

NHS and Private Interface Prescribing Guidance

Background

It is widely acknowledged that the interface between NHS and private prescribing for patients registered with a NHS GP practice, is not always clear and this guidance is issued to encourage and support primary care prescribers to ensure a consistent approach across South East Essex that is fair to all patients.

It is strongly recommended that prescribing follows national and local guidance. Patients are often 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.

Following a private consultation, the private clinician may recommend a particular medication and frequently patients may request their GP to prescribe. Our advice is that the patient should obtain the 1st prescription from the consultant in the same way that we expect NHS consultants issue the 1st prescription. By prescribing a clinician assumes clinical responsibility for the treatment. GPs receiving requests for continuation of treatment should provide an NHS prescription if there is a clinical need and the patient would normally receive treatment under the NHS, using the same principles as NHS referrals. However, there is no obligation for the GP to prescribe the recommended treatment if it is contrary to his/her normal clinical practice or Castle Point and Rochford or Southend CCG local guidelines/formularies. If the GP declines to accept prescribing, the private consultant should retain prescribing responsibility or suggest an alternative therapy for the GP prescriber to consider. By prescribing, a clinician assumes clinical responsibility for the treatment and the decision on whether to prescribe or not remains at all times with the individual prescriber.

NHS constitution ¹

This guidance acknowledges the following founding NHS principles from the NHS constitution:

- The NHS provides a comprehensive service, available to all.
- Access to NHS services is based on clinical need, not an individual's ability to pay.
- It is committed to providing the most effective, fair and sustainable use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.

General principles

- Private and NHS care for the same condition should be kept separate.
- The NHS should never subsidise private care with public money; this would breach NHS core principles²
- We have a responsibility to make rational decisions when deciding how resources will be allocated. We must act fairly between patients.
- Patients may opt in 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

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf

² Guidance on NHS patients who wish to pay for additional private care. Department of Health. NHS. DOH. 2009

Recommendations to Clinicians on request to prescribe by private consultant

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.

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.

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 Castle Point and Rochford or Southend CCG local guidelines or advice should be sought from the Medicines Management Team. This advice should be explained to the patient who will retain the option of purchasing non formulary drug via the private consultant.

Where the drug is listed in schedule 1 to the NHS (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004 ['Black list'], the GP must not prescribe.

As with requests from NHS consultants, GPs should not take on prescribing if there is a need for specialist knowledge or monitoring and it is therefore felt to be beyond their scope of clinical practice unless there are shared-care arrangements in place and adhered to.

Where the drug being requested is to be used outside its product licence ('off-label'), is without a product license in the UK or is available only as a 'special', contact the Medicines Management Team for further guidance.

GPs issuing Private Prescriptions

GPs may not provide private prescriptions for their NHS patients unless the item is not allowed to be prescribed on the NHS. Such groups include:

- **Blacklist drugs:** a list of products identified as not to be reimbursed by the Department of Health (DH) and therefore they may not be prescribed on the NHS. To avoid breaching their NHS "terms of service", doctors must issue a private prescription.
- **Malaria prophylaxis:** DH guidance is that prophylaxis medication should be prescribed as a private prescription. Guidance relating to this matter was issued by the DH in 1995(FMSL (95) 7).
- **Travel vaccines** not included in the current public policy: vaccines not funded by the NHS must be prescribed on private prescription. They include **hepatitis B, Japanese encephalitis, some meningitis vaccines, rabies, tick-borne encephalitis, tuberculosis, and yellow fever**. If hepatitis B is required as a single vaccination purely for travel risk e.g. adventure holiday, long stay in a high risk area, then hepatitis B should be given as a private prescription. Practices may have their own policies in relation to travel vaccination and associated charges and we anticipate more practices charging for travel vaccination services in some circumstances.
- **Treatment while travelling:** travel packs or drugs prescribed solely in the anticipation of the onset of an ailment while outside the UK e.g. antibiotics for travellers' diarrhoea, acetazolamide for altitude sickness. For UK residents, the NHS will supply medication for pre-existing conditions sufficient for the patient to get to the destination and find an alternative supply (Maximum 3 months).
- **Selected List Scheme (SLS):** under this scheme, only those patients fulfilling certain criteria can receive an NHS prescription. If a patient does not meet the criteria, or wishes a greater quantity than provided, a private prescription is required.

The GP may not charge their patient (registered with them or another GP in the same practice) for writing this private prescription.

The only exceptions to this rule are when a GP issues a private prescription for the prevention of malaria or for a travel related drug requested by the patient 'just in case' of the onset of illness while outside of the UK.

NHS patients should not be charged for the issue of private prescriptions for drugs on the DH "blacklist" or SLS drugs prescribed outside the SLS criteria.

Prescribing of prophylactic medicines for foreign travel purposes

If a patient requests medication solely in anticipation of the onset of an ailment whilst they are outside of the UK, but for which they do not require treatment at the time of consultation, the patient should be given a private prescription. Practices may wish to charge patients for the issue of a private prescription. Schedule 5 – Regulation 24 of the GP terms of service defines the circumstances in which general practitioners can charge patients a fee, including for supplying a private prescription-the most common reasons are for anticipation of illness abroad (i.e. anti-emetics or antibiotics) and malaria chemoprophylaxis. No charge may be made to any patient for the provision of advice.

Requests for prescriptions for progesterone for the purpose of delaying/preventing menstruation, or for medication to treat 'fear of flying', and travel sickness may also be issued privately. Some community pharmacies offer these products for sale via online Drs and private prescriptions.

Requests may also be received from haematologists for low molecular weight heparin (LMWH) be prescribed for at-risk patients intending to travel. This should not be prescribed by NHS, but may be prescribed privately. A check of their FBC is recommended before administering. Compression stocking are not available on prescription for the sole indication of preventing travel-related DVT. Proprietary flight socks are widely available from pharmacies, airports, and many retail outlets and it is important to stress the need to make sure that socks are correctly fitted.

Requests for acetazolamide to prevent/treat altitude (mountain) sickness should also be treated privately. Please note that patients should be informed that this is an off-label use for this drug. Potential adverse effects and drug interactions (see SPC) should be discussed with the patient before prescribing.

Prescribing medicines for use outside of the UK

Under NHS legislation, the NHS ceases to have responsibility for people when they leave the U.K. However, to ensure good patient care the following guidance is recommended.

Medication required for a pre-existing condition should be provided in sufficient quantity to cover the journey and to allow the patient to obtain medical attention abroad. If the patient is returning within the timescale of a normal prescription (usually one and no more than three months) then this should be issued, provided this is clinically appropriate.

Where a patient requires a prescription for larger supplies of his/her medication because of a longer stay abroad, the patient can be given a private prescription to cover the additional period of absence. However GPs are clinically and legally responsible for any results of a decision to prescribe. In view of this, it would not be considered good clinical practice to prescribe large quantities of medicines to a patient going abroad for an extended period of time and whose progress, care the GP is unable to monitor. Regulation 25, schedule 5 of the NHS (GMS services contracts) regulation 2004 states that "where notification has been received from the patient that they intend to be away from the UK for a period of at least 3 months" they should be removed from the GP practice list. (after three months, a

patient would have to re-register as their name should be removed from their list. The GP practice should notify NHS Shared Business Services (NHS SBS) via the GP Link system.

The patient should be advised to register with a local doctor for continuing medication (this may need to be paid for by the patient). It is wise for the patient to check with the manufacturer that medicines required are available in the country being visited.

Patient advice may be found at: <http://www.nhs.uk/chq/pages/1755.aspx> and at <http://www.nhs.uk/nhsengland/Healthcareabroad/pages/Healthcareabroad.aspx>

However, we recognise that where the GP is aware that the patient is likely to return they may choose to retain the patient on their list. This will prevent the situation where patients return from abroad without being registered and may result in unnecessary attendance at A&E due to lack of a registered GP or access to out-of-hours services.

Prescribing medicines commenced outside the UK for patients entitled to NHS care

This guidance is not intended to provide advice on entitlement to NHS care. Please check an individual's situation before providing or declining NHS care as special conditions may apply. Further information is available from the Overseas Visitors section of the Department of Health website.

Patients who have recently come from overseas and are entitled to NHS care may request medication that has been started by a clinician from abroad. Concerns are often felt by local GPs when requested to prescribe medication that they are not familiar with and these include:

- having insufficient expertise for prescribing a medication
- being asked to accept legal, and ethical responsibility for medication they have not initiated or which they may not consider clinically necessary
- being placed in a position of appearing unsupportive of their patients

GPs should be sensitive to these points when discussing the matter with patients but also be clear that they are now responsible for the clinical assessment of the care and prescribing of medication as part of the treatment plan.

Medication should be continued to be prescribed for the patient by the patients GP on the NHS in the usual way as long as:

- the drug is normally prescribed by the NHS and is in line with national and local guidelines/policies and an NHS patient would be treated in the same way.
- the clinician is willing to accept clinical responsibility for prescribing the medication.
- the clinician considers it to be medically appropriate in the exercise of their clinical discretion.

There may be cases where a patient's clinician from overseas has commenced treatment with a medication which is specialised in nature e.g. an anti-epileptic or methotrexate, the GP should refer the patient to an NHS consultant who can consider whether to prescribe the medication for the patient as part of NHS funded treatment.

References

Commissioning Policy: Defining the boundaries between NHS and Private Healthcare. April 2013. Reference: NHSCB/CP/12.

A guide to private prescribing. Prescriber, 19 March 2015. Prescriber.co.uk steele et al.

NHS and Private Interface Prescribing Guide. Wandsworth CCG September 2016.

Guidance on NHS patients who wish to pay for additional private care. Department of Health. Gateway Reference: 11512, 23 March 2009.

Prescribing in General Practice, BMA June 2015

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