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BMA England

Action on…Shared Care
Responsibilities for New Patients in General Practice

What is Shared Care?

Shared Care refers to the collaborative management of a patient's treatment between a specialist and a GP, where prescribing and/or monitoring responsibilities are transferred to general practice under a **formal** agreement. This should ordinarily be brokered by the local commissioner, e.g. the ICB (integrated care board), and negotiated with provider representatives, e.g. LMCs (local medical committees) on behalf of local GP practices.

Shared Care is voluntary on each occasion it is undertaken, must be clinically safe, and requires clear delineation of accountability and responsibilities between providers.

Why is this important?

Shared Care supports continuity of care closer to home and enables specialist treatments to be safely maintained in general practice. This is usually much better for patient outcomes and also ensures overall NHS resources are used in the most efficient way.

However, without formal arrangements in place:

- resourcing can often be insufficient / non-existent and / or subject to erosion over time, and
- accountability and /or responsibility can be disputed by providers.

If the terms of service, i.e. formal contracts and arrangements, between commissioners and providers are not clear, this can have a negative impact on the other services providers may deliver for patients. Insufficient resourcing leaves providers understaffed and struggling to cope with demand for their services, which in turn affects the services patients receive.

What Practices Need to Do

- Only enter Shared Care Arrangements with a new patient where appropriately resourced and safe; ensure protocols exist, and that the practice has the competence, and capacity to undertake the arrangement.
- Ensure formal agreement is in place before prescribing: confirm specialist initiation, stabilisation, and full documentation.
- Understand responsibilities: GP handles prescribing and routine monitoring; specialist retains diagnosis and complex management. Patient at all times remains under follow up with the specialist, whether this is through annual review, patient initiated follow-up, or a fast-track route back into specialist services.
- Maintain communication with secondary care and escalate any concerns to the ICB promptly.
- Follow prescribing governance and safety requirements.

Key Principles

- Read the BMA GPCE's Principles for Shared Care Prescribing

- Read Guidance for LMCs: Right to Choose and Shared Care (produced by Dr Gill Farmer as part of the GPC/LMC interface role)

Clinical Negligence Scheme for General Practice (CNSGP)

The CNSGP covers NHS GPs for "acts or omissions" which are "in connection with" diagnosing an illness or the provision of care. If a GP were to refuse to provide a particular service to their NHS patient that they were not resourced to provide, e.g. inappropriately resourced shared care arrangements, and the patient came to harm as a result and accused the GP of negligence, the CNSGP would protect them.

Required Actions for Practices

- Refuse any requests to establish new informal shared care arrangements where there is no formal contract or agreed governance framework in place between general practice and the relevant specialist team. l
- Only agree to new shared care arrangements if the resourcing is sufficient and the terms are acceptable.
- Review all existing Shared Care agreements and confirm protocols are current.
- Identify prescribing without formal agreements, e.g. DOACs (direct oral anticoagulants), anti-psychotics, Tirzepatide etc.
- Ensure monitoring and recall systems are consistent and robust.
- Audit compliance.
- Engage with ICBs where resourcing, capacity or safety concerns arise and ensure clear implementation timelines for any new agreements. This is particularly pertinent in the current situation of new drugs coming to market frequently and then need(ing) adding to / assessment for shared care lists.

- Liaise with your LMC if you have concerns or questions

ICBs should also provide guidance as part of formal shared care arrangements that have been mutually agreed by providers.