



integrated working

Prescribing Responsibility Form

This form should be completed by primary care prescribers who are unwilling to take on responsibility for prescribing a medicine that has been recommended by a hospital doctor. A copy of the form should be sent by email, post or fax to each of the following:

1. The hospital Consultant	Name and contact details from letter
2. The hospital Chief Pharmacist	Select appropriate name and contact details from table below
3. The WSCCG Chief Pharmacist – Linda Lord	Tel: 01284 778018, fax: 01284 758020 email: linda.lord@westsuffolkccg.nhs.uk

Hospital/ Trust	Chief Pharmacist	Telephone	Fax (Safe Haven)	Email
West Suffolk Hospital	Simon Whitworth	01284 713230	01284 713918	simon.whitworth@wsh.nhs.uk
Ipswich Hospital	Kevin Purser	01473 703600	01473 703125	kevin.purser@ipswichhospital.nhs.uk
Addenbrooke's Hospital	Sarah Pacey	01223 217479	01223 274777	sarah.pacey@addenbrookes.nhs.uk
Colchester Hospital	Richard Needle	01206 742433	01206 841249	richard.needle@colchesterhospital.nhs.uk
Norfolk and Suffolk NHS Foundation Trust	Esther Johnston	01473 329629	01603 421365	esther.johnston@nsft.nhs.uk

NEW treatments

The hospital Chief Pharmacist will liaise with the Consultant to ensure that prescribing is initiated and maintained in hospital, provided that this is appropriate.

EXISTING treatments

The hospital Chief Pharmacist will liaise with the Consultant to ensure that prescribing responsibility is returned back to secondary care. However, where GP prescribing has already occurred for some time, the GP should continue to prescribe for a further 3 months to allow time for a smooth transfer back to secondary care to be arranged. Please specify when the last prescription will be issued and the quantity prescribed in the table below*.

Any queries/difficulties with the above arrangement should be discussed with the WSCCG Chief Pharmacist.

Patient's name		Consultant's name	
Date of birth		Prescriber's name (if different from above)	
NHS number			
Hospital number if known		Hospital / Trust	

Name of drug Please fill in a separate form for each drug	Dose & frequency	Indication	Duration of treatment	New or existing treatment?	*If existing:	
					Date when last prescription will be issued	Quantity prescribed on last prescription

Tick	A. Prescribing responsibility should stay within secondary care because:
<input type="checkbox"/>	Drug is included in the list of products approved for <i>hospital only prescribing (RED)</i> or <i>no prescribing (DOUBLE RED)</i> http://www.westsuffolkccg.nhs.uk/wp-content/uploads/2013/01/WSCCGTrafficLightList1.pdf
<input type="checkbox"/>	Drug requires regular specialist monitoring AND/ OR the majority of care and monitoring is supplied by the hospital (delete as appropriate). Applies to drugs not yet assessed by the Trust Drug & Therapeutics Committee
<input type="checkbox"/>	Drug is included in the list of products for shared care prescribing but the shared care guidance has not been agreed with the GP. http://www.westsuffolkccg.nhs.uk/wp-content/uploads/2013/01/WSCCGTrafficLightList1.pdf
<input type="checkbox"/>	Hospital clinical trial drug
<input type="checkbox"/>	Drug is not being used as per agreed guidelines e.g. rosuvastatin for primary prevention
<input type="checkbox"/>	Drug is not approved by the Trust Drug & Therapeutics Committee (D&TC) <i>Hospital doctors are asked not to ask GPs to initiate treatments which have not been approved by the Trust D&TC</i>
<input type="checkbox"/>	Patient is not stabilised on a drug initiated by the specialist
<input type="checkbox"/>	Drug is an unlicensed medicine or special, outside locally or nationally agreed practice http://www.westsuffolkccg.nhs.uk/wp-content/uploads/2013/01/WSCCGTrafficLightList1.pdf
<input type="checkbox"/>	Patient not discharged with 14 day's supply of an on-going treatment
	B. General comments / other reasons (please provide details of reason)

GP name: _____ Date: _____ Practice: _____

Responsibility for prescribing should not be refused on the grounds of drug cost alone