

**APPENDIX A –  
EXAMPLE NORTH YORKSHIRE HORIZONS DISCHARGE LETTER TEMPLATE  
(Generated from SystmOne)**

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Dear GP,

**Re: Patients Name**-----

DOB -----

NHS Number -----

Address-----

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I am writing to inform you that North Yorkshire Horizons (NYH) is preparing to discharge the above patient who has completed a pharmacologically supported detoxification, with a supportive psychosocial interventions package.

**Date patient completed assisted alcohol withdrawal programme:**

Mr/Mrs **[delete as appropriate]** ----- has made excellent progress in treatment and will be discharged with an active recovery plan which includes ----- **[name and dose and frequency]** medication (in line with NICE CG115) to help them maintain their abstinence and prevent relapse.

To support their recovery goals going forward the integrated team at NYH recommend that you continue to prescribe this medication for a time limited period to support them to maintain their health and wellbeing .The patient is eligible for the treatment and has received a comprehensive assessment, necessary monitoring, and advice on options.

As we prepare to discharge from treatment we would be grateful for your support with their continuity of their care.

**We initiated the prescription on:** --/--/-- and the patient is in receipt of this medication up to --/--/-- from North Yorkshire Horizons, so we would appreciate it if your surgery could take over the prescription from --/--/--.

The patient has a daily dose of --- mg and is usually prescribed --- **days at a time**. We recommend that you continue the prescription for a further ----- **weeks [delete before issuing: untypical to include more than 12 weeks here]**. NICE recommend that most people are prescribed for up to 6 months in total. However, we recommend that you complete a medical review with the patient in 12 weeks to assess progress and need for further prescriptions if you think that they may benefit from a longer prescription.

## Recommended medical monitoring arrangements

We include the latest blood results from the patient and suggest these are repeated every --  
----- [weeks/ months]

## Prescribing advice

If you feel that you need to discuss the patient with a member of the NYH clinical team now or in the future please contact the SPOC on 01723 330730 and ask to speak to ----- [name of prescriber within NYH]. If they are unavailable ask to leave a message so that they can return your call.

The patient is encouraged to continue engaging with the North Yorkshire Horizons Recovery and Mentoring Service where they will continue to receive support with their recovery.

We'd appreciate it if you would confirm receipt by reply using the template provided below and return to North Yorkshire Horizons by post or fax.

Yours faithfully  
Key Worker  
North Yorkshire Horizons  
Tel: 01723 330730

## FOR RETURN TO NYH BY GP:

Patient's Name:

NHS number:

Date of Birth:

Lead Doctor's Name:

Surgery Name:

I agree/ refuse [delete as appropriate] to become responsible for prescribing acamprosate/  
naltrexone/ disulfiram [delete as appropriate] for alcohol misuse recovery for the above patient  
from --/--/--

If refusing, please include brief details to assist the prescriber:

Signed, print and date