

Ein cyf/Our ref: DM/JPJ
Gofynnwch am/Please ask for: Jenny Pugh-Jones
Rhif Ffôn /Telephone: 07794 274 633
Ffacs/Facsimile: Jenny.pugh-jones@wales.nhs.uk
E-bost/E-mail:
Date: 7th January 2013

Pencadlys Bwrdd Iechyd Hywel Dda
Llys Myrddin, Lôn Winch, Hwlfordd,
Sir Benfro, SA61 1SB
Rhif Ffôn: (01437) 771220

Hywel Dda Health Board Headquarters
Merlins Court, Winch Lane, Haverfordwest,
Pembrokeshire, SA61 1SB
Tel No: (01437) 771220

Dear GP Colleague

As part of the on going work that is looking at dementia care across the Health Board we are reviewing the way in which dementia medicines are accessed following some safety concerns. In line with current NICE guidance it is appropriate that these medicines be prescribed in primary care for stable patients.

By repatriating these medicines to primary care we will make it easier and safer for the patient to receive their medication. Currently a high volume of dementia medicines are posted to patients, which is not satisfactory from a governance perspective. There have been instances of duplication of therapy due to the hospital and GP both prescribing the dementia medication. Concerns are also raised that GPs may be unaware that their own patients are receiving therapy for dementia as they are not prescribing the drugs and therefore it does not show on the drugs summary or repeats screen. Completion of this transfer will reduce the above risks significantly for the benefit of patients.


Secondary care consultants will continue to carry out regular reviews of their patients prescribed these medicines. There will be no requirement for you to undertake any additional review related to the prescribing of these medicines as part of this transfer. For your information I have taken the opportunity to attach additional prescribing details about these medicines. Included in the prescribing information are contact numbers for the secondary care consultants that are responsible for dementia care of your patients.

Patients suitable for transfer of the prescribing of their medication will be identified by their Secondary Care Consultant. The Mental Health Pharmacy team will be notified and will write to you to request taking over prescribing for the individual. In order to ensure that there is no confusion over who will continue the prescribing the dementia medicines you will be asked to sign and return a confirmation slip to the Mental Health Pharmacy Department. A sample is attached for your information.

To ensure that this transfer does not adversely affecting prescribing performance it is proposed that the dementia medicines are top sliced from the practices prescribing budget using the high cost drugs list. This will be reviewed on an annual basis.

Work continues both at a Hywel Dda and Locality level to develop a clear pathway of care for dementia patients. Transfer of prescribing, as with many other chronic conditions is a small step that can be taken now to reduce the risks identified above.

Yours Sincerely

A handwritten signature in black ink, reading "Jenny Pugh-Jones". The script is cursive and fluid, with the first letters of each name being capitalized and prominent.

Jenny Pugh- Jones
Acting Head of Medicines Management

ANTI-DEMENTIA MEDICATION PRESCRIPTION REQUEST FORM

Part A: To be completed by Specialist Memory Assessment Service

Dear Dr.....

GP Practice.....

Patient's name	
Date of birth	
Address	

The above patient has been assessed by the specialist memory service and has been stabilised on the following treatment for their Alzheimer's/Dementia Disease.

I am requesting your agreement to continue prescribing this medication

Medication, dose and frequency	
Date of most recent issue of medicine(s)	
Date next issue is due	
Date of next memory clinic review appointment	
Name of consultant	
Date:	

Part B: To be completed by GP Practice

ACKNOWLEDGEMENT OF TRANSFER OF PRESCRIBING

Patient's name	
Date of birth	
Address	

Medication, dose and frequency	
Date of Next Issue	

I AGREE / DO NOT AGREE TO CONTINUING THE PRESCRIPTION OF THE ABOVE MEDICATION TO THIS PATIENT (PLEASE INDICATE)

Signed.....

Print Name.....

Date.....

GP Practice.....

**Please return to
Eileen Richards
Mental Health Pharmacy
Glangwili Hospital
Carmarthen
SA31 2AF
Tel: 01267 227367**

Or FAX to SAFE HAVEN FAX on 01267 227720