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**Collective Action July 2026 – Shared Care**

**BMA / GPC England Information**

The BMA GP Committee for England (GPCE) has set out collective action for July 26 in response to sustained workload pressures and underfunding in General Practice.

From 1 July 2026, practices are asked to:

1. Decline any new Shared Care Arrangements that are not supported by a locally commissioned formal agreement, adequate resourcing and clear clinical responsibilities.
2. Review existing Shared Care Arrangements to ensure they remain safe, appropriately commissioned, and are supported by up-to-date protocols.

To support practices with further guidance on shared-care collective action and additional guidance on shared-care and right to choose, you can find these latest publications here: Home - Calderdale LMC

**The Contractual Position in Calderdale**

For clarity, providing shared care to patients is not a 'core' or 'essential' contractual requirement in the GMS Standard Contract. Practices in Calderdale do need to be mindful that delivery of existing shared care protocols and prescribing guidelines forms part of the Amber Drugs Prescribing and Monitoring, West Yorkshire Local Enhanced Service (LES).

In terms of the LES agreed with WY ICB, practices should note the following important points:

- In all cases, the specialist will send a written request (includes clinic letter, email and/or clinical system task) to the GP to enter into an Amber Drugs monitoring agreement. *The GP **must inform the specialist within 14 days** of the receipt of a written request if they are unwilling or unable to provide the service for that patient. If the GP has not contacted the specialist within 14 days the specialist will class, the lack of response as agreement of the GP to prescribe and monitor the medication as per the amber guidance (Section 3 WYICB LES).* **There is no core GMS contractual requirement that all requests must be accepted by the GP.** The current wording contained in the LES does not conform with the GMS requirements. This was challenged by the LMC at the time of consultation, which also included a clear position that the response timeframe should be 28 days. This will be a priority issue to raise again with WY ICB.
- Shared care cannot be imposed on a practice. However, under this LES a lack of response within 14 days is treated as acceptance. Practices should ensure incoming letters, emails and system tasks are screened daily so that no request lapses into acceptance by default.
- The LES does not replace or remove the GPs right to make their own decision on whether to accept the request. As per the BMA guidance for shared care (Principles for Shared Care Prescribing), GP's are free to decline for any reason e.g. inadequate resourcing, clinical competence, capacity etc.
- The LES makes no specific reference to new shared care requests. Although this is the case, there can be no 'blanket' refusal to accept any new request. As specified in the LES, all requests must be considered on a case-by-case basis and can only be refused as per the previous point.

**Considerations for Practices and Advice from Calderdale LMC**

The specific wording of the collective action published by the BMA/GPC England asks practices to review three criteria when considering all new shared care requests. Calderdale LMC encourage all practices to consider the following for all new requests received:

Supported by a Locally Commissioned Agreement

As confirmed above, there is a locally commissioned agreement in place that has been signed by all practices in Calderdale.

The LMC, in addition to understanding the requirements of the LES outlined above, would clarify that the expected frameworks for safety and reference to up-to-date protocols are specified in the LES.

The LMC would encourage all practices to **not engage** in any 'informal' shared care arrangements. These may include out of area, tertiary, private providers or those with no standard agreed protocols. Acceptance of these requests are likely to result in un-funded work.

Adequate Resourcing

The LES currently in place brought introduced a new approach as to how Amber drugs are funded in terms of levels of monitoring required as clarified in the West Yorkshire APC ratings of drugs. In March 2025, the LMC communicated with practices that although the ICB anticipated an overall investment increase across Calderdale, concerns were shared on both the WYAPC classification process and the financial rates for amber drugs that met the criteria for band 2 (Quarterly monitoring plus annual review).

It remains the position of Calderdale LMC that the financial resourcing for band 2 amber drugs (as per the LES) continue to be inadequate. The LMC is currently reviewing activity and payment data to quantify this and will be raising the findings directly with the ICB. At this stage the LMC is not issuing collective advice for practices to decline all new Band 2 requests — individual practices remain free to decline any individual request on valid grounds — but the LMC will update practices once discussions with the ICB have concluded and may revise this position if the matter is not resolved.

Clear Clinical Responsibilities

Every shared care request made to GPs must be clear in the detailing of clinical responsibilities. As noted above, the LMC advise that all requests must be considered on a case-by-case basis.

**Summary Advice from Calderdale LMC**

- Ensure you Respond in writing to every new shared care request that **you are not accepting** within 14 days, this includes requests arriving as clinical system tasks. **Under the LES, silence is treated as acceptance**.
- Although GP's are required to meet the contractual obligations under the Amber Drugs Prescribing and Monitoring LES, **in the case of new requests, there is no contractual requirement that all requests must be accepted by the GP.**
- **All informal** shared care that lacks any formal agreements **should be refused**.
- Existing patients are not the primary focus of this action; this also includes patients already on shared care prescriptions who move to your practice list.
- The LMC is reviewing Band 2 funding against the resource received and will raise the findings with the ICB; practices will be updated on the outcome.
- Where a decision to refuse is made, in every case **you must** ensure that this is appropriate and specifies valid reasons e.g. clinical grounds, safety concerns, capacity issues, inappropriate resourcing etc.
- **This dispute is not with our secondary care colleagues.** It is with NHS England and the DHSC who continue to under resource a General Practice that daily provides high quality patient care on a shoestring and remains the foundation of the patient journey from primary care to secondary and specialist services.

The BMA has provided resources specifically for use with patients, these can be found at: Patients, GPs Are On your Side