The Association of Greater Manchester LMCs

Shared Care of Medicines (SCOM)
NHS GM ICB

Monday 7th September 2026

Association of Greater Manchester Local Medical Committees (AGMLMC) Feedback

The following feedback is provided on behalf of the Local Medical Committees (LMCs) across Greater Manchester, this is in relation to the following documents shared by NHS Greater Manchester:

- NHS GM Shared Care of Medicine Principles 2026-2027 (SCOM 26/27)
- Shared Care of Medicines – Position Statement for Undocumented Patients (SCOM–PSUP)

In providing this feedback, the AGMLMC retains a core principle when reviewing and reflecting the documents above, that:

GPs across Greater Manchester want to support their registered population who are on amber drugs as defined by GMMMG but must be in a safe environment which:

1. *Does not put the patient at risk of a serious adverse event and*
2. *Does not place undue stress and risk on the prescriber within general practice who can function within their clinical scope of practice ensuring that they have the required expertise and training to take on the responsibility required when prescribing the requested medication and access to specialist support as and when required.*

This feedback is provided having reflected on:

1. The activity undertaken by specialist services in providing share care arrangements for patients on amber drugs,
2. Observations and feedback from clinicians in the community and
3. Concerns raised by clinicians around the lack of support where stable patients without appropriate shared care protocols in place, are expected to continue receiving their amber medication from their registered GP with no access to a specialist service.

The document – **NHS GM Shared Care of Medicine Principles 2026-2027** highlights the following principles:

- The document provides a framework to support safe, patient-centred, high-quality shared care arrangements across primary and secondary care
- Intended to support consistent, system-wide application of shared care prescribing across Greater Manchester
- GM general practice teams may be asked to undertake shared care with specialist's teams outside Greater Manchester
- Shared care of medicines is a specific arrangement for sharing clinical responsibility
- Prescribing and routine monitoring are transferred to primary care under a formal shared care arrangement, while the specialist service retains ongoing clinical oversight and responsibility for specialist aspects of the patient's care

- Specialist advice was received from solicitors, Hill Dickinson, which provided fundamental principles and these principles were subsequently discussed, refined and agreed through the Task Force as the foundation for a Greater Manchester approach to shared care
- The group also agreed that language implying discharge of responsibility from specialist services was inappropriate and inconsistent with the concept of shared care
- Shared care should only be implemented where it improves patient care, is supported by agreed protocols, and includes ongoing specialist oversight and communication
- Prescribing responsibility should transfer only when a patient is clinically stable, responsibilities are clearly defined, and both parties agree to the arrangements
- Prescribers to prescribe only within their competence
- Adequate commissioning and resourcing of any additional workload arising from shared care
- Shared care arrangements should be considered on an individual, patient-by-patient basis
- Shared care must be explicitly agreed between the initiating specialist team and the GP. There is no automatic transfer of responsibility without such agreement
- Shared care must be supported by effective, timely communication between primary and secondary care. This includes access to specialist advice, clear escalation pathways, and defined arrangements for urgent and emergency support
- Shared care is not mandatory; there is no statutory obligation or absolute contractual requirement that shared care must be accepted and
- Shared care may reasonably be declined where: The GP does not feel competent in taking on clinical responsibility for the prescribing of a specialist medicine

The document – **Shared Care of Medicines -Position Statement for Undocumented Patients** highlights the following principles:

- The absence of a documented shared care agreement introduces:
  1. Potential inconsistency in patient management across providers
  2. Variation in practice across localities and providers
- GM Shared Care of Medicines (SCOM) Taskforce is progressing a programme of work – Test of Change within the HMR and Manchester localities, with models being developed by PCFT and GMMH
- NHS GM acknowledges that prescribing responsibility ultimately rests with the prescriber, and that practices retain the clinical discretion to determine whether ongoing prescribing and monitoring arrangements remain appropriate in the absence of a fully documented SCP. However, where prescribing is established and can continue to be delivered safely, maintaining continuity of care is endorsed by GMMMG in the best interest of patients.
- As an interim position, where patients are already established on shared care medicines either within the practice or newly registered, prescribers are asked to exercise professional judgement in line with GMC principles. Where the prescriber is clinically competent, able to undertake the required monitoring, and satisfied that risks can be appropriately managed in line with GMMMG SCP guidance continuation or acceptance of prescribing is supported.
- Prescribers should not feel obliged to continue prescribing where there are clinical concerns or where safe monitoring cannot be assured. In such circumstances, referral back into specialist services remains appropriate.

Having reviewed both NHS GM documents, the concerns we raise are as follows:

- The 2 documents contradict each other. The first talks about a consistent safe approach and the second leaves prescribing in the absence of a SCP at the discretion of the prescribing clinician. Expecting clinicians in general practice to prescribe amber drugs in the absence of a SCP, raises the question of who assesses the clinician's competence to prescribe an amber drug and how do you ensure that there is no variation in the approach adopted across GM – clearly this is not possible

- When patients register with a GP practice in GM, GPs often have no documentation of who the previous specialist was, a copy of the SCP from the previous specialist and no pathway that transfers specialist care from outside GM to a specialist service within GM
- GM specialists are refusing to accept referrals from GPs in GM where the patient is stable but in line with the documents, the GP feels unsafe to unilaterally continue prescribing an amber drug without specialist input
- There is no GM tool to assess the risk to a patient when prescribing continues in general practice with no specialist input. To ensure a consistent approach a GM wide tool should be available that allows all clinicians in general practice to assess the patients condition when considering continuing prescribing amber drugs. Based on the outcomes of an assessment from a GM wide tool, all patients scoring within a green zone should allow continuation of prescribing an amber drug whilst a specialist service processes a referral to avoid exacerbation of the patient condition whereas an amber zone should generate verbal assessment and advice and red zone should generate a face-to-face assessment by a specialist service. A new tool needs to be developed between clinicians in general practice and specialist service to ensure a standard tool across GM
- Specialist, more in physical health than mental health, are starting to provide parts of a full SCP to encourage GPs to take over prescribing of amber drugs. All SCP that are not full of clear guidance on who to contact and where to contact should be rejected
- Once GPs agree to taking over shared care of an amber drug, often that is the last time a patient receives any contact from a specialist service leaving the GP to undertake all future assessments. GPs are often not qualified to undertake long term monitoring of patients on amber drugs, and the patients should receive at least an annual review whether this is telephone or face-to-face, this would be at the discretion of the specialist, but the GP should receive a report of the annual review.
- The SCP form requiring the GP to accept or refuse shared care needs to be modified to provide the registered GP assurance that an annual specialist review will occur without which the SCP comes to an end that an annual specialist review will occur without which the SCP comes to an end.
- Occasionally, amber drugs are not available or dose needs modifying. The SCP is specific in terms of the medication and dose required to be prescribed by the GP. If a specific medication is not available or a dose needs to be modified, an appropriately qualified specialist should be available to guide the modification of the SCP and provide an addendum to the SCP to provide an updated document. The GP under no circumstances should be expected to initiate a new substitute drug in replacement of an amber drug that is no longer available.
- The advice provided by Hill Dickinson needs to be shared. The document states the advice has been ‘refined and agreed through the Task Force’, as clinicians or as representatives of grass root GPs, the GM LMCs needs to have access to the legal advice to be able to understand any modifications undertaken by the Task Force and whether LMCs agree with the amendments
- The term ‘discharge’ should not exist in a SCP. Discharge implies a termination of the GP-Specialist relationship which terminates the SCP agreement and places the care and prescribing of the medication back with the specialist
- Whilst work is undertaken across HMR and Manchester by the Task Force, this leaves 8 other boroughs across GM in the dark as to the work undertaken and for the other areas of GM to feed into the work
- GPs are asked to exercise professional judgement in line with GMC principles, this places significant risk with the prescribing GP. Where GPs are prescribing to support patients in the absence of timely access to a specialist service, any adverse event occurring will place the prescriber at significant risk of a postmortem of their qualification, training and competency and could risk referral to the GMC and NHSE impacting on their registration and name on the performers list and may also result in litigation. The risk to a GPs registration in trying to undertake the right process to support their patient has significant risk and needs to be considered as to whether the GP supports the patient or refers the patient to a local

specialist service and not prescribe in the absence of a SCP even if it risks the exacerbation of the patients underlying condition

- The UK Prevention of Future Deaths report relating to lithium toxicity highlighted the impact of dehydration and acute illnesses eg pneumonia which can dangerously elevate lithium levels in the blood stream if medical monitoring and hydration are not properly managed during an acute illness. This report in line with a Section 28 report issued by Coroners highlights the necessity for the timely availability and at least an annual review with a specialist to ensure unforeseen adverse events do not occur
- The challenge in adhering to CQC requirements where a GP practice is not supported by a specialist service and is expected to manage prescribing and monitoring amber drugs without the necessary safeguards in place
- Adverse events related to prescribing and care provided has an impact on a GPs registration with the General Medical Council (GMC) but can also impact on registration on the NHSE Performers List – both organisation judge the individual GPs activity independently of each other with either leading to the cessation of a GPs ability to work in the community. The required support around prescribing amber drugs needs to be clear and available as and when a GP requires assistance
- Historical prescribing does not establish a precedence for a GP to continue prescribing, where risk is identified, the clinician is within their right to inform the patient of the clinicians intention to stop prescribing until specialist support is obtained
- Variation in support provided by specialist services to GPs leads to differences in prescribing behaviour as well as responsibility accepted in the community. A patient moving across GM should have standardised support from their GP irrespective of which borough across the GM the patient moves to. To achieve this, specialist services across GM need to adopt standardised clinical pathways including a GM formulary and clear clinical pathways highlighting where and how to obtain specialist support
- Where a GP requests support and guidance, a specialist service should not under any circumstance refuse to accept the referral but should either arrange to review the patient or provide the GP with constructive guidance and support on how to progress further with the patient's management and treatment
- Might be prudent at this stage to consider whether there is the option of 'Consultant Connect', 'Advice and Guidance' or SPoA for support in the continuity where the process are currently not in place, this would expedite the support expected by GPs and ensure patients do not have to go without medication where prescribing concerns exist

The list above is not an exhaustive list but provides a wide range of concerns raised by colleagues. The risks inherent to the current activity and processes in place in the absence of suitable SCPs means that prescribing clinicians in the community carry unnecessary risk daily.

GP engagement within this process will be seen with different lenses dependent on the organisation that the individual is employed to represent. The LMCs across GM are the bodies referred in statute as the voice of general practice across their jurisdiction. The Association of Greater Manchester LMCs is an alliance of the LMCs across GM that work together to support and streamline services across GM. To this end, we would welcome a meeting with representatives from the SCOP group to discuss and develop guidance for GPs across GM that is safe, efficient and supportive in line with contractual and ethical principles stated within the GMC 'Good Medical Practice'. We are happy to nominate a small group of our representatives to work with yourselves and you can contact sharon.monaghan22@gmail.com to arrange a mutually agreeable time to discuss further.

Dr M Jiva
Chair
AGMLMC