To improve communication between primary and secondary care the following checklist has been drawn up with primary care and patient advocates to ensure key information related to medication is put into correspondence with GPs. GPs would normally expect secondary care to initially review patients started on medication GPs do not normally initiate themselves, e.g. medication for bipolar disorder and schizophrenia.

Please make sure the following are included if relevant:

1. Your prescribing and follow-up recommendations. Ensure these are clear and include:
   - Who is responsible for checking that the medication is working.
   - What the intended effect is.
   - If the GP is expected to monitor the intended effect:
     - The likely timescale to see the effect
     - What should be done if the intended effect is not seen
     - The key side-effects that need monitoring for.
   - If you are responsible for reviewing the benefits, the review date.
   - What other [recovery] measures is the person engaging with to support the medication.
   - If there is a clear plan to discontinue the medication at a certain point, what is that plan and who will implement it.

2. The benefits, risks and any timescales the patient/carer has been told about.

3. Your recommended prescription ‘pick up’ rate (usually one month).

4. The number of days medication you have prescribed.

5. What arrangement you have agreed with the patient/carer for them to get a repeat prescription.

GPs have asked for clear information as this issue can create a lot of work for practices. Please use statements like ‘I have asked the patient to see you for a review in 4 weeks’ or ‘the wife will order a repeat prescription from the surgery’.

If not giving the patient/carer a prescription please make it clear that GP practices need at least three full working days’ notice to generate a prescription from the time the request is received. Explain that had an urgent prescription been needed then one would have been provided in the clinic.

6. Using a monitored dosage system (MDS / ‘blisters pack’) is particularly labour intensive. If you are recommending that the GP consider organizing a compliance aid such as a medicines administration record (MAR) chart or a MDS please detail how the benefits should be monitored so that if not successful the compliance aid can be stopped and other strategies considered.

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