NHS Grampian Guidance
Prescribing Following Private Consultation

Co-ordinators:  
Lesley Thomson  
Principal Pharmacist  
Medicines Management

Consultation Group:  
Refer to Page ii

Approver:  
Grampian Area Drug and  
Therapeutics Committee

Signature:

Signature:

Identifier:  
NHSG/Guid/PresPriv/  
MGPG1061

Review Date:  
November 2022

Date Approved:  
November 2019

Uncontrolled when printed

Version 1

Executive Sign-Off

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

Signature: ____________________________
Title: NHS Grampian Guidance - Prescribing Following Private Consultation

Unique Identifier: NHSG/Guid/PresPriv/MGPG1061

Replaces: N/A – New Document

<table>
<thead>
<tr>
<th>Across NHS Boards</th>
<th>Organisation Wide</th>
<th>Directorate</th>
<th>Clinical Service</th>
<th>Sub Department Area</th>
</tr>
</thead>
</table>

This controlled document shall not be copied in part or whole without the express permission of the author or the author’s representative.

Lead Author/Co-ordinator: Principal Pharmacist, Medicines Management

Subject (as per document registration categories): Guidance

Key word(s): Guidance prescribing following private consultation medical services

Process Document: Policy, Protocol, Procedure or Guideline

Document application: NHS Grampian

Purpose/description: The purpose of this document is to provide guidance within NHS Grampian to ensure appropriate prescribing when patient care moves between non-NHS and NHS providers.

Responsibilities for implementation:

Organisational: Chief Executive and Management Teams
Corporate: Senior Managers
Departmental: Heads of Service/Clinical Leads
Area: Line Managers
Hospital/Interface services: Assistant General Managers and Group Clinical Directors
Operational Management: 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: Principal Pharmacist, Medicines Management Team

Responsibilities for ensuring registration of this document on the NHS Grampian Information/Document Silo: Pharmacy and Medicines Directorate

Physical location of the original of this document: Pharmacy and Medicines Directorate

Job/group title of those who have control over this document: Medicines Management Team

Responsibilities for disseminating document as per distribution list: Medicines Management Team

Revision History:

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Previous Revision Date</th>
<th>Summary of Changes (Descriptive summary of the changes made)</th>
<th>Changes Marked* (Identify page numbers and section heading )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N/A – New Document</td>
<td></td>
</tr>
</tbody>
</table>

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

Consultation Group

Alison Davie Lead Pharmacist Aberdeen City H&SCP
Dr Malcolm Metcalfe Consultant Cardiologist
Kirsty Neave Pharmacist Medicines Management Team
Lyn Robertson Pharmacy Lead, Albyn Hospital, BMI Healthcare
Sandy Thomson Lead Pharmacist, Moray H&SCP
Steve Turner Chair NHS Grampian Consultants Committee

GP Sub Committee
Local Medical Committee
## Contents

<table>
<thead>
<tr>
<th></th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Purpose And Scope</td>
</tr>
<tr>
<td>2.</td>
<td>Statement Of Guidance</td>
</tr>
<tr>
<td>3.</td>
<td>Introduction</td>
</tr>
<tr>
<td>3.1</td>
<td>Legal Responsibilities</td>
</tr>
<tr>
<td>4.</td>
<td>Patients Transferring Between Non-NHS And NHS Providers</td>
</tr>
<tr>
<td>4.1</td>
<td>Recommendations Following Private Consultation</td>
</tr>
<tr>
<td>4.2</td>
<td>Discharge from Private Hospital</td>
</tr>
<tr>
<td>5.</td>
<td>References</td>
</tr>
<tr>
<td>Appendix 1</td>
<td>Information For Patients Considering Private Medical Consultations</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>Summary Of Request For NHS Prescription Following Private Medical Services</td>
</tr>
</tbody>
</table>
NHS Grampian Guidance

Prescribing Following Private Consultation

1. Purpose And Scope

The purpose of this document is to provide guidance within NHS Grampian to ensure appropriate prescribing when patient care moves between non-NHS and NHS providers.

2. Statement Of Guidance

Guidance on the responsibility for prescribing at the hospital/GP interface was produced by the Scottish Office in 1992 (NHS Circular No 1992(GEN)).

This NHS Grampian policy has been produced, recognising that care can transfer between non-NHS and NHS providers, to provide clarification of prescribing responsibility.

3. Introduction

3.1. Legal Responsibilities

All prescribers who are approved under the Human Medicines Regulations 2012 can issue a private prescription for a medicine licensed in the UK if there is a clinical need and prescribing lies within their area(s) of competency.

General Practitioners (GPs), or other independent prescribers treating NHS patients should not issue private prescriptions for their patients unless in specific circumstances as outlined below:

- Where a drug is only available via private prescription, e.g. some travel vaccines, malaria prophylaxis.
- For anticipatory care during travel, e.g. acetazolamide for altitude sickness.
- For ongoing treatment if travelling for more than three months. (This must be balanced against the risks of allowing the condition, drug and patient to medicate for a prolonged period unsupervised by a clinician and the potential adverse effects).
- Blacklisted drugs (items included in the Scottish Drug Tariff Part 12 Schedule 1).
- Drugs where the indication is not included within the Selective List Scheme (SLS) (described in the Scottish Drug Tariff Part 12, Schedule 2).
4. Patients Transferring Between Non-NHS And NHS Providers

Private patients funding their own healthcare either by insurance cover or pay-as-you-go, must fund associated prescription costs in the same way. Practices should consider explaining this to patients when they are referred for private treatment (see Appendix 1).

Private and NHS care should be delivered separately, at a different time and place.

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 subject to any advantage or disadvantage in relation to the NHS care they receive. They should only be provided with an NHS prescription if there is a clinical need and the medication would otherwise usually be provided by the NHS.

The NHS practitioner cannot charge for issuing the prescription unless it is in one of the categories detailed in Section 3.1. It is important to note the prescriber issuing and signing the prescription accepts full clinical responsibility and liability for both prescribing and monitoring unless an established shared care arrangement is in place.

4.1. Recommendations Following Private Consultation

Following a private consultation, the private practitioner may make a written recommendation to a NHS practitioner for medication to be prescribed. In response, the NHS practitioner may:

- Accept this advice and issue a NHS prescription. There is no obligation to do this if the recommendation is contrary to routine clinical practice or does not conform to national or local guidance.
- Substitute the drug with a clinically suitable alternative.
- Refer to the appropriate NHS specialist service for recommendation.
- Re-refer back to the private provider for ongoing private prescriptions.

A summary of the guidance and the possible actions is shown in Appendix 2.

4.2. Discharge from Private Hospital

The guidance set out in 1992 describing the responsibility for prescribing between hospitals and GPs remains 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.
5. References

Adapted from NHS Tayside Policy following Private Consultation V1, 2018.

NHS Circular No 1992 (GEN)11: Responsibility for prescribing between hospitals and GPs

The Human Medicines Regulations 2012

NHS Choices website. Which travel vaccines are free? (Accessed 16.08.18)

A guide to private prescribing.

Sarah Steele, Andreas Freitag et al. Prescriber, March 2015
The Interface between the NHS and private treatment: a practical guide for doctors in Scotland: Guidance from the BMA Medical Ethics Department. September 2009.
Appendix 1 - Information For Patients Considering Private Medical Consultations

When you consult a private specialist you should be aware of what may happen regarding any medication recommended by the specialist. You may not always be able to obtain a NHS prescription for medication recommended through a private consultation.

In March 2009, the Scottish Government published guidance for NHS patients who wish to pay for additional private care. The guidance includes the key points below:

- 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 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. The prescription provided will be a private prescription and you must pay for the medication which can be dispensed by any community pharmacy.

If you need continued treatment you may initially be given just one private prescription (which you will need to pay for) and be advised to return to your GP to see if further NHS prescriptions can be provided.

There is no obligation for your GP to accept the recommendation made to prescribe the treatment by the private specialist. 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 specialist. If the recommendation from your private specialist is for treatment that is not in line with local policies, then your GP may prescribe an alternative.
If your GP does not feel that it is appropriate for them to prescribe the medicine recommended by the specialist, then they 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 private prescriptions, for which you will need to pay.

- Prescribing you an equivalent locally recommended medication, which should deliver a similar / identical benefit.

**Where can a private prescription be dispensed?**

Any community pharmacy can dispense a private prescription. Some private hospitals have pharmacy departments that can dispense your private prescription.

**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.

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 your medicine. This may vary between pharmacies 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

Patient opts to pay for private medical services. Following a private consultation the private practitioner makes a written recommendation for medication to an NHS practitioner.

- **NHS practitioner accepts clinical responsibility and recommendation. Patient transfers to NHS services.**

- **NHS practitioner accepts clinical responsibility but wishes to prescribe substitute medicine(s) on GP10, patient informed. Patient transfers to NHS services**

- **NHS practitioner does not feel able to accept clinical responsibility and agrees action with patient.**

- **NHS practitioner issues GP10 and acquires liability for both prescribing and monitoring.**

- **NHS practitioner issues GP10 for alternative medicine in line with local or national policy or guidance and acquires liability for both prescribing and monitoring.**

- **NHS practitioner refers patient to an NHS consultant for consideration for NHS funding and recommendation. Patient transfers to NHS services.**

- **NHS practitioner refers patient back to original private source to continue private treatment.**