

CROSS BORDER / OUT OF AREA PRESCRIBING GUIDE FOR STAFFORDSHIRE PRESCRIBERS IN GENERAL PRACTICE

STAFFORDSHIRE CLASSIFICATION: AMBER E (shared care)				
OUT OF AREA CLASSIFICATION: BLACK (not recommended)	OUT OF AREA CLASSIFICATION: RED (secondary care)	OUT OF AREA CLASSIFICATION: BROWN (exceptional cases)	OUT OF AREA CLASSIFICATION: AMBER (specialist initiation)	OUT OF AREA CLASSIFICATION: GREEN (suitable for all)
At clinician's discretion to prescribe provided requirements of Staffordshire ESCA is satisfied. Clinicians are unlikely to be asked to prescribe these drugs.	At clinician's discretion to prescribe provided requirements of Staffordshire ESCA is satisfied.	At clinician's discretion to prescribe provided requirements of Staffordshire ESCA is satisfied.	Clinicians ask OOA specialist to work to Staffordshire ESCA (reduce confusion of practices using many differing ESCAs for the same drugs). At discretion, clinician could consider OOA ESCA.	Consider monitoring requirements and if follow-up required. Clinician may request detailed clinical information and share Staffordshire ESCA with requesting consultant to work to.
STAFFORDSHIRE CLASSIFICATION: AMBER (no shared care required)				
OUT OF AREA CLASSIFICATION: BLACK (not recommended)	OUT OF AREA CLASSIFICATION: RED (secondary care)	OUT OF AREA CLASSIFICATION: BROWN (exceptional cases)	OUT OF AREA CLASSIFICATION: AMBER (specialist initiation)	OUT OF AREA CLASSIFICATION: GREEN (suitable for all)
At clinician's discretion to consider accepting ongoing prescribing. Clinicians are unlikely to be asked to prescribe these drugs.	At clinician's discretion to consider accepting ongoing prescribing. Clinicians are unlikely to be asked to prescribe these drugs as they are classified as Red on OOA formularies.	At clinician's discretion to consider accepting ongoing prescribing.	Okay to prescribe as per Amber on Staffordshire formulary.	Okay to prescribe but consider monitoring requirements /required follow-up. Clinician may request detailed clinical information to provide assurances of patient follow-up.
STAFFORDSHIRE CLASSIFICATION: GREY (not approved OR not commissioned)				
OUT OF AREA CLASSIFICATION: BLACK (not recommended)	OUT OF AREA CLASSIFICATION: RED (secondary care)	OUT OF AREA CLASSIFICATION: BROWN (exceptional cases)	OUT OF AREA CLASSIFICATION: AMBER (specialist initiation)	OUT OF AREA CLASSIFICATION: GREEN (suitable for all)
Not recommended or commissioned. Refer patient back to OOA provider trust to recommend an alternative drug. Clinicians are unlikely to be asked to prescribe these drugs.	Not recommended or commissioned in Staffordshire. Refer patient back to out of area provider trust to recommend an alternative drug or for specialist to continue prescribing. Clinicians are unlikely to be asked to prescribe these drugs if they are classified as Red on OOA formularies.	Not recommended or commissioned in Staffordshire, therefore referring clinician to provide evidence of exceptional circumstance or prescribe alternative drug. Where the Clinician, based on their own clinical decision making, declines to prescribe this would be supported by the North / South Staffs Joint Formulary drug review processes within the CCGs.*	Not recommended or commissioned in Staffordshire. Refer patient back to OOA provider and request alternative drug recommendation. Provide feedback to Medicines Optimisation of these OOA requests. Where the Clinician, based on their own clinical decision making, declines to prescribe this would be supported by the North / South Staffs Joint Formulary drug review processes within the CCGs.*	Not recommended or commissioned in Staffordshire. Refer patient back to OOA provider and request alternative drug recommendation. Provide feedback to Medicines Optimisation of these OOA requests. Where the Clinician, based on their own clinical decision making, declines to prescribe this would be supported by the North / South Staffs Joint Formulary drug review processes within the CCGs.*
STAFFORDSHIRE CLASSIFICATION: RED (secondary care only)				
OUT OF AREA CLASSIFICATION: BLACK (not recommended)	OUT OF AREA CLASSIFICATION: RED (secondary care)	OUT OF AREA CLASSIFICATION: BROWN (exceptional cases)	OUT OF AREA CLASSIFICATION: AMBER (specialist initiation)	OUT OF AREA CLASSIFICATION: GREEN (suitable for all)
Not recommended or commissioned. Refer patient back to OOA provider trust to recommend an alternative drug. Clinicians are unlikely to be asked to prescribe these drugs.	Prescribing responsibility rests with specialist; patient should be referred back to the OOA provider trust for on-going prescribing – same as RED in Staffordshire.	Not agreed for primary care prescribing in Staffordshire, therefore the patient should be referred back to the OOA provider trust for on-going prescribing. Provide feedback to Medicines Optimisation of these OOA requests.	Not agreed for primary care prescribing in Staffordshire. Refer patient back to the OOA provider trust for on-going prescribing. Provide feedback to Medicines Optimisation of these OOA requests.	Not agreed for primary care prescribing in Staffordshire. Refer patient back to the OOA provider trust for on-going prescribing. Provide feedback to Medicines Optimisation of these OOA requests.

CROSS BORDER / OUT OF AREA PRESCRIBING GUIDE FOR STAFFORDSHIRE PRESCRIBERS IN GENERAL PRACTICE

Table comparing formulary classification between acute trusts and CCGs across the neighbouring borders (use with classification table on previous page)

CCG	Traffic light classification									
	Blue	Black	Grey	Brown	Pink	Purple	Red	Amber E	Amber	Green
Staffordshire (North & South)	N/A	N/A	Not recommended or commissioned.	N/A	N/A	N/A	Secondary care prescribing only	Suitable for primary care prescribing under shared care protocol/ RICA <i>D</i> i.e. ESCAs	Suitable for primary care prescribing after specialist referral.	Suitable for primary or secondary care prescribing.
Vale Royal, South Cheshire and East Cheshire	No formulary decision made	N/A	Discouraged. Not considered suitable for prescribing.	N/A	Specialist recommendation, initiation or Shared care. <i>(Same as Amber in Staffs)</i>	Consultant or specialist only prescribing. Not for primary care. <i>(Same as Red in Staffs)</i>	Discouraged	N/A	N/A	Recommended YELLOW: 2 nd or 3 rd line
Derbyshire	N/A	Not recommended or commissioned. This may include drugs, treatments or medical devices. Consider switching, stopping or IFR.	N/A	Use not recommended unless in exceptional circumstances.	N/A	N/A	Suitable for specialist or consultant use in secondary or tertiary care settings.	Same as Amber.	Initiated in secondary care, but suitable for prescribing in primary care under shared care protocol once patient has been stabilised.	Suitable for primary care prescribing.
Birmingham and Surrounds	N/A	Non formulary. Not recommended for primary care prescribing.	Positive NICE TA or awaiting local clarification or place in therapy	N/A	N/A	N/A	Specialist use only. Initiation and maintenance.	Same as Amber	Specialist initiation or recommendation. May need ESCA/RICA <i>D</i>	Suitable for primary or secondary care prescribing.
Wolverhampton	N/A	N/A	N/A	N/A	N/A	N/A	Restricted/ specialist prescribing only	N/A. Same as Amber	Specialist initiation, then GP to continue. May need ESCA/RICA <i>D</i>	Suitable for GP prescribing

KEY: APC- Area prescribing committee; APG- Area prescribing group; IFR- Individual funding request; OOA- Out of area; ESCA- Essential shared care agreement; RICA*D* - Rationale for Initiation, Continuation and Discontinuation.

CROSS BORDER / OUT OF AREA PRESCRIBING GUIDE FOR STAFFORDSHIRE PRESCRIBERS IN GENERAL PRACTICE

NOTES*:

The tables provide a guided approach when making clinical decisions about recommendations/requests to prescribe medicines, taking into consideration the traffic light status of such medicines from the originating trust or CCG. A clinician makes a prescribing decision based on what they are or are not prepared to take clinical responsibility for, with due consideration to patient need as well. The clinician who signs the prescription is legally liable for the prescribing and the subsequent effects of that drug. Some clinicians might have special training or knowledge of a particular area of medicine which makes them comfortable to prescribe and monitor a particular drug in primary care. A prescriber should be aware of their skills and also of their limitations, and as a result, ensure patients are managed and prescribed for effectively. The formulary helps to inform these prescribing decisions, but ultimately the decision to prescribe any medication relies on clinician clinical decision making.

Initiation or recommendation of non-formulary medicines may be challenged. CCGs may challenge GP practices with high levels of non-formulary prescribing. Likewise GPs, Medicines Optimisation Team, CCG Governing Body members or managers may challenge secondary care doctors who prescribe or recommend non-formulary medicines.

The local formularies and supporting documents are available online via netFormulary:

North Staffordshire Joint Formulary: www.northstaffordshirejointformulary.nhs.uk

South Staffordshire Joint Formulary: www.southstaffordshirejointformulary.nhs.uk

Contacting Medicines Optimisation Team:

North Staffordshire: medopsqueries@stoke.nhs.uk

South Staffordshire: southstaffs.medsoptimisation@nhs.net

Medicines Optimisation Team Pharmacists can be contacted via the **email addresses above** to provide further information or support when dealing with prescribing across borders or between secondary and primary care interfaces.

(Adapted from Derbyshire Medicines Management 'Out of area prescribing' document, May 2018)