

## DECISION TO DECLINE PRESCRIBING OF MEDICINES RECOMMENDED BY HOSPITAL SPECIALISTS

Please complete all fields. Missing information may delay processing and the document may be returned to you to be completed

| Patient, Specialist & GP details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------|
| Patient's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                          | Date of Birth:                                                                                                                                                                                                                                                  |                          |                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                          | Hospital or NHS Number                                                                                                                                                                                                                                          |                          |                                           |
| Specialist's Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                          | Name of GP:                                                                                                                                                                                                                                                     |                          |                                           |
| Trust or Site:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                          | GP Practice:                                                                                                                                                                                                                                                    |                          |                                           |
| Medication request details (please fill in a separate form for each drug) <a href="#">Link to Local Formulary</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                                           |
| Name of drug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dose & frequency                                                                                                                                                                                                                                                         | Indication                                                                                                                                                                                                                                                      | Formulary classification | Date request received from secondary care |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                                           |
| Details of decision maker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                                           |
| <p>I have been asked to assume the responsibility / already have responsibility of prescribing the above drug/item for this patient. Based on current local advice however, I am not / no longer in a position to do this for the reason(s) indicated below.</p> <p><input type="checkbox"/> I confirm that the decision to decline to prescribe has been made by a clinician who has prescribing responsibility for the patient. (Prescribers name): _____ (role): _____</p> <p><input type="checkbox"/> I confirm that the decline to prescribe form is in response to a request not more than 3 months old (requests older than this should be resolved directly with the specialist/seek advice from Prescribing Support Pharmacist)</p> |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                                           |
| Reason for decision to decline prescribing: Please tick most appropriate box/boxes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Medicine is for <b>hospital only</b> prescribing and is in the RED list of products on the APC Formulary                                                                                                                                                                 |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Medicine is not in the APC Formulary (either rejected for inclusion or is a new drug not yet considered)                                                                                                                                                                 |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | The APC Formulary states that a patient should be stabilised on the medicine before transfer to GP prescribing                                                                                                                                                           |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Medicine requires regular specialist monitoring and requires specialist documentation such as a shared care document Effective Shared Care Agreement – (ESCA), Rationale for Initiation, Continuation and Discontinuation (RICaD) or similar which has not been supplied |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Medicine is unlicensed and I am not sufficiently familiar with it to accept clinical responsibility                                                                                                                                                                      |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Medicine dose/indication is off-label and I am not sufficiently familiar with it to accept clinical responsibility                                                                                                                                                       |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Medicine is not to be prescribed on the NHS                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Item is an appliance or nutritional supplement and the patient is able to purchase it over-the counter                                                                                                                                                                   |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Medication is not in line with NICE/Local/National clinical guidelines and/or the prescribing request is not in line with a NICE technology appraisal                                                                                                                    |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Medication is not the most cost-effective option                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Other reason (please state)                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                 |                          |                                           |
| Actions requested                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No further action required. I have prescribed an alternative or advised the patient to purchase the item. Please state alternative:- Drug name _____ Strength _____ Dose _____                                                                                           |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Please recommend a formulary alternative and/or supply further information (e.g. ESCA, RICaD)                                                                                                                                                                            |                                                                                                                                                                                                                                                                 |                          |                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Please begin/resume prescribing this item and arrange appropriate follow-up as required                                                                                                                                                                                  |                                                                                                                                                                                                                                                                 |                          |                                           |
| Details of document author if different to above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                                           |
| Print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                          | Signature                                                                                                                                                                                                                                                       |                          | Role                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                                           |
| Birmingham and Solihull ICB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                 | Black Country ICB                                                                                                                                                                                                                                               | <input type="checkbox"/> |                                           |
| This document must be emailed from an NHS.net email account to the appropriate NHS.net email detailed below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                                           |
| Sandwell and West Birmingham Hospitals NHS Trust:<br><a href="mailto:swb-tr.SWBH-Team-DTC@nhs.net">swb-tr.SWBH-Team-DTC@nhs.net</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                          | University Hospitals Birmingham NHS Foundation Trust:<br><a href="mailto:priorapprovals@uhb.nhs.uk">priorapprovals@uhb.nhs.uk</a>                                                                                                                               |                          |                                           |
| Royal Orthopaedic Hospital NHS Foundation Trust:<br><a href="mailto:roh-tr.ROH-Pharmacy-All@nhs.net">roh-tr.ROH-Pharmacy-All@nhs.net</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                          | Birmingham Women's and Children's Hospital NHS Foundation Trust:<br><a href="mailto:bwc.noprescribe@nhs.net">bwc.noprescribe@nhs.net</a> (For Women's) &<br><a href="mailto:bch-tr.SpecialsService@nhs.net">bch-tr.SpecialsService@nhs.net</a> (For Children's) |                          |                                           |
| Birmingham Community Healthcare NHS Trust:<br><a href="mailto:BCHC.medicinesmanagement@nhs.net">BCHC.medicinesmanagement@nhs.net</a> & consultant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                          | Birmingham and Solihull Mental Health NHS Foundation Trust:<br><a href="mailto:bsm-tr.declineprescribing@nhs.net">bsm-tr.declineprescribing@nhs.net</a>                                                                                                         |                          |                                           |
| Please send a copy to your Practice Support Pharmacist. You are also advised to keep a copy in the patient's records                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                          |                                           |