**Private Consultants and Shared Care Prescribing Policy**

Created: 13th September 2023, Updated 19th October 2024

This document aims to explain how the NHS and General Practice work alongside private providers of healthcare. We understand that some patients will choose to have some or all of their treatment privately.

**I would like to see a consultant privately, what do I need to do?**

Your GP will write a referral letter which will include information regarding the problem or concerns that you have and any relevant medical details about you. You will be notified when this letter is ready to collect from reception. Please then take this letter to the private appointment. There is no charge for this.

Please note that if an insurance company wishes for a specific form to be completed you may be charged for this additional work.

**Seeing the Consultant**

**What happens if I need a test or procedure?**

If the Consultant thinks that you need any tests (including blood tests and scans) or a surgical procedure, then the Consultant 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 for you. Please note: the cost of these are your responsibility to fund yourself.

• Giving you your results and explaining what they mean. This may be via letter or a further face to face appointment. Please do not contact the practice to discuss the results of tests organised by other doctors. It is the Consultant’s responsibility to discuss this with you, and the practice may not have access to the results, or be in a position to interpret them.

**What happens if I need new medicines?**

The Consultant might suggest prescribing new medicines for you or might want to make changes to the medicines that you are already taking. They will be responsible for giving you the first prescription of any new medicine that you need to start taking straight away, also they may need to continue prescribing until the condition is stabilised.

Please note if you take a private prescription to any NHS Pharmacy you will have to pay the actual cost of the medication rather than the current NHS standard prescription charge, which may be more or less dependent on the medication prescribed. In some cases, your GP may be able to continue to prescribe these medications on an NHS prescription. **This will need to be considered by the practice and is at the discretion of the GPs.** DO NOT assume we will prescribe this for you.

We do need to receive a full clinic letter from the consultant, which is signed by a GMC registered doctor before we can consider prescribing the recommended medication. The letter must outline the reasons for treatment, explaining the precise details of the prescription; what it is being used to treat; how long the treatment is intended for; and what monitoring or follow up is required before the practice can decide whether we can continue to prescribe.

Please allow at least fourteen days for this letter to arrive before contacting your GP. If a prescription is needed sooner than this you should contact the Consultant’s team (usually via the secretary) for them to prescribe.

**Prescribing Policy**

Private consultants may suggest medications to patients which wouldn’t normally be prescribed by NHS GPs. In Sheffield we have a traffic light list of medications which are colour coded and highlight which medications we can safely prescribe (Green), whether they have to be started and monitored by a hospital doctor (Amber), or whether they are not recommended as safe or effective treatments (Red).

At Mosborough Health Centre patient safety and providing quality care to our patients are our top priorities. When a prescription is necessary our main considerations are effectiveness, safety and that prescribing this medication is within the limits of our competence.

The Practice may not be able to issue you with an NHS prescription following a private consultation for the following reasons:

* If the Practice considers that there is not a clear clinical indication for the prescription, and that in the same circumstances an NHS patient would not be offered this treatment
* If the private doctor recommends a new or experimental treatment, or recommends prescribing a medication outside of its licensed indication or outside of our formulary recommendations (Red)
* If the medication is not generally provided within the NHS
* If the medication is of a very specialised nature requiring ongoing monitoring, we may be unable to accept responsibility for the prescription. This includes medication that we can prescribe on the NHS but requires what is known as a Shared Care Agreement
* If we are unable to issue an NHS prescription you can still obtain the medication recommended via a private prescription from the consultant you have seen but we would recommend that you investigate the cost of this and associated monitoring before proceeding

**Shared Care Agreements**

A Shared Care Agreement is an agreement between you, your GP, and your hospital consultant. It enables the care and treatment you receive for a specific health condition to be shared between the hospital and your GP. This will only occur with your agreement and when your condition is stable or predictable.

A Shared Care Agreement contains information about your medicine, guidance on prescribing and monitoring and the responsibilities of your consultant, your GP and you. The agreement means that the medicine the hospital has started, can be continued by your GP, so you won’t have to visit the hospital to collect your medicine.

Without such a Shared Care Agreement in place, with an NHS provider of care, we are unable to safely prescribe and monitor certain medication. This would include, but is not limited to, what are known as Disease Modifying Drugs, IVF associated medications, gender affirming hormone therapy and those used to treat ADHD.

**Shared Care Agreements from private providers**

In general, these will all be declined. There may be exceptional cases where the GP partners will consider signing a Shared Care Agreement with a private provider. However, we may still decline to accept responsibility for prescribing, monitoring and testing if we are not assured that the private provider offers a safe service or that we do not have capacity to take on this additional unpaid work.

Please note that if you do see a private provider and enter into a treatment plan with them, it is important to make sure that you can afford the ongoing care, monitoring and prescriptions.

**Private Bariatric Surgery**

The NHS is not commissioned to take over monitoring and prescribing following private bariatric surgery, which has been performed in the UK or abroad. Please make sure that you can afford the aftercare, monitoring and prescriptions for the first 2 years after the surgery. The NHS is then able to take over your care.

**What happens if I need to transfer my care back to the NHS?**

If after seeing the Consultant privately you want to transfer your care back to the NHS, this ideally needs to be done by the private Consultant who is overseeing your care. If this is not possible, please request that your consultant writes directly to the practice to request this. Due to NHS waiting times, you may have to continue paying under the private care while waiting to be accepted under NHS care.