PRACTICE LETTER HEAD

Patient *[insert Patient's name]*

NHS Number *[insert NHS Number]*

Identifier *[insert patient's date of birth and/or address]*

Thank you for your request to enter into a shared care agreement for the above patient. A copy of your request is attached.

I regret to inform you that we are unable to take on this request for shared care due to the following: (delete as appropriate)

* The prescriber does not feel clinically confident in managing this individual patient’s condition, and there is a sound clinical basis for refusing to accept shared care
* The medicine or condition does not fall within the criteria defining suitability for inclusion in a shared care arrangement
* We are unable to take on this request for shared care, since we do not feel we have the necessary expertise and skills to take clinical responsibility for the prescribing and monitoring of this medication
* We are unable to prescribe this medication under shared care arrangements, since the prescribing of this medication has not been commissioned as a shared care enhanced service from this GP practice
* Other (Complete if there are other reasons why shared care cannot be accepted)

The practice will be taking no further action with regard to this activity and the transfer of responsibility has not taken place.

Thank you for your understanding.

Yours sincerely

Practice name

Date