NHS Grampian

Responsibilities When Requesting A Transfer Of Prescribing From Secondary Care To Primary Care Within NHS Grampian

Co-ordinators:	Consultation Group:	Approver:
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Signature:		Signature:
		

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Responsibilities for implementation:

Organisational:	Chief Executive and Management Teams
Corporate:	Senior Managers
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Area:	Line Managers
Hospital/Interface services:	Assistant General Managers and Group Clinical Directors
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Policy statement:	It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, protocols procedures.
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Responsibilities for review of this document:	Medicines Management Pharmacist
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Revision Date	Previous Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Marked* (Identify page numbers and section heading)
March 2022	February 2020	Section 1 - Update to wording.	Page 2
		Section 2 - Change to section title, addition of GMC and BMA/RCGP information and addition of hyperlinks.	Page 2
		Section 3 - wording updated.	Page 3
		Section 4 - Update to wording and additional text added. Addition of more circumstances where prescribing would sit with secondary care.	Pages 3 and 4
		Section 5 – Updated title. Addition of new sub-sections and update of current sub-sections.	Page 4
		Section 6. New section. Some information previously included section 4.	Page 7

* Changes marked should detail the section(s) of the document that have been amended, i.e. Page number and section heading.

Responsibilities When Requesting A Transfer Of Prescribing From Secondary Care To Primary Care Within NHS Grampian

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Responsibilities When Requesting A Transfer Of Prescribing From Secondary Care To Primary Care Working Within NHS Grampian

1. Purpose

Organisation across the interface between primary and secondary care is crucial in ensuring that patients receive high quality care in a timely manner. The purpose of this document is to provide guidance which facilitates seamless continuity of care whilst making the best use of clinician time and associated NHS resources.

This guidance is intended as a reference resource to support good practice for individuals working at the primary-secondary care interface. It does not cover specific patient situations/scenarios and should not be used as a substitute for an individual's own professional standards and judgement.

This guidance does not include medication which is prescribed by a specialist service and dispensed in hospital pharmacy on an ongoing basis.

Information within this document is accurate at the time of writing and will be reviewed on a regular basis. Ongoing work with regard to electronic prescribing pathways mean that changes to prescribing pathways and the development of alterative prescribing pathways are common.

2. Background

Guidance on the responsibility for prescribing between hospitals and General Practitioners (GPs) was first produced by the Scottish Office in 1992 through the publication of the NHS Circular No 1992(GEN). This guidance has never been reviewed by the Scottish Government.

In 2020 the British Medical Association (BMA) Scotland and Royal College of General Practitioners (RCGP) Scotland issued a Joint Principles Statement "Whole System Working – The Interface in Scotland" which defined the point at which two healthcare systems come together as the "interface" and stated that "interfaces are points of high risk for patients accounting for 50% of all medical errors, with one third of those errors occurring at the primary-secondary care interface".

The 2021 General Medical Council guidance "Good Practice in Prescribing and Managing Medicines and Devices" provides several prescribing points for consideration when there is a shared responsibility for patients, such as the interface across primary and secondary care.

3. Introduction

When clinical (and therefore prescribing) responsibility for a patient is transferred from secondary to primary care it is vital that all clinicians involved have access to or are provided with all relevant information to allow safe and accurate prescribing as well as ongoing clinical management. This document details common 'interfaces' at which the transfer of patient care occurs and the considerations that should be given prior to any transfer being requested/undertaken.

This document relates only to transfer of care within the NHS. For guidance relating to prescribing following a private consultation please refer to the NHS Grampian guideline Prescribing Following Private Consultation.

Throughout this document the term medicine or medication is used to cover all prescribing which could include appliances, products or dressings in addition to traditional medication.

4. Responsibilities

Legal responsibility for prescribing lies with the medical/non-medical prescriber who signs the prescription.

GPs should provide treatment consistent with the terms of service set out in The NHS (General Medical Services Contracts) (Scotland) Regulations.

Occasions will arise when responsibility for prescribing for a patient, who is otherwise under the care of primary care, will more appropriately rest with a secondary care practitioner, for example:

- Medication prescribed as part of a hospital based clinical trial.
- The secondary care medical/non-medical prescriber considers that only he/she is able to monitor the patient's response to the medication due to the need of specialised investigations.
- Medication only available through hospital, classed as 'hospital use only' or requires to be 'initiated in hospital prior to handover' in line with the Grampian Area Formulary.
- Where the primary care prescriber/non-medical prescriber feel they lack the expertise, experience and/or training associated with the medicine and are not comfortable to accept the responsibility of prescribing.

Prior to requesting that a medicine be prescribed in primary care, the recommending clinician should ensure that the medicine recommended is available within the community pharmacy network. This can be ascertained by checking the Grampian Area Formulary.

Cost should not be a barrier to the appropriate transfer of clinical care. The effect on prescribing budgets must be considered when transferring the responsibility for prescribing. The transfer of funds/payment arrangements can be agreed where appropriate.

When establishing protocols or where there is a professional disagreement over which sector should prescribe, it may be necessary for local discussion to take place between hospital managers and medical staff and the relevant Local Medical Committee (LMC) as appropriate, as a prelude to establishing agreement with individual GPs.

5. Considerations When Secondary Care Request Primary Care To Commence Or Continue Prescribing

Below are several points of consideration when requesting a transfer of prescribing responsibility.

5.1. Timescales

There are multiple processes required to ensure safe transfer of care between secondary and primary care. Following clinician to clinician agreement for transfer of care this can include transfer of appropriate information, processing of paperwork, generation of prescriptions and dispensing of medicines.

Secondary care clinicians should be aware of the need for realistic timescales. Appendix 1 summarises the various timescales mentioned. It should be noted that each timescale detailed is unique to that individual part of the process and as such the end-to-end process of transfer of care will be an accumulation of these various timescales.

5.2. Monitoring

Following any request to prescribe consideration should be given to what monitoring, if any, is required alongside treatment. The responsibility for all aspects of monitoring should be clearly stated as part of the transfer of prescribing responsibility including:

- Where monitoring should be undertaken.
- What monitoring is required.
- Frequency of monitoring.
- Who is responsible for checking and actioning results.
- What actions are required if results are abnormal.

5.3. Formulary status of medicines

Prior to requesting the transfer of care, consideration should be given to the formulary status of medication(s). Medicines included within the Grampian Area Formulary are categorised via a traffic light system shown below.

Status	Description
GREEN+	General use. Treatment may be initiated in either Primary or Secondary Care, including Community Pharmacies for minor illnesses included in the NHS Pharmacy First Scotland Approved List.
GREEN	General use. Treatment may be initiated in either Primary or Secondary Care.
AMB 1	Available for restricted use under specialist supervision. Treatment may be initiated in Primary Care on the recommendation of a consultant/specialist.
AMB 2	Available for restricted use under specialist supervision. Treatment to be initiated in hospital prior to handover.
RED	Hospital use only. Treatment should be supplied by the hospital for the duration of the treatment course.
BLUE	Products shown as blue have multiple indications with varying formulary classifications. For further information see text next to the product.
GREY	Work is ongoing and will be reviewed at a future meeting

NF	**Not routinely available in NHS Grampian however if local need is identified:**
	• Contact the Pharmacist Team Leader/Principal Pharmacist – Supply (ARI)
	• Treatment is available:
	  ◦ From a Specialist Centre in another health board
	  ◦ From the National Specialist Service for pulmonary arterial hypertension (Scottish Pulmonary Vascular Unit or similar specialists)
	  ◦ Through the National Services Scotland:
	  ▪ Ultra-Orphan Medicines Risk Share Scheme
	  ▪ Inherited Metabolic Disorders Risk Share Scheme
	  ◦ For SMC recommended medicines/indications where local clinical experts do not wish to add to the formulary at this time

BLACK	**Not routinely available in NHS Grampian.** Includes medicines/indications that: • Are not recommended for use within NHS Grampian • Are not recommended for use within NHS Scotland • Have not been considered by SMC or NHSG Formulary Group • Are not recommended for use at present due to limited clinical and/or cost effective data • There is a local preference for alternative medicines

If a secondary care practitioner has recommended the prescribing of a GREEN or AMB 1 status medication, there is the expectation that primary care colleagues will prescribe as requested.

For medication with a status of AMB 2 are requested by secondary care for prescribing within primary care, there is an expectation that primary care will continue prescribing medications once they have been initiated within secondary care.

Primary care should not receive requests to prescribe RED or NF status medications.

There may be, in exceptional circumstances, a request for primary care to prescribe non-formulary medications. See section 5.7.

5.4. Shared Care Arrangements

Formal shared care arrangements (SCA's) are available for a range of medicines that require specific monitoring to be undertaken. When prescribing medications covered by these SCA's there is an expectation that primary care clinicians would undertake prescribing and associated monitoring as detailed in the SCA.

SCA's are in place for a limited number of appropriate medicines where prescribing has reached a defined threshold across NHS Grampian and as such the need for shared care has been established and ratified. Payments for participation in such shared care agreements is agreed by the Enhanced Service Committee.

5.5. New/infrequently used medicines

For medicines that are not prescribed frequently and do not have formal SCA in place, an individual care plan should be provided to the primary care team. This should contain all necessary information to allow the primary care clinician to make an informed decision regarding accepting or declining clinical responsibility for prescribing/monitoring within primary care as detailed in Appendix 1.

5.6. Off-label use of licensed medicines

If a treatment being recommended is 'off-label', i.e. use is out with the product licence, an individual care plan should be provided to the primary care clinician. As highlighted in the MHRA publication "Off-label or unlicensed use of medicines: prescribers' responsibilities", "The responsibility that falls on healthcare professionals when prescribing an unlicensed medicine or a medicine off-label may be greater than when prescribing a licensed medicine within the terms of its licence". As such full justification for the use of the medicine should be provided by the secondary care clinician including reference to any local or national guideline. It may be helpful in these circumstance to have prescriber to prescriber conversation in addition to written communication.

5.7. Non-formulary, non-Scottish Medicines Consortium (SMC) approved and unlicensed medicines

Any plan to involve primary care prescribers in the ongoing care of patients requiring medication(s) in these categories should involve full clinical justification being provided by the requesting clinician giving consideration to any best practice guidance from the relevant NHS policies.

For medicines which are non-formulary, unlicensed or out with SMC approval, the initiating consultant must seek approval through the correct process prior to commencing treatment, or requesting primary care to prescribe. See NHS Grampian Staff Guidance For Processing Requests To Prescribe Unlicensed, Off-Label, Or Non-Formulary Medicines (Including Medicines Awaiting Consideration By, Or Not Recommended For Use By, The Scottish Medicines Consortium). Once approved, a copy of the approval form must be sent to primary care alongside any request to transfer care/prescribing from secondary to primary care.

Any decision to prescribe would then be at the discretion of the primary care clinician following review and assessment of all patient and clinical information.

6. Transfer of Prescribing from Secondary to Primary Care

Transfer of prescribing responsibility from secondary to primary care should not be undertaken until sufficient information has been disseminated to the patient's primary care clinician and local agreement has been confirmed. It is pertinent that all stakeholders involved in the transfer of care are aware of timescales associated with various parts of the transfer of care process.

6.1. In-patients

Secondary care clinicians have full clinical responsibility for in-patients under their care, as well as responsibility for all drugs prescribed to them while under the care of the designated secondary care service.

6.1.1. In-patients request to continue medication upon discharge

When patients are discharged from hospital, sufficient medication should be provided by the hospital. This would be for a minimum of 7 days (excluding public holidays and weekends) after discharge, unless a shorter period is more clinically appropriate.

The primary care prescriber to whose care the patient is being transferred, should receive, via the Core Discharge Document (CDD), adequate notification time of the patient's diagnosis and medication(s) so that any ongoing treatment can be maintained. Adequate notification time for the dissemination of the CDD is suggested to be within 48 hours of patient discharge, e.g. a CDD for a patient discharged from secondary care at 3pm on Monday should be received by the patients GP practice no later than 3pm on the Wednesday.

A CDD should include:

- Confirmed diagnosis, treatment plan and secondary care follow-up (if applicable).
- Accurate list of all ongoing medication (including formulation, strength, dose, route, frequency and timing) and specifically highlight:
    - New medicine(s) initiated, the corresponding indication(s) and intended duration
    - Any changes to existing medicine(s) and rationale
    - Discontinued medicine(s) and rationale
- Any follow-up/action and on-going monitoring required by primary care.

6.1.2. In-patients request to commence new medication(s) upon discharge

Prior to requesting primary care to initiate prescribing of a new medication, it is essential that all of the following information is included in a request to allow the primary care clinician to make an informed decision with regard to undertaking prescribing (and therefore taking clinical responsibility):

- Medical diagnosis/diagnoses.
- For medications prescribed / to be prescribed:
    - Indication
    - Strength
    - Formulation

- Dose/directions/frequency/timings
- Route of administration
- Duration of treatment
- Treatment review date
- Formulary status
- Licensing status (licensed or unlicensed medication)
- If medication is being used off-label

- When recommendations include the use of unlicensed medication(s) or off-label use of licensed medication(s) - justification for these recommendations.
- What monitoring, if any, is required and what are the follow-up arrangements. Linking to shared care arrangement if appropriate.
- Action to take if treatment is not tolerated – should the patient be referred back to specialist or is there a second line treatment?
- Clarify what information/communication the patient has received including when to expect access to prescription upon discharge, i.e. timelines for GP practice receiving and processing the request.

It would be expected that medicines with a formulary status of 'GREEN' or 'AMB 1' would be requested by secondary care for primary care initiation, in keeping with the Grampian Area Formulary medication classifications.

A template for requesting primary care to prescribe can be found in Appendix 2.

6.2. Out-patients

Clinicians working within out-patient clinics have full responsibility for prescribing and/or advising of any necessary treatment requirements related to the specific out-patient clinic.

6.2.1. Out-patients requiring immediate treatment

Where a secondary care clinician decides that treatment should start immediately, new medication(s) should be prescribed for the patient by a prescriber within the out-patient clinic. Health Board Prescriptions (HBP) or, where available, Community Pharmacy ePrescription (CoPPr) should be used for medicines readily available in community pharmacy. Otherwise, an out-patient prescription should be written and dispensed from the hospital pharmacy. Where there is any ambiguity regarding the availability of medication from community pharmacy it is the responsibility of the out-patient clinic to clarify this information before deciding on how to arrange a timely supply.

Where the out-patient clinic has been conducted remotely the secondary care clinician should ensure appropriate timescales are applied for the supply of medication, giving consideration to the points above.

6.2.2. Out-patients requiring non-urgent treatment

Where prescribing is deemed clinically necessary but not urgent and the medicine is accepted on the Grampian Area Formulary for primary care initiation (GREEN or AMB 1 status), advice should be provided, via Clinical Note (CN) to the primary care clinician to initiate therapy.

Correspondence via CN is, for the most part, dealt with by a member of the HSCP pharmacotherapy team and therefore it is crucial that there is sufficient information supplied to ensure timely processing of the request.

Where a secondary care practitioner is making recommendations for prescribing to be undertaken in primary care they should ensure that the patient/carer is aware of timescales (see Appendix 1) involved in the transfer of information and subsequent prescribing and dispensing of medications.

6.2.3. Out-patients requiring continuation of treatment initiated by clinic

In instances where medication has been provided to a patient by an out-patient clinic that requires ongoing prescribing, the secondary care prescriber should, when clinically appropriate to do so, request that primary care continues treatment. The secondary care practitioner should give primary care adequate notification time of the patient's diagnosis and drug therapy, via CN, so that any ongoing treatment can be maintained. Medicines prescribed or supplied by an out-patient clinic should be sufficient to cover a minimum of 7 days use/requirements.

6.3. Out of hours care

Out of hours care (evenings, weekends and public holidays) can be provided both in person and remotely. If medication(s) are required following consultation, the method of consultation will impact the route of prescribing/supply.

6.3.1. Attendance at out of hours services/Accident and Emergency (A&E)

Patients attending in-person out of hours services/A&E unit should receive a seven-day supply of any new medicine to be started urgently, unless a shorter course is more clinically appropriate. The use of Health Board Prescriptions (HBPs), Community Pharmacy ePrescription (CoPPr) (when available) or an email copy of a prescription (which should be posted to the community pharmacy) may be appropriate where urgent initiation is necessary. Continuing care and any subsequent prescribing is the responsibility of the patient's GP.

6.3.2. Remote out of hours service (e.g. via telephone, video call or NHS Near Me consultation)

Patients attending an out of hours appointment remotely (e.g via telephone, video call or NHS Near Me consultation) if there is an immediate need for medication, the prescription should be sent electronically (via email or, when available, via CoPPr) to a nominated community pharmacy. Where prescribing is not deemed urgent, it would be appropriate to request primary care to undertake prescribing.

6.4. Remote consultation with secondary care/specialist service

Where a patient has attended a secondary care/specialist appointment remotely (e.g. via telephone, video call or NHS Near Me consultation) and there is a need for either new medication(s) to be prescribed or changes to be made to prescribed medication(s), consideration should be given to the urgency at which this request requires to be actioned.

6.4.1. Urgent changes to current prescribed medication(s) or new medication(s) required following a remote consultation

When, following a remote consultation, there is an urgent need to make changes to current medication (e.g. dose, timings) or initiate new medication (e.g. antibiotic treatment) it is the responsibility of the secondary care colleague instigating the changes to ensure the patient receives a timely supply of medication. This could be facilitated by:

- Use of HBP or CoPPr (where available) and suitable electronic transfer to community pharmacy (for medications readily available via community pharmacy)*.
- Telephone contact with the primary care prescriber to ascertain if a prescription could be generated within a suitable timescale, e.g. if medication is required on the same day as the consultation has taken place.

*Where the availability of medication is unknown, in urgent circumstances, it is recommended that community pharmacy should be contacted via telephone to confirm stock of required medication(s).

Where timescales are of an urgent nature it is strongly recommended that the recommending clinician, if unable to prescribe medication personally, makes telephone contact with the patients primary care prescriber/practice to make an urgent request. This is to ensure timely supply of information as most electronic messages have a lag time between sending from secondary care and visibility in primary care practice. It is also recommended that the primary care clinician give due consideration to the impact of either prescribing or not prescribing in relation to any secondary care requests, e.g. the scenario where, if unable to procure medication urgently the patient would require to be admitted to secondary care.

6.4.2. Non-urgent changes to medication or new medication(s) following a remote consultation

Where, following a remote consultation, new medication(s) or medication changes required are not urgent, the GP to whose care the patient is being transferred should receive adequate notification time of requests. Adequate notification time is suggested to be at minimum of 48 hours/2 working days. Information should be sent by CN and/or email* to the patient's GP practice.

In addition, it is important that when considering any requests being made to primary care, that the medication/indication/dose, etc. is appropriate for primary care to prescribe and in line with Grampian Area Formulary.

*There are certain specialities within secondary care who, as yet, do not have access to CN and therefore would utilise email to transfer information to primary care. While this route of communication is accepted from those specialities who do not have access to CN, those who do have access should not use email as a form of communication. CN's integrate with GP clinical systems which ensures more robust governance when transferring information between clinicians.

7. Governance

Any concerns or incidents which arise due to the recommendations within this guidance not being followed can be reported through the DATIX system. This will ensure they are raised at local clinical governance meetings for discussion and action. Outcomes can then be reported to directorate clinical governance meetings and the performance review meetings.

8. References

- NHS Circular No 1992(GEN), Scottish Office
- The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018
- BMA. Whole System Working. The Interface in Scotland.
- The Modern Outpatient: A Collaborative Approach 2017-2020

9. Useful Documentation

- NHS Grampian Good Prescribing Guide – Primary Care
- NHS Grampian Staff Policy and Framework for Non-Medical Prescribing including Independent Contractors
- NHS Grampian Prescribing Following a Private Consultation
- NHS Grampian Staff Guidance For Processing Requests To Prescribe Unlicensed, Off-Label, Or Non-Formulary Medicines (Including Medicines Awaiting Consideration By, Or Not Recommended For Use By, The Scottish Medicines Consortium)
- NHS Grampian Shared Care Arrangements

10. Consultation Group

Consultee	Job Title
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Lesley Coyle	Associate Director of Pharmacy, NHS Grampian
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Christine Thomson	Lead Pharmacist, Moray HSCP

Groups

GP Sub Committee
Mental Health Operational Medicines Management Group
NHS Grampian Clinical Interface Group
NHS Grampian LMC

Appendix 1 - Transfer Of Care Timescales

The end-to-end process of transfer of care will be an accumulation of various estimated timescales listed below:

Task required for transfer of care	**Timescale**
Hospital Action: Completion, dissemination and processing of Clinical Discharge Document (CDD) from secondary to primary care.	Up to 48 hours/2 days
Hospital Action: Request to prescribe new medication following clinic.	Up to 48 hours/2 days
Primary Care Action: GP practice to review CDD/Clinical Note (CN) and undertake requested prescribing	5 working days (where no queries)
Primary Care Action: Community pharmacy to receive prescription, order and dispense medication	3 working days (where no queries)

Appendix 2 - Individual Patient Care Plan - Request For Transfer Of Prescribing And Monitoring To Primary Care

Patient Name		CHI	
GP Practice		GP:	

This medicine is currently being prescribed and managed for this patient by secondary care. We request that this be considered for ongoing prescribing and monitoring in primary care. This medicine will continue to be managed by secondary care until agreement is reached with primary care.

Diagnosis	
Medicine	
Dose	
Date initiated	
Prescribing requirements	
Disease monitoring requirements	
Drug monitoring required	N/A ☐ FBC ☐ U&E ☐ LFT ☐ Other…….. Frequency:…….. Refer back to consultant……
Known adverse effects and actions to be taken	
Follow up/review arrangements with secondary care	

To be completed when requesting 'off-label' use of licensed medicine

Reason for 'off-label' use of licensed medicine	
Patient/representative informed and agreed to 'off-label' use	Yes/No
Discussed with primary care clinician	Yes/No

Consultant name		
Speciality		
Contact details	Email	Phone
Date:		

Feedback to Secondary Care (to be completed by Primary Care clinician):

Agree to prescribe	Yes/No	
GP name		
Contact Details	Email	Phone
Date		
Feedback to Consultant		

Completed document to be scanned into patient notes and copied to consultant.