

To all GPs

Tel : 028 90553782
Fax : 028 90553622
Web Site: www.hscboard.hscni.net

25th October 2012

Dear colleagues

Prescribing for Temporary Residents

In response to a number of incidents, the following advice is being provided to clarify prescribing arrangements for temporary residents, and supersedes any previous advice issued by legacy HSS Boards.

There are three distinct situations to be addressed separately:

1. Prescribing for patients who are in a GP's practice area and need immediate treatment.

This includes patients who are not registered locally and are not seeking to register as a temporary resident. These patients may also be visitors to Northern Ireland who are normally resident elsewhere.

- Any immediately necessary treatment should be provided by any GP in whose practice area the patient is present. Immediately necessary treatment includes the supply on HS21 of any urgently required medications, if deemed clinically appropriate by the GP.
- Requests for drugs liable to abuse/misuse should be regarded with caution and GPs should take necessary steps to confirm the authenticity of requests for drugs which are liable to abuse / misuse.

2. Prescribing for patients who are staying away from home for a short period of time

These are patients who are resident outside their usual practice area for up to 3 months, for example for 'respite' care or on holiday.

- For these patients, the GP who has accepted the patient as a temporary resident is responsible for prescribing both acute medication and any repeat medication required during the period of time away from home. The regulation governing acceptance of temporary residents is the same as for ordinary registration.
- Medicines liable to abuse/misuse should not be prescribed to a temporary resident without first clarifying the details of the patient's condition and treatment with the patient's own GP.
- For patients who will be away on holiday, reasonable quantities to cover the holiday period, up to a maximum of three months, may be prescribed by their usual GP in advance. This is a clinical decision. If monitoring is required during the time the patient is away from home, then the patient should be advised to consult a GP at their holiday destination for ongoing care.
- When respite care has been planned in advance, the patient's usual GP may be able to ensure that the patient has enough repeat medication prescribed to cover for the duration of their period of respite. This is a clinical decision. Clearly if a patient is being discharged from hospital to 'respite' care on different medications from those prescribed prior to admission, this will not be feasible.

3. Prescribing for patients who are travelling overseas.

- If a patient is travelling overseas, it may be reasonable for their usual GP to prescribe for up to a maximum of three months supply. This decision should be based on a clinical assessment. Due to differences in medicine names in other countries it would be useful to send a written list of repeat medicines with the patient. If the period of stay is longer than three months, the patient should be advised to register with a doctor at their destination as soon as possible, to allow time for their medicines to be sourced and to prevent a gap in treatment.

If you have any queries in relation to this letter, please contact your local Medicines Management Adviser.

Yours sincerely



Dr Margaret O'Brien
Head of GMS

