**From the Chief Pharmaceutical Officer**
**Mrs Cathy Harrison**

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Castle Buildings
Stormont
Belfast
BT4 3SQ

**Tel:** 028 90 523219
**Email:** cathy.harrison@health-ni.gov.uk
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Dr Donagh MacDonagh
e-Health lead, HSCB
By email: Donagh.MacDonagh.Z00140@gp.hscni.net

Dear Donagh,

Thank you for your letter of 9 April highlighting your concerns about current arrangements for the transfer of information between HSC Trusts and general practice and the supply of new and urgent medication by secondary care providers.

As you will be aware, the Department is currently finalising preparations to undertake a formal public consultation on revised guidance on the responsibilities of primary and secondary care services for the prescribing and supply of medicines, and it is anticipated that this will progress to consultation in the next few weeks, subject to the Minister's approval. This updated guidance will replace the extant guidance in HSS(OP1) 2/92 and will reflect the changed landscape of HSC service provision in the intervening years since first publication, including utilisation of non-medical prescribers and collaborative working between sectors as part of HSC transformation and rebuilding.

Both the current 1992 guidance and the draft update are clear on the extant responsibilities of secondary care providers to ensure that when patients are treated in inpatient, outpatient or day-case settings that an appropriate supply of any new and urgently required medication is made by the secondary care provider in order to facilitate the smooth transition of prescribing responsibility to primary care. All HSC Trusts have the capability to supply new and urgent medication from the hospital pharmacy, and I am engaging with HSC Trusts to identify and address any barriers that may impact this in practice.

Subject to the outcome of the consultation the publication of this updated guidance will also be an important enabler of new models of prescribing across the interface between primary and secondary care, and will provide the policy support for the prescribing of urgently required medication by secondary care prescribers on a HS21 prescription form that can be dispensed in a community pharmacy. This will provide an additional mechanism that will help to facilitate patients to receive the medicines they need in a

timely and more efficient manner and support the further transformation of the HSC with prescribers increasingly working across traditional interfaces.

As we move out of the acute pandemic surge, the Department is also finalising the development of a strategic framework for the system-wide rebuilding of HSC services. This will have an increasing focus on a region-wide approach to maximising HSC capacity, alongside embedding innovation and transformation and incorporation of the ENCOMPASS programme. This direction of travel will see increasingly collaborative working between different HSC organisations, and my team and I are working with Departmental colleagues to develop new arrangements for cross-Trust working that will support this objective while ensuring that any new arrangements for the supply of medicines between Trusts meet the requirements of medicines legislation and regulation.

You may also be aware that in September 2020 the Department published "Transforming medication safety in Northern Ireland", which is our strategic plan for reducing avoidable harm from the use of medicines over the next five years. Aligned to the World Health Organisation's third Global Patient Safety Challenge "Medication without Harm", the commitments in the plan include the development of a co-ordinated Northern Ireland approach to ensuring the safer transition of care between care providers. A Regional Safer Medicines Group, led by Joe Brogan, has now been established to develop and oversee delivery of an action plan that takes forward these commitments across the HSC, and this work will seek to collaborate with existing programmes including ENCOMPASS and the e-pharmacy programme to ensure that appropriate technology solutions including verification measures are put in place to ensure the safe and efficient transfer of prescribing information between care providers.

I hope that this response is helpful, and I would like to thank you for raising these issues and for your continued input and support to our ongoing work to develop the necessary governance arrangements to underpin the safe rollout of new models of prescribing.

Yours sincerely



**Mrs Cathy Harrison**
**Chief Pharmaceutical Officer**

CC. Joe Brogan
Brenda Bradley
Andrea Linton
Chris Garland