

NHS Prescribing and monitoring following private consultation



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1.0 Purpose

The purpose of this guideline is to provide guidance within NHS Lothian to ensure appropriate prescribing when patient care moves between non-NHS and NHS providers.

2.0 Scope

Guidance on the responsibility for prescribing at the hospital GP interface was produced by the Scottish Office in 1992 through the publication of the NHS Circular No 1992(GEN). This NHS Lothian guidance has been produced to provide clarification of prescribing responsibility, taking into account care can be transferred between non-NHS and NHS providers. Cannabis extract prescribing is an exception to this guidance due to the different prescribing processes used and the dynamic nature of this medicine's approved uses and legal status.

3.0 Roles and responsibilities

All prescribers approved under the Human Medicines Regulations 2012 can issue a private prescription for a medicine licensed in the UK. NHS Lothian currently does not support non-medical prescribers issuing private prescriptions in the context of their NHS duties. General Practitioners treating NHS patients may not issue a private prescription for their patients unless in the following circumstances:

- where a drug is **only** available by private prescription e.g. some travel vaccines, malaria prophylaxis
- for anticipatory care during travel e.g. acetazolamide for altitude sickness
- for ongoing treatment while travelling beyond three months
- for blacklisted drugs (items included in the [Scottish Drug Tariff Part 12](#) Schedule 1),
- for drugs where the indication is outside of those indicated on the selective list scheme (SLS) described in the [Scottish Drug Tariff Part 12](#)

Prescribers must be satisfied that the private provider has the qualifications, experience, knowledge and skills to make the assessment and subsequent management plan. If in doubt a second opinion is needed and should be awaited before progressing.

4.0 Prescribing and monitoring following private consultation

Patients who are eligible for NHS care, but who have opted to pay privately for services that could have been provided by the NHS, can at any stage choose to terminate private provision and return to the NHS. They should not be put at any advantage or disadvantage in relation to the NHS care they receive.

Any email correspondence outwith the NHS Lothian safe email transmission grid with private clinics or hospitals containing confidential patient information should be carried out via the SWAN secure file transfer service (access arranged via eHealth).

4.1 Prescribing

Private patients funding their own healthcare either by insurance cover or pay-as-you-go must fund associated prescription costs in the same way. Practices should consider explaining this to patients when they are referred for private treatment (see Appendix 1). They should only be provided with an NHS prescription if there is a clinical need and the medication would otherwise usually be provided on the NHS.

Alternatively, following a private consultation, the private practitioner may make a written recommendation for medication to an NHS practitioner. The NHS practitioner may accept this advice and issue a GP10 but **there is no obligation to do so if it is contrary to their normal clinical practice or does not follow national or local guidelines**. In this situation the practitioner may substitute the drug with a clinically appropriate alternative. The patient should be advised as to why the refusal has taken place and offered access to a second opinion. The NHS practitioner cannot charge for issuing the GP10 unless it is in one of the categories stated in section 3.0.

It is important to note the prescriber then takes liability for both prescribing and monitoring unless an established shared care agreement (SCA) is in place. The NHS Lothian SCA should be adopted; details are available on the [East Region Formulary website](#). The prescriber may also choose to refer to the appropriate NHS specialist service or re-refer back to the private provider. They should not engage in unsupported prescribing of medication where local SCAs exist but the sharing of responsibility does not occur. It was acknowledged that many of the specialist services within NHS Lothian will differ in their management of such cases and referrals. A process should be in place for patients who cannot be easily prescribed medicines in NHS Lothian after receiving non-NHS care and that process should ensure that there is no advantage over patients who have not accessed non-NHS care. The NHS practitioner may wish to discuss with colleagues and/or the wider multidisciplinary team before arriving at a decision.

The guidance set out in 1992 describing the responsibility for prescribing between hospitals and GPs is applicable regardless of whether the patient is being discharged from a private or an NHS hospital. Patients discharged from hospital should normally be provided with sufficient supplies for a minimum of seven days after discharge. The GP should receive notification in adequate time of the patient's diagnosis and drug therapy to avoid any delay in on-going treatment. A summary of these possible actions is shown in Appendix 2.

4.2 Monitoring

Similarly to prescribing, the NHS practitioner must assess whether any follow up requested would fall within general practice under General Medical Services or require specialist follow up; any established NHS Lothian shared care agreement should be followed. Where specialist follow up is

standard NHS practice or recommended by any relevant national guidance, the GP may wish to refer to the local specialist service or re-refer back to the private provider.

4.3 Investigations

With regards to a private provider requesting an investigation by the GP, any investigation should only be arranged through the GP-patient encounter and within the competencies of the GP.

5.0 Associated materials

The Human Medicines Regulations 2012.

Available from <https://www.legislation.gov.uk/ukxi/2012/1916/contents/made>

Good practice in prescribing and managing medicines and devices.

Available from <https://www.gmc-uk.org/professional-standards/the-professional-standards/good-practice-in-prescribing-and-managing-medicines-and-devices>

Procedure for the shared care of medicines. NHS Lothian.

Available from <https://policyonline.nhslothian.scot/wp-content/uploads/2023/03/Shared%20Care%20of%20Medicines.pdf>

Travel health advice and travel vaccinations. NHS Inform.

Available from <https://www.nhsinform.scot/healthy-living/travel-health/travel-health-advice-and-travel-vaccinations/>

A guide to private prescribing. Sarah Steele, Andreas Freitag et al. Prescriber, March 2015

Available from <https://wchh.onlinelibrary.wiley.com/doi/pdf/10.1002/psb.1324>

The Interface between the NHS and private treatment: a practical guide for doctors in Scotland: Guidance from the BMA Medical Ethics Department. September 2009.

Available from <https://cdn2.assets-servd.host/csf-leak/production/docs/BMA-The-interface-between-the-NHS-and-private-treatment-a-practical-guide-for-doctors-in-Scotland.pdf>

NHS Circular No 1992 (GEN)11: Responsibility for prescribing between hospitals and GPs

Available from <https://www.publications.scot.nhs.uk/files/gen1992-11.pdf>

General practice responsibility in responding to private healthcare. BMA. August 2023

Available from <https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/general-practice-responsibility-in-responding-to-private-healthcare>

6.0 Stakeholder consultation

Area Drug and Therapeutics Committee, NHS Lothian

GP Subcommittee, Lothian Medical Committee

General Practice Prescribing Committee, NHS Lothian

Non-medical Prescribing Lead, NHS Lothian

Primary Care Pharmacy Team, NHS Lothian

7.0 Monitoring and review

3yrs

8.0 Appendices

8.1 Information for patients considering private medical consultations

8.2 Summary of request for NHS prescription following private medical services

8.1 Information for patients considering private medical consultations

INFORMATION FOR PATIENTS CONSIDERING PRIVATE MEDICAL CONSULTATIONS

When you consult a private specialist you should be aware of what may happen about medication you may need **after** the consultation. You may not always be able to obtain an NHS prescription for medication arising from a private consultation.

Guidance for NHS patients

In March 2009, the Scottish Government published guidance for NHS patients who wish to pay for additional private care. The guidance includes the key points below:

- your NHS care will continue to be free of charge
- you can't be asked to pay towards your NHS care, except where legislation allows charges, such as travel medicines
- the NHS cannot pay for or subsidise your privately funded care
- your privately funded care must be given separately, at a different time and place from your NHS Care

Independent Private Referral:

If you choose to refer yourself to a consultant independently of your GP for additional privately funded care (i.e. outside the NHS), whether in the UK or abroad, you are expected to pay the full cost of any treatment (including medication) you receive in relation to the package of care provided privately (including non-emergency complications).

Private referral through your GP:

After a private referral made by your GP, your private specialist may give you a prescription. You may only need one prescription. The prescription provided by your private specialist will be a private prescription and you must pay for the medication.

If you need continued treatment you may initially be given just one private prescription (which you will need to pay for) and advised to return to your GP to see if further NHS prescriptions can be provided.

There is no obligation, however, for your GP to accept the recommendation made to prescribe the treatment recommended by a private specialist. To judge your clinical need for the treatment including the reasons for the proposed medication, your GP must have received a full clinical report from the private specialist.

If your GP does not feel able to accept this responsibility, then the GPs may consider:

- Offering a referral to an NHS consultant to consider whether the recommended medication should be prescribed as part of on-going NHS funded treatment
- Asking the specialist to remain responsible for the treatment because of its specialist nature, and to provide further prescriptions, for which you will need to pay.
- Prescribing you an equivalent locally recommended medication, which should deliver a similar /identical benefit.

Only if your GP considers there is a clinical need for your medicine, and that an NHS patient would be treated in the same way, would an NHS prescription to continue your treatment be considered. If the recommendation from your private specialist is for treatment that is not in line with local policies, then your GP may change the medication in line with that used for NHS patients.

How much will a private prescription cost?

The cost of a private prescription is calculated depending on the medicine. There is considerable variation in the cost of medicines so it is wise to discuss the possible cost with your consultant as part of your treatment plan.

Any community pharmacy can supply and dispense your medication on private prescription. Some private hospitals have pharmacy departments that can dispense your private prescription.

The pharmacy will charge you for the **full cost** of your medication. They will also charge a professional fee for the process of obtaining, dispensing and checking your medicine. This may vary from pharmacy to pharmacy so you are entitled to 'shop around' before deciding where you would like your medicine to be dispensed.

8.2 Summary of request for NHS prescription following private medical services

Summary of request for NHS prescription following private medical services

