

Shared care request letter (ADHD medication)

From ADHD Helper, adhdhelper.co.uk/guides/shared-care-agreement-template/

Version: 27 July 2026. Information only, not medical advice.

What this is: after a specialist (private or NHS Right to Choose) has assessed you, started medication and stabilised the dose, a shared care agreement can move routine prescribing and monitoring to your GP on NHS prescriptions. Shared care is voluntary in the NHS: the British Medical Association describes it as a voluntary, non-core activity a practice can decline, so this letter is a request, not a demand. If it is declined, prescribing stays with the service that started the medication. See adhdhelper.co.uk/guides/can-my-gp-refuse-shared-care/ for what that means.

Replace everything in square brackets. Attach the shared care agreement or clinic letter from your provider; a request without the provider's paperwork usually cannot be considered.

Dear [practice manager / Dr [GP surname]],

Re: request for shared care for my ADHD medication

I was assessed by [provider name] and diagnosed with ADHD on [date]. Since then I have completed titration and have been stable on [medication name, dose] since [month, year], with [no side effects / side effects noted and managed as set out in the enclosed letter].

[Provider name] has proposed a shared care arrangement and I enclose [their shared care agreement / their clinic letter setting out the proposed arrangement], which covers the prescribing protocol, the monitoring required, and how the specialist remains available for advice and review.

I would be grateful if the practice would consider entering this shared care arrangement so that my routine prescriptions can move to the NHS. I understand that shared care is voluntary and that this is a decision for the practice.

If the practice feels unable to agree, please could you let me know the reasons, and record in my notes that the request was made. I would also welcome any suggestion the practice can make, for example reviewing the decision once [e.g. the local shared care policy or capacity changes].

I am happy to attend any appointment needed, including for monitoring such as blood pressure and pulse checks.

Yours sincerely,

[Your full name]

[Date of birth]

[NHS number, if known]

[Address]

[Date]

Notes before you send

- Timing: practices normally expect titration to be complete and the dose stable (commonly around 3 months stable) before shared care is agreed. Check your provider's own threshold.
- The provider's paperwork does the heavy lifting: a proper shared care agreement sets out who does what. Your letter just makes the request formally and creates a record.
- If declined: ask for the reason in writing. Ongoing prescribing stays with the provider that started the medication, which usually means continued private prescription fees if you went private. Local policies differ by area (integrated care board), so a "no" in one area is not the rule everywhere.
- Never stop or change medication because of a prescribing dispute without advice from your prescriber.

Sources: British Medical Association, Principles for shared care prescribing; General Medical Council prescribing guidance; NICE guideline NG87. Referenced on the explainer page, checked June and July 2026.

Information only, not medical advice. Prescribing decisions are always for registered clinicians.