NHS North East London

NHS and private interface prescribing guidance

This guidance aims assist North East London (NEL) primary care prescribers in dealing with requests to prescribe by registered patients following a private consultation. The decision whether to prescribe or not remains at all times with the individual prescriber.

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1. Background

1.1 Requests to issue NHS prescriptions for medicines recommended after private consultations are increasingly being made. Prescribers are often unsure when it is appropriate to issue NHS prescriptions when these requests are made. This document has therefore been developed to provide guidance on primary care prescribing responsibilities when being requested to prescribe by patients following a private consultation.

1.2 NHS patients may choose to have a private consultation, either at their own expense or through their private medical insurance. This private consultation may result in the issue of a private prescription. The cost of the private prescription would need to be met by the individual or the medical insurance company. Often medical insurance policies do not cover the cost of medicines. To prevent the individual from having to pay privately for the prescription, the private consultant or patient may ask the healthcare professional to prescribe the medicine on an NHS prescription.

1.3 **The primary care prescriber is under no obligation to provide an NHS prescription to a patient based on the recommendation of a private specialist.** However, if the prescriber considers that ongoing prescribing of a medicine is appropriate on the NHS, it is recommended they consider the guidance provided in this document.

1.4 The Department of Health guidance on NHS patients who wish to pay for additional private care states that *'The NHS should continue to provide free of charge all care that the patient would have been entitled to had he or she not chosen to have additional private care'*. The guidance also establishes that *'where a patient opts to pay for private care, their entitlement to NHS services remains and may not be withdrawn'*. Patients may pay for additional private healthcare while continuing to receive care from the NHS.

2. General principles

2.1 It is a fundamental principle of the NHS that there should be as clear a separation as possible between private and NHS care.

2.2 Patients should be neither advantaged nor disadvantaged for seeking private health care.

2.3 Patients may opt into or out of NHS care at any stage. Patients who have had a private consultation for investigations and diagnosis may transfer to the NHS for any subsequent treatment, but must be treated according to NHS protocols.

2.4 All healthcare professionals have a duty to share information with others providing care and treatment for their patients.

2.5 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).

2.6 The primary care prescriber is under no obligation to provide an NHS prescription to a patient based on the recommendation of a private specialist.

3. Recommendations to primary care prescribers on request to prescribe by a private specialist

3.1 Primary care prescribers are recommended to provide patients with clear information about what services can and cannot be provided by the practice following referral to a private specialist. This includes advising patients that it may not be possible or appropriate for any medicine(s) recommended at the consultation to be prescribed by the practice and that they may be required to obtain prescriptions directly from their specialist.

3.2 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.

3.3 Should the primary care prescriber consider that the medicine recommended following a private consultation is clinically necessary, then the following apply:

3.3.1 They would be required under their NHS terms of service to prescribe that medication within the NHS (taking into account the local formulary), even if the assessment from which the need was identified was undertaken in the private sector.

3.3.2 Where the medicine is specialised in nature and not something primary care prescribers would generally prescribe, it is for the individual prescriber to decide whether to accept clinical responsibility for the prescribing decision recommended by another doctor.

3.3.3 When a primary care prescriber decides not to prescribe a privately recommended medicine, this may cause difficulties for the prescriber-patient relationship. Many of the problems and concerns that arise in relation to prescribing shared between the private sector and the NHS can be avoided by improved communication between the parties concerned.

3.4 Where appropriate, primary care prescribers are advised to seek further information or advice from the specialist clinician, or from another experienced colleague (e.g. via NHS specialist via Advice & Guidance, another experience prescriber within the practice), if they are uncertain about their competence to take responsibility for the patient's continuing care.

3.5 Under NHS GMS Regulations a patient may be prescribed any medicine which is available on the NHS, via an NHS prescription and therefore, prescribers can convert a private script

to an FP10. However, the circumstances of the request for the particular individual should meet the general principles of the General Medical Council's (GMC) 'Good practice in prescribing and managing medicines and devices' and prescribing should be done in the best interest of the patient. A request to the primary care prescriber to prescribe a new medication should not automatically be accepted without considering the following:

3.5.1 Reviewing the patient's medical records to ascertain medical history.

3.5.2 Assessment of the clinical need for the prescription.

3.5.3 The clinical responsibility and legal liability for prescribing remains with the prescriber (i.e. the person signing the prescription).

3.5.4 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 specialists, primary care prescribers 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. Refer to the NEL 'Memorandum of Understanding - Participation in shared care arrangements between NEL GP practices and private sector organisations' for further guidance on considering shared care with private providers.

3.6 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 private specialist 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.

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

Factors to consider when deciding whether to prescribe on the NHS after a private consultation *This table is available as a standalone document for uploading to the patient's medical record*			
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' 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	Seek advice	Consider prescribing

	or is available only as a 'special'. *If YES, seek further advice from the NEL Pharmacy and Medicines Optimisation Team nelondonicb.prescribingqueries@nhs.net*		
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

4. Switching treatment to a local formulary choice

4.1 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.

Factors to consider before switching to a local medicine formulary choice *This table is available as a standalone document for uploading to the patient's medical record*			
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

5. Issuing of private prescriptions to NHS patients

5.1 Primary care prescribers may provide private prescriptions to NHS patients for medicines that are not commissioned by the NHS.

5.2 Primary care prescribers may not normally charge their registered patients for providing a private prescription, although a dispensing doctor may charge for dispensing the prescription. A charge can be made to a private prescription for medicines:

5.2.1 In anticipation of an illness or injury while outside the UK, and the treatment is not currently needed (e.g. antibiotics for travellers' diarrhoea).

5.2.2 For malaria prophylaxis (e.g. mefloquine, doxycycline, and Malarone®).

5.3 Medicines that primary care prescribers can issue on private prescriptions for their NHS patients include (note list is not exhaustive):

5.3.1 Travel vaccines which are not available at NHS expense.

5.3.2 Malaria prophylaxis (e.g. mefloquine, doxycycline, and Malarone®).

5.3.3 Medicines in anticipation of an illness or injury while outside the UK, and the treatment is not currently needed (e.g. antibiotics for travellers' diarrhoea).

5.3.4 Drugs where the indication is not included in the Selective List Scheme (SLS – Drugs, Medicines and Other Substances that may be ordered only in certain circumstances - Drug Tariff Part XVIIIB).

5.3.5 Blacklisted products - These are included in the Drug Tariff Part XVIIIA - Drugs, Medicines and Other Substances not to be ordered under a General Medical Services Contract.

5.4 Private prescriptions may not be issued for medicines which are available on the NHS but are cheaper than the prescription charge, to save the patient money. Where the prescriber is obliged to issue an FP10, the concurrent issue of a private prescription will be a breach of this obligation.

5.5 If a patient requests a brand but there is no clinical reason why the generic should not be prescribed, the primary care prescriber may not issue a private prescription for the branded medicine as this would be a breach of the GMS contract regulation.

6. Shared care with private providers

6.1 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. However, it is acknowledged that there are significantly long waiting lists for patients to be seen under the NHS, a problem that has been exacerbated by the pandemic. More and more patients are expected to seek medical treatment privately as a result, therefore, **the decision to prescribe under private shared care arrangements will be at the primary care prescriber's discretion.**

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

6.3 Refer to the NEL 'Memorandum of Understanding - Participation in shared care arrangements between NEL GP practices and private sector organisations' for further guidance on considering shared care with private providers.

7. Information for patients

7.1 A patient information leaflet is available. The leaflet explains how a prescription issued after a private consultation is different to an NHS prescription and how patients can get their medicine.

References

- PrescQIPP Bulletin 238: Guidance for prescribers when patients access both NHS and private services. August 2019. Accessed via: https://www.prescqipp.info/our-resources/bulletins/bulletin-238-prescribing-on-the-nhs-following-a-private-consultation/
- Department of Health: Guidance on NHS patients who wish to pay for additional private care. March 2009. Accessed via: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/404423/patients-add-priv-care.pdf
- BMA Medical Ethics Department: The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland. May 2009. Accessed via: https://www.gendergp.com/wp-content/uploads/2018/02/Interface-Between-NHS-and-Privatte-Care-BMA.pdf

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