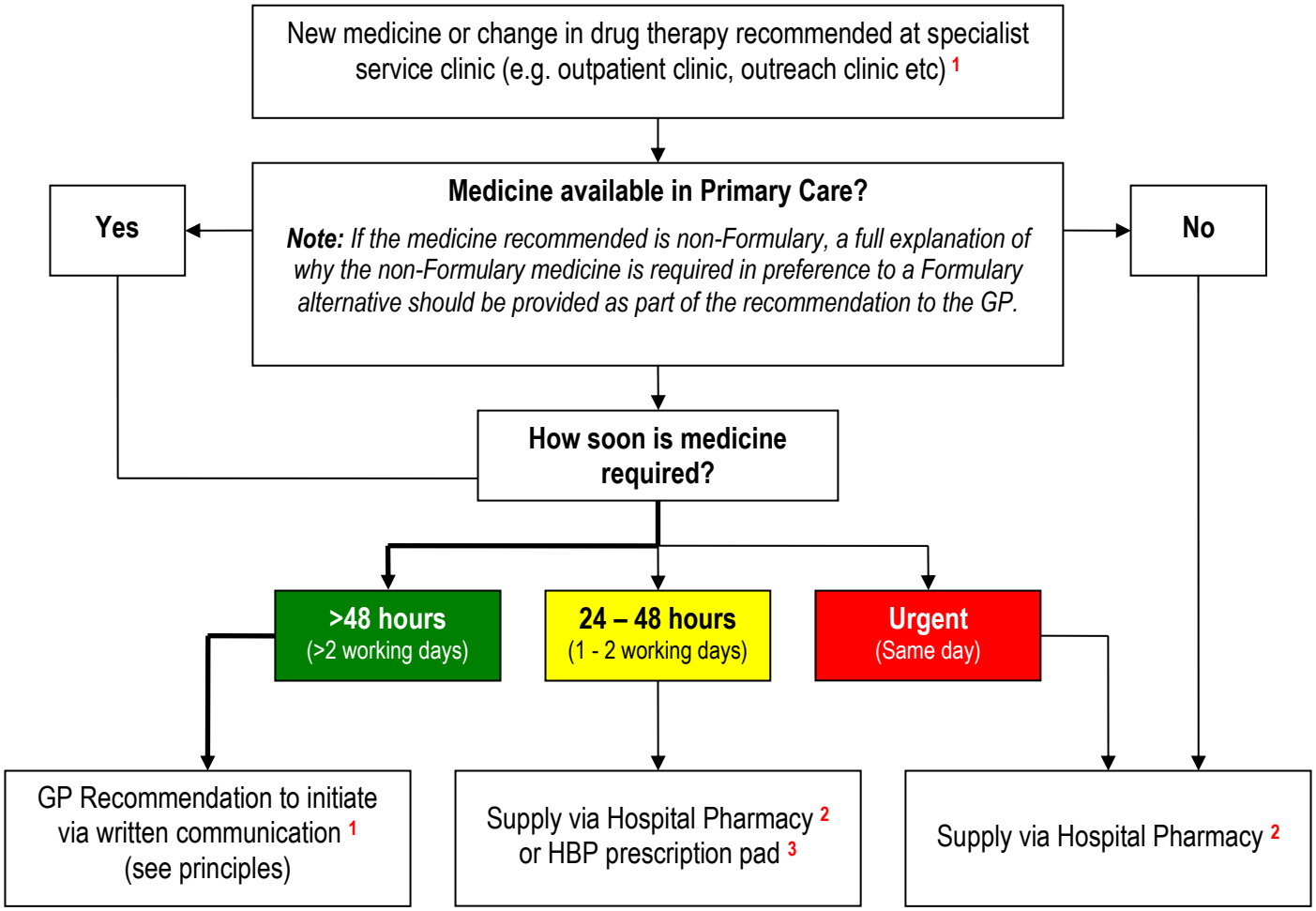
5.10 Supply of Medicines Following Specialist Service Review or Clinic Appointments

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 hospital prescribers, specialists, GPs and patients have a common understanding about supply of medications for outpatients. Although procedures may vary between different OP departments and clinical settings, the overall policy should be consistent across NHS GG&C.



1. Discretion as to whether to prescribe a medicine remains with the individual clinicians. If, following discussion between the relevant prescribers, a GP 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 GP is required to discuss potential solutions.
3. HBP Prescription pads may only be available to some specialist clinics

Principles

1. GP 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 and prescribes accordingly.
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. Patients and GPs 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. Subsequent prescriptions are written on GP10 forms and dispensed through a community pharmacy.
5. Where a non formulary recommendation has been made the specialist clinician should advise the GP on the rationale for this, and if necessary providing the relevant documentation in accordance with the NHS GG&C non-Formulary processes. Lack of adequate information will mean that the GP may be unable to make an informed decision about whether to prescribe the recommended medicines and will require the GP to contact the specialist clinician for this information, causing inconvenience to both parties, and a potential delay to the treatment of the patient.

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 general practitioner.
   - When a medicine or prescription has been supplied by the specialist service or clinic, this should be clearly stated.
   - Where the GP is asked to prescribe, the relative urgency of the prescription should be made clear to both the GP and the patient.
   - 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 GP 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 GP for a non formulary drug request, a delay in treatment may result while the GP requests further information 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
   - Drugs which require specialist monitoring
   - Hospital based, clinical trial drugs
   - Where the specialist clinician feels that treatment should be initiated immediately

3. Some specialist clinicians based in hospital are able to write a Hospital Based Prescriber (HBP) prescription for dispensing by a community pharmacy, where immediate treatment is unnecessary, but the medicine is required within 48 hours (2 working days) of the OP appointment. Typically HBP prescriptions are restricted to authorised prescribers in specific departments and are reserved for specific circumstances.
4. Where treatment is prescribed by the specialist clinician in urgent circumstances, a minimum of 7 days supply or a complete course (whichever is the shorter) should be provided.
5. Where treatment is recommended by the specialist clinician in non-urgent circumstances (i.e. initiation >48 hours (>2 working days) after the OP appointment) this recommendation including reasons for the specific medicine should be communicated in writing to the GP via the patient. 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 appointment schedules.