Responsibility for prescribing between Primary & Secondary/Tertiary Care

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4.2 Supply of medicines

4.2.1 In all cases, it is essential for good patient care that there is prompt and clear communication on the transfer of care between hospital and primary care, and also at key stages during the outpatient pathway.

4.2.2 The NHS Standard Contract (available at https://www.england.nhs.uk/nhs-standard contract/) sets out specific requirements for providers of secondary and tertiary care in relation to the supply of medicines to patients. The Contract requires the provider to supply medicines, where clinically appropriate:

- on discharge from inpatient or day case care;
- following clinic attendance (where a patient has an immediate need for medication, for example, where treatment is expected within 7 days);
- in accordance with local policy agreed with its commissioners, but subject to covering a minimum period.

The specific current requirements are set out in Service Conditions 11.9 and 11.10 of the NHS Standard Contract 2017/19 and are summarised in paragraphs 4.2.3-4.2.5 below. NHS England periodically updates the terms of the Contract, and readers of this guidance will need to refer to future Contract conditions for any changes to these.

4.2.3 In-patients and day cases

4.2.3.1 When a patient is discharged from inpatient or day case care in hospital, sufficient medication must be supplied by the hospital pharmacy for a minimum period of 7 days after discharge; unless a shorter period is more clinically appropriate, or the patient has an adequate supply, or will receive such a supply through an existing repeat prescription. The minimum period of time covered by the prescription should take into account bank holidays and weekends, to allow patients sufficient time to contact staff at their general practice.

4.2.3.2 The GP to whose care the patient is being transferred should receive notification, via a Discharge Summary within 24 hours of discharge, of the patient's diagnosis and medication; so that any necessary ongoing treatment can be maintained.

4.2.4 Out-patients

4.2.4.1 Where a patient has an immediate clinical need for medication as a result of attending an outpatient clinic, the secondary care provider must supply medication sufficient to last at least until the point at which the outpatient clinic's letter can reasonably be expected to have reached the patient's GP, and when the GP can therefore accept responsibility for subsequent prescribing. Consideration should be given to providing a minimum of 7 days' supply to allow patients sufficient time to contact staff at their general practice (or shorter if medicines are not required for that length of time).

4.2.5 Patients attending emergency departments

4.2.5.1 Although these are not specific requirements within the Contract, patients attending an urgent and emergency care setting should also receive from the emergency department a supply of prescription medicines for 7 days, or shorter if medicines are not required for that length of time. Again, any appropriate prescribing after that period will then rest with the GP responsible for the patient's continuing care.

4.3 People at risk of harm

4.3.1 When making arrangements for the prescribing of medicines for someone who may be at risk of self-harm or have the potential to misuse the medication, the arrangements should fit within the overall care plan for the individual service user. In addition, the safe use of some medicines requires specific information resources; such as the patient guide, prescriber checklist and patient card for girls and women of childbearing age who may be taking or considering taking certain medicines such as valproate.

4.4 Shared care

4.4.1 Shared care agreements are a specific approach to the seamless prescribing and monitoring of medicines which enables patients to receive care in an integrated and convenient manner. Shared care is a particular form of the transfer of clinical responsibility from a hospital or specialist service to general practice in which prescribing by the GP, or other primary care prescriber, is supported by a shared care agreement.

4.4.2 When a specialist considers a patient’s condition to be stable or predictable, they may seek the agreement of the GP concerned (and the patient) to share their care. In proposing shared care agreements, a specialist should advise which medicines to prescribe, what monitoring will need to take place in primary care, how often medicines should be reviewed, and what actions should be taken in the event of difficulties.

4.4.3 At a system level, medicines and conditions suitable for shared care are usually identified through a traffic light system determined by an Area Prescribing Committee (APC). Shared care typically applies to medicines for which a shared care agreement must be in place before prescribing responsibility is transferred. This contrasts with medicines which are categorised as suitable for routine prescribing in primary care, or those that should remain the responsibility of specialist prescribers only. All prescribers have a responsibility to be aware of medicines identified through the traffic light system, so that prescribing decisions can be made most effectively.

4.4.4 At an individual patient level, patients themselves and/or carers must be centrally involved in any decision-making process. They should be supported by good quality information that helps them to both come to an informed decision about engagement in a shared care arrangement and sets out the practical arrangements for ongoing supplies of medicines. Given the increasing use of, and benefits derived from, the Summary Care Record and other digital innovations, it is important that a comprehensive primary care record is in general practice, particularly in situations where not all medicines for a patient are prescribed by their GP and supplied by their community pharmacy.

4.4.5 When clinical responsibility for prescribing is transferred to general practice, it is important that the GP, or other primary care prescriber, is confident to prescribe the necessary medicines. Shared care agreements play a key role in enabling primary care prescribers to prescribe medicines with which they may not initially be familiar.

4.4.6 Prescribers are responsible for the prescriptions they sign and they must be prepared to explain and justify their decisions and actions. Service Condition 11.4 of the NHS Standard Contract 2017/19 makes clear that when a shared care protocol exists and where the GP has confirmed willingness to accept the transfer of care, the hospital must initiate and abide by that agreement.

4.4.7 When a GP accepts responsibility for prescribing medicines which are not usually dispensed in the community, and where the patient is stabilised on a particular medication, there should be liaison with the transferring hospital and if appropriate the relevant community pharmacist to ensure continuity of treatment.

4.4.8 To overcome some of the challenges associated with shared care agreements, this guidance is accompanied by 'Shared Care Prescribing Guidelines' – local policies which enable GPs to agree to the prescribing and monitoring of medicines/treatment in primary care, in agreement with the specialists and patient.

4.4.9 The purpose of these guidelines is to provide a framework for seamless transfer of care for a person from a hospital or specialist service setting to general practice, where it is appropriate and in their best interest.

Extract taken from the NHS Guidance Document, which can be found at:

https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf