

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Outpatient Prescribing Policy

Version No.:	3.2
Effective From:	10 August 2016
Expiry Date:	10 August 2019
Date Ratified:	13 July 2016
Ratified By:	Medicines Management Committee

1 Introduction

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

2 Scope

This policy applies to all prescribers in the outpatient setting.

3 Aims

This policy aims to ensure prescribing in the outpatient setting is limited to the circumstances outlined in this policy.

4 Responsibilities

4.1 Prescriber responsibilities

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

4.2 Outpatient pharmacy staff responsibilities

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

5 Policy

5.1 Medicines should only be dispensed by the outpatient 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.)

5.2 Outpatient prescribing is not appropriate (except for reasons listed in 5.1):

- a) Where no change in medicines has been advised. The outpatient pharmacy should not be dispensing drugs which patients can access through their general practice.
- b) 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.
- c) Where patients receive their medicines in a medicines organiser. This is usually better done directly via the GP/community chemist.

5.3 When prescribing is to be undertaken by a hospital prescriber, a hospital outpatient prescription form 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).

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

6 Training

Not applicable.

7 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

8 Monitoring

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
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		Senior Pharmacy Staff	Medicines Management Committee	Annual

9 Consultation and review

This policy has been reviewed and agreed by members of the Medicines Management Committee.

10 Implementation

Changes to the policy will be published on the intranet and in the Trust Policy Newsletter.

Equality Analysis Form A

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

PART 1

1. **Assessment Date:**
2. **Name of policy / strategy / service:**
3. **Name and designation of Author:**
4. **Names & designations of those involved in the impact analysis screening process:**
5. **Is this a:**

Policy	<input checked="" type="checkbox"/>	Strategy	<input type="checkbox"/>	Service	<input type="checkbox"/>
Is this:	New	Revised	<input checked="" type="checkbox"/>		
Who is affected	Employees	Service Users	<input checked="" type="checkbox"/>	Wider Community	<input type="checkbox"/>
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
7. **Does this policy, strategy, or service have any equality implications?** Yes No
- If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	Staff are expected to comply with policy irrespective of their race / ethnic origin.	No	No
Sex (male/ female)	Staff are expected to comply with policy irrespective of their sex.	No	No
Religion and Belief	Staff are expected to comply with policy irrespective of their religion and belief.	No	No
Sexual orientation including lesbian, gay and bisexual people	Staff are expected to comply with policy irrespective of their sexual orientation.	No	No
Age	Staff are expected to comply with policy irrespective of their age.	No	No
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	Staff with physical disabilities will be expected to comply with policy. Staff with learning difficulties, sensory impairment and mental health may be excluded from the policy. This is appropriate from a patient safety perspective.	Staff with learning difficulties, sensory impairment and mental health may be excluded from the policy; this is on the grounds of patient safety.	No
Gender Re-assignment	Staff who have had gender re-assignment are expected to comply with policy.	No	No
Marriage and Civil Partnership	Staff are expected to comply with policy whether they are married, in a civil partnership or single.	No	No
Maternity / Pregnancy	Staff are expected to comply with policy when pregnant.	No	No

9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement?

Yes

No

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

No.

PART 2

Name:

Steven Brice

Date of completion:

13.7.16

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