

Guidance on Prescribing Responsibilities following Private Consultation and Private Prescriptions for NHS patients

Produced by Derbyshire Medicines Management on behalf of NHS Derby & Derbyshire

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Document Control	Date

The following guidance is intended to help prescribers understand their responsibilities in the following situations. If you require further information or advice, please contact the Medicines Management Team.

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1. Prescribing responsibilities following a private consultation.

A large number of patients opt to have some or all of their investigations and treatment privately. Some use private health insurance whilst others are willing to pay to be seen more quickly or for receiving their care in private facilities. In addition, patients may choose to be referred to a private provider if they provide services to the NHS and it does not cost the NHS any more than a referral to a standard NHS provider, in line with the [NHS Choice Framework](#). Patients are free to switch between NHS and private care. Treatment is defined by “episodes of care” which may either be continuous or consist of a series of treatment and care episodes.

Where an individual commences on a medication following a private consultation which is in line with an associated NICE Technology Appraisal and wishes to transfer to care provided by an NHS provider, they will be subject to the same waiting times that a newly referred patient would encounter. During this time until they are reviewed by the appropriate clinician, their treatment will continue privately, regardless of whether their private clinician believes their treatment falls within NICE guidance. The NHS provider will not be able to fund this treatment until they have been reviewed and deemed appropriate to continue the standard NHS referral pathway.

1.1 When a patient is referred by the patient’s GP for a private consultation:

- 1.1.1 The responsibility for prescribing rests with the doctor who has clinical responsibility for a particular aspect of the patient’s care. Where an NHS doctor refers a patient (privately or otherwise) to a consultant for advice, but retains clinical responsibility, any recommended medication should be issued on an NHS prescription, provided it is considered normal clinical practice and within ICB guidelines and formularies.
- 1.1.2 Patients who opt to be referred privately (i.e. outside the NHS) are expected to pay the full cost of any treatment they receive in relation to the care provided privately for that episode. Any drugs prescribed or treatment provided by a clinician in the course of a private consultation should be at the patient’s expense. Patients should be informed of this expectation prior to referral.
- 1.1.3 Patients are at liberty to switch between private and NHS care at any time but should only be provided with an NHS prescription if the medication would usually be provided on the NHS. Following a private consultation, the private clinician may recommend a particular medication and patients may request their GP to prescribe. GPs receiving such requests should provide an NHS prescription if there is a clinical need and the patient would normally receive treatment under the NHS, using the same principles of NHS referrals. However, there is no obligation to prescribe the recommended treatment if it is contrary to normal clinical practice or ICB guidelines or formularies. By prescribing a clinician assumes clinical responsibility for the treatment.
- 1.1.4 A consultant who, following a private consultation, has recommended treatment for the patient’s clinical circumstances, should continue to prescribe until the GP has agreed to prescribe treatment.
- 1.1.5 If the medication recommended is part of a special NHS arrangement or listed as a “specialist only” (RED on the traffic light classification) then the patient should be referred to the appropriate NHS service. Treatment of sub-fertility is a case in point and therefore GPs should not be asked to prescribe.
- 1.1.6 If the GP does not feel able to accept clinical responsibility for the medication, responsibility for prescribing remains with the private consultant. The consultant may suggest an alternative

therapy for the GP to consider or the GP may consider whether to refer to an NHS consultant who can consider whether to prescribe the treatment as part of NHS funded treatment but only if this is in line with normal referral protocols for the NHS.

1.1.7 Medication recommended by private consultants may be more expensive than those prescribed for the same clinical situation as part of NHS treatment. In such circumstances, local prescribing advice should be followed by the NHS GP.

1.1.8 When a private referral is made, patients may be given the leaflet shown in Appendix 1; explaining the situation regarding NHS prescriptions following private consultations. Enclosing a copy with any referral letter may also be useful.

1.2 **When a patient self-refers for a private consultation:**

1.2.1 People who refer themselves independently of the GP (i.e. outside of the NHS) whether in the UK or abroad are expected to pay the full cost of any treatment they receive in relation to the care provided privately for that episode. The leaflet shown in Appendix 1 may be useful to explain this to patients.

1.2.2 In situations when the GP is supportive of the patient's private referral (i.e., would have referred the patient if requested), patients are at liberty to switch back to NHS care as in section 1.1.3.

1.2.3 If the GP is not supportive of the patient's private referral and has concerns as to whether a specialist working outside the NHS is suitably qualified, the GMC states there is no obligation to follow the recommendations.

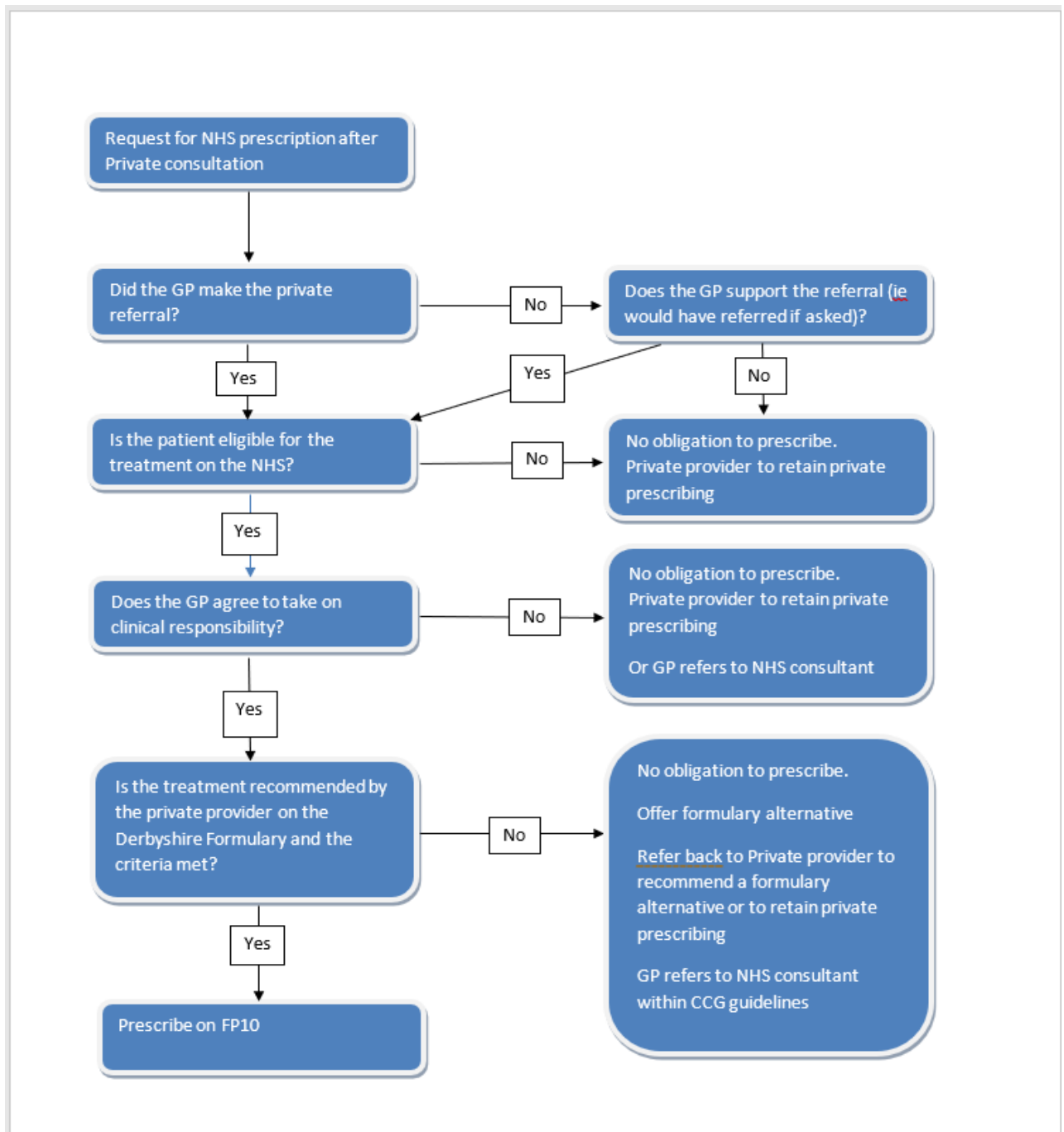
1.3 **Requests to prescribe medicines under shared care with a private provider:**

1.3.1 Shared Care with private providers is not usually recommended due to the general principle of keeping as clear a separation as possible between private and NHS care. This avoids appearing to be subsidising the patient's private care. Difficulties may also arise if the patient can no longer afford to continue funding private care. For these reasons, private patients seeking access to shared care should usually have their care completely transferred to the NHS.

1.3.2 However, it is recognised that there may be situations where on-going prescribing of a medicine deemed appropriate for shared care prescribing may be considered in the patient's best interest. If this is being considered, the following are areas the practice should consider on a case by case basis before making a decision to enter into a shared care agreement with a private provider:

- Is the GP be supportive of the private referral?
- Is the clinical service provided by the private provider equivalent to that offered by an equivalent NHS service? For example, providing appropriate assessment and follow up, employing GMC registered doctors with appropriate expertise, CQC registered and UK based?
- Has comprehensive written guidance from the specialist been provided? Can the GP be assured of reliable communication from the provider with regards to blood monitoring and dose adjustments, likely side-effects to be aware of etc?
- Is the practice satisfied that on-going prescribing can be done safely?
- What would happen if the patient stops funding on-going private care by the specialist? This would potentially leave the practice prescribing without on-going specialist support.
- Do all clinicians at the practice agree to take on prescribing. The clinician signing the prescription will take on full legal responsibility for that prescription.

The flowchart below summarises the position:



See also: [Defining the Boundaries between NHS and Private Care](#)

This policy defines the boundaries between privately funded and entitlement to NHS funding for patients under a range of circumstances.

References:

PrescQIPP Bulletin 238 August 2019: Guidance for prescribers when patients access both NHS and private services

Nottingham and Nottinghamshire CCG June 21: NHS and Private Interface Prescribing Guidance

2 Issuing private prescriptions to NHS patients

- 2.1 **Private prescriptions for NHS patients.** GPs should provide their NHS patients with any medication deemed clinically appropriate on an NHS prescription. A private prescription should only be provided in the circumstances listed below:
- 2.1.1 Prescribers may provide private prescriptions for their NHS patients when the item is not prescribable on the NHS. This includes: items listed in the drug tariff Part XVIII A 'Drugs, Medicines and other substances not to be ordered under a general medical service contract'; drugs for the prevention of malaria; drugs where the indication is outside those indicated on the selective list scheme; travel vaccines not included in current public policy and travel packs or drugs prescribed solely in the anticipation of the onset of an ailment while outside the UK (e.g., antibiotics for travellers' diarrhoea, acetazolamide for altitude sickness).
- 2.1.2 NHS patients may be charged for the issue of a private prescription and will need to pay for the cost of the drugs for malaria prophylaxis and travel related prescriptions, including travel vaccines where remuneration is NOT provided under the NHS. NHS patients should not be charged for the issue of private prescriptions for drugs included in drug tariff Part XVIII A or SLS drugs prescribed outside the SLS criteria
- 2.1.3 Where NHS policy recommends that a generic medicine is used and a patient requests a branded equivalent, a private prescription should not be issued to an NHS patient (unless the product falls into the categories stated above). The BMA General Practitioners Committee has obtained legal advice which confirms that GPs cannot issue private prescriptions alongside NHS prescription forms (FP10s).
- 2.1.4 When a medicine which is available on the NHS and is cheaper than the prescription charge, e.g., amoxicillin, a GP cannot issue a private script to save the patient money. The GPC has obtained legal advice that GPs may not issue private prescriptions as an alternative to an FP10. Where a GP is obliged to issue an FP10, the concurrent issue of a private prescription will be a breach of this obligation.
- 2.2 NHS GPs providing private care e.g., private GP appointments or an occupational health service cannot issue an NHS prescription as this would constitute a breach of the GMS, PMS or APMS contract.
- 2.3 Occupational Health vaccinations - The 'Immunisation against infectious disease' (2006) gives clinical recommendations for the use of vaccines, however it does not identify those which are recommended to be NHS funded. Where no remuneration is available from the ICB for individual vaccines, NHS prescribing is strongly discouraged. A patient sent by an employer to request occupational health immunisations should be advised that this is not the responsibility of the practice. The employer (not the patient) will have to make private arrangements with a practice, or occupational health provider to administer the vaccine(s) and any other screening or monitoring required. Hepatitis B vaccinations for occupations as listed in the BNF should normally be provided by the employer via their own occupational health provider or private agreement with a local practice. This includes healthcare students where Hepatitis B vaccination should be provided by the educational establishment, including advice on avoiding blood-borne infections, needle-stick injuries etc. For further advice on specific patient groups, see Appendix 2 or contact the occupational health or public health team.

- 2.4 Immunisations given for occupational health purposes should only be given as part of a full occupational health service and practices that feel that they have the necessary knowledge and skills to deliver such a service may contract with employing organisation to do so. They may then immunise their own patients that also happen to be employees of that organisation and accept payment from the employing organisation. Further information is available from the GPC including template letters to medical schools, patients and employers.

3 Patients receiving NHS treatment at a privately owned treatment centre contracted to treat NHS patients.

- 3.1 Medicines required by the patient immediately should be provided by the private provider without charge to the patient. A private prescription may be provided for the patient to have dispensed at the private provider's pharmacy, although the patient should not be charged.
- 3.2 The private provider can request the GP to prescribe medicines not required immediately as long as sufficient information is provided to allow the GP to prescribe safely and the medicine is included in local formularies and guidelines. Patients should be made aware that the medicine is not required urgently.
- 3.3 Providing a private prescription to an NHS patient to be dispensed anywhere other than the private provider's pharmacy is NOT recommended.

APPENDIX 1 - INFORMATION FOR PATIENTS CONSIDERING PRIVATE MEDICAL CONSULTATIONS

When you are seeing a private specialist, you should be aware what may happen about medication you may need after the consultation.

1. Independent private referral

People who refer themselves to a consultant independently of the GP (i.e. outside the NHS), whether in the UK or abroad, are expected to pay the full cost of any treatment they receive in relation to the care provided privately.

2. Private referral through your GP

After a private referral made by your GP, your private specialist may give you a prescription. Sometimes 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 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.

An NHS prescription to continue your treatment will only be provided if your GP considers there is a clinical need and that an NHS patient would be treated in the same way; there is no obligation for the GP to prescribe the treatment recommended by a private specialist. In order to judge your clinical need your GP must have received a full clinical report from the private specialist and therefore you may not be able to have a prescription immediately.

GPs have agreed to prescribe in line with local policies. 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 to be in line with medicines usually recommended for NHS patients. If your GP feels the treatment is for a specialist area your GP can ask the specialist to remain responsible for the treatment and to provide further prescriptions which you will need to pay for.

APPENDIX 2 – PRESCQIPP TRAVEL VACCINE BULLETIN

Locally agreed Derbyshire position statement for when both hepatitis A and hepatitis B vaccination are required for patients travelling abroad.

The combined hepatitis A and B vaccination is available on the NHS as a travel vaccine because it contains hepatitis A. However, hepatitis B vaccination is not commissioned by the NHS as a travel vaccine and would require a private prescription when prescribed as a single agent. When both hepatitis A and hepatitis B vaccination are required for patients travelling abroad, prescribers are not obliged to give the combination product as a travel vaccine on the NHS but should take the following local agreement into consideration:

The Derbyshire LMC's view is that a GP must prescribe on an NHS FP10 anything they believe is in the patient's best interests to do so (with the exception of items listed within the Drug Tariff Part XVIII A (Drugs, Medicines and other substances not to be ordered under a General Medical Services Contract.)) and if they are acting within their competence. If a patient is travelling to a place (or undertaking activities while abroad) where hepatitis A and hepatitis B immunisation is in the patient's best interest then the GP should prescribe these vaccines in whatever way they feel is in the patient's best interest. This will be an individual decision that may depend upon the patient's circumstances. It is recommended good practice to record the reasons for prescribing either the combined vaccine on the NHS or the separate vaccines (hepatitis A on the NHS and hepatitis B privately) on each occasion.

The bulletin below has been developed by PrescQIPP to assist practices receiving requests from patients for travel immunisation, clarify national guidance on which immunisations may be prescribed on the NHS and which should be privately prescribed.

[PrescQIPP Travel Vaccine Bulletin 2022](#) (require registration for access)