

NHS and Private Interface Prescribing Guidance

Recommendations to Clinicians on Request to Prescribe by Private Consultant or Patient

It is a fundamental principle of the NHS that ‘there should be as clear a separation as possible between private and NHS care.’ Guidance on NHS patients who wish to pay for additional private care² (Point 2.4)

The guidance provided in this document is considered consistent with PrecQIPP Bulletin 238 *Guidance for prescribers when patients access both NHS and private services*. PrecQIPP Bulletin 238 also provides a patient information leaflet *Information on prescriptions after a private consultation* as a PDF download.

Patients electing to see a private specialist, should do so on the expectation that all recommended tests, procedures and prescribed medicines will be provided privately (not on the NHS).

A recommendation from a private specialist for a medicine that is available on the NHS does not entitle the patient to NHS prescriptions for that medicine. Recommendations from specialists for ongoing prescribing on the NHS need to be made at an NHS consultation with an NHS specialist.

A GP is therefore under no obligation to provide an NHS prescription to a patient based on the recommendation of a private specialist.

However if a GP considers that ongoing prescribing of a medicine is appropriate on the NHS, it is recommended the GP does so based on the guidance provided in this document.

If GPs decide that they are prepared to contemplate prescribing on the NHS following private specialist recommendation, they should provide their patients with clear information about what services can and cannot be provided by the practice following referral to a private consultant. This includes advising patients that it may not be possible or appropriate for any medication recommended at the private consultation to be prescribed by the GP and that they may be required to obtain prescriptions privately directly from their specialist.

Under NHS GMS Regulations a patient may be prescribed any drug which is available on the NHS, via an NHS prescription and therefore, GPs can convert a private script to an FP10. However, the GMC duty to prescribe is only in the best interests of the patient and therefore a request to the GP to prescribe a new medication should not automatically be accepted without considering the following:

- Reviewing the patient’s medical records to ascertain medical history
- Assessment of the clinical need for the prescription.
- The clinical responsibility and legal liability for prescribing remains with the prescriber (i.e. the person signing the prescription).
- The prescriber must ensure familiarity and knowledge of the medicine to be prescribed, including the side effect profile and the requirement for monitoring. As with requests from NHS consultants, GPs should not take on prescribing if there is a need for specialist knowledge or monitoring and it is therefore felt to be beyond their scope of clinical practice unless there are shared-care arrangements in place.

There are a number of circumstances when the prescriber should decline the request to prescribe or offer to prescribe an alternative medicine.

The prescriber may decline to prescribe if:

1. A letter explaining the full rationale for the treatment has not been provided by the consultant in the private sector.

2. The medicine is not deemed clinically necessary.
3. Where the medicine being requested is to be used outside its product licence ('off-label'), is without a product licence in the UK or is available only as a 'special', the prescriber should contact the local Medicines Management Team for further guidance
4. The medication is not one the prescriber would normally prescribe. Medication recommended by a private consultant may be less clinically or cost effective than the NHS-recommended option for the same clinical condition. In these circumstances the medicine prescribed should be as recommended in the Nottinghamshire Area Prescribing Committee local guidelines or advice should be sought from the CCG Medicines Optimisation Team. This advice should be explained to the patient who will retain the option of purchasing the more expensive medicine via the private consultant.
5. The medicine is requested for prescription is not being used in accordance with national/local guidance/policy/Nottinghamshire Area Prescribing Committee or Joint Formulary. If the recommendation does not follow national/local guidance/policy/formulary, the GP can substitute the drug with a clinically appropriate alternative if they feel this would be appropriate, based on local policy, guidance and formulary where available
6. The medication needs special monitoring and he or she feels they do not have the expertise to do this. Where a GP does not feel able to accept clinical responsibility for the medication, they should consider seeking advice via email from an NHS consultant who can determine if the medication should be prescribed for the patient as part of NHS funded treatment.
7. Where the medicine is not routinely offered as part of local NHS services or the patient would not be eligible for the NHS Service, there is no obligation to prescribe.
8. The use of the medication conflicts with NICE guidance or locally agreed protocols.
9. The medicine is listed in schedule 1 to the NHS (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004 ['Black list'].
10. The specialist is not a GMC registered doctor.

Where there is a good clinical, legal or cost-effectiveness reason not to accept prescribing of the requested medicine, a discussion with the patient and consultant should be initiated. Where appropriate, the patient should be reminded that they reserve the right to obtain their medication using a private prescription from the specialist who originally recommended the treatment.

Where a patient has seen a private specialist without referral from the GP, s/he should be informed of the NHS referral and prescribing arrangements.

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

- Blacklist drugs: a list of products identified as not to be reimbursed by the Department of Health (DH) and therefore they may not be prescribed on the NHS. To avoid breaching their NHS "terms of service", doctors must issue a private prescription.
- Malaria prophylaxis, treatment while traveling and Travel Vaccines: see CCGs Guidelines for Medicines used during Foreign Travel
- For UK residents travelling abroad, the NHS can supply medication for up to three months, although a lesser supply that is sufficient to get to the destination and find an alternative supply is often more appropriate. Also see Guidelines for Medicines used during Foreign Travel.
- Selected List Scheme (SLS): under this scheme, only those patients fulfilling certain criteria can receive an NHS prescription. If a patient does not meet the criteria, or wishes a greater quantity than provided, a private prescription is required.

The GP may not charge their patient (registered with them or another GP in the same practice) for writing this private prescription. The only exceptions to this rule are when a GP issues a private

prescription for the prevention of malaria or for a travel related medicine requested by the patient 'just in case' of the onset of illness while outside of the UK.

NHS patients should not be charged for the issue of private prescriptions for medicine on the DH "blacklist" or SLS medicine prescribed outside the SLS criteria.

Shared Care with Private Providers

Shared Care with private providers is not currently envisaged due to the general principle of keeping as clear a separation as possible between private and NHS care. Shared Care is currently set up as an NHS service. A private patient seeking access to shared care should therefore have their care completely transferred to the NHS.

If in exceptional clinical circumstances shared care with a private provider seems to be appropriate please contact a member of the NNCCG Medicines Optimisation Team for further advice.

Shared care may be appropriate where private providers are providing commissioned NHS services and where appropriate shared care arrangements are in place.

For more details on Shared Care please refer to the Shared Care page on the Nottinghamshire APC website.

References

1. Guidance from the BMA Medical Ethics Department, May 2009
<https://www.gendergp.com/wp-content/uploads/2018/02/Interface-Between-NHS-and-Private-Care-BMA.pdf>
2. Guidance on NHS patients who wish to pay for additional private care
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/404423/patients-add-priv-care.pdf
3. If I pay for private treatment, how will my NHS care be affected?
<https://www.nhs.uk/common-health-questions/nhs-services-and-treatments/if-i-pay-for-private-treatment-how-will-my-nhs-care-be-affected/>
4. Shared Care for Medicines Guidance, A Standard Approach, Regional Medicines Optimisation Committee (RMOC) February 2021
<https://www.sps.nhs.uk/wp-content/uploads/2020/01/RMOC-Shared-Care-for-Medicines-Guidance-A-Standard-Approach-Live-1.0.pdf>
5. Shared Care, Nottinghamshire APC
<https://www.nottsapc.nhs.uk/shared-care/>
6. PrescQIPP Bulletin 238 August 2019 2 Guidance for prescribers when patients access both NHS and private services
<https://www.prescqipp.info/our-resources/bulletins/bulletin-238-prescribing-on-the-nhs-following-a-private-consultation/>

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