



NHS Grampian Guidance
Requests to Primary Care to Prescribe Following Private Consultation

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This document has been endorsed by the Director of Pharmacy and Medicines Management

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Operational Management Unit: Unit Operational Managers

Policy statement: It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, protocols procedures.

Review: This Guidance will be reviewed in three years or sooner if current treatment recommendations change.

Responsibilities for review of this document: Medicines Management Pharmacist

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Responsibilities for disseminating document as per distribution list:

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Revision Date	Previous Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Marked* (Identify page numbers and section heading)
July 2022	Nov 2019	Update to title	Page i
		Section 1. Update to content of section	Page 2
		Section 2. Change of section title & update to information pertaining to document	Pages 2-3
		Section 3. Previously section 4. Addition of information pertaining to checking prescriber credentials.	Page 3
		Section 4. New section.	Page 4
		Section 5. Previously section 4.2. Minor update to wording.	Pages 4 - 5
		Section 6. New section.	Page 5
		Section 7. New section.	Page 5
		Appendix 1. Update to wording.	Pages 6 -7
		Appendix 2. Update to summary flow chart by addition of steps to check validity of prescribing request.	Page 8

* Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.

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NHS Grampian Guidance

Requests to Primary Care to Prescribe Following Private Consultation

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Requests to Primary Care to Prescribe Following Private Consultation

1. Purpose and Scope

This document is intended for use by prescribers working in primary care including general practitioners (GPs) and non-medical prescribers (NMPs).

This document aims to provide primary care prescribers with guidance to ensure any request to prescribe by a private (i.e. non-NHS) healthcare provider is given appropriate consideration prior to making the decision whether or not to assume clinical responsibility for prescribing and associated monitoring.

The guidance pertains to medicines, medical appliances and medical devices.

While this document is intended to support prescribers working in primary care it does not cover specific patient situations/scenarios and should not be used as a substitute for an individual's own professional standards and judgement.

Further prescribing guidance can be sought via the NHS Grampian [Good Prescribing Guide](#) and [Policy and Framework for Non-Medical Prescribing](#).

This guidance does not provide information relating to the sharing/transfer of prescribing/clinical responsibility between Primary and Secondary care. Further information regarding this can be accessed via the NHS Grampian Guideline - [Responsibilities When Requesting A Transfer Of Prescribing From Secondary Care To Primary Care](#).

This document does not provide guidance on NHS prescribers wishing to provide private services as this is out with the scope of this guidance.

2. Background

[SGHD/CMO\(2009\)3](#) provides details on arrangements for NHS patients receiving healthcare services through private arrangements and highlights the importance of “maintaining the integrity of the founding principles of the NHS and ensuring that patient safety, clinical accountability, governance and probity arrangements are robust”.

Point 76 in the General Medical Council's (GMC) guidance “Good practice in prescribing and managing medicines and devices” states that “If you prescribe based on the recommendation of another doctor, nurse or other healthcare professional, you must be satisfied that the prescription is needed, appropriate for the patient and within the limits of your competence”.

Where a patient opts to receive private care (funded either by insurance or on a pay-as-you-go basis) it should be delivered separately from NHS care, at a different time

and in a different place. Patients eligible for NHS care, who have opted to pay privately for services that could have been provided by the NHS, can at any stage transfer to the NHS for ongoing care. [Appendix 1](#) contains an information leaflet which can support patients with queries regarding private and NHS care.

British Medical Association (BMA) Medical Ethics Department guidance [“The interface between the NHS and private treatment: a practical guide for doctors in Scotland”](#) states: “Even though individuals opt for private treatment or assessment, they are still entitled to NHS services. Where the GP considers that the medication recommended is clinically necessary:

- He or she would be required under the NHS terms of service to prescribe that medication within the NHS, even if the assessment from which the need was identified was undertaken in the private sector; however
- If the medication is specialised in nature and is not something GPs would generally prescribe, it is for the individual GP to decide whether to accept clinical responsibility for the prescribing decision recommended by another doctor. (The same principles apply to requests to undertake diagnostic tests or other procedures within the NHS.)”

The BMA provides guidance to support with [private prescribing practice \(for individuals working in that sector\)](#).

3. Requests to Transfer from Private to NHS Care

Following a private consultation, a private practitioner may make recommendations to a NHS practitioner to request prescribing of medication/appliance as well as associated monitoring. These requests may come via the private practitioner, the service for whom the private practitioner works or patients who have consulted with the private practitioner/service.

NHS clinicians are not obligated to accept recommendations (and therefore assume clinical responsibility) made to prescribe treatment by private practitioners (at request of prescriber or patient).

Prior to making a decision with regard to the request, the following should be considered:

- Private requester’s credentials/qualifications,
- Private service credentials,
- Diagnostic criteria used and diagnosis provided e.g. validated results,
- Is this a single episode of care, a new diagnosis or continuation of treatment (see [Section 4](#) below),
- What (if any) baseline and/or ongoing monitoring is required,
- Is the request in line with NHS Grampian Guidance and [Grampian Area Formulary](#),
- Is the request for off-label prescribing or an unlicensed medication and if so what prescribing approval processes should be undertaken prior to prescribing (see further information below),
- Is the request appropriate for a primary care GP or NMP to assume clinical responsibility for prescribing and ongoing management of condition including monitoring and review.

Once the validity and authenticity of a request has been confirmed and alignment with NHS guidelines and policies has been assessed, the NHS practitioner may:

- Accept the recommendation and assume clinical responsibility for ongoing prescribing and associated monitoring.
- Substitute the recommended medicine or appliance with a clinically suitable alternative (in line with local policies and formulary).
- Undertake the [Peer Approved Clinical System \(PACS\) process](#) for the medicine requested.
- Refer to the appropriate NHS specialist service for assessment or recommendation.
- Refer back to the private provider for ongoing private prescriptions and monitoring.

All decisions and rationale should be clearly documented in the patient's clinical notes.

4. Acute Versus Long-term Prescribing Requests

Once the authenticity of a prescribing/monitoring request has been ascertained particular consideration should be given to the expected duration of treatment.

Where a request is made for an acute episode of care, which has been assessed by a private provider, it should be expected that all care and associated monitoring will be undertaken by the assessing clinician/service. NHS prescribing should not be undertaken.

Where a request is made for a longer-term/chronic period of treatment the following points should be considered:

- Assessment/diagnoses made by non-NHS providers should not be relied on to confirm a diagnosis or need for prescribing as per NHS care. Where clinical results are shared, care should be taken to ensure that these are validated clinical results.
- Where requests for long-term prescribing/monitoring are being made, do they align with NHS Grampian Guidelines and Grampian Area Formulary.
- Private assessment should not mitigate against the need for patients to follow due process in terms of NHS diagnosis and wait times. As such, regardless of assessment/diagnosis NHS clinicians should ensure compliance with appropriate NHS pathways linked to long-term/chronic disease management.

5. Discharge from Private Hospital

NHS Scotland [guidance](#) set out in 1992 detailing the responsibility for prescribing between hospitals and GPs is applicable regardless of whether the patient is being discharged from a private or NHS hospital.

When patients are discharged from hospital, sufficient drugs should normally be provided by the hospital. This would usually be for a minimum period of 7 days after discharge, unless a shorter period is more clinically appropriate, or the patient has an adequate supply, or will receive such as supply through an existing repeat prescription. The minimum period of time covered by the prescription should take into account bank holidays and weekends, to allow patients sufficient time to contact

staff at their general practice. The GP should receive notification in adequate time of the patient's diagnosis and drug therapy to avoid any delay in on-going treatment. As with requests to prescribe following a private consultation the authenticity and validity of any request should be confirmed alongside suitability of request for NHS prescribing.

6. Treatment Requirements Following Surgery or Treatment Overseas

In January 2023, the Scottish Government highlighted to NHS boards concerns relating to cases of people returning from overseas with complications arising from privately funded surgery/treatment that would not have been offered by or had any involvement from local NHS boards.

It was highlighted that while NHS Scotland will always continue to provide emergency care when necessary, it is expected that all routine pre and post-operative/treatment care should be part of the private package of care purchased by the patient. As such, NHS boards were not obligated to provide any pre or post-operative/treatment care.

7. Further Information

- [NHS Grampian Staff Guidance For Processing Requests To Prescribe Unlicensed, Off-Label Or Non-Formulary Medicines \(Including Medicines Awaiting Consideration By, Or Not Recommended For Use By, The Scottish Medicines Consortium\) In NHS Grampian](#)
- [NHS Grampian, NHS Orkney and NHS Shetland staff policy for requesting non-formulary licensed medicines for licensed indications \(including Peer Approved Clinical System \(PACS\) Tier One and Tier Two\)](#)
- [PACS_TierOne.docx \(live.com\)](#)
- [PACS_TierTwo.docx \(live.com\)](#)

8. References

- [CMO\(2009\)3 - Arrangements for NHS patients receiving healthcare services through private healthcare arrangements \(scot.nhs.uk\)](#)
- [The Interface between the NHS and private treatment: a practical guide for doctors in Scotland: Guidance from the BMA Medical Ethics Department. September 2009.](#)
- [NHS Circular No 1992 \(GEN\)11: Responsibility for prescribing between hospitals and GPs](#)
- [The Human Medicines Regulations 2012](#)
- [A guide to private prescribing.](#)
- [GEN1992_11.pdf \(scot.nhs.uk\)](#)

Appendix 1 - Information For Patients Considering Private Medical Consultations

When you consult a private (i.e. non-NHS) healthcare provider you should be aware of what may happen regarding any medication and monitoring recommended by the specialist. You may not always be able to obtain a NHS prescription for medication recommended through a private consultation.

There is [guidance](#) available for NHS patients who wish to pay for additional private care. The guidance says:

- your NHS care will continue to be free of charge
- you can't be asked to pay towards your NHS care, except where legislation allows charges, such as prescription charges
- the NHS can't pay for or subsidise your private hospital treatment
- there must be as clear a separation as possible between your private treatment and your NHS treatment
- your position on a NHS waiting list shouldn't be affected if you choose to have a private consultation.

Private Referral (independent of via GP):

If you choose to refer yourself to a private healthcare practitioner independently of your GP for 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 diagnosis, monitoring and medication) you receive in relation to the package of care provided privately (including non-emergency complications).

Where your GP has referred you to a private practitioner you may be supplied with a private prescription. This can be dispensed by any community pharmacy and you will be required to pay for the medication dispensed.

Ongoing Treatment After Private Care:

If, following initial treatment (package of care), your private practitioner deems it necessary for ongoing medication and/or monitoring they will liaise with your NHS provider to deem if it would be appropriate to transfer care back to NHS provision.

There is no obligation for your NHS provider to accept recommendations made to prescribe treatment by the private practitioner. 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, and the medicine is something they would routinely prescribe, would an NHS prescription be considered.

To assess 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 practitioner.

If your NHS practitioner does not feel that it is appropriate for them to prescribe the medicine recommended by the private practitioner, then they may consider:

- prescribing you an equivalent locally recommended medication, which should deliver a similar / identical benefit.
- offering a referral to an NHS consultant to consider whether the recommended medication should be prescribed as part of on-going NHS treatment.
- asking the private practitioner to remain responsible for the treatment because of its specialist nature, and to provide further private prescriptions, for which you will need to pay.

Where can a private prescription be dispensed?

Where the prescribed medication is available to order, any community pharmacy can supply a private prescription. Some private hospitals have pharmacy departments that can dispense your private prescription.

Where medication prescribed is not available to order via community pharmacy, your private healthcare provider can advise on suitable supply routes.

How much will a private prescription cost?

The cost of a private prescription is calculated depending on the cost of the medication. There is considerable variation in the cost of medicines so it is suggested that patients discuss the possible cost of medications with your private practitioner as part of your treatment plan.

The pharmacy will charge you for the full cost of your medication as well as a professional fee for the process of obtaining, dispensing and checking your medicine. Costs can vary between pharmacies so you are entitled to 'shop around' before deciding where you would like your medicine supplied from.

Appendix 2 - Summary Of Request For Transfer to NHS care (including prescribing) Following Private Medical Services/Consultation.

