**Principles for Shared Care Prescribing**

Shared Care Prescribing refers to medication which is initiated by a specialist and ongoing prescribing and monitoring is shared with a GP practice, usually accompanied by guidance or a shared care protocol.

The [GMC](https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices/shared-care) has guidance on shared care prescribing which requires a clinician to be informed about the side effects of the medication and undertake the required monitoring.

The following principles should apply to ALL shared care prescribing:

* **It is a non-core voluntary activity that can be declined by the GP practice for any reason**, such as:
  + Inadequate capacity within the practice
  + Inadequate competency about the specialist medication, despite training
  + Assurance to provide the ongoing specialist support require for shared care

NB: ensure any refusal is consistent and framed by a set of principles so it not discriminatory to specific patient groups

* **The GP practice is satisfied with the quality assurance and clinical governance of the specialist provider**
  + This will be more challenging if the provider is not commissioned by the NHS
* **If any ongoing medication monitoring is required, accountability for this should be clear within associated guidance in the form of a shared care protocol**
* **The appropriate stabilisation period has occurred before prescribing is handed over to the GP practice**
  + The duration is determined by the shared care protocol (often 3 months)
* **There is enduring specialist input** such as:
  + Ongoing out-patient follow-up
  + A mechanism which allows timely advice from the specialist, which could be converted into an out-patient review

NB: Enduring specialist care is challenging when a patient is self-funding. Practices must consider their choices should this cease, as this may be associated with an element of moral injury, despite a patient contract being in place.

* **Any additional work undertaken by general practice in the form of medication monitoring, is delivered through a funded, commissioned pathway**
  + This would usually be in the form of an ICB medicines monitoring Local Enhanced Service