

From: <Redacted s40(2)> (HSS - Primary Care & Mental Health - Primary Care)

Sent: 27 September 2023 19:24

To: <Redacted s40(2)> (Cardiff and Vale UHB - AWTTC); <Redacted s40(2)>@wales.gov

Cc: <Redacted s40(2)> (Cardiff and Vale UHB - AWTTC); <Redacted s40(2)> (Cardiff and Vale UHB - AWTTC)

Subject: Re: Shared care prescribing agreements between private and NHS clinicians

Hi <Redacted s40(2)>

Thanks for the update. I think this is helpful although I have a slight concern that it is written (and reads) in a way that would lead most GPs not to prescribe - I understand that is probably what most AWPAG members want it to do. I would challenge whether this adequately considered the patient impact and would say that at AWMSG (and would expect patient reps to say the same). Is it possible to reflect on that?

I also asked at the outset (probably asked <Redacted s40(2)>) whether this could be produced as. A decision making framework rather than simple advice. I envisaged a set of questions for GPs to consider which they could document to inform their decision. These would include considering the implications of not prescribing for the patient well as the risks of prescribing for the GP.

Is that feasible?

Happy to discuss further

<Redacted s40(2)>

From: <Redacted s40(2)> (Cardiff and Vale UHB - AWTTC)

Sent: Wednesday, September 27, 2023 4:25:23 PM

To: <Redacted s40(2)>@wales.gov; <Redacted s40(2)> (HSS - Primary Care & Mental Health - Primary Care)

Cc: <Redacted s40(2)> (Cardiff and Vale UHB - AWTTC); <Redacted s40(2)> (Cardiff and Vale UHB - AWTTC)

Subject: Shared care prescribing agreements between private and NHS clinicians

Dear <Redacted s40(2)> and <Redacted s40(2)>,

The All Wales Prescribing Advisory Group have been discussing the feasibility of having a shared care agreement to prescribe medicines between a specialist prescriber working on a private basis, and an NHS primary care clinician. This is an issue that has been highlighted in practice recently.

Myself and <Redacted s40(2)> have been involved from an AWTTTC perspective, and have tried to find some information to guide the discussion, and have also spoken with the Welsh Risk Pool.

We have been largely unable to provide a definitive answer to this question, but have put together some wording that is intended to be included in an update to our Prescribing Dilemmas document (assuming AWPAG and AWMSG agree). This offers some general advice to clinicians should they be considering entering into such an agreement.

I was wondering whether you would be able to have a look at what we are proposing prior to the wording being presented to AWPAG please? It would be useful for <redacted s40(2)> and I to have a Welsh Government view on this if possible, including whether you think this requires wider consultation in line with the AWTTTC process for medicines optimisation projects.

The next AWPAG meeting is scheduled for December, so there is no immediate rush. I have pasted the proposed content below, and if you have any thoughts it would be much appreciated.

Many thanks

<Redacted s40(2)>

4.1.1 Sharing responsibility for prescribing between a private specialist and an NHS Primary care clinician

Where a specialist clinician managing a patient on a private basis has requested a shared care agreement with an NHS primary care clinician to prescribe the patient's medicine on an ongoing basis, the following should be considered when deciding whether or not to enter into such an agreement:

- As outlined in the AWMSG Shared Care prescribing and monitoring guidance, the primary care clinician would need to be happy to accept prescribing responsibility if they were entering into the requested shared care arrangement. This would include acting upon any problems identified by monitoring being managed by the primary care clinician. If the primary care clinician were not confident in the original diagnosis, this would need to be taken into account when deciding whether to accept responsibility.
- The primary care clinician should consider the possibility that if the private specialist prescriber's involvement in the patient's care were to cease, the primary care clinician might be left to manage ongoing treatment without support.
- Although any responsibility for ensuring safe treatment would be shared between the private specialist and the NHS primary care clinician, in the event of a claim

being made it is possible that such a claim would be made solely against a primary care clinician's NHS indemnification.

- If NHS indemnification were to apply, there would need to be approval for the shared care arrangement at a senior level within the health board.

Where primary care clinicians are involved in referring patients to private specialists, expectation regarding future prescribing recommendations should be managed at the time of referral and documented in the clinical records. The patient should be advised that future access to treatment on the NHS may not be guaranteed if an NHS prescriber does not agree with the treatment choice of the private clinician.

Further information relating to shared care can be found in the AWMSG shared care prescribing and monitoring guidance.

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