

**Chief Operating Officer's Directorate
Pharmacy Department**

**GUIDANCE FOR PRESCRIBING
AND SUPPLY OF MEDICATION IN
OUTPATIENT SETTINGS**

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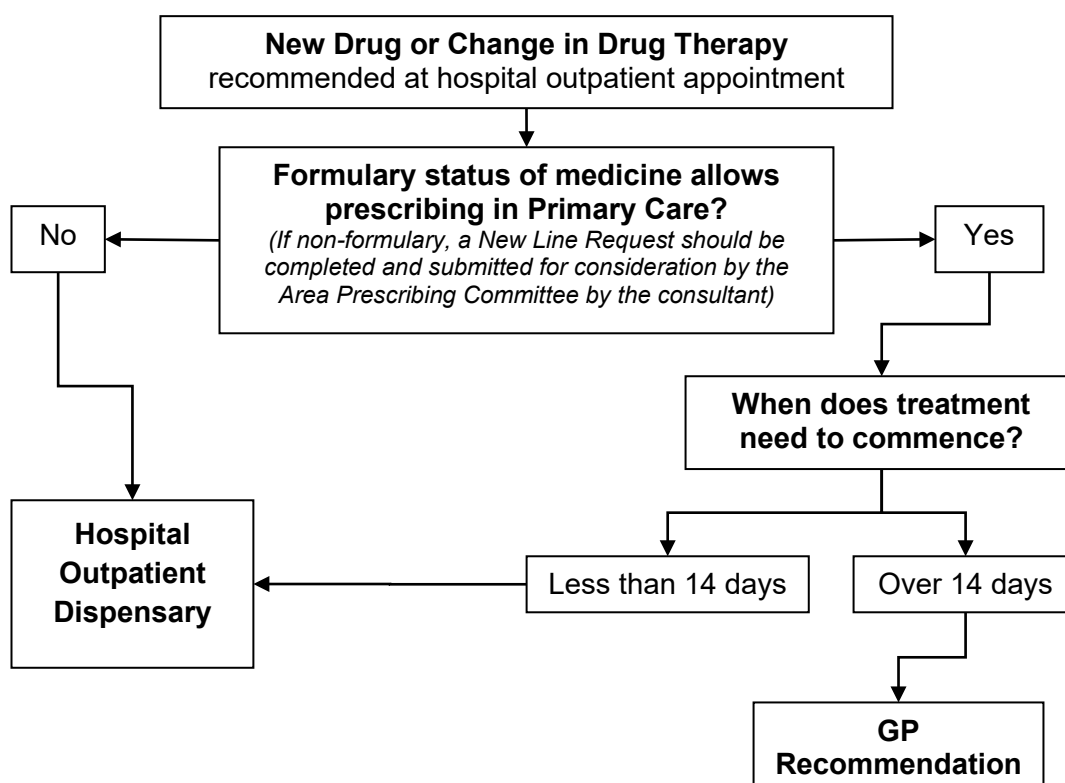
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Guidelines for prescribing and supply of medication in outpatient settings

1. Overview

1.1. These guidelines are intended to promote consistent practice when a patient is seen at a hospital outpatient appointment by a hospital doctor who recommends **initiation of a new drug or 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.

1.2.



2. When to prescribe

2.1. GP Referral of a patient to an outpatient clinic may lead to a **recommendation** for treatment being made to the GP

2.2. Under certain circumstances an outpatient prescription may be written by the hospital doctor and dispensed by the hospital outpatient dispensary

2.3. These circumstances include:

- Urgent need to initiate prescribing (i.e. within 14 days of consultation)
- Hospital only therapy required and the patient will remain under the hospital consultants care (RED formulary status)

- Medication where the hospital consultant initiates and GP continues prescribing in primary care without shared care (AMBER formulary status)
 - Shared Care, where the hospital consultant initiates and the GP agrees to continue prescribing in primary care (AMBER Shared Care formulary status)
 - Under no circumstances should a non-formulary medication be initiated or recommended for GP initiation
- 2.4. 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 is non-urgent. Patients should be advised to be prepared to await review and instruction from their GP.
- 2.5. When outpatient prescribing is undertaken by a hospital prescriber, a hospital outpatient prescription form is used except in exceptional circumstances when an FP10 (HP) form may be used (i.e. when the hospital outpatient dispensary is closed and the patient cannot return at a later date when it re-opens)

3. Quantity for supply

- 3.1. Where treatment is prescribed by the hospital clinician a minimum of 14 days' supply (or complete course if shorter), up to 28 days' supply, should be provided in most circumstances. Particular care is required to ensure sufficient supply of items such as eye drops, full course of antibiotics, short term steroids and items which require titration / monitoring before prescribing transfers to primary care.
- 3.2. For Hospital only drugs and where awaiting GP agreement to take on shared care, where appropriate, up to 3 months duration may be prescribed at a time. Generally the Hospital Outpatient Pharmacy would issue one month at a time against a 3 month prescription until the full three months have been supplied. Further review and prescriptions would be required at 3 monthly intervals
- 3.3. For Controlled Drugs the maximum allowable prescription duration is 30 days

4. Additional guidance

- 4.1. When the recommendations of the hospital prescriber is for a new drug or a change to existing therapy there should be a written communication to the GP.
- When a medicine has been supplied by the hospital this should be clearly stated
 - All drug recommendation arising from an outpatient appointment must be consistent with the Humber Joint Formulary
 - Where the medication is AMBER (shared care) a copy of the shared care agreement must be provided to the GP. It is only when the GP has indicated they are willing to accept shared care that prescribing

responsibility that prescribing moves from the hospital prescriber to the GP

- Where a medication is AMBER (without shared care) prescribing can be transferred to the GP in line with APC guideline, generally once any doses have been titrated and the patient is on a stable drug regimen

4.2 Useful resources:

- Responsibility for prescribing between Primary & Secondary/Tertiary Care <https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf>
- Northern Lincolnshire Area Prescribing Committee Formulary: [Northern Lincolnshire Formulary \(apcnlgformulary.nhs.uk\)](http://NorthernLincolnshireFormulary.apcnlgformulary.nhs.uk)

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