

24<sup>th</sup> November 2022

## Privately initiated prescribing – should I continue it on the NHS?

Patients are increasingly being seen by private clinics due to increasing waiting times for referral into secondary care. These clinics are reviewing patients and after initiating new medications are requesting that primary take over the prescribing of them. We recognise that practices may be receiving more requests to prescribe in this way and may be unsure if taking on this responsibility would be appropriate.

Guidance from the British Medical Association Medical Ethics Committee (BMA, 2009) suggests that where the medicine is specialised in nature and not something GPs would generally prescribe, it is up to the individual GP to decide whether to accept clinical responsibility for the prescribing decision recommended by another clinician. GPs do not have to accept the prescribing request from a private service. However, patient safety is paramount when making any decisions. Upon receipt of a clinical letter outlining the private clinician's monitoring responsibility, it is first advised to check the local formulary and traffic light listing of the medication. Then you may wish to consider if you are satisfied that sharing the prescribing and monitoring responsibility would be safe and appropriate.

Questions to the prescriber:

Is the medication clinically necessary?

- *If **no**, then suggest decline to prescribe unless good clinical reason not to*

Is the medication appropriate to continue after reviewing previous medical history?

- *If **no**, then suggest decline to prescribe unless good clinical reason not to*

Would the medicine requested have normally been prescribed as part of the local NHS treatment pathway?

- *If **no**, then suggest decline to prescribe unless good clinical reason not to*

Is the medicine included in the local NHS medicine/product formulary?

- *If **no**, then suggest decline to prescribe, unless good clinical reason not to*

Is the medicine a specialist medicine, which should only be prescribed by a specialist?

- *If **yes**, then suggest decline to prescribe unless good clinical reason not to*

Are you familiar with the medication and its side effect profile, and are the monitoring requirements appropriate and within your scope of clinical practice (i.e. not specialist in nature)?

- *If **no**, then suggest decline to prescribe unless good clinical reason not to*

If you agree to the shared care, who will do this with you?

- *If the private provider is unwilling to continue to share care, then suggest decline to prescribe, unless good clinical reason not to*

If there is good reason not to accept the shared care request then the patient should be provided with an explanation and advised as to what the appropriate options for them would be, e.g., referral back to the private service, referral to an NHS service, any suitable alternative treatment courses. Alternative treatment options may include other clinically appropriate medicine alternatives if a clinician feels that this is necessary, based on any relevant local guidance or formularies.

*PrescQIPP 238 guidance provides further details for prescribers, see separate word document:*

*PrescQIPP Bulletin 238 – Guidance for NHS and  
Private Services 2019*



PrescQIPP 238 - NHS  
& Private Services

Doncaster & Bassetlaw Area Prescribing Committee  
NHS Nottingham and Nottinghamshire ICB - Bassetlaw Place and  
NHS South Yorkshire ICB – Doncaster Place (approved by Medicines Optimisation Group)

References:

British Medical Association (2009) *The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland - Guidance from the BMA Medical Ethics Department*. Available at:

<https://www.derbyshirelmc.org.uk/theinterfacebetweennhsandprivatetreatmentapracticalguidefordoctorsinenglandwalesandnorthernireland> Last accessed 24.11.22