

# Verwood Surgery – Shared Care Medications Policy

Updated: 12/12/25



## 1. What this policy is for

This policy explains:

What “shared care” means

When Verwood Surgery can safely prescribe medicines started by a specialist (NHS or private)

What we expect from patients and from other providers (hospitals, clinics, private providers)

Our first responsibility is to provide safe care to all our registered patients within the resources we have. We cannot take on work that is unsafe or outside our contract, even if another doctor has suggested it.

## 2. What is “shared care”?

“Shared care” is when a specialist (for example, a hospital consultant) asks your GP to share responsibility for part of your treatment, usually your repeat prescriptions and some monitoring.

### Key points:

A specialist can **ask** , but your GP must **agree** before shared care can start.

The specialist must stay involved and keep responsibility for certain parts of your care – for example:

- Starting or changing the medicine
- Managing complications or side effects

**There must be a written shared care agreement** that clearly sets out:

- What the specialist will do
- What the GP will do
- What monitoring is needed and who is responsible

If there is no clear, ongoing specialist involvement, it is not shared care, and the GP may be working outside Good Medical Practice if they prescribe.

Shared care is **voluntary** for GPs. We must consider both clinical safety and the impact on our overall workload and capacity.

### 3. Medicines that usually need shared care

Some medicines are classed as “Amber – shared care” and normally require a formal shared care agreement between the specialist and the GP.

Examples (not a full list) include some medicines used in:

- Rheumatology (e.g. methotrexate)
- Dermatology (certain specialist skin treatments)
- Other specialist conditions

Dorset’s shared care list is still being updated and does not yet include all medicines (for example, some rheumatology and dermatology drugs). We expect Dorset ICB to correct this in due course.

Other areas and clinics may have their own shared care agreements. Even if they do, **Verwood Surgery must still agree** before we can prescribe.

### 4. When Verwood Surgery will consider shared care

Before we agree to shared care, we must be satisfied that:

- 1) The specialist has asked us first
  - They have clearly explained what they expect us to do
  - They have set out who is responsible for what
- 2) We have the right skills and knowledge
  - The medicine and condition are within our team’s professional competence
- 3) We have enough capacity and resources
  - We can safely manage the extra monitoring, blood tests, reviews and admin
  - Taking this on will not compromise care for the wider practice population
- 4) The service is appropriate and properly commissioned
  - For NHS providers: the service and medicine follow local and national guidance and have been approved/commissioned by Dorset ICB
  - For private providers: we are satisfied that:
    - The provider is properly accredited
    - They follow UK best practice
    - They will continue to prescribe and monitor in line with local pathways
- 5) For private patients
  - There is a clear agreement that if the patient stops attending the private provider (for any reason), the GP prescribing will stop unless and until NHS care is in place.

If any of these conditions are not met, we may decline shared care. In that case, the specialist (NHS or private) remains responsible for prescribing and monitoring.

## **5. Prescribing for Private providers and Private shared care arrangements**

Many NHS GP surgeries, including Verwood Surgery, are no longer routinely able to enter shared care with private providers because of:

- Capacity and workload pressures
- Safety concerns
- Limited access to specialist support when problems arise
- The fact that many patients are not fully counselled about the impact on their NHS GP, which can reduce our ability to see patients we are contracted to care for
- This is not funded NHS work

Verwood Surgery's position is:

### **1) Green medicines (routine, low-risk)**

- We will usually take on long-term prescribing of "Green" medicines started by a private provider, if :
  - They are part of normal, ongoing treatment
  - We have the expertise and resources to manage them safely

We still reserve the right to refuse if we do not feel it is safe or manageable.

### **2) Amber medicines that do not require shared care**

- If a private provider has started and stabilised a medicine that is Amber but does not require a formal shared care agreement, we may take over prescribing if:
  - It is appropriate for general practice
  - We have the skills and capacity
- Again, we may decline if we do not feel it is safe or manageable.

### **3) Amber medicines that do require shared care**

- We will not enter into shared care agreements with private providers for medicines that require formal shared care.
- In these cases, the patient should ask the private provider to refer them into an appropriate NHS service .
  - This is because:
  - Private follow-up cannot be guaranteed long term
  - Safe shared care requires a stable, commissioned NHS pathway and clear governance.

#### **4) Amber medicines that require shared care for Right to Choose Private providers for ADHD**

Verwood surgery will enter a shared care agreement with NHS Right to Choose private providers for ADHD medication as outlined in section 4 above with the additional point:

- The private provider is an approved by Dorset ICB for NHS Right to Choose
- The Private provider is a GMC registered Specialist GP
- The patient has been referred into the appropriate NHS service by their private provider (unless they have already been referred by their GP prior to the patient opting for the Right to Choose route)
- There is a clear agreement that if the patient stops attending the Private provider (for any reason), the GP prescribing will stop unless and until NHS care is in place.

#### **5) Red medicines**

- We will not prescribe “Red” medicines that have been requested or started by private providers.
- These must be prescribed and monitored by the specialist service only.

#### **6) Acute / one-off / urgent items**

- Any urgent, one-off or short-term prescriptions should be provided directly by the private provider , at the patient’s expense.
- Verwood Surgery will not issue these on behalf of private providers.

### **6. Responsibilities of patients**

If you are under the care of a specialist (NHS or private) and wish us to prescribe:

- Please do not book an appointment expecting the GP to automatically prescribe what the specialist has suggested.
- Ensure the specialist:
  - Writes to us with full details of your diagnosis, treatment plan and monitoring requirements
  - Makes clear whether a shared care agreement is needed
  - Agree to prescribe
- Understand that we may:
  - Decline and ask the specialist to continue prescribing
  - Ask for you to be transferred to an NHS service before we can consider prescribing
  - Our decisions are based on safety, clinical competence and our overall capacity to care for all our patients.

## **7. Key references**

This policy is based on national guidance, including:

[General practice responsibility in responding to private healthcare \(BMA\)](#)

[Understanding Shared Care – NHS, Right to Choose and Private Providers \(Wessex LMCs\)](#)

[Duty of care when test results and drugs are ordered by secondary care \(BMA\)](#)

[Good Medical Practice \(General Medical Council - UK\)](#)

[Discharge Standards \(NHS England\)](#)