



Greater Manchester Commissioning Support Unit

Medicines Management

Prescribing Following a Private Consultation

Greater Manchester Medicines Management Group (GMMMG) Guidance



DOCUMENT CONTROL

Document Location

Copies of this document can be obtained from:

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Revision History

The latest and master version of this document is held in the medicines management library and represents the only approved copy.

| REVISION DATE | ACTIONED BY | SUMMARY OF CHANGES | VERSION |
|------------------|------------------------|---|-------------|
| 29.01.2013 | E Radcliffe | CSU Medicines Management initial draft | Draft V 0.1 |
| 05.02 2013 | E Radcliffe | Updated after CSU Medicines Management Team comments | Draft V 0.2 |
| 11.03.2013 | E Radcliffe | Comments following GMMMG & Salford CCG on layout, grammar, RAG drugs & shared care protocol | Draft V0.3 |
| 04.04.2013 | E Radcliffe | CSU Medicines Management Group - Clarification on sections 4.5 & 4.6 | Draft V0.4 |
| 10.04.2013 | E Radcliffe | GMMMG April 2013 - Minor amendments requested | V1.0 |
| 18.04. 2013 | E Radcliffe A White | GMMMG April 2013 - Amendments updated following meeting | V1.1 |
| 07.05.2013 | E Radcliffe | GMMMG May 2013 - Amendments updated following feedback from GPs | V1.2 |
| 16.05.2013 | E Radcliffe | GMMMG May 2013 - Minor amendments requested | V1.3 |

Approvals

This document must be approved by the following before distribution:

| NAME | TITLE | DATE OF ISSUE | VERSION |
|-------|-------|---------------|---------|
| GMMMG | | 28/03/2013 | 0.3 |
| GMMMG | | 18/04/2013 | 1.0 |
| GMMMG | | 16/05/2013 | 1.3 |

Distribution

This document has been distributed to:

| NAME | TITLE | DATE OF ISSUE | VERSION |
|--------------|-------------------------|---------------|---------|
| GMMMG | | 21.02.2013 | 0.3 |
| GMMMG | | 18.04.2013 | 1.0 |
| Wolfson Unit | Upload to GMMMG website | 16/05/2013 | 1.3 |
| | | | |

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Executive Summary:

- The NHS should continue to provide, free of charge, all care that the patient would have been entitled to had he or she not chosen to have additional private care.
- The responsibility for prescribing rests with the doctor who has clinical responsibility for a particular aspect of the patients' care.
- There is no obligation on behalf of the GP to prescribe the recommended treatment if it is contrary to his/her normal clinical practice.
- If the private/ consultant recommendation does not follow national/local guidance/policy/ GMMMG formulary, the GP can substitute the drug with a clinically appropriate alternative.

1 Background

- 1.1 NHS prescribers are often asked to issue an NHS prescription for a patient who is paying for private medical treatment. This is because many medications are more costly to the patient when issued privately than by the NHS.
- 1.2 This can raise questions about whether the patient would have received the same treatment if they had been diagnosed or treated on an NHS pathway and hence cause a dilemma for the prescriber as to whether they should issue an item on an NHS prescription or refuse.
- 1.3 This guidance is designed to clarify some of the issues which arise.
- 1.4 The principles of this document apply equally to any provider delivering NHS Commissioned Care.

2 Scope

- 2.1 This guidance applies to all services contracted by or delivered by the NHS across Greater Manchester, including:
 - GPs, any other prescribers, Acute Hospitals, NHS community providers, Out Patient clinics, and independent providers.
- 2.2 This covers the provision of prescriptions to a patient registered on the list of a general medical practitioner, or temporary resident.
- 2.3 It does not cover the provision of private services to members of the public who are not registered with the practice.

3 Use of Private Prescriptions for NHS patients

- 3.1 The NHS must never charge for NHS care (except where there is specific legislation in place to allow charges e.g. Prescription charges, eye tests, dental charges)
- 3.2 Some treatments or consultations may not be classed as NHS care if they fall outside national guidelines or local agreements. E.g. Fertility treatment where the couple do not meet the NICE guidelines.
- 3.3 Prescribers can only provide private prescriptions for their NHS patients in the circumstances listed below, where the item is **not** prescribable on the NHS.
 - Items included in the Drug Tariff Part XVIIIA Drugs, Medicines and Other Substances not to be ordered under a General Medical Services Contract, also referred to as the NHS 'Black List'

- Drugs for the prophylaxis against malaria,
- Drugs where the indication is outside those indicated on the selective list scheme (SLS – Part XVIIIB - Drugs, Medicines and Other Substances that may be ordered only in certain circumstances)
- The product is in connection with travel and is for an anticipated condition (e.g. antibiotics for travellers' diarrhoea, acetazolamide for altitude sickness)
- Travel vaccines not included in NHS policy See extract below from guidance on NHS Choices: "Which travel vaccinations are free? "and the 'Green book'
 - Patients will usually have to pay for the following vaccinations for overseas travel:
 - hepatitis B
 - Japanese encephalitis
 - meningitis ACW135Y
 - rabies
 - <u>tick-borne encephalitis</u>
 - tuberculosis
 - <u>yellow fever</u> from a <u>designated centre</u>

3.4 The terms of service of primary care medical services do not allow GPs to supply private treatment to NHS patients. Therefore issuing a private prescription for the purpose of avoiding NHS prescription charges for an item which is routinely issued on the NHS is not allowed.

4 Non-NHS (Private) Referral and Treatment

- 4.1 Patients who elect to see a specialist/healthcare professional privately should be treated fairly, in accordance with the same principles as other patients who may not be able to afford a private consultation.
- 4.2 NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care.
- 4.3 Any additional private care must be delivered separately from NHS care.
- 4.4 The NHS should never subsidise private care.
- 4.5 When a patient is seen privately by a specialist or GP for a single episode of care any short term medication required should be paid for by the patient as part of that package of care eg. if a patient has a private hip replacement any immediate medication such as LMWH, analgesia or antibiotics required as a result of the operation should be included in the private cost of the package of care for the hip operation.
- 4.6 If a private consultation identifies a long term condition or a need for medication which is available as routine NHS treatment this should be provided as such by the patient's usual GP. This applies whether the referral was by an NHS doctor or the patient self-referred. However the NHS doctor would only be obliged to prescribe in line with NHS or local or GMMMG policy/formulary eg. if a private cardiologist diagnoses heart failure with left ventricular systolic dysfunction and recommends using a AiiRA(sartan) when the patient has no contraindications to and has never used an ACE inhibitor the NHS doctor is entitled to prescribe an ACE inhibitor as first choice in line with GMMMG guidance.
- 4.7 The responsibility for prescribing rests with the doctor who has clinical responsibility for a particular aspect of the patients' care. Where, for instance, an NHS doctor refers a patient (privately or otherwise) to a consultant for advice but, when appropriate, retains clinical responsibility, he/she should issue the necessary prescriptions and at NHS expense.

- 4.8 Patients are at liberty to switch between private and NHS care at any time, but should only be provided with an NHS prescription if there is a clinical need and the medication would usually be provided on the NHS.
- 4.9 There is no obligation on behalf of the GP to prescribe the recommended treatment if it is contrary to his/her normal clinical practice.
- 4.10 The consultant's advice on choice of treatment is advisory and the GP may choose to prescribe an alternative product bearing in mind national and local GMMMG guidelines/formulary. By prescribing a clinician assumes clinical responsibility for the treatment.
- 4.11 If the GP deems the ongoing supply of medication to be clinically appropriate/necessary it should be prescribed in accordance with national/local guidance/policy/GMMMG formulary as appropriate.
- 4.12 If the recommendation does not follow national/local guidance/policy/GMMMG formulary, the GP can substitute the drug with a clinically appropriate alternative if they feel this would be appropriate, based on local policy, guidance and formulary where available.

Example: Desloratidine for allergic rhinitis, GMMMG Formulary guidelines would suggest Cetirizine first line or Loratidine second line so the GP could prescribe either of these alternatives on an NHS prescription if clinically appropriate.

- 4.13 In all cases, the GMMMG red, amber, green (RAG) list and the Do Not Prescribe lists should be consulted to ensure any drug(s) prescribed are in accordance with the red, amber, green definitions and under the responsibility of the appropriate Prescriber.
- 4.14 Patients have the right to appeal against any decision not to prescribe. In the first instance this will be to the doctor concerned and then to the CCG through the formal appeals procedure. The patient should be advised to contact their CCG for further details.

5 Local Variation

5.1 Local Policy or Guidance should be read in conjunction with this document. Please refer to any appended section for the local variation from your CCG.

6 References

- Guidance from the BMA Medical Ethics Department: The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland May 2009 <u>http://bma.org.uk/practical-support-at-work/ethics/ethics-a-to-z</u>
- DH Guidance on NHS patients who wish to pay for additional private care
 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_096576.pdf
- ¹NHS Choices Website 2012: If I pay for private hospital treatment, how will my NHS care be affected? <u>http://www.nhs.uk/chq/Pages/2572.aspx</u>
- NHS Choices Website 2012: Which travel vaccinations are free? <u>http://www.nhs.uk/chq/pages/1071.aspx?categoryid=70&subcategoryid=175</u>
- Immunisation against infectious disease (The Green Book): National policy and guidance regarding immunisation available at: http://immunisation.dh.gov.uk/category/the-green-book/

7 Acknowledgements

Our thanks are due to colleagues at NHS HMR, NHS Bolton and NHS Mid Essex Locality on whose documents this policy was initially based and subsequently updated.

Elaine Radcliffe, Strategic Support Pharmacist, GM CSU 18th April 2013

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