

# Joint South Staffordshire Area Prescribing Committee

## DECISION TO DECLINE PRESCRIBING OF MEDICINES RECOMMENDED BY HOSPITAL SPECIALISTS

GP's to complete this form if unable to assume responsibility of prescribing a medicine recommended by hospital specialist

<b>Patient's Name:</b> (Cover before copying for the medicines team)		<b>Date of Birth:</b> (Cover before copying)	
		<b>Hospital Number (PID):</b>	
<b>Specialist's Name:</b>		<b>Name of GP:</b>	
<b>Trust/ Site:</b> <b>Essential</b>		<b>GP Practice:</b>	

<b>Name of drug</b> Please fill in a separate form for each drug.	<b>Dose &amp; frequency</b>	<b>Indication</b>	<b>Duration of treatment</b>

I have been asked to assume the responsibility / already have responsibility of prescribing the above drug/item for this patient. Based on current local advice however, I am not / no longer in a position to do this for the reason(s) indicated below. (Prescribing should not be refused solely on the grounds of cost. Please contact your Prescribing Support Pharmacist for guidance). Please tick most appropriate box.

<input type="checkbox"/>	Medicine is for <b>hospital only</b> prescribing and is in the 'red' list of products on the South Staffordshire Formulary
<input type="checkbox"/>	Medicine is not in the South Staffordshire Formulary (either rejected for inclusion or is a new drug not yet considered)
<input type="checkbox"/>	The South Staffordshire Formulary states that a patient should be stabilised on the medicine before transfer to GP
<input type="checkbox"/>	Medicine requires regular specialist monitoring and requires specialist documentation such as a shared care document (ESCA), RiCaD or similar which has not been supplied
<input type="checkbox"/>	Medicine is part of formal hospital-based clinical trial
<input type="checkbox"/>	Medicine is unlicensed and I am not sufficiently familiar with it to accept clinical responsibility
<input type="checkbox"/>	Medicine dose/indication is off-label and I am not sufficiently familiar with it to accept clinical responsibility
<input type="checkbox"/>	Medicine is not to be prescribed on the NHS as it is black listed in the drug tariff
<input type="checkbox"/>	Item is an appliance or nutritional supplement and the patient is able to purchase it over-the counter
<input type="checkbox"/>	Medication is commissioned by NHS England – Specialised Commissioning hospital prescribing
<input type="checkbox"/>	Medication is not in line with NICE/Local/National clinical guidelines and/or the prescribing request is not in line with a NICE technology appraisal
<input type="checkbox"/>	Medication is not the most cost-effective option
<input type="checkbox"/>	Other reason (please state)

### Actions requested by GP to Specialist

<input type="checkbox"/>	No further action required. I have prescribed an alternative or advised the patient to purchase the item
<input type="checkbox"/>	Please recommend Interface Formulary alternative and/or supply further information (e.g. ESCA, RiCaD)
<input type="checkbox"/>	Please resume prescribing of this item and arrange appropriate follow-up as required

<b>Print Name:</b>	<b>Signature of GP:</b>
<b>Date:</b>	<b>Practice Details:</b>

GP's- please send this form to :

Cannock \_\_\_\_\_

Stafford & Surrounds \_\_\_\_\_

East Staffs: \_\_\_\_\_

South East Staffs & Seisdon Peninsula: \_\_\_\_\_

Please send a copy to your Practice Support Pharmacist but please anonymize patients name and date of birth. You are also advised to keep a copy in the patient's records.