



PMG SHARED CARE AGREEMENTS AND SPECIALIST MEDICATION POLICY

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What is a Shared Care Agreement (SCA)

Shared care is a term used within the NHS to describe the situation where a specialist doctor wishes to pass prescribing of medication over to the patient's GP practice. This is a request i.e. this may only be done if the practice agrees. The GP will need to consider a number of factors to decide if the medication is safe to prescribe.

Responsibility for prescribing (including weighing up and accepting risks associated with some medications) falls to the clinician issuing the prescription, it is important each member of the clinical team is competent and knowledgeable in the drug to safely prescribe.

What are specialist medications

There are some highly specialised drugs, started or recommended by NHS clinics, that have no associated Shared Care policy. This is related to medications that can be complex to dose, often prescribed "off-license" or require regular monitoring (e.g. blood tests) from a specialist team.

PMG Policy

Our practice policy is not to undertake specialist prescribing (either specialist medications or specialist indications) outside the context of shared care agreements with appropriate NHS specialist support and funding/resourcing.

PMG has updated our position on shared care agreements for specialist medications who do not have a prescribing/monitoring team. This is in line with other local practices and LMC advice. Safety is of paramount importance to us and we feel there is a high risk of prescribing these medications without the appropriate support, monitoring and follow up.

We will decline shared care for providers that we do not feel sufficiently assured by the quality of shared care with those providers (private, NHS and NHS Right to Choose).

Prescribing and monitoring of many specialist medications (whether under shared care or not) requires time, resource and expertise. It is important clinicians reviewing blood results and other observations such as blood pressure and weight are not rushed. We have limited funding in General Practice and it is important we utilise this finite clinical resource (GP and pharmacist time) appropriately. If we use our precious staff resource on this specialist area, we may have to reduce the number of GP appointments we offer.



But other practices are doing it, why not PMG?

In cases where we feel there are risks and lack of robust monitoring and support, PMG will decline to prescribe as we do not think it is safe to commence or continue specialist medications. Each practice will have their own policy depending on their staff expertise and capacity/funding.

We are liaising with our local ICB and NHS organisations to encourage them to put in safe pathways to ensure these medications are started by specialist teams. Patients should be stabilised on a satisfactory dose and then offered regular/annual specialist follow up via an NHS Shared Care Agreement.

We want the best for our patients, and this includes well funded/resourced pathways for patients with complex illnesses or medications.

Resources:

GMC Guidance on Shared Care

<https://www.gmc-uk.org/professional-standards/the-professional-standards/good-practice-in-prescribing-and-managing-medicines-and-devices/shared-care>

