

East Lancashire Medicines Management Board Third Edition August 2007 Review September 2013

EAST LANCASHIRE HEALTH ECONOMY Traffic Light Prescribing Specification

This prescribing specification for the East Lancashire Health Economy is based on extensive work within East Lancashire, as well as consultation across the Cumbria and Lancashire Strategic Health Authority. It has involved consultation in primary, secondary, tertiary and intermediate care. The developmental nature of such a specification is recognised and it will be amended in the light of further practice and experience.

Contact: Lisa Rogan – Chair of East Lancashire Health Economy New Medicines and Treatments lisa.rogan@eastlancspct.nhs.uk

The Traffic Light Definitions and the East Lancashire Traffic Light Scheme can be found on line at http://www.elmmb.nhs.uk for the most recent and up to date versions.



Guidelines on Prescribing Responsibility for

"RED /AMBER/GREEN/BLACK MEDICINES"

AIM: It is important for patient care that there is a clear understanding of where clinical and prescribing responsibility rests between specialists and primary care prescribers. Specialists are those clinicians working within secondary care at consultant or specialist registrar grade, or GPs with a specialist interest (GPwSI) working in primary care prescribing only within their speciality.

These guidelines reinforce the basic premise that:

"When clinical and / or prescribing responsibility for a patient is transferred from hospital to a primary care prescriber, the primary care prescriber should have full confidence to prescribe the necessary medicines. Therefore, it is **essential** that a transfer of care involving medicines that a primary care prescriber would not normally be familiar with should not take place without the "**sharing of information with the individual primary care prescriber and their mutual agreement to the transfer of care"**.

These are not rigid guidelines. In all cases, specialists and primary care prescribers should discuss the appropriate management of individual patients personally. On occasions specialists and primary care prescribers may agree to work outside of this guidance. Criteria for the inclusion of medicines on these lists, or the moving of medicines between the traffic light system will be primarily based on:

- Evidence base
- Clinical responsibility
- Patient safety
- > Patient convenience and preference
- Ensuring appropriate usage
- Ensuring efficient use (clinical and cost)
- > Willingness to provide agreed shared care information
- > Availability of suitable monitoring mechanisms in general practice

Traffic Light Definitions:

RED Traffic Light –RED medicines should be initiated by specialists only and prescribing retained within secondary care; primary care prescriber initiation or continuation of treatment is not recommended. These treatments often require specialist knowledge, monitoring, dose adjustment or further evaluation in use. Intravenous medicines, sometimes time limited courses and unlicensed indications for specialist medicines would usually fall into this category.

These treatments should be initiated by, or under the explicit direction of a relevant secondary care specialist (Consultant or Specialist Registrar – unless designated consultant prescribing only). GPs with a relevant specialist interest (GPwSI) working in the community may also commence such treatments under the agreed supervision of secondary care if the GPwSI is happy to take on the prescribing responsibility.

(Where patients are already receiving a **RED** medicine from their primary care prescriber, and their primary care prescriber has particular specialist knowledge or prior experience of prescribing this drug, the primary care prescriber may continue prescribing in primary care provided their primary care prescriber is happy to continue to take on the prescribing responsibility.) Primary care prescribers may prescribe RED medicines in exceptional circumstances to patients to ensure continuity of supply while arrangements are made to obtain usual supplies from secondary care.

AMBER Traffic Light – these medicines are considered suitable for GP prescribing following specialist initiation/recommendation of therapy, with ongoing communication between the primary care prescriber and specialist. AMBER medicines require no specific shared care protocol as no or little monitoring is required. Patients should ideally be initiated on therapy with a minimum of 28 days

Lancashire Care Trust, Blackburn with Darwen CTP, East Lancashire PCT



supply before transfer to primary care. Where this does not occur, or this is not possible, the primary care prescriber must use their professional discretion to decide whether they feel confident to initiate therapy themselves on the advice of a specialist. Primary care prescribers must still be familiar with the drug to take on prescribing responsibility or must obtain the required information in any case. It is **essential** that a transfer of care involving medicines that a primary care prescriber would not normally be familiar with should not take place without the "sharing of information with the individual primary care prescriber and their mutual agreement to the transfer of care". When handing over care, specialists should request primary care prescribers to take over prescribing responsibility, and should provide sufficient information as to the indication, dose, monitoring requirements, and any necessary dose adjustments to allow them to confidently prescribe.

NB: There may be rare occasions when the specialist is recommended to retain prescribing responsibility for a set period of time before transferring to primary care, and this will be clearly stated in the Joint Medicines Formulary.

AMBER with SHARED CARE Traffic Light – these medicines are considered suitable for primary care prescribing following specialist initiation of therapy, with ongoing communication between the primary care prescriber and Specialist. AMBER with SHARED CARE medicines require significant monitoring and to qualify must be designated so by the East Lancashire Medicines Management Board. Primary care prescribers are advised not to take on prescribing of these medicines unless they have been adequately informed by letter of their responsibilities with regards to monitoring, side effects and interactions and are happy to take on the prescribing responsibility. A copy of the locally approved shared care document (where available) should accompany this letter which outlines these responsibilities. Primary care prescribers should then inform secondary care of their intentions as soon as possible by letter, and then arrange the transfer of care as necessary.

GREEN Traffic Light – These **GREEN** medicines are appropriate for initiation in both primary and secondary care. Prescribing is appropriate within licensed or local recommendations.

BLACK Traffic Light – These medicines are less suitable for prescribing, and are not recommended in primary or secondary care due to the lack of good clinical evidence, or due to the availability of more suitable alternatives. These medicines are not included in the East Lancashire Joint Formulary and are not available within secondary care.

GREY Traffic Light - This is a holding position as these drugs have not been formally assessed by the East Lancashire Medicines Management Board and awarded a traffic light designation. It is recommended that GREY medicines, or those not included elsewhere, are not prescribed until they have been assessed for inclusion in the East Lancashire Joint Formulary.

IMPORTANT ADDITIONAL INFORMATION

This Guidance is based the National Institute of Clinical Excellence (N.I.C.E) recommendations and the earlier EL(91)127 "Responsibility for Prescribing between Hospitals and GPs." *The MMB recognise the special problems this type of categorisation creates in the treatment of children in particular, where a medicine's product licence does not cover paediatric use. Further information which facilitates prescribing for children is available in the BNF for Children (BNF-C) available to prescribers and pharmacists from June 2005. Primary care prescribers **should not assume** that drugs listed in the **AMBER** or **AMBER** with **SHARED CARE** group would attract "Near Patient Testing" payments under GMS Enhanced Services. This decision in relation to individual drugs is subject to local discussion within individual PCTs.

August 2007 Edition 3 Review date: September 2013

For further information, or to pass on comments, please contact your local PCT Pharmaceutical Adviser / PCT GP Prescribing Lead or your local Acute / Mental Health Trust Chief Pharmacist or Prescribing Lead.