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Private Prescribing and Tests Policy

Private medicine and your NHS GP

At Newquay Health Centre we follow NHS guidance on working with doctors and other practitioners in the private sector, whether they are based in the UK or overseas.

We are aware that it is not always obvious to patients how the system operates, nor what rules we must follow as NHS GPs, so we refer you to this guidance to clarify some commonly occurring situations.

We would encourage you to read this information before attending your private appointment so that you are aware in advance of where the interface between private and NHS practice lies and understand the rules that limit what we can do regarding medication or care requested by the private sector.

Getting a referral to a private doctor

You can access private treatment from a specialist without being referred by your GP, but some private doctors and insurance companies do require a referral. Please make a routine appointment with your usual GP if you wish to discuss a private referral. If your GP agrees, he or she will write a referral letter to a named specialty for you to be sent to the provider of your choice.

Please be aware there are some practitioners that we are not able to write a referral letter to – e.g. we do not do referrals for cosmetic issues.

Tests and Investigations

If your private doctor thinks that you need any tests or investigations, including blood tests or any surgical procedure, then that doctor is responsible for:

- Arranging tests and any medications privately that might be needed prior to the test, as well as explaining how and when you will receive a date for the test, and what to do if the date is not suitable for you;
- Arranging privately any tests or investigations required for monitoring medication they are prescribing for you;
- Giving you your results and explaining what they mean;

- Arranging any follow up including removal of stitches/staples etc, or sufficient painkillers if you have had an operation or other procedure;
- Arranging any onward referral either to another private practitioner or to NHS services recommended by the private doctor.

Please do not contact the practice to discuss the results of tests organised by practitioners outside the practice. Without the full context and rationale for the investigation it is not possible for the GPs to interpret investigations safely. It is your private doctor's responsibility to discuss any tests they have requested with you.

Medications

Our prescribing is governed by numerous organisations and we are duty-bound to prescribe according to guidelines set by the GMC, NICE, the wider NHS and the local ICB formulary, along with the British National Formulary.

When a patient is seen privately by a specialist or GP for a single episode of care any short-term medication required should be prescribed by the private doctor and paid for by the patient as part of that package of care.

If the private doctor identifies a long-term condition which requires medication which is available as routine NHS treatment this may be prescribed by your usual GP, at their discretion. Your GP may wish to discuss the plan with the partners prior to any agreement to take on prescribing.

Please note:

In every case the private doctor will be responsible for giving you at least the first two weeks' prescription of any new medicine. They will need to give you at least a fortnight's supply so we have enough time to receive the letter, process it and add any requested medication if we feel it is safe and appropriate for us to do so;

We will need to have received written documentation from your private practitioner prior to approving any medication requests. We cannot prescribe without documentation explaining the medication, dose, rationale and duration of treatment. We will also need your private specialist to outline any monitoring or follow up required before we can take on the prescription.

You will need to contact the surgery to check if the medication has been approved and issued. If there are concerns about this medication, you will be asked to make a routine appointment to discuss it. You may therefore need to get a further prescription from your private doctor while you arrange this routine appointment. For this reason, we recommend that you consider asking your private doctor to prescribe the first 4 weeks' worth of an ongoing medication to ensure that you will not run out.

High-risk medications and shared care agreements

Some medication that is potentially harmful requires special monitoring, for example: methotrexate, sulfasalazine, Roaccutane, hormonal treatment for gender dysphoria, and the medications prescribed for ADHD. Where all your treatment is carried out on the NHS this monitoring is arranged via a 'Shared Care' agreement between the GP and the specialist, which lays out a detailed set of rules for the specific drug. The hospital specialist is responsible for initiating, titrating and prescribing the medication until the dosage and any blood or other monitoring are stable. They can then 'hand-over' prescribing to the GP (once the GP accepts); but will continue to work together within the terms of the agreement to carry out monitoring and follow up.

Without this commitment, if your private specialist prescribes or recommends a high-risk, 'Shared Care' medication for you, your choices are either to:

- a. request a referral to an NHS specialist (from your private specialist or from your usual GP), to see if they would be willing to initiate the same medication (you would need to wait the usual time to be seen for this, as NHS rules forbid 'queue jumping' through mixing NHS and private care); or
- b. continue all of your care in the private sector.

When we cannot prescribe

Sometimes private clinicians suggest medications to patients which would not normally be prescribed in the NHS. If this is the case, you will need to continue to receive your medication from the private clinician. Please contact your private clinician directly to organise this.

There is no obligation on behalf of the GP to prescribe a treatment recommended by a private clinician if:

- **An NHS patient would not routinely be offered this treatment;**
- **A letter explaining the full rationale for the treatment has not been provided by the private doctor in the private sector;**
- **The GP feels the medicine is not clinically necessary;**
- **The proposed medication is being prescribed outside of its licensed indication(s);**
- **The medication is contrary to the GP's normal practice or not a medicine the GP would normally prescribe;**
- **The medication needs special monitoring and the GP feels they do not have the expertise or resources to do this or it is usually done under the auspices of Shared Care, or in a hospital setting;**

- **The use of the medication conflicts with NICE guidance or locally agreed protocols or the Cambridgeshire and Peterborough ICB formulary;**
- **An equivalent but equally effective medicine could be prescribed locally under ICB formulary. In these circumstances, the GP may substitute the recommended drug with a clinically appropriate formulary alternative;**
- **The medication is available over the counter and CAPCCG does not support the routine prescribing of this type of medication.**

Private Prescriptions

Please note, GPs are not allowed 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.