

Private Shared Care, Prescribing, Tests and Referrals Policy.

1.0 Introduction

Woodhouse Medical Practice are aware that elements of shared care between NHS and private providers including prescribing, tests, investigations, and referrals can be confusing. It is not always clear how systems operate and what rules NHS GP's must follow. Hopefully this guidance will clarify these scenarios.

Please ensure you read this information in advance of attending any private appointments so you are clear in terms of where private and NHS practice cross and allow you to understand the rules that limit what we can do regarding medication or care requested by the private sector.

2.0 Referrals to private doctors

Some private care is accessible without a GP referral. However, some private providers and insurance companies do require referrals. Private referral letters can be obtained by making a routine appointment with a GP. The GP will provide you with a private referral letter to your required speciality; providing the GP deems this a suitable request.

Please be aware, we do not recommend private providers and there are some practitioners that we are not able to write a referral letter to. For example, cosmetic procedures.

3.0 Tests and investigations requested or done by private providers

Many tests and investigations are available privately. If a private provider has arranged, carried out or requested any tests or investigations, that provider/doctor is responsible for:

- Arranging tests and any medications that might be needed prior to the test, as well as explaining how and when you will receive a date for the test, and what to do if the date is not suitable.
- Arranging any tests or investigations required for monitoring medication they are prescribing for you.
- Giving you your results and explaining what they mean.
- Arranging any follow up including removal of stitches/staples etc. or providing sufficient painkillers if you have had an operation or procedure.
- Arranging any onward referral either to another private practitioner or to NHS services recommended by the private provider.

Please do not contact the practice to discuss the results of tests organised by practitioners outside the practice. Without the full context and rationale for the investigation it is not possible for the GP to interpret investigations safely. It is your private providers responsibility to discuss any tests they have requested or carried out.

4.0 Medications

Our prescribing is governed by numerous organisations and we are duty-bound to prescribe according to guidelines set by the GMC, NICE, the wider NHS and West Yorkshire Integrated Care Board (ICB).

When patients are seen by private providers for single, short-term episodes of care – any medications should be prescribed by the doctor from the private provider and paid for by the patient or their insurance company as part of that package of care.

If a long-term condition is identified which will require medication that is routinely available from the NHS. We can consider prescribing this, however, this is at the GP's discretion and will ultimately be agreed by the Practice Partners. You may wish to have a discussion with the Practice in advance, before automatically assuming the Practice will provide any required medication.

Please note:

- In every case, the private provider is responsible for providing enough medication until the Practice take over the prescribing, if the Practice agree.
- Patient's must attend any necessary follow up with the Practice, otherwise the Practice may stop prescribing the medication. This can include blood tests and blood pressure checks.
- The Practice requires written documentation from private providers prior to any prescribing taking place. This will need to include an explanation of the medication, dose, rationale and duration of treatment. We will also need your private provider to outline any monitoring or follow up required before we can take on the prescribing.

5.0 High-risk medications and shared care agreements

Some medications can potentially be harmful and will require special monitoring. These can include methotrexate, sulfasalazine, roaccutane, hormones and the medications prescribed for ADHD.

When all care and treatments are carried out on the NHS, any monitoring is arranged using a 'Shared Care Agreement'. This agreement is between an NHS GP and an NHS Specialist and lays out detailed rules for specific medications. The hospital specialist is responsible for initiating, titrating and prescribing the medication until the dosage and any bloods or other monitoring are stable. They can then 'hand-over' prescribing to the GP (once the GP accepts); but will continue to work together within the terms of the agreement to carry out monitoring and follow up.

We cannot 'share care' in the same way with clinicians in the private sector, due to the lack of agreed protocols for monitoring and raising alarms.

If the Practice agree to shared care with a private provider; there are specific rules that must be followed by both the patient and the Practice to ensure the safety of patients. These are:

- Your medication must have been started and the dose stabilised by a UK based GMC (General Medical Council) registered professional with expertise in the area of which they are prescribing.
- You must agree to review with your specialist on a regular basis, or if there are any changes in dose. If you sought private diagnosis and treatment you will need to be reviewed by them regularly, unless your care is transferred to an NHS provider, in which case you need to have regular reviews with them.
- In addition, you need to have regular medication reviews with our practice which may include various checks, such as blood tests, blood pressure and pulse checks. These should ideally happen between your specialist reviews so you are having a review by us or your specialist on a regular basis.
- Your specialist must provide us with a copy of a suitable shared care agreement and keep us updated of any changes.
- If you wish to transfer to NHS specialist reviews you will need to ask for a referral from us. Unfortunately, the waiting times for many specialities on the NHS at the moment are long. You will need to continue having regular, private reviews whilst you are on the waiting list if you wish to continue on your medication.

If the Practice do not agree to a shared care agreement with your private provider, you will need to request a referral to an NHS specialist from the Practice, to see if they would be willing to initiate the same medication (you would need to wait the usual time to be seen for this, as NHS rules forbid 'queue jumping' through mixing NHS and private care). Otherwise, you will need to continue all care in the private sector.

Sometimes private providers recommend medications to patients which would not normally be prescribed in the NHS. If this is the case, you will need to continue to receive your medication from the private provider. Please contact your private provider to organise this.

There is no obligation for the Practice to prescribe a treatment recommended by a private provider if:

- An NHS patient would not routinely be offered this treatment
- A letter explaining the full rationale for the treatment has not been provided by the private doctor in the private sector
- The GP feels the medicine is not clinically necessary
- The proposed medication is being prescribed outside of its licensed indication(s)
- The medication is contrary to the GP's normal practice or not a medicine the GP would normally prescribe
- The medication needs special monitoring and the GP feels they do not have the expertise or resources to do this or it is usually done under the auspices of Shared Care, or in a hospital setting
- The use of the medication conflicts with NICE guidance or locally agreed protocols
- An equivalent but equally effective medicine could be prescribed locally. In these circumstances, the GP may substitute the recommended drug with a clinically appropriate alternative

- The medication is available over the counter

Please note, GPs are not allowed 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.

6.0 Children

As a Practice, we do not offer shared care, in any form, with private providers for children under 18.