

## **Private prescriptions including travelling abroad. Quick reference Guide**

Consultants seen privately should issue 1<sup>st</sup> prescription which patient should obtain, as in NHS.

By prescribing, a clinician assumes clinical responsibility for the treatment and the decision on whether to prescribe or not remains at all times with the individual prescriber.

Medicines commenced by private consultants can be continued by the patients GP on the NHS in the usual way as long as:

- the drug is normally prescribed by the NHS and is in line with national and local guidelines/policies and an NHS patient would be treated in the same way.
- the clinician is willing to accept clinical responsibility for prescribing the medication.
- the clinician considers it to be medically appropriate in the exercise of their clinical discretion.

There may be cases where a private consultant has commenced treatment with a medication which is specialised in nature e.g. an anti- epileptic or methotrexate, the GP must ensure there is a shared care protocol and /or treatment plan and it is safe to continue to prescribe.

GPs may not provide private prescriptions for their NHS patients unless the item is not allowed to be prescribed on the NHS. Such items include:

- Blacklisted drugs.
- Malaria prophylaxis.
- Travel vaccines not funded by the NHS. They include hepatitis B, Japanese encephalitis, some meningitis vaccines, rabies, tick-borne encephalitis, tuberculosis, and yellow fever.
- Treatment while travelling.
- Patients not fulfilling Selected List Scheme (SLS) criteria.

If a patient requests medication solely in anticipation of the onset of an ailment whilst they are outside of the UK, but for which they do not require treatment at the time of consultation, the patient should be given a private prescription. Practices may wish to charge patients for the issue of a private prescription.

Under NHS legislation, the NHS ceases to have responsibility for people when they leave the U.K. However, to ensure good patient care we recommend 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, provided this is clinically appropriate.

Where a patient requires a prescription for larger supplies of his/her medication because of a longer stay abroad, the patient can be given a private prescription to cover the additional period of absence. However GPs are clinically and legally responsible for any results of a decision to prescribe. In view of this, it would not be considered good clinical practice to prescribe large quantities of medicines to a patient going abroad for an extended period of time and whose progress, care the GP is unable to monitor

Patient advice may be found at: <http://www.nhs.uk/chq/pages/1755.aspx> and at <http://www.nhs.uk/nhsengland/Healthcareabroad/pages/Healthcareabroad.aspx>

Medicines commenced outside the UK for patients entitled to NHS care should be continued to be prescribed for the patient by the patients GP on the NHS in the usual way as long as:

- the drug is normally prescribed by the NHS and is in line with national and local guidelines/policies and an NHS patient would be treated in the same way.
- the clinician is willing to accept clinical responsibility for prescribing the medication.
- the clinician considers it to be medically appropriate in the exercise of their clinical discretion.

There may be cases where a patient's clinician from overseas has commenced treatment with a medication which is specialised in nature e.g. an anti- epileptic or methotrexate, the GP should refer the patient to an NHS consultant who can consider whether to prescribe the medication for the patient as part of NHS funded treatment.