

# South East London NHS: Primary Care and Private Interface Prescribing Guide V1

## 1. Background

- 1.1. The following guide has been developed to assist Primary Care Prescribers 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 prescribers within the practice
- 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 primary care to prescribe it, rather than getting the patient to pay for it privately.
- 1.3. This guide is based on information from the British Medical Association (BMA) guide '[General practice responsibility in responding to private healthcare \(bma.org.uk\)](https://www.bma.org.uk/primary-care/primary-care-responsibility-in-responding-to-private-healthcare)' and PrescQIPP guidance Bulletin [238: Prescribing on the NHS following a private consultation](#), and [Guidance on NHS patients who wish to pay for additional private care](#).
- 1.4. Further guidance on organising tests on request by private providers and sharing of information requests can be found on the BMA website '[General practice responsibility in responding to private healthcare \(bma.org.uk\)](https://www.bma.org.uk/primary-care/primary-care-responsibility-in-responding-to-private-healthcare)'.

## 2. General principles

- 2.1. Private and NHS care for the same condition should be kept separate.
- 2.2. We have a responsibility to make rational decisions when deciding how resources will be allocated. We must act fairly between patients.
- 2.3. Patients may opt into or out of NHS care at any stage.
- 2.4. Patients should be neither advantaged nor disadvantaged for seeking private health care.
- 2.5. 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.
- 2.6. All prescribing clinicians have a duty to share information with others providing care and treatment for their patients.
- 2.7. The clinical and legal responsibility for prescribing and monitoring remains with the clinician who signs the prescription.
- 2.8. For patients who self refer, if requests are made for prescribing in primary care then the principles of this document would apply.

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

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**Review Date: January 2027.**

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3. **Recommendations to Primary Care Prescribers 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. Primary Care Prescribers 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 medicine(s) recommended at the consultation to be prescribed by the prescriber and that they may be required to obtain prescriptions directly from their private specialist. Practices may wish to have a practice policy in place to outline this information.
- 3.3. A request to prescribe a new medication should not automatically be accepted.
- 3.4. A Primary Care prescriber may provide an NHS prescription following a private consultation/tests/investigations if:
- Is in line with recommendations in the [South East London Adult Joint Medicines Formulary](#) or [South East London Paediatric](#) formulary for the indication concerned, and the patient meets the approved formulary criteria
  - Use of the medicine is in line with local guidelines (where available) or national guidelines in the absence of local guidance
  - The medicine is familiar to the prescriber
  - The medicine is considered to be clinically necessary
  - The prescriber has sufficient information in order to prescribe safely
  - The medicine is suitable for prescribing in Primary care
- 3.5. Prescribers should review an individual's medical records to ascertain medical history and assess the individual before any prescribing is undertaken.
- 3.6. If considering to prescribe, ensure familiarity with the medicine to be prescribed, including the side effect profile and the requirement for monitoring.
- 3.7. Medication recommended by a private consultant may be less clinically appropriate or cost effective than the NHS-recommended option for the same clinical condition. In these circumstances the medicine prescribed should be as recommended in the applicable local guideline (refer to [SEL IMOC - Policies & general guidance - NHS South East London](#)) or advice should be sought from the Medicines Optimisation Team. Any changes to products prescribed should be explained to the patient who will retain the option of obtaining the private recommended medicine via the private consultant route.
- 3.8. A Primary Care prescriber is not required or obligated to take on prescribing requests following a private consultation if:
- There is a need for specialist knowledge which the prescriber is unfamiliar with.
  - The medicine is not on the SEL Adult Joint Medicines Formulary or South East London Paediatric Formulary
  - The medicine requires specialist ongoing monitoring

- The medicine is listed as not to be prescribed in:
    - [National Health Service \(General Medical Services Contracts\) \(Prescription of Medicines etc.\) Regulations 2004 \(legislation.gov.uk\)](#)
    - or the [NHS Electronic Medicine Tariff \(nhsbsa.nhs.uk\) Part XVIII A](#)
  - The medicine is not funded by the NHS
  - The medicine is not part of National Institute for Health and Care Excellence (NICE) recommended treatment protocols
  - The medicine is not routinely offered as part of NHS services, or the patient would not be eligible for the NHS service.
  - Prescriber considers medicine not to be clinically necessary.
  - An NHS prescription which would be more cost effective for the patient than the medicine on a private prescription.
- 3.9. Where the medicine 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”, please refer to SEL Interface Prescribing policy (section 9) or contact borough Medicines Optimisation Team for further guidance.
- 3.10. 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.
- 3.11. Where a Primary Care prescriber does not feel able to accept clinical responsibility for the medication, consider seeking advice via email or via Advice & Guidance, from an NHS consultant who can determine if the medication should be prescribed for the patient as part of NHS funded treatment. The prescriber should also inform the private consultant and patient that the medicine will not be prescribed by the prescriber on the NHS, and that the private consultant should make appropriate arrangements for the patient’s care to be continued. Arrangements include for the private specialist to continue to prescribe the medicine or consider alternative options which the prescriber may be willing to continue NHS prescriptions, if the alternative falls within the normal NHS funded and referral protocols.
- 3.12. Where a patient has seen a private specialist without referral from the prescriber, and requests NHS prescriptions, related to the private consultation, they should be informed of the NHS referral and prescribing arrangements.
- 3.13. Where a patient has had private healthcare outside of the UK, and requests a NHS prescription, please refer to [General practice responsibility in responding to private healthcare](#).
- 3.14. Items not to be prescribed on an NHS prescription for NHS registered patients at a practice:
- \*These medicines can be prescribed privately by a prescriber for NHS patients
  - Malaria prophylaxis\*
  - Travel vaccinations not permitted on the NHS\*
  - Selected List Scheme (SLS) items prescribed outside of the Advisory Committee on Borderline Substances (ACBS) criteria\*
  - Branded medicine where there is no clinical reason to why a generic medicine cannot be prescribed.

#### 4. Requests to prescribe medicines under shared care with a private provider:

- 4.1. Shared care with private providers is not usually recommend due to the general principle of keeping as clear a separation as possible between private and NHS care. This avoids appearing to be subsidising the patient's private care. Difficulties may also arise if the patient can no longer afford to continue funding private care. For these reasons, private patients seeking access to shared care should usually have their care completely transferred to the NHS. Exception to this would be under Right to Choose arrangement (see 4.2).
- 4.2. Shared care with private providers may be appropriate if the private provider has been commissioned by the NHS under the Right to Choose arrangements, and there are appropriate shared care arrangements in place. A private provider should only be selected under the Right to Choose arrangement if they can meet the service requirements set out by the NHS.
- 4.3. However, it is recognised that there may be situations where on-going prescribing of a medicine deemed appropriate for shared care prescribing may be considered in the patient's best interest. If this is being considered, the following are areas practice clinicians should consider on a case-by-case basis before making a decision to enter into a shared care agreement with a private provider:
  - Is the prescriber supportive of the private referral?
  - Is the clinical service provided by the private provider equivalent to that offered by an equivalent NHS service? For example, providing appropriate assessment and follow up, employing General Medical Council (GMC) registered doctors with appropriate expertise, Care Quality Commission (CQC) registered, and UK based? See 4.4 for further information.
  - Has comprehensive written guidance from the specialist been provided? Can the prescriber be assured of reliable communication from the provider with regards to monitoring (e.g. bloods, ECG) and dose adjustments, likely side-effects to be aware of etc? This would form part of the shared care agreement supplied by the private provider.
  - Is the practice satisfied that on-going prescribing can be done safely?
  - Do all clinicians at the practice agree to take on prescribing, recognising that the same prescriber may not always be present at the practice. The clinician signing the prescription will take on full legal responsibility for that prescription.
- 4.4. It is the patient's responsibility to continue private healthcare where a prescriber agrees to prescribe under shared care with the private specialist. Without specialist support, the primary care prescriber should review prescribing the medication (taking into consideration if there are any adverse effects of abruptly stopping medication), and refer the patient back into NHS.
- 4.5. For checks on GMC or CQC registrations, these can be done online:
  - To check whether a provider is registered with CQC: via the CQC website: [Search Results - Care Quality Commission](#)
  - To check whether a practitioner is registered with GMC: [Our registers - GMC](#)

- If there are concerns that a provider may not be CQC registered these can be reported via the CQC website: [Report a concern if you are a member of the public - Care Quality Commission](#)

## References

1. [South East London Interface Prescribing Policy](#), April 2024
2. GP Prescribing Guide. Kensington and Chelsea Primary Care Trust. December 2005.
3. East Midlands Specialised Commissioning Group. Defining the boundaries between NHS and private healthcare. 2009.
4. West Midlands Strategic Commissioning Group. Commissioning Policy (WM/13) Defining the boundaries between NHS and Private Healthcare. April 2010.
5. [PrescQIPP: Guidance for prescribers when patients access both NHS and private services Dec 2023 3.1.](#)
6. [General practice responsibility in responding to private healthcare \(bma.org.uk\)](#)
7. [Private practice and GP contracts \(bma.org.uk\)](#)
8. NHS Derby and Derbyshire. [Guidance on Prescribing Responsibilities following Private Consultation and Private Prescriptions for NHS patients.](#) July 2023
9. [Guidance: NHS Patients who wish to pay for additional private care March 2009](#)
10. [Your choices in the NHS - NHS](#)
11. [NHS Choice Framework - what choices are available to you in your NHS care - GOV.UK](#)

## SEL Borough Medicines Optimisation Team Contact Details

Bexley Borough	Bexley.MMT@selondonics.nhs.uk
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## Supporting Resources:

Appendix 1  
Appendix 2

[SEL Decline of prescribing letter template for patients](#)

[SEL Decline of prescribing letter template for prescribers](#)

## 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 prescription, for which we follow the South East London NHS: Primary Care and Private interface Policy

We also 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.

It may be helpful for you to be aware that:

- We follow a local [South East London Formulary](#) recommendations on prescribing. This includes not routinely prescribing medicines that are considered RED (hospital only) medicines as per the [South East London Integrated Medicines Optimisation Committee](#) or for unlicensed indications not outlined in the South East London Formulary or [South East London Paediatric Formulary](#).
- 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 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 therefore be grateful if you could, wherever possible, recommend a medicine by therapeutic class rather than by name. Please also consider the cost effectiveness of any therapeutic intervention prior to prescribing.

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](#)

**You will be required to pay for the private prescription from your consultant while your GP Practice considers if continuing the prescriptions on the NHS is appropriate.**

If your consultant prescribes a medication that 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 medicines 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. In addition to any investigations and/or tests recommended by a private consultant during your review, you may also be required to pay for any subsequent tests (e.g. blood tests) that are needed as part of monitoring you because of the medicines you have been started on.

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 may be needed to review the appropriateness of the medication within the treatment pathway.

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)