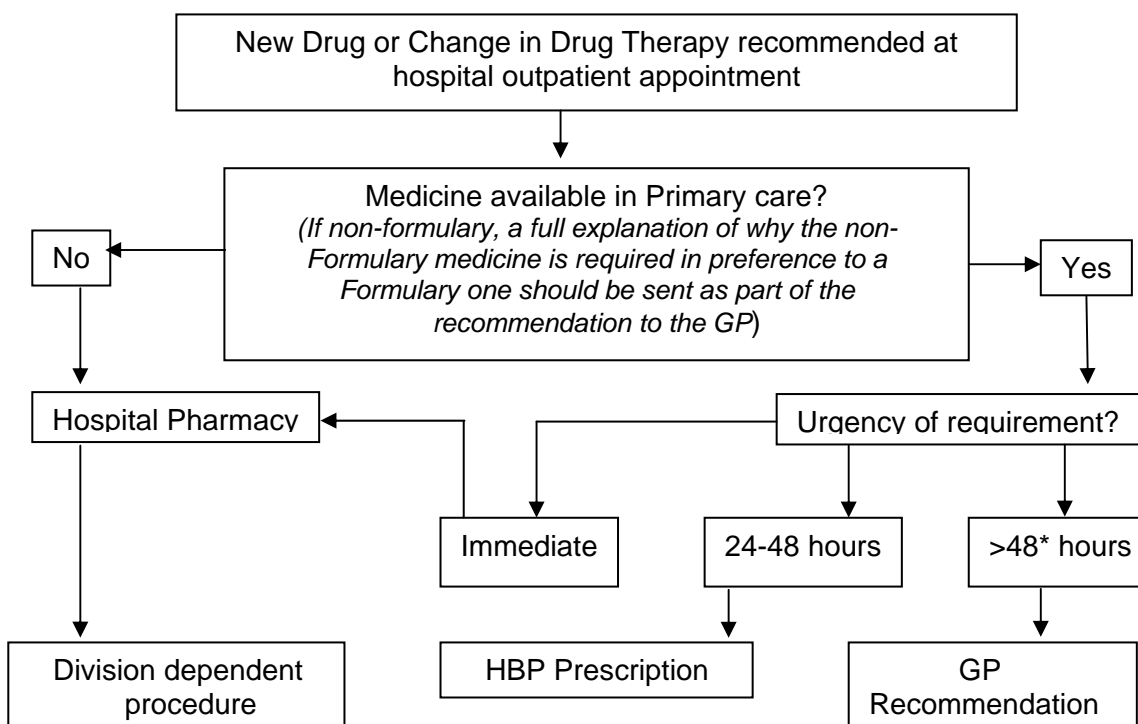


GUIDELINES FOR SUPPLY OF MEDICATION AT HOSPITAL OUT-PATIENT CLINICS

Overview

These guidelines are intended to promote consistent practice across NHS Greater Glasgow & Clyde (NHSGGC) when a patient is seen at a hospital outpatient (OP) appointment by a hospital doctor who recommends **initiation of a new drug or a change to existing drug therapy**. It is important that hospital prescribers, GPs and patients have a common understanding about supply of medications for hospital outpatients. Although procedures may vary between different OP departments, the overall policy should be consistent across NHSGGC.



Principles

- 1) GP Referral of a patient to an OP clinic may lead to a **recommendation** for treatment, but the referring GP *normally* continues to have clinical responsibility for the patient and prescribes accordingly.
- 2) Under **exceptional** circumstances (usually, the requirement for an urgent initiation of treatment), an OP prescription may be written by a hospital doctor and dispensed by the hospital pharmacy.
- 3) The blue Health Board Prescriptions (HBP) are written by a hospital prescriber for dispensing by a community pharmacy. The use of HBPs can vary between hospital department and divisions due to local service requirements.
- 4) Patients and GPs need to be informed about the degree of urgency required for implementation of the change in therapy in primary care. Routine practice applies when the change in therapy, recommended by the hospital prescriber, is non-urgent. Patients should be advised to be prepared to await review and instruction by the GP. Subsequent prescriptions are written on GP10 forms and dispensed through a community pharmacy.
- 5) Where a non formulary recommendation has been made the hospital prescriber should advise the GP on the reasons for this, otherwise the GP will contact the hospital prescriber for this information, causing inconvenience to both parties, and a delay to the treatment of the patient.

Guidelines

- 1) **When the recommendation of the hospital prescriber is for a new drug or a change to existing therapy, there should be a written communication to the general practitioner.**
 - When a medicine or prescription has been supplied by the hospital, this should be clearly stated.
 - Where the GP is asked to prescribe, the relative urgency of the prescription should be made clear to both the GP and the patient.
 - As per ADTC guidelines, all drug recommendations arising from an OP appointment should be consistent with the NHSGGC Formulary and Guidelines.
 - The hospital prescriber should provide the GP with the reason for any non-Formulary prescription request.
 - Where insufficient information is provided to the GP for a non formulary drug request, a delay in treatment may result while the GP requests further information from the hospital prescriber.

- 2) **In exceptional circumstances, the medicine will be dispensed by the hospital pharmacy:**
 - Medicines or special formulations which are hospital only or difficult to obtain in the community
 - Drugs which require specialist monitoring
 - Hospital based, clinical trial drugs
 - Where the hospital doctor feels that treatment should be initiated immediately

- 3) **Hospital prescribers are able to write a “Health Board Prescription” (HBP) for dispensing by a community pharmacy, where immediate treatment is unnecessary, but the medicine is required within 48 hours (2 working days*) of the OP appointment.** Typically HBP prescriptions are restricted to authorised prescribers in the OP departments and are reserved for specific circumstances.

- 4) Where treatment is **prescribed** by the hospital clinician in **urgent** circumstances, a 14 day supply or a complete course (whichever is the shorter) should be provided.

- 5) Where treatment is **recommended** by the hospital clinician in **non-urgent** circumstances (i.e. initiation >48 hours (>2 working days*) after the OP appointment) this recommendation including reasons for the specific medicine should be communicated in writing to the GP via the patient. *The patient must also be informed that the medicine is not required immediately.* The goal should be to reassure patients and avoid unnecessary pressure on GP appointment schedules.

Further Advice

For specific advice on acute directorate procedures for the supply of medicines to hospital outpatients, please contact the lead pharmacist. General practitioner enquires should be directed to the CH(C)P / Sector Prescribing Team or Central Prescribing Team.

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