NHS
Waltham Forest
Clinical Commissioning Group

Private Prescription policy

Waltham Forest CCG

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Document revision history

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23.08.2018	2	• Updated any links, • replaced any reference to out of date terminology • Included a section on MOLV and OTC in line with the NHS England Consultation • Inclusion of common term definitions		Kay Saini
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Document approval

Date	Version	Revision	Role of approver	Approver
12.09.2018	2			Medicines Optimisation Committee
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Contents

1. Introduction

i. NHS prescribers are often requested by a private consultant to prescribe medication on the NHS as a recommendation following a private treatment episode. This is so the patient can obtain the medicine in most cases at a cheaper cost than would otherwise be incurred via the issue of a private prescription (1).

ii. Even if a NHS patient opts for private treatment, they are still entitled to NHS services. This document provides guidance to manage the interface between NHS and private treatment at a practical level, where private treatment is a substitute for treatment within the NHS. The decision whether to prescribe or not would always remain at all times with the individual clinician (2) (1) (3).

iii. Prescribing at the interface may pose a number of potential difficulties for the following reasons:

- A full diagnosis, with appropriate test results, has not been provided by the consultant in the private sector
- The medicine may be outside the GP's current expertise or experience
- The GP may not have all the information to be able to continue to prescribe safely
- The monitoring required for the safe prescribing of the medicine(s) may not be under the control of the GP or the GP does not have access/receive the results
- The recommended treatment may be outside of the licensed indication
- The dosage recommended by the consultant/clinician is not within the recommended licensed range.
- The medcines requested is included in the Hospital Only List and/or BNF recommend that the drug should remain under the remit of the specialist.
- The community pharmacist may not be able to source the product
- The medicine is outside the recommended local formulary

2. Principles

This policy acknowledges the following founding NHS principles from the NHS Constitution:

- The NHS provides a comprehensive service, available to all
- Access to NHS services is based on clinical need, not an individual's ability to pay
- Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves (1).

As emphasis on patient choice within the NHS grows, it is recognised that patients are entitled to choose between NHS and private treatment. When considering patient transfer from private care to NHS care, the general principles are:

The NHS should never subsidise private care with public money; this would breach core NHS principles.

- Patients should never be charged for their NHS care, or be allowed to pay towards an NHS service (except where specific legislation is in place to allow this) as this would contravene the founding principles and legislation of the NHS.
- Patients who choose to be treated privately are entitled to NHS services on exactly the same basis of clinical need as any other patient and should not be put at any advantage or disadvantage in relation to the NHS care they receive.
- Patients entitled to NHS treatment may opt into or out of NHS care at any stage.
- The transfer between private and NHS care should be carried out in a way which avoids putting the patient at any unnecessary risk. Therefore existing procedures for shared care, including proper communication, should be followed(1).

3. General Principles

- Private and NHS care for the same condition should be kept separate.
- Patients are entitled to seek provision for part of their treatment for a condition by a private healthcare arrangement and part of the treatment to be commissioned by WFCCG, provided the NHS care is delivered in episodes of care which are clearly differentiated from any privately funded care. However the NHS commissioned treatment provided to a patient is always subject to the clinical supervision of the treating clinician. There may be times when an NHS clinician declines to provide NHS treatment if he or she considers that any other treatment given, whether as a result of privately funded treatment or for any other reason, makes the proposed NHS treatment clinically inappropriate.
- Prescribers have a responsibility to make rational decisions when deciding how resources will be allocated and therefore must always act fairly.
- Patients should not be neither disadvantaged nor advantaged for seeking private healthcare.
- Patients who have opted for a private consultation for investigations and diagnosis may transfer to the NHS for any subsequent treatment, but must be treated according to NHS protocols. However, at the point that the patient seeks to transfer back to NHS care, the patient should:
  - be reassessed by the NHS clinician
  - not be given any preferential treatment by virtue of having accessed part of their care privately
  - be subject to standard NHS waiting times
- All prescribers have a duty to share information with others providing care and treatment for their patients (1) (4) (2).

4. Definitions

Private patients are patients whose care is provided under a contract with their healthcare provider. This could be through a private insurance scheme, on a pay as you go basis, compassionate or charitable use funding, or clinical trial. The healthcare provider could included an NHS Trust, a private hospital or an individual doctor. The healthcare may include treatment which would be available to the patient as part of NHS care or it may be healthcare which is not normally commissioned by their local CCG (5) (6).

An episode of care is a period of engagement between an NHS commissioned healthcare intervention and the patient in which NHS commissioned care is provided to the patient. The following are examples of episodes of care:

- A single visit to the GP
- An outpatients appointment
- A series of diagnostic tests relating to the same person at an NHS hospital on the same day
- A day case operation with all the supporting clinical activity before and after the operation on that day.
- The initial assessment and prescription of a cancer drug. If the drug is required to be given at a series of outpatient appointments then each attendance will be a separate
- episode of care.

5. Scope

This guidance is to assist any practioner working on the behalf of Waltham Forest CCG.

6. Aims and Objectives

The aim of this policy is to:

- Assist prescribers working within Waltham Forest CCG in decision making when requested to prescribe for a patient who has returned to the NHS after an episode of private care.
- Clarifies the responsibilities of prescribers
- Outline circumstances when it would be considered appropriate to take on prescribing and highlight areas of prescribing consideration.

7. Recommendations to GPs on request to prescribe by a private consultant

i. Prescribers are recommended to provide patients with clear information in relation to what services are permitted by the practice following referral to a private consultant. This includes advising patients that it may not always be possible or appropriate for the GP to continue to prescribe medication in Primary care based on a recommendation made by a private consultant. The request to prescribe a new medication at the behest of a consultant should not be automatically accepted. The doctor who has clinical responsibility for the patient should undertake the prescribing (1).

ii. Where a patient has seen a private specialist without referral from the GP, he/she should be informed of the NHS referral and prescribing arrangements (1).

iii. Prescribers are advised to work within their competence. Before a prescriber accepts responsibility for prescribing, following a recommendation from a private consultant, it is advised that he/she is familiar with the drug, including the side effect profile and the requirements for monitoring and is very clear in relation to the circumstances which would warrant a referral back to the consultant. The GP must be satisfied that the GP considers it to be medically appropriate (1).

iv. Where the drug is not routinely offered as part of NHS services or the patient would not be eligible for the NHS service, there is no obligation to prescribe. For example Fertility treatment where the couple do not meet the NICE guidelines (1).

v. If medication recommended made by the private consultant is not routinely prescribed in Primary Care or conflicts with our local formulary, then the GP should be encouraged to prescribe in line with the local formulary and substitute the drug with a clinically appropriate alternative. For example, the private consultant requests the GP to prescribe solifenacin (not locally recommended). If the patient is not prepared to accept a clinically suitable alternative (an alternative antimuscarinic for the treatment of overactive bladder), then it would be reasonable to ask the consultant to continue the prescribe. In this situation, a GP cannot issue a private prescription for the drug recommended by the private consultant. The GP would be breaking their terms of service if they issue a private prescription for solifenacin for their NHS patient. If the patient requests solifenacin to be supplied privately, then the patient should be referred to an appropriate clinician (2). Complete the form in Appendix 1 to inform the clinican that you are unable to take responsibility for prescribing medicines recommended .

vi. GPs should adhere to the CCG recommendations in relation to the NHS England guidance on conditions for which over the counter items should not routinely be prescribed in primary care and the guidance in relation to Items which should not be routinely prescribed in primary care also referred to “Medicines of limited value” before accepting responsibility for the prescribing of medicines (1) (2).

vii. Patients who are paying for surgical treatment or procedures may request the for their GP to issue NHS prescriptions drugs required as part of that treatment or seek NHS funding for

investigations which are part of the privately funded treatment. This is not permitted. The NHS should not prescribe drugs or support other medical procedures required as part of the privately funded treatment (1).

viii. GPs should not be asked to accept prescribing responsibility for hospital only drugs (2).

ix. Prescribers can only provide private prescriptions for their NHS patients in the circumstances listed below, where the item is not prescribabale on the NHS.

- These are items included in the Drug Tariff Part XVIIIA –Drugs, Medicines and other substances not to be ordered under a General Medical Services Contract, also referred to as the NHS 'Black List'
- Prophylaxis for malaria
- Drugs where the indication falls outside the indication as stated in the Selective List Scheme (SLS –Part XVIIIB – Drugs, Medicines and Other substances that may be ordered only in certain circumstances)
- The product is in connection with travel and is for an anticipated condition (e.g. antibiotics for travellers' diarrhoea, acetazolamide for altitude sickness
- Travel vaccines not covered by the NHS policy (2)

x. Where the drug is listed in Schedule 1 to the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004 ['Black list'], the GP must not prescribe (2).

xi. As with requests from NHS Consultants, GPs should not take on prescribing for drugs if there is a need for specialist knowledge or monitoring, unless there are shared-care arrangements in place. Medicines that are considered of specialist nature should remain under the remit of the specialist e.g. betaine etc. and should not be prescribed in Primary Care (1) (2).

xii. Where the drug being requested is to be used outside its product licence ("off- label"), is without a product license in the UK or is available only as a "special", contact the Medicines Optimisation Team for further guidance via the generic email: wfccg.medicinesoptimisation@nhs.net When a GP chooses to prescribe a product outside the terms of its licensing agreement, the product liability passes to the GP (1) (2).

xiii. GPs are advised not to prescribe an unlicensed product at the request of a private consultant unless they have full clinical knowledge and understanding of the efficacy and safety of the product and are prepared to accept clinical responsibility for the use of the product in the patient. Under these circumstances a shared care agreement may be appropriate .

xiv. 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.

xv. Where you do not feel you are able to accept clinical responsibility for the medication, 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.

8. References

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Appendix 1

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NHS Waltham Forest CCG – GP unable to prescribe form

GPs – Complete this form if you are unable to take responsibility for prescribing medicines recommended by a private doctor. To prevent unintended breaks in patient's treatment, please contact the Medicines Optimisation Team to discuss how the patient may obtain the drug in the interim. Please contact the private consultant/prescriber to enable timely resolution.

Do not fax to Medicines Optimisation Teams as this breaches Information Governance regulations

Patient's name		**Name of Private Clinician**	
Date of birth		**Name of Hospital/private organisation**	
NHS number			
Hospital number if known			

Name of drug Please fill in a separate form for each drug.	**Dose & frequency**	**Indication**	**Duration of treatment**

I have been asked to take over the responsibility of prescribing the above drug for this patient. However I feel I am not in a position to do this for the following reasons:

(Responsibility for prescribing **should not** be refused on the grounds of drug cost. If this is an issue please contact the Medicines Optimisation Team for guidance).

Please mark	**A.** Prescribing responsibility should stay with the hospital
☐	Drug is included on the locally agreed ***hospital only prescribing list and cannot be continued in Primary Care***
☐	Drug requires regular specialist monitoring AND / OR the majority of care and monitoring is provided by the hospital (delete as appropriate)
☐	Drug is black listed or not in line with local formulary
☐	Drug is not in line with local formulary

☐	Unlicensed drug / dose / indication where the G.P. is unwilling to take clinical responsibility.
Please mark	**B.** Lack of experience / information
Drug is not reserved for 'hospital only prescribing' but GP feels unable to accept clinical responsibility because:	
☐	Newly licensed drug where place in therapy and / or risks due to the drug unknown by the GP.
☐	Patient is not stabilised on a drug initiated by the private prescriber
	C. General comments / other reasons

GP Name:

Date:

Practice Address:

Phone number: