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) Link to Local Formulary

Name of drug	**Dose & frequency**	**Indication**	**Formulary classification**	**Date request received from secondary care**

Details of decision maker

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.

☐ 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):_____

☐ I confirm that the decline to prescribe form is in response to a request not more than 3 months old

☐ **I confirm I have advised the patient of my decision and that they will be contacted with the next steps in due course**

Reason for decision to decline prescribing: Please tick most appropriate box/boxes

1 ☐	Medicine is for ***hospital only*** prescribing and is in the RED list of products on the APC Formulary
2 ☐	Medicine is not in the APC Formulary (either rejected for inclusion or is a new drug not yet considered)
3 ☐	The APC Formulary states that a patient should be stabilised on the medicine before transfer to GP prescribing
4 ☐	☐ Medicine requires an Effective Shared Care Agreement (ESCA) or Rationale for Initiation, Continuation and Discontinuation (RICaD) which has not been supplied ☐ or is incomplete,
5 ☐	Medicine is unlicensed and I am not sufficiently familiar with it to accept clinical responsibility
6 ☐	Medicine dose/indication is off-label and I am not sufficiently familiar with it to accept clinical responsibility
7 ☐	Medicine is not to be prescribed on the NHS
8 ☐	Item is an appliance or nutritional supplement and the patient is able to purchase it over-the counter
9 ☐	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
10 ☐	Medication is not the most cost-effective option
11 ☐	Insufficient/incomplete information has been provided to support safe prescribing in primary care – As per GMC professional standards for prescribing
12 ☐	Other reason (please state)

Actions requested

☐	No further action required. I have prescribed an alternative or advised the patient to purchase the item. Please state alternative:- Drug name _____ Strength _____ Dose _____
☐	Please recommend a formulary alternative and/or supply further information (e.g. ESCA, RICaD)
☐	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**		**Date**	

Birmingham and Solihull ICB ☐ Black Country ICB ☐

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: swb-tr.SWBH-Team-DTC@nhs.net	**University Hospitals Birmingham NHS Foundation Trust:** uhb-tr.PriorApprovals@nhs.net
Royal Orthopaedic Hospital NHS Foundation Trust: roh-tr.ROH-Pharmacy-All@nhs.net	**Birmingham Women's and Children's Hospital NHS Foundation Trust:** bwc.noprescribe@nhs.net (For Women's) & bch-tr.SpecialsService@nhs.net (For Children's)
Birmingham Community Healthcare NHS Trust: BCHC.medicinesmanagement@nhs.net & consultant	**Birmingham and Solihull Mental Health NHS Foundation Trust:** bsm-tr.declineprescribing@nhs.net

Please send a copy to your Practice Support Pharmacist. You are also advised to keep a copy in the patient's records

GP surgery will only be contacted in response to this form if more information is needed to support procession or conclusion