Basingstoke, Winchester & Southampton District Prescribing Committee

Medicine Evaluation Process

Request for Evaluation Received

This may arise from:

- DPC horizon scanning
- "Formulary application" from secondary or primary care
- Drugs & Therapeutics Committee /CCG meetings etc.

DPC Agrees Priority for Evaluation

Considering factors such as:

- Responsible Commissioner (CCG, NHSE or LA)
- National Commissioning Policy
- Priorities List
- Standing Agenda Item
- Full or short evaluation

Evaluation Prepared by Critical Evaluation Pharmacist

- Evaluations by other parties considered
- Expert local opinion sought
- Evaluation with local context prepared

Evaluation discussed by Medicines Evaluation Committee:

- Considers evidence of clinical effectiveness, safety and cost effectiveness
- Considers opinions & comments from local specialists

DPC Discusses Evaluation

- Considers MEC recommendation
- Makes recommendation to constituent organisations
- Considers who should prescribe the medicine
- Recommends RAG classification for prescribing responsibility
- Considers need for written shared care guideline

Constituent Organisations

- Endorse DPC Recommendations
- Consider funding arrangements
- Disseminate decisions to relevant parties
- Provide feedback of implementation decisions and practicalities back to the DPC

Red-Amber-Green (RAG)

Classification:

Not supported for use locally

The DPC does not support the routine use locally (either GP or specialist prescribing)

Red

Prescribing responsibility remains with hospital clinician due to complex monitoring requirements, nature of possible adverse effects or highly specialised & complex nature of therapy. The hospital specialist is responsible for notifying the GP that the patient is receiving treatment.

Amber

Prescribing responsibility may be shared between specialist & GP. The hospital specialist is responsible for providing the GP with a written proposal. This may take the form of an agreed shared care guideline or a letter explicitly detailing the responsibility required from the GP. The key principle is that the GP is provided with sufficient information and given the opportunity to accept or decline prescribing responsibility before transfer takes place. Further guidance on shared care is provided overleaf.

Green

Prescribing is the responsibility of either the specialist or GP as both are equally familiar with the medicine.

Approved: December 2013

Shared Care – Overarching Principles (GMC)

Decisions about who should take responsibility for continuing care or treatment after initial diagnosis or assessment should be based on the patient's best interests, rather than on your convenience or the cost of the medicine and associated monitoring or follow-up.

Shared care requires the agreement of all parties, including the patient. Effective communication and continuing liaison between all parties to a shared care agreement are essential.

If, as a hospital specialist, you recommend that a general practitioner prescribes a particular medicine for a patient, you must consider their competence to do so. You must satisfy yourself that they have sufficient knowledge of the patient and the medicine, experience and information to prescribe. You should be willing to answer their questions and otherwise assist them in caring for the patient, as required.

In proposing a shared care arrangement, specialists may advise the patient's general practitioner which medicine to prescribe. If you are recommending a new, or rarely prescribed, medicine, you should specify the dosage and means of administration, and agree a protocol for treatment. You should explain the use of unlicensed medicines, and departures from authoritative guidance or recommended treatments and provide both the general practitioner and the patient with sufficient information to permit the safe management of the patient's condition

If, as a GP, you prescribe at the recommendation of another doctor, nurse or other healthcare professional, you must satisfy yourself that the prescription is needed, appropriate for the patient and within the limits of your competence. You will be responsible for any prescription you sign.

If you share responsibility for a patient's care with a colleague, you must be competent to exercise your share of clinical responsibility. You should:

- keep yourself informed about the medicines that are prescribed for the patient be able to recognise serious and frequently occurring adverse side effects
- make sure appropriate clinical monitoring arrangements are in place and that the patient and healthcare professionals involved understand them
- keep up to date with relevant guidance on the use of the medicines and on the management of the patient's condition.

If you are uncertain about your competence to take responsibility for the patient's continuing care, you should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague. If you are still not satisfied, you should explain this to the other clinician and to the patient, and make appropriate arrangements for their continuing care.

A SIMPLE CHECKLIST FOR PRESCRIBERS BEFORE AGREEING TO SHARE CARE:

- Is the patient's condition stable?
- Can you monitor treatment and adjust the dose accordingly?
- Have you received/can you access written guidelines for the management of the patient's condition?
- Are these guidelines adequate?
- Do you feel confident about sharing clinical responsibility with the consultant?