**Position Statement on Shared Care with Private Providers**

**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: ……………...