Shared Care Agreement Policy

Document Control

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B. Document Details

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Introduction

A Shared Care Agreement is where a specialist medication, one that can only be initiated by a Specialist Consultant, is prescribed by a GP under agreement of shared responsibility between the GP and the Consultant. This allows patients to receive medication from the practice that usually can only be prescribed by the Specialist Consultant.

A shared care agreement is not something a GP is legally bound to sign, it is a 'professional courtesy' that GPs often sign to help patients continue to receive care. A GP is fully entitled to refuse a shared care agreement if they are not happy with the burden of responsibility it puts on them, and then the consultant must take full responsibility for prescribing and any necessary monitoring.

If a GP refuses shared care, then 'appropriate arrangements for the continuing care' of a patient are warranted, which could mean being passed back to the specialist team who made the assessment.

There are many considerations and regulations around when a shared care agreement can be undertaken and when it must be stopped i.e. local formulary guidelines.

It is well established that a prescribing professional is responsible for the prescriptions they sign and for their decision and actions when supplying and administering medicines. If a clinician prescribes at the recommendation of another, they must satisfy themselves that the prescription is needed, appropriate for the patient and within the limits of their competence. The clinician should question any recommendation which is considered unsafe.

For private providers it can be more difficult to establish a safe shared care agreement. The current guidance from the BMA is not to enter shared care agreements with private providers. You can find their recommendation here: https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/general-practice-responsibility-in-responding-to-private-healthcare

The General Medical Council have also published ethical guidance on SCAs here.

Some private providers can promote receiving medication under a shared care agreement by your GP as a means of affordability, giving the expectation of an NHS prescription after assessment. This can be misleading, especially with recent guidance above which specifically advises against it.

ADHD Shared Care

ADHD (Attention Deficit Hyperactivity Disorder) is a condition that can cause hyperactivity, impulsivity, and difficulty paying attention.

Common medications used to treat ADHD include:

- Methylphenidate
- Atomoxetine
- Lisdexamfetamine
- Dexamfetamine

According to NICE guidelines, ADHD treatment should be started by healthcare providers who specialise in ADHD. Your GP can continue prescribing and monitoring your medication under a shared care arrangement, working closely with ADHD specialists.

Our aim is to ensure prescribing safety and to act in the best interest of our patients by making sure they are managed and reviewed by the appropriate healthcare professionals. This approach also ensures our patients are receiving same high standard of care and management and helps us balance our practice's work capacity effectively.

It is crucial to recognise that the management of ADHD, particularly through medication, necessitates regular monitoring and specialist oversight. This demands significant resources, monitoring infrastructure, and clinical accountability not resourced under the GP contract and over recent years, we have seen a significant increase in requests.

Unfortunately, the ongoing demand is no longer sustainable without dedicated support, and we have a duty to protect our capacity to provide safe and effective care for all our patients. While we remain dedicated to delivering high-quality care to our patients, our resources and capabilities may not extend to providing the specialised monitoring required for patients diagnosed and treated privately. See below for further information.

We will manage your ADHD medication under shared care if:

1. You are under NHS care of an ICB- approved provider.
2. Your condition and medication dose are stable.
3. Your GP has all the necessary information to confidently monitor your condition.
4. The ADHD specialist team provides ongoing support and advice.
5. You have an annual review with your ADHD specialist, and your monitoring is up to date. If not, you will be encouraged to book an appointment, or your medication may be discontinued.

Policy for NHS Patients

We will accept NHS Patients under Cheshire and Wirral Partnership NHS Foundation Trust with a shared care agreement as per Cheshire Formulary.

- Adult ADHD Shared Care Agreement: Adult ADHD Shared Care Agreement - August 2021.pdf
- ADHD in Children Aged 6-18 Years Shared Care Agreement: Shared Care Agreement for Methylphenidate Lisdexamfetamine and Atomoxetine for ADHD in Children Aged 6-18 Years - Nov 2020.pdf

Policy for Existing Private Patients

1. If you already have a private ADHD diagnosis and we have taken over the shared care agreement previously and have been prescribing, we will continue the shared care only if you allow us to refer you as an NHS patient for your ADHD care. The NHS pathway must agree with your diagnosis and treatment plan.

2. Before you can be seen as an NHS patient for diagnosis, we will be happy to continue prescribing. You will need to have a review with your private provider at least annually and be up to date with your medication monitoring. *Failure to do so will result in discontinuation of prescribing*, as this is against your shared care agreement and does not comply with safe prescribing.

3. If the NHS diagnosis disagrees with your private diagnosis or treatment plan, we will stop the shared care agreement.

We understand that changes to your care may be concerning but please be assured that any decision we make is guided by the need to provide safe, high-quality care that is sustainable for all our patients.

If you have questions about your medication or ongoing treatment, we encourage you to contact your specialist team in the first instance.

New Private Diagnosis/Shared Care Arrangements:

We no longer accept any new private shared care arrangements. However, we are happy to refer you as an NHS patient for diagnosis and treatment.

We kindly request that patients who have received a diagnosis of ADHD through private consultation continue to seek medication prescriptions from their private specialists. This approach ensures that individuals receive the comprehensive care they deserve, tailored to their specific needs and under the supervision of a specialist equipped to provide ongoing support and monitoring.

For patients who may wish to transition to NHS care for their ADHD management, we are here to assist. We encourage those seeking NHS support to initiate contact through our online consultation platform. Upon receipt of your request, we will facilitate your referral to the appropriate NHS service, ensuring a seamless transition to continued care within the public healthcare system.

Right to Choose Policy

Our practice accepts referrals under the Right to Choose option, provided that the referral is initiated by our GP and not through a private self-referral, and the provider is approved by our ICB.

Some Right to Choose providers, such as ADHD360, Clinical Partners, and Psicon, only offer the initial assessment and diagnosis. They do not provide ongoing care and review. Consequently, after the initial assessment and diagnosis, the GP surgery will need to refer you to the NHS ADHD team for ongoing management and treatment. This process may result in delays in accessing ongoing NHS care and treatment.

Additional Resources

- ADHD UK
- ADHD in children and young people - NHS
- Tips for everyday living | ADHD and mental health | Mind

Gender-affirming Hormone Therapy

In April 2016 NHS England Specialist Services Circular SSC1620 was issued which described Primary Care responsibilities in relation to prescribing and monitoring of hormone therapy for patients undergoing or having undergone Gender Dysphoria treatments. NHSE commission gender dysphoria services, the service specification includes current prescribing arrangements for hormone treatment, that being the prescribing and monitoring is undertaken in primary care, on the recommendation of a registered medical practitioner in the MDT of the specialist gender identity clinic.

The NHS Specialist Gender Identity service/Clinic (GIC) will assist primary care by providing specific, relevant information and support for prescribing and monitoring, including the interpretation of blood test results. During and after a patient has completed the care pathway and has been discharged by the Specialist service, GPs should offer them the usual range of primary healthcare services that are available to other patients.

Testosterone and Oestrogen are Amber Initiated in the Cheshire/Legacy Merseyside Formulary Guidelines for Transcend (was previously Cheshire & Merseyside Gender Identity Clinic CMAGIC). Gonadorelin Analogues are Amber Retained.

AI	Amber Initiated requires specialist initiation of prescribing. Prescribing to be continued by the specialist until stabilisation of the dose is achieved and the patient has been reviewed by the specialist.
A RET	Amber Patient Retained requires specialist initiation of prescribing. Prescribing to be continued by specialist until stabilisation of the dose is achieved and the patient had been reviewed by the specialist. Patient remains under the care of specialist (ie not discharged) as occasional specialist input may be required.

If a shared care agreement is received from an NHS GIC, Northgate Village Surgery will ensure thorough and specific information is received, including monitoring requirements. The specialist must confirm that they are to continue interpreting blood results and reference ranges. All ongoing prescription requests will be screened by medicines management within the surgery to ensure the GP has all the necessary information to continue to prescribe safely.

Responsibilities:

- The **Gender Identity Clinic/secondary care specialist** retains full responsibility for:
  - Clinical oversight of treatment
  - Interpretation of blood test results
  - Providing reference ranges and treatment adjustments
- The **GP practice** is responsible for:
  - Arranging and undertaking blood tests as requested
- The **patient** is responsible for:
  - Accessing their blood test results (via the NHS App or by contacting the surgery)
  - Forwarding results to their Gender Identity Clinic in a timely manner

Important:
The practice does **not** send results directly to the Gender Identity Clinic and does not interpret results in relation to hormone therapy.

There has been an increase in the number of patients seeking bridging prescriptions prior to any formal diagnosis or who are accessing treatment from private Gender Identity Clinics, with accompanying requests for their GP to prescribe. Bridging prescriptions are discretionary, and unfortunately, Northgate Village Surgery will not issue a bridging prescription due to clinical safety risks.

Northgate Village Surgery does not accept prescribing recommendations from private and/or unregulated gender identity clinics. Patients should be referred onwards to NHS services. The "Guidance to Primary Care About Unregulated Providers Who Supply Hormone Medications To Children And Young People For Gender Incongruence" document details this further.

Additional resources

- Transactual
- Gender Dysphoria - NHS
- TransUnite

Rheumatology

We will continue shared care rheumatology medications for NHS patients, once initiated and stabilised by the consultant, with a signed shared care agreement.

- Leflunomide - CHESTER RHEUMATOLOGY SHARED CARE PROTOCOL FOR LEFLUNOMIDE
- Methotrexate tablets - Methotrexate - Chester Rheumatology Shared Care Protocol
- Subcutaneous Methotrexate (Metoject) - 10

Subcutaneous methotrexate (Metoject®) treatment pathway – new patients

Secondary Care

- Decision made to start Metoject – issue FP10 to patient (in clinic or posted when baseline tests complete):
  - Initial 4 week supply of Metoject
  - Folic acid 5mg daily except day of Metoject
  - 1 X 5L cytotoxic sharps bin
  - Advise patient to stop taking and ordering oral methotrexate
- Prescribe Metoject® on EPR for Rheumatology Nurse team
- FP10 dispensed at patient's local pharmacy (advise patient re: Prescription Prepayment Certificate)
- Issue blood forms to patient for initial 6-week monitoring. COCH team to monitor for first 8 weeks.
- Advise patient to contact Rheumatology advice line after initial 2-3 injections and first blood test.
- E-mail Rheumatology Clinical Nurse Specialist to arrange training on self-administration 1-2 weeks later (RHEUMETEP) and add patient to monitoring file. Copy in Penny Jones who will post standard Metoject® starter letter to patient.

- Patient to contact Rheumatology Nurse advice line after 2-3 injections
- FP10 for 2nd month's supply (Metoject, folic acid and cytotoxic sharps bin*) posted to patient if blood monitoring satisfactory
- Monitoring as per current methotrexate shared care protocol

Stable on therapy

Not stable on therapy

Primary Care

- Metoject prescribing handed over to GP using the current processes. To include stopping oral preparation if switching from oral to SC Metoject.
- GP to continue prescribing of Metoject, folic acid and cytotoxic sharps bin* (via FP10) and monitoring as per current methotrexate shared care protocol. **As there are a number of brands now available ensure Metoject brand prescribed to avoid confusion if patient receives unfamiliar device.**
- Patient returns sharps bin via local pharmacy Sharps Return Service.
- Existing patients using Alcura homecare service - offer patients the option of continuing supply via their community pharmacy rather than Alcura.

Other shared care

Please refer to the Cheshire Formulary website, in the shared care agreements section: Cheshire Formulary.