

From: <redacted s40(2)> (HSCEY - Primary Care)

Sent: 25 February 2026 07:29

To: <redacted s40(2)> (HSCEY - Primary Care); <redacted s40(2)> (HSCEY - Future & Integration Division)

Cc: <redacted s40(2)> (HSCEY - Future & Integration Division); Neurodiversity Policy – Polisi Niwroamrywiaeth

Subject: RE: Shared care arrangements

Thanks Both

And thank you <redacted s40(2)> for putting together a form of words.

I would be confident that the rationale provided by the Cardiff practice (via the pregnant correspondent) broadly represents the position of most GPs. That is:

- *They do not enter into shared-care arrangements for ADHD with private providers*
- *This does not form part of their contractual NHS work*
- *Any prescribing and monitoring would remain the responsibility of the private provider*
- *Their concerns relate to governance, monitoring, and safety, particularly where stimulant medication and pregnancy are involved*

In addition, I would add that that:

- most (if not all) LHBs recognise that the diagnostic and treatment threshold varies hugely across private providers. For example, one HB has indicated that around 50-60% of patients referred following a private sector diagnosis for ADHD, do not meet NHS standards.
- The NHS/ Private sector prescribing/shared care dilemma when the patient declines to engage with the private provider once they have their prescription / or the private provider is not no longer providing services . In other words, there is no longer a shared care specialist element and the GP is stuck with prescribing without support or then declines to prescribe.

There are a number of specialist areas where these scenarios and rationale are mirrored including 'weight loss drugs' , post bariatric surgery and gender dysphoria prescribing being particularly hot topics at the moment.

This level of insight may not be helpful to the correspondents, therefore I propose minor additions to <redacted s40(2)> suggestion below (in red).

<redacted s40(2)>

"A shared care agreement is a voluntary arrangement usually between a specialist prescriber and a patient's general practitioner. The nature of prescribing under a

shared care agreement typically has a more specialist element outside of contractual requirements and expectations of specialist knowledge on the part of the GP. As such GPs are not obliged to enter into shared care arrangements and the decision as to whether to enter an agreement lies with the prescriber who will take on responsibility for prescribing the medication initiated by the specialist. This applies irrespective of the specialist recommendation coming from the NHS or private sector.

GPs who prescribe under shared care arrangements take on the legal and clinical responsibility for their prescriptions even when acting on the advice of specialists. In some circumstances GPs may refuse to prescribe medicines under a shared care agreement because the recommendation does not align to NHS Wales local or national diagnostic and treatment guidelines.

The All Wales Medicines Strategy Group offers GPs and other NHS prescribers advice about deciding whether or not to enter into a shared care agreement with private clinicians which can be accessed at awttc.nhs.wales/files/guidelines-and-pils/prescribing-dilemmas-a-guide-for-prescribers-pdf2/.

In situations where a GP feels unable to take responsibility for prescribing a medicine under shared care arrangements, prescribing responsibility remains with the clinician who initiated treatment.”

<redacted s40(2)>

Senior Medical Officer for Primary Care, Mental Health, Substance Misuse & Vulnerable Groups Division/Uwch Swyddog Meddygol Grwpia Iechyd Meddwl, Camddefnydd Sylweddau, Anableddau Dysgu ac Agored i Niwed

Primary Care and Mental Health Group / Grwp Gofal Sylfaenol ac Iechyd Meddwl

Welsh Government/ Llywodraeth Cymru

From: <redacted s40(2)> (HSCEY - Primary Care)

Sent: 24 February 2026 20:20

To: <redacted s40(2)> (HSCEY - Future & Integration Division); <redacted s40(2)> (HSCEY - Primary Care)

Cc: <redacted s40(2)> (HSCEY - Future & Integration Division); Neurodiversity Policy – Polisi Niwroamrywiaeth

Subject: RE: Shared care arrangements

Hi <redacted s40(2)>

In this case I think the following wording would reflect the position. I'd appreciate <redacted s40(2)>'s view that it fairly reflects the general position from a GP/clinician's perspective

Thanks

<redacted s40(2)>

"A shared care agreement is a voluntary arrangement usually between a specialist prescriber and a patient's general practitioner.. As such GPs are not obliged to enter into shared care arrangements and the decision as whether to enter an agreement lies with the prescriber who will take on responsibility for prescribing the medication initiated by the specialist.

GPs who prescribe under shared care arrangements take on the legal and clinical responsibility for their prescriptions even when acting on the advice of specialists. In some circumstances GPs may refuse to prescribe medicines under a shared care agreement because prescribing for the condition would be outside of their clinical competence

The All Wales Medicines Strategy Group offers GPs and other NHS prescribers advice about deciding whether or not to enter into a shared care agreement with private clinicians which can be accessed at awttc.nhs.wales/files/guidelines-and-pils/prescribing-dilemmas-a-guide-for-prescribers-pdf2/.

In situations where a GP feels unable to take responsibility for prescribing a medicine under shared care arrangements, prescribing responsibility remains with the clinician who initiated treatment."

From: <redacted s40(2)> (HSCEY - Future & Integration Division)

Sent: 24 February 2026 18:22

To: <redacted s40(2)> (HSCEY - Primary Care); <redacted s40(2)> (HSCEY - Primary Care)

Cc: <redacted s40(2)> (HSCEY - Future & Integration Division); Neurodiversity Policy – Polisi Niwroamrywiaeth

Subject: Shared care arrangements

Hi <redacted s40(2)> and <redacted s40(2)>,

I hope that you can help me.

We have received a number of pieces of correspondence (mostly today really) on the issue around GPS not accepting/agreeing to shared care agreements from private providers.

I have attached the 2 received today and would be grateful if you would be able to provide some lines to take around the subject, that I can use for these responses and also for any others that come in.

Kind regards

<redacted s40(2)>

Neurodivergence Policy Manager