## Key Messages for Prescribers from the JAPC Prescribing Specification 2025-2026

| | |
|---|---|
| 1. | **Starting new prescriptions for drugs that are classified GREEN (suitable for primary care prescribing) with additional restrictions:**<br><br>**GREEN Consultant/Specialist Initiation** is when a consultant/specialist issues the first prescription because the patient requires specialist assessment before starting treatment and/or short-term assessment of the response to the drug is necessary and GPs will only be asked to continue prescribing when the patient is stable or predictably stable.<br><br>**GREEN Consultant/Specialist Recommendation** is when a consultant/specialist asks GPs to prescribe the initial and on-going prescriptions, ensuring that there is no immediate need for the treatment and is in line with the outpatient policy and the patient's response to treatment is predictable and safe. |
| 2. | **Shared care drugs (AMBER)**<br><br>These must always have a JAPC approved shared care protocol/agreement. In the transfer of management and prescribing responsibilities to the GP, it is essential that:<br><br>• Prescribing responsibility will only be transferred when it is agreed by the consultant and the patient's GP that the patient's condition is stable or predictable following a period of initiation and review.<br><br>• Dissemination of sufficient information to the GP and other carers has occurred, including sharing a copy or link to an up-to-date shared care agreement Derbyshire Shared Care Agreements Information<br><br>• Prior agreement has been reached between the GP and consultant before clinical responsibility is transferred.<br><br>• The GP is in a position to monitor the treatment as per the shared care agreement..<br><br>A GP has the right to refuse to enter into a shared care agreement, but should communicate this with the specialist team and ideally explain why. Refusing on the grounds of drug cost alone is not acceptable.<br><br>Changes in clinical responsibility must be seamless and the patient or the patient's representative should not be involved in dialogue between clinicians or be required to act as a purveyor of information or policy. Any changes in responsibility transfer must be done at patient level in the patient's best interest and safely. |
| 3. | For **all medications** started in a provider care setting the initiating clinician is responsible for the following:<br><br>• Considering and advising on contraindications, side effects and interactions<br>• Patient counselling<br>• Baseline investigations<br>• Where appropriate, the provision of management plans and to inform GP when starting new medicines<br>• On-going monitoring e.g., blood test or ECGs and until requesting the primary care clinician takes responsibility for this as per JAPC traffic light classification or appropriate shared care agreement.<br>• Shared decision making (NICE NG197) |
| 4. | Where a **non-formulary medication** is recommended, the consultant will negotiate its supply from within the Trust. GPs should not be asked to prescribe drugs not approved for use in the Trust where the specialist works, unless by specific written agreement with an individual patient's GP. GPs may continue prescribing of concessionary drugs approved through a process of DTC if the exceptionality is agreed by the host commissioning ICB or local guidance of exceptionality. |
| 5. | If a **medication, dressing or appliance is not available on GP FP10 prescription** and initiated by the Trust, it must continue to be supplied by the Trust. |

**Key Messages for Prescribers from the JAPC Prescribing Specification 2025-2026**

| | |
|---|---|
| 6. | Responsibility for the prescribing of **unlicensed drugs or use of drugs off-label** will not be transferred to GPs without their prior agreement (exceptions include recognised standards of prescribing practice e.g., paediatrics, dermatology and palliative care). |
| 7. | Drugs being used as part of a **hospital-initiated clinical trial** will be supplied by the hospital. |
| 8. | **Medication required for planned hospital procedures or investigations** (for example, EMLA® cream before hospital dialysis, or MRSA eradication) must be prescribed by the hospital/provider and treating clinician. |
| 9. | **Outpatient attendance: provider organisation requirements**<br><br>A clinic letter is not required after every single attendance but, **as a minimum, one must be sent after any clinical attendance where the secondary care health professionals need to pass information to the GP so that he/she can take action in relation to patient's on-going care.** Where required, providers must send clinic letters **within 7 days** of the patient's attendance<br><br>Where a hospital clinician recommends that an out-patient letter is sent to their GP for commencement of new treatment, **5 working days from receipt of the letter** will be given for the GP to action the request and issue a prescription. Procedures will be in place to communicate this to the patient at the out-patient appointment. Information should be at the required standard as agreed in contractual quality schedules.<br><br>**Medications required urgently** i.e., those required within 5 working days, will be supplied by the hospital. **28 days will be supplied** either through outpatient pharmacy services or on FP10HNC prescription unless a shorter course of treatment is indicated. Processes will be in place to ensure that the patient is aware to obtain non-FP10 prescriptions from the outpatient pharmacy service and not to request a GP transcription onto FP10.<br><br>Mental Health outpatients may receive less than this dependent on clinical need and risk assessment.<br><br>Medication information should be by generic name, except for those agents where it is clinically necessary to indicate the brand prescribed for therapeutic or safety reasons as per JAPC recommendations. |
| 10. | **Discharge: provider organisation requirements**<br><br>Discharge summaries must be sent to the GP **within 24 hours** after every discharge from inpatient, day case or A&E care. These must be sent **electronically** as structured messages of coded clinical information using standardised clinical headings. In-patients on discharge or transfer shall receive a **minimum of 14 days treatment for all drugs and appliances** unless otherwise indicated clinically (e.g., short courses or risk assessment). The 14-day treatment can be a reconciliation of medicines supplied by the trust and where appropriate medicines brought in by the patient, reducing unnecessary waste. Wherever possible patients will be encouraged to use their own medicines. A further exception to the 14 days is the supply of oral nutritional supplements whereby the provider will ensure 5-7 days is available.<br><br>Patients attending for **day case surgery** will be provided with sufficient dressings/ antibiotics/ analgesia to meet their post-operative needs. |

For further information please see JAPC Prescribing Specification 2025-2026