

## **306 Medical Centre: Shared Care Agreements (SCAs)**

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Shared Care Agreements (SCAs) are collaborative arrangements between specialists and primary care providers to ensure safe and effective prescribing of ADHD medication.

### **GP Discretion**

It is important to note that GPs are **not legally obligated** to accept a shared care agreement. Because they take on clinical and legal liability for the prescriptions they sign, they will review your file to ensure it meets local NHS clinical guidelines. If a GP declines, the diagnosing specialist or clinic remains responsible for your prescriptions

Below is guidance based on NHS policies:

### **Specialist Responsibilities**

#### **1. Diagnosis and Initiation:**

ADHD diagnosis must be made by a qualified specialist following UK criteria (e.g., DSM-5 or ICD-10).

Specialists initiate, titrate, and optimize treatment over 3–6 months until a stable dose is achieved.

#### **2. Communication**

Provide GPs with detailed information, including diagnosis, treatment plan, and monitoring requirements.

Ensure patients understand the shared care process and provide access to relevant guidelines.

### **GP Responsibilities**

#### **1. Prescribing**

Prescribe stabilised medication only after receiving a formal request from the specialist. Follow controlled drug requirements for medications like methylphenidate or lisdexamfetamine.

#### **2. Monitoring**

Conduct ongoing monitoring as specified by the specialist (e.g., regular reviews, side effect checks).

#### **3. Communication**

Inform the specialist of any issues affecting treatment adherence or adverse effects.

## **Key Considerations**

- SCAs are only possible when the patient remains under specialist care for ongoing support.
- If the patient does not have regular reviews in line with specialist service advice, or 12 monthly reviews, the practice will not continue prescribe the medicines.
- Medications should align with NICE guidelines.
- Patients must consent to SCAs and understand their role in treatment adherence.

This framework ensures continuity of care while maintaining safety and compliance with NHS protocols.

## **Shared Care Prescribing of Gender Transitioning Medicines with Specialist Services**

Shared care prescribing of gender transitioning medication based on NHS policy involves collaboration between Gender Identity Clinics (GICs) and General Practitioners (GPs).

Specialist service providers must be able to demonstrate that they are suitably qualified, and if they are not able to demonstrate this, as a GP we are not obliged to follow their recommendations.

Prescribing of puberty blockers for adolescents is unlawful.

Key aspects for shared care prescribing of gender transitioning medicines:

### **Specialist Responsibilities**

- GIC clinicians assess suitability for hormone therapy, ensuring stable social and psychological circumstances and no medical contraindications.
- Specialists initiate treatment, monitor blood levels until stable, and provide detailed prescribing guidance to GPs.
- They remain available for advice and manage complex cases or adverse effects.

### **GP Responsibilities**

- GPs prescribe and monitor medications as per the specialist's guidance once the patient is stable.
- They conduct regular reviews, monitor for side effects, and report concerns to the specialist team.
- Shared Care agreements (SCAs) are only possible when the patient remains under specialist care for ongoing support.

If the patient does not have regular reviews in line with specialist service advice, or 12 monthly reviews, the practice will not continue prescribe the medicines.

This shared care model ensures long-term, patient-centred management of gender dysphoria in line with NHS guidelines.