

BRAMPTON MEDICAL PRACTICE

Brampton Medical Practice Policy

Seeing a Private GP or Consultant Information for Patients

Introduction

We understand that some patients will opt to have some or all of their treatment privately, and support your right to do so.

However, to prevent any misunderstanding we would like to take this opportunity to explain how the NHS and General Practice work alongside Private providers of care.

1. Patient referrals from a GP for private services

If you choose to seek private treatment you should contact the Consultant's team or your Private Health Care Provider or Insurer to organise an appointment.

Some consultants will only see patients that have a referral from a GP and this can be requested from the practice. Please do not make your appointment booking before receipt of your referral letter as all of our referral letters are actioned according to clinical urgency.

If the private provider requires medical information about you then you are able to share your medical records via the NHS app. This is the quickest option.

You can also make a subject access request (SAR) to obtain a free of charge printed summary but please note that this can take up to one calendar month to process. You can find out more information on our SAR Policy on our website.

If a private provider requests more information from the practice, this can be provided, following consent, and the cost of preparing the report will be charged to the private provider, or you.

2. What happens if I need a test or procedure?

If the private Consultant thinks that you need any tests - including blood tests - 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;
- Giving you your results and explaining what they mean. This may be via letter or a further face to face appointment.

NHS Guidance states:

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Patients may pay for additional private healthcare while continuing to receive care from the NHS.

However, in order to ensure that there is no risk of the NHS subsidising private care:

- It should always be clear whether an individual procedure or treatment is privately funded or NHS funded.
- Private and NHS care should be kept as clearly separate as possible
- The patient should bear the full costs of any private services. NHS resources should never be used to subsidise the use of private care.
- The arrangements put in place to deliver additional private care should be designed to ensure as clear a separation as possible of funding, legal status, liability and accountability between NHS care and any private care that a patient receives.

Please do not contact the practice to discuss the results of tests organised by other doctors. It is the private 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.

3. Imaging Requests eg MRI, X-Ray

It is a clinical requirement that any provider who undertakes imaging for a patient must also have the ability and resource to provide a clinical report on the results.

The practice is not able to interpret or in any other way discuss the results of imaging requests taken by private providers.

If, following imaging being taken you wish to transfer to NHS care then the procedure in section 6 must be followed.

4. 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 for a minimum of 7 days of any new medicine that you need to start taking straight away.

This applies equally to private and Hospital consultants.

Please note if you take a private prescription to any NHS Pharmacy you will have to

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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.

Prior to this, a full clinic letter from the consultant is required, outlining 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. This is known as shared care and is outlined in section 5 below.

Please allow at least 14 days to allow this letter to arrive before contacting your GP.

5. Brampton Medical Practice Prescribing Policy

Our GPs believe that providing the best quality care to our patients is our top priority. When a prescription is necessary our main considerations are effectiveness and safety.

In order to prioritise patient safety and the best value to the NHS, we are required to prescribe from an approved list of medications called a Formulary. This is a list of medicines identified according to whether they can be safely prescribed by GPs, whether they have to be started and monitored by a hospital doctor or whether they are not recommended as safe or effective treatments.

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.
- 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 prescribed under what is known as a Shared Care Agreement.
- A Shared Care Agreement outlines the medication and the monitoring required to ensure patient safety. Without such a Shared Care Agreement in place with a provider of care we are unable to safely prescribe. This includes but is not limited to, what are known as Disease Modifying Drugs,

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IVF associated medications and those to treat ADHD. In these situations a Shared Care Agreement must be in place before the practice is able to undertake your prescribing.

If we are unable to issue a NHS prescription you can still obtain the medication recommended via a private prescription from the consultant you have seen but we would strongly recommend that you investigate the cost of this and any monitoring that you will need before proceeding.

6. What happens if I want to transfer my care back to the NHS?

If, after seeing the Consultant privately, you want to be back under NHS GP care national regulations allow for you to transfer back.

This transfer needs to be done by the private Consultant who is overseeing your care and we would request that your consultant writes directly to the practice to request this.

Private providers may also make direct referrals back to NHS hospital consultant services without referral back to the GP provided you would be eligible for NHS referral.

This process is covered in NHS guidance for consultant to consultant referrals which apply to NHS and private providers.

7. Private Prescriptions

GPs may write private prescriptions for patients for drugs not available through the Drug Tariff.

However, GPs may not normally charge their registered patients for providing such a prescription, although a dispensing doctor may charge for dispensing the prescription.

The only occasions when a doctor may charge for a private prescription are:

1. For drugs which are being issued solely in anticipation of the onset of an ailment whilst outside the UK, but for which the patient does not require treatment when the medicine is prescribed.
2. For drugs issued for the prevention of malaria.

8. Private Travel Vaccines

The following vaccinations are available free of charge from the NHS

Cholera	A course of immunisation is to be offered to persons travelling—
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	<p>i. to an area where they may risk exposure to infections as a consequence of being in that area; or</p> <p>ii. (ii) to the country where it is a condition of entry to that country that persons have been immunised</p>
Hepatitis A	<p>A course of immunisation is to be offered to persons travelling to areas where the degree of exposure to infections is believed to be high</p> <p>Persons who may be at a higher risk of infection include those who—</p> <p>i. intend to reside in an area for at least three months and may be exposed to Hepatitis A during that period; or</p> <p>ii. (if exposed to Hepatitis A, may be less resistant to infection because of a pre-existing disease or condition or who are at risk of developing medical complications from exposure</p>
Poliomyelitis (or Polio)	<p>A course of immunisation (using an age appropriate combine vaccine) is to be offered to persons travelling—</p> <p>i. to an area where they may risk exposure to infection as a consequence of being in that area; or</p> <p>ii. to a country where it is a condition of entry to that country that persons have been immunised</p>
Typhoid	<p>A course of typhoid vaccine is to be offered to persons travelling—</p>

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i. to an area where they may risk exposure to infection as a consequence of being in that area;
or

ii. to a country where it is a condition of entry to that country that persons have been immunised.

Any other travel related vaccinations will incur a charge.

A private prescription will incur a charge of £20. This can be taken to any Pharmacy.

Alternatively if we are able to supply from practice stock this will be charged at the cost of the medication plus an administration fee.