Shelley Manor and Holdenhurst Medical Centre

Shared Care – Policy September 2025

Shared care is a term used within the NHS 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 (SCAs) 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 operating outside of Good Medical Practice.

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.

Shelley Manor & Holdenhurst Medical Centre will consider the following points and will not take on prescribing from any NHS provider if the practice is not satisfied that these requirements can be met.

- The specialist has sought agreement of the GP and made clear the nature and responsibilities of each party of the shared care arrangement before transferring any care or prescribing and you feel assured by what you have seen
- Do you feel that the prescribing and associated knowledge required falls within the scope of your team's professional competence?
- Do you feel this falls within your team's workload capacity?
- Are there adequate resources and sufficient capacity for the work of managing safe systems for monitoring and prescribing for this medication in your practice? For NHS providers, are they locally commissioned or have they been approved by your ICB as working in line with UK best practice and local prescribing guidelines/shared care protocols?
- For private providers are you satisfied that the provider is appropriately accredited, practicing in line with UK best practice and will prescribe and monitor patients in line with locally agreed pathways apply?
- For those under private providers – Has there been an agreement with the patient that prescribing will cease, if the patient for whatever reason, is unable to continue follow up with a private provider?
- SMHMC will not prescribe 'Red' medications (as outlined on the Dorset Formulary) requested or initiated by private providers at all.