

SHARED CARE, PRIVATE SECTOR INTERFACE POLICY

1.1 This document details how The Manor Surgery will respond to requests for 'shared care' agreements within the NHS and private sectors, and how we will respond to requests for care after patients have sought care within the private sector.

2.1 Shared care agreements are made between a consultant or their clinical team (hereafter referred to as 'providers') and primary care teams to allow the prescribing and monitoring of certain medications to be undertaken in primary care, whilst the consultant or their team retains overall oversight of the patient's care. Generally these patients will be reviewed by the specialist team on at least an annual basis, and the specialist remain accessible if problems arise that require further input.

2.2 Examples of medications that are only prescribed by the Manor Surgery with shared care agreements in place include, **but are not limited to:**

- ADHD medications including dexamfetamine, lisdexamfetamine, methylphenidate, and atomoxetine
- Certain cardiovascular medications including amiodarone and dronedarone
- Growth hormones
- Testosterone for children for hypogonadism and constitutional delay in growth and puberty
- Certain rheumatology medications/immunosuppressants including methotrexate, azathioprine, hydroxychloroquine, mercaptopurine, ciclosporin, leflunomide, sulfasalazine
- Certain neurology medications including riluzole, apomorphine, and valproate (in women of childbearing age)
- Phosphate binders
- Masculinising/feminising hormones as part of treatment for gender incongruence

3.1 The Manor Surgery will generally enter into shared care agreements with specialist NHS clinics where it is appropriate and safe to do so.

3.2 The Manor surgery **will not** enter into shared care agreements with private providers. Where patients have sought care in the private sector, and are being prescribed a medication that is usually prescribed as part of a shared care agreement, all prescriptions for this must continue to be written by their private provider.

3.3 The Manor Surgery will not undertake any monitoring required as part of a prescription that would usually fall under shared care being supplied by a private provider. The responsibility for arranging monitoring such as this lies with the private provider. This may include, **but is not limited to:**

- Requests for physical health monitoring such as height/weight/pulse/blood pressure/blood tests/ECGs
- Requests for monitoring the effects of any prescription being supplied.

3.4 In situations such as the above and assuming it is clinically appropriate to do so, The Manor Surgery are happy to place referrals to the relevant NHS service, such that an NHS shared care agreement can be put in place. Until patients are seen by the NHS clinic in question, all prescriptions will need to be obtained through their private provider.

3.5 Where patients have been referred through the NHS via 'right to choose', they may be seen by a private clinic as an NHS patient, rather than being seen directly in an NHS clinic. In these circumstances, The Manor Surgery will consider accepting requests for shared care, however the particulars of the agreement must be at least equivalent to that offered by the same NHS service (with particular emphasis on frequency of specialist review, access to the specialist for advice when needed, when prescribing responsibility is to be returned to the specialist).

3.6 Patients who register with The Manor Surgery who were already being prescribed shared care medications by their previous GP, or from a clinician abroad are required to have a valid NHS shared care agreement already in place, or an equivalent shared care agreement in place via a right to choose provider that they see as an NHS patient. If this is not the case, the patient will need to seek supply of the medication in the private sector until such time as they can be seen in the relevant NHS clinic to have an NHS shared care agreement placed.

4.1 Many shared care agreements require patients to attend for regular monitoring. This usually takes the form of blood tests/blood pressure/height/weight/pulse checks, and is essential to ensure ongoing prescriptions of the medication in question are safe and appropriate. The Manor Surgery will send invitations for patients to attend for the relevant monitoring when it is due, and it the patient's responsibility to attend for this when requested to do so.

4.2 The Manor Surgery will send three invitations in total for patients to attend for the required monitoring. If these invitations are not responded to, The Manor Surgery will take action to reduce the amount of medication provided with each prescription (usually a single week's supply at a time). If the required monitoring is still not undertaken, The Manor Surgery may stop providing further prescriptions, and may void the shared care agreement. This may result in no further prescriptions being provided until such time as they are seen and restarted on the medication by their specialist team.

4.3 When a patient has been prescribed a medication via a shared care agreement, but has stopped taking it for a prolonged period of time, The Manor Surgery may consider the shared care agreement void and pass responsibility for further prescriptions back to the specialist team. In this situation, we would decline to continue prescribing the relevant medication until the patient has been seen again by the specialist, the medication re-started and the patient re-stabilised, and we agree to take on prescribing again. 'Prolonged period

of time' is generally taken to be three months, but may vary at our discretion depending on the precise clinical situation.

5.1 In other cases where patients seek care in the private sector outside of the conditions/medications relating to shared care as discussed above, we may consider acting on the advice of a private clinic to prescribe medication/request investigations/make onward referrals if the medication/investigation/referral being suggested fits with the usual scope of practice of an NHS GP. If this is not the case, then we may decline the suggestions made. If appropriate, we are happy to discuss a referral to a relevant NHS clinic for ongoing specialist care.

5.2 Patients who undergo procedures in the private sector, where follow up would usually be provided by a specialist clinic when undertaken by the NHS, must seek this follow up within the private sector. The Manor Surgery will not undertake this follow up in these circumstances. Where possible, we are happy to discuss onward referral to the relevant NHS service if appropriate. Examples include, **but are not limited to:**

- Follow up monitoring and blood tests for the first two years after bariatric surgery
- Follow up after cosmetic procedures

5.3 The Manor Surgery will not take responsibility for tests undertaken by a private provider. Examples of this include:

- Private medical screening results
- Private scans
- Private blood tests

5.4 In these instances, the responsibility to act on the results of said test lies with the requesting clinician or service. Patients are encouraged to clarify before seeking private services such as the above how the results will be acted upon, and to avoid services that ask patients to see their NHS GP to interpret any abnormal results.

5.5 There may be instances where patients wish to access certain investigations in the private sector after consultation with us to 'skip the queue' within the NHS, with common examples being scans/x-rays/spirometry. In these circumstances, we may agree to interpret the results of said investigation if it lies within our usual scope of practice. These situations will be decided on a case-by-case basis.

6.1 In all other cases that fall outside of the above policy, decisions will be made on a case-by-case basis by The Partners of The Manor Surgery.