

Private Providers

There has been increasing concern from our members in recent times regarding the interface between private providers and General Practice. Very lengthy waits for NHS secondary care services, new weight loss medications and the lack of a neurodiversity assessment service are leading more patients to look to the private sector to fill the void. While timely access to specialist care can reduce our workload, merging NHS and private care can be complicated, risky, and time consuming. This is further complicated by the small number of private providers whose practice and processes place unreasonable demands upon GP.

There has been exponential growth in condition or medication specific providers offering low-cost services. It can be very difficult to judge the quality and safety of these services and this adds a layer of complexity with which we are unfamiliar and ill-equipped. While there are many examples of good care in the private sector for example the large corporate providers using NHS consultants which have robust governance structures, there also a number of examples of poor practice and the potential for patient harm.

LMC View

We are not setting out to deliver a single definitive answer but aiming to describe a reasonable approach practices may wish to consider in handling requests. We would strongly encourage practices to read the detailed [BMA guidance](#) upon which much of this is based. It is important to be aware that this is produced by BMA England so not everything is applicable here.

Information sharing

- GMC good medical practice highlights the need to share information about patients with others involved in their care. [GMC Good Medical practice - Point 65a](#)
- The sharing of information with private providers should be done with patient consent. [Confidentiality: good practice in handling patient information](#)
- The BMA suggest patients submit a subject access request in order to obtain their medical record to fulfil private provider information requests. This can be a considerable burden for practices as it cannot be charged for. A compromise would be to offer to provide a free patient summary to the patient for them to share with the private provider. Ideas to make this as straight forward as possible are given in **Appendix 1**.

Documentation

- It is good practice to record medications you acknowledge as being given elsewhere using the 'out of practice' option. This can facilitate the checking of potential future interactions.
- Please see **Appendix 2** for examples of text to use on template letters to respond to private providers' requests and communication to patients.

- Due to the increasing frequency of patients accessing private prescriptions it is important principle to always check with the patient about any additional medications they are taking when prescribing. [GMC Good Medical practice - Point 39](#)

Shared care of medications

- Shared care agreements are a helpful solution to deliver complicated aspects of medical care in a convenient community setting. **They are however not mandatory and not expected.**
- The NHS has robust processes to undertake SCA safely but the same cannot be assumed to be the case with each and every private provider.
- Many practices are following the BMA advice and rejecting all private SCA requests. Some do enter into these agreements. Both positions can be justified but it is important to be clear and consistent in your approach as this is an area which has resulted in many complaints.
- Our suggestion is to focus on consistency in the decision making process rather than the outcome. A flat no to all private provider SCA requests is appealing and straightforward but could be viewed as arbitrary or challenged as potentially unfair.
- We encourage practices to think through what would be required in order to safely enter into a shared care agreement with any specialist. **If the answer to any of the following is no it would be appropriate to decline** to enter into a shared care agreement:
 1. **Do you have sufficient knowledge and expertise in the prescription of the medication in question?**
 2. **Is there a clinical need and would the drug be normally supplied on the NHS?**
 3. **Is it an NHS Borders or Lothian SCA that is being proposed for use ?**
 4. **Will the specialist (and patient) provide (and fund) follow up throughout the duration of the treatment?**
 5. **Are you satisfied that the private provider has the qualifications, experience, knowledge and skills to make the assessment and subsequent management plan?**
 6. **Do you have capacity in your practice to undertake the SCA?**
- **In practice it is unlikely many, if any, requests will satisfy all these requirements.**
- If the answer to all the above was 'Yes' then you could consider entering into a SCA but it is important to remember that the risk ultimately rests the GP as the prescriber.
- Practice circumstances and capacity can change over time so the outcome of SCA decisions is not fixed.
- Please see **Appendix 3** for example responses to questions you may get regarding shared care agreements.

Organising tests

- Requests from private providers to arrange tests or investigations is outside the scope of NHS primary medical services. [BMA guidance](#) A GP provider should only carry out investigations where it is necessary for the GP's care of the patient and the GP is the responsible doctor.
- If the GP considers the proposed investigations to be clinically appropriate, is competent to both interpret them and manage the care of the patient accordingly, then the GP may proceed with arranging the tests or investigations. If not they should decline to organise the investigation and advise the patient and the provider that the services do not fall within NHS primary medical services and to make alternative arrangements. [BMA guidance](#)

Onward NHS referrals

- **Refer back to the NHS** if requested. Patients have a right to have their care transferred back to the NHS at any point of their private healthcare journey. If unwilling to engage in an SCA, and if the patient requests, you can refer them to the local NHS service who will triage such requests in the normal manner.
- Private providers can in theory make referrals to NHS services, without referral back to the GP, provided the patient would be eligible for NHS referral. *This is however very difficult in Scotland with our referrals system.*

Raising concerns

It may be that practices have significant patient safety concerns around private prescribers. Our advice to all practices would be to raise concerns with the provider/service in the first instance (if appropriate) and if the response is inadequate to escalate concerns.

This is something most of us would rarely encounter and it may be useful to seek advice on how best to proceed. It may be advisable to discuss with the Medical Director (Dr Lynn McCallum) as the Responsible Officer if concerns are approaching the level where regulator involvement is being considered.

The GMC has helpful advice about [raising formal concerns](#).

[HIS](#) regulates private services in Scotland. The CQC is also available for private providers based elsewhere in the UK. Both can be contacted to raise and discuss potential concerns.

The [GDC](#) is also available for concerns about Dental practitioners. Practices need to raise these concerns themselves.

General thoughts

Minimal involvement is desirable. Information should be readily accessible and provided in a standardised format, such as a general letter or text, rather than a personalised approach. The objective is to mitigate risk without assuming direct responsibility, and this distinction must be clear.

Patients must understand that their records have not been reviewed, and they bear the responsibility for providing accurate information—this should not be perceived as an opportunity to be dishonest.

Appendix 1

Summary Sheet:

Two options below, whichever you choose, write up in your practice policies and procedures documentation.

Bespoke types of **summary sheet** can be created and labelled, for print or digital release.

Include major diagnoses and most recent BP and weight.

Do not include recent consultations.

Where confident of practice coding, create to the level of the frequently identified exclusions in correspondence.

Label such that relevant practice staff can Print or Print to PDF

Staff to record that summary sheet has been issued

Alternatively

Create a **template letter** in practice documents that pulls in the above information, plus:

‘This sheet includes details of current medications and major diagnoses related to our GP care. It is not a full summary of all medical care and should be used at your own risk.’

This will automatically be recorded as having been issued as a document in the patients records.

Choose a data entry to clarify e.g. summary sheet for private use issued

Appendix 2

To Private providers:

“Thank you for your letter. In it, you have outlined a prescription that you have issued to your client, our patient. We will add this to our records as a medication prescribed elsewhere, to enable ongoing safety of our own prescribing, in line with GMC regulations.

Your own prescribers will be aware of their obligations to ensure they are using a mechanism that gathers sufficient information to support a safe prescribing decision. As a practice we encourage our patients to request a Summary Sheet of their records, to share with other providers of medical care etc., as they see fit. This contains details of current medications and major diagnoses relevant to our GP-led medical care of the patient. They are not a comprehensive summary of all past and current medical care and should be used at the users’ own risk.

Patients will not be given appointments to capture weight and blood pressure for external use. “

To Patients:

“We have been told you are taking [insert name of drug]. We will add this to your medical record as an 'outside' prescription. You can ask for a summary sheet to share with your provider. A summary sheet is a list of your medical conditions and any medicines you are taking. The 'outside' prescriber needs to have the correct information. You need to be honest. We will not check the information for them.”

(The leaflet on contraception and GLP-1 agonists can also be included)

Appendix 3

1. Does the practice ever review shared care requests on a case-by-case basis?

No, we do not have the capability to assess individual private providers, nor do we wish to discriminate between patients.

2. Is there any exceptions process for patients who are already stable on medication with full clinical documentation?

No, we do not have the capability to assess individual private providers, nor do we wish to discriminate between patients.

3. Are there any circumstances where the practice will consider shared care requests?

We offer shared care with NHS providers under the following circumstances:

- 1) The NHS service will assess, initiate, and stabilise the prescription before requesting shared care.
 - 2) The NHS service regularly monitors the patient's physical health and provide updates to the practice throughout the duration of the shared care agreement to allow safe prescribing.
 - 3) The NHS service regularly reviews the patient's psychological health and adjusts medication accordingly
- We are happy to refer patients to NHS services for assessment and initiation of treatment, and where a private assessment has already been carried out we are happy to forward that assessment to NHS services to facilitate rapid transfer of care.