Manchester Health Authority

PRESCRIBING SITUATIONS NOT COVERED BY THE NHS
Advice for Health Professionals

1. **After Private Referral**

1.1 The responsibility for prescribing rests with the doctor who has clinical responsibility for a particular aspect of the patient's care. Where, for instance, an 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 and at NHS expense.

1.2 People who opt to be referred privately (i.e. outside of the NHS) are expected to pay the full cost of any treatment they receive in relation to the referral, including that of any drugs and appliances.

1.3 Where the consultant has clinical responsibility, for example, where he administers the drug, or the treatment is recognised to be a specialist one, he should issue the prescriptions, and at the patient's expense, if the referral or consultation is on a private basis.

NB. Treatment in respect of subfertility is a case in point and therefore GPs should not be asked to prescribe.

1.4 Following a private consultation, there is no obligation for the GP to prescribe the recommended treatment if it is contrary to his/her normal clinical practice.

2. **Immunisation for Holiday and Business Travel Abroad**

2.1 Guidance for GPs on risk assessment for travellers and appropriate advice is contained in the document "Health Information for Overseas Travel" (UK Department of Health, London: HMSO 1998)

2.2 Immunisations which are available for reimbursement under the GP Terms of Service are provided free of charge to patients who require them (e.g. hepatitis A and typhoid).

2.3 In the case of immunisations for conditions for which there are no arrangements for reimbursement (e.g. meningitis (A and C), hepatitis B, rabies), GPs may charge patients directly. This is an exception to the rule which precludes GPs from charging patients for treatment under the NHS.

2.4 Newer (and more expensive) vaccines should normally only be provided at NHS expense if they are demonstrated to be of improved efficacy or when there are other compelling clinical advantages. Advice will be issued as new products arise.

3. Malaria Prophylaxis

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

3.2 Medicines for the prevention of malaria (except for "Maloprim" and mefloquine) are available for purchase "over the counter" at community pharmacies at a cost significantly less than the NHS prescription charge.

3.3 "Maloprim" and mefloquine are prescription only medicines and should be prescribed on private prescription.

3.4 Local community pharmacists have access to up to date advice about appropriate prophylactic regimes and can advise travellers accordingly.

3.5 Patients should be advised to purchase sufficient prophylactic medicines to cover the period of their travel, commencing one week (two and a half 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 week on return. The importance of mosquito nets, suitable clothing and insect repellents to protect against being bitten should be stressed.

3.6 Remember the PHLS Malaria Reference Unit four steps to prevent suffering from malaria in UK travellers:

Awareness: know about the risk of malaria.
Bites by mosquitoes: prevent or avoid.
Compliance with appropriate chemoprophylaxis.
Diagnose malaria swiftly and obtain treatment promptly.

4. Travel Abroad

Under NHS legislation, the NHS ceases to have responsibility for people when they leave the U.K. However, to ensure good patient care the following guidance is offered. People travelling within Europe should be advised to carry an E111.

4.1 Medication required for a pre-existing condition should be provided in 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. 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). NB. It is wise to check with the manufacturer that medicines required are available in the country being visited.

4.2 GPs are not responsible for prescription of items required for conditions which may arise while travelling e.g. travel sickness, diarrhoea. Patients should be advised to purchase these items locally prior to travel. Advice is available from community pharmacists if required. For conditions unresponsive to self medication the patient should normally seek medical attention abroad.

4.3 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 community pharmacies. Neither kit is available under the NHS.

5. **Prescribing of Borderline Foods and Dietary Products**

5.1 Prescribing of borderline foods and dietary products should comply with the recommendations of the Advisory Committee on Borderline Substances (ACBS): "Prescriptions for such products on FP10s are 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. Most conditions can be included in the following categories:-

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

5.2 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 dietician or for a medical condition requiring nutritional support for a defined period of time. An example of the latter would be a patient having had maxillo-facial surgery, being discharged from hospital with a wired jaw and requiring nutritional support for 6-8 weeks post-operation. Such a patient would be unlikely to receive adequate nutrition from a manageable volume of liquidised foodstuffs.

5.3 The Prescribing Strategy Group will strongly support any doctor wishing to refuse prescriptions of dietary products for patients (or nursing or residential homes) not complying with the above uses and using them as a convenience rather than liquidising/purchasing appropriate food.

Acknowledgement:

Our thanks are due to colleagues at Sefton and Liverpool Health Authority for allowing us to modify their original document.

Any queries relating to the content of this document should be directed to your PCT Pharmaceutical Adviser