

15 March 2012

To: All Prescribers, NHS GGC

Dear Colleague

Scottish Medicines Consortium and NHS Greater Glasgow and Clyde Formulary Adherence

The Scottish Medicines Consortium (SMC) advises whether new medicines (or new indications for established ones) are accepted for use within the NHS in Scotland. It is NHS Scotland policy that medicines not recommended by the SMC should not routinely be made available by NHS Boards. There is an expectation that there will be policies in place to consider individual patient treatment requests for such medicines. NHS Greater Glasgow and Clyde's policy has been implemented and available online at the link noted below.

<http://www.ggcprescribing.org.uk/medicines-policies>

In acute care, prescribers are not expected to initiate an SMC not recommended drug without completing an individual request. It is equally important that consultants should not recommend such prescriptions to GP colleagues without full justification of the reasons why the formulary/ SMC accepted medicines are unsuitable. Any recommendation for the use of drugs without this supporting information, are likely to be questioned by GPs in future.

In primary care GPs are also strongly discouraged from prescribing an SMC not recommended drug except in exceptional circumstances. Prescribing efficiency plans in Primary Care seek to advise GPs on quality and cost-effective prescribing. In particular, the prescribing efficiency plans encourage compliance with preferred list formulary choices www.ggcprescribing.org.uk and NHSGGC therapeutic guidelines. The prescribing (and recommendation) patterns of consultants and their teams in acute care can have a significant influence on the ability of colleagues in primary care to achieve the prescribing indicator requirements as required within the prescribing efficiency plans.

The Area Drug and Therapeutics Committee has recently approved guidelines (Feb 2012 meeting) for prescribing/ initiating medicines at outpatient clinics. The guidelines highlight the need to provide *sufficient* information to GPs particularly when a non-formulary or SMC not approved drug is recommended by the hospital prescriber for initiation by the GP. Providing insufficient information to the GP will result in delays to treatment of the patient. All prescribers have a clinical responsibility to ensure that prescribing requests are appropriate for the patient not least because they take on the legal responsibility when signing any prescription. A standard form for communicating with primary care is under development and will be circulated when finalised.

A patient information letter will be available in all surgeries to advise patients that in some cases there may be a delay in treatment resulting from a hospital recommendation to allow their GP to contact the prescriber to obtain sufficient information to ensure prescribing is appropriate for their clinical need.

All clinicians whether in hospital or primary care should make themselves familiar with the information in the links attached to this letter. I trust that you will endeavour to comply with the prescribing advice that has been issued as far as possible from a clinical perspective and be prepared to give a rationale where there is a clinical need for a non-formulary or indeed a SMC not-recommended drug to be used.

Yours sincerely



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Chair of Primary Care Prescribing
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Dr David Stewart
Lead Director for Acute Medical Services