**Spa Medical Centre Shared Care Policy**

Purpose of the policy

Additional providers of healthcare are increasingly common. This policy intends to set out clearly for patients and providers, the responsibilities that Spa Medical Centre expects of patients, providers and the GP practice

In addition, this policy will clearly highlight the requirements for ‘Shared Care’ medications to be prescribed and when the practice is able to enter such agreements.

Shared Care Medications / Arrangements

# What is shared care?

Shared care is a term used 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 (SCA) 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 be 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 full list of all medications that require SCAs: [https://bswtogether.org.uk/medicines/area-prescribing-committee/shared-care-](https://bswtogether.org.uk/medicines/area-prescribing-committee/shared-care-agreement/) [agreement/](https://bswtogether.org.uk/medicines/area-prescribing-committee/shared-care-agreement/)

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.

Spa Medical Centre will consider the following points and will not take on shared care with any NHS provider if the Practice is not satisfied that these requirements can be met.

* The specialist has sought agreement of the practice and made clear the nature and responsibilities of each party of the shared care arrangement before transferring any care or prescribing and the Practice feels assured by what they have been told.
* The practice feels that the prescribing and associated knowledge required falls within the scope of your team’s professional competence.
* The practice feels this falls within our team’s current workload capacity.
* There are adequate resources and sufficient capacity for the work of managing safe systems for monitoring and prescribing for this medication in the practice.
* Specialist providers must be locally commissioned by the NHS and Spa Medical Centre will not enter into Shared Care Agreements with private providers.
* **Spa Medical Centre will not enter into shared care agreements for medication with private providers.** Patients under private providers will need to have medication prescribed by their private provider.
* Where patients are under private providers but wish to transfer their care to an NHS provider, Spa Medical Centre will not consider taking on Shared Care until the patient is under care of a NHS specialist service. During the period when the patient is waiting to be under the care of the NHS specialist service, the patient will need to continue to obtain care and medication from the private specialist service.
* 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.
* Spa Medical Centre currently agrees to take on longterm prescribing of medications that fall under the ‘Green’ traffic light status or ‘Amber’ (that have been initiated by a private team and stabilised but don’t require shared care) but retains the right to refuse if we don’t have sufficient expertise or resources to manage the medication or do not agree that the medication is clinically indicated.
* Spa Medical Centre will not prescribe ‘Red’ medications requested or initiated by private providers at all.
* Spa Medical Centre retains the right to hand care back to the specialist at any time if the Practice feels the above conditions are not met of if the prescribing is unsafe.

References

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