

Patients presenting at an NHS GP practice following a private episode of care: summary of prescribing guidance

- 1) Following a private episode of care, issuing an NHS prescription **MAY** be appropriate **ONLY** if (ALL MUST APPLY):

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| A | The NHS prescriber agrees with the advice. | |
| B | Prescribing the medicine is within the prescribers competence. | |
| C | The private provider is CQC registered. | |
| D | The prescriber is satisfied of the professional credentials of the private clinician. | |
| E | The medicine to be prescribed is available from the NHS (i.e. not classified 'DNP' in Lancashire and South Cumbria) AND is commissioned by the ICB. If unsure access the LSC formulary via: https://www.lancashireandsouthcumbriaformulary.nhs.uk/docs/ | |
| F | The medicine is prescribed within and monitoring is completed according to recognised national guidance, e.g. NICE or local prescribing pathways. | |
| G | The private episode of care has been completed (the patient has been discharged from the care of the private clinician). | |

- 2) If a medicine is not suitable for primary prescribing by the NHS following a private episode of care, the NHS prescriber should:

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| A | Inform the patient as soon as practicably possible. | |
| B | Obtain a full communication from the private consultant and complete a referral to an appropriate NHS specialist for the patient to receive appropriate NHS care. | |

If the patient is referred on to an NHS specialist the patient will be subject to the same waiting times as other NHS patients. Patients have the option to switch from private care to NHS care at any time during their treatment but accessing private care should confer no advantage over other NHS patients.

- 3) **SHARED CARE:** Following a private episode of care, the private prescriber has requested to enter into a shared care agreement with the NHS prescriber:

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| A | The decision of whether to consider a shared care agreement lies with the NHS prescriber. There is no obligation for NHS prescribers to enter into such an agreement. | |
| B | The NHS prescriber will have full medicolegal responsibility for prescribing any item commenced by a private prescriber. | |

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| | Private and NHS healthcare must be delivered as separate episodes of care to comply with Department of Health guidance and the NHS constitution. | |
| C | All points listed in section 1) and 2) above must also apply | |

The British Medical Association **does not recommend** Shared Care between NHS and private providers due to the general NHS constitution principle of keeping as clear a separation as possible between private and NHS care.

For further guidance, NHS prescribers should consult the advice of the Regional Drug and Therapeutic Centre and the All Wales Medicines Strategy Group guide to prescribing dilemmas.

4) Private Prescriptions for NHS Patients

NHS prescribers may not issue private prescriptions alongside or as an alternative to NHS prescriptions. However, GPs may write private prescriptions for the following:

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| A | Blacklisted items found in part XVIII A of the NHS Drug Tariff. | |
| B | Malaria prophylaxis. | |
| C | Travel vaccinations that are not covered by NHS public health policy. | |
| D | SLS items prescribed outside of their specified criteria as defined by General Medical Services Contracts Regulations 2004. | |

Important, please note:

1. For this guidance, a private prescriber is defined as a prescriber who has issued a private prescription where **charges are to be met in full by the patient** rather than by the NHS.
2. This guidance is not intended to affect the care of patients whose GP has already entered into an agreement with a private prescriber and are stable.

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