**BMA Guidelines for Responding to Private Healthcare**

1. Organising tests requested by a private provider.
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**Organising tests requested by a private provider**

If general practices receive requests from private providers to arrange tests or investigations, it is important to note that complying with such requests - regardless of the GP’s management and treatment of the patient - is outside the scope of NHS primary medical services.

The [NHS GMS Regulations](https://www.legislation.gov.uk/uksi/2015/1862/regulation/17) define essential services as services which are delivered in the manner determined by the GP in discussion with the patient. Therefore, a GP provider should only carry out investigations and prescribe medication for a patient where it is necessary for the GP’s care of the patient and the GP is the responsible doctor.

If the GP considers the proposed investigations to be clinically appropriate, is competent to both interpret them and manage the care of the patient accordingly, then the GP may proceed with arranging the tests or investigations.

However, if the GP does not have the knowledge or capacity to undertake these actions, they should decline to organise the investigation and advise the patient and the provider that the services do not fall within NHS primary medical services and to make alternative arrangements.

Patients are of course entitled to access their medical records, so GPs can provide access to the results of any such investigations for the patient to take back to the private provider.

**NHS guidance states:**

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

**Prescribing medication requested by a private provider**

[GMC Good Medical Practice](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-1---knowledge-skills-and-performance#apply-knowledge-and-experience-to-practice) states that doctors in the NHS and private sector should "prescribe drugs or treatment, including repeat prescriptions, only when they have adequate knowledge of the patient’s health and are satisfied that the drugs or treatment serve the patient’s needs."

If requested by a private consultant to initiate or continue prescribing medications, and if the GP agrees with this advice, then this could be appropriate. However, if the GP does not feel competent to prescribe the requested medication, or they do not know if the medication best serves the patient’s need, the GP should inform the private provider that the prescriptions should be provided by a specialist.

It should also be remembered that [NHS guidance](https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf) states that

"where a patient has an immediate clinical need for medication as a result of attending an outpatient clinic, the secondary care provider must supply medication sufficient to last at least until the point at which the outpatient clinic’s letter can reasonably be expected to have reached the patient’s GP, and when the GP can therefore accept responsibility for subsequent prescribing. Consideration should be given to providing a minimum of 7 days’ supply to allow patients sufficient time to contact staff at their general practice."

This applies equally to private and NHS providers.

**"Shared care" with private providers**

Sometimes the care of a patient is shared between two doctors, usually a GP and a specialist, and there is a formalised written ‘shared care agreement’ setting out the position of each, to which both parties have willingly agreed. Where these arrangements are in place, GP providers can arrange the prescriptions and appropriate investigations, and the results are fully dealt with by clinicians with the necessary competence under the shared care arrangement. There is [NHS guidance](https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf) available about this.

Most shared care arrangements are commissioned by NHS commissioners and may not be funded for patients seeking private treatment. If this is not funded by local commissioners, the prescriptions and investigations should remain the responsibility of the private provider.

All shared care arrangements are voluntary, so even where agreements are in place, practices can decline shared care requests on clinical and capacity grounds. The responsibility for the patient’s care and ongoing prescribing then remains the responsibility of the private provider.

**Caring for patients who have had private treatment abroad**

Patients can transfer their care from private to NHS as per the [NHS Constitution](https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england). Thus, if a patient would normally receive follow up in general practice following specialist treatment, they should receive this if they transfer from private care, whether in the UK or not.

However, if follow up is of a specialist nature, or not within normal general practice remit, the patient should be referred to the appropriate service in the UK for this follow up.

If an appropriate service is not available, or rejects the referral, this should be directed to the local commissioner whose responsibility it is to commission the service.

**Private providers making onward referrals to NHS provider**

Private providers can make referrals to NHS services, without referral back to the GP, provided the patient would be eligible for NHS referral. Any patients referred should be treated based on clinical need. Read[NHS England guidance](https://www.aomrc.org.uk/reports-guidance/general-practice-and-secondary-care-working-better-together/) around consultant-to-consultant referrals within the NHS.