


COPY TO <ul style="list-style-type: none"> • Hospital Consultant (acute trusts) or service lead (community services) • GP Records • CCG Head of Medicines Management 	
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PRESCRIBING OF MEDICINES RECOMMENDED BY HOSPITAL PRESCRIBERS

GPs: Complete this form if you are unwilling to take responsibility for prescribing medicines recommended by a hospital prescriber

Please send a copy of this form to the relevant hospital consultant or service lead and an anonymised copy to the CCG Head of Medicines Management (Neil.Hardy2@nhs.net)

Patient Name		Date of Birth	
		Hospital Number	
Consultant Name / Service Lead		Name of Prescriber	
Hospital / Site			

Name of Drug	Dose & Frequency	Indication	Duration of Treatment

I have been asked to take over the responsibility for prescribing the above drug for this patient. However I feel I am not in a position to do this for the following reason:

Responsibility for prescribing should not be refused on the grounds of drug cost. If this is an issue please contact the CCG Medicines Management team for guidance

Please tick	A. Prescribing responsibility should stay with the hospital
<input type="checkbox"/>	Drug is classified as 'red' for specialist prescribing only in the District Prescribing Committee (DPC) traffic light list of products (LINK)
<input type="checkbox"/>	Prescribing of this drug in the local health economy is not supported by the DPC.
<input type="checkbox"/>	Hospital clinical trial drug.
Please tick	B. Lack of Experience/Information
<input type="checkbox"/>	Unlicensed drug / dose / indication (delete as applicable), where an approved shared care protocol does not exist and the GP is unwilling to take clinical responsibility.
<input type="checkbox"/>	Newly licensed drug where place in therapy and / or risks due to drug are unknown to the GP.
Please tick	C. Monitoring by Specialist Required
<input type="checkbox"/>	Drug requires regular specialist monitoring and / or the majority of care and monitoring is supplied by the hospital (delete as appropriate).
<input type="checkbox"/>	Patient not stabilised on the drug and /or baseline tests and investigations not yet carried out by secondary care.
Please tick	D. General Comments/Other Reasons
<input type="checkbox"/>	GP feels unable to accept clinical responsibility because:

Print Name:

Practice Stamp:

Signature:

Date:

