

GP STATE OF



EMERGENCY

Shared Care Protocols

Emergency Guidance

GPs in London and across the country have declared a #GPstateofemergency. To help GPs and their practice teams to manage the increasing workload, Londonwide LMCs has produced some emergency guidance to manage requests for unresourced work and identify and communicate to patients activities that aren't covered by your core contract.

What are shared care protocols?

- Shared care guidelines are frequently being utilised within the NHS to transfer work and the care of patients from secondary/tertiary care to primary care.
- Shared care protocols are designed to outline the role and responsibilities of the patient, the GP and the specialist in prescribing medication that would not normally be prescribed in primary care.
- A shared care protocol should describe the responsibilities expected of the GP with regards to monitoring, side effects and drug interaction. The patient continues to be under regular follow up in secondary care, where overall response to treatment and the future need for treatment will be monitored.

What does the law say?

The GMC Good Medical Practice 2013(14) states 'You must recognise and work within the limits of your competence.'

In addition to this the signatory on a prescription is the person clinically responsible for that drug.

What should you do?

In light of both the GMC guidance and legal responsibility, Londonwide LMCs advises practices to only participate in a shared care arrangement if they feel that they have the competence and safe infrastructure to prescribe and monitor the response/side effects to the drug in the shared care protocol.

GPs are under no obligation to participate in a shared care agreement. If the GP decides not to participate, the clinical responsibility for the patient remains with the specialist service.



If you decide not to participate in a shared care arrangement, use our template letter on the next page of this guidance to notify the specialist provider.



Appendix A: Letter to practices to agree to shared care protocol

<<Practice Headed Paper>>

Request for <<insert name of Practice>> to agree to shared care protocol

Dear <<insert clinical lead name>>

RE: <<insert Shared care protocol>>

As you are aware general practice is under increasing pressure and is currently unable to cope with the workload. General Practice is repeatedly asked to take on more work, with no resources to enable this work to be undertaken safely.

Due to current workload within General Practice <<insert name of Practice>> is unable to agree to the proposed shared care guidelines and responsibility for prescribing and monitoring the treatment outlined within the protocol must rest with <<insert name of acute trust>>.

We are concerned that taking on further responsibilities under such a shared care protocol would put patient safety at risk at this time.

Yours sincerely,

On Behalf of <<insert name of Practice>>

You can download an editable version of this document [here](#).