

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Outpatient Prescribing Policy

Effective: April 2011

Review: April 2014

1. Introduction

This policy outlines when it is appropriate to prescribe medication to patients attending an outpatient clinic.

2. Policy

2.1 Medicines should only be dispensed by the Trust pharmacy when therapy is being initiated **or** where:

- a) The medicine is of a specialised nature unsuitable for prescribing or dispensing in primary care. (These medicines are known as 'hospital only'; or 'red' drugs.)
- b) The medicine requires initial titration and/or monitoring prior to requesting another prescriber to take on the responsibility for prescribing (These medicines are often 'shared care medicines' or 'amber' drugs. Until a formal shared care document is developed for each of these drugs then clinicians should follow their current practice.)

2.2 Outpatient prescribing is not appropriate (except for reasons listed in 2.1):

- 1) Where no change in medicines has been advised. The outpatient pharmacy should not be dispensing drugs which patients can access through their general practice.
- 2) Where a change in dose is required, e.g. for management of a chronic condition coordinated in the GP's practice. This is better left to the GP's surgery (unless there is a clinically urgent need for the dose change) so that their repeat prescribing files can be changed.
- 3) Where patients receive their medicines in a medicines organiser. This is usually better done directly via the GP/community chemist.

2.3 When prescribing is to be undertaken by a hospital prescriber, a hospital outpatient form (for dispensing by the hospital pharmacy department) should be used except in exceptional circumstances when an FP10(HP) form may be used. The patient's GP must be informed promptly in writing of any changes to medication (e.g. newly initiated / discontinued medicines).

2.4 Drugs should normally be prescribed to provide 28 days supply (unless a local agreement exists). The hospital pharmacy may round up or down the supply to ensure an original pack (with patient information leaflet) is provided.

The policy and stated prescriber / pharmacy responsibilities which follow are aimed at ensuring the recommendations are implemented.

3. Prescriber responsibilities

- 3.1 To follow the policy as stated.
- 3.2 To ensure any changes to medication are communicated promptly in writing to the patient's GP.

4. Pharmacy Staff responsibilities

- 4.1 To dispense outpatient prescriptions only if the prescription complies with the policy.
- 4.2 To query any prescriptions which seem to fall outside of the policy.

5. Monitoring of Policy compliance

- 5.1 A sample of 20 outpatient prescriptions from each of the main Directorates on the RVI site and 20 from each of the main Directorates on the Freeman site will be used to assess compliance with policy. To be done on an annual basis.

Author: Assistant Director of Pharmacy, Pharmaceutical Governanc

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Outpatient Prescribing Policy	Policy Author:	Mr S Brice (Approved CPG 2009)
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	Whether to prescribe or recommend medication not affected by race.
	• Ethnic origins (including gypsies and travellers)	No	If a patient has no registered GP, then medication supplies would be provided through hospital pharmacies as per current practice.
	• Nationality	No	Whether to prescribe or recommend medication not affected by nationality.
	• Gender	No	Whether to prescribe or recommend medication not affected by gender.
	• Culture	No	Whether to prescribe or recommend medication not affected by culture.
	• Religion or belief	No	Whether to prescribe or recommend medication not affected by religion or belief.
	• Sexual orientation including lesbian, gay and bisexual people	No	Whether to prescribe or recommend medication not affected by sexual orientation.
	• Age	No	Where appropriate (e.g. frail), prescribing will continue as per current practice.
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	Where appropriate, prescribing will continue as per current practice.
2.	Is there any evidence that some groups are affected differently?	No	See above
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	n/a	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	See above
4(b).	If so can the impact be avoided?	n/a	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
4(d)	Can we reduce the impact by taking different action?	n/a	

Comments: No change to original Policy required	Action Plan due (or Not Applicable):
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Name and Designation of Person responsible for completion of this form: Steven Brice, Assistant Director of Pharmacy

Date: 10th May 2011

Names & Designations of those involved in the impact assessment screening process: Steven Brice, Assistant Director of Pharmacy

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Helen Lamont, Deputy Director Nursing & Patient Services, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.