

SEPTEMBER 2004

GPC

General Practitioners
Committee

**INFORMATION AND GUIDANCE ON
PRESCRIBING IN GENERAL PRACTICE**

Guidance for GPs

BMA 

CONTENTS

This guidance is arranged in a series of themed questions and answers.

Page

2	INTRODUCTION
	PATIENTS AND PRESCRIBING: RIGHTS AND RESPONSIBILITIES
2	Am I right, that as an NHS patient my doctor must prescribe for me whatever I want?
2	If I would like a drug that is not available on the NHS can my doctor write me a private prescription for it?
3	Can my doctor supply me with drugs directly rather than going to a pharmacist?
3	Why can't my doctor give my child single vaccines for measles, mumps and rubella?
3	If I choose to pay for it, can my GP give my child single measles, mumps and rubella vaccines?
3	I have seen a consultant who wrote to my GP and asked that they write a prescription for me, however my GP refuses to give me it?
4	But my friend's GP wrote them a similar prescription on a consultants advice, why won't mine, I think this is discriminatory?
4	What is shared care between consultants and GPs
5	I live abroad for six months of the year and asked my doctor to give me six months worth or prescription to cover this period but they refused. Can this be right?
	PRESCRIPTION INTERVALS
5	Is there a standard prescription interval?
5	What should we do about 7 day prescribing for dosette box/medidose dispensing?
	TRAVEL VACCINATIONS
6	Are GPs obliged to give travel vaccinations?
6	Can I charge for travel vaccinations?
6	Can I charge patient in my travel clinic for providing in-depth advice on travel vaccinations?
	SUPPLEMENTARY AND INDEPENDENT PRESCRIBING
6	What is the difference between supplementary and independent nurse prescribing?
7	Does this mean that doctors bear no responsibility for the actions of independent nurse prescribers?
7	How useful is supplementary prescribing to GPs?
7	How can I get funding for my practice nurse to train as an independent prescriber?
7	What will I, as a GP, need to do if my practice nurse trains as an independent prescriber?
	THE USE OF LICENSED DRUGS FOR UNLICENSED PURPOSES
8	Some of my patients have approached me for Botox injections for cosmetic reasons. Can I give them?
8	USEFUL RESOURCES

INTRODUCTION

This guidance was put together by the Prescribing Subcommittee to meet the increasing demand from individuals and organisations for information relating to prescribing in general practice. Doctors have specific clinical rights and responsibilities in relation to prescribing, and as most general practitioners work within the NHS, they are also bound by the NHS regulatory system.

This guidance is set out in a series of questions and answers for ease of use. The earlier part of this guidance deals with general issues around prescribing that may also be of particular interest when dealing with queries from patients. The later sections are likely to be of most interest to doctors, PCTs and other NHS organisations.

PATIENTS AND PRESCRIBING: RIGHTS AND RESPONSIBILITIES

- **Am I right, that as an NHS patient my doctor must prescribe for me whatever I want?**

Under the NHS regulations your GP must prescribe for you any drugs that he feels are needed for your care. This decision of what or whether to prescribe will be a clinical decision based on the presenting symptoms and history. A patient is entitled under the NHS to drugs that the doctor believes are necessary, not what the patient feels should be prescribed. GPs are responsible for all prescribing decisions they make and for any consequent monitoring that is needed as a result of the prescription given.

The Department of Health lists all drugs that the NHS is prepared to pay for in a book called the Drug Tariff. It is likely that most, if not all, the drugs you need are available through the NHS, however the Drug Tariff does have exceptions. Some drugs, like Viagra, listed in Schedule 11 will only be offered on the NHS to patients suffering from specified conditions. Similarly some products other than drugs, such as high energy or gluten free foods, are listed as 'Borderline Substances' and may only be prescribed at NHS expense in defined circumstances. Other drugs or substances, listed in Schedule 10, cannot be prescribed at all on the NHS. Examples are Evening Primrose Oil, many vitamins, bath preparations, cough syrups and expensive brand names of some drugs.

(Viagra and "single" mumps, measles and rubella vaccines will be discussed in detail in questions below)

- **If I would like a drug that is not available on the NHS can my doctor write me a private prescription for it?**

Any doctor can write a private prescription for a patient if they feel it is clinically appropriate and they are happy to take responsibility for that prescribing decision. Under the NHS regulations, a GP or his deputy can write a private prescription for a patient but cannot charge the patient for writing a private prescription if the patient is registered for NHS care with that GP or any other GP in the same practice.

The only exceptions to this rule are when an NHS GP writes either a private prescription for drugs that are requested by the patient "just in case" of the onset of illness while outside the UK, or else when a private prescription is required for the prevention (chemoprophylaxis) of malaria.

- **Can my doctor supply me with drugs directly rather than going to a pharmacist?**

The supply of drugs in the NHS is highly regulated. NHS prescriptions must be dispensed at pharmacies except where a doctor has been granted permission to be a dispensing doctor. This is likely to happen when there are few, if any, pharmacies in a rural or semi-rural area. The area is then known as a 'Controlled Area' and a dispensing doctor is allowed to supply drugs to named patients who live more than one mile by road from a pharmacy. Many dispensing doctors can only dispense to some of their patients depending on the position of a pharmacy. All patients have the right to take their prescription to a pharmacy of their choice if they wish to do so. Dispensing doctors are never found in areas defined as being non-rural (i.e. 'urban') where the proximity of pharmacies is guaranteed. Out of hours a doctor may supply a patient with immediately necessary emergency drugs when the pharmacy or dispensary is likely to be closed. (It is envisaged in the 'Carson Report' that in the near future instead of limited supply or a 'starter pack' plus a prescription, an Out-of-Hours doctor should supply a complete course of any necessary emergency medicine to the patient, and charge a prescription charge where the patient is not exempt.)

The only situations in which an NHS GP can supply his/her NHS patient with drugs privately are:

1. For drugs which are being issued solely in anticipation of the onset of an ailment whilst outside the UK, but for which the patient does not require treatment when the medicine is prescribed.
2. For drugs issued for the prevention of malaria.

Malaria chemoprophylaxis -There is no NHS Regulation that prevents a GP prescribing drugs for the prevention of malaria at NHS expense. An 'Executive Letter' from the NHS encourages doctors to prescribe privately.

A GP, even a dispensing GP, is not allowed to sell any 'over the counter' medicines.

- **Why can't my doctor give my child single vaccines for measles, mumps and rubella?**

There are some drugs (see above) that the government has not been prepared to provide on the NHS. The single vaccines for measles, mumps and rubella are included in this category. The Department of Health believes that on the basis of currently available evidence the MMR vaccine is the most effective and safe means of ensuring protection against measles, mumps and rubella, and therefore this is the only treatment it will provide for on the NHS. The three vaccines combined in MMR boost the effects of one another, whilst there are doubts about the efficacy of single vaccines. Some patients given single vaccines have now been advised to have reimmunisation.

- **If I choose to pay for it, can my GP give my child single measles, mumps and rubella vaccines?**

Under the NHS regulations an NHS GP is not allowed to charge an NHS patient registered with any doctor in his/her practice for anything which is not specified in Regulation 24, Schedule 5 of the National Health Service (General Medical Services Contracts) Regulations 2004,(previously paragraph 38, Schedule 2 'Terms of Service for Doctors'). Single vaccines for measles, mumps, or rubella are not specified in Schedule 5. NHS GPs cannot therefore charge NHS patients of their own practice for supplying or for administering these vaccines without breaching their terms of service.

- **I have seen a consultant who wrote to my GP and asked that they write a prescription for me, however my GP refuses to give me it?**

It is the doctor who signs the prescription who carries legal responsibility, not the doctor who may suggest it. A consultant will often advise a GP to prescribe a particular medicine for a patient. This can be the case whether the patient has seen the consultant privately or on the NHS. GPs will often

write a prescription based on the consultant's advice, but should only do so if they are in agreement that the medicine is appropriate, and if they are sufficiently knowledgeable about the use/interactions/side effects of the particular medicine to take personal legal responsibility for writing the prescription for it. Many complex illnesses may be monitored in primary care, with the GP accepting responsibility for some of the necessary prescribing, but then referring back when necessary under 'shared care' agreements for a consultant to prescribe treatment with which the GP cannot be expected to be familiar. In general the doctor who has the clinical control of any aspect of the patient's management should accept the responsibility for prescribing, except where another doctor has willingly agreed to take some of that responsibility under a 'shared care agreement'. There is no reason why prescriptions cannot be issued by a hospital doctor and posted to a patient who lives at a distance from the hospital.

A consultant may see a patient privately in order to give an opinion to an NHS GP on diagnosis or further management. Alternatively the consultant may treat a private patient for whom he/she will then continue to have the clinical responsibility, and will personally determine the ongoing treatment for a particular condition. In the latter case the consultant should prescribe privately for his/her private patient. A GP may well refuse to prescribe on the NHS in such a situation, because he does not have the clinical responsibility for managing that particular condition. He must, however, continue to provide NHS treatment and prescription for other conditions for which he does take clinical responsibility.

Sometimes treatments are new, experimental, for unlicensed indications, or are not normally in the area of knowledge in which a GP would be expected to have competence. Any GP has the right to refuse to prescribe a drug that they are not prepared to take clinical responsibility for. An example, which commonly causes problems, is the prescription of Ritalin for a hyperactive child.

- **But my friend's GP wrote them a similar prescription on a consultants advice, why won't mine, I think this is discriminatory?**

Each GP will make prescribing decisions based on what they are or are not prepared to take clinical responsibility for. There are cases, where one GP is prepared to take responsibility, whereas another GP may not. Sometimes a patient may feel that the doctor is behaving in a discriminatory manner. An example might be a refusal to prescribe sex hormones for a transsexual. Sometimes a drug is known to be expensive e.g. Interferon, and the patient might believe the refusal to prescribe is because of cost-prejudice. This should not be the case. The refusal to prescribe indicates that the GP, as is his/her right, is not prepared to take the clinical responsibility in the particular circumstances. Expensive drugs and drugs for complex and unusual conditions are those with which the GP is unlikely to have significant experience. However, some GPs will have specialised experience and will be confident to prescribe drugs that other GPs would not have the knowledge to use safely. A patient has the right to request to change NHS GP if they are unhappy with the treatment their GP provides, and an alternative GP is available.

- **What is shared care between consultants and GPs?**

Sometimes GPs will come to an arrangement with a consultant regarding a patient's care where in essence the clinical responsibility is shared between the two doctors. There will usually be a formalised written agreement/protocol setting out the position of each, and to which both parties have willingly agreed. This is known as 'shared care' agreement. It can be an enhanced service that the GP provides. There are some drugs (eg: certain growth hormones, erythropoetin) which it would not be appropriate for a GP to take sole responsibility for without sharing the care with a consultant. A GP can refuse a 'shared care' agreement if he or she is not happy with it, and then the consultant must take full responsibility for prescribing and any necessary monitoring. Pressure on a GP, where it may be inferred that a patient will not receive a treatment such as Interferon or Erythropoetin, if a GP does not agree to prescribe is not acceptable.

- **I live abroad for six months of the year and asked my doctor to give me six months worth of prescription to cover this period but they refused. Can this be right?**

The NHS accepts responsibility for supplying ongoing medication for temporary periods abroad of up to 3 months. If a person is going to be abroad for more than three months then all that 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.

PRESCRIPTION INTERVALS

- **Is there a standard prescription interval?**

Doctors provide prescriptions for intervals that they feel are medically appropriate, taking into account such factors as possible reactions, a possible need for a change in prescription and consequent waste of NHS resources, patient compliance, and any necessary monitoring. Sometimes a doctor may give six months supply on one prescription. The contraceptive pill is often issued for six months at a time, with a yearly review in surgery once the patient is safely stabilised. The drugs are relatively cheap for the NHS. Many other drugs, such as those treating stabilised conditions such as hypertension or raised cholesterol will be issued for two or three months. Collecting prescriptions every month can be very inconvenient for the patient and can lead to poor compliance, and a huge unnecessary workload for the doctor and surgery staff.

Prescribing intervals should be guided by what is clinically appropriate for the patient. Doctors are sometimes now being put under pressure to prescribe at 7 day intervals simply in order that the pharmacist can be reimbursed for 'medidose dispensing' when there is no other payment currently available. Pharmacists and dispensing doctors may prefer 28-day intervals for reasons of reimbursement and financial viability of a dispensary, but many other factors should be considered. The Department of Health takes the view that prescribing intervals should be in line with the medically appropriate needs of the patient, taking into account the need to safeguard NHS resources, patient convenience, and the dangers of excess drugs in the home. Dispensing doctors should treat patients for whom they dispense, and any patients for whom they only prescribe, in the same way.

- **What should we do about 7 day prescribing for dosette box/medidose dispensing?**

The request for 7 day repeat prescriptions to defray the pharmacist's costs for the filling of medidose systems has become an increasing pressure for GPs. Our advice is to resist such demands unless there is a clinical reason for restricting supply to 7 days (see above). The GPC fully supports the PSNC (Pharmaceutical Services Negotiating Committee) in establishing that both pharmacists and dispensing doctors issuing medidose boxes are properly reimbursed for the services they provide to patients. We have recently been involved in discussions with the Department of Health in order to develop a means of assessing whether medidose dispensing is indicated for any particular patient, and where it is deemed appropriate, remunerating the pharmacist (or dispensing doctor) adequately for providing the service. We anticipate that in this particular situation it will be reasonable for doctors to agree to issue 28-day prescriptions in order to minimise waste. We anticipate that in the coming months this difficult problem will be resolved as a part of the new contract negotiations for community pharmacists.

TRAVEL VACCINATIONS

- **Are GPs obliged to give travel vaccinations?**

There are some travel vaccinations (previously described in Paragraph 27/Schedule of the GP Statement of Fees and Allowances) for which NHS GPs are paid for providing on the NHS. These include small pox, typhoid, cholera, polio and infectious hepatitis. There are public health reasons why the government chooses to pay for these vaccinations.

GPs are paid for this work through the global sum (in GMS contract) or it will be built into their baseline funding in PMS. Only if a doctor opt-outs of the vaccination and immunisation additional service (and has their global sum reduced by 2%) will a GP be able to refuse to give these public health travel vaccinations. (Please also see Focus on Vaccinations and Immunisations <http://www.bma.org.uk/ap.nsf/Content/focusvacc%26imms0404>)

- **Can I charge for travel vaccinations?**

All other travel vaccinations can be charged for under Schedule 5 Fees and Charges of The National Health Service (General Medical Services Contracts) Regulations 2004. The prescribing or providing of malaria chemoprophylaxis can also be charged for under Schedule 5. (Please see also Focus on Private Practice <http://www.bma.org.uk/ap.nsf/Content/focusprivatepractice0604>)

- **Can I charge patients in my travel clinic for providing in-depth advice on travel vaccinations?**

Whenever a GP gives a vaccination it is good practice to advise the patient on the efficacy/value of the vaccine, and any other protection that may be advisable, and to discuss relevant side-effects or concerns the patient may have. This advice should be accepted as part of the normal process in the provision of travel vaccinations. The supply of travel vaccines is a predominantly private service, and it is appropriate for the fee charged by the GP to reflect the necessary advice. We do not advise GPs to separate the fee for advice from the fee for the administration of the vaccination because some of the vaccines are given on the NHS and charging for giving travel advice when administering Hepatitis A or Typhoid would be charging the patient for an NHS service.

SUPPLEMENTARY AND INDEPENDENT PRESCRIBING

- **What is the difference between supplementary and independent nurse prescribing?**

Supplementary prescribing involves a voluntary partnership between an independent prescriber (who must be a doctor or dentist) and a supplementary prescriber (a trained nurse, midwife or pharmacist who has completed the relevant training programme) to implement an agreed patient-specific Clinical Management Plan with the patient's agreement.

Independent nurse prescribers include district nurses and health visitors who can prescribe in their own right from the Nurse Prescribers Formulary. However the term now also covers practice based nurses (and health visitors and district nurses where relevant) who have received specific training enabling them to use the Extended Nurse Prescribers Formulary. In particular the extended nurse prescribers formulary allows prescribing for minor ailments, minor injuries, health promotion and palliative care.

- **Does this mean that doctors bear no responsibility for the actions of independent nurse prescribers?**

Independent nurse prescribers are professionally responsible for their own actions. Where a nurse is appropriately trained and qualified as an independent prescriber, and prescribes as part of his or her nursing duties with the consent of their employer, the employer may also be held vicariously responsible for the nurse's actions. All nurse prescribers should ensure they have professional indemnity and the employing GP should be satisfied that the nurse has the relevant skills and training.

- **How useful is supplementary prescribing to GPs?**

Ideally, over time, supplementary prescribing is meant to reduce doctors' workloads, allowing them more time for complicated conditions and more complex treatments. However initially time must be spent developing a Clinical Management Plan and reviews must take place periodically. Supplementary prescribing will be most useful for patients with on-going stable conditions where the supplementary prescriber can deal with basic monitoring and repeat prescribing.

- **How can I get funding for my practice nurse to train as an independent prescriber?**

Central funding is available through Workforce Development Confederations. It is allocated to a lead Confederation in each NHS region on the basis of the numbers of qualified nurses, midwives and health visitors in the region's workforce. This central funding will only meet the cost of the prescribing training for nurses (midwives and health visitors). Other costs, like providing cover while the nurse is studying on the course, or the cost in time of GP supervision, are the responsibility of the employer.

Regional Nurse Prescribing Leads can advise NHS employers on the application for training, and funding, of nurse prescribers.

- **What will I, as a GP, need to do if my practice nurse trains as an independent prescriber?**

Nurses preparing for extended nurse prescribing undertake a specific programme of preparation at degree level. This includes 25 taught days in a University plus 12 days 'learning in practice,' when a designated supervising GP provides that nurse with supervision, support and opportunities to develop competence in prescribing practice.

As an employing GP you will need to ensure that you or one of your partners can take on the role of designated supervising medical practitioner, and you will need to release the nurse from practice duties for the 25 days in University.

Further guidance on all these issues can be obtained from the following Department of Health websites:

<http://www.doh.gov.uk/supplementaryprescribing/supp-prescribe-guidefinal.pdf>

THE USE OF LICENSED DRUGS FOR UNLICENSED PURPOSES

- **Some of my patients have approached me for Botox injections for cosmetic reasons, can I give them?**

Cosmetic surgery procedures are becoming increasingly popular with the public and we have received a number of queries from GPs about whether they can or cannot give Botox injections. Botulinum toxin is sold under a number of names as a licensed product for specific indications. Cosmetic surgery is not one of them. When considering doing work in this area we would stress the importance of remembering that as the prescribing doctor you will be held responsible for your prescribing decisions. You need to consider carefully the consequences of using licensed products for unlicensed indications if something goes wrong or the patient lodges a complaint. We would strongly advise against it. You may wish to check the position with your medical defence union.

USEFUL RESOURCES:

The Prescription Pricing Authority

For the monitoring, processing and information feedback related to NHS prescribing. It has a number of enquiry telephone numbers to aid doctors/PCTs with a variety of prescription related issues.

www.ppa.org.uk

The Medicines and Healthcare products Regulatory Authority

For all issues relating to drug licensing, yellow card reporting, drug and device safety and varied medicine consultations.

www.mhra.gov.uk

The Royal Pharmaceutical Society of Great Britain

For guidance on controlled drugs and the misuse of drugs act, and guidance on medicines use and storage.

www.rpsgb.org.uk/

The Dispensing Doctors Association

For guidance, advice and support for all issues related to doctor dispensing – they also have particularly good guidance on the legal requirements for the storage and use of controlled drugs.

www.dispensingdoctor.org