The De Parys Group

Policy for private tests and medication

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Introduction

This policy is an addendum to the "Policy for not entering into Shared Care with Private Providers".

The practice policy remains that we will not enter into shared care agreements with private providers.

However, this policy addresses the requests from private providers for the GP practice to arrange tests or to issue medication following a private consultation.

Requests for tests following a private consultation

The GP practice will not execute a request for a test following a private consultation, where this is required, this needs to be completed privately.

The rationale for this is:

- The medico-legal responsibility for the test lies with the person that ordered it – the GP cannot simply order a test and pass on the results, they retain the medicolegal responsibility for the results and to act upon them
- The reasoning for the test may not fall within the usual line of investigations that would be conducted within the NHS
- The test itself may not be one that can be ordered within the NHS (some blood tests are specialist ordered only)

Potentially the GP may consider ordering the test, but the patient will need to reconsult with the GP. However they may determine that this is beyond their scope of practice, and that they will need to refer the patient to the relevant secondary care specialist.

This is unfortunately a frequent unexpected cost implication for patients that have 'gone private', and that they do not anticipate that the cost of tests will need to also be met privately or that they will now need to drop into the relevant NHS referral pathway.

While we cannot refuse, it is not considered to be 'fair' for patients to start a private consultation, request tests on the NHS, and then use those tests in a private consultation. However, for the GP to organise any tests, they will need to reconsult with the patient, and determine whether the tests are appropriate and within their competency to arrange (as outlined above).

We would also recognise that the patient may have a deadline for a test to be completed to meet a private appointment that has been scheduled. This does not either make the GP appointment urgent, or make any NHS tests more urgent, or change the priority that they would have ordinarily have had. Any appointments or tests have the priority it would normally have had, the perceived urgency created by an external appointment does not change the priority or urgency of the tests that the GP may agree to order. If the patient requires something within a different timeframe, they will need to obtain that privately or change the date of their private consultation.

Requests for medication following a private consultation

In line with the commonly accepted approach, medication will only be converted to be available as an NHS prescription once a letter from the private provider has been received. This letter must be from an appropriately accredited professional, with a clear management plan, and medication regime. The medication must be routinely available on the NHS, and within the prescribing competency of the GP.

If the patient has received a private prescription, this will not be converted to an NHS prescription. It is expected that the first private prescription will be filled and paid for privately. The practice will only prescribe a medication, and if appropriate add this to the repeat medication list, once the consultation letter has been received and processed.

While an exception to this could be envisaged in the unlikely situation where a patient had obtained 'just in case' medications privately, where these would be converted to an NHS prescription and a syringe driver drug chart produced (as otherwise the medical professionals attending at the patients home would not have the documentation that supported the administration of the medication). However, this is an unlikely situation, but one that the practice would respond to in a positive way to support the end of life care for the patient in a sensitive and supportive way.

Usual processing times for correspondence is in the region of 7-10 days (to scan / code / process), and as the patient will have received their first prescription privately, the practice should be under no pressure to prescribe this medication provided that the private consultation provider has sent their correspondence to the practice within a reasonable timeframe. Responsibility for the provision of this information lies with the private provider, or the patient.

There are some medications that may not fall under the prescribing competency of the GP, as a private specialist may be comfortable to prescribe a medication for a condition

that would be considered off-licence, or that is of such a specialist nature that it would only be prescribed in secondary or tertiary care, which the GP would not able to prescribe. In this situation, the patient would be advised that this could not be converted to NHS primary care prescribing.

If individual case advice is required, this will be referred to the Clinical Governance committee for decision.