

## 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				
<b>Patient's Name:</b>		<b>Date of Birth:</b>		
		<b>Hospital Number:</b>		
		<b>NHS Number</b>		
<b>Specialist's Name:</b>		<b>Name of GP:</b>		
<b>Trust/ Site:</b>		<b>GP Practice:</b>		
Medication request details				
<b>Name of drug</b> Please fill in a separate form for each drug.	<b>Dose &amp; frequency</b>	<b>Indication</b>	<b>Duration of treatment</b>	<b>Date request received from secondary care</b>
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 <b>and</b> (please tick appropriate box(s) below)				
<input type="checkbox"/> Medicine is for <b>hospital only</b> 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		
Birmingham and Solihull CCG <input type="checkbox"/>	Sandwell and West Birmingham CCG <input type="checkbox"/>			
GPs - please send this form to				
<b>Sandwell and West Birmingham Hospitals NHS Trust:</b> <a href="mailto:christopher.anton@nhs.net">christopher.anton@nhs.net</a>		<b>University Hospitals Birmingham NHS Foundation Trust:</b> <a href="mailto:uhb-tr.PriorApprovals@nhs.net">uhb-tr.PriorApprovals@nhs.net</a>		
<b>Royal Orthopaedic Hospital NHS Foundation Trust:</b> <a href="mailto:maureen.milligan@nhs.net">maureen.milligan@nhs.net</a>		<b>Birmingham Women's and Children's Hospital NHS Foundation Trust:</b> <a href="mailto:bwh-tr.noprescribe@nhs.net">bwh-tr.noprescribe@nhs.net</a> (For Women's) & <a href="mailto:bch-tr.SpecialsService@nhs.net">bch-tr.SpecialsService@nhs.net</a> (For Children's)		
<b>Birmingham Community Healthcare NHS Trust:</b> <a href="mailto:melanie.dowden@bhamcommunity.nhs.uk">melanie.dowden@bhamcommunity.nhs.uk</a> & consultant		<b>Birmingham and Solihull Mental Health NHS Foundation Trust:</b> <a href="mailto:bsm-tr.declineprescribing@nhs.net">bsm-tr.declineprescribing@nhs.net</a>		
Please send a copy to your Practice Support Pharmacist. You are also advised to keep a copy in the patient's records				