

DECISION TO DECLINE PRESCRIBING OF A MEDICINE RECOMMENDED BY SPECIALIST PROVIDERS

GPs to complete this form if they feel unable to assume the responsibility of prescribing a medicine recommended by a specialist provider.

Where prescribing is declined a clear action plan must be put in place to ensure safe care of the patients at all times. The patient must be informed of this decision initially and kept informed of the progress.

Important - This form can <u>only</u> be emailed from an NHS.net account to the designated recipient NHS.net account. Please do not use personal (non NHS.net accounts).

Patient, Specialist and GP Details									
Patient's name				NH	S Number:				
Date of birth	1:		Hospita	al Number:					
Specialist's name	1		Na	ame of GP:					
Trust/Site				G	P Practice:				
Medication requ									
Name of drug		drug)	Dose and Frequency		Indication		Date request received		
(i lease iiii out a s	(Please fill out a separate form for each drug)						received		
Reason for decis	ion to decline pre	escribing	9						
	not be refused sol								
	o assume, or current						s patient. I do not		
consider myself in a	in a position to assu taching a copy of th	me presc	ribing responsit	oility for the	reason(s) in	dicated below.			
Please tick those be		ie origina	ar letter reques	illig you it	prescribe.				
	or hospital only pres	cribing ar	nd is classified a	as RED in t	he Local Hea	alth Economy Formu	ulary		
						e not appropriate fo	or the GP to manage at		
this time. ES	this time. ESCA to be re-sent once patient's condition/medication dose is stable.								
	Medicine requires a Shared Care Agreement (ESCA) or similar, which has not been provided								
	Medicine is an unlicensed product¹ and I am not sufficiently familiar with it to accept clinical responsibility²,³								
Medicine is being used off-label for a dose/indication that I am not sufficiently familiar with to accept clinical responsibility ^{2,3}									
Medicine is not in the Local Health Economy Formulary									
-	Medicine use is not in line with a NICE Technology Appraisal or NICE, local or national guidelines								
	Medicine is commissioned by NHS England Specialised Commissioning and is not suitable for primary care prescribing								
	Medicine is not to be prescribed on the NHS								
-	Item is a medicine, appliance or supplement, which is appropriate for the patient to purchase over-the-counter								
 	Medicine is an Investigational Medicinal Product (IMP) and part of a formal hospital-based clinical trial								
Other reason (please state):									
 Without an associated evidence base or being recognised as standard treatment If the GP considers him- or herself unable to take on this responsibility, then this should be discussed between the relevant parties so that 									
additional information or support can be made available, or alternative arrangements made.									
	There are clinical situations when the use of unlicensed medicines or use of medicines outside the terms of the licence (i.e. 'off-label') may be judged by the prescriber to be in the best interest of the patient on the basis of available evidence.								
judged by the presented to be in the best interest of the patient on the basis of available of available.									
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.									
Alternative d	Alternative drug prescribed: Drug name Strength Dose								
☐ Please recor	Please recommend an alternative from the Local Health Economy Formulary and/or supply further information e.g. ESCA								
☐ Please supp	Please supply further information e.g. ESCA								
☐ Please resur	Please resume prescribing of this item and arrange appropriate follow-up as required								
Please re-se	Please re-send ESCA once patient's condition/medication dose is stable.								

GP Name	GP Practice	Date	
GP Signature			

GPs please send this form to:						
			Contact name	Email address		
1	The relevant S	Specialist Clinician				
		Shrewsbury and Telford Hospital NHS Trust	Medicines Optimisation Team	sath.declinetoprescribe@nhs.net		
spe 2 pro des	The relevant specialist provider	The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	Rheumatology Nurses	rjah.rheumatologynurses@nhs.net		
	designated contact	Midlands Partnership NHS Found	lation Trust	mpft.declineprescribing@nhs.net		
		St Michael's Skin Clinic		stmcl.admin@nhs.net		
		Shropshire Community Health NF	IS Trust	Shropcom.declineprescribing@nhs.net		
3	Medicines Ma Telford & Wre	nagement at NHS Shropshire, kin CCGs	Medicines Management Team	stwccg.motqueries@nhs.net		

You are also advised to keep a copy of this form in the patient's record