



Prescribing for situations not covered by the NHS Advice for Health Professionals Summary of changes

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This advice covers the provision of prescriptions to a patient registered on the list of a general medical practitioner, 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

North East Essex CCG promotes a policy of self-care for its population supported by other services where necessary. Self-care incorporates the management of minor ailments long-term conditions and illness prevention where medications are licensed and available to be purchased over the counter in pharmacies and supermarkets as appropriate. It also incorporates healthy eating and making healthy life-style choices e.g. weight management, exercise, stopping smoking and reducing alcohol intake. Residents within North East Essex should purchase basic homely remedies, after seeking advice if necessary. The full policy can be accessed via the [CCG website](#).

2. Use of Private Prescriptions for NHS Patients

Prescribers may only provide private prescriptions for their NHS patients where 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 [Selected list Scheme within the Drug Tariff](#) (SLS – “Drugs, Medicines and Other substances that may be ordered only in certain circumstances” – Part XVIII B of Drug Tariff),
- travel vaccines not included in current public policy and travel packs
- 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 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.

3.3 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.

3.4 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 travellers and appropriate advice is available online from [NaTHNaC](#) (National Travel Health Network and Centre)

4.2 Diphtheria, polio and tetanus (combined booster), typhoid, hepatitis A (including vaccines combined with typhoid or hepatitis B) and cholera are usually available on the NHS free of charge to patients who require them.

<http://www.nhs.uk/conditions/Travel-immunisation/Pages/Introduction.aspx>

These vaccines may be obtained in one of two ways:

- purchased by the practice and personally administered payment claimed via an FP34PD submission, 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 a personal administration fee should be made.

Centrally supplied vaccines must not be used for travel purposes.

4.3 Hepatitis B (when not combined with hepatitis A), Japanese encephalitis and tick-borne encephalitis, meningococcal meningitis, rabies, tuberculosis and yellow fever for travel purposes, are not available on the NHS and a private prescription should be issued. 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.

4.4 No charge should be made to an NHS patient 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 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 a private prescription. 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 prophylactic regimes and can advise travellers accordingly.
- 5.5 Patients should be advised to purchase sufficient prophylactic medicines to cover the period of their travel, usually commencing one week before departure and continuing for up to four weeks on return. There are some exceptions, i.e. Malarone is started 1-2 days before arrival in a malarial region and stopped one week after leaving. Mefoquine is started 10 days before travel so that if adverse effects occur there will be time to switch to an alternative. As this is a weekly tablet the 1st dose will be taken 10 days before departure with a 2nd dose taken 3 days before departure. Mefloquine is then continued weekly and for 4 weeks on return.
- 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:

- A**wareness
- B**ite avoidance
- C**ompliance with appropriate chemoprophylaxis
- D**iagnose 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 Travellers visiting countries outside Europe or North America, particularly those going to underdeveloped or third world countries, may wish to consider taking an emergency travel kit incorporating sterile needles and syringes. These are not available on the NHS but can be obtained through community pharmacies or travel clinics, depending on the content a private prescription may be required.

6.4 Patients carrying prescribed medication abroad for their own personal use should check the legal requirements for all the countries to be visited (including those where they may only be in transit). Further information concerning travelling with medication, including controlled drugs, can be found on the [NHS Choices](#) website.

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 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](#), the 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 judgement 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 NEECCG Coeliac Disease policy available on the [website](#).

7.4 NEECCG will strongly support any doctor wishing to refuse prescriptions of dietary products for patients (or nursing or care homes) outside the above uses where they may be being used as an alternative to liquidising/purchasing appropriate food. Further information can be found in the sip feed policy and infant feeding policy available from the CCG [website](#).

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), or via ONPOS for formulary dressings
- Practices may replenish stocks by purchasing through the legitimate pharmaceutical supply chains.

8.2 If a practice administers a 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 (including oral 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

* Please note that there are some exceptions e.g. vaccines obtained from Central Supply, Yellow Fever and Japanese / Tick Borne Encephalitis which are not allowed to be claimed by a practice.

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

- Dressings / swabs
- Catheters
- Nebules
- Hormone implants e.g. Implanon
- Chemical Reagents



Please note also that oxygen cannot be claimed by a practice, even in an emergency situation, as it is not listed on the GMS Statement of Entitlement. Reference: [NHSBSA](#)

Based on original work by Mid Essex CCG