

## Issues around private prescriptions

### Dorset Medicines Optimisation Group (MOG) Guidance

#### 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.
- There is no obligation on behalf of the GP to prescribe a treatment recommended by a private doctor if it is contrary to his/her normal clinical practice. If the recommendation does not follow national/local guidance, the GP can substitute the recommended drug with a clinically appropriate formulary alternative.
- 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.

#### Background

NHS prescribers may often face situations where they are asked:

- To issue an NHS prescription for a patient who is paying for private medical treatment, because the medications are more costly to the patient when issued privately than by the NHS;
- OR**
- To issue a private prescription for a drug that would normally be provided on the NHS, where the drug would be cheaper to obtain privately than the cost of the NHS prescription charge

Both the above situations can raise questions as to whether the prescriber should issue an item on an NHS prescription or not. In cases where the patient is requesting NHS prescriptions after seeking private care, it can also raise questions about whether the patient would have received the same treatment if they had been diagnosed or treated on an NHS pathway, and whether the patient should continue to fund the treatment privately.

This guidance is designed to clarify some of the issues which arise in these types of situations.

#### Scope

The principles of this guidance apply to all providers delivering NHS care across Dorset, including but not limited to GPs, non-medical prescribers, Acute Hospitals, NHS community providers, outpatient clinics, and independent providers.

This guidance covers the provision of prescriptions to a patient registered on the list of a general medical practitioner (as a permanent or temporary resident). It does not cover the provision of private services to members of the public who are not registered with the practice.

#### Patients requesting NHS prescriptions after receiving private (non-NHS) referral and treatment

Patients who elect to see a specialist/healthcare professional privately should be treated in accordance the same principles as other patients who may not be able to afford a private consultation. NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care.

As far as possible, any additional private care must be delivered separately from NHS care. The NHS should never subsidise private care.

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 e.g. if a patient has a private hip replacement any immediate medication such as low molecular weight heparin, 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.

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. However, there is no obligation on behalf of the GP to prescribe a treatment recommended by a private doctor if:

- A letter explaining the full rationale for the treatment has not been provided by the consultant in the private sector.
- He or she feels the medicine is not clinically necessary.
- The proposed medication is being prescribed outside of its licensed indication(s).
- The medication is contrary to his/her normal practice or not a medicine he/she would normally prescribe.
- The medication needs special monitoring and the GP feels they do not have the expertise to do this.
- The use of the medication conflicts with NICE guidance or locally agreed protocols.
- An equivalent but equally effective medicine could be prescribed locally under the Dorset formulary. In these circumstances, the GP can substitute the recommended drug with a clinically appropriate formulary alternative. Examples include:
  - A private consultant recommends desloratidine for allergic rhinitis, but Dorset formulary guidelines would suggest cetirizine or loratidine as first line choices so the GP could prescribe either of these alternatives on an NHS prescription if clinically appropriate
  - 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 GP is entitled to prescribe an ACE inhibitor as first choice in line with Dorset formulary.

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 have been provided on the NHS. 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.

### **NHS patients requesting private prescriptions to avoid paying the NHS prescription charge**

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. Refer to Wessex [LMC guidance](#).

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 XVIII A - 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 set out in the selective list scheme (SLS – Drug Tariff Part XVIII B - 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. Patients will usually have to pay for certain vaccinations for overseas travel (refer to NHS Choices: '[Which travel vaccinations are free?](#)' and the '[Green book](#)')
- 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). 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.

## References

[The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland](#) (BMA Medical Ethics Department, May 2009)

[DH Guidance on NHS patients who wish to pay for additional private care](#)

[If I pay for private hospital treatment, how will my NHS care be affected?](#) (NHS Choices, last updated April 2016)

[Which travel vaccinations are free?](#) (NHS Choices, last updated June 2016)

[Immunisation against infectious disease](#) (The Green Book)

[Provision of a private prescription as an alternative to an FP10](#) (Wessex LMC, May 2016)

## Acknowledgements

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