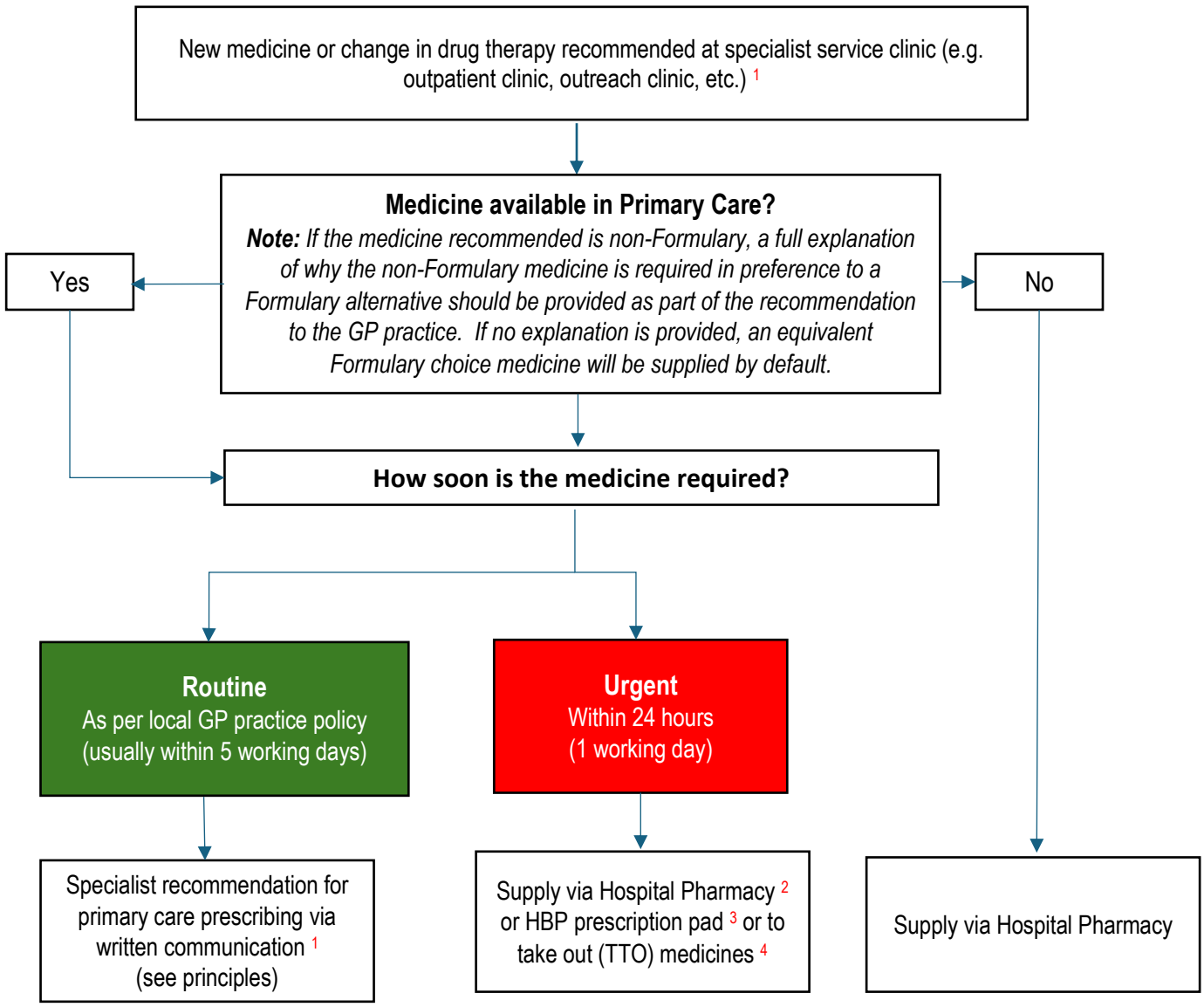
Overview

This guidance is intended to promote consistent practice across NHS Greater Glasgow & Clyde (NHS GG&C) when a patient is seen by a specialist service or clinic (e.g. hospital outpatient (OP) appointment or other specialist service) and the reviewing clinician recommends the initiation of a new medicine or a change to existing therapy. It is important that acute clinical services, GP Practice teams and patients have a common understanding about supply of medications for outpatients. Although the procedures for making prescribing recommendations to primary care may vary between OP departments and clinical settings, the overarching policy should remain consistent across NHS GG&C.



Notes:

1. Discretion as to whether to prescribe a medicine remains with the individual clinicians. If, following discussion between the relevant prescribers, the primary care clinician does not feel able to prescribe a particular medicine, the requesting specialist service clinic may be required to consider an alternative mechanism of supply or alternative treatment strategy.

2. Some specialist services (e.g. mental health) are not hospital-based and this option is not available. If urgent treatment is required, then direct communication (e.g. phone call) between recommending clinician and the patient's primary care clinician is required to discuss potential solutions. Further advice for mental health clinicians can be found in NHS GG&C Policies Relating to the Management of Medicines – Section 5.10.1: Supply of Medicines Following Specialist Review: Additional Guidance for Mental Health.
3. HBP Prescription pads may only be available to some specialist clinics.
4. If to take out (TTO) medicines packs are supplied then the reason for supply and the duration (including whether this supply represents the whole course) should be made clear in the communication to the GP practice.

Principles

1. GP practice referral of a patient to a specialist clinic/service may lead to a recommendation for treatment, but the referring GP normally continues to have clinical responsibility for the patient. The prescription may be generated via a pharmacy hub or issued by another non-medical prescriber attached to the GP practice.
2. Under exceptional circumstances (usually, the requirement for an urgent initiation of treatment), a prescription may be written by a prescriber within the specialist clinic and dispensed by the hospital pharmacy (where available).
3. The blue Hospital Based Prescriber (HBP) prescriptions are written by an authorised prescriber for dispensing by a community pharmacy. The use of HBP pads can vary between sectors and specialties due to local service requirements.
4. To take out (TTO) medicines are pre-labelled patient ready packs of medicines. The use of TTO medications can vary between sectors and specialties due to local service agreements.
5. The Clinical Portal eForm 'Request to GP to prescribe medication' may be used by both prescribers and non-prescribers to request medications, medical devices or sundries (see below).
6. Patients and the GP practice team need to be informed about the degree of urgency required for implementation of the change in therapy in primary care. Routine practice applies when the change in therapy recommended by the specialist clinician is non-urgent. Patients should be advised to be prepared to await review of the prescribing recommendation by the GP practice. Subsequent prescriptions are written on GP10 forms and dispensed through a community pharmacy. See Appendix 1 for timescales of the processes involved.
7. Where a non-Formulary recommendation has been made the specialist clinician should advise the primary care clinician on the rationale for this, and if necessary provide the relevant documentation in accordance with the NHS GG&C non-Formulary processes. Lack of adequate information will mean that the GP practice team will default to prescribing as per Formulary advice.

Guidelines

1. When the recommendation of the specialist clinician is for a new drug or a change to existing therapy, there should be a written communication to the GP practice, and this should be delivered electronically via the Docman system.
   - The rationale for the request/indication for the drug should be clearly stated.
   - The name of the drug, the dose, preparation, frequency and duration should be clearly stated.
   - Whether the patient has been counselled on a new drug or a change to existing therapy should be clearly stated. If there is an expectation for this to be done by the GP practice this should also be clearly indicated. For example, *"Please prescribe enalapril 20mg tablets once daily for the*

management of symptomatic heart failure. This has been discussed with the patient and they aware of the reason for the addition of this medication"

- What monitoring (if any) is required by primary care, or details of the follow up arrangements in the acute care setting.
- When completing the Clinical Portal eForm 'Request to GP to prescribe medication', it should be completed to indicate whether the person making the recommendation is a prescriber or non-prescriber:
    - If the requesting healthcare professional (HCP) is a prescriber then the expectation is that the patient has been clinically assessed and counselled.
    - If the requesting HCP is a non-prescriber this should be clearly stated. The non-prescribing clinician still has a duty to ensure the recommendation to prescribe is clinically indicated and safe. The eForm should clearly state whether patient counselling has been provided.
- When a medicine or prescription has been supplied by the specialist service or clinic, this should be clearly stated in the written communication to the GP practice.
- Where the primary care clinician is asked to prescribe, the relative urgency of the prescription should be made clear to the primary care clinician and the patient. Appendix 1 summarises the timescales for the processes involved when requesting a transfer of prescribing responsibility.
- As per the NHS GG&C non-Formulary Prescribing Policy, all medicine recommendations arising from a specialist service or clinic appointment should be consistent with the NHS GG&C Formulary.
- The specialist clinician should provide the primary care clinician with the rationale for any non-Formulary prescription request and provide appropriate documentation if required by NHS GG&C non-Formulary processes.
- Where insufficient information is provided to the primary care clinician for a non-Formulary drug request, a delay in treatment may result while further information is sought from the specialist service/clinic.

2. In exceptional circumstances, the medicine will be dispensed by the hospital pharmacy (where available). Examples include:
    - Medicines or special formulations which are hospital only or difficult to obtain in the community (for medications that are not routinely stocked patients may not receive supply from hospital pharmacy on the day of the appointment, however the supply will be organised for the patient to collect)
    - Medicines which require specialist monitoring
    - Hospital based, clinical trial medicines
    - Where the specialist clinician feels that treatment should be initiated immediately
3. To ensure safer prescribing it is good practice to add all "outside" medicines (those prescribed and supplied outside the practice) to the patient's GP practice prescription record. Examples of "outside" medicines are clozapine, opioid substitution therapy, antiretroviral HIV drugs, and chemotherapy.
4. Some OP departments are able to supply a TTO medication pack, where immediate treatment is necessary. Typically TTO packs are restricted to specific departments and are reserved for specific circumstances.
5. Some specialist clinicians based in hospital are able to write a Hospital Based Prescriber (HBP) prescription for dispensing by a community pharmacy, this should be the first line option where immediate treatment is unnecessary, but the medicine is required within 24 hours (1 working day) of the OP appointment.

6. Where treatment is prescribed by the specialist clinician in urgent circumstances, or provided as a TTO medicine pack, a minimum of 7 days supply or a complete course (whichever is the shorter) should be provided.
7. Where treatment is recommended by the specialist clinician in routine circumstances (i.e. initiation >24 hours/>1 working day after the OP appointment) this recommendation including reasons for the specific medicine should be communicated in writing to the GP via the patient or electronically. The patient must also be informed that the medicine is not required immediately. The goal should be to reassure patients and avoid unnecessary pressure on GP services.

Appendix 1 – Transfer of Care Timescales

Task required for transfer of prescribing responsibility	**Timescale**
Hospital action: request to prescribe new medication following specialist/clinic review	Up to 48 hours (2 working days)
GP Practice action: GP practice to review and undertake requested prescribing	Up to 5 working days
Primary Care action: Community Pharmacy to receive prescription, order and dispense medication	Up to 2 working days (where no queries)