

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	Dose & frequency	Indication	Duration of treatment	Date request received from secondary care
Please fill in a separate form for each drug.				
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>				
	Unable to contact consultant for clarification and (please tick appropriate box(s) below)			
	Medicine is for hospital only prescribing and is in the RED list of products on the APC Formulary			
	Medicine is not in the APC Formulary (either rejected for inclusion or is a new drug not yet considered)			
	The APC Formulary states that a patient should be stabilised on the medicine before transfer to GP prescribing			
	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			
	Medicine is part of formal hospital-based clinical trial			
	Medicine is unlicensed and I am not sufficiently familiar with it to accept clinical responsibility			
	Medicine dose/indication is off-label and I am not sufficiently familiar with it to accept clinical responsibility			
	Medicine is not to be prescribed on the NHS			
	Item is an appliance or nutritional supplement and the patient is able to purchase it over-the counter			
	Medication is commissioned by NHS England – Specialised Commissioning and is not suitable for shared care			
	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			
	Medication is not the most cost-effective option			
	Other reason (please state)			
Actions requested by GP to Specialist – GP to complete				
	No further action required. I have prescribed an alternative or advised the patient to purchase the item. Please state alternative:- Drug name _____ Strength _____ Dose _____			
	Please recommend APC Formulary alternative and/or supply further information (e.g. ESCA, RICaD)			
	Please resume prescribing of this item and arrange appropriate follow-up as required			
GP Signature	GP practice			Date
Birmingham and Solihull CCG <input type="checkbox"/>		Sandwell and West Birmingham 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 (Queen Elizabeth): uhb-tr.PriorApprovals@nhs.net		
University Hospitals Birmingham NHS Foundation Trust (Heartlands, Good Hope, Solihull): carolevans2@nhs.net				
Royal Orthopaedic Hospital NHS Foundation Trust: maureen.milligan@nhs.net		Birmingham Women's and Children's Hospital NHS Foundation Trust: bwh-tr.noprescribe@nhs.net (For Women's) & bch-tr.SpecialsService@nhs.net (For Children's)		
Birmingham Community Healthcare NHS Trust: melanie.dowden@bhamcommunity.nhs.uk & consultant		Birmingham and Solihull Mental Health NHS Foundation Trust: bsm-tr.declineprescribing@nhs.net		
Please send a copy to your Practice Support Pharmacist. You are also advised to keep a copy in the patient's records				