SHARED CARE PRESCRIBING

A clear guide for patients

What shared care means • Our practice position • What you need to do

Important update

From 1 July 2026, the practice is not entering into new shared care prescribing arrangements.

This guide explains what this means, why the decision has been made and who to contact about ongoing prescriptions or monitoring.

What is shared care?

A shared care agreement is a formal arrangement between a specialist service and a GP practice for the ongoing treatment of a patient.

Under shared care, the specialist remains responsible for the specialist aspects of treatment, while the GP may take on certain responsibilities such as prescribing and routine monitoring. The agreement should clearly set out which clinician is responsible for each part of the patient's care.

Shared care is different from a specialist simply recommending that a GP prescribe a medication. **A GP practice must agree to enter into a shared care arrangement before taking on shared care prescribing responsibilities.**

Why might shared care be requested?

Shared care can allow treatment initiated by a specialist to continue closer to home once a patient is clinically stable.

It can be appropriate where:

- the treatment is established and stable;
- there is a clear shared care protocol;
- the specialist service remains available to provide specialist advice and review;
- the required monitoring can appropriately be undertaken in primary care; and
- the GP is satisfied that they have the necessary information, expertise and resources to prescribe safely.

Our practice position

From **1 July 2026, our practice has made the decision not to enter into new shared care prescribing arrangements.**

This decision has been made in line with the principles set out by the British Medical Association (BMA) regarding shared care prescribing and the additional responsibilities placed on general practice.

This is a practice-level decision. It does **not** mean that we consider a particular medication inappropriate or that we disagree with a specialist's treatment recommendation.

Rather, it means that our practice is not currently able to accept the additional prescribing, monitoring and clinical responsibilities associated with new shared care arrangements.

Why are we not entering into new shared care arrangements?

There are several important considerations.

Patient safety and clinical responsibility

Shared care can involve significant prescribing and monitoring responsibilities. The GP must be satisfied that they have the appropriate clinical expertise, information, monitoring arrangements and access to specialist advice to undertake these responsibilities safely.

Where treatment requires specialist expertise, complex monitoring, frequent dose adjustments or management of significant potential adverse effects, we may not consider it appropriate for primary care to assume these responsibilities.

Clear allocation of responsibility

For shared care to work safely, there needs to be a clear agreement about who is responsible for prescribing, monitoring, reviewing treatment, managing adverse effects and responding to problems.

A GP practice cannot safely accept responsibility where these arrangements are unclear or where responsibility is effectively transferred from a specialist service to primary care without appropriate ongoing specialist support.

Workload and capacity

Shared care prescribing involves considerably more than issuing a repeat prescription. It may involve reviewing specialist correspondence, checking monitoring results, assessing side effects, managing interactions, making clinical decisions and communicating with specialist services.

Our practice must consider whether we have sufficient clinical capacity to undertake these additional responsibilities safely alongside the care we already provide to our registered patients.

Funding and resources

Primary care services are commissioned and funded to provide particular services. Shared care arrangements can transfer substantial prescribing, monitoring and administrative work from specialist services into general practice.

Where an arrangement involves additional work or specialist-level responsibilities without appropriate commissioning, funding or resources, we may not be able to accept that responsibility.

What does this mean for patients?

If a specialist has recommended medication under a proposed shared care arrangement, this does **not automatically mean that the GP practice can prescribe it.**

Where our practice has not accepted a shared care arrangement, the specialist service that initiated the treatment should remain responsible for prescribing and the associated specialist monitoring and follow-up.

Patients should not be disadvantaged because our practice does not participate in a particular shared care arrangement. We therefore encourage patients to discuss alternative prescribing arrangements directly with their specialist team.

This may include the specialist service continuing to prescribe the medication, arranging monitoring through the appropriate service, or considering an alternative treatment or pathway where clinically appropriate.

Our decision not to enter into new shared care arrangements does not mean that we do not work collaboratively with specialist services. We will continue to communicate with specialist teams and provide appropriate clinical information to support safe patient care.

However, **we cannot accept clinical responsibility for specialist prescribing simply because a specialist has requested that a GP do so.**

Any shared care arrangement accepted by the practice must be clinically appropriate, adequately supported, appropriately resourced and acceptable to the GP practice.

Please see the **Frequently Asked Questions below**, which explain what shared care prescribing involves, why our practice is not currently accepting new shared care arrangements, and what this means for patients.

If you are currently receiving treatment from a specialist and have been asked to obtain your prescription from the practice under a new shared care arrangement, please contact your specialist team to discuss ongoing prescribing arrangements.

What to do now
Contact your specialist team to discuss ongoing prescribing and monitoring arrangements.

Frequently Asked Questions

Why won't my GP prescribe the medication if a consultant has recommended it?

A recommendation from a specialist does not automatically transfer prescribing responsibility to your GP.

For shared care, the GP practice has to formally accept responsibility for prescribing and any associated monitoring. Shared care is a voluntary arrangement and practices are not required to accept every request.

Our practice is currently not accepting new shared care prescribing arrangements. The specialist team that started your treatment therefore remains responsible for prescribing and specialist monitoring.

Is my GP saying that I don't need this medication?

No.

Our decision not to enter into shared care does **not** mean that we believe your medication is unnecessary or that your specialist's treatment plan is inappropriate.

It means that we are not able to accept the additional prescribing and monitoring responsibilities associated with a new shared care arrangement.

Does this mean I will have to stop my medication?

No. You should not stop a prescribed medication simply because our practice cannot accept a shared care arrangement.

If your treatment has been initiated by a specialist, please contact the specialist team to discuss arrangements for ongoing prescribing and monitoring.

The specialist service should continue to provide the care and prescribing that it remains responsible for where a shared care arrangement has not been accepted.

Why has the practice made this decision?

From **1 July 2026**, our practice has adopted a policy of not entering into new shared care prescribing arrangements, in line with BMA/GPC England guidance and the principles relating to shared care and GP collective action.

The BMA guidance highlights the importance of clear clinical responsibilities, appropriate specialist support, adequate resources and appropriate arrangements for the additional workload involved in shared care.

Our decision reflects several considerations:

- **Patient safety** – we must be confident that we have the appropriate clinical expertise, information, monitoring arrangements and specialist support to prescribe safely.
- **Clinical responsibility** – there must be a clear understanding of which clinician is responsible for diagnosis, prescribing, monitoring, dose changes, adverse effects and specialist review.
- **Workload and capacity** – shared care involves considerably more than issuing a repeat prescription.
- **Funding and commissioning** – additional work undertaken by general practice should be appropriately commissioned and resourced.

Isn't shared care supposed to save the NHS money?

Shared care can provide benefits when it is properly designed and resourced, including allowing stable treatment to be provided closer to home.

However, transferring prescribing and monitoring from a specialist service to general practice also transfers clinical responsibility and workload.

Our practice cannot safely take on additional specialist work simply because it has been requested by another NHS service without appropriate arrangements, resources and clinical support.

What does "shared care" actually involve?

It is more than asking the GP to issue a repeat prescription.

Depending on the medication, the GP may be expected to:

- prescribe the medication regularly;
- monitor blood tests, observations or other investigations;
- assess and manage side effects;
- make dose adjustments;
- check for drug interactions;
- review the ongoing need for treatment;
- respond to abnormal monitoring results; and
- communicate with the specialist team when problems arise.

The exact responsibilities should be set out in a formal shared care agreement.

Does the specialist still have responsibility for my treatment?

Where our practice has not accepted shared care, the specialist service remains responsible for the specialist treatment and prescribing arrangements.

A specialist team should not assume that a GP has accepted prescribing responsibility simply because a shared care request or prescription recommendation has been sent to the practice.

What should I do if my specialist has told me that my GP must prescribe?

Please contact the specialist team and explain that our practice is not currently accepting new shared care arrangements.

You can ask the specialist team to:

- continue prescribing the medication;
- arrange the required monitoring through the appropriate specialist service; or
- discuss an alternative care pathway where appropriate.

We will communicate with specialist services where necessary to support safe patient care, but we cannot accept prescribing responsibility without agreeing to the shared care arrangement.

Does this apply to every medication?

Our current policy is not to enter into **new shared care prescribing arrangements**.

This does not necessarily mean that every medication previously prescribed under an existing arrangement will automatically be stopped. Existing arrangements may need to be considered separately in accordance with their clinical, governance and commissioning arrangements.

If you are already receiving a medication under an existing shared care arrangement, please continue to obtain your prescriptions in the usual way unless we contact you to discuss a change.

What if I think this decision is unfair?

We understand that this may be frustrating, particularly if you have previously been told that your GP would take over prescribing.

Our decision is a practice-wide policy and is not based on an assessment of an individual patient's needs, diagnosis or medication.

If you have concerns about your treatment or access to medication, please discuss these with the specialist team responsible for your care. You can also contact the practice if you need clarification about how this policy applies to your individual circumstances.

Will the practice reconsider this policy in the future?

Yes. Our policy may be reviewed if appropriate locally commissioned shared care pathways become available, with clear clinical responsibilities, appropriate funding and adequate specialist support.

Our priority is to ensure that any prescribing responsibility accepted by the practice can be delivered safely and sustainably.

Further information

Further information about shared care prescribing is available from the British Medical Association:

BMA – Principles for Shared Care Prescribing

BMA – GP collective action in England

Please do not stop prescribed medication without speaking to the clinician responsible for your care.