Good communication between consultants and general practitioners is essential to good medical practice, and particularly important in ensuring continuity of care when patients are transferred from hospital to primary care.

**Continuity of care**

The GMC highlights the importance of continuity and co-ordination of care in its guidance *Good Medical Practice* (2013). Paragraph 44 states that you must contribute to the safe transfer of patients between healthcare providers and between health and social care providers. This means you must share all relevant information with colleagues involved in your patients’ care within and outside the team, including when you hand over care as you go off duty, and when you delegate care or refer patients to other health or social care providers.

The transfer of information between the hospital and GP setting is particularly important, especially when changes are made to treatment plans. The GMC advises in *Good practice in prescribing and managing medicines and devices* (2013) paragraph 32 that 'when prescribing for a patient you should check the completeness and accuracy of the information accompanying a referral. When an episode of care is completed, you must tell the patient’s GP about changes to the patient’s medicines (existing medicines changed or stopped and new medicines started, with reasons); length of intended treatment; monitoring requirements and any new allergies or adverse reactions identified, unless the patient objects or if privacy concerns override the duty, for example in sexual health clinics.'

When patients move between hospital and primary care, there may be some confusion over who has overall responsibility for the patient and ongoing monitoring of their condition. Paragraph 35 of the GMC prescribing guidance states that ‘decisions about who should take responsibility for continuing care or treatment after initial diagnosis or assessment should be based on the patient’s best interests, rather than on your convenience or the cost of the medicine and associated monitoring or follow-up.’

If you ask the GP to prescribe a drug for the patient, agree with the GP how the treatment will be monitored and reviewed. You should satisfy yourself that the prescriber has sufficient information to prescribe. Doctors are legally responsible for any prescription they sign, so if you ask a GP to prescribe, it is important to familiarise them with the drug and its likely side effects.

**When an episode of care is completed, you must tell the patient’s GP about changes to the patient’s medicines.**

You have a responsibility to ensure that letters to GPs contain all the necessary information about the patient, their condition, and the required dose frequency of the drug prescribed as well as the monitoring required. A GP who is unclear about any aspect of the prescription may refuse to prescribe the drug or may wish to clarify this with the consultant before issuing a prescription, which may delay the treatment.

To avoid some of these problems, you may wish to consider agreeing a shared-care protocol with GPs, which should include responsibilities and details of follow up arrangements. The Department of Health and National Prescribing Centre have both published guidance on the responsibility for prescribing between hospitals and GPs¹. Both documents stress the seamless transfer of care for the patient from hospital to general practice.

We run interactive courses on effective colleague communication skills. For more information please visit themdu.com/learn

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References

Scenario

Q I recently started a patient on an unlicensed drug and requested the patient’s GP provide repeat prescriptions. The GP is concerned because he had never heard of the drug before and does not want to issue repeat prescriptions. What should I do?

A In the UK, no medicine can be marketed for human use without a product licence granted by the Medicines and Healthcare products Regulatory Agency. You should usually prescribe licensed medications within the terms of their licence; however, the licensing arrangements permit doctors to prescribe unlicensed drugs, and to use drugs for unlicensed indications in specific circumstances. Legal responsibility for the decision to prescribe falls to the clinician who signs the prescription. Doctors have a duty to take reasonable care and to act in a way that is consistent with the practice of a responsible body of their professional peers. The decision to prescribe an unlicensed drug must be one capable of support from an informed, reasonable body of clinicians of similar training and experience.

In paragraphs 67-70 of its prescribing guidance the GMC provides specific guidance on the prescription of unlicensed medications and the prescription of medications outside the terms of their licence. You should first be satisfied that a licensed medication would not meet the patient’s needs. If you believe it is necessary to prescribe an unlicensed medicine for a particular patient, you should be satisfied that there is sufficient experience of using the medicine to demonstrate its safety and efficacy (paragraph 70).

Informed consent is a crucial aspect of off-licence prescribing. You must make it very clear to the patient that the medication is unlicensed, and why that is. You will need to explain why you are prescribing it and what alternatives exist. Make a clear record that the indications for the drug and the risks have been explained and that the patient both understands the risks and accepts them.

Paragraph 70 of the prescribing guidance states that you should take responsibility for prescribing the medicine and for overseeing the patient’s care, monitoring, and any follow-up treatment, or make sure that arrangements are made for another suitable doctor to do so. Make a clear record of all medicines prescribed and your reasons for prescribing an unlicensed medicine.

It will be important to establish with the patient’s GP who will be responsible for this before the medication is prescribed. If the patient’s GP is to be responsible for monitoring the patient, they must be satisfied doing so would not fall outside the limits of their individual knowledge and competence. The doctor signing and issuing the prescription personally bears the responsibility for that treatment. Any GP who is to provide ongoing management must understand the patient’s condition and the treatment prescribed, and must be able to recognise any adverse effects of the medication. You may wish to have a discussion with the patient’s GP about the drug’s safety and value in this particular condition. If satisfied, the GP may then be happy to prescribe the drug, but the decision is ultimately theirs. They will be responsible if they agree to continue the prescription.

It may be helpful to set up a formal shared care agreement with the GP. It may also be necessary to draw up a protocol for the use of the drug and approval should be sought from the CCG to ensure compliance with any local guidelines on prescribing.

The example above is fictional but based on cases in the MDU’s files.

For medico-legal queries

24-hour advisory helpline
Call freephone 0800 716 646
Email advisory@themdu.com
Visit themdu.com

This information is intended as a guide. For the latest medico-legal advice relating to your own individual circumstances, please contact us directly.

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