Private to NHS Prescription Policy

Cotswold Medical Practice

Policy: Private Consultant Prescriptions and transfer To NHS prescriptions

1. **Introduction**

This policy outlines the approach to managing requests for NHS primary care prescribers to convert or continue private prescriptions initiated by private consultants. It provides guidance on medico-legal considerations, clinical appropriateness, and responsibilities when patients request private consultant recommendations to be prescribed on the NHS.

The policy aims to:

- Ensure patient safety and high-quality care
- Clarify professional responsibilities
- Manage resources effectively and equitably
- Provide a consistent approach to handling private-to-NHS prescription requests

2. **Legal and Professional Context**

2.1 Clinical Responsibility

When an NHS GP issues a prescription, they assume full clinical responsibility for that prescription, regardless of who recommended it. This includes responsibility for:

- The clinical appropriateness of the medication
- Ongoing monitoring requirements
- Potential side effects and interactions
- Long-term management of the patient's condition

GPs must only prescribe when they have adequate knowledge of the patient's health and are satisfied that the medication serves the patient's needs, in accordance with GMC Good Medical Practice guidance.

2.2 Legal Framework

The prescriber is legally responsible for:

- Ensuring prescriptions comply with legal requirements under the Medicines Act
- Adhering to NHS regulations regarding which medications can be prescribed on FP10 forms
- Following local formulary and prescribing guidelines
- Complying with NHS contractual obligations

3. **General Principles**

3.1 Patient-Centered Approach

All decisions should be made with the patient's best interests as the primary consideration, while maintaining equitable access to NHS resources for all patients.

3.2 Primary Care Prescribing Discretion

The decision to prescribe a medication recommended by a private consultant on the NHS lies solely at the discretion of the GP. There is no obligation for NHS GPs to prescribe medications recommended by private providers.

3.3 Equity of Care

Medications or treatments that would not be available to an NHS patient should not automatically be provided on an NHS prescription simply because they were initially recommended through a private consultation.

4. **Red, Amber, Green Classification System**

Many NHS regions use a traffic light system to classify medications:

4.1 RED Medications (Specialist Only)

- Must only be prescribed by specialists
- Generally should not be prescribed in primary care
- Examples include:
    - Biologics (e.g., adalimumab, etanercept, infliximab)
    - Certain cancer treatments
    - Novel anticoagulants in specific indications
    - Medications requiring complex monitoring
    - Experimental or newly licensed medications

4.2 AMBER Medications (Shared Care)

- Initially prescribed by specialists but may be continued in primary care under shared care arrangements
- Requires formal shared care agreement between specialist and GP
- May require ongoing specialist monitoring
- Examples include:
    - Disease-modifying antirheumatic drugs (DMARDs) such as methotrexate, sulfasalazine
    - Certain antipsychotics (e.g., clozapine)
    - ADHD medications (e.g., methylphenidate, atomoxetine)
    - Medications for Parkinson's disease
    - Certain immunosuppressants

4.3 GREEN Medications

- Can be initiated and continued in primary care
- Standard monitoring requirements
- Part of routine primary care prescribing
- Examples include most common medications for chronic conditions

5. Circumstances Where NHS Prescribing Following Private Consultation May Be Appropriate

The GP may consider prescribing on the NHS when ALL of the following conditions are met:

1. The medication is within the GP's competence to prescribe
2. The medication would be available on the NHS for a patient with the same condition
3. The medication is included in local formularies and prescribing guidelines
4. The GP has received adequate clinical information from the private consultant
5. The medication is classified as suitable for primary care prescribing (GREEN)
6. The GP is satisfied that the prescription is clinically appropriate and in the patient's best interest

4. Circumstances Where NHS Prescribing Following Private Consultation May Not Be Appropriate

The GP may decline to prescribe on the NHS when ANY of the following apply:

1. The medication is classified as RED in the local formulary
2. The medication is on the “blacklist” (Schedule 1 of the NHS General Medical Services Contracts Regulations)
3. There is insufficient clinical information to safely prescribe
4. The medication requires specialist monitoring that cannot be provided in primary care
5. The treatment would not normally be funded by the NHS for patients with the same condition
6. The medication is outside the GP’s expertise or competence
7. The medication is experimental or being used outside its licensed indication without appropriate guidance
8. The private consultation was for a procedure or treatment package where medication forms part of the private care pathway
9. The drug requires specialized or regular hospital-based monitoring
10. The medication is new or experimental with limited evidence base
11. The medication is high cost and not approved by local NHS prescribing committees
12. The prescribing of the medication would create inequitable access to treatment compared to NHS patients
13. There is no established NHS referral pathway should the patient experience complications
14. The private consultant has not provided a first prescription allowing time for stabilization
15. There are more cost-effective alternatives available through the NHS for the same condition
16. The medication requires a formal shared care protocol which does not exist with the private provider

5. **Process for Managing Requests**

5.1 Information Requirements

Before considering prescribing, the GP requires:

- A detailed letter from the private consultant containing:
    - Full patient details
    - Diagnosis and clinical findings
    - Medication details (name, dose, duration, monitoring requirements)
    - Rationale for treatment
    - Follow-up arrangements

    - The consultant's GMC registration details
- Confirmation that the patient has received the first prescription from the private consultant

5.2 Decision-Making Process

1. The practice will allow at least 7 working days for the consultant letter to arrive
2. The GP will review the request against the criteria in sections 5 and 6
3. The GP may consult with colleagues or the local medicines management team if necessary
4. The patient should make a routine appointment with their GP to discuss the request
5. The decision will be communicated to the patient with a clear explanation

5.3 Communication and Documentation

All decisions regarding private prescription requests should be:

- Clearly communicated to the patient
- Documented in the patient's record
- Communicated to the private consultant if necessary

6. Shared Care Arrangements

6.1 NHS to NHS Shared Care

Formal shared care agreements between NHS specialists and NHS GPs are well-established for certain medications. These include clear definitions of:

- Responsibilities of each party
- Monitoring requirements
- Criteria for referral back to the specialist
- How to access specialist advice

6.2 Private to NHS Shared Care

Shared care arrangements between private specialists and NHS GPs present additional challenges:

- No formal commissioning arrangements for specialist support

- Potential discontinuity if private care ceases
- Unclear pathways for urgent specialist review if needed
- Potential inequity in access to treatments

As per BMA guidance, shared care with private providers is generally not recommended due to the NHS constitution principle of maintaining clear separation between private and NHS care.

7. **Examples of Specific Drug Categories**

7.1 Medications Commonly Subject to Private-to-NHS Requests

7.1.1 ADHD Medications

- Methylphenidate, atomoxetine, lisdexamfetamine
- Often initiated privately due to long NHS waiting lists
- Require specialist initiation and titration
- Regular monitoring requirements
- May be continued in primary care only under formal shared care arrangements

7.1.2 Hormone Treatments

- Testosterone, growth hormone, certain HRT regimens
- Specialist initiation and monitoring required
- Potential for misuse and side effects
- May require additional tests not routinely available in primary care

7.1.3 Weight Management Medications

- GLP-1 agonists (e.g., semaglutide/Wegovy, liraglutide/Saxenda)
- Strict NHS eligibility criteria vs broader private availability
- Significant cost implications
- May require monitoring and specialist input

7.1.4 Dermatological Treatments

- Isotretinoin (Roaccutane)

- Biological treatments for psoriasis
- High monitoring requirements
- Significant safety concerns (e.g., teratogenicity, mental health monitoring)

7.1.5 Fertility Treatments

- Ovulation induction agents
- Specialist monitoring essential
- Potential for multiple pregnancies and complications
- Often part of a comprehensive treatment plan

7.1.6 Ophthalmic Medications

- Ciclosporin eye drops (Ikervis) for severe keratitis
- Preservative-free glaucoma medications when not meeting NHS criteria
- Certain eye lubricants only available privately
- Specialized anti-VEGF treatments for macular degeneration outside NICE guidance
- Compounded ophthalmic preparations (e.g., fortified antibiotics)
- Ophthalmic preparations requiring specialist administration or monitoring

8. Review and Governance

This policy should be:

- Reviewed annually
- Updated in line with national guidance
- Discussed with all clinical team members
- Applied consistently across the practice

9. References

1. General Medical Council. Good Medical Practice.
2. British Medical Association. General practice responsibility in responding to private healthcare.
3. NHS England. Responsibility for prescribing between primary and secondary care.
4. Local Medicines Management Guidelines.