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Dear Colleague

Revised national guidance on 'Responsibilities for Prescribing between Primary and Secondary/Tertiary Care'

I am writing to you in relation to new national guidance on prescribing responsibilities between primary and secondary care, which has been published today at <https://www.england.nhs.uk/gp/gpfv/workload/interface/resources/>.

This guidance is the result of work by a representative, cross-system, stakeholder-led Task and Finish Group, which I chaired, and which was asked to look at prescribing across the primary and secondary care interface. At every stage, the ambition behind this important work has been to support prescribers to ensure that high quality patient care is delivered, underpinned by patient-centred professionalism.

The impetus for the work came from a national stakeholder group, the 'Primary and Secondary Care Interface Working Group', which is working to drive forward actions intended to improve processes and collaboration across the primary and secondary care interface, and is in response to a commitment made in the General Practice Forward View.

Previous guidance had dated back to 1991 (ELV (91) 127 "Prescribing responsibilities between hospitals and GPs"), and whilst much of the original guidance is still relevant, it did not adequately reflect the current healthcare landscape, as well as the numerous changes that have taken place in the years since.

This guidance does not introduce any new requirements or 'burdens' for professionals, but is instead intended to provide clarity and direction for all

professionals responsible for prescribing across primary and secondary/tertiary care in making decisions which are in the best interests of patients' safety and wellbeing.

It also recognises the role of non-medical prescribing, the principles of medicines optimisation and the potential of Regional Medicines Optimisation Committees to support local decisions on prescribing. It is also supported by some guiding principles on shared care agreements; intended to improve clarity and consistency around their use, and to provide all parties with greater confidence to enter into them if it is in the best interest of the patient.

I encourage you to cascade this guidance within your organisation, in order to support its widespread adoption and implementation.

Thank you to all those who took part in the Task & Finish Group.

Best regards

A handwritten signature in black ink, appearing to read 'K. W. Ridge', with a stylized flourish at the end.

Dr Keith Ridge
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NHS England