

Medicines Optimisation Position Statement

Position Statement	NHS prescribing following private consultation
Position Statement number	002 (2017)
Date approved by Clinical Executive:	5 th April 2017
Date of issue:	February 2017
Date of review:	February 2019 (Unless new published evidence becomes available before this date OR there is new published national guidance)

This statement is based on the Thames Valley Priorities Committee Commissioning Policy Statement 36 NHS prescribing following private consultation <http://www.fundingrequests.cscsu.nhs.uk/wp-content/uploads/2016/07/TVPC36-NHS-Prescribing-following-private-consultation-BE.pdf> and has been adopted by all contracted CCGs with commissioning arrangements with Frimley Health.

The CCG makes the following recommendation regarding NHS prescribing following private consultation;

- 1 The responsibility for prescribing rests with the doctor who has clinical responsibility for a particular aspect of the patient's care. Where, for instance, an NHS doctor refers a patient to a consultant for advice but, when appropriate, retains clinical responsibility, he/she should issue the necessary prescriptions and at NHS expense.
- 2 Prescribing at NHS expense may only be undertaken for NHS patients for NHS consultations.
- 3 People who opt to be referred privately (i.e. outside of the NHS arrangements) are expected to pay the full cost of any treatment they receive in relation to the care provided privately.
- 4 Any drugs prescribed or treatment provided by a clinician in the course of a private consultation should be at the patient's expense.
- 5 Following a private consultation, there is no obligation for the GP to prescribe the recommended treatment if it is contrary to local agreement or his/her normal clinical practice.
- 6 Patients may commence care privately, but then request that further treatment be provided within the NHS. In this case, the patient may be transferred to the

NHS and should be re-assessed for NHS treatment within the same regime of priorities applicable to NHS patients.

This statement will be reviewed in light of new evidence or further national guidance.

In light of the obligation for the NHS to meet national NHS priorities and the requirement for NHS organisations to manage within the resources available, the CCG gives the highest priority to those treatments that are known to be most cost effective at improving health and a lower priority to those treatments for which the cost is high and the evidence for health improvement is low.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.

References

This policy is in line with Commissioning Policy: Defining the boundaries between NHS and Private Healthcare April 2013. Reference: NHSCB/CP/12 <https://www.england.nhs.uk/wp-content/uploads/2013/04/cp-12.pdf> Accessed 10.2.16