



## **PRESCRIBING FOR SITUATIONS NOT COVERED BY THE NHS**

### **Advice for Health Professionals**

This advice covers the provision of prescriptions to a patient registered on the list of a general medical practitioner (GP), or temporary resident. It does not cover the provision of private services to members of the public who are not registered with the practice.

#### **1. Self-Care and Grey List Products**

Mid Essex Clinical Commissioning Group recommends that prescribers do not prescribe for minor self-limiting conditions where a wide range of products are available to purchase “over the counter” (OTC) from pharmacies. Patients would be expected to self medicate after seeking appropriate advice from a community pharmacist or other health care professional. The Self Care Policy can be accessed through the Mid Essex CCG website.

In addition a Grey List has been prepared by Mid Essex CCG, which lists medications that are not recommended for prescribing in normal practice based on safety, efficacy and cost effectiveness. **Prescribing of items on the Grey list should only occur in exceptional circumstances.**

#### **2. Use of Private Prescriptions for NHS Patients**

Prescribers may not provide private prescriptions for their NHS patients unless the item is not prescribable on the NHS.

Such groups are:

- Items included in the ‘Black List’
- Drugs for the prevention of malaria
- Drugs where the indication is outside those indicated on the selective list scheme (SLS – Drugs and other substances not to be prescribed under the NHS pharmaceutical services – Part XVIII A of Drug Tariff)
- Vaccines not included in current public policy and travel packs or
- drugs solely in anticipation of the onset of an ailment while outside the UK.

#### **3. After Private Referral**

3.1 The responsibility for prescribing rests with the doctor who has clinical responsibility for a particular aspect of the patients’ care. Where, for instance, a NHS doctor refers a patient (privately or otherwise) to a consultant for advice but, when appropriate, retains clinical responsibility, he/she should issue the necessary prescriptions at NHS expense.

3.2 Patients who refer themselves independently of the GP (i.e. outside of the NHS) are expected to pay the full cost of any treatment they receive in relation to the care provided privately. Any drugs prescribed or treatment provided by a clinician in the course of, or following a private consultation should be at the patient’s expense. Patients should be aware that discharge medication following an in-patient stay or medication to take home with them following an outpatient appointment may not be included within their insurance or the quoted cost of the procedure/consultation, and they will need to pay for this separately.

3.3 Patients are at liberty to switch between private and NHS care at any time, but should only be provided with an NHS prescription if there is a clinical need and the medication would usually be provided on the NHS. There is no obligation on the part of the GP to prescribe the



recommended treatment if it is contrary to his/her normal clinical practice. The consultant's advice on choice of treatment is advisory and the GP may choose to prescribe an alternative product bearing in mind national and local guidelines/formulary. By prescribing, a clinician assumes clinical responsibility for the treatment.

3.4 Patients have the right to appeal against any decision not to prescribe. In the first instance this will be to the doctor concerned and then to the CCG through the formal appeals procedure. The patient should be advised to contact their CCG for further details.

#### **4. Immunisation for Holiday and Business Travel Abroad**

4.1 Guidance for prescribers on risk assessment for travelers and appropriate advice is available at <https://www.nathnac.org/pro/index.htm>

##### 4.2 Travel vaccines

Refer to Vaccination in [Primary Care Guidelines](#) for vaccines that are available on the NHS for the purpose of travel.

These vaccines may be obtained in one of two ways:

- purchased by the practice and personally administered payment claimed through FP1034PD (for Typhoid and Hepatitis A) or FP10 via the prescription pricing division (PPD) of the NHS Business Services Authority (NHSBSA); or
- obtained by the patient on FP10 prescription. A prescription charge is payable to the pharmacy or dispensing doctors unless the patient is exempt.

In this situation no claim for personal administration fee should be made.

Centrally supplied vaccines must not be used for travel purposes.

##### 4.3

The Department of Health recommends that vaccines against diseases that are not likely to be transmitted to others on return should be paid for by the patient (refer to above guidance). This is a private service and charges will be set by practices. It is advised that practices develop a practice protocol outlining the charges for private travel services incorporating the charge for writing the prescription and administering the vaccine as well as the cost of the vaccine itself. This information should be readily available to patients. Practices may keep stock and may invoice the patient or provide a private prescription for the patient to take to a community pharmacy.

4.5 Hepatitis B vaccination is not routinely required for travel abroad.

4.6 No charge should be made to any NHS patient of the practice for providing Travel Advice. This represents appropriate health promotion for patients wishing to travel abroad and is therefore classed as an essential service within the GMS contract. It is also unacceptable for GP practices to charge a fee for the administration of NHS travel vaccinations.

#### **5. Malaria Prophylaxis**

5.1 The Department of Health has issued guidance (FHSL(95)7) that medication for malaria prophylaxis may not be reimbursed under the NHS.

5.2 Some medicines for the prevention of malaria are available for purchase "over the counter" at community pharmacies.



- 5.3 Prescription only medicines for malaria prophylaxis should be prescribed on private prescriptions. When issuing a private prescription, or providing the medication, practices are allowed to charge a fee for either activity but not for both.
- 5.4 Local community pharmacies have access to up to date advice about appropriate malaria prophylactic regimes and can advise travelers accordingly.
- 5.5 Patients should be advised to purchase sufficient prophylactic medicines to cover the period of their travel, commencing one week (2-3 weeks for mefloquine so that if adverse events occur there will be time to switch to an alternative) before departure and continuing for at least four weeks on return. Malarone is an exception being started 1-2 days before arrival in a malarial region and stopped one week after leaving.
- 5.6 The importance of mosquito nets, suitable clothing and insect repellents to protect against being bitten should be stressed. Remember the four steps (ABCD) to prevent suffering from malaria in UK travelers:

**Awareness:** know about the risk of malaria

**Bite by mosquitoes:** prevent or avoid

**Compliance with appropriate chemoprophylaxis**

**Diagnose breakthrough malaria swiftly and obtain treatment promptly.**

## **6. Travel Abroad**

Under NHS legislation, the NHS ceases to have responsibility for people when they leave the UK. However, to ensure good patient care, the following guidance is offered. People travelling within Europe should be advised to carry the European Health Insurance Card (EHIC) and everyone should obtain adequate holiday insurance cover.

For more detailed advice please refer to NHS Choices:

<http://www.nhs.uk/nhsengland/Healthcareabroad/pages/Healthcareabroad.aspx>

### For 3 Months or less

- 6.1 Medication required for a pre-existing condition should be provided in a sufficient quantity to cover the journey and to allow the patient to obtain medical attention abroad. If the patient is returning within the timescale of a normal prescription (usually one and no more than three months) then this should be issued providing it is clinically appropriate.
- 6.2 GPs are not responsible for prescription of items for conditions which may arise while travelling e.g. travel sickness, diarrhoea. Patients should be advised to purchase items to treat these locally prior to travel. Advice is available from community pharmacies if required. For items that are prescription only, patients may be offered and charged for a private prescription e.g. medication for, or needed in case of emergency. The GMS contract allows items for travel to be prescribed privately for patients on the practice NHS list.
- 6.3 Emergency travel kits are available in two forms. The “basic kit” contains items such as disposable needles and syringes, IV cannulae, sutures and dressings. The “POM” kit contains additional items such as plasma substitutes and medicines.



A private prescription is required for the latter. The kits or a list of suppliers are available through travel clinics or community pharmacies. Neither kit is available under the NHS.

6.4 Patients carrying prescribed controlled drugs abroad for their own personal use may require a personal license. ‘Travelling Abroad with Controlled Drugs – Implications for Patients’ guidance is attached in Appendix 1.

#### Longer stays abroad

6.5 It is not a responsibility of the NHS to provide health services outside the UK. If a person will be abroad for three months or more then all the patient is entitled to at NHS expense is a sufficient supply of his/her regular medication to get to the destination and find an alternative supply of that medication.

<http://www.nhs.uk/chq/Pages/1755.aspx?CategoryID=73&SubCategoryID=105>

6.6 For longer visits abroad, the patient should be advised to register with a local doctor for continuing medication (this may need to be paid for by the patient). It is wise for the patient to check with the manufacturer that medicines required are available in the country being visited.

<http://www.nhs.uk/nhsengland/healthcareabroad/movingabroad/pages/introduction.aspx>

6.7 The GMS contract requires practices to remove patients from their NHS list where they will be leaving the country for a period of more than 3 months.

### **7. Prescribing of Borderline Foods and Dietary Products**

7.1 Prescribing of borderline foods and dietary products should comply with the recommendation of the Advisory Committee on Borderline Substances (ACBS) who recommend products on the basis that they may be regarded as drugs for the treatment of specified conditions: “Doctors should satisfy themselves that the products can safely be prescribed, that patients are adequately monitored and that, where necessary, expert hospital supervision is available.”

A complete list of conditions can be found in the BNF or Drug Tariff Part XV. Most conditions can be included in the following categories:-

Metabolic disorders	Gastrectomy
Malabsorption states	Malnutrition (disease-related)
Liver disease	Inflammatory Bowel Disease
Specific skin disorders	Renal failure
Dysphagia	

#### **Prescription should be endorsed “ACBS”**

7.2 There are several areas where prescriptions for dietary products do not comply with the above recommendations and responsibility lies with individual GPs who may use their judgment to make exceptions to the above recommendations. This may occur following recommendations from a dietitian or for a medical condition requiring nutritional support for a defined period of time.

7.3 Prescribing of gluten-free foods should only occur for patients with established gluten enteropathy and in line with Mid Essex CCG Coeliac Disease policy on the website: Prescribing of infant feed and nutritional supplements should be in line with Mid Essex CCG



Guidelines. [Mid Essex Gluten Free Food Policy](#)

7.4 Mid Essex CCG will strongly support any doctor wishing to refuse prescriptions of dietary products for patients (for examples care homes with or without nursing) outside the above uses where they may be being used as an alternative to liquidising/purchasing appropriate food.

## **8. Stocks of Drugs for Medicine Administration**

8.1 FP10 prescriptions should not be used for replenishment of practice stocks following administration to patients. In law, items dispensed against a prescription for a patient belong to that patient and not the practice prescribing the item. Medication prescribed for an individual patient must be supplied to, and used by, that patient only.

- Practices must not use prescriptions to replenish practice or personal stock, even where practice stock is used for that patient initially.
- Practices may obtain this stock by purchasing with a signed order requisition via a community pharmacy using headed notepaper (private CD requisition forms for CDs)
- Practices may replenish stocks by purchasing through the legitimate pharmaceutical supply chains.

8.2 If a practice administers e.g. an IUD (or any other personally administered item) to a patient, on the NHS, from stock they have bought in, they must issue it free of charge to the patient and claim reimbursement for personal administration on form FP34PD; and attach an FP10 form for that item with the form.

8.3 Alternatively the patient may be issued an FP10 prescription to be dispensed at a pharmacy and brought back to the surgery for administration to them. In this case no claim should be made for personal administration on form FP34PD.

8.4 Categories which are allowed as 'personally administered' are:

- i) Vaccines
- ii) Anaesthetics
- iii) Injections
- iv) IUDs
- v) Contraceptive Caps & Diaphragms
- vi) Pessaries which are listed as Appliances
- vii) Sutures and Skin Closure strips (must be listed in the Drug Tariff)
- viii) Diagnostic reagents

Items that are commonly disallowed as 'personally administered' are:

- i) Dressings
- ii) Catheters
- iii) Nebules
- iv) Hormone implants e.g. implanon
- v) Chemical Reagents

## Appendix 1

### Travelling Abroad with Controlled Drugs – Implications for Patients

Patients who are carrying certain controlled drugs abroad (or in the case of an import licence, into the UK) for their own personal use may require a personal licence.

A personal license enables you to take prescribed controlled medicines out of the UK and bring them back in when you return. It has no legal standing in other countries.

You need to apply for a personal licence at least 10 working days before the date you're due to travel. Your GP will need to provide a letter supporting your application.

The Home Office website has more information about [personal licences for taking controlled medicines abroad](#).

For those planning to travel with less than 3 months' supply of medication it should be carried in the hand luggage (airline regulations permitting) and include a covering letter from the traveler's doctor; a personal licence in this case is not required

This letter should contain the following patient information:

- Your name
- Your address
- Your date of birth
- The outward and return dates of your travel
- The country you are visiting
- List the drugs you are carrying, including dosages and total amounts

People travelling for over three months, or are carrying more than 3 months' supply of prescribed controlled drug medication, either abroad or to the UK, will need a personal export/import licence.

The following documents in support of an application for a personal export/import licence are required:

- A completed application form for a personal export/import licence
- A letter from your prescribing doctor or drug worker

Some countries may have their own import regulations for controlled drugs and it is advised for travellers to contact a country's embassy to check.

There is no allowance in the GMS contract to reimburse GPs for providing this service. It would be up to the discretion of the GP/practice whether to charge patients in these circumstances.

Title	Prescribing for Situations Not Covered by the NHS Advice for Health Professionals
Document reference	SituationsNotNHSGUI201504V2.0FINAL
Author	Judith Croot, Pharmacy Technician, Mid Essex CCG Natalie Leong, Pharmacist, Mid Essex CCG
Reference:	Previous version Reviewed – March 2013 Reviewer – Carol Sampson; Evidence Based Pharmacist Essex CSU- (this policy was initially based on Liverpool Health Authority, Derbyshire PCT and Brent PCT documents and subsequently updated).
Approved by	Mid Essex Medicines Management Committee
Date approved	April 2015
Next review date	April 2017

Previous version	Key Changes
January 2013	Updated format & weblink to gluten free food policy Addition of link to the CCG Vaccination in Primary Care guidelines and removal reference to “Red Book”