

Memorandum of Understanding between Barking & Dagenham, Havering and Redbridge GP practices and Private sector organisations for any participation in Shared-care arrangements

June 2022

There have been increasing requests for GP's to participate in shared-care arrangements for prescribing medicines that would require a shared-care guideline if the patient had been seen under the NHS.

The decision made at the BHR Integrated care partnership Area Prescribing Committees (APC) (May 2022) was that, in general, shared-care is not appropriate between the private and NHS interface. However, there may be certain scenarios where it could be considered.

This Memorandum of Understanding (MOU) defines the minimum good practice requirements, assurance and governance that must be in place between the private care provider, the practice and the patient, in order for shared-care to be considered.

Introduction

1. There are certain drugs of a more specialist nature, or require additional monitoring. For these medicines to be prescribed safely, and without any ambiguity of responsibilities in Primary care, a shared-care guideline is needed to inform all parties on the following: details of the drug, licensing, dosing, routes of administration, prescribing advice, adverse effects, interactions, monitoring requirements, action to take if certain effects occur, an outline of the responsibilities of each party involved, whilst the patient remains under the care of the specialist for clinical oversight of the patient's condition.
2. Usually, if GP's are asked to prescribe 'shared-care' drugs from private providers, the GP would normally decline and give the patient the choice of being referred on the NHS for on-going care. It is acknowledged however, that there are significantly long waiting lists for patients to be seen under the NHS, a problem that has been exacerbated by the pandemic. More and more patients are expected to seek medical treatment privately as a result. Therefore, the decision to prescribe will be at the GP's discretion.
3. The prescribing of more specialist hospital-only drugs remains the sole responsibility of the specialist and GP's should not prescribe these medicines regardless of where the drug was initiated. Please refer to the CCG [hospital-only list](#) to determine the status of a particular drug.
4. This MoU will be signed by the private specialist making the shared-care request to the GP, the Principal Lead GP of the practice and the patient. This document will be filed into the patient's medical record, along with the approved shared-care guideline.

5. The offer and acceptance of the MoU should together constitute an agreement between the BHR GP practice, the private specialist and the patient. In the event that the patient moves out of area to a non-BHR practice, this MoU will be void and new arrangements will need to be made as to who will continue prescribing.

Requirements and responsibilities

There are three options for handling requests for GP's to prescribe 'shared-care' drugs from private specialists.

- The GP declines and offers the patient the option of being referred on the NHS for their condition (where a NHS commissioned service exists) for on-going care on the NHS.
- The GP declines and the patient continues being managed by their chosen private care provider.
- The GP agrees, in exceptional cases, to prescribe the 'shared-care' drug only if the conditions outlined are met:

a) There is an approved shared-care guideline in place for all parties to refer to during the course of the shared-care arrangements. Shared-care guidelines originating from the private sector will need to be approved for use first, for governance purposes, via an appropriate systems medicines committee.

b) By signing this MoU the **patient** understands that the shared-care arrangement is only in place as long as they are under the care and clinical oversight of the private specialist. The patient must sign to agree that they commit to continuing being seen under the private specialist for the entire duration of treatment with the 'shared-care' drug. If care under the private specialist discontinues, then the shared-care arrangement will cease to exist and prescriptions will no longer be available for the 'shared-care' drug from the GP.

c) By signing this MoU, the **private specialist** confirms and completes the following information:

- That relevant monitoring results will be shared in a timely fashion with the GP in order to ensure the safe prescribing of medicines. **Yes** **No**
- The patient has been counselled and stabilised on the specialist medication with no need for the GP to after dosing
- Should any queries arise in the course of sharing-care for the patient, the GP will be able to contact the specialist. Specialist to provide contact details here:.....
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d) By signing this MoU, the **GP** confirms they will prescribe the drug to the patient as long as they have the assurance it is safe to prescribe following any required monitoring results received from the specialist and shared-care arrangements are in place.

Duration, review, variation and termination

1. The period covered by the MoU will be from the date signed by the private specialist, GP practice and patient, until the shared care medication is no longer required OR the patient's care is no longer under the private specialist. Where longer term care maybe required all parties should ensure that the MoU is adequately reviewed and remains relevant throughout the period of its use.
2. The private specialist or GP may terminate this agreement by giving a minimum of 28 days' notice in writing, or sooner if the clinical circumstances dictate it.

The private specialist, practice and patient hereby accepts the terms and conditions set out above.

Name of Practice:	
Address of Practice:	
Date for MoU:	

Name of Private specialist (print name):	Signed:
Name of Principal GP (print Name):	Signed:
Name, address and DoB of patient (print name):	Signed:
Name of the shared-care drug	

This MoU has been produced by Medicines Management, BHR Integrated Care Partnership, North East London CCG.

Approved by BHR Place-based Area Prescribing Committee: June 2022