



PAN MERSEY AREA PRESCRIBING COMMITTEE
PRESCRIBING POLICY STATEMENT
 REF: G4 FINAL
 FIRST APC BOARD DATE: 12 FEB 2014
 LAST APC BOARD DATE: 25 JUL 2018



Pan Mersey
 Area Prescribing Committee

**Prescribing for patients living or travelling abroad
 or otherwise absent from the UK**

Pan Mersey Area Prescribing Committee recommends that prescribers should NOT supply treatment durations in excess of THREE MONTHS for patients who are going to live or travelling abroad or otherwise absent from the UK. Patients should make local arrangements in their country of residence for on-going medical care.

Patients travelling outside the UK

- If a person is going to be abroad for over 3 months then all they are entitled to at NHS expense is a sufficient supply of regular medications to get to the destination and find an alternative supply of that medication^(1,2). Patients should check on arrangements for obtaining prescribed medicines in the country they intend to visit before leaving the UK⁽¹⁾.
- The NHS's duty of care regarding prescribing ends where a patient has been absent, or intends to be away from the United Kingdom for a period of more than three months⁽²⁾. Under no circumstances should the patient be issued with more than 3 months' supply on going abroad. Further information is available on the [NHS Choices website](#). Patients should be advised they need to check the regulations on taking medicines out of the UK and into the country they intend to visit⁽³⁾ – further information is available on the [NHS Choices website](#).
- Patients who return to the UK for the purpose of obtaining medication, or who use a local proxy to request prescriptions on their behalf should be refused supply.

Evidence to support this decision

Responsibility for prescribing, including the issue of repeat prescribing and the duration of prescriptions, rests with the doctor who has clinical responsibility for that particular aspect of a patient's care. All Pan-Mersey constituent organisations recommend 28 day prescribing for most patients. This is implemented at individual practice discretion. Issuing shorter prescriptions gives the doctor the opportunity to review on-going medication, which is important for some groups of patients especially for drugs which require monitoring. There may be safety and waste considerations associated with storing large quantities of a particular drug in the home.

Implementation

This recommendation applies to all services contracted by or delivered by Pan-Mersey organisations. This would apply to: GP practices, acute hospitals, primary care providers, outpatient clinics, and independent providers. (Where treatments are commissioned by NHS England, their policies should be followed).

The clinician signing the prescription needs to be confident that satisfactory arrangements can be put in place for any drug monitoring required within the period for which they are prescribing e.g. warfarin.

Note: Patients should be directed to local services in their country of residence with the offer of supplying appropriate medical notes and a list of current medicines to their qualified medical practitioner.

Travel vaccines: Hepatitis B, Japanese encephalitis and meningitis ACWY vaccines should not be prescribed on the NHS solely for the purpose of travel (cholera, diphtheria/tetanus/polio, hepatitis A and typhoid may be)⁽⁴⁾.

Other medicines for travel: "Just-in case" medication e.g. anti-diarrhoeals should not be prescribed on the NHS⁽⁴⁾.

References

1. NHS Choices [Moving abroad: planning for your healthcare](#) (accessed 03/05/2018)
2. [The National Health Service \(General Medical Services Contracts\) Regulations 2004. NHS England Statutory Instrument No.291](#) (accessed 03/05/2018)
3. NHS Choices [Can my GP prescribe extra medication to cover my holiday?](#) (accessed 03/05/2018)
4. NHS England [Items which should not routinely be prescribed in primary care: guidance for CCGs](#) (accessed 03/05/2018)

This recommendation has been designated suitable for inclusion on the Pan Mersey APC static list and so will only be reviewed if significant new evidence becomes available

Version: 3.1
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