# Shared Care Refusal (primary care prescriber to specialist)

Date [insert date]

Dear [insert specialist's name]

Patient name: [insert patient's name]

Date of birth: [insert date of birth]

NHS Number: [insert NHS Number]

Thank you for your request for me to accept prescribing responsibility for this patient.

In the interest of patient safety, NHS North East London ICB, in conjunction with local acute trusts have classified [insert medicine name]as a Shared Care drug, and requires a number of conditions to be met before transfer can be made to primary care.

**I regret to inform you that in this instance I am unable to take on responsibility due to the following reason(s). Please note that prescribing responsibilities lies with the specialist until shared care is accepted in primary care.**

|  |  |  |
| --- | --- | --- |
|   |   | **Select**  |
| **1.**  | **The prescriber does not feel able to accept shared care request due to specific patient factor(s)**  I do not feel able to manage the prescribing (+/- monitoring) for this patient’s condition because [insert reason].   I have consulted with other primary care prescribers in my practice and/or the NEL ICB Pharmacy Medicines Optimisation Team\* (PMOT) who support my decision. This is not an issue which would be resolved through adequate and appropriate training of prescribers within my practice.   ***I have discussed my decision with the patient and request that prescribing for this individual remain with you as the specialist, due to the sound clinical basis given above.*** *Pharmacy and Medicines Optimisation Team email:* *nelondonicb.prescribingqueries@nhs.net*  | **​​☐​**  |
| **2.**  | **The prescriber does not feel able to accept shared care request due to insufficient information received**  The following information have not been received: [add details here]  Please forward me the following information in order to further consider this shared care request: [add details here]  | **​​☐​**  |
| **3.**  | **Initiation and optimisation by the initiating specialist** As the patient has not been stabilised on optimised dose of this medication, I am unable to take clinical responsibility for prescribing this medication at this time. Therefore, can you please contact the patient as soon as possible in order to provide them with the medication that you have recommended. ***Until the patient is optimised on this medication the responsibility for providing the patient with their medication remains with you.***  | **​​☐​**  |
| **4.**  | **Other (Primary Care Prescriber to complete if there are other reasons why shared care cannot be accepted)** [insert reason(s) here]   | **​​☐​**  |

I would be willing to consider prescribing for this patient once the above criteria have been met for this treatment.

NHS England ‘Responsibility for prescribing between Primary & Secondary/Tertiary care’ guidance (2018) states that “when decisions are made to transfer clinical and prescribing responsibility for a patient between care settings, it is of the utmost importance that the GP feels clinically competent to prescribe the necessary medicines. It is therefore essential that a transfer involving medicines with which GPs would not normally be familiar should not take place without full local agreement, and the dissemination of sufficient, up-to-date information to individual GPs.” In this case, we would also see the term GP being interchangeable with the term primary care prescriber.

Please do not hesitate to contact me if you wish to discuss any aspect of my letter in more detail.

Yours sincerely,

[insert primary care prescriber's name]

[insert primary care prescriber's role]

***Electronically signed***

**Reference**

This letter has been adapted from the Regional Medicines Optimisation Committee’s (RMOC) shared care template letter which is accessible here:  <https://www.sps.nhs.uk/articles/rmoc-shared-care-guidance/>