Guidance for Prescribers Following Private Consultation

1.	**FUNCTION**	
	1.1	This policy sets out guidance within NHS Borders to ensure appropriate prescribing when patient care moves between non-NHS and NHS providers.
2.	**LOCATION**	
	2.1	All areas of NHS Borders where medicines are prescribed.
3.	**RESPONSIBILITY**	
	3.1	Any prescriber approved by The Human Medicines Regulations 2012 can issue a private prescription for a medicine.
	3.2	General Practitioners[1] treating NHS patients may not issue a private prescription for their patients unless in specific circumstances outlined below: • where a drug is not funded by the NHS and ***only*** available by private prescription e.g. some travel vaccines, malaria prophylaxis • for anticipatory care while they are outside the United Kingdom, e.g. Acetazolamide for altitude sickness • for ongoing treatment while travelling abroad 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.
4.	**OPERATIONAL SYSTEM**	
	4.1	Private patients funding their own healthcare either by insurance cover or pay-as-you-go must fund associated prescription costs in the same way. GP Practices should consider explaining this to patients when they are referred for private treatment (see Appendix 1).
	4.2	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 transfer to the NHS. They should not be put at any advantage or disadvantage in relation tothe NHS care they receive. They should only be provided with an NHS prescription if there is a clinical need and the medication would otherwise usuallybe provided on the NHS.

[1] Throughout this document, reference is made to “GP” or “GP practices”. The individual GP should use all resources available to them, including advice from Pharmacy teams in the Practice or at the Board.

	4.3	Alternatively, following a private consultation, the private practitioner may make awritten recommendation for medication to an NHS practitioner. The NHS practitioner may accept this advice and issue a GP10, but **there is no obligationto 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 thedrug with a clinically appropriate alternative. The NHS practitioner cannot chargefor issuing the GP10 unless it is in one of the categories above. It is important to note the prescriber then takes liability for both prescribing and monitoring unless an established shared care arrangement is in place. They may also choose to refer to the appropriate NHS specialist service or re-refer back to the private provider. A summary of possible actions is shown in Appendix 2. NB. If the private consultant will be reviewing the patient and/or specialist supervision is required, then the private consultant should prescribe and the patient bear the cost, alternatively the patient can be referred to NHS secondary care for further management.
	4.4	The guidance set out in NHS Circular No 1992 (Gen)11 describing the responsibility for prescribing between hospitals and GPs remains applicable regardless of whether the patient is being discharged from private or NHS hospital.Patients discharged from hospital, sufficient drugs should normally be provided by the hospital for a minimum of 7 days after discharge. The GP should receive notification in adequate time of the patient's diagnosis and drug therapy to avoidany delay in on-going treatment.

5. REFERENCES

5.1 The Human Medicines Regulations 2012
www.legislation.gov.uk/uksi/2012/1916/contents/made

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

5.3 Responsibility for prescribing between hospitals and GPs: NHS Circular No 1992 (GEN)11
www.sehd.scot.nhs.uk/mels/GEN1992_11.pdf

5.4 Scottish Drug Tariff
www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/

Appendix 1
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 ableto obtain an NHS prescription for medication arising from a private consultation.

Guidance for NHS patients
General principles for NHS patients seeking private healthcare include:

- your NHS care will continue to be free of charge
- you cannot 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 iffurther 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 yourmedicine. This may vary from pharmacy to pharmacy so you are entitled to 'shop around' before deciding where you would like your medicine dispensed.

Appendix 2

Summary of request for NHS prescription following private medical services