Lothian NHS Board

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Date 11 August 2026
Your Ref
Our Ref 11738

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Dear

FREEDOM OF INFORMATION – SHARED CARE

I write in response to your request for information in relation to shared care.

Question:
1. Any current NHS Lothian policy, guidance or standard operating procedures relating to NHS GP practices entering into shared care arrangements with private specialists.

Answer:

Enclosed is a general briefing on shared care prepared by the Deputy Medical Director for Primary Care which explains the position in relation to shared care agreements for some of the drugs used to treat ADHD.

NHS Lothian has a published Procedure for the Shared Care of Medicines and Prescribing and Monitoring following a Private Consultation guidance which align with the General Medical Council's Good Practice guide:

- Procedure for the shared care of medicines - https://policyonline.nhslothian.scot/wp-content/uploads/2023/03/Shared%20Care%20of%20Medicines.pdf
- Prescribing and monitoring after a private consultation – https://policyonline.nhslothian.scot/wp-content/uploads/2025/05/Prescribing-following-private-consultation-guideline.pdf

Question:
2. Any communications, circulars or advice issued to GP practices since 1 January 2022 concerning shared care with private providers.

Answer:

Attached is a communication circulated by Primary Care Contracts of behalf of the Chalmers Identity Clinic and GP Referrals Advisor in November 2024 in relation to a shared care agreement for hormonal treatment for gender identity.

The above is the only information circulated regarding shared care on file since 1 January 2022.

NHS Lothian policies are publicly available on the NHS Lothian website via Policy Online at this link Policy Online – NHS Lothian | Policy Online

This information is exempt under Section 25 of the Freedom of Information (Scotland) Act 2002 - Information otherwise accessible

(1) Information which the applicant can reasonably obtain other than by requesting it under section 1(1) is exempt information.

Question:

3. Whether NHS Lothian maintains any record of which GP practices currently participate in shared care arrangements with private specialists.

Answer:

As independent contractors GP practices can choose to share care with private providers. NHS Lothian does not hold records in relation to GP practices and their shared care agreements with private providers.

Question:

4. If such records are held:
    a. the number of GP practices currently participating;
    b. the number declining all such arrangements; and
    c. any criteria or guidance used to determine eligibility.

Answer:

a.	No applicable
b.	Not applicable
c.	Not applicable

Question:

5. Any Equality Impact Assessment, service review, audit or report considering variation between GP practices in accepting shared care arrangements.

Answer:

NHS Lothian has not undertaken an Equality Impact Assessment regarding the above.

No service review, audit or report considering the variation between GP practices in accepting shared care is held.

Question:

6. Any documents discussing or assessing variation in patient access to shared care between GP practices within NHS Lothian.

Answer:

The differing circumstances of individual patients and the clinical responsibilities involved mean that decisions regarding shared care arrangements are often made on a case-by-case basis. No documentation is held.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, \you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI/Pages/default.aspx

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing
Cc: Chief Executive
Enc.

Dear GP and practice colleagues, 6th Nov 2024

SHARED CARE AGREEMENT FOR HORMONAL TREATMENT FOR GENDER IDENTITY

There is a new NHS Lothian Shared Care Agreement (SCA) for prescribing hormonal treatment for Gender Identity commencing on 11th November 2024. This is the outcome of long-term discussions between Chalmers, the RefHelp team and the GP Prescribing Committee and has been accepted by the Lothian GP Sub-Committee. There is further detail on RefHelp – please see Gender Identity Prescribing and the SCAs are on the East Lothian Formulary website too:

- Feminising Endocrine Treatment (Estradiol and GnRHa)
- Masculinising Endocrine Treatment (Testosterone).

In summary:

- Chalmers Gender Identity Clinic (GIC) will recall patients taking feminising or masculinising therapy for reasons of gender identity and prioritise those on Nebido and the least recently seen
- In due course there will be a catch-up programme to check that all patients taking such hormonal treatment have been captured
- Patients will be reviewed by clinic staff, who will arrange blood or other tests required by the SCA. The exception is the annual FBC / testosterone level required immediately pre-dose for those on testosterone injections. It has been agreed with the GP Sub-Committee that those tests will be done in the GP practice, but the GIC will manage the result
- The GIC will then advise the GP about ongoing prescribing.

Suitable patients who are also stable, may be offered Patient Initiated Followup (PIFU). This means that - as long as they have attended for monitoring in line with the SCA - they can ask for a clinical review from the Chalmers team only if they have concerns or problems. This can also reduce queries to GPs and minimise outpatient appointments when those are not required.

Please do not refer patients just for monitoring, unless the patient has never been known to the GIC. The GIC will seek to identify and review patients in order of clinical priority as above, and a subsequent exercise will be undertaken to identify those not recalled.

Finally, please refer via SCI Gateway any patients who wish to be assessed for their gender identity, or those on treatment newly moving into Lothian. There is now a SCI Gateway e-advice option too.

Please contact us with any queries or concerns.

With best wishes,

Fiona Clunie & Catriona Morton

GIC lead GP Referrals Advisor

ADHD and Shared Care with Private Providers

NHS Lothian has shared care agreements for some of the drugs used to treat ADHD in children and young people over 6 and adults. These agreements are between NHS Lothian specialist services and GP practices in Lothian. **These agreements are designed to support GPs and specialist teams in providing safe and accessible care for patients.** The agreements details what part of the care should be provided by specialist/hospital consultant teams and which parts are the responsibility of the General Practitioner and their team and are agreed by representatives of the specialist service, GPs, and pharmacists.

There are no similar agreements between GP practices and private providers. As independent contractors GP practices can choose to share care with private providers but there is no requirement to do so.

If a practice chooses to share care with a private provider, they will normally require the private provider to provide the same level of specialist input as the NHS specialist services; in other words, to follow the NHS Lothian shared care agreement. This is sensible as the shared care agreement is there to support safe and effective care.

Details of the NHS Lothian shared care agreements for AD(H)D medicines:

For patients under 6 years of age

- All of the care would be provided by specialist services including prescribing and they are not part of the shared care arrangements.

For patients over 6 but under 18

- The specialist team (usually CAMHS) is required to undertake, assessment, diagnosis, titration of medicine dosage **and all monitoring including – height, weight, pulse, BP at baseline, 3 monthly, then 6 monthly in the longer term**.
- **Only prescribing is done by GPs** and then only if the CAMHS have confirmed that the ongoing monitoring is in place and supports continued prescribing of the medication.
- When the young person reaches 18 and is transferred to adult services the specialist team are required to facilitate this transfer.

For adult patients

- The specialist team (usually adult mental health teams) is required to undertake, assessment, diagnosis, titration of medicine dosage including - height, weight, and family history of cardiovascular disease at baseline and refer patient for ECG if required, monitor BP and pulse during dose titration.
- The specialist team are also responsible for a re-evaluation of continued need for medication beyond one year.

- The GP is responsible for 6 monthly monitoring of weight, pulse, and blood pressure every 6 months once the patient is stable and for prescribing. The GP would require the 12 months re -evaluation by a specialist to take place to continue the monitoring and prescribing in primary care.

Common issues that arise between GPs and private providers and difficulties for patients:

- Not all private providers are able to offer the monitoring required.
- Not all private providers offer the 12 months re -evaluation.
- It is often extremely expensive for patients and parents who need to pay for the private part of the care.
- There has been doubt cast on the validity of diagnoses made in the private sector. Many private providers are providing a high-quality service, but it is difficult for GP teams to identify concerns of this nature when they have such limited contact with the providers. This has led many GPs and GP practices to decline to enter into shared care arrangements with private providers.
- Recent publicity and some negative local experiences have increased this concern. The BMA, that represents doctors, has advised doctors not to enter into these arrangements and it is likely that the number of practices willing to do so will fall even further if the current difficult situation remains unchanged.
- Often private providers work across a number of regions of Scotland or indeed the UK where subtly different shared care agreements will be in place. This can cause confusion for patients, parents and the clinicians involved.

Waiting times in NHS Lothian for specialist assessment and care in this area are long and this is a pattern seen across the UK. Representatives of both specialist services and General Practitioners have argued that much greater resource is needed, in both sectors, for significant improvements in this situation to be made.

NHS Lothian, and the GP practices we work with, recognise the extreme challenges faced by patients and their families who are concerned about the possibility of an ADHD diagnosis. GP practices work very hard with colleagues in other specialist services using shared care agreements that have been carefully designed to provide high quality care, but do not have the capacity to enter into multiple bespoke arrangements with other providers. NHS Lothian is working hard to continue to improve the quality and accessibility of ADHD care but like other regions of Scotland and the UK is struggling with an unprecedented increase in need in this area.

Dr Jeremy Chowings
Deputy Medical Director Primary Care NHS Lothian
December 2025