Prescribing Policy between Nottinghamshire Commissioning Organisations and local providers of NHS Services

Document Purpose	To detail the specific contractual issues associated with prescribing across the interface between commissioning and provider organisations
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Title	Prescribing Policy between Nottinghamshire Commissioning Organisations and local providers of NHS Services
Author	Nottinghamshire Area Prescribing Committee on behalf of the Nottinghamshire Health Community
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Target Audience	All prescribers and those involved with medicines across commissioning and provider interfaces who are contracted to provide NHS care
Circulation List	NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) Sherwood Forest Hospitals NHS Foundation Provider Nottingham University Hospitals NHS Provider Nottinghamshire Healthcare Trust Private providers who deliver NHS services Community providers Nottinghamshire Area Prescribing Committee
Superseded documents	Prescribing Policy between Nottinghamshire Commissioning Organisations and NHS Service providers Version 3

Prescribing Policy between Nottinghamshire Commissioning Organisations and local providers of NHS services

This policy details the specific contractual issues associated with prescribing between commissioning and provider organisations. This policy applies to all services commissioned by the Nottingham and Nottinghamshire Integrated Care Board (ICB)ICB where contracts with Providers of NHS Services have been agreed. This Policy is based on the Responsibility for prescribing between Primary & Secondary/Tertiary Care, NHS England 2018.

Providers have responsibility for informing their lead ICBICB of any variations from this policy to enable modification in commissioning arrangements.

GP practices have a responsibility to ensure that all information in relation to a patient's medication history is supplied to the Provider in order for a medicines reconciliation process to be undertaken.

Patients should be encouraged by the referring clinician to take all medication with them when attending clinics or wherever possible, when admitted to hospital.

A glossary of terms is included at the end of the document.

1. Supply of Medicines

In-patient supply of medicines

The Provider will ensure that:

1.1 The use of Patients' Own Drugs (PODs) will follow local policy. The use of PODs will be actively encouraged where appropriate. Where required, a 28-day (or 30 day according to pack size) supply of long term medication will be dispensed on admission or processes will be in place to ensure the patient has a sufficient supply of medicines on discharge.

Supply of medicines at discharge

The Provider will ensure that:

1.2 The minimum supply of long term medication at discharge will be 10 days appropriate to the needs of the individual or unless cited differently in the exclusion list (see Appendix 1) e.g. when the patient has their own supply or a further supply at home or has a repeat prescription ready to be collected and this can be achieved before the patient's medicines run out.

1.3 Where it is verified that the patient has a minimum of 10 days of medicines at home, further medicines (including analgesic medication) will not be supplied. Any new or changed items will be issued if appropriate as above.

1.4 An exception to the 10 day minimum may be where a patient is at risk of harm and a smaller supply is necessary.

1.5 If a patient will be registering with a new GP or being discharged to a setting different to where they were before the admission, a 14 day supply may be appropriate with the discharging team assessing on a case by case basis.

Multi Compartment Compliance aids (MCCA)

1.5 • Blister packs or multi-compartment compliance aids (MCCA) will only be provided for those who have already been assessed as appropriate and competent to use (ie to maintain patient independence in managing their own medicines). This may have happened prior to admission or during their hospital stay. Professional judgement should be used if a MCCA is no longer appropriate, such as multiple medicines stopped, requiring liquid meds, or significant change in function.

- 7 days will be supplied when the patient is returning to the care of their usual GP / pharmacy.
- 14 days will be supplied when the patient is required to register with a new GP or transfer care to a new community pharmacy.
- Where it is confirmed that the patient has their own supply at home or that there are measures in place for the patient to obtain a further supply from their community pharmacy without delay in treatment, the Provider will not dispense an additional supply and may, on the discretion of the pharmacist, supply additions separately to be taken alongside the patient's usual MCCA if they deem the patient able to manage that arrangement. Where medication has changed during the patients' stay and the supply ordered from the community pharmacy cannot be amended, an MCCA supply will be provided as above.

1.6. Initiation of MCCA for new patients (unless an immediate concern is identified eg admission directly related to ability to manage medicines or other requirement to support safe discharge) will be deferred. Most patients will have long term needs that are better assessed and followed up by their primary care team; funding is already in place to carry this out via medication use reviews (MURs)

MCCAs are not routinely recommended for care staff to administer from and should be used to promote patient independence.

1.7. Communication of any patient-specific compliance support needs will be made to the patients' GP, community pharmacy and/or carers, via discharge letter, phonecall or PharmOutcomes as appropriate To support the NHSE Discharge Medicines Service provided by community pharmacies.

Out-patient supply of medicines

The Provider will ensure that:

Where immediate treatment is required for an out-patient i.e. the patient needs to commence treatment within the next two weeks, a 28-day (or 30 day according to pack size) supply of the medicines will be prescribed by the provider unless the medicine is excluded from the 28 day rule (see Appendix 1).

1.8. All medication deemed urgent will be supplied by the Provider either through outpatient pharmacy services or on FP10HNC prescription. For medication that is not urgent the treating clinician will ensure that the patient is aware that an urgent visit to the GP is not necessary and that treatment does not need to be started within the next two weeks. A full outpatient clinic letter will be sent to the patient's referring GP within 2 weeks of the patient's appointment. Integrated Sexual Health will supply medication if the patient has declined to allow their GP to be notified of their diagnosis and/or treatment. However long term management of medication should be transferred to the GP

1.9. Medication which is classified as RED (hospital supply only) should be supplied by the provider in a quantity appropriate to the interval between out-patient visits, ensuring the patient will not run out between appointments.

Medications required following pre-operative assessment

1.10. Medication required pre-operative for a specified procedure would form part of the episode of care for that procedure and should, wherever possible be issued by the provider.

Day Case supply of medicines

The Provider will ensure that:

1.11. Patients attending day case appointments will continue to use their own medicines. Where the patient requires a new treatment, the Provider will supply all medicines, dressings and appliances as required.

1.12. Day case patients must be advised to ensure that they have adequate supplies of common analgesics prior to their procedure. Should day case patients require additional medicines such as antibiotics or stronger analgesics they will be given an adequate supply on discharge. Appendix 1 details those medicines that may not require a minimum of 10 days supply.

1.13. Where medication required is appropriate to be purchased by the patients themselves they should be advised to do this and directed to a pharmacy. See appendix 2 Links to ICBICB self-care policies.

1.14. Medication required for hospital procedures (for example, EMLA® cream before hospital dialysis or bowel preparation prior to gastrointestinal investigation) and any immediately necessary medication will be issued by the treating clinician.

Other residential settings

Hospital to hospital transfer

- Acute receiving hospitals (repatriation to acute NHS trust): the provider will ensure a detailed transfer letter accompanies the patient, to include a copy of their current medicines chart. Every effort should be made to ensure unusual or time critical medicines accompany the patient to prevent missed or delayed

doses. A formal eTTO is not usually required as it will not reflect a final treatment plan.

- Non-acute hospitals: as for other discharges. A minimum of 2 weeks of regular medicines will be supplied for those needing to register with a new GP.

General

1.15. Patients attending the Emergency Department will receive medication as dictated by current policy. See also Appendix 1.

1.16. Routine items which are not supplied via pharmacy such as dressings, continence or stoma appliances or sip feeds should follow the same principals outlined, above

1.17. If a medicine, medicated dressing or appliance initiated by the Provider is not available on FP10 prescription or other NHS supply organisations (accessible to primary care) it will continue to be supplied by the Provider privately. Unless the patients' ICBICB has a process in place for the provision of such items.

1.18. Where medicines are recommended for patients that are not able to be prescribed on the NHS (see Appendix 3 for further information), the treating clinician should liaise with the patients' GP to ensure that their GP is able to provide a private prescription before initiation of treatment. Once this agreement has been sought the treating clinician will write a private prescription for the patient and refer them to their GP for on-going private supply.

1.19. Where treatment is initiated by a clinician during a privately funded consultation, handover of prescribing will only be supported where the medication is locally approved for NHS treatment and where treatment falls within the criteria that the GP would otherwise follow. See appendix 3 for further information.

1.20. The provider should not request that the GP takes on prescribing of any medications which are classified as RED or GREY on the Nottinghamshire Joint Formulary. Similarly providers will not be expected to continue any medication classified as GREY for patients not initiated on such medication by themselves.

1.21. Patients will not be referred to a provider simply to supply RED medication which has been initiated elsewhere. Instead the patient should be referred for review if the GP cannot stop the medication or arrange continued supply from the initiating provider.

2. Prescribing Responsibility

2.1 All clinicians must comply with the Nottinghamshire Area Prescribing Committee agreed processes for approving new medicines. GPs must not be asked to prescribe medicines that are not included in the Joint Formulary or any medicines that are classified as RED or GREY in the Nottinghamshire Traffic Light system. It is the individual organisations responsibility to ensure their clinicians are aware of the Nottinghamshire Traffic Light System, the Joint Formulary and the mechanism for raising prescribing queries between organisations. Primary care prescribers

should also comply with the Joint Formulary and the Nottinghamshire Traffic Light System.

2.2 For a request to prescribe an AMBER 1 medicine, the treating clinician will supply a copy of the relevant shared care protocol and prescribing guideline (where available) or refer the GP to the Nottinghamshire Area Prescribing Committee www.nottsapc.nhs.uk website.

2.3 The Health Community should follow the Nottinghamshire Area Prescribing Committee '*Framework for Managing Medicines across the Nottinghamshire Health Community'* and the Nottinghamshire Traffic Light classification system.

2.4 The prescribing responsibility for unlicensed medicines or medicines used off label will not be transferred to primary care unless upheld within a nationally recognised formulary e.g. BNF, BNFc, Palliative Care Formulary or national guidance. This should be discussed and agreed with the GP prior to prescribing. If applicable the treating clinician will arrange supply from within the Provider. Patients will be appropriately counselled on the implication of unlicensed or off label medicines in order for consent to be obtained at the time of prescribing. Refer to the relevant organisation's policy on the use of unlicensed medicines and the Nottinghamshire Area Prescribing Committee '*Framework for Managing Medicines across the Nottinghamshire Health Community'* for exceptions to the above and the Nottinghamshire Traffic Light system.

Nutritional supplements such as vitamins and sip feeds:

2.4 Clear direction as to the need for on-going supply should be stated on the TTO. If the supplement falls within the self-care list (appendix 2) patients should be advised to purchase further supply themselves

Administration of hospital prescribed injectable medication

2.5 In most cases the administration of injectable medication classified as RED on the formulary is the responsibility of the prescriber to facilitate. This may be by teaching administration to the patient or carer, utilisation of medical day case/ outpatient clinics, via a home care delivery company, discussion with the patient's GP practice or via referral to community nursing services. In all cases of RED medicines the prescribing responsibility remains with the secondary care clinical team.

2.6 Community nursing teams will only accept patients who are housebound and where the medication in question is appropriate to be delivered by a community team without specialist monitoring etc available

3. Communication

The Provider will ensure that:

3.1 On discharge the patient will receive a clear, typed, electronically generated discharge summary with written instructions on their treatment. The referring GP will also be sent a clear discharge summary within 24 hours of discharge. This transfer of information will not involve the patient delivering it to the GP.

The discharge information[1] should be legible and include;

- A complete list of all the medicines prescribed for the patient on discharge. This will include all existing medicines and those started or altered during the hospital admission and will indicate whether a supply was provided on discharge. However, if the length of the hospital admission is less than 48 hours a complete list of medicines does not need to be included on the discharge letter as long as all changes to the medicines prescribed are made clear. It is permissible to indicate "no changes" or only prescribe medicines which have been newly started or changed. It is at the discretion of the provider Trusts to define the circumstances under which it is appropriate to use this exemption; being mindful that patients may use a discharge letter as a medicines reminder aid.

- Complete patient details i.e. full name, address, gender, date of birth, weight if under 16 years and NHS number
- Consultant name and grade, speciality, contact details and signature of the completing doctor.
- Hospital ward, date of admission, date of discharge
- Patient's diagnosis on admission and at discharge
- Procedures and investigations carried out during admission and associated results if available (avoiding the use of abbreviations and acronyms)
- Arrangements for follow up if required
- Dose, frequency, formulation (where necessary to ensure continuity) and route for all the medicines listed
- Details of medicines stopped, started and changed during the admission with a clear explanations for each case
- Details of increasing or decreasing or variable dose regimens e.g. insulin, warfarin
- The number of days supply and intended duration of treatment for medicines where appropriate e.g. antibiotics, short course corticosteroids
- Known allergies.

In the event that information about the patient cannot be transferred from the Provider to the GP within the timescale, medicines should be prescribed by the treating clinician until the prescribing can be safely undertaken by the GP. Integrated Sexual Health are excluded from this requirement if the patient has declined to allow their GP to be notified of their diagnosis and/or treatment.

Requests for MAR charts

The provider may not have systems in place to safely produce Medicines Administration Record charts for external care providers. Any provision to assist with requests should be weighed against the risks of mis-transcription and use of unfamiliar paperwork. eTTO forms can be used as a prompt to administer medicines. A document may be provided in

[1] Taken from A Clinician's Guide to Record Standards – Part 2. Standards for the structure and content of medical records and communications when patients are admitted to hospital. Royal College of Physicians October 2008

such circumstances but is designed for patients to use and will not normally be completed by provider staff.

Where a patient is being discharged from inpatient mental health or inpatient forensic services, the discharge information should indicate who is taking prescribing responsibility for the medicine(s). Patients should not be put in a position where they are unsure where to obtain supplies of their medication. Community mental health teams, crisis teams or community forensic teams may take on prescribing responsibility for discharged patients. Once there has been a period of stability in a patient's mental health, community mental health teams, crisis teams and community forensic teams may request to transfer prescribing responsibility to the GP. Requests to transfer prescribing responsibility should be in writing.

3.2 Home Oxygen Service

- Prior to discharge (ideally at least 3 days prior) prescribers should log onto BOC's Home Oxygen Portal (www.bochop.co.uk) to raise a Home Oxygen Order Form (HOOF). It is now mandatory that HOOFs are submitted via the provider Portal. Users must register for the Portal, to obtain their unique log-in details.
- Complete the basic Integrated Home Oxygen Risk Mitigation (IHORM) – **Mandatory requirement** as part of the Oxygen order form. Copies to be retained within the patients' notes
- Complete the patient Home Oxygen Consent Form (HOCF)- **Mandatory requirement** as part of the Oxygen order form. Copies to be retained within the patients' notes
- Copies of the IHORM and HOCF are to be sent to the Home Oxygen Service ALHomecare.HCPSupport@nhs.net by the prescribing clinician.
- Oxygen should also be documented in the discharge summary, including flow rate, hours per day and equipment. The prescription should highlight if this is a change to that which they were admitted with or if the prescription is new.
- The patient should have been referred for an outpatient long term oxygen therapy (LTOT) assessment no sooner than 5 weeks post discharge if their prescription was changed or new

3.3 Patients must not be requested to act as a conveyor of policy between the Provider team and primary care. Communication to the GP must be through a formal discharge letter. Where applicable a copy of the letter should also be sent to the patient. The patient should not be relied upon as the sole source of communication.

4. National Policies

4.1 Providers will co-operate with the ICBICB to ensure compliance with the directions issued by the Secretary of State relating to the implementation of medicines-related NICE Technology Appraisals.

4.2 Providers will ensure compliance with national and local controlled drugs legislation and guidance. All incidents involving controlled drugs are reported to the relevant Controlled Drugs Accountable Officer and they will work collaboratively with the ICBICB and the NHS England Area Team to ensure compliance within this area.

4.3 All clinicians will ensure compliance with national legislation and professional guidance, for example compliance with relevant national patient safety alerts. Providers will work collaboratively with the ICBICB/NHS England Area Team to ensure compliance within these areas.

4.4 Providers will adhere to the guidance set out in *Managing Conflicts of Interest in the NHS- Guidance for staff and organisations* and will provide the Commissioner, if requested, with details of sponsorship of staff, other benefits and research studies.

4.5 Providers will ensure compliance with the policies developed by NHS England and/or the ICBICB.

5. Funding

5.1 When charging the ICB for medicines that are excluded from tariff, the Provider should charge in line with the National Tariff Payment System. The Provider should only charge the ICB for non-tariff medicines that are classified as NON-specialised (medicines that are classified as specialised are charged to NHS England).

5.2 Providers should have in place systems to ensure that medicines excluded from tariff are only charged to the ICB for those uses the ICB have agreed to commission. This includes where there are dual or multiple uses for medicines.

5.3 Where changes to current prescribing arrangements are agreed, the financial implications of these should be identified, and after negotiation, funding transferred to the appropriate organisation.

5.4 Providers must abide by agreed local guidance regarding acceptance of 'free supplies' of medicines for example compassionate use schemes. Where NHS provision will be required following the free supply, treatment will not be initiated without approval from the Commissioners

- As part of the approval process, Providers must obtain written confirmation that initial free of charge supply will not result in a subsequent cost pressure to the NHS
- Treatments will be allocated a RED traffic light status unless there is prior agreement with ICB.

5.5 Providers will ensure compliance with the Department of Health Guidance on NHS patients who wish to pay for additional private care.

5.6 Resources will not routinely be allocated for in-year service developments which affect medicines use. Providers should ensure that all service developments form part of the annual commissioning round and that funding for any in-year

developments are incorporated in their overall financial risk management strategy. In exceptional circumstances where an urgent decision is required the ICB will consider these requests and make an in year decision. All such requests should be sent via the ICB Provider Contract Lead. For example following publication of a NICE Technology Appraisal or where efficiency savings are identified.

6. Clinical Trials

6.1 Prior to clinical trials receiving NHS Research Ethics Approval and NHS Permission there must be early discussions with the ICB where appropriate for those trials which:

- have significant implications for new service development in either primary or secondary care
- involve patients who are being primarily treated in primary care
- have other significant implications for primary care

6.2 There is no legal or policy requirement for the ICB to provide continued treatment to participants once they have completed a clinical trial. The ICB will not normally agree to pick up the funding of treatments at the end of trials or when pharmaceutical-company sponsored funding is withdrawn without prior agreement of the ICB. Post trial treatment may be continued by a pharmaceutical company on 'compassionate grounds' (and therefore at no cost to the NHS). The NHS Research Ethics Committee has responsibility to consider whether the proposed end of trial plan is ethical and ensure that the plan is accurately reflected in the participant information sheet. Prior to consent, patients must be fully informed of the end of trial plans.

6.3 Requests to GPs to continue medicines once a trial has ceased must not be made unless the medicine, for the indication required, has been through the appropriate formulary approval processes and has been classified as appropriate for primary care prescribing for the indication via the Nottinghamshire Traffic Light system.

7. Additional Information

7.1 This Prescribing Policy is seen as an integral part of the main Provider contract.

7.2 The ICB will be responsible for monitoring performance against the policy. Where required, remedial action will be taken as a result of non-adherence to the prescribing policy.

Glossary of Terms

The Provider	Any provider organisation commissioned by the ICB that prescribes and/or supplies medicines as part of a NHS commissioned service
POD	patients own medication
TTO	To Take Out (discharge letter)
LTOT	Long Term Oxygen Therapy

MCCA	Multi Compartment Compliance Aid
GP	General Practitioner
FP10HNC	a prescription issued by a Secondary Care Provider that can be dispensed in a community pharmacy
FP10	a prescription issued by a GP that can only be dispensed in a community pharmacy
IHORM	Integrated Home Oxygen Risk Mitigation
HOCF	Home Oxygen Consent Form
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
Hospital Only	Hospital only medicines or medicines only available in Hospital.

Appendix I - List of medicines that may not require a minimum of 10 days supply

Item /Situation	**Note**
Antacids	Original packs (e.g. 500ml bottle).
Analgesics	Less than 10 days supply may be indicated for short term use
Antibimicrobials	Complete course up to 28 days.
Care Homes & Nursing Homes	Supplies will be as in sections 1.2-1.4 unless pre-arranged with the provider. A minimum of 14 days will be supplied when the patient is required to register with a new GP or when transferring care to a new care home or community pharmacy. MCCAs will not routinely be supplied unless specifically to support patient autonomy / re-enablement.
Controlled drugs	As specified by the prescriber dependent on patient circumstances.
Corticosteroids	Entire course up to 28 days.
Creams and Ointments	1 container or more if clinically indicated.
Defined courses	Prescriptions from the emergency department (ED) or as specifically required by the prescriber
Eye/Ear/Nasal preparations	1 container or more if clinically indicated.
Hypnotics	Maximum 7 day supply for ‘as required’ use
Laxatives	7 day supply for ‘as required’ use
Multi compartment compliance aids (MCCA)	See section 1.5 to 1.7
Patient packs > 28 days	A complete pack will be supplied.
Self Harm Risk	Where patient has been deemed at risk of overdose. In this situation the Provider discharging the patient should continue supplying to the patient at the agreed interval until appropriate information has been given to the patient’s GP.

Appendix 2 – Links to ICB self-care policies

https://www.nottinghamshiremedicinesmanagement.nhs.uk/policies-and-documents/medicines-management-policies/self-care-guidance/

Appendix 3 - NHS and Private Interface Prescribing, working with non NHS services, medicines for foreign travel

https://www.nottinghamshiremedicinesmanagement.nhs.uk/policies-and-documents/medicines-management-policies/prescribing-policies/