

Email: rotherhamlmc@hotmail.com

www.rotherhamlmc.org

**Letter to consultant**

**[Your GP Practice Name]**  
[Your Surgery Address]  
[City, Postcode]  
[Contact Details]  
[Date]

**[Consultant's Name]**  
[Consultant's Department]  
[Hospital/Trust Name]  
[Hospital/Trust Address]  
[City, Postcode]

Dear [Consultant's Name],

**Re: Shared Care Prescribing for [Patient's Full Name], DOB: [Patient's Date of Birth], NHS Number: [Patient's NHS Number]**

**Re: Drug..............................................................**

I am writing in response to your recent request for our practice to take on the shared care prescribing for the above-named patient.

We regret to inform you that we are unable to accept this shared care arrangement for the following reasons:

1. **Specialist Nature of Medication**: The medication and/or treatment plan proposed requires specialist knowledge and monitoring, which falls outside the scope of our general practice capabilities. We do not feel competent and skilled to manage this specialist medication safely.
2. **Contractual Limitations**: This work is not part of our General Medical Services (GMS) contract, nor has it been commissioned by our Integrated Care Board (ICB) as an enhanced service locally. As such, we are not resourced to undertake this responsibility.
3. **Workload Pressures**: Given the current extreme pressures on general practice, taking on additional and inappropriate work would detract from our ability to provide core GP services to our patients. This would ultimately jeopardise our duty of care to our patient population.

Please continue to manage the prescribing and monitoring of this medication within your specialist care, perhaps through a hospital FP10, which the patient could then use to collect the medication from their local community pharmacy.

AS per GMC guidance patients care should be transferred within safe parameters so we understand that this may mean the patient cannot be discharged as planned; if a re-referral letter is required then please consider this letter such.

Thank you for your understanding.

Yours sincerely

**Letter to Patient**

**[Your GP Practice Name]**  
[Your Surgery Address]  
[City, Postcode]  
[Contact Details]  
[Date]

**[Patient's Full Name]**  
[Patient's Address]  
[City, Postcode]

Dear [Patient's Name],

**Re: Specialist Medication Prescription Request  
[DRUG NAME]**

I hope this letter finds you well. I am writing in response to the recent request from your consultant for our practice to prescribe **[Name of Medication]** for your treatment.

Unfortunately we are unable to prescribe this medication for the following reasons:

1. **Specialist Nature of Medication**: The medication recommended by your consultant requires specialist knowledge and ongoing monitoring, which falls outside the scope of our general practice capabilities. We are not able to manage this specialist medication safely.
2. **Contractual Limitations**: Provision of this medicine in General Practice has not been commissioned by the NHS locally and as such, we are not able to undertake this.

We recommend that you discuss this matter further with your consultant, who will be able to provide the necessary care and prescribe the medication directly. Please contact his secretary with at least 7 days notice, the number is [Secretary Number]. Your consultant may arrange for you to receive this medication via the hospital pharmacy or through a posted hospital FP10HP, which you can then collect from your local community pharmacy.

We apologise for any inconvenience this may cause. If you have any further questions or need assistance, please do not hesitate to contact us.

Thank you for your understanding.

Yours sincerely,

[Your Name]  
[Your Position]  
[Your GP Practice Name]