

RESPONSE TO SHARED CARE REQUESTS FROM PRIVATE PROVIDERS

Sheffield
LMC



GUIDANCE FOR SHEFFIELD GPs

November 2024

In the current climate of significant pressures faced by the NHS across the board, many patients are seeking specialist healthcare privately. Whilst some of these private specialist assessments will provide management plans in line with local NHS provision, GPs are faced with a dilemma of having to action the recommendations where there is conflict between what the private specialist is recommending versus what is agreed and commissioned as an NHS service locally. The following guidance is intended to support GPs and their staff navigate this challenge.

A recommendation from a private provider should not result in an automatic decision of accepting or rejecting the recommendation simply because it is a private service. Each situation must be considered on the individual circumstance and decision made, where appropriate with colleagues in the GP surgery if they are uncertain about their competence to take responsibility for the patient's continuing care. The following factors should be considered before considering a private consultation recommendation to an NHS treatment / prescription:

- Is the medicine allowed on NHS prescription? For example, is it included in the NHS "Blacklist"?
- Would the medicine normally be prescribed as part of the local NHS treatment pathway?
- Is the medicine included in the local NHS drug formulary?
- Is the medicine specialist and for consultant prescribing only?
- Do I know enough about the medicine and any associated monitoring to prescribe and take on the clinical responsibility?
- Is the medicine suitable for self-care or can it be purchased over the counter?
- Should this be a private prescription for an NHS patient as the medicine is not commissioned by the NHS?

Some patients will wish to access NHS services through the 'Right to Choose' process where a provider, often not geographically congruous with the location of the GP practice, may assess the patient and make a recommendation of treatment / prescription. This is more complex as by initiating the referral through the NHS, the GP practice can be expected to action the recommendations as long as they are in line with the local NHS provision (for example, prescription of a shared care medication for Attention Deficit Hyperactivity Disorder).

There is also a distinction when the GP practice refers a patient who is their NHS patient to a consultant for a private opinion, and they then write back with advice to prescribe / manage something that a GP would normally prescribe. In that scenario, it would not be appropriate to decline that request simply based on the fact that the recommendation has come from a private provider. If further clarification is required practices should contact NHS Resolution - Clinical Negligence Scheme for General Practice (CNSGP) and their indemnity provider.

PrescQIPP issued *Guidance for prescribers when patients access both NHS and private services*:
<https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2Fmedia%2F4197%2F238-guidance-for-nhs-and-private-services-20.pdf>

Where the recommendation from the private provider is out with what the treatment would be under the NHS, or where there are concerns about the governance and quality assurance, then this should be communicated to the requester and the patient.

The LMC has created templates that practices can use to communicate this with the private provider (appendix 1) and the patient (appendix 2) accordingly.

Appendix 1

LETTER TO THE PRIVATE PROVIDER

Dear <Recipient Name>

Re:

<Patient name>

<NHS number>

<Date of birth>

<Patient address>

<Patient contact details>

Thank you for your letter in relation to the above patient, and your request for us to engage in a shared care agreement with your service.

Please could you clarify if the service you are providing is an NHS service or a Private service?

NHS service

If it is an NHS service, please forward the locally agreed shared care protocol for us to consider.

Private service

If it is a private service, you will note that shared care with private providers is not recommended due to the general NHS constitution principle of keeping as clear a separation as possible between private and NHS care.

Shared care is currently set up as an NHS service, and entering a shared care arrangement may have implications around governance and quality assurance. A private patient seeking access to shared care should, therefore, have their care completely transferred to the NHS. The only exception when shared care may be appropriate is where private providers are providing commissioned NHS services and appropriate and agreed shared care arrangements are in place.

Guidance covering this has been published by:

- The British Medical Association <https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/general-practice-responsibility-in-responding-to-private-healthcare>
- NHS England <https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf>

I would, therefore, ask you to refer the patient to the local NHS specialist service in the first instance, and we can then consider taking on the shared care from that service at an appropriate point.

Yours sincerely

<Sender name>

On behalf of <Sender details>

Appendix 2

LETTER TO THE PATIENT

Dear

<Patient name>

<NHS number>

<Date of birth>

<Patient address>

<Patient contact details>

This letter is shared in response to the request for us to prescribe medication for your condition following a private consultation and assessment/treatment.

Whilst patients can switch between NHS and private care, unfortunately, ongoing treatment for patients under the share care element between private services and the NHS is out with the NHS constitution. The shared or continuation of care (prescribed medication) you have asked for requires ongoing specialist input. As GPs we are not able to prescribe the medication unless it is as part of an 'NHS shared care' arrangement. A shared care arrangement is where an NHS specialist agrees to oversee and support a GP with the prescribing of a medication that they would not be expected to prescribe or monitor on their own. This is underpinned with a robust governance structure. The treatment can be prescribed privately, and will be available directly from the provider that undertook your assessment or via an alternative self-funded route.

If you would like to explore whether you are eligible for the medication through NHS treatment, we can make a referral for NHS funded specialist services and, once you have been seen, they may ask us to prescribe medication in a shared care arrangement, which we can consider.

I hope you understand the difficulty of the situation and that treating you safely is our first priority.

Yours Sincerely