

South East London NHS and Private Interface Prescribing Guide

1 Background

- 1.1 The following guide has been developed to assist General Practitioners (GPs) in dealing with requests to prescribe by registered patients following a private consultation. The decision whether to prescribe or not remains at all times with the individual GP.
- 1.2 Patients are utilising private health care provisions for diagnosis and/or treatment, often combining this with NHS care. Private consultants often choose to recommend a specific medication and ask the GP to prescribe it, rather than getting the patient to pay for it privately.
- 1.3 This guide is based on information from the BMA document “The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland. [Guidance from the BMA Medical Ethics Department. May 2009](#)”. Further details may be found in the full text.

2 General principles

- Private and NHS care for the same condition should be kept separate.
- We have a responsibility to make rational decisions when deciding how resources will be allocated. We must act fairly between patients.
- Patients may opt into or out of NHS care at any stage.
- Patients should be neither advantaged nor disadvantaged for seeking private health care.
- Patients who have had a private consultation for investigations and diagnosis may transfer to the NHS for any subsequent treatment, but must be treated according to NHS protocols.
- All doctors have a duty to share information with others providing care and treatment for their patients.

3 Recommendations to GPs on request to prescribe by private consultant

- 3.1 The South East London (SEL) Interface Prescribing Policy gives guidance on the transfer of care between primary care and secondary care, special considerations and information on shared care guidelines. The principles forming the basis of the SEL Interface Prescribing Policy should be applied to any request to prescribe received following a private consultation.
- 3.2 GPs are recommended to provide patients with clear information about what services can and cannot be provided by the practice following referral to a private consultant. This includes advising patients that it may not be possible or appropriate for any drug(s) recommended at the consultation to be prescribed by the GP and that they may be required to obtain prescriptions directly from their specialist.
- 3.3 A request to prescribe a new medication should not automatically be accepted.
- 3.4 Review an individual's medical records to ascertain medical history and assess the individual before any prescribing is undertaken.
- 3.5 Assess the clinical need for the prescription. The clinical and legal responsibility for prescribing remains with the person who writes the prescription.
- 3.6 Ensure familiarity with the drug to be prescribed, including the side effect profile and the requirement for monitoring.
- 3.7 Where the drug is not routinely offered as part of NHS services or the patient would not be eligible for the NHS service, there is no obligation to prescribe.
- 3.8 Medication recommended by a private consultant may be less clinically or cost effective than the NHS-recommended option for the same clinical condition. In these circumstances the drug prescribed should be as recommended in the applicable local guideline or advice should be sought from the Medicines Management Team.
- 3.9 Where the drug is listed in Schedule 1 to the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004 ['Black list'], the GP must **not** prescribe.
- 3.10 As with requests from NHS Consultants, GPs should not take on prescribing for drugs if there is a need for specialist knowledge or monitoring, unless there are shared-care arrangements in place.

- 3.11 Where the drug being requested is to be used outside its product licence (“off-label”), is without a product licence in the UK or is available only as a “special”, contact your local Medicines Management Team for further guidance.
- 3.12 Where there is a good clinical, legal or cost-effectiveness reason not to accept prescribing of the requested medicine, a discussion with the patient and consultant should be initiated. Where appropriate, the patient should be reminded that they reserve the right to obtain their medication using a private prescription from the specialist who originally recommended the treatment.
- 3.13 Where you do not feel able to accept clinical responsibility for the medication, consider seeking advice via email from an NHS consultant who can determine if the medication should be prescribed for the patient as part of NHS funded treatment.
- 3.14 Where a patient has seen a private specialist without referral from the GP, they should be informed of the NHS referral and prescribing arrangements.

References

1. [South East London Interface Prescribing Policy](#), March 2019
2. The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland. Guidance from the BMA Medical Ethics Department. May 2009.
3. GP Prescribing Guide. Kensington and Chelsea Primary Care Trust. December 2005.
4. East Midlands Specialised Commissioning Group. Defining the boundaries between NHS and private healthcare. 2009.
5. West Midlands Strategic Commissioning Group. Commissioning Policy (WM/13) Defining the boundaries between NHS and Private Healthcare. April 2010.

SEL Borough Medicines Management Team Contact Details

Bexley Borough	020 8298 6000 (switchboard)	bexley.mmt@nhs.net
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Southwark Borough	020 7525 3253	souccg.medicines-optimisation@nhs.net

South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London: South East London Clinical Commissioning Group (covering the boroughs of Bexley/Bromley/Greenwich/Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

Approval date: April 2019

Review Date: Extended in May 2022 to November 2022

Appendix 1: Template Letter for Adaptation: Practice to private consultant

<Add Practice Header>

Dear Colleague

RE: Private Treatment – Practice Policy on Prescribing

We have many NHS patients who see consultants privately. On occasions, we are requested to prescribe medication you recommend as an NHS script.

We have an [interface prescribing policy](#) that applies to all NHS prescriptions and as long as the prescription request falls within these recommendations, we will usually be happy to prescribe it. This interface prescribing policy can be found on the South East London Integrated Medicines Optimisation Committee Website: <http://www.selondonics.org/selimoc>

It may be helpful for you to be aware that:

- We prescribe generically except in the very specific cases associated with variations in bioavailability.
- We avoid using combined preparations and modified release preparations whenever possible.
- We follow local formulary committee (or Medicines Management Team) recommendations on prescribing. This includes not routinely prescribing drugs that are considered RED (hospital only) drugs as per the South East London Integrated Medicines Optimisation Committee or for unlicensed indications.
- We prescribe from a limited range of medications in any therapeutic class and prescribe on an evidence base, selecting the most cost effective out of equivalent preparations.
- If we are unable to prescribe the particular medication which you recommend then please be aware that we may change the medication to an appropriate alternative following the points above.

We would thus be grateful if you could, wherever possible, recommend a drug by therapeutic class rather than by name. Please also consider the cost effectiveness of any therapeutic intervention prior to prescription.

Thank you for your cooperation and assistance in the management of our patients.

Yours faithfully,

(Insert Practice Name)

Appendix 2: Template Letter for Adaptation: Practice to Patient

<Add Practice Header>

Private Treatment – Practice Policy on Prescribing

Dear Patient,

You have been referred at your request to a private consultant. We have many NHS patients who request to see consultants privately. On occasion, we are requested to prescribe medication as an NHS prescription.

In certain circumstances it may be appropriate to prescribe your medication as an NHS prescription, but the interface prescribing policy that is applied to all our NHS prescriptions will be followed.

This interface prescribing policy can be found on the South East London Integrated Medicines Optimisation Committee Website: <http://www.selondonics.org/selimoc>

You will always be required to pay for the first private prescription from your consultant while your GP considers if continuing the prescriptions on the NHS would be appropriate.

If your consultant prescribes a medication that falls outside a licensed indication or is outside the local recommendations on prescribing, your consultant will need to provide you with a private prescription, which you will be able to take to any community pharmacy for dispensing. You will have to pay a charge for the drugs on this prescription even if you are normally exempt. This only happens on a few occasions, but it is in your interest that you are aware of this possibility before a consultation. You may also be required to pay for any investigations and /or tests, e.g blood tests that have been requested by a private consultant

Furthermore, if it is necessary that your medicines are prescribed on NHS prescriptions, to ensure equity is provided to all individuals who access NHS care, then an NHS referral is needed to review the appropriateness of the medication.

Please be aware that at least two working days' notice is needed for the practice to process NHS prescriptions.

Thank you for your cooperation.

(Insert Practice Name)