# Bedfordshire, Luton and Milton Keynes (BLMK) Principles for Shared Care

## Introduction

Increasingly, patients with continuing specialist clinical needs can be cared for at home or in the community. This includes patients receiving medicines which could be prescribed by primary care prescribers if sufficient support, review criteria and information are shared between the specialist team, primary care prescriber and, most importantly, patients themselves. This document builds on the NHS England guidance "Responsibility for prescribing between primary and secondary/tertiary care" and defines the principles for shared care for medicines.

## Principles of Shared Care for medicines

- Medicines considered suitable for shared care are those which should be initiated by a specialist, but where prescribing and monitoring responsibility may be transferred to primary care with the agreement of the GP or primary care prescriber. Due to their potential side effects, shared care medicines may require more frequent monitoring, and regular review by the specialist is needed to determine whether the medicines should be continued. The best interest, agreement and preferences of the patient should be at the centre of any shared care agreement.
- Specialist services may include mental health services, secondary care, tertiary care, community providers, and General Practitioners with a specialist interest (GPwSI). Whilst the individual specialist may not physically initiate treatment, the person initiating (e.g. specialist registrar, nurse specialist) must be under the direction of the consultant specialist. Shared care is applicable between NHS services only and does not include private providers, unless they are providing NHS services (see the BLMK Position Statement on Shared Care with Private Providers for further details).
- The transfer of prescribing responsibility from the specialist to the patient's GP or primary care prescriber should occur when both parties agree that the patient's condition is stable or predictable, and the primary care prescriber has the relevant knowledge, skills and access to equipment to allow them to monitor treatment as indicated in the shared care prescribing guideline. The specialist must write to the GP or primary care prescriber to request the initiation of shared care, ensuring that, if agreed, timelines for transfer of prescribing are clear.
- The aim of this document is to equip primary care prescribers with the information to confidently take on clinical and legal responsibility for prescribing the medication under a shared care agreement within their own level of competence.
- Within the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS), shared care guidelines are produced and updated through a robust governance process, following consultation with a wide range of key stakeholders. On this basis for BLMK ICS approved shared care guidelines, it is anticipated that primary care prescribers, upon individual assessment, will accept shared care for the patient if they felt it was clinically appropriate to do so and seek patient consent.
- The requirement for the primary care prescriber to send confirmation in writing via letter or approved electronic communication to the specialist team for **acceptance** of shared care is NOT mandated. Acceptance of shared care is assumed unless the primary care prescriber writes to the specialist to advise that shared care is being declined, as described below.

**The following organisations contribute to and participate in the BLMK APC – Bedfordshire, Luton and Milton Keynes Integrated Care Board; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust**

- If the primary care prescriber feels that a request for shared care cannot be accepted, i.e. falls outside of their own level of competence, they should initially seek further information or advice from the clinician who is sharing care responsibilities or from another experienced colleague in line with the General Medical Council (GMC) guidance.
- If the decision, after discussion within the practice, is to **decline** shared care, the primary care prescriber must notify the specialist clinician of their decision and reason (see appendix 1) to decline as soon as they can and in a timely manner (within a maximum of 14 to 21 calendar days upon receipt of request) in writing. The primary care prescriber must ensure the patient is aware of the change. In this scenario, the prescribing responsibility for the patient remains entirely with the specialist. This principle also applies where shared care needs to be terminated in primary care e.g. due to lack of patient engagement. It is anticipated that these would be very rare events.
- Where the hospital or specialist clinician retains responsibility for monitoring drug therapy and/or making dosage adjustments, the primary care prescriber must be informed of any dose changes made as soon as possible to avoid medication errors. Similarly, if the primary care prescriber makes changes to the patient's medication regimen, the primary care prescriber must inform the specialist in a timely manner. Primary care prescribers can contact the specialist team for advice, training and support as required.
- An agreed method of communication of blood test results and results of investigations between the specialist, the primary care prescriber, the community pharmacist and the patient should be agreed at the onset of shared care and documented in the patient's notes in both secondary care and primary care. In most cases blood test results can be accessed electronically by both secondary care and primary care prescribers. For some medications and in certain cases, the patient may also elect to have a patient-held monitoring booklet, e.g. those on warfarin or lithium therapy.
- The principles above apply to shared care arrangements that involve the specialist service sharing care with GPs and/or other primary care prescribers, e.g. community nursing services.
- Where patient care is transferred from one specialist service or GP practice to another, a new shared care agreement request must be commenced.

# General responsibilities of those involved with shared care

## Roles and responsibilities of the specialist

- To obtain informed patient consent for sharing of care between the specialist, primary care prescriber and patient. Consenting parties must have sufficient, accurate, timely information in an understandable form. Consent must be given voluntarily and must be documented in the patient's notes.
- To confirm the working diagnosis.
- To confirm that the patient's condition has a predictable course of progression and the patient's care can be suitably maintained by primary care, following their medicine being optimised – this is typically after the patient has been treated for 3 months and with satisfactory investigation results for at least 4 weeks.
- If shared care is considered appropriate for the patient, the patient's treatment regimen is confirmed, and benefit from treatment is demonstrated, the specialist will contact the primary care prescriber to request initiation of shared care.
- At the point of initial contact, the specialist should check if the primary care prescriber can access blood test results electronically where applicable. If access is unavailable, the specialist and the primary care prescriber should agree a process of communication to ensure blood test results and relevant results of investigations can be accessed by both parties in a timely manner.
- Following the request to the patient's primary care prescriber to initiate shared care, the specialist must ensure that the patient has an adequate supply of medication until shared care arrangements are in place (minimum 28 days' supply). Further prescriptions will be issued if, for unforeseen reasons, arrangements for shared care are not in place by the anticipated start date of the shared care (usually once the patient is stabilised on the medication and/or any GP queries have been answered). Patients should not be put in a position where they are unsure where to obtain supplies of their medication.
- To ensure that the primary care prescriber has sufficient information to enable them to monitor treatment, identify medicines interactions, and prescribe safely. This should include access or direction to a current copy of the shared care guideline (SCG) and contact details for the initiating specialist. As a partner in the shared care agreement, the patient should, where appropriate, be provided with access or direction to a copy of the shared care guideline.
- The specialist will provide the patient's primary care prescriber with the following information:
    - diagnosis of the patient's condition with the relevant clinical details.
    - details of the patient's specialist treatment to date.
    - details of treatments to be undertaken by the primary care prescriber (including reasons for choice of treatment, medicine or medicine combination, frequency of treatment, number of months of treatment to be given before review by the specialist).
    - the date from which the primary care prescriber should prescribe the treatment.
    - details of any other specialist treatments being received by the patient that are not included in the shared care agreement.
    - details of monitoring arrangements required.
    - a copy of the shared care guideline, or a link to access it online.
- Following any consultation with the patient, the specialist will:
    - send a written summary to the patient's primary care prescriber in a timely manner, noting details of any relevant blood test results or investigations if applicable.
    - confirm that ongoing treatment with the monitored medicine is appropriate.
    - record test results on the patient-held monitoring booklet if applicable, and if this method of communication has been agreed at the onset of shared care.
    - confirm the current dosage and clearly highlight any changes made both to the patient and in writing to the patient's primary care prescriber who will action any of them as required.

- The specialist team will:
  - provide training, advice and guidance (as appropriate) for primary care prescribers if necessary to support the shared care agreement.
  - provide contact details for both working and non-working hours.
  - supply details for fast-track referral back to secondary/specialist care.
  - provide the patient with details of their treatment, follow-up appointments, monitoring requirements and, where appropriate, nurse specialist contact details.
  - provide continued support for the primary care prescriber and answer any questions they may have on the treatment and the condition for which the medicine is being used.
- Prior to transfer of prescribing, the specialist will:
  - Ensure that patients (and their caregivers, where appropriate) are aware of and understand their responsibilities to attend appointments and the need for continued monitoring arrangements.
  - Ensure that patients (and their caregivers, where appropriate) understand that their medication may be stopped if they fail to attend follow-up/monitoring appointments, as the treatment may no longer be safe to prescribe.
- The specialist will document the decision to transfer the prescribing responsibility of the treatment to the primary care prescriber via the shared care guideline in the patient's hospital medical notes. If the primary care prescriber declines the request for shared care, the specialist is required to retain prescribing responsibility for the medication, and will document this in the patient's hospital medical notes.

**All of the above information should be provided to the primary care prescriber in writing via a letter or approved electronic communication.**

## Roles and responsibilities of the primary care prescriber

- To prescribe within their own level of competence. The GMC guidance on "Good practice in prescribing and managing medicines and devices" states that doctors are responsible for the prescriptions they sign and their decisions and actions when they supply and administer medicines and devices, or authorise or instruct others to do so. They must be prepared to explain and justify their decisions and actions when prescribing, administering and managing medicines.
- The BMA Principles for Shared Care Prescribing may be a useful supporting document when considering requests for shared care. This guidance states that doctors should ensure any refusal to share care is consistent and framed by a set of principles so it is not discriminatory to specific patient groups.
- The same principles apply to non-medical prescribers as well as medical prescribers as outlined in the "Competency Framework for all Prescribers".
- To confirm that the patient (and their caregivers, where appropriate) consents to sharing of care between the specialist, the primary care prescriber and the patient. Consenting parties must have sufficient, accurate, timely information in an understandable form. Consent must be given voluntarily and must be documented in the patient's notes.
- If shared care is accepted, commencement of shared care must be clearly documented in the patient's primary care medical notes.
- If declining the request for shared care, the decision and rationale should be explained to the specialist in writing as soon as is possible and in a timely manner, within a maximum of 14 to 21 calendar days upon receipt of request. The patient should also be informed of the decision.
- Ensure that the primary care prescriber has the information and knowledge to understand the therapeutic issues relating to the patient's clinical condition.
- Undergo any additional training necessary in order to carry out the prescribing and monitoring.

- Agree that in the primary care prescriber's opinion the patient can receive shared care for the diagnosed condition unless reasons exist for the management to remain within secondary/specialist care (see appendix 1).
- Prescribe the maintenance therapy in accordance with the written instructions contained within the SCG or other written information provided, and communicate any changes of dosage made in primary care to the patient. It is the responsibility of the prescriber making a dose change to communicate this to the patient.
- If it has been agreed that a patient-held monitoring booklet will be used and where applicable, keep the patient-held monitoring record up to date where possible with the results of investigations, changes in dose and alterations in management and take any actions necessary.
- Report any adverse effect in the treatment of the patient to the specialist team, and via the MHRA Yellow Card Scheme https://yellowcard.mhra.gov.uk/.
- The primary care prescriber will ensure that the patient is monitored as outlined in the SCG and will take the advice of the referring specialist if there are any amendments to the suggested monitoring schedule.
- The primary care prescriber will ensure a robust monitoring system is in place to ensure that the patient attends the appropriate appointments in primary care for follow-up and monitoring, and that defaulters from follow-up are contacted to arrange alternative appointments. It is the primary care prescriber's responsibility to decide whether to continue treatment for a patient who does not attend appointments required for follow-up and monitoring, and to inform the specialist of any action taken.
- Primary care prescribers are not expected to be asked to participate in a shared care arrangement where:
    - no locally approved SCG exists, or the medicine or condition does not fall within the criteria defining suitability for inclusion in a shared care agreement.
    - the prescriber does not feel clinically confident in managing the individual patient's condition, and there is a sound clinical basis for refusing to accept shared care.
- Where community nurse involvement is required in the administration of medicines under a SCG, nurses should be provided with adequate information and guidance by the prescriber or the specialist. Arrangements should be made in good time for any potential problems to be resolved to ensure that patient care is not compromised.

## Roles and responsibilities of the patient and/or carer

- To provide their informed consent for sharing of their care with the specialist and primary care prescriber. Consenting parties must have sufficient, accurate, timely information in an understandable and accessible format. Consent must be given voluntarily and must be documented in the patient's notes. Supporting information is available from NICE "Making decisions about your care".
- To take their medication as agreed, unless otherwise instructed by an appropriate healthcare professional.
- Request repeat prescriptions from GP practice 7-14 days in advance of medication running out.
- To meet all necessary monitoring arrangements to ensure the safe prescribing of their medication, and to alert the prescriber where these arrangements are not met.
- To attend all follow-up appointments with the primary care prescriber and specialist. If the patient is unable to attend any appointments, they should inform the relevant practitioner as soon as possible and arrange an alternative appointment.
- Inform healthcare professionals of their current medications prior to receiving any new prescribed or over-the-counter (OTC) medication.
- Inform the specialist team and primary care prescriber of any other medications being taken that may not appear in the patient's medical records, such as OTC products, any medicinal products obtained privately, and any recreational drugs.

- If the patient is under the care of multiple healthcare professionals/specialist teams or clinics (whether they are with the NHS and/or a private provider), the patient/carer should raise any potential prescribing of new medications or any items with medicinal properties with all the healthcare professionals involved in the patient's care. This is to ensure that any potential drug interactions are identified and clinically reviewed to ensure safe care of the patient.
- Report all suspected adverse reactions to medicines to their primary care prescriber.
- Store their medication securely away from children and according to the medication instructions.
- Read the information supplied by their primary care prescriber, specialist and pharmacist and contact the relevant practitioner if they do not understand any of the information given.
- An agreed method of communication of results of investigations between the specialist, the primary care prescriber, the community pharmacist and the patient should be agreed at the onset of therapy. Test results from the GP surgery, and hospital test results that have been sent to the GP surgery, may be viewed on the NHS app.
- If it has been agreed to use a patient-held monitoring booklet, the patient needs to arrange for the monitoring booklet to be kept up to date.
- Keep their contact details up to date, and any changes are to be informed to both the specialist team and the primary care prescriber.

## Roles and responsibilities of the community pharmacist

- Know where to access locally agreed shared care guidelines to aid professional clinical check of prescription prior to dispensing.
- Professionally check prescriptions to ensure they are safe for the patient and contact the primary care prescriber if necessary to clarify their intentions. It is good practice to check the patient-held record book if applicable to ensure the correct dose is dispensed*.
  * An agreed method of communication of results of investigations between the specialist, the primary care prescriber, the community pharmacist and the patient should be agreed at the onset of therapy.
- Fulfil legal prescriptions for medication for the patient unless they are considered unsafe.
- Counsel the patient on the proper use of their medication.
- Advise patients suspected of experiencing an adverse reaction to their medicine(s) to contact their primary care prescriber or specialist/specialist nurse team.

## References

1. Shared Care for Medicines Guidance: A Standard Approach, Regional Medicines Optimisation Committee (RMOC), February 2021. Accessible via: https://future.nhs.uk/ (password required)
2. Responsibility for prescribing between Primary and Secondary / Tertiary Care, NHS England January 2018. Accessible via: responsibility-prescribing-between-primary-secondary-care-v2.pdf.
3. Good practice in proposing, prescribing, providing and managing medicines and devices: Shared care, General Medical Council, April 2021. Accessible via: https://www.gmc-uk.org/professional-standards/the-professional-standards/good-practice-in-prescribing-and-managing-medicines-and-devices/shared-care.
4. Principles for Shared Care Prescribing, British Medical Association, updated 19 June 2025. Accessible via: https://www.bma.org.uk/advice-and-support/gp-practices/prescribing/prescribing-in-general-practice/principles-for-shared-care-prescribing.
5. A Competency Framework for all Prescribers, Royal Pharmaceutical Society, September 2021. Accessible via: https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework.
6. National shared care guideline templates, accessible via: https://www.england.nhs.uk/publication/shared-care-protocols/

## Appendix 1 – Possible Reasons for a primary care prescriber to decline to accept shared care:

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| 1 | 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.<br><br>I have consulted with other Primary Care prescribers in my practice who support my decision. I have discussed my decision with the patient and request that prescribing for this individual remains with you due to the sound clinical basis given above. |
| 2 | 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 medicines or is not a locally agreed shared care medicine). |
| 3 | The patient has not had the minimum duration of supply of medication to be provided by the initiating specialist. Therefore, please contact the patient as soon as possible in order to provide them with the appropriate length of supply of the medication before transferring the prescribing responsibility to the primary care prescriber. |
| 4 | The patient has not been optimised/stabilised on this medication. Therefore, please contact the patient as soon as possible in order to provide them with the medication until the patient is optimised on this medication before transferring the prescribing responsibility to the primary care prescriber. |
| 5 | Shared Care Guideline and/or relevant clinical information as stipulated in the guideline not received. Therefore, please contact the patient as soon as possible in order to provide them with the medication until I receive the appropriate Shared Care Guideline and/or necessary clinical information before transferring the prescribing responsibility. |
| 6 | Other (primary care prescriber to complete if there are other reasons why shared care cannot be accepted or why shared care is to be discontinued if already started, e.g. adverse effects): …… |