

Rotherham Area Prescribing Committee

Guidelines for Clinical and Prescribing Responsibility

Document can be found on www.rotherham.nhs.uk prescribing and medicines management. This document replaces the previous 'Guidelines for Clinical and Prescribing Responsibility (July 2003)

This document should be the first point of reference for all NHS prescribers (medical and non-medical) in Rotherham, when considering:

1. Introduction of a new drug
2. A new use for an existing drug
3. The appropriateness of shared care prescribing for a particular condition
4. The transfer of prescribing for an individual drug from one setting to another

Division of clinical responsibility and therefore prescribing responsibility is considered. **Legal responsibility** for prescribing lies with the doctor who signs the prescription and this includes the correct completion of the prescription and full or shared clinical responsibility for the treatment of the patient. **At all times clinicians sharing responsibility for care must inform each other and their patients of changes in treatment and ongoing monitoring.**

Responsibilities to Patients

- Patients must not be involved in discussions or disputes between clinicians on clinical or prescribing responsibilities. Patients may need to be kept informed about specific problems involving "shared care prescribing arrangements", but must not be used as intermediaries between consultants and prescribers in primary care.
- The best interests and convenience of patients must be considered at all times.
- A "safety net" is needed for patients so that their treatment does not suffer while decisions on clinical and prescribing responsibilities are made. Whilst a decision is awaited as to which category a drug belongs, or where shared care guidelines are being drawn up, the clinical responsibility and supply of the drug under issue to the patient will be retained by the physician who initiated the treatment. The RAPC will consider the drug in question at their next meeting and determine the category to which it should be allocated. If a drug is deemed to be amber and a shared care guideline needs to be produced the drugs will be classified as red until such time as a shared care guideline is produced and approved by the relevant Trust Drugs and Therapeutics Committee(s) and the Rotherham Area Prescribing Committee.

We would like to encourage referral to the Area Prescribing Committee. A drug can be referred for discussion and a decision to be taken by:

1. A Trust Drugs & Therapeutics Committee (D&TSC)
2. The NHS Rotherham Medicines Management Committee
3. The LMC
4. An individual consultant, general practitioner or other health professional
5. Patients and/or carers or other healthcare professionals

Once a drug has been assigned a traffic light classification, the criteria for classification will be stated in the document. The traffic light classification will be updated bimonthly at Area Prescribing Committee.

The request should be sent to secretary to APC at Oak House (tel 01709 302631) or e mail: Julie.Murphy@rotherham.nhs.uk

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Criteria for classification:

Drugs will be coded as RED, AMBER (with or without shared care guideline), or BROWN (not recommended)

Other drugs will be regarded as routine for primary care prescribing. Drugs for which GPs or other non-medical prescribers in primary care should take full responsibility for initiating and ongoing prescribing. Local prescribing guidance and NICE guidance may apply.

RED drugs

A consultant or specialist, usually within a secondary or tertiary care service (in some circumstances could be a GPwSI) should undertake initiation and ongoing prescribing. Where there are major financial implications of the use of certain drugs, the costs will form part of the negotiation process between the Clinical Commissioning Group (CCG) and Hospital Trust.

Criteria for Classification

1. Requiring specialist assessment to enable patient selection, initiation and ongoing treatment
2. Requiring long term on-going monitoring of efficacy by specialist
3. Requiring long term on-going monitoring of toxicity by a specialist either because of difficulty in recognising side effects or high cost of investigations to identify toxicity)
4. Specifically designated as 'hospital/specialist use only' by product licence or by DoH/NICE
5. New chemical entities (and still marked with black triangle) or a new indication for an existing drug that needs evaluation by Rotherham Area Prescribing Committee to be undertaken to establish place in therapy
6. Drugs not in the current British National Formulary (BNF) or current BNF for Children
7. Drugs, dressings or appliances not available or prescribable on FP10 prescription.
8. Hospital initiated clinical trial material
9. Unlicensed drugs
10. Drugs unfamiliar to primary care being prescribed outside licensed indications.
11. Suitable for shared care but awaiting a shared care guideline, approved by all relevant Trust D&TSCs and the Rotherham APC.
12. Drugs provided within Tariff

AMBER drugs

Drugs that are initiated in secondary care or other specialist setting but are suitable for GPs to continue ongoing prescribing.

- Hospital consultants and general practitioners may come to an agreement that they will share the clinical responsibility for a patient who is being seen by both of them - a "shared care" situation. The specialist to provide the GP with the necessary information and support in order for treatment to be managed safely in primary care.
- Prescribing in these circumstances is determined by the shared care prescribing arrangement negotiated for each individual drug.
- A patient should be stabilised on treatment before the transfer of prescribing is agreed.
- A letter formally requesting a GP to take over the prescribing should be sent to the patient's GP. A written acknowledgement accepting or declining the transfer should be returned to the specialist involved in the care of the patient. This should occur before prescribing is transferred.

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- Shared care guidelines will be available where decided by the Rotherham Area Prescribing Committee. Adequate support, education and information must be made available to GPs who "share care" of patients with a consultant. (Refer to Policy for developing a Shared Care Guideline)
- A database will be set up of all shared care protocols with review dates and will be available on www.rotherham.nhs.uk
- The GP must have a role in the care of the patient which is justifiable in terms of improvement in patient care and proper use of a GPs expertise. For drugs, which they have prescribed, GPs should have sufficient expertise to start, stop, or alter the dosage of the drug in appropriate circumstances. The degree of control, which they have over this prescribing, will form part of the shared care guidelines.
- GPs, as independent contractors, have the right to decline to take clinical and prescribing responsibilities for a patient on their medical list that is being treated elsewhere, but the reason for this action must be documented. In the view of the Rotherham APC, it would be inappropriate for a GP to refuse to take clinical and prescribing responsibilities for an individual drug, where shared care guidelines for that drug have become common practice and where shared care guidelines include adequate support, education, and information as approved by the Rotherham APC.

Criteria for Classification

1. Requiring specialist assessment to enable patient selection and initiation of treatment.
2. A shared care guideline has been approved.
3. Requiring short or medium term (e.g. 3-6 months) specialist monitoring of efficacy
4. Requiring short or medium term specialist monitoring of toxicity.
5. A drug that is rarely used such that GPs are unlikely to see sufficient patients to acquire a working knowledge of the initiation of the drug.
6. Specific long term monitoring for toxicity.
7. Medicines subject to specific NICE guidance.

Brown Drugs -Not Recommended

The prescribing of these drugs is **not recommended** by Rotherham Area Prescribing Committee as none of these drugs have significant advantages over existing drugs within their therapeutic group.

Criteria for Classification

1. Lack of data on effectiveness compared with standard therapy.
2. Lack of data on safety compared with standard therapy.
3. Known increase in risk of adverse events compared with standard therapy.
4. Lack of data on cost-effectiveness compared with standard therapy.
5. Less cost-effective than current standard therapy.
6. 'Me too' products marked with a black triangle, where there is experience in the use of the group of drugs to which it belongs
7. Medicines subject to specific NICE guidance

Blue Drugs - Priority Advisory Group (PAG)

Drugs in this category have to be agreed for prescribing in Rotherham through the Priority Advisory Group on a patient specific basis.

Adapted from South Yorkshire Prescribing Statement - Traffic Light Classification