

NHS and Private Interface Prescribing Guidance

Version 1.0

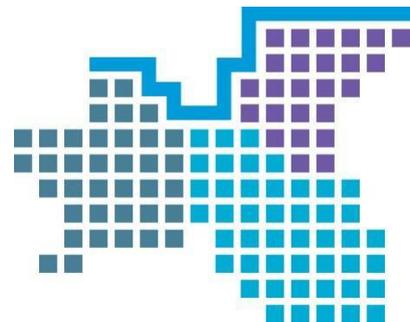
Date approved: September 2016

Date for review: September 2019

Lead Director: Andrew McMylor, Director of Delivery & Development

Lead Manager: Nick Beavon, Chief Pharmacist

NOTE: This is a CONTROLLED document. Any documents appearing in paper form are not controlled and should be checked against the server file version prior to use.



DOCUMENT CONTROL AND AMENDMENT RECORD

Version	Date	Reason for review/update	Author/Reviewer	Approving Committee(s)	Date of approval
1.0	September 2016	To provide clarification for prescribing situations not covered by the NHS or where NHS responsibility for prescribing is not clear.	Rajiv Dhir	Management Team	September 2016

This document demonstrates Wandsworth CCG's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.

CONTENTS

Background.....	4
NHS constitution.....	4
General principles	4
Recommendations to Clinicians on request to prescribe by private consultant.....	5
Prescribing of prophylactic medicines for foreign travel purposes	6
Prescribing medicines for use outside of the UK.....	7
Prescribing medicines commenced outside the UK for patients entitled to NHS care.....	8
Appendix 1: Template Letter for Adaptation: Practice to Consultant	9
Appendix 2: Template Letter for Adaptation: Practice to Patient	10
Scenario - Private recommendation does not follow evidence base and latest national /local guidance	11
Scenario - Treatment remains a package of care	12
Scenario- Treatment is unlicensed	12
Scenario- Defined criteria to be satisfied.....	12
References.....	13

NHS and Private Interface Prescribing Guidance

Background

The purpose of this guidance is to outline recommendations for primary care prescribers on current best practice on interface prescribing situations between NHS and private care. 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 Wandsworth CCG 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. GPs receiving such requests 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 Wandsworth CCG local guidelines/formularies. By prescribing a clinician assumes clinical responsibility for the treatment. 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 constitution¹

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

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

- 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

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.

A request to prescribe a new medication should not automatically be accepted.

Review an individual's medical records to ascertain medical history and assess the individual before any prescribing is undertaken.

Assess the clinical need for the prescription. The clinical and legal responsibility for prescribing remains with the person who writes the prescription.

Ensure familiarity with the drug to be prescribed, including the side effect profile and the requirement for monitoring.

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 Wandsworth 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 the more expensive 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.

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 your local Medicines Management Team for further guidance.

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.

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.

Where a patient has seen a private specialist without referral from the GP, s/he should be informed of the NHS referral and prescribing arrangements.

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 up to three months, a lesser supply that is sufficient to get to the destination and find an alternative supply.
- **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 the contraceptive pill or progesterone for the purpose of delaying/preventing menstruation whilst on holiday, or for medication to treat ‘fear of flying’, and travel sickness may also be issued privately.

Requests may also be received from haematologists for low molecular weight heparin (LMWH) to

be prescribed for at-risk patients intending to travel. This should not be prescribed at NHS, but may be prescribed privately (see shared care guideline –insert link). A check of their FBC is recommended before administering. Compression stockings 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. If the GP does not feel able to accept clinical responsibility for the medication, 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. In all cases there should be proper communication between the consultant and the GP about the diagnosis and proposed plan of management and medication.

Medication requested by the patient and commenced overseas may be more expensive than those prescribed for the same clinical situation as part of NHS treatment. The patient should not be prescribed any preferential/expensive drug treatment that is not available to a patient in the UK for the same condition and at the same stage of the NHS care pathway by virtue of having commenced the drug abroad. In such circumstances, prescribing advice from the medicines management team should be followed by the GP. This advice should be explained to the patient who will retain the option of purchasing the more expensive/preferred medication via a private consultant if it is specialist area of prescribing or alternatively, it may be acceptable to refer a patient privately to a GP in another practice for a private prescription, should the patient not choose to change to an alternative medication to be in line with the drugs used for NHS patients.

For drugs not available on the NHS, a GP may issue a private prescription for their NHS patient if they feel it is clinically appropriate and they are happy to take responsibility for prescribing. The GP may not charge their NHS patient (registered with them or another GP in the same practice) for writing this private prescription. The only exceptions to this, is when a GP issues a private prescription for the prevention of malaria or for a drug requested by the patient 'just in case' of the onset of illness while outside the UK.

Appendix 1: Template Letter for Adaptation: Practice to 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 a 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 guideline can be found on the Wandsworth CCG Website.

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. We do not routinely prescribe drugs out of protocol 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.
- We do not carry out laboratory tests or investigations relating to diagnosis or treatments for medication or conditions not normally managed in Primary Care for NHS Wandsworth patients.

We will not routinely perform laboratory tests or investigations that have been suggested by non-NHS providers unless they align with local and /or national NHS guidelines.

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>

Dear Patient,

RE: Private Treatment – Practice Policy on Prescribing

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

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

This prescribing guideline can be found on the Wandsworth CCG Website, <http://www.wandsworthccg.nhs.uk/aboutus/Pages/Clinical-Effectiveness-and-Medicines-Management.aspx>

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. 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 or monitoring tests, e.g. blood tests that have been requested by a private consultant for treatments or investigations not normally offered to NHS patients in Wandsworth other than those included in our commissioned services or form part of a package of care.

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

Thank you for your cooperation.

(Insert Practice Name)

Scenario - Private recommendation does not follow evidence base and latest national /local guidance

<p>1. Patient A has opted for a private health assessment which results in rosuvastatin being initiated for primary prevention of cardiovascular disease. The patient returns to their NHS GP and requests a prescription for rosuvastatin.</p>	<p>The drug recommended by private practice is more expensive, but without good evidence that it is more effective when compared to drugs locally prescribed for the same condition in the NHS. The GP is being asked to accept the legal, financial and ethical responsibility for this medication when local and national policy does not recommend rosuvastatin for primary prevention. The obligation to prescribe does not arise if the medication is not clinically necessary or if the medication is generally not provided within the NHS. Local prescribing advice may be requested and the NHS GP should explain the situation to the patient. The patient retains the option of obtaining the more expensive drug via the private consultant or via a GP in another practice.</p>
<p>2. A private healthcare consultant recommends fulvestrant for patient B for metastatic breast cancer and requests continuation of treatment.</p>	<p>The NHS GP may not have the expertise to accept responsibility for the prescription, particularly as the drug is not normally prescribed by primary care prescribers. Fulvestrant is listed as a hospital only drug, see link http://www.swlmcg.nhs.uk/Policies/Pages/Hospital-Only-Specialist-Drug-List.aspx (for specialist use in secondary / tertiary care – prescribing to be initiated and continued by the specialist). The South West London Interface Prescribing policy provides guidance on the use of medicines across the interface between primary and secondary care. It provides a framework for defining where clinical and therefore prescribing responsibility should lie: http://www.swlmcg.nhs.uk/Policies/Documents/2016%202017%20SWL%20Interface%20Prescribing%20Policy-%20v4%20220416.pdf</p>

Scenario - Treatment remains a package of care	
3. Patient C has sought IVF treatment in the private sector and asks their GP to issue NHS prescriptions for the drugs recommended by the private consultant.	IVF treatment is a specialised treatment requiring a package of care including interventions such as embryo transfer as well as drugs and all associated laboratory tests (pre IVF -investigatory or monitoring). Therefore drug treatments are included in the cost of the package and are not funded as a separate element by primary care clinicians.
4. Patient D needs to use low-molecular weight heparins (LMWH) instead of warfarin pre-operatively. The private surgeon has requested the GP to prescribe on the NHS for this patient.	Low molecular weight heparins are commonly prescribed prior to surgery but treatment is regarded as a package of care within the NHS so should be prescribed by the acute trust. Private patients should not receive care that is different to that of NHS patients and, on that principle, the pre-operative LMWH should form part of that patient's private care.
Scenario- Treatment is unlicensed	
5. For recurrent aphthous ulceration a private consultant recommends, doxycycline application whereby 100mg doxycycline is stirred into water and patient advised to rinse around the mouth for 2-3 minutes 4 times daily for 3 days.	This scenario would need questioning regarding any previous treatment. Unlicensed use of medicines becomes necessary if the clinical need cannot be met by licensed medicines; such use should be supported by appropriate evidence and experience. Professional guidance for prescribers on the use of unlicensed medicines and licensed medicines for unlicensed indications should be considered.
Scenario- Defined criteria to be satisfied	
6. Patient E has been diagnosed with Alzheimer's disease after private consultation and recommended treatment.	If donepezil, galantamine, rivastigmine or memantine is recommended through a private consultation, it may be acceptable for the patient to transfer back to the NHS if sufficient information is provided and the patient meets local criteria for shared care, in line with NICE guidance, including arrangements for subsequent monitoring. Local Anti-dementia medicines shared care guidelines can be found here: http://www.swlstg-tr.nhs.uk/resources/guidelines

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. South East London Interface Prescribing Policy. South East London Area Prescribing Committee. February 2016.

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

Prescribing of NHS medication recommended during or after a private episode of care. Sophie Bhandary/Clare Curran. Medicines Commissioning Group. NHS Surrey CCG's. March 2010.

Prescribing in General Practice, BMA June 2015 <https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/gp%20practices/prescribing-in-general-practice.pdf>

If you have any comments, please contact Rajiv Dhir, Senior Prescribing Adviser: Rajiv.Dhir@wandsworthccg.nhs.uk