Dorset Medicines Advisory Group

Guidelines outlining the duty of care regarding drugs recommended by outpatient clinics

The British Medical Association (BMA) has issued guidance to GP practices on the duty of care regarding drugs recommended from outpatients

They have highlighted that communication of prescribing recommendations from out-patient clinics to patients and their GPs is a complex area where patient safety can be compromised. They recommend that Local Medical Committees (LMCs) and Hospital Trusts agree policies that are publicised and adhered to by all parties. They suggest the policy should include general principles as detailed in Appendix A

Wessex LMC have recommended that CCGs establish policies between primary and secondary care providers clearly outlining each other's responsibilities as per the BMA recommendations.

The following principles of prescribing following an **outpatient appointment** has been agreed across Dorset provider Trusts and primary care providers.

General principle:

Provider Trusts will prescribe following an outpatient episode where an URGENT treatment is needed or where treatment MUST be initiated in secondary care.

All non-urgent treatments that need to be started within 10 working days of the outpatient appointment should also be prescribed in secondary care unless prompt communication from secondary care clinician and GPs can be ensured at the required standard as agreed in contractual quality schedules and not through the patient.

All provider Trusts and primary care prescribers will adhere to the Dorset formulary and the "traffic light" categorisations within it.

Underlying principles:

Where a Trust needs to prescribe the usual duration of the prescription will be 28 days, unless a short course is indicated or longer duration is dictated by a shared care guideline (an "amber" drug), the home delivery route is being used, or where the hospital is maintaining the patient's supply (a "red" drug), where greater quantities may be prescribed. Mental Health outpatients and inpatients on discharge may receive a maximum of 28 days' supply, but may receive less than this dependent on clinical need and risk assessment.

For new treatments not required to be initiated within 10 days, the clinician should write to the GP with a recommendation in line with current formulary choices. Where a hospital clinician recommends that an out-patient goes to their GP for commencement of a new

treatment, 10 working days will be given for the GP to receive written information prior to the patient attending the practice. Procedures will be in place to communicate this to the patient at the out-patient appointment. Information to the GP should be at the required standard as agreed in contractual quality schedules and should be supplied by the clinician not through the patient.

All prescribing should adhere to the joint Dorset Formulary, which categorises medicines according to the "traffic light" list. Clinicians should not request GPs initiate non-formulary medicines. All supplied medication information should be by generic name, except for those agents where it is clinically necessary to indicate the brand prescribed for therapeutic or safety reasons. The prescribing of "special" formulations should only be considered when suitable alternatives proprietary options have been exhausted and in accordance with the Dorset formulary.

The pan Dorset Hospital Discharge Quality Standards state that "each patient, their carer and/or care agency, will receive sufficient medication, advice and support before discharge. This should be documented within their notes.
Each patient shall be discharged with sufficient medication and/ or other medical consumables to prevent a repeat request in less than 28 days of discharge (14 days for patients discharged from a mental health facility) or, in the case of Patient's own medication /medical consumables, sufficient are provided to prevent a repeat request in less than 14 days of discharge."

For all drugs started in a provider care setting the initiating clinician is responsible for the following:

- considering and advising on contraindications, side effects and interactions
- patient counselling
- baseline investigations
- where appropriate the provision of management plans when starting new medicines
- on-going monitoring e.g. blood test or ECGs and until requesting the primary care clinician takes responsibility for this as per the Dorset "traffic light" classification.

Where amber shared care protocols are available, in the transfer of management and prescribing responsibilities to the GP, it is essential that:-

- Prescribing responsibility will only be transferred when it is agreed by the consultant and the patient's GP that the patient's condition is stable or predictable following a period of initiation and review.
- Dissemination of sufficient information to the GP and other carers had occurred;
- Prior agreement has been reached between the GP and consultant before clinical responsibility is transferred;
- The GP is in a position to monitor treatment and adjust the dose if necessary;
- The drug has received approval by the DMAG.
- Communication between primary and secondary care clinicians should be facilitated with a copy or link to an up to date shared care agreement

A GP has the right to refuse to enter into a shared care agreement, but this must be in the best interests of their patient and to refuse on the grounds of drug cost to the CCG alone is unacceptable. The CCG will proactively support implementation of agreed shared care protocols to maximise uptake.

Changes in clinical responsibility must be seamless and invisible and the patient or the patient's representative should not be involved in dialogue between clinicians or be required to act as a purveyor of information or policy. Any changes in responsibility transfer must be done at patient level in the patient's best interest and safely.

If a medication dressing or appliance is not available on GP prescription and initiated by the Trust, it will continue to be supplied by the Trust.

Responsibility for the prescribing of unlicensed drugs or use of drugs off-label will not be transferred to GPs without their prior agreement (exceptions include recognised standards of prescribing practice e.g. paediatrics, dermatology and palliative care).

Medication required for planned hospital procedures (for example, EMLA® cream before hospital dialysis) medication will be prescribed by the hospital/provider and treating clinician.

Appendix A

- Drugs required for urgent administration should be prescribed by the hospital doctor, and if appropriate dispensed by the hospital.
- Responsibility for the provision of a prescription for non-urgent medications should be determined and agreed locally, but must recognise that delegation of responsibility for prescribing from hospital to GP can only take place with the explicit agreement of the GP concerned.
- All communications should be in writing with the responsible doctor identified.
- Where communications are sent via the patient, there should be clear instructions to the patient regarding the time scale for completion of the prescription, and this should be in addition to and not instead of a formal communication.
- The doctor recommending a prescription should ensure that the prescription is appropriate, including carrying out any tests required to ensure safety.
- The doctor recommending a prescription should provide counselling for the patient about important side effects and precautions, including any need for ongoing monitoring, which if needed should be agreed between primary and secondary care clinicians.
- Recommendations should be in line with any agreed local formularies. Individual judgments should be made about the desirability of recommending a particular drug as opposed to a therapeutic class.
- Where a GP feels that a prescription recommendation is inappropriate, the secondary care clinician should be informed.
- Notwithstanding any of the above, all prescribers must be aware that the ultimate responsibility for the prescription lies with the prescribing doctor and cannot be delegated.