**Responsibility for prescribing between Primary and Secondary/Tertiary Care**

The headline is that this NHS England document <https://www.england.nhs.uk/gp/gpfv/workload/interface/resources/> gives:

• Confirmation that GPs do not have to do anything which is not in their contract.

• Recognition of the importance of LMCs in reaching local agreements.

• Recognition that GPs can decline shared care work.

• An obligation on secondary/tertiary care to prescribe in those situations where GPs have declined to take on responsibility for ongoing prescribing.

• Recognition that commissioners need to determine the resources and capacity needed before shared care prescribing can take place.

Important quotes from the paper are:

• ‘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.’

• ‘If the GP considers him or herself unable to take on this responsibility, then this should be discussed between the relevant parties so that additional information or support can be made available, or alternative arrangements made.’

• ‘GPs would only be obliged to provide treatment consistent with current contract requirements.’

• ‘The use of the Electronic Prescription Service by hospitals should be encouraged to allow the efficient provision of prescriptions from secondary care where this is required.’

• ‘Commissioners have a role in ensuring that they commission services which cover the prescribing needs of their population and make the best use of available resources; particularly in the case of medicines suitable for shared care. In doing so, commissioners should identify, and take into account, operational and resource requirements of all hospitals and general practice so that patient care remains safe and effective.’

• ‘Legal responsibility for prescribing lies with the doctor or health professional who signs the prescription and it is the responsibility of the individual prescriber to prescribe within their own level of competence.’

• ‘When a specialist considers a patient’s condition to be stable or predictable, they may seek the agreement of the GP concerned (and the patient) to share their care.’

• ‘The provision of shared care prescribing guidelines does not necessarily mean that the GP has to agree to and accept clinical and legal responsibility for prescribing; they should only do so if they feel clinically confident in managing that condition.’

• ‘Referral to the GP should only take place once the GP has agreed to this in each individual case, and the hospital or specialist will continue to provide prescriptions until a successful transfer of responsibilities. The GP should confirm the agreement and acceptance of the shared care prescribing arrangement and that supply arrangements have been finalised. The secondary/tertiary provider must supply an adequate amount of the medication to cover the transition period.’

• ‘Patients should never be used as a conduit for informing the GP that prescribing is to be transferred.’

• ‘People who are being treated on the advice of the secondary care team, but are no longer being seen in that setting, may still need review should problems arise. The appropriate level of care and/or advice should be available from the secondary care team in a timely manner without necessarily requiring a new referral.’

• ‘If ongoing monitoring and prescribing are part of the shared care agreement, then the resources and capacity to ensure consistent delivery need to be determined before any shared care prescribing is implemented.’