|  |  |  |
| --- | --- | --- |
| COPY TO | * Hospital Consultant (acute trusts) or service lead (community services)
* GP Records
* CCG Head of Medicines Management
 |  |

**Prescribing of medicines recommended by hospital PRESCRIBERs**

|  |  |  |
| --- | --- | --- |
| **GPs:** | **Complete this form if you are unwilling to take responsibility for prescribing medicines recommended by a hospital prescriber** | ***Please send a copy of this form to the relevant hospital consultant or service lead and an anonymised copy to the CCG Associate Director, Medicines Optimisation******(Neil.Hardy2@nhs.net)*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Name** |  | **Date of Birth** |  |
| **Hospital Number** |  |
| **Consultant Name / Service Lead** |  | **Name of Prescriber** |  |
| **Hospital / Site** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Drug** | **Dose & Frequency** | **Indication** | **Duration of Treatment** |
|  |  |  |  |

***Responsibility for prescribing should not be refused on the grounds of drug cost.***

 ***If this is an issue please contact the CCG Medicines Optimisation team for guidance***

**I have been asked to take over the responsibility for prescribing the above drug for this patient. However I feel I am not in a position to do this for the following reason:**

|  |  |
| --- | --- |
| **Please tick** | **A. Prescribing responsibility should stay with the hospital** |
|  | Drug is classified as ‘red’ for specialist prescribing only in the District Prescribing Committee (DPC) traffic light list of products |
|  | Prescribing of this drug in the local health economy is not supported by the DPC. |
|  | Hospital clinical trial drug. |
| **Please tick** | **B. Lack of Experience/Information** |
|  | Unlicensed drug / dose / indication (delete as applicable), where an approved shared care protocol does not exist and the GP is unwilling to take clinical responsibility. |
|  | Newly licensed drug where place in therapy and / or risks due to drug are unknown to the GP. |
| **Please tick** | **C. Monitoring by Specialist Required** |
|  | Drug requires regular specialist monitoring and / or the majority of care and monitoring is supplied by the hospital (delete as appropriate). |
|  | Patient not stabilised on the drug and /or baseline tests and investigations not yet carried out by secondary care. |
| **Please tick** | **D. General Comments/Other Reasons** |
|  | GP feels unable to accept clinical responsibility because: |
| Print Name: …………………………………………………………. | Practice Stamp: |
| Signature: ………………………………………………………….  | Date: ………………………………………………….. |