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These checklists should be read in conjunction with the North East London (NEL) ‘NHS and interface prescribing guidance’ which is available via the NEL Primary Care Portal: <https://primarycare.northeastlondon.icb.nhs.uk/home/meds/>

The checklists should be completed and uploaded to the patient’s medical record. They aim to assist primary care prescribers when making decision whether to prescribe for a patient following recommendation from a private specialist. **The decision whether to prescribe or not remains at all times with the individual prescriber.**

*Note that not all prescribing scenarios are covered by this document, in in doubt, please seek advice from the Pharmacy and Medicines Optimisation Team.*

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| Factors to consider when deciding whether to prescribe on the NHS after a private consultation | | | | | |
| Questions 1 – 6  YES (not suitable for NHS prescription if yes to ‘any’ question)  NO (consider prescribing on NHS prescription if answer ‘no’ to all six questions) | | **YES** | | **NO** | |
| 1 | Is the medicine it included in the NHS ‘Blacklist’ (i.e. not allowed for NHS prescribing)? |  | Do not prescribe |  | Consider prescribing |
| 2 | Should this be a private prescription for an NHS patient as the medicine is not commissioned by the NHS? |  | Do not prescribe |  | Consider prescribing |
| 3 | Is the medicine suitable for self-care or can it be purchased over the counter? |  | Do not prescribe |  | Consider prescribing |
| 4 | Is the medicine specialist and for consultant prescribing only?  *If shared care is being requested, refer to the NEL* [*‘Memorandum of Understanding - Participation in shared care arrangements between NEL GP practices and private sector organisations’*](https://primarycare.northeastlondon.icb.nhs.uk/home/meds/prescribing-information/?preview_id=2906) *for further guidance* |  | Do not prescribe |  | Consider prescribing |
| 5 | Is the medicine included further down the NHS treatment pathway after other alternatives which the patient is suitable for, but has not been tried? |  | Do not prescribe |  | Consider prescribing |
| 6 | Is the medicine to be used outside its product licence (‘off-label’), is without a product licence (unlicensed) in the UK or is available only as a ‘special’. *If YES, seek further advice from the NEL Pharmacy and Medicines Optimisation Team*  [*nelondonicb.prescribingqueries@nhs.net*](mailto:nelondonicb.prescribingqueries@nhs.net) |  | Seek advice |  | Consider prescribing |
| ***Document advice from the NEL Pharmacy and Medicines Optimisation Team here:*** | | | | |
| Questions 7 – 11  YES (consider prescribing on NHS prescription if answer ‘yes’ to all five questions)  NO (not suitable for NHS prescription if ‘no’ to any question) | | **YES** | | **NO** | |
| 7 | Is the medicine deemed clinically necessary? |  | Consider prescribing |  | Do not prescribe |
| 8 | Would the medicine normally be prescribed as part of the local NHS treatment pathway? |  | Consider prescribing |  | Do not prescribe |
| 9 | Is the medicine included in the local NHS medicine formulary? |  | Consider prescribing |  | Do not prescribe |
| 10 | Does the primary care prescriber know enough about the medicine and any associated monitoring to prescribe and take on the clinical responsibility? |  | Consider prescribing |  | Do not prescribe |
| 11 | Is the recommending private specialist a GMC-registered doctor? |  | Consider prescribing |  | Do not prescribe |

## Switching treatment to a local formulary choice

Local medicine formulary choices are made considering safety, evidence, and affordability across the local healthcare system. They aim to cover most of the prescribing in the locality. When considering a request, after a private consultation, to prescribe a non-formulary medicine on an NHS prescription, use the same principles as if this was recommended by an NHS specialist. Any switch should be made on an individual basis and in discussion with the patient, explaining the reasons for the change.

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| Factors to consider before switching to a local medicine formulary choice | | | | | |
| YES (consider switching to a local formulary choice if ‘yes’ to all six questions)  NO (not suitable for switching to a local formulary choice if answer ‘no’ to any question) | | **YES** | | **NO** | |
| 1 | The formulary choice has not previously been tried or formulary choice was previously tried, had a good outcome and was well tolerated. |  | Consider switch |  | Switch not advised |
| 2 | The formulary choice is not contra-indicated in the patient. |  | Consider switch |  | Switch not advised |
| 3 | The patient has no known allergy to the formulary choice. |  | Consider switch |  | Switch not advised |
| 4 | The patient can take the formulary choice medicine formulation (e.g. tablets). |  | Consider switch |  | Switch not advised |
| 5 | The patient has no known physical or learning disabilities which would be adversely affected by switching. |  | Consider switch |  | Switch not advised |
| 6 | The patient has received an explanation to make an informed decision and is agreeable to a switch to the formulary choice. |  | Consider switch |  | Switch not advised |

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| Checklists completion | |
| Completed by |  |
| Role |  |
| Date |  |
| Decision discussed with patient | YES  NO |