

Penryn Surgery Shared Care Policy

At Penryn Surgery, we are committed to providing comprehensive and equitable healthcare to all our patients. With this guiding principle in mind, we have recently undertaken a review of our policies regarding shared care arrangements.

What is shared care?

Shared care is requested by a specialist, 'hospital' or 'secondary care' clinician. It has been used to conveniently deliver medicines and complete associated monitoring by GP practices under the guidance of secondary care specialists. When formal assessment, diagnosis and any medical titration (slow increase in dosing to achieve stabilisation) has been achieved, some secondary care specialists ask if we can help them deliver their care through shared care. Once this has been formally agreed, this would form a contract between the specialist, the GP and the patient, and confirms ongoing, frequent monitoring and medication review at regular intervals. This happens with a multitude of NHS specialties including (but not limited to) Rheumatology, ADHD and Gender Dysphoria.

Shared Care is OPTIONAL. There is no obligation for GPs to have to agree to Shared Care Agreements. Central to our updated policy is the understanding that equitable access to safe care is paramount.

We agree to continue accepting shared care for patients who have been assessed and stabilised by an NHS clinic

We have made the decision as of April 2025 NOT to enter into new shared care agreements with private providers, including Right To Choose Clinics for the reasons outlined below. This would include a transfer of care from a previous GP surgery who may have already been engaging with shared care.

It is crucial to recognise that the management of some conditions, particularly through medication, necessitates regular monitoring and specialist oversight. While we remain dedicated to delivering high-quality care to our patients, our resources and capabilities do not extend to providing the specialised monitoring required for patients diagnosed and treated privately.

The Cornwall Local Medical Committee (LMC) is a statutory organisation that represents GP practices, created at the same time as the NHS. The LMC specifically advise *against* GP engagement with shared care requests from private providers for the following reasons:

- Engaging in shared care would be at the expense of core service provision ('normal' every day GP services) that we are contracted to deliver because this work is not currently funded by our local commissioners

- BMA guidance advises ‘Shared Care *with private providers* is not recommended due to the general NHS constitution principle of keeping as clear a separation as possible between private and NHS care’
- Shared care with private providers discriminates against those who are unable to self-fund and diverts valuable NHS resources from the public to the private sector.
- It is challenging for us to be assured of the quality and governance aspects of private clinics

Referral Pathways

Patients have 3 basic options for specialist assessment, which may result in the specialist requesting shared care.

- NHS referral to the local service, commissioned by CIOs ICB
- Private referral – self-funded. Some health insurance policies will cover the cost depending on the type of policy you have.
- RTC Referral, see below.

Right to Choose (RTC)

As part of the NHS constitution patients have the right to choose which provider that they are referred to. If a private provider has an NHS contract anywhere in England, they will qualify to be able to provide private services to NHS patients and the patient’s ICB (Integrated Care Board, e.g. Cornwall) have an obligation to fund this activity. The exact arrangements depend on the contract that is held with the NHS (whichever ICB that may be). Some providers will not accept referrals via letter – we will not be able to refer to such services. The decision of which provider to use is entirely down to the patient and we do not need to be involved in this choice.

The patient’s right to choose is a choice between which provider (the NHS is included in this list) and patients cannot choose to be on the waiting list of both the NHS and a RTC provider – it is one or the other – in the same way patients cannot be on the waiting list of two RTC providers. Referral to a RTC provider would mean that you are removed from any relevant NHS waiting list that you may be on. Similarly, referral to the NHS waiting list would mean that you are removed from any RTC waiting list that you may be on.

Patient engagement in shared care and their obligations

If the surgery enters into a Shared Care Agreement, Patients will need to attend requested reviews with their specialist and for relevant monitoring with our practice (eg. blood tests, ECGs, blood pressures etc). Failure to engage with these requirements would invalidate the shared care agreement, prevent us from being able to prescribe safely, and prescriptions would therefore likely not continue.

ADHD

- **Adult NHS ADHD provision in Cornwall**

Unfortunately, the provision of ADHD services within the southwest is woefully inadequate. This leaves a significant commissioning gap that affects Penryn - Cornwall is no different from the rest of the southwest. There are currently only 80 assessments commissioned per year with almost double that number being referred to their service every month (approximately 150). This means that the current waiting time to be assessed is over twelve years (and counting). We feel that this is simply not good enough and are encouraging patients to contact the complaints department of the integrated care board for Cornwall and the isles of Scilly (the CIOS ICB). This organisation is responsible for choosing and paying for NHS services within Cornwall.

- **E-mail:** Ciosicb.complaints@nhs.net
- **Telephone:** [01726 627975](tel:01726 627975)
- **Post:** NHS Cornwall and Isles of Scilly, Part 2S, Chy Trevail, Beacon Technology Park, Dunmere Road, Bodmin, PL31 2FR

Unfortunately, diagnoses of ADHD made within the private sector will NOT be accepted by the NHS Adult ADHD service. Private providers have a 95% positive diagnosis rate (95 out of 100 referrals will result in a diagnosis compared to only 65 out of 100 referrals, when assessed by the NHS). For this reason, the local NHS ADHD service will not accept a diagnosis from a private or RTC provider; they will instead re-assess themselves.

These patients will need to be referred in the usual way and join the NHS waiting list (at the back of the queue). Those patients who have been seen privately will need to continue arranging their ADHD reviews and prescriptions on a private basis, direct with their provider. This approach ensures that individuals receive the comprehensive care they deserve, tailored to their specific needs and under the supervision of a specialist equipped to provide ongoing support and monitoring.

We WILL enter Shared Care with an NHS ADHD Clinic

- Adult ADHD Right to Choose (RTC) and Private Assessments**

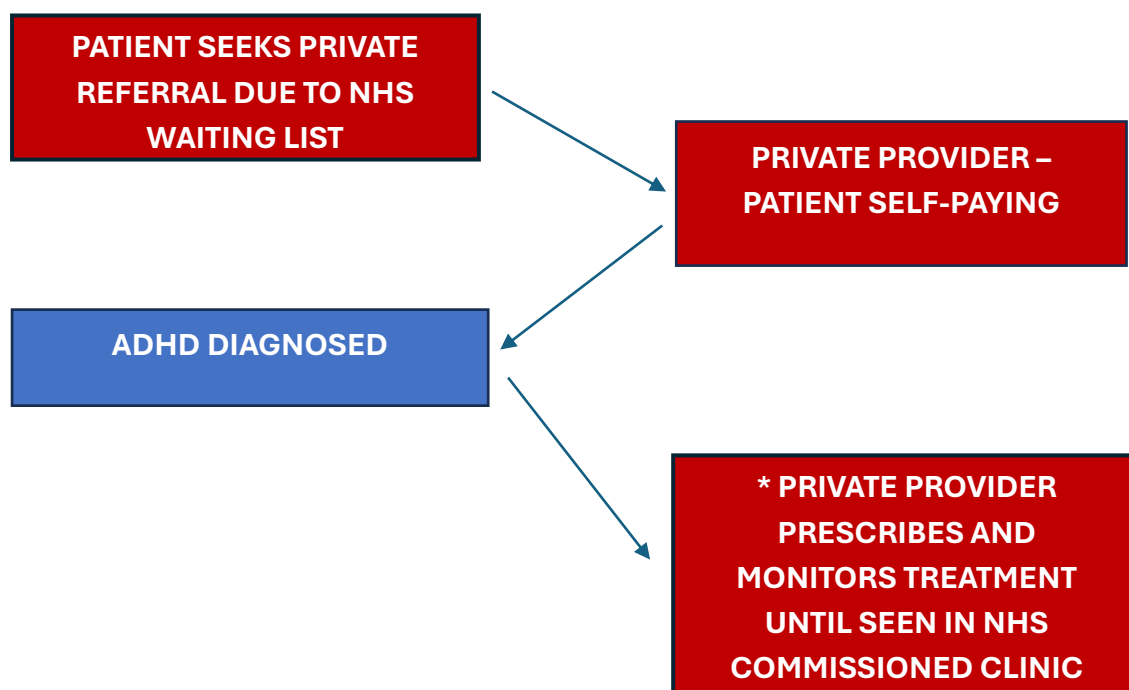
Diagnoses made through Right to Choose and Private providers are not accepted by the NHS Adult ADHD service for the same reasons as those given. If patients wish to transfer their care from Private or RTC providers to the NHS Adult ADHD service, they will join the NHS waiting list (at the back of the queue). Under the current commissioning arrangements, this applies to patients who have come to the end of their NHS funded RTC. Unfortunately, this means there will be a very large gap in ADHD medicine provision for ALL patients referred under RTC if they cannot continue to self-fund, as a private patient.

The patient's right to choose is a choice between which provider (the NHS is included in this list) and patients cannot choose to be on the waiting list of both the NHS and a RTC provider – it is one or the other – in the same way patients cannot be on the waiting list of two RTC providers. Referral to an RTC provider would mean that you are removed from any relevant NHS waiting list that you may be on. Similarly, referral to the NHS waiting list would mean that you are removed from any RTC waiting list. It would be unwise to transfer your care whilst receiving treatment under either pathway as this may cause a lengthy break in medicine supply.

Private referrals are unaffected by NHS or RTC referrals.

We WILL NOT enter Shared Care Agreements with RTC or Private Providers

Please see the Kernow LMC flow chart regarding the recommended private ADHD pathway:



We understand that these commissioning decisions, made by the ICB, put many patients in a very difficult situation and the LMC (on our behalf) is actively lobbying the ICB to change their current position. In the meantime, there is advice about the NHS service and what to do whilst on an NHS waiting list at <https://www.cornwallft.nhs.uk/adhd-service/> .

- **NHS Children and Young Persons (CYP) ADHD (and ASD) service**

CYP patients are normally assessed for ADHD (together with ASD) on the ND (neurodiversity) pathway. Initial assessment takes place through the child's school setting, and we signpost families to other health and local authority professionals or schools that know the child. There is a raft of advice and support available from their website (<https://www.cornwallft.nhs.uk/neurodevelopmental-assessment-team>).

We are willing to enter Shared Care with NHS ADHD Clinics for CYP

- **Right to Choose and Private Assessments for CYP ADHD (and ASD)**

The patient's right to choose is a choice between which provider (the NHS is included in this list) and patients cannot choose to be on the waiting list of both the NHS and a RTC provider – it is one or the other – in the same way patients cannot be on the waiting list of two RTC providers. Referral to RTC provider would mean that you are removed from any relevant NHS waiting list that you may be on. Similarly, referral to the NHS waiting list would mean that you are removed from any RTC waiting list that you may be on.

For the same reasons listed under Adult RTC and Private Assessments, we WILL NOT enter Shared Care with Children's RTC and Private providers.

ASD/AUTISM

There is no pharmaceutical treatment for ASD and thus Shared Care does not apply.

- **Adult NHS ASD/Autism**

There are significant waits for the NHS Adult ASD service.

The RTC restrictions described in the ADHD section have less of an impact on ASD referrals. The NHS adult service is a diagnostic service only (<https://www.cornwallft.nhs.uk/adult-autism-assessment/>) so choosing the RTC route would not delay suitable treatments which are mostly supportive in nature.

- **Adult ASD/Autism Right to Choose and Private Assessments**

The patient's right to choose is a choice between which provider (the NHS is included in this list) and patients cannot choose to be on the waiting list of both the NHS and a RTC provider – it is one or the other – in the same way patients cannot be on the waiting list of two RTC providers. Referral to RTC provider would mean that you are removed from any relevant NHS waiting list that you may be on. Similarly, referral to the NHS waiting list would mean that you are removed from any RTC waiting list that you may be on.

Private referrals are unaffected by NHS or RTC referrals.

- **NHS Children and Young Persons (CYP) ADHD and ASD service**

CYP patients are normally assessed for ASD (together with ADHD) on the ND Pathway (neurodiversity pathway service). Initial assessment takes place through the child's school setting, and we signpost families to other health and local authority professionals or schools that know the child. There is a raft of advice and support available from their website (<https://www.cornwallft.nhs.uk/neurodevelopmental-assessment-team>).

- **Right to Choose and Private Assessments for Children and Young Persons (CYP) ADHD and ASD service**

The patient's right to choose is a choice between which provider (the NHS is included in this list) and patients cannot choose to be on the waiting list of both the NHS and a RTC provider – it is one or the other – in the same way patients cannot be on the waiting list of two RTC providers. Referral to RTC provider would mean that you are removed from any relevant NHS waiting list that you may be on. Similarly, referral to the NHS waiting list would mean that you are removed from any RTC waiting list that you may be on.

GENDER DYSPHORIA

- **Adult Gender Dysphoria Shared Care (NHS and Private)**

We can refer patients to NHS gender identity clinics (GIC/GDC), and we can re-refer patients back who have been lost to follow up or discharged and need to gain access to an NHS service again. Please feel free to make a GP appointment to discuss this, or if you need support with your mental health – please also see:

<https://www.nhs.uk/conditions/gender-dysphoria> .

Shared care requests are only accepted if received from NHS GDCs (Gender Dysphoria Clinics). We will engage with prescribing and monitoring under shared care agreements for gender dysphoria for patients that have been started on treatment by an NHS gender dysphoria clinic (GDC).

Adult GDCs are commissioned by NHS England and there are currently eight clinics available in England. The nearest clinic to Penryn is the Laurels, in Exeter.

[How to find an NHS gender dysphoria clinic - NHS \(www.nhs.uk\)](https://www.nhs.uk)

These are multi-disciplinary NHS clinics consisting of doctors, nurses and psychologists, and cover issues such as fertility preservation, psychological support, medication, and surgery.

Unfortunately, these clinics cannot keep pace with the growing demand for these services and the average waiting times are currently more than three years. As GPs, we feel this is an unacceptable level of service, and we believe there should be more funding to allow equitable care for the transgender community and should involve more timely access to specialist care.

As a result of these long NHS waiting times, people are seeking private treatment, often through on-line providers. Many private transgender clinics will initiate medication but then request that further prescriptions and monitoring are accessed from the GP.

As a practice, we have carefully considered these requests and unfortunately, we cannot support the prescribing and monitoring of transgender medications from private clinics, nor enter formal Shared Care Agreements for the same reasons as given for private shared care in general. The Cornwall Local Medical Committee (LMC, a statutory organisation that represents GP practices, created at the same time as the NHS) advises GPs NOT to engage with shared care requests from private providers for the following reasons:

- Engaging in shared care would be at the expense of core service provision ('normal' every day GP services) that we are contracted to deliver because this work is not currently funded by our local commissioners
- BMA guidance advises 'Shared Care with private providers is not recommended due to the general NHS constitution principle of keeping as clear a separation as possible between private and NHS care'
- Shared care with private providers discriminates against those who are unable to self-fund and diverts valuable NHS resources from the public to the private sector.
- It is challenging for us to be assured of the quality and governance aspects of private clinics

We are aware that this is an unwelcome position for those who are struggling to access the care that they need, but feel it is not safe for us to continue to take on this clinical work from private providers.

We understand that these commissioning decisions, made by the ICB, put many patients in a very difficult situation and the LMC (on our behalf) is actively lobbying the ICB to change their current position. In the meantime, there is advice about the NHS service and what to do whilst on an NHS waiting list at

- **NHS CYP Gender Dysphoria**

The referral pathway is slightly different for children and young people seeking support from the gender service and from 1 September 2024 referrals to the specialist NHS CYP Gender Service must be made through one of the following:

- NHS Community and Hospital Paediatric Services
- NHS CYP Mental Health (CYPMH) Teams

GPs cannot refer directly to this service but we can help facilitate a referral to CYPMH services – please see our children's mental health website section for further support and information. Please request a GP appointment if you or your family would like to discuss further.

- **Gender Dysphoria Right to Choose (Adult and CYP)**

As far as we are aware, there are no private providers that also hold an NHS contract in England so there is no option to receive NHS funded private gender care through this pathway for adults or CYPs.