Warrington CCG – Guidance on Prescribing following a Private Consultation

Summary:

The NHS should continue to provide, free of charge, all care that the patient would have been entitled to, had he or she not chosen to have additional private care.

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

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

If the private/consultant recommendation does not follow national/local guidance/policy/ Pan Mersey formulary, the GP can substitute the drug 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 Warrington CCG, including: GPs, any other prescribers, Acute Hospitals, NHS community providers, Out Patient clinics, and independent providers.

2.2 This covers the provision of prescriptions to a patient registered on the list of a general medical practitioner, or temporary resident.

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)

3.2 Some treatments or consultations may not be classed as NHS care if they fall outside national guidelines or local agreements e.g. fertility treatment where the couple do not meet the NICE guidelines.

3.3 Prescribers can only provide private prescriptions for their NHS patients in the circumstances listed below, where the item is not prescribable on the NHS.
• Items included in the Drug Tariff Part XVIIA - Drugs, Medicines and Other Substances not to be ordered under a General Medical Services Contract, also referred to as the NHS ‘Black List’

• Drugs for the prophylaxis against malaria,

• Drugs where the indication is outside those indicated on the selective list scheme (SLS -Part XVIIIB - 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 travellers’ diarrhoea, acetazolamide for altitude sickness)

• Travel vaccines not included in NHS policy. Refer to guidance on NHS Choices “which travel vaccinations are free?” and the “Green book”

3.4 The terms of service of primary care medical services do not allow GPs to supply private treatment to NHS patients. Therefore issuing a private prescription 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 GP’s should consider adding the following sentence as a foot note for all private referrals; Prescription requests should comply with Pan Mersey Area Prescribing Committee (APC) guidance (www.panmerseyapc.nhs.uk). GP’s will not issue prescriptions outside of this guidance. Prescription requests resulting from outpatient appointments will be processed within 48 working hours of receipt of request from clinician. 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 should be paid for by the patient as part of that package of care e.g. if a patient has a private hip replacement 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.

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 GP. This applies whether the referral was by an NHS doctor or the patient self-referred. However the NHS doctor 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 doctor 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 GP 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 GP 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 GP deems the ongoing supply of medication to be clinically appropriate/necessary it should be prescribed in accordance with national/local guidance/policy/Pan Mersey formulary as appropriate.

4.13 If the recommendation does not follow national/local guidance/policy/Pan Mersey formulary, the GP can substitute the drug with a clinically appropriate alternative if they feel this would be appropriate, based on local policy, guidance and formulary where available.

Example: Desloratidine for allergic rhinitis, Pan Mersey Formulary guidelines would suggest Cetirizine or Loratidine as first line so the GP 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 drug(s) prescribed are in accordance with the red, amber, green definitions and under the responsibility of the appropriate Prescriber. The GP 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 GPs should ensure if patients are prescribed drugs requiring shared care (classified as purple in 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 the specialist is responsible for baseline monitoring, counselling, dose titration and ongoing monitoring until the patient is stable, after which the GP can be asked to prescribe lithium with ongoing reviews by the specialist and monitoring as defined in shared care guidance.

The GP should therefore not be asked, following a private consultation, to initiate/titre lithium or complete baseline monitoring. Once the patient is stabilised, the GP 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 doctor concerned and then to the CCG through the formal appeals procedure. The patient should be advised to contact Warrington CCG for further details.

5 References


- **NHS Choices Website 2012**: If I pay for private hospital treatment, how will my NHS care be affected? [http://www.nhs.uk/cho/Pages/2572.aspx](http://www.nhs.uk/cho/Pages/2572.aspx)


6 Acknowledgements

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