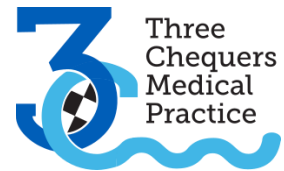


**Three Chequers Medical Practice incorporating:**

Endless Street Surgery  
Three Swans Surgery  
Winterslow Surgery  
Porton & Old Sarum Surgery



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**Three Chequers Medical Practice Policy on  
Shared Care prescribing with Private Providers**

This policy outlines the current position The Three Chequers Medical Practice is taking regarding private shared care prescribing agreements. This includes standalone clinical monitoring requests of specialist medication with private providers, where this medication would usually be part of an NHS shared care agreement.

Regrettably we feel unable to take on shared care agreements with private providers. This is a decision made to maintain our overall prescribing safety, and to ensure we continue to prescribe in line with the competencies and capacity of general practice.

We perceive the risks associated with such prescribing arrangements to be greater than is currently acceptable. A general practitioner signing a prescription or interpreting/acting upon monitoring results takes on full medical and legal responsibility for the consequences of that care.

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**What is a shared care agreement?**

*In order for certain high-risk or specialist medications to be prescribed by an NHS GP, it requires a 'shared care agreement' between the consultant and general practitioner. This is a mandatory stipulation placed on GPs for safety reasons by our local BSW area prescribing committee. This is a specific, formal, locally-agreed, document which outlines the responsibilities for patient, specialist (typically a consultant specifically trained in this area of medicine in the NHS) and GP. This is an entirely voluntary agreement that a GP may enter into if he/she wishes, but by doing so takes on full clinical and medico-legal responsibility for safe prescribing (and usually monitoring) of this medication. This typically refers to higher-risk or specialist medications which are not permissible to be initiated in primary care due to their specialist nature and/or side effect profile, but may be prescribed by GPs under a locally agreed NHS shared care agreement once the patient had been stabilised on these medications. There is no contractual obligation for a GP to take on any shared care agreement.*

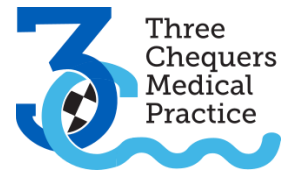
*Examples of such medications include ADHD medications, immunosuppressive medications such as methotrexate, sodium valproate, antidepressants in children, gender care medications.*

Broadly, but not exhaustively, concerns revolve around:

- The ability to hand back care to a private provider, whom a patient is no longer able to pay for
- The ability to communicate easily or make timely clinical queries to a private provider

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- Responsibilities for regular follow up review and/or monitoring when a patient is paying for this service
- Shared care agreements which differ from that of the NHS, or expect different things from GPs which may fall outside the remit or competence of the GP
- The status and clinical governance of the private service, including that of the clinician recommending the diagnosis/prescriptions
- The nature of prescribing itself (recommendation of medication or dosing outside of licensing or typical use)
- Failure to adhere to NHS Shared Care standards, such as requests to prescribe medications when the patient's condition and treatment is unstable
- The risk for prescribing errors and pressure to work outside of our competence, where medication shortages and supply chain disruptions occur (see second bullet point above)

Patients remain able to obtain these prescriptions privately. Assuming it is clinically appropriate, we would continue to offer a referral to the relevant NHS service and work with the commissioned local services.

Medications that have been advised/prescribed privately, which are part of typical prescribing and competence for an NHS GP, can be considered to be taken over on the NHS. An example of this might be omeprazole for treatment of a gastric ulcer, or a standard oestrogen+progesterone HRT patch from a menopause clinic (providing this is within the licensed dose, for a usual indication), or most topical treatments for eczema or psoriasis. This decision is usually based on the BSW (BaNES, Swindon and Wiltshire) formulary guidance, alongside our own experience. Medications that fall outside of the GP prescribing remit that are advised privately ('red listed drugs' on our formulary such as liothyronine, methadone, biologics) would have to be obtained and monitored privately.

This policy does not preclude the practice from using its clinical discretion to undertake routine, standard NHS investigations, requested by private consultants, provided they fall within the usual competency and typical remit of general practice; where they are deemed reasonable, safe and appropriate to do so. An example may be a kidney blood test and urine dipstick test request from a private nephrologist.

The practice recognises the pressure on many NHS services and how this has inevitably led to a proliferation of private consultations; it is with careful consideration that this decision has been made to ensure safer prescribing practices.

Kind regards,  
The Partners at The Three Chequers Medical Practice