

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

IMPORTANT - If the form is to be emailed, it can **only** be emailed from an **NHS.net email** account to the appropriate **NHS.net email** account as listed below. Please **do not** use your personal (non NHS.net) account.

Patient, Specialist & GP details			
Patient's Name:		Date of Birth:	
		Hospital Number:	
		NHS Number	
Specialist's Name:		Name of GP:	
Trust/ Site:		GP Practice:	
Medication request details			
Name of drug Please fill in a separate form for each drug.	Dose & frequency	Indication	Duration of treatment
Reason for decision to decline prescribing			
<p>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. <i>Suggestion</i>: - please attach a copy of the original letter requesting you to prescribe. Please tick most appropriate box (s).</p>			
<input type="checkbox"/> Unable to contact consultant for clarification and (please tick appropriate box(s) below)			
<input type="checkbox"/> Medicine is for hospital only prescribing and is in the RED list of products on the APC Formulary			
<input type="checkbox"/> Medicine is not in the APC Formulary (either rejected for inclusion or is a new drug not yet considered)			
<input type="checkbox"/> The APC Formulary states that a patient should be stabilised on the medicine before transfer to GP prescribing			
<input type="checkbox"/> Medicine requires regular specialist monitoring and requires specialist documentation such as a shared care document Effective Shared Care Agreement – (ESCA), Rationale for Initiation, Continuation and Discontinuation (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			
<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 and is not suitable for shared care			
<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 – GP to complete			
<input type="checkbox"/> No further action required. I have prescribed an alternative or advised the patient to purchase the item. Please state alternative:- Drug name _____ Strength _____ Dose _____			
<input type="checkbox"/> Please recommend APC 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			
GP Signature	GP practice	Date	
B'Ham Cross City CCG <input type="checkbox"/>	B'Ham South Central CCG <input type="checkbox"/>	SWB CCG <input type="checkbox"/>	Solihull CCG <input type="checkbox"/>
GPs - please send this form to			
Sandwell and West Birmingham Hospitals NHS Trust: christopher.anton@nhs.net		University Hospitals Birmingham NHS Foundation Trust: uhb-tr.PriorApprovals@nhs.net or Fax: 0121 414 9910 (Safe haven fax)	
Birmingham Women's NHS Foundation Trust: bwh-tr.noprescribe@nhs.net		Heart of England NHS Foundation Trust: carolevans2@nhs.net or Fax: 0121 424 5576 (Safe haven fax)	
Royal Orthopaedic Hospital NHS Foundation Trust: maureen.milligan@nhs.net		Birmingham Children's Hospital NHS Foundation Trust: bch-tr.SpecialsService@nhs.net or Fax:- 0121 244 3213 (Safe haven fax)	
Birmingham Community Healthcare NHS Trust: Please send a copy to consultant & david.harris4@nhs.net		Birmingham and Solihull Mental Health NHS Foundation Trust: bsm-tr.declineprescribing@nhs.net or Fax:- 0121 301 5170 (Safe haven fax)	
Please send a copy to your Practice Support Pharmacist. You are also advised to keep a copy in the patient's records			