

## Policy for Shared Care Agreements

### Document Control

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#### **B. Document Details**

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#### **C. Document Revision and Approval History**

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### **Introduction**

Shared care is an agreement between two healthcare professionals, usually a GP and a Hospital-based consultant, where there is a formalised written “shared care” agreement setting out the position of each, to which both parties have willingly agreed. In such a situation the consultant will assess a patient’s suitability for specialist medications, perform any necessary baseline investigations and counsel the patient fully prior to initiating treatment and regularly reviewing the patient until they are stable on their medication. Once the patient is stable, the consultant then writes to the GP to ask them to consider shared care.

## Purpose

Shared care agreements are Enhanced Services (ES) provided by Primary Care; i.e. they are not part of the core GP GMS contract of essential services that General Practices are commissioned to provide. Practices can choose whether or not they voluntarily sign up to ES but there is no obligation. The benefits are more services for patients and extra funding for the Practice, but the downside is that it is extra work in an already overstretched service.

We have recently seen a significant increase in shared care requests to the Surgery which has prompted an internal review of shared care arrangements as a whole.

The decision has been agreed at Wansford Health Campus that we will **NOT** by default enter into Shared Care Arrangements.

## Implementation

- All existing shared care arrangements between Wansford Health Campus and specialist services will be reviewed by clinical staff at the surgery
- Shared Care agreements must meet the criteria as set out in the flow chart below
  - New Shared Care requests which do not meet this criteria will be declined
  - Patients who are under existing agreements which do not meet criteria this will be contacted in writing to advise that we will be handing back the Shared Care to the named specialist who had requested this of the GP
- We will send a mirroring letter to the relevant specialist
- If ongoing Shared Care is declined, patients who are already in receipt of prescriptions from the GP will be advised that these will have to be provided by their specialist service and not the GP
  - Patients will be advised that the Surgery will continue repeat prescriptions for existing medications for a maximum of 3 months only after which no further will be prescribed
  - This should allow sufficient time for specialist services to put alternative arrangements in place
- Patients who are under the care of a private specialist and are now wishing to be referred to an alternative provider who meets the Shared Care criteria will be offered an onward referral
  - The decision on who provides the alternative NHS service is made either by the government or the ICB – the practice doesn't have any influence over this.

- Where shared care does not exist, the ICB have arranged alternative provision, but this will require transfer into the NHS services, via a usual referral process and subsequent waiting time.

## **ADHD medications and Right to Choose**

Decisions regarding Shared care requests for these require their own mention. Patients are increasingly turning to Right to Choose or other Private Providers for diagnosis and treatment for conditions such as ADHD. We recognise this has largely been driven by the current long wait times for local NHS assessments and understand that at present there is a wide gulf between demand and timely access to local commissioned specialist services.

Under the NHS Right to Choose, patients retain the right to seek NHS healthcare outside of their local Integrated Care Board (ICB).

Many Right to Choose NHS Providers are actually independent private providers holding an NHS commissioned contract from an ICB elsewhere in the country. Often this contract may be limited to assessment or diagnosis only and not for ongoing essential specialist prescribing and monitoring input.

Whilst we would recognise diagnoses made under an NHS right to choose provider we would not be in a position to enter into shared care with a non-local and non-NHS provider if they do not meet the criteria as set out below. We would similarly not be in a position to prescribe medication normally prescribed only by a specialist, outside of an agreed Shared Care Agreement.

