# CRONDALL NEW SURGERY STATEMENT
## Policy on Prescriptions from **Private Doctors**

We are aware that given current NHS wait times, some of our patients opt to see a private doctor, this statement clarifies our position on prescriptions.

If you are seen privately by a doctor for a single episode of care, then any short-term medication required should be paid for by the patient as part of that package of care, e.g. if a patient has a private hip replacement- painkillers, blood thinners and antibiotics required as a result of the operation should be prescribed by the private provider.

A private consultation may identify a long-term condition which needs medication. If you ask us to take over prescribing of a medication recommended by a private doctor, we will need to be satisfied that prescribing is appropriate, responsible and what we would prescribe for other NHS patients with the same diagnosis. Whenever we prescribe medicine for you we are taking full responsibility for your care, even if the medicine is recommended for you by another doctor.

Therefore we will not prescribe medication in the following circumstances:

- We have not received adequate communication from the private doctor to explain the reasons you need the medicine and that they have discussed the safety of the medication.
- The medication is not prescribable on the NHS (blacklisted) (e.g. liothyronine)
- The medication is only suitable for specialist-only prescribing and we do not have the specialist expertise to safely monitor the medication. (e.g. methylphenidate, lisdexamfetamine- ADHD medications, amiodarone- specialist cardiac medication, isotretinoin- acne treatment, lithium- mood stabiliser, goserelin- when used as a puberty blocker, immunosuppressants and chemotherapy)
- The use of the medication is not compatible with national or local prescribing guidelines. Our local formulary can be viewed at http://www.frimleyhealthformulary.nhs.uk/
- The medication is not licenced in the UK or is being used for a purpose not included in its UK licence (e.g. spironolactone for acne)
- We do not believe the medication is appropriate or necessary for you.
- You are seen by a private doctor without a GP referral . (i.e we cannot be sure that the doctor is fully aware of your medical history)

Please note that the same rules apply for other NHS doctors (e.g hospital specialists) asking GPs to take over prescribing of a medication.

The above are essential safeguards for us as doctors and prescribers. The General Medical Council advises us in “Duties of a Doctor” to prescribe in the best interest of the patient and only within our level of competence.

It is important that patients consider all potential costs when accessing a private consultant and this includes medication costs. If the medication applies to one of the above categories, you should speak to your private doctor to decide what to do next. You retain the option of a private prescription through your private doctor. Or, we would be happy to facilitate a referral to an NHS specialist if your medication is specialist-only.

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Further information is available from:

British Medical Association Ethics Committee May 2009: The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland
http://bma.org.uk/practical-support-at-work

Department of Health March 2009: Guidance on NHS patients who wish to pay for additional private care.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/404423/patients-add-priv-care.pdf

General Medical Council April 2021: Good practice in prescribing and managing medicines and devices

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices

Practice policy on ADHD medication prescribing

All ADHD medication should be issued under a shared care agreement, which states clearly the responsibilities of the specialist, the primary care team and the patient. The NHS clinics usually issue these when the patient is stable and we usually agree to take over prescribing. The patient remains under the care of the NHS clinic and is reviewed at least annually or more often in the case of children. Monitoring of height, weight, BP, pulse and appetite is required on a regular basis (6 monthly for children, and at least annually for adults).

An increasing number of adults and parents of children are seeking diagnosis of ADHD in the private sector, and subsequently looking for the practice to take over prescribing of the medication on the NHS. In these cases there is often no robust follow up plan, and no adequate shared care documentation. Requests to take over prescribing have been received after one issue of medication, which is inadequate to ensure stability, efficacy and tolerance of the medication.

The practice will not accept transfer of prescribing to the NHS for any ADHD medication where the patient has only been seen by a private provider. In order for the GPs in the practice to prescribe, the patient must have been seen by an NHS secondary care ADHD clinic, AND an appropriate shared care agreement must have been signed.

Both adult and child ADHD services now have 2 tracks for referral, one for assessment and new diagnosis, and one for review of existing diagnoses, in order to consider and advising on prescribing. The second track should be quicker.

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