

Guidance for prescribers when patients access both NHS and private services

Requests to issue NHS prescriptions for medicines recommended after private consultations are increasingly being made. Prescribers are often unsure when it is appropriate to issue NHS prescriptions when these requests are made. Prescribers can issue private prescriptions to NHS patients for some groups of medicines. This bulletin provides advice on the appropriate issue of:

- NHS prescriptions after private consultation
- Private prescriptions to NHS patients

Recommendations

- Patients are permitted to re-enter the NHS pathway following any private consultation.
- Make sure there is good communication between prescribers and clinicians that undertake private consultations.
- Prescribers should seek advice from the clinicians providing a private service if they are uncertain about taking clinical responsibility for prescribing and monitoring. Additional training may be needed.
- Ensure reasons for not issuing an NHS prescription or switching to an alternative medicine are discussed with the patient and they understand the decision.
- The following items are not permitted to be prescribed on the NHS and therefore should not be prescribed, or only be prescribed via a private prescription:
 - » Blacklisted items
 - » Malaria prophylaxis
 - » Travel vaccinations that are not permitted on the NHS
 - » SLS items prescribed outside of their ACBS criteria
- Do not routinely issue an NHS prescription following a private consultation if the medicine is:
 - » Not included in the local NHS pathway
 - » Not included in the local drug formulary
 - » Only suitable for specialist/specialised prescribing
 - » Included further down the NHS treatment pathway after other alternatives which the patient is suitable for but has not tried
- Prescribers should be aware of groups of medicines that may be provided on a private prescription for NHS patients.
- Prescribers cannot issue private prescriptions to their registered NHS patients for items that are cheaper than an NHS prescription charge or for branded medicines where there is no clinical reason that a generic medicine cannot be prescribed.

Requests to issue NHS prescriptions after private consultations

NHS patients may choose to have a private consultation, either at their own expense or through their private medical insurance. This private consultation may result in the issue of a private prescription. The cost of the private prescription would need to be met by the individual or the medical insurance company. Often medical insurance policies do not cover the cost of medicines. To prevent the individual from having to pay privately for the prescription, the private consultant or patient may ask the healthcare professional to prescribe the medicine on an NHS prescription.

The Department of Health guidance on NHS patients who wish to pay for additional private care states that *“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”*. The guidance also establishes that, *“Where a patient opts to pay for private care, their entitlement to NHS services remains and may not be withdrawn”*. Patients may pay for additional private healthcare while continuing to receive care from the NHS.¹

The NHS Constitution for England mandates that patients have the right to drugs and treatments that have been recommended by the National Institute for Health and Care Excellence (NICE) for use in the NHS, if their doctor says they are clinically appropriate for them. Patients also have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. The local NHS needs to explain to patients any decisions not to fund a drug or treatment.²

Example	<ul style="list-style-type: none"> » Capsaicin patches are recommended by the private pain specialist. » The patient asks the GP for an NHS prescription for capsaicin patches. » Capsaicin patches are non-formulary and are not recommended for prescribing in the local NHS pain pathway. » This would need explaining to the patient.
----------------	---

The British Medical Association (BMA) ‘The doctor-patient relationship toolkit’ advises GPs that they would be required to provide an NHS prescription if requested by patients after they have undergone private tests or investigations provided that:

- The medication is something that GPs would normally be familiar with.
- The GP considers it to be clinically necessary.
- The GP has sufficient information to be able to prescribe safely.

However, GPs would not be required to provide an NHS prescription:

- For specialist drugs which the GP is not familiar
- For medications requiring specialist ongoing monitoring.
- If the GP considers that the medication is not clinically necessary.
- The medication is not funded within the NHS.³

Within private consultations the clinician is advised to:

- Avoid informing patients that their GP will prescribe the privately recommended medication.
- Recommend patients ask their GP if they are willing to prescribe, being sensitive to the objections the GP may have.
- Communicate directly with the GP themselves, as with NHS referrals.

Where appropriate, GPs are advised to:

- Seek further information or advice from the specialist clinician, or from another experienced colleague, if they are uncertain about their competence to take responsibility for the patient’s continuing care.

- Explain to the clinician from the private consultation and patient that they are not able to prescribe and make appropriate arrangements for the patient's continuing care based on the clinical recommendations. This could mean the private clinician continuing to prescribe for the patient on a private basis or the patient being moved to the local NHS treatment pathway and formulary choice.

Figure 1 outlines the factors which need to be considered when deciding whether to prescribe on the NHS after a private consultation.

Figure 1. Factors to be considered when deciding whether to prescribe on the NHS after a private consultation

The following factors should be considered before transferring a private consultation recommendation to an NHS 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, or do I need to obtain further information or up-skill?
- 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?

If the medicine is considered the next suitable treatment option for an NHS patient, i.e. the treatment pathway is being followed correctly, it is included in the local NHS drug formulary and is suitable for prescribing in primary care, the GP should consider prescribing. If it is considered a medicine to be only prescribed by a specialist on the local formulary, the patient needs to be referred into a local NHS specialist service or may need to be retained within the tertiary centre for specialised medicines. Figure 2 outlines some examples of when it would not be appropriate for an NHS prescription to be issued following a private consultation.

Figure 2. Examples of when is it not appropriate for privately recommended medicines to be prescribed on an NHS prescription

This includes when the medicine is:

- Not available on the NHS.
- Non-formulary and a local formulary choice would be suitable for the individual.
- Not included in the local NHS treatment pathway.
- A specialist drug which should only be prescribed by a specialist.
- Included further down the NHS treatment pathway after other alternatives which the patient is suitable for, but has not been tried.

When is it appropriate to switch to a local formulary choice?

Local medicine formulary choices are made considering safety, evidence, and affordability across the local healthcare system. They aim to cover most of the prescribing in the locality. When considering a request, after a private consultation, to prescribe a non-formulary medicine on an NHS prescription, use the same principles as if this was recommended by an NHS specialist. Any switch should be made on an individual basis and in discussion with the patient, explaining the reasons for the change.

Figure 3 outlines some points to consider before switching to a local formulary choice.

Figure 3. Points to consider before switching to a local medicine formulary choice

If the following points apply, then switching to a local formulary choice may be considered if:

- The formulary choice has not previously been tried.
- The formulary choice is not contra-indicated in the patient.
- The formulary choice was previously tried, had a good outcome and was well tolerated.
- The patient has no known allergy to the formulary choice.
- The patient can take the formulation, e.g. tablets.
- The patient has no known physical or learning disabilities which would be adversely affected by switching.
- The patient has received an explanation to make an informed decision and is agreeable to a switch to the formulary choice.

When can GPs issue private prescriptions to NHS patients?

GPs may provide private prescriptions to NHS patients for medicines that are not commissioned by the NHS. Figure 4 includes the groups of medicines which GPs can issue on private prescriptions for their NHS patients. GPs may not normally charge their registered patients for providing a private prescription, although a dispensing doctor may charge for dispensing the prescription. Doctors may only charge to write a private prescription for medicines:^{4,5}

- In anticipation of an illness or injury while outside the UK, and the treatment is not currently needed, e.g. antibiotics for travellers' diarrhoea, acetazolamide for altitude sickness (unlicensed use).^{5,6}
- For malaria prophylaxis, e.g. mefloquine, doxycycline, and Malarone®.^{5,6}

Figure 4. Medicines that GPs can issue on private prescriptions for their NHS patients

- Travel vaccines which are not available at NHS expense (see PrescQIPP Bulletin 316: Travel vaccines:⁷ <https://www.prescqipp.info/our-resources/bulletins/bulletin-316-travel-vaccines/>)
- Malaria prophylaxis, e.g. mefloquine, doxycycline, and Malarone®.⁵
- Medicines in anticipation of an illness or injury while outside the UK, and the treatment is not currently needed, e.g. antibiotics for travellers' diarrhoea, acetazolamide for altitude sickness (unlicensed use).^{4,5}
- Drugs where the indication is not included in the Selective List Scheme (SLS – Drugs, Medicines and Other Substances that may be ordered only in certain circumstances - Drug Tariff Part XVIII B).⁸
- Blacklisted products - These are included in the Drug Tariff Part XVIII A - Drugs, Medicines and Other Substances not to be ordered under a General Medical Services Contract.⁸

Further considerations

The General Practitioners Committee (GPC) of the BMA has obtained legal advice on two further issues where GPs may consider providing a private prescription and has advised the following:

- GPs may not issue private prescriptions for medicines which are available on the NHS but are cheaper than the prescription charge, to save the patient money. Where a GP is obliged to issue an FP10, the concurrent issue of a private prescription will be a breach of this obligation.⁵
- If a patient requests a brand but there is no clinical reason why the generic should not be prescribed, a GP may not issue a private prescription for the branded medicine as this would be a breach of the GMS contract regulation.⁵

References

1. Department of Health. Guidance on NHS patients who wish to pay for additional private care. 23 March 2009. Gateway reference number: 11512. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/404423/patients-add-priv-care.pdf
2. Department of Health and Social Care. NHS Constitution for England. Last updated March 2022. <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>
3. British Medical Association. The doctor-patient relationship toolkit. 26 April 2023. <https://www.bma.org.uk/advice-and-support/ethics/doctor-patient-relationship/doctor-patient-relationship>
4. National Health Service, England. The National Health Service (General Medical Services Contracts) Regulations 2004 Statutory Instruments No. 291. http://www.legislation.gov.uk/uksi/2004/291/pdfs/uksi_20040291_en.pdf
5. British Medical Association (BMA). Prescribing in general practice. April 2018. <https://www.bma.org.uk/media/1563/bma-prescribing-in-general-practice-april-2018.pdf>
6. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press. <http://www.medicinescomplete.com> Accessed on 30/11/23.
7. PrescQIPP Bulletin 316 - Travel vaccines. 2.0, December 2022. <https://www.prescqipp.info/our-resources/bulletins/bulletin-316-travel-vaccines/>
8. NHS Business Services Authority. Drug Tariff December 2023. <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff>

Additional PrescQIPP resources

Briefing	https://www.prescqipp.info/our-resources/bulletins/bulletin-238-prescribing-on-the-nhs-following-a-private-consultation/
Implementation tools	

Information originally compiled in July 2019, checked and updated by Jacqueline Clayton in December 2023 and reviewed by Katie Smith in December 2023. Non-subscriber publication December 2023.

Support with any queries or comments related to the content of this document is available through the PrescQIPP help centre <https://help.prescqipp.info>

This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP's quality assurance framework.

The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer). [Terms and conditions](#)