South East London Interface Prescribing Policy

Introduction

This policy has been jointly developed by the Medicines Optimisation leads within the NHS organisations in South East London Integrated Care System (SEL ICS). It has undergone consultation with the Medicines Management/Drug and Therapeutics Committees for Acute and Mental Health Trusts and boroughs forming South East London Integrated Care Board (ICB). The policy has been approved by the SEL Integrated Pharmacy Stakeholder Group (a cross sector Pharmacy Leadership Group) and the SEL Integrated Medicines Optimisation Committee.

The policy clarifies the role of GPs, Acute Hospital clinicians, Mental Health clinicians, community consultants and aims to facilitate consistent prescribing across SEL through better communication between clinicians. For the avoidance of doubt, devices are not included in this policy.

All prescribing decisions must consider patient safety and provide high value care.

Implementation and enforcement of this policy is the responsibility of each Trust and ICB with exceptions reports to be highlighted in contract meetings.

1. General Principles

1.1 Legal responsibility for prescribing lies with the prescriber (doctor/Non-Medical Prescriber (NMP)) who signs the prescription.
1.2 All patients should continue to receive the most appropriate drug therapy when necessary and in the most appropriate setting.
1.3 Prescribing responsibility must be based on clinical responsibility. Responsibility for prescribing lies with the clinician who, at the time, has clinical responsibility for a patient and is able to monitor treatment and adjust dose as necessary. This is in the best interest of patients.
1.4 Prescriber must recommend or prescribe treatment by generic name except where it is clinically inappropriate (see also point 1.12). Pharmacies must dispense and label by generic name unless clinically appropriate to use the brand name.
1.5 The hospital will dispense medicines routinely as patient packs unless there are clinical reasons not to, in order to comply with European Community directive 92/27/EEC on pharmaceutical labelling, and the provision of information to patients.
1.5.1 Valproate products must always be dispensed in original packs in line with MHRA guidance, January 2024
1.6 Trusts within the ICS must adhere to the guidance contained within the following circulars
- Responsibility for Prescribing Between Primary, Secondary and Tertiary Care, NHS England 29 January 2018

- Commercial sponsorship in the NHS, Dept of Health Nov 2000.
- Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs, NHS England March 2018

This list is not exhaustive and compliance with all relevant circulars and guidance is required.

1.7 Trusts should have a discharge policy in place that includes arrangements for the transfer of prescribing information to GPs including standards of 6.2 of this policy.

1.8 Trusts should notify ideally within 24 hours but no longer than 72 hours of discharge to GPs for ongoing management including any changes in prescribing especially if prescribing was initiated during investigation of unconfirmed condition or awaiting formal diagnosis.

1.9 Trusts to carry out medicines reconciliation as set out in the NICE guideline NG5 Medicines optimisation.

1.10 GP prescribing under a shared care arrangement should only be considered when the patient's condition is stable, the GP has confirmed agreement to accept prescribing under the shared care arrangement, and the GP has sufficient information to safely prescribe for the patient. The ICB may require Trusts to work within locally agreed Shared/Transfer of Care document although this may not be necessary for all drugs and an individual management plan may suffice (See sections 7 and 8). Trusts retain the responsibility for prescribing until the GP has agreed to take over. Further information on shared care arrangements on SEL IMOC website.

1.11 The South East London Integrated Medicines Optimisation Committee (SEL IMOC) , the South East London Joint Medicines Formulary Committee (JFC), and the Evelina Medicines Committee should maintain an up-to-date formulary/prescribing guidelines and treatment pathways for common and high cost drugs with the involvement of GPs and SEL ICB MO team. These pathways should have embedded within them drug choice, RED, AMBER, GREEN, GREY (RAGG) category and signpost to shared care where appropriate.

1.12 The majority of prescribing by hospital clinicians should be in line with the SEL Joint Medicines Formulary and SEL Paediatric Formulary, or prescribing guidelines/position statements. Where, exceptionally, a patient's treatment necessitates the prescribing of a non-formulary drug**, the hospital clinician should first obtain in-house approval via Trust non-formulary processes**. The hospital clinician should then discuss the choice of drugs and reasons for prescribing outside the formulary with the individual GP and agree who will continue prescribing.

1.13 Advisory Committee Borderline Substances (ACBS) products, dressings, appliances, and devices will have their local prescribing arrangements in place, but the general principles of good prescribing for medicines can also be applied to these products. Drug tariff ACBS criteria should be followed.

1.14 When carrying out shared decision-making with patients on the choice of treatment, the impact of sustainability and overprescribing should form part of these decisions.

2. In-patients (person admitted to hospital for the purpose of observation, care, diagnosis and treatment)

2.1 All drugs, enteral nutrition, dressings and appliances prescribed for administration pre-procedure or for whilst an in-patient are the responsibility of the consultant concerned. All necessary drugs and dressings will be supplied by the Hospital Trust (subject to paragraph 2.2).

2.2 All healthcare professionals should encourage patients (e.g., via the 'green bag' scheme) to bring their medications into the hospital on admission. These can be checked to aid medication history completion and initial inpatient prescribing. The 'green bag' scheme is where on admission to hospital all the medicines being taken by the patient will be placed in a green, easy to identify, reusable bag, with the right dosage information.

2.3 Patient's own drugs remain their own property and should be returned to them on discharge from hospital, providing such therapy is still appropriate. Patient's own drugs, with the agreement of the patient, may be used while the patient is in hospital until a supply is made by the hospital pharmacy or where a policy exists regarding the use of patient's own drugs. They may be used to fulfil discharge medicine requirements. Local Trusts Medicines Policies should be followed.

2.4 When a patient is discharged from hospital, ensure that patients have a minimum of 14 days of drugs including patient's own supply at home (unless trust maintaining responsibility for supply).

2.4.1 This should be supplied in the form of a patient pack wherever possible.

2.4.2 Full course of antibiotics and steroids should be given if duration known and is less than 2 weeks.

2.4.3 If compliance aids are to be supplied this should be for 7 days where appropriate, or via FP10HP to community pharmacy for compliance aids where appropriate.

2.4.4 For dressings 5 days should be supplied (subject to paragraph 2.2) unless the full course of treatment calls for a shorter supply.

2.4.5 The amount should be sufficient to ensure safe continuation of treatment prior to GPs taking over prescribing responsibility.

2.4.6 Where there is an agreed national tariff charge such that the tariff paid from an inpatient episode includes that the Trust retain responsibility for patients for a period of rehabilitation (which may be less or more than 30 days post discharge), then in accordance with guidance, provision of drug therapy for this period will be part of the Trust responsibility.

2.5 Trusts should have in place a policy for use of Patients' Own Drugs, Self-Administration of Medication, Dispensing Medicines for Discharge, Discharge Medicines Service referrals and the use of Compliance aids (including monitored dosage systems), this should include liaison between primary care (including community pharmacy) and secondary care and appropriate arrangements for continuity of care after discharge, supply of amber/red medicines supplied by the Trusts and work towards a sector approach.

3. Emergency Department, Urgent Care Centres

3.1 A minimum 5 days supply of drugs and/or dressings needed should be given unless the full course of treatment requires a shorter supply. Self-care should be encouraged for self-limiting conditions, in line with national guidance, for example with OTC analgesia. Full course of antibiotics and steroids should be given if duration known and is less than 2 weeks.

3.2 Patient's own drugs should remain with the patient during the time of their assessment (unless unsafe to do so when e.g. safe storage of medicines is unavailable) and transferred with them if they are admitted or sent home, unless clinically inappropriate.

4. Outpatients (A person who is not an inpatient, not hospitalised)

4.1 Drugs and dressings and appliances prescribed for administration during a hospital outpatient consultation should be provided by the Trust.

4.2 If immediate treatment is required following an outpatient consultation, a minimum of 14 days of drugs (supplied in the form of a patient pack wherever possible) and a minimum of 5 days of dressings should be supplied by the hospital, unless the full course of treatment requires a shorter supply. Patients should be advised on the importance of a hospital supply for urgent treatment rather than a delayed supply from their GP.

4.3 When the patient does not require an immediate supply, the patient should be informed that their treatment is not urgent. The clinician must fill out all relevant sections (including diagnosis, allergies, prescribing information and contact details of prescriber) of the Out-Patient paper/electronic prescriptions and tick or select the 'Non-Urgent' box. All relevant information enabling the GP to prescribe, should reach the practice as soon as possible but no longer than 7 working days. Patients should be advised that it can take up to 3 working days once information received for a GP to process requests for new medication and to issue an FP10.

4.4 There may be instances where the patient may not require an immediate supply of medication but the drug being recommended requires specialist initiation. *Either all* prescribing of the treatment is hospital only (i.e. RED drugs,) or initial supplies are from the hospital (i.e Amber 2) where the hospital supplies an initial portion of treatment, and Amber 3, where the initial supplies are by the hospital and SEL shared care arrangements are followed. In these instances the initial supply should be made by the hospital and, if necessary, the shared care process outlined in section 7 of this document should be implemented.

5. Day Case Patients (a person that requires an intervention to be performed in hospital but doesn't need to stay overnight)

5.1 Drugs and dressings prescribed for administration during day case treatments are the responsibility of the consultant concerned (subject to paragraph 2.2). All necessary drugs and dressings for administration pre-procedure or for a day case will be supplied by the Trust (subject to paragraph 2.2).

5.2 Discharge medication for day case patients are subject to prescription charges as per out-patients. A minimum of 14 days of drugs (supplied in the form of a patient pack wherever possible) and a minimum of 5 days of dressings should be supplied, unless the full course of treatment requires a shorter supply.

6. Virtual wards (Patients who would otherwise be in hospital to receive the acute care, monitoring and treatment in their own home.)

6.1 All patients should be provided with sufficient medicines during their virtual episode of care. Arrangements should be in place for prescribing and continuation of medicines when they are discharged including consideration of referral to the Discharge Medicines Service.
6.2 Healthcare professionals must satisfy themselves that they can make an adequate assessment before prescribing for a patient via telephone, video, online or face-to-face consultations.
6.3 Where available, NMPs should be embedded in virtual ward services to allow for timely prescribing, medicines optimisation and deprescribing.
6.4 The prescribing and medicines ordering processes in virtual wards should be integrated to ensure continuity of supply, avoidance of missed doses, efficiency, and avoidance of wastage. Various prescribing and supply routes for medicines have been utilised in different settings depending on the organisation providing the service. Local guidance should be followed.
6.5 For those medicines not normally sourced from community pharmacies, collaboration with other providers across the system is key to ensuring timely access to medicines. Alternatively, agreements can be set up locally with community pharmacies to hold stock of medicines that may not be routinely stocked but may be required regularly in the specific virtual ward pathway setting. Patients in virtual wards should be encouraged to self-administer their medicines, where possible, with the support of family and/or carers where needed

7. Transfer of Information

7.1 On referral to a hospital consultant for a planned attendance, it is the responsibility of the GP to give comprehensive details of a patient's relevant medical history, drug treatment, previous adverse reactions, allergies and any use of compliance aids. Electronic records such as London Care Records could be used for this purpose.
7.2 On discharge from hospital or the community, clinicians must provide the patient's GP with information on diagnosis and reason for admission, patient's medication on discharge including hospital supply medications, including whether to continue or stop, any medication changes and reasons for the changes, and recommended next review timeframe. In addition, any relevant clinical or biochemical monitoring parameters should be communicated highlighting further monitoring to be undertaken by the GP. The information provided should include the recommended core content of records for medicines when patients transfer between care providers as outlined in the RPS guidance "keeping patients safe when they transfer between care providers- getting the

medicines right" and NICE guideline NG5 Medicines optimisation. This information must be made available to the patient's GP ideally within 24 hours but no longer than 72 hours of discharge to allow ongoing treatment to be maintained. If this cannot be guaranteed, then the hospital should prescribe for as long a period as necessary.

8. Shared Care

8.1 The process for agreeing and implementing shared care guidelines in SEL and shared care guidelines approved by the SEL IMOC can be found at the Committee's website.

9. Special considerations

9.1 Responsibility for prescribing will remain with the hospital consultant where:

- Drugs are undergoing or included in a hospital based clinical trial, or for compassionate use including early access schemes
- The consultant considers that only they are able to monitor the patient's response to medication because, for example, of the need for specialised investigations
- A drug or appliance is not available on a FP10 or is only available through the hospital
- Drugs subject to High-tech Hospital at Home guidance, EL(95)5
- GP does not feel confident taking on clinical responsibility for prescribing of specialist drugs. Where agreements have been made at IMOC meetings, GPs should be encouraged to prescribe in line with these.
- Red or Grey drug from RAGG list of drugs. Exceptional circumstances to be discussed between consultant and GP as per RAGG list definitions

9.1.1 GPs should record all medications (including red-listed (hospital only) medicines) on the patient medication list regardless of if they are not responsible for prescribing them. This is to ensure a comprehensive medication history is maintained and should be updated on a regular basis.

9.1.2 GPs are encouraged to continue to prescribe medicines for off-label indications where such use is approved in evidence-based guidelines or is established practice (e.g approved on Formulary as green or amber).

9.1.3 Unlicensed drugs remain the responsibility of the hospital consultant except where evidence exists to support the use of an unlicensed medicine (e.g SEL IMOC Amber recommendation).

9.2 Where a treatment that is not listed in 9.1 and is not on the SEL formulary please follow process described in 1.12

9.3 A separate policy exists for the supply of medicines for end-of-life care. Please check local Trust policies

10. New Drugs and Clinical Trials

10.1 The process for managing the entry of new drugs or indications must consider clinical and cost-effectiveness and the impact on Primary Care prescribing. In South East London, the process for managing the entry of new drugs that will impact on primary care or are tariff excluded (high cost drugs), and are ICB attributed is through the SEL IMOC after initial review by the triage panel. Submissions will be considered through the SEL IMOC. Submissions for hospital only, in tariff drugs will be considered through the SEL JFC or Evelina medicines committee.

10.2 Clinicians should refer to the Terms of Reference for the SEL IMOC for detail on how New Drug applications should be submitted; these can be accessed via the Committee's website.

10.3 Individual SEL ICB Boroughs will need to ensure that a process is in place by which GPs are informed of decisions for new drugs, approved or rejected, by the SEL IMOC.

10.4 Trust Formulary pharmacists will need to ensure that a process is in place by which Trust clinicians are informed of decisions for new drugs, approved or rejected, by the SEL IMOC.

10.5 All clinical trials must have been subject to Ethical Committee approval. The hospital clinician is responsible for informing the GP if a patient is participating in a clinical trial

10.6 Prescribing and supply of clinical trial, compassionate or patient access scheme material is the responsibility of the Hospital Trust. The ICB will not automatically continue compassionate or clinical trial medicine funding once the compassionate funding or clinical trial ends. Trusts must discuss on-going treatment with appropriate commissioners.

10.7 Patients should be made aware that funding for clinical trial medication may not be available once the trial comes to an end.

11. Commissioning of NICE technology appraisals

11.1 SEL ICB will fund treatments that fall within local commissioning responsibilities which are recommended by a NICE Technology Appraisal. Funding will be within the time frame stipulated in the NICE guidance (usually within 3 months of the final NICE publication, or 1 month for TAs designated as "fast-track" appraisals). Trusts supplying such treatments prior to the formal commissioning date stipulated in the NICE Technology Appraisal (e.g. under an early access scheme) are required to ensure that separate arrangements for funding are in place up to the stipulated date for formal commissioning.

12. National shortage of medicines

12.1 Where a medication is initiated in a Trust and continued in Primary Care and there is a national shortage, NHS organisations within the ICS will work together to ensure patients' care is not adversely affected and will provide advice on alternative options during the shortage. In these scenarios it may be necessary to temporarily amend formulary

restrictions or make non-formulary products available if this is the most appropriate clinical course of action.

13. National medicines value programme

13.1 Trusts and the ICB will work collaboratively across the ICS to promote and implement the national Medicines Value Programme (MVP), which aims to improve health outcomes and ensure the best value from medicines. Initiatives covered by the MVP include:

- Decreasing or stopping the use of medicines which are neither clinically- or cost-effective
- Promoting the self-care agenda, including associated SEL IMOC resources
- Increasing the use of best value biological and generic medicines, including biosimilar medicines where appropriate
- Supporting antimicrobial stewardship
- National Medicines Optimisation Opportunities

14. Responsible ICS Rules

14.1 Trusts and the ICB will work collaboratively across the ICS to jointly agree on commissioning policies and formulary recommendations. To operate to the NHS Contract these are classified as responsible commissioner rules. Therefore, Trusts will apply these policies and recommendations to all patients undergoing treatment irrespective of the ICS area they are referred from.

14.2 This includes referring to the Trust's local formulary position on medicines used in the service, red list status and prescribing arrangements.

14.3 Patients being treated in an out of sector Trust should be treated the same as a patient who is registered with a GP practice within that ICB i.e., out-of-area patients should not be treated in line with another ICB's pathway.

15. Contacts

SEL ICB Borough Medicines Management Team Contact Details

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16. Glossary

In order of appearance:

Abbreviation	Definition
SEL	South East London
ICS	Integrated care system
ICB	Integrated care board
GP	General Practitioner
NMP	Non-medical prescriber
MHRA	Medicines and Healthcare products Regulatory Agency
EEC	European Economic Community
NHS	National Health Service
CCG	Clinical Commissioning Group
NICE	National Institute for Health & Care Excellence
NG	NICE guideline
IMOC	Integrated Medicines Optimisation Committee
JFC	Joint Formulary Committee
MO	Medicines Optimisation
RAGG	Red, Amber, Green or Grey formulary rating
ACBS	Advisory Committee Borderline Substances
FP10HP	FP10 Hospital prescription
OTC	Over the counter medicines
RPS	Royal Pharmaceutical Society
MVP	Medicines Value Programme

17. References

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