



**PAN MERSEY AREA PRESCRIBING COMMITTEE
PRESCRIBING POLICY STATEMENT
REF: G46 FINAL
APC BOARD DATE: 25 APR 2018**



Pan Mersey
Area Prescribing Committee

Guidance on Prescribing in Primary Care following a Private Consultation

Summary

If a private consultation identifies a long-term condition or a need for medication which is available as routine NHS treatment, this should be provided as such by the patient's usual primary care prescriber if they are satisfied it is appropriate, and the private provider issues the first prescription. The GP should be asked to take over prescribing only when the patient is stabilised on the medication. This applies whether the referral was by an NHS clinician or the patient self-referred.

The responsibility for prescribing rests with the prescriber who has clinical responsibility for a particular aspect of the patients' care.

There is no obligation on behalf of the primary care prescriber to prescribe the recommended treatment if it is contrary to his/her normal clinical practice.

If the private/consultant prescribing recommendation does not follow Pan Mersey Area Prescribing Committee (APC), local or national guidance or policy, then the primary care prescriber may substitute a medicine with a clinically appropriate alternative.

1 Background

- 1.1 NHS prescribers are often asked to issue an NHS prescription for a patient who is paying for private medical treatment. This is because many medications are more costly to the patient when issued privately than by the NHS.
- 1.2 This can raise questions about whether the patient would have received the same treatment if they had been diagnosed or treated on an NHS pathway and hence cause a dilemma for the prescriber as to whether they should issue an item on an NHS prescription or refuse.
- 1.3 This guidance is designed to clarify some of the issues which arise.
- 1.4 The principles of this document apply equally to any provider delivering NHS commissioned care.

2 Scope

- 2.1 This guidance applies to all services contracted by or delivered by the NHS across Pan Mersey Area Prescribing Committee region, including:
General medical practitioners (GPs), any other prescribers, Acute Hospitals, NHS community providers, outpatient clinics, and independent providers.
- 2.2 This covers the provision of prescriptions to a patient registered on the list of an NHS general medical practitioner, or as a temporary resident of an NHS general medical practitioner.
- 2.3 It does not cover the provision of private services to members of the public who are not registered with the practice.

3 Use of Private Prescriptions for NHS patients

- 3.1 The NHS must never charge for NHS care (except where there is specific legislation in place to allow charges e.g. prescription charges, eye tests, dental charges or where the GP contract allows this).
- 3.2 Some treatments or consultations may not be classed as NHS care if they fall outside of national guidelines or local agreements e.g. fertility treatment where the couple do not meet the NICE guidelines.
- 3.3 A patient who chooses to have a treatment privately, which is not commissioned by the NHS, and requires medication as part of this treatment (either immediate or long term), should be paid for by the patient.

Example: Patient has had private bariatric surgery as they did not meet the criteria for NHS care, and asks their GP for life long prophylactic medication e.g. iron, calcium/Vitamin D, multivitamin and Vitamin B12 injection. Or a patient who goes abroad for private fertility treatment and then requests the GP to prescribe follow up medication folic acid, prednisolone, aspirin, enoxaparin and progesterone. In both cases, these medicines should be paid for by the patient.

- 3.4 Where the item is not allowed on the NHS, prescribers can only provide private prescriptions for their NHS patients in the circumstances listed below:
 - Items included in the Drug Tariff Part XVIII A - Drugs, Medicines and Other Substances not to be ordered under a General Medical Services Contract, also referred to as the NHS 'Black List'
 - Medicines used for the prophylaxis of malaria
 - Medicines where the indication is outside those indicated on the selective list scheme (SLS - Drug Tariff Part XVIII B - 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 traveller's diarrhoea, acetazolamide for altitude sickness)
 - Travel vaccines not included in NHS policy. Refer to guidance on NHS Choices "Which Travel Vaccinations are Free?" and "Immunisation Against Infectious Disease" (also known as "The Green Book")
- 3.5 The terms of service of primary care medical services do not allow GPs to supply private treatment to NHS patients on their practice list. Therefore, issuing a private prescription, including for the purpose of avoiding NHS prescription charges for an item which is routinely issued on the NHS, is not allowed.

4 Non-NHS (Private) Referral and Treatment

- 4.1 Patients who elect to see a specialist/healthcare professional privately should be treated fairly, in accordance with the same principles as other patients who may not be able to afford a private consultation.
- 4.2 Primary Care Clinicians should consider adding the following as a foot note to all private referrals. **Prescription requests should comply with Pan Mersey Area Prescribing Committee (APC) guidance (www.panmersevapc.nhs.uk) including complying with principles of RAG designations e.g. initiating and titrating dose. Primary Care Clinicians will not issue NHS prescriptions in the following situations:**
 - **Requests that do not comply with APC guidance**
 - **Short term medication for a single episode of care (e.g. a course of treatment or up to 28 days acute treatment)**
 - **Requests relating to a non-commissioned NHS treatment**
 - **Prescription requests for other medicines resulting from outpatient appointments will only be considered after receipt of a full clinic letter and will take a further 48 working hours to process.**

Urgent prescriptions are the responsibility of the prescribing clinician.

- 4.3 NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care.
- 4.4 Any additional private care must be delivered separately from NHS care.
- 4.5 The NHS should never subsidise private care.
- 4.6 When a patient is seen privately by a specialist or GP for a single episode of care any short term medication required (a course of treatment or up to 28 days acute treatment) should be paid for by the patient as part of that package of care.

Examples:

A patient has a private hip replacement operation. Any immediate medication such as heparin, analgesia or antibiotics required as a result of the operation should be included in the private cost of the package of care for the hip operation.

A patient sees a consultant privately and is prescribed a course of eardrops for two weeks. This should be paid for by the patient.

- 4.7 If a private consultation identifies a long-term condition or a need for medication which is available as routine NHS treatment this should be provided as such by the patient's usual General Medical Practitioner if they are satisfied it is appropriate, and the private provider issues the first prescription. The GP should be asked to take over prescribing only when the patient is stabilised on the medication. This applies whether the referral was by an NHS doctor or the patient self-referred. However, the NHS prescriber would only be obliged to prescribe in line with NHS or local or Pan Mersey APC policy/formulary.
- 4.8 The responsibility for prescribing rests with the prescriber who has clinical responsibility for a particular aspect of the patients' care. Where, for instance, an NHS doctor refers a patient privately to a consultant for advice but, when appropriate, retains clinical responsibility, he/she should issue the necessary prescriptions and at NHS expense.
- 4.9 Patients are at liberty to switch between private and NHS care at any time, but should only be provided with an NHS prescription if there is a clinical need and the medication would usually be provided on the NHS.
- 4.10 There is no obligation on behalf of the primary care prescriber to prescribe the recommended treatment if it is contrary to his/her normal clinical practice.
- 4.11 The consultant's advice on choice of treatment is advisory and the primary care prescriber may choose to prescribe an alternative product bearing in mind national and local Pan Mersey guidelines/formulary. By prescribing, a clinician assumes clinical responsibility for the treatment.
- 4.12 If the primary care prescriber deems the ongoing supply of medication to be clinically appropriate/necessary it should be prescribed in accordance with national/local guidance/policy/Pan Mersey APC formulary as appropriate.
- 4.13 If the recommendation does not follow Pan Mersey APC formulary, or local or national guidance or policy, the primary care prescriber may substitute the drug with a clinically appropriate alternative.
 - Example: Desloratadine for allergic rhinitis, Pan Mersey APC formulary guidelines would suggest cetirizine or loratadine as first line so the primary care prescriber could prescribe either of these alternatives on an NHS prescription, if clinically appropriate.
- 4.14 In all cases, the Pan Mersey APC red, amber, green (RAG) classification should be consulted to ensure any medicine(s) prescribed are in accordance with the red, amber, green definitions and under the responsibility of the appropriate prescriber. The primary care prescriber should not be asked to prescribe red drugs or to initiate "amber initiated" or "amber retained" drugs in line with Pan Mersey APC recommendations.
- 4.15 Primary care prescribers should ensure when patients are prescribed medicines requiring shared care (classified as purple by Pan Mersey APC) their prescribing responsibilities should be as defined in the shared care documentation, and the patient should remain under the care of a specialist.

Example: Prescribing lithium for mood disorders.

Pan Mersey APC shared care guidance advises that the specialist is responsible for baseline

monitoring, counselling, dose titration and ongoing monitoring until the patient is stable, after which the primary care prescriber can be asked to prescribe lithium with ongoing reviews by the specialist and monitoring as defined in shared care guidance.

The primary care prescriber should therefore not be asked, following a private consultation, to initiate/titrate lithium or complete baseline monitoring. Once the patient is stabilised, the primary care prescriber may agree to carry out ongoing monitoring, but this should be in line with the primary care responsibilities outlined in the Pan Mersey APC shared care guidance, following receipt of an appropriate request defining responsibilities, and there must be ongoing support from a specialist.

- 4.16 Patients have the right to appeal against any decision not to prescribe. In the first instance this will be to the prescriber concerned and then to the Clinical Commissioning Group (CCG) through the formal appeals procedure. The patient should be advised to contact the appropriate CCG for further details.

5 References

- **Guidance from the 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 14.11.17. <http://bma.org.uk/practical-support-at-work/ethics/ethics-a-to-z>
- **DH Guidance on NHS patients who wish to pay for additional private care.** Accessed 14.11.17 <https://www.gov.uk/government/publications/nhs-patients-who-wish-to-pay-for-additional-private-care>
- **NHS Choices Website:** If I pay for private hospital treatment, how will my NHS care be affected? Accessed 14.11.17 <http://www.nhs.uk/chq/Pages/2572.aspx>
- **NHS Choices Website:** Which travel vaccinations are free? Accessed 14.11.17 <http://www.nhs.uk/chq/pages/1071.aspx?categoryid=70&subcategoryid=175>
- **Immunisation against infectious disease (The Green Book):** National policy and guidance regarding immunization. Accessed 14.11.17. <http://immunisation.dh.gov.uk/category/the-green-book/>

6 Acknowledgements

Our thanks are due to colleagues at GM shared service on whose document this policy was based.