

SHARED CARE MEDICATIONS

Shared care is a process whereby responsibility for a patient's medication is **shared between a GP and consultant**. In such a situation, the consultant will assess a patient's suitability for the medication, perform any necessary baseline investigations and counsel the patient fully on the medication, before prescribing the medication and adjusting the dose until the patient is stable.

Once the patient is stable, the consultant then writes to the GP to ask them to consider shared care. If the GP accepts, they then take over the prescribing and monitoring of the patient, notifying the consultant should any problems arise. The patient must remain under the care of the consultant. For shared care to be valid, there must also be a written agreement on the duties and responsibilities of each party.

The whole process of shared care is to facilitate appropriate clinical oversight and to maintain patient safety, all in the patient's best interests.

Having said the above, it must be noted that **shared care is entirely voluntary for GPs and GPs are NOT obliged to enter into shared care**, for whatever reason.

In general, we do not participate in shared care arrangements with private and Right to Choose providers.

The reason why we do not consider prescribing medication in any of the above situations is that there is no proper specialist oversight and consequently patient safety is potentially at risk. Whilst it may seem convenient (and cheaper) to 'get a prescription from the GP', we will not enter into any arrangement that has the potential to put a patient at risk.

As a policy we will only consider Shared Care arrangements where the Consultant is part of Leeds Teaching Hospitals NHS Trust or Leeds and York Partnership NHS Foundation Trust. Consequently, we make it clear that when a patient requests a Right to Choose referral that they must make the provider aware at the outset that they will need to continue with the monitoring and prescribing of any medications prescribed.

We respect the universal right of any patient to choose (and pay for) a private and Right to Choose provider, however, it is not an NHS GP's responsibility to request tests or prescribe medications on behalf of that provider purely for the purposes of reducing the cost burden of private or Right to Choose providers for the patient* or for the purposes of reducing waiting times to assessment and/or treatment, and due consideration must always be given towards proper clinical oversight and patient safety.

*NHS guidance states that private and NHS care should be kept as clearly separate as possible, so that funding, legal status, liability and accountability are appropriately defined, that the patient should bear the full costs of any private services, and that NHS resources should never be used to subsidise the use of private care.

Further guidance is outlined on the British Medical Association Website: [BMA Guidance](#)