

Position Statement on Shared Care with Private Providers

Shared care with private healthcare providers is not routinely accepted due to the general principle of keeping as clear a separation as possible between private and NHS care. This principle is in keeping with the Bedfordshire, Luton and Milton Keynes (BLMK) policy on defining the boundaries between NHS and private healthcare (click [here](#) to view). Shared care is currently set up as an NHS service, therefore a private patient seeking access to shared care should have their care completely transferred to the NHS. There may be exceptions to this, which are given below, and in such cases the Primary Care prescriber should take into account the considerations outlined below when deciding on whether to accept shared care with a private provider.

Shared care may be appropriate where private providers are providing commissioned NHS services and where appropriate shared care arrangements are in place. Shared care with private providers may also be possible when the service is being provided for the patient on behalf of the NHS and where appropriate shared care arrangements are in place (e.g. mental health service provided by a private provider, that has a commissioning contract with any ICB in England or with NHS England, to a patient who has been referred by their Primary Care prescriber via the Right to Choice (RTC) process.)

If a patient is seeing a private specialist, and that service is not a commissioned NHS service nor is it being provided on behalf of the NHS, shared care medicines would usually need to be supplied by the private specialist. An exception to this is the provision of hormonal treatments for adults undergoing gender reassignment who have been seen by a private provider of Gender Identity Services, in which case the Primary Care prescriber may take on prescribing subject to the conditions outlined below. This is in accordance with the recommendations from the NHS England updated documents relating to Gender Identity Services (see [here](#) for further information).

Shared care is only supported if the consultant/specialist recommending the care is registered as a specialist in the relevant area by the [General Medical Council](#) (GMC)* and the private provider is regulated by the [Care Quality Commission](#) (CQC) for healthcare services based in England (or Healthcare Improvement Scotland (HIS) for healthcare services in Scotland; Healthcare Inspectorate Wales (HIW) for Wales; The Regulation and Quality Improvement Authority (RQIA) for Northern Ireland).

* Some private providers may deliver their service, or part of the service, through clinics that are led by specialist non-medical healthcare professionals (HCP), e.g. Nurse or Pharmacist. In these instances, it is expected that the specialist non-medical HCP requesting shared care acts as part of a wider multidisciplinary team with involvement of a GMC-registered specialist in that therapeutic area, as ordinarily seen in NHS shared care models. The Primary Care prescriber should be assured that a GMC-registered specialist is involved in the patient's care, and that the non-medical HCP specialist requesting shared care is registered with the appropriate professional body (e.g. Nursing & Midwifery Council [NMC], General Pharmaceutical Council [GPhC]). Shared care is only supported if the specialist HCP recommending the care, whether they are medical or non-medical, is professionally registered in the UK.

The medicines being requested via shared care should be on the local formularies and considered as suitable for shared care. There should be a clear plan for the patient to remain under the care of a named specialist from the private provider, with regular follow-up appointments. Shared care and provision of the medicine(s) will not be continued if the patient ceases to attend review appointments with the private provider.

The Primary Care prescriber should be assured of the considerations above before accepting shared care with a private provider. If in doubt or if there are any exceptional clinical circumstances, please contact a member of the ICB Medicines Optimisation Team for advice.

The template letter in Appendix 1 may be used to respond to private providers when declining to accept shared care. The possible reasons for declining shared care as suggested in Appendix 1 are adapted from the BLMK Shared Care Guideline Template and are in line with the general principles of shared care as agreed by the BLMK Area Prescribing Committee.

Appendix 1: Template letter for Primary Care prescribers to respond to private providers

Dear [insert specialist name]

I have received your request to prescribe [insert medication name] and monitor the condition for [insert patient details].

I am unable to prescribe this medication as [delete as appropriate]

- I cannot guarantee the clinical governance and follow-up arrangements, as the services you are providing are outside of NHS governance arrangements and are not regulated by the Care Quality Commission (CQC) (or Healthcare Improvement Scotland (HIS) for healthcare services based in Scotland; or Healthcare Inspectorate Wales (HIW) for Wales; or The Regulation and Quality Improvement Authority (RQIA) for Northern Ireland).
- In accordance with the Bedfordshire, Luton and Milton Keynes (BLMK) position on shared care with private providers, I am only able to accept shared care from a specialist who is registered as a specialist in the relevant area by the General Medical Council (GMC), or a specialist non-medical healthcare professional who acts as part of a multidisciplinary team with involvement of a GMC-registered specialist in the therapeutic area.
- In the case of a specialist non-medical healthcare professional requesting shared care, I am only able to accept the request if they are registered with the appropriate professional body (e.g. Nursing & Midwifery Council [NMC], General Pharmaceutical Council [GPhC]).
- In accordance with the Bedfordshire, Luton and Milton Keynes (BLMK) position on shared care with private providers, I am only able to accept shared care from a specialist who is professionally registered in the UK.
- The service you are providing is neither a commissioned NHS service nor a service being provided for the patient on behalf of the NHS, and it does not fall under one of the services that have been agreed by the Bedfordshire, Luton and Milton Keynes (BLMK) Area Prescribing Committee as exceptions for accepting shared care from a private provider. In accordance with the BLMK policy on defining the boundaries between NHS and private healthcare, and the general principle of keeping as clear a separation as possible between private and NHS care, the patient may wish to transfer their care completely to the NHS in order to access shared care which is currently set up as an NHS service.

- I do not feel clinically confident in managing this individual patient's condition, and there is a sound clinical basis for refusing to accept shared care. I have consulted with other Primary Care prescribers in my practice who support my decision.
- The medicine or condition does not fall within the criteria defining suitability for inclusion in a shared care arrangement (medicine not included on the national list of shared care drugs as identified by RMOC or is not a locally agreed shared care medicine).
- The medicine being requested is not on the local formularies for Bedfordshire, Luton and Milton Keynes (BLMK).
- The patient has not had the minimum duration of supply of medication provided by the initiating specialist. The patient should be provided with the appropriate length of supply of the medication by the initiating specialist, as per the shared care agreement, before the prescribing responsibility can be transferred to the Primary Care prescriber.
- The patient has not been optimised and stabilised on this medication. It is a requirement of the specialist service to ensure that the patient is stabilised on this medication before the prescribing responsibility can be transferred to the Primary Care prescriber.
- The shared care agreement/guideline and/or relevant clinical information as stipulated in the guideline has not been received.
- I am not assured that there is a clear plan in place for the patient to remain under your care with regular follow-up appointments.
- The patient has ceased to attend review appointments required for follow-up and monitoring. This is one of the conditions in the shared care agreement for the Primary Care prescriber to continue shared care and provision of the medicine.
- **[Insert other reason]**

I therefore request that you make alternative arrangements as soon as possible, so that this patient can receive the treatment and monitoring that you are recommending.

[Delete as appropriate – Please would you provide the shared care agreement/guideline and/or relevant clinical information as stipulated in the guideline for my consideration before I can accept your shared care request (if appropriate).]

[Delete as appropriate – Please would you confirm that there is a clear plan in place for the patient to remain under your care with regular follow-up appointments and that this plan is communicated clearly in writing to both the patient and myself.]

Yours sincerely,

Primary Care prescriber signature:

Primary Care prescriber name: Date: