

## **Policy for the Management of Prescriptions/Medication Requests Following Assessment by Private Medical Providers**

**Dr Kathryn Garnham, April 2025**

Patients registered at GCS may obtain prescriptions from private (non-NHS) services. These services include online pharmacies, private companies assessing and managing conditions such as ADHD, and secondary care specialists working privately.

This policy is designed to support staff at GCS to navigate the interface between NHS and privately funded medication requests.

### **Requests by private clinicians for GCS to issue medication**

Sometimes requests are received for GCS to issue prescriptions following a patient having had a consultation with a private specialist. It should be noted that patients who are choosing to see a private specialist should do so on the expectation that all recommended treatments will be paid for by the patient privately. Furthermore, BMA guidance states that the private clinician who is consulting with the patient should issue all prescriptions that they deem necessary, rather than passing this work load to primary care.

If the suggested medication is listed as 'green' on the formulary (suitable for prescribing in primary care) and the GP feels competent to prescribe the medication, then the GP may choose to prescribe the medication for the patient on the NHS. This may be reasonable, for example, if the private specialist is intending to discharge the patient but has made a recommendation for an ongoing repeat medication for the patient to continue.

However, if the suggested medication is not listed as 'green' on the formulary, or if it is a medication that the GP would not feel competent to prescribe for an NHS patient, or if the GP does not believe that it is an appropriate/suitable medication for the patient, then the GP should not prescribe it.

### **Recording private prescriptions on the patient's medical record**

If correspondence from a private service confirms that a patient is to receive a regular/repeat medication then this medication should be added by the dispensary team to the patient's medication list as an 'other' or 'hospital' medication. It is encouraged to write '*Prescribed by private service, do not issue*' when adding the medication as an 'other' or 'hospital' medication, so that GCS staff know not to issue this medication. By adding the private prescription to the patient's medication list it enables clinicians to see what private medications the patient is taking, which is important when considering potential medication side effects, or potential interactions with NHS prescribed medication.

Medications which should be added in this way include (but is not limited to):

- private ADHD medications
- private weight-loss medications
- private cannabis-based medications

One-off/acute prescriptions which are not going to be issued regularly, such as antibiotics and travel vaccinations or medications to delay menstruation, do not need to be added to the patient's medication list.

### **Shared care with private providers**

GCS will not undertake shared care prescribing with private providers, such as private ADHD assessment services. This is to protect our clinicians from the difficult situation whereby patients may cease attending appointments with the private provider and we are left being asked to prescribe a specialist medication without the necessary specialist reviews and without appropriate sources of guidance and support if issues arise with the prescription, which would raise potential patient safety issues.

### **Shared Care with NHS services outsourced to the private sector, such as Right-to-Choose ADHD assessments**

If the patient has been assessed under an NHS right-to-choose pathway and a recommendation has been made for ADHD medication, then the right-to-choose provider should issue the prescriptions for the first three months as a minimum, or until the patient has been on a stable dose of medication for one month.

The right-to-choose provider should provide GCS with a shared care policy detailing the reviews that are required in primary care (typically BP/weight/BP measurements 6 monthly, in between reviews by the right-to-choose provider) and steps that should be taken by the GP in the event of abnormal monitoring results. GCS retains the right to decline shared care with right-to-choose providers if we have specific concerns about the suitability of the medication for the patient (as with NHS-shared care, it is optional and we cannot be compelled to agree to it if we do not feel that it is suitable for the patient.)

GCS will only continue to prescribe under shared care for as long as the patient remains under the care of the right-to-choose provider. The patient must continue their reviews with the right-to-choose provider as detailed in the shared care policy (typically these reviews are undertaken annually once the patient is stable.) If the patient stops attending these reviews, or if the patient is discharged by the right-to-choose provider for any other reason, then the prescriptions provided by GCS will cease.

### **Private Weight-Loss Medication**

For patients who are being prescribed medication for weight loss privately, the private service is responsible for all decisions relating to the suitability/safety of the medication for that patient. GCS does not need to provide any opinion on the suitability of the patient even if this is requested by the private service. The patient should be encouraged to share their online medical record with the private provider, or obtain a summary print out detailing their medical problems and current NHS prescribed medication and share this with the private provider.