Prescribing responsibility

The doctor who has clinical responsibility for a patient should undertake any necessary prescribing, according to guidance by the General Practitioners' Department of the High Court, published in November 1991. This guidance is now reinforced in new guidelines published last week by the NHS Management Executive.

Before the 1987 guidance some hospitals were inappropriately transferring responsibility for prescribing to general practitioners because the hospital service is cash limited and the family doctor service is not. This practice still occurs and causes difficulties for patients, general practitioners, and consultants.

General practitioners worry about taking responsibility for unfamiliar and expensive treatment; consultants are concerned about prescribing drugs for which there is no budgetary cover; patients are worried about the continuity of their treatment, and are inconvenienced by having to obtain drugs from their general practitioner rather than directly from the hospital; and hospitals often provide insufficient quantities of drugs at discharge. A further cause of concern is often lack of consultation between professionals over the transfer of prescribing responsibility.

All these factors, plus the introduction into general practice of indicative limits for prescribing from 1 April this year, led the Department of Health to set up a working group in June 1990. Last week’s new guidance, summarised here, stems largely from the working group’s advice.

- A transfer involving drug treatments with which general practitioners would not normally be familiar should not take place without full local agreement and the dissemination of sufficient information to individual general practitioners.
- When a patient is discharged from hospital enough drugs and dressings should normally be prescribed by the hospital and dispensed by the hospital pharmacy for at least seven days.
- The general practitioner to whose care the patient is being transferred should receive notification in adequate time of the diagnosis and treatment so that any continuing treatment can be maintained.
- Patients attending an accident and emergency department should also receive a supply of drugs from the hospital for seven days.
- When consultants think that they should start treatment for an outpatient drugs should normally be prescribed by the hospital for not less than 14 days.
- When a patient’s condition is stable a consultant may agree to share care with the general practitioner and advise which medicine to prescribe, although the general practitioner must be given the option of prescribing alternatives.

The guidance, Responsibility for Prescribing between Hospitals and GPs, is set out in a letter from the NHS Management Executive (EL180).

**Rush to sue over benzodiazepines**

Litigation over the side effects of benzodiazepines has hit a logjam in the United Kingdom, with an unexpectedly large number of potential claimants having come forward since deadlines for joining an existing group action were set last June. Since then the number of claimants has nearly trebled, from 6000 to 17 000, making the case by far the largest personal injury claim ever launched in the British courts. Around 11 000 legal aid certificates have already been issued.

Lawyers are awaiting a decision from Mr Justice Ian Kennedy on whether he will extend the deadline for serving proceedings, now set at 15 April 1992. If not, most of those who consulted solicitors after the announcement will not have their claims processed in time, the lawyers say. Applications for legal aid take up to eight weeks. Medical records have to be obtained before psychiatric assessments can be carried out and statements of claim drafted. Even with a panel of 79 psychiatrists to do assessments and 33 barristers drafting pleadings, only 800 plaintiffs have so far served proceedings.

Most users of the banned sleeping pill Halcion (triazolam) who have come forward will be unable to sue the makers, Upjohn, unless the judge agrees to extend the deadline for applications for legal aid, which was 20 September, as well as the 15 April cut off point. More than 250 claimants consulted solicitors after 20 September. Most were alerted by the publicity over the withdrawal of the drug’s product licence by the Committee on Safety of Medicines on 2 October (12 October, p 877) and by a television programme two weeks later that exposed errors in reports of clinical trials submitted to the drug regulatory authorities in the US and United Kingdom (19 October, p 1000). A second, later, group of plaintiffs—as was set up during the litigation over the antithrombotic drug clopidogrel—might be established, but the judge has not so far indicated whether he intends to authorise such a group, or on what terms.

General practitioners all over the United Kingdom are abruptly withdrawing patients from benzodiazepines and in some cases removing them from their lists when solicitors write for their medical records, according to Paul Balen, of the Benzodiazepine Solicitors Group, which is coordinating the claims. Sudden withdrawal could lay a doctor open to a negligence action, he warned.

The litigation over benzodiazepines is the first mass action to be launched in county courts since last July’s new rules whereby all personal injury claims up to £50 000 can start there rather than in the High Court. The change has exposed widespread ignorance among county court staff of the rules on disclosure of court documents to the press.

High Court writs, which contain little information, are open to public inspection, but county court summonses and statements of claim may be inspected only if a district judge gives permission. Some benzodiazepine users who have issued proceedings have had details of their psychiatric reports blazoned in the local press after county court staff broke the rule. The Lord Chancellor’s Department has drawn court clerks’ attention to the rule in the latest issue of the manual for court staff, Court Business.

Mr Balen said that clients had accused their solicitors of releasing the information. Rosemary Keckes, a solicitor in Washington, Tyne and Wear, said, “My clients were not named, but intimate details in three local papers such as their hobbies and how the drug affected them personally would have enabled people who knew them well to identify them.”

The Lord Chancellor’s Department said that officials were looking into the matter. Mr Justice Kennedy has ruled that psychiatric reports need not be included in papers filed with the court.—CLAIRE DYER, legal correspondent, BMJ

**Correction**

A case against human insulin?

In Clare Dyer’s news article (14 September, p 601) it was reported that solicitors for claimants over side effects of human insulin had been in touch with Professor Arthur Teuscher of the University of Bern. Professor Teuscher states that he had no such contact with the claimants’ solicitors.

Spelling out pharmacists’ responsibilities