of work** from specialist provider to general practice.

## 2. RESOURCES

2.1 This document has been written having regard to:

- 2.1.1 BMA Guidance
- 2.1.2 GMC Guidance
- 2.1.3 NHS England Guidance
- 2.1.4 NHS England/Joint Document: Responsibility for prescribing between Primary & Secondary/Tertiary Care


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## 3. PRINCIPLES

### 3.1 Shared care prescribing is non-core voluntary activity that can be declined by the GP practice for any reason.

3.1.1 This includes:

- Inadequate capacity within the practice
- Inadequate competency about the specialist medication, despite training. The GMC requires a GP to prescribe based on a proposal or recommendation by a colleague only *"within the limits of [their] competence and that [they] have enough information to safely proceed."*
- Lack of assurance to provide the ongoing specialist support required for shared care.
- Medication is for an off licence use and not for a commonly recognised indication.
- Additional work outside of essential services is adequately contracted for and funded. NHS England states *"GPs would only be obliged to provide treatment consistent with current contract requirements."*

3.1.2 Any refusal should be consistent and framed by a set of principles, so it is not discriminatory to specific patient groups. Practices should have policy covering shared care requests, as a separate policy or as part of another policy.

3.2.3 NHS England notes that *"Legal responsibility for prescribing lies with the doctor or health professional who signs the prescription and it is the responsibility of the individual prescriber to prescribe within their own level of competence."*

### 3.2 The GP practice is satisfied with the quality assurance and clinical governance of the specialist provider.

3.2.1 This will be more challenging if the NHS does not commission the provider.

3.2.1 Policy was passed at UK LMC Conference 2025, that "any shared care prescribing arrangement with a private provider is unsafe, not enduring, and widens health inequalities, and demands that GPC UK adopts a firm position statement to reject this".

### 3.3 Ongoing medical monitoring

3.3.1 If ongoing medical monitoring is required responsibility for this should be clear within associated guidance in the form of a shared care agreement.

3.3.2 Shared care for specialist medication which includes additional monitoring out with essential services[1] must be contracted for and funded by a local or other contract (see paragraph 3.6).


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> **(1) Essential services** are defined as those "required for the management of … registered patients and temporary residents who are, or believe themselves to be
> (a) ill, with conditions from which recovery is generally expected;
> (b) terminally ill; or
> (c) suffering from chronic disease,
> which are delivered in **the manner determined by the contractor's practice** in discussion with the patient."

**3.4 The appropriate stabilisation period has occurred before prescribing is handed over to the GP practice.**

3.4.1 The duration is determined by the shared care agreement (often 3 months).

3.4.2 Titration should not normally be undertaken within general practice.

**3.5 There is enduring specialist input.**

3.5.1 For example:

- Ongoing out-patient follow-up
- A mechanism which allows timely advice from the specialist, which could be converted into an out-patient review.

3.5.2 Enduring specialist care may be variable for self-funding arrangements, especially if funding should cease, and this should be discussed with patients in advance of any agreement. Your local Commissioner/LMC may have a policy on shared care with private providers.

**3.6 Any additional work undertaken by general practice in the form of medication monitoring, is delivered through a funded, commissioned pathway.**

3.6.1 This would usually be in the form of an ICB medicines monitoring Local Enhanced Service

## 4. RAG RATING

4.1 In common with other areas the LLR Area Prescribing Committee uses a Traffic Light system (RAG rating) for medications. Drugs are classified in Green, Orange, Red and 'Do not prescribe.' Implementing the above principles, the LMC consider that the ratings must take the following into account:

| | |
|---|---|
| GREEN | Medications/treatment which are being used for a licenced indication or if normally used for that indication.<br>That would normally be considered by GPs to be safe to be appropriately initiated and prescribed in general practice.<br>That do not require ongoing monitoring beyond that included in essential services. |
| YELLOW | Medication which has been recommended by a specialist.<br>Does not require titration/stabilisation. |


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| | |
|---|---|
| | Does not require monitoring not included within essential services including any monitoring that would normally or other than on rare occasion require specialist interpretation.<br>The GP considers appropriate to be prescribed with advice only.<br>That are considered to be safe to be prescribed by a GP without ongoing specialist advice or monitoring. |
| ORANGE | Medication which requires specialist assessment before initiation.<br>Requires ongoing specialist monitoring or support.<br>Additional work is not contracted for otherwise |
| RED | Medication which should only be commenced and monitored by a specialist, in line with local or national guidance.<br>This will include medications which otherwise may fall in the Yellow or Orange categories but is being prescribed for an indication not included in the Shared Care Guidelines in those criteria. |
| DO NOT PRESCRIBE | Drugs with no clinical evidence of effectiveness, or considered unsafe. |

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