

Prescribing Policy

April 2018

This policy applies to patients for whom the following Clinical Commissioning Groups are responsible:

- NHS South Worcestershire Clinical Commissioning Group (CCG)
- NHS Redditch & Bromsgrove Clinical Commissioning Group (CCG)
- NHS Wyre Forest Clinical Commissioning Group (CCG)

Collectively referred to as the Worcestershire CCGs

COMMISSIONING STATEMENT:

- The Worcestershire CCGs expect that only treatment which are clinically effective and provide a clear health benefit to patients should be commissioned and prescribed on the NHS.
- Clinicians have a responsibility to only prescribe medicines that are known to be clinically effective and provide a health benefit to patients.
- The Worcestershire Area Prescribing Committee appraises product suitability for prescribing in the Worcestershire health economy based on the product's clinical and cost effectiveness.
- This policy applies to:
 - All patients registered with a Worcestershire GP or attending a healthcare appointment in Worcestershire.
 - All prescribers within the Worcestershire CCGs area, including non-medical prescribers, GPs, out-of-hours and A&E departments
 - All patients, whether or not they pay for their prescriptions.

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01905 681956**

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Lead Executive/Director:	Lynda Dando, Director of Primary Care
Name of originator/author:	Anne Kingham, Primary Care Medicines Commissioning Lead
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Equality & Diversity Impact Assessment	

Key individuals consulted in developing this document

Name	Designation
CCG Governing Body members	
CCG Medicines Commissioning Team	
Worcestershire Local Medical Committee	

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1. Definitions

- ACBS: In certain conditions some foods (and preparations) have characteristics of drugs and the Advisory Committee on Borderline Substances advises as to the circumstances in which such substances may be regarded as drugs.
- Formulary: A list of medicines. The term is used to describe a limited list of medicines that have been approved for use in a locality.
- Guideline: An official recommendation indicating how something should be done or what sort of action should be taken in a particular circumstance.
- Policy: A policy is a plan of action which is then applied as concrete programmes and actions. Policy documents are prescriptive by nature and detail expectations for the actions of individuals in a particular subject area, setting the parameters within which individuals will operate.

2. Scope of policy

- 2.1 This policy applies to all services contracted by or delivered by the NHS in Worcestershire including:
- GP practices
 - Out of hours and extended hours providers
 - Acute Hospitals
 - Outpatient clinics
 - NHS community providers
 - Independent providers
 - Community pharmacy
- 2.2 This policy applies to all prescribers within the contracted services; general practitioners, locum and junior doctors, trainees and community practitioners, supplementary and independent non-medical prescribers within Worcestershire.
- 2.3 This policy applies to all patients registered with or attending a healthcare appointment in Worcestershire.

3. Background & Purpose

- 3.1 Medicines are the most common health intervention and are included in the majority of treatment pathways. In the three Worcestershire CCGs just over £90 million was spent on prescribed medicines in 2016-17.
- 3.2 This policy outlines the expectations for NHS prescribing, detailing standards that all prescribers are expected to adhere to. It also seeks to provide clarification for prescribing situations not covered by the NHS or where NHS responsibility for prescribing is not clear.

4. Prescribing Against National and Local Guidance

- 4.1 Expectation is that prescribing should be in line with Worcestershire agreed Joint Formulary¹ and local² or national guidelines, policies and position statements. Any departure from this requires sound clinical reasons. A list of position statements and relevant commissioning policies are given in Appendix 1.

- 4.2 Where there is a choice of approved drugs within a therapeutic class, the one with the lowest acquisition cost should be used first line. Any departure from this requires documented and endorsed clinical reasons.
- 4.3 Prescribing outside of local formulary, national or local guidance may be considered an example of inappropriate prescribing that would be challenged through Provider contracts.
- 4.4 Prescribing of products considered by the Joint Formulary Committee to be less suitable for prescribing is not supported. These products are identified in the British National Formulary, previously annotated by the symbol - .

5. Prescribing Following a Private and NHS Consultation

- 5.1 The responsibility for prescribing rests with the doctor who has clinical responsibility for a particular aspect of the patient's care.³ Where, for instance, an NHS doctor refers a patient (privately or otherwise) to a consultant for advice but, when appropriate, retains clinical responsibility, he/she should issue the necessary prescriptions and at NHS expense, provided it is considered normal clinical practice and within local guidelines and formularies.
- 5.2 Requests to prescribe outside of normal clinical practice and/or local guidelines and formularies should be challenged. All primary care prescribing should be in line with the Worcestershire formulary. ([Worcestershire Formulary](#))
- 5.3 People who opt to be referred privately (i.e. outside the NHS) are expected to pay the full cost of any treatment they receive in relation to the referral, including that of any drugs and appliances. Patients should be informed of this expectation prior to referral. Following a private consultation, there is no obligation for the GP to prescribe the recommended treatment if it is contrary to his/her normal clinical practice.
- 5.4 Patients have a right to revert to NHS funding at any point during their care. However, if they wish to exercise this right, their care will be transferred to local pathways and be subject to local guidelines and policies.
- 5.5 When a private referral is made, patients may be given the leaflet ([information when considering private referral](#)) which explains the situation regarding NHS prescriptions following private consultations. Enclosing a copy with any referral letter may also be useful.
- 5.6 Under GMS regulation a GP is not allowed to issue a private prescription for a patient on their NHS list except in the limited circumstances listed below.
- Travel vaccines not available as an NHS service (see section 6 below)
 - Private care of patients **not** on the practice list for NHS care e.g. private GP appointments or an occupational health service; issuing an NHS prescription in this case would constitute a breach of the GMS contractual regulations.
 - Malarial prophylaxis and other travel medicines
 - Patients should be advised to purchase where possible over the counter.
 - For prescription only medicines, GPs may charge for and issue a private prescription.
 - Black listed drugs; patients may not be charged for issue of the prescription.
 - Drugs on the SLS list being used outside the recommendations e.g. vardenafil®. Patients may not be charged for the issue of the prescription.

6. Patients travelling abroad and travel vaccines

- 6.1 The NHS accepts responsibility for supplying on-going medication for temporary periods abroad of up to three months⁴ although it may be clinically appropriate to give less in line with usual prescription quantities.
- 6.2 For patients who will be out of the country for less than three months, it is reasonable to provide sufficient medicines for an existing condition.
- 6.3 Patients leaving the UK for more than three months should be advised to register with a local doctor for their continuing medical needs. It is reasonable for GPs to provide sufficient medication to give patients time to do this.
- 6.4 The [Vaccine Position Statement](#) provides advice about providing vaccinations for travel purposes.

7. Occupational Health Vaccines

- 7.1 Hepatitis A and B vaccines should not be supplied as an NHS prescription or service for occupational health indications.
- 7.2 Hepatitis A vaccine is recommended for certain at risk occupational groups (please see Green Book for an up to date list). Workers should be advised to contact their occupational health department for advice and vaccination. If no occupational health service exists, the employer should be advised to make private arrangements with another practice or occupational health service provider.
- 7.3 Hepatitis B vaccine is recommended for certain at risk groups in line with the Green Book and includes healthcare workers in the UK and overseas including students and trainees, laboratory staff, staff of residential and other accommodation for those with learning difficulties, other occupational risk groups such as morticians and embalmers, prison service staff who are in regular contact with prisoners, police and fire rescue services.
- 7.4 It is the employer's duty (or medical school) rather than the GP's responsibility to ensure that an 'at risk' employee does not work until they have been appropriately vaccinated and a full risk assessment has been performed. The GPC view is **'there is no obligation under the GMS regulations for a practice to provide occupational health services for patients.'**
- 7.5 **Further information and template letters are available from the [BMA website](#).** Please see the NHS Choices website for the most up to date information.

8. Prescribing licensed medicines for an unlicensed use (off label)

- 8.1 Prescribing of medicines that are licensed, but are being used outside of their product license is not generally recommended. However, it is recognised that some circumstances may necessitate a prescription. Points for consideration:
 - Prescribers have a duty in common law to take reasonable care and to act in a way consistent with the practice of a responsible body of peers of similar professional standing.
 - Legal responsibility for prescribing falls to the practitioner who signs the prescription.
 - In situations following a recommendation by a consultant, the prescriber is unlikely to be found negligent if they have taken steps to become familiar with the drug; are able to monitor the drug completely; and have access to effective

consultant support. For Non-Medical Prescribers, all prescribing must be within their competence.

- When an unlicensed use of a medicine is prescribed, the prescriber is professionally accountable for his judgement in doing so, and may be called upon to justify his actions. It is recommended that the decision is discussed with the patient and documented in the patient record.
- Specials formulations tend to be very expensive and given the above it is always advisable to prescribe a licensed product wherever possible. The Medicines Commissioning team are able to advise on suitable licensed alternatives.

9. Prescribing unlicensed medicines

9.1 The Worcestershire CCGs advise against the prescribing, at National Health Service expense, all products that do not have a UK Product License unless they are included in specific guidance that has been approved by Worcestershire Area Prescribing Committee.

9.2 The rationale behind this decision is:

- They are not licensed drugs under the Medicines Act, so there is no approved summary of product characteristics (SmPC) for prescribers to consult. (N.B. prescribers are only indemnified by a drug company if there is an SmPC and if the drug is used within licensed indications).
- Some are classed as 'food substitutes' but are not covered by ACBS regulations and do not appear in the current British National Formulary (BNF) or the Drug Tariff.
- For those that may be relatively low cost, demand could be very considerable if significant prescribing developed.

9.4 Practices are advised to stop prescribing of these items unless they are included in specific guidance that has been approved by Worcestershire Area Prescribing Committee and advise patients to purchase or where a clinical need is identified consider an alternative licensed preparation. A patient information leaflet is available: [Unlicensed medicines leaflet](#).

10. References

1. www.worcsformulary.nhs.uk
2. [Worcestershire Area Prescribing Committee](#)
3. GMC '[Good practice in prescribing and managing medicines and devices](#).'
4. [GPC Prescribing in General Practice](#)
5. [NHS Choices website](#)

11. Equality Impact Assessment & Statement

11.1 All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on race equality. This obligation has been increased to include equality and human rights with regard to disability, age, gender, sexual orientation, gender reassignment and religion.

11.2 Worcestershire, Redditch and Bromsgrove and Wyre Forrest CCGs endeavour to challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

- 11.3 All staff are expected to deliver services and provide care in a manner which respects the individuality of patients and their Carer's and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.
- 11.4 Providers and Commissioners are expected to use the appropriate interpreting, translating or preferred method of communication for those who have language and/or other communication needs. Practitioners will ensure that the Prescribing policy, in its application, is fair and equitable for all groups covered under the Equality Act 2010 and that they are implementing the Accessible Information Standard.
- 11.5 Any change to a service will require a conscious effort from the author(s) of that change to actively consider the impact that this will have on any Protected group(s) and act due diligently. Where an impact on any of the Equality groups is realised after the implementation of the Project/Service, the commissioners and or Providers, who are implementing the said Project and or service will seek to minimise such an impact and simultaneously carry out a full review.

An Equality Impact and Risk Assessment has been completed for this project. Please click on the following icon for the document:



Final

Stage_1_prescribing

APPENDIX 1: Position statements and commissioning policies

Clinicians are expected to adhere to any position statement issued by the Area Prescribing Committee:

Position statement	Date issued	Link
Botulinum toxin	June 2014	Botulinum toxin
Co-proxamol	Sept 2016	Co-proxamol
Medical devices	June 2016	Medical devices
Doxazosin MR	Sept 2016	Doxazosin MR
Dosulepin	May 2018	Dosulepin
E-Cigarettes	Feb 2017	E-cigarettes
Fentanyl immediate release	March 2018	Immediate release fentanyl
Freestyle Libre and other flash glucose monitoring	Oct 2017	Flash glucose monitoring (including Freestyle Libre)
Glucosamine	March 2018	Glucosamine
Lidocaine plasters	May 2018	Lidocaine plasters
Liothyronine	March 2018	Liothyronine
Lutein and antioxidants	Feb 2018	Vitamin and minerals
Omega 3 preparations	March 2018	Omega 3
Oxycodone/naloxone (Targinact [®])	Sept 2016	Oxycodone/naloxone
Paracetamol and tramadol combination (Tramacet [®])	Sept 2016	Paracetamol and tramadol combination
Perindopril arginine MR (Coversyl Arginine MR [®])	Sept 2016	Perindopril arginine MR
Sativex	Nov 2014	Sativex
Silk garments	Feb 2018	Silk garments
Tadalafil once daily	March 2018	Once daily tadalafil
Topical rubefacients	Sept 2016	Topical rubefacients
Trimipramine	May 2018	Trimipramine
Travel vaccines	May 2018	Travel vaccines
Vaccines other than travel	May 2018	Vaccines other than travel
Vitamin and minerals	Feb 2018	Vitamin and minerals

Commissioning Policies

Commissioning Policies	Date issued	Link
Gluten free	August 2017	Gluten Free Commissioning Policy
Homeopathy	December 2017	Alternative medicines and treatment policy
Herbal treatments	December 2017	Alternative medicines and treatment policy
Infant formula feeds	August 2017	Infant Formula Feeds Commissioning Policy
Oral nutritional policy	August 2017	Oral Nutritional Supplement Policy
Self-Care Commissioning Policy	August 2017	Self-Care Commissioning Policy