

Private Requests and Services

Shared Care and Private Prescribing

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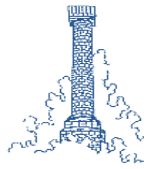
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1. Introduction

Patients may receive assessment, diagnosis or treatment from providers outside the practice, including private providers and services commissioned by the NHS. This can lead to requests for the practice to prescribe medication, convert a private prescription to an NHS prescription, or enter into a shared care arrangement. This policy explains how Jessop Medical Practice will manage these requests and when prescribing responsibility will, and will not, be accepted.

This policy outlines the approach taken by Jessop Medical Practice in relation to private requests and services. It aims to ensure that requests are managed fairly, consistently, transparently, and in accordance with relevant NHS guidance, General Medical Council (GMC) standards, and contractual obligations. The policy also provides clarity for patients and staff regarding which services are covered by the NHS and which services are considered private work.



2. Shared Care and Private Prescribing

This section sets out the practice's approach when another provider recommends or initiates medication and asks the practice to prescribe or enter into shared care. It explains the different position for private care and NHS-commissioned care, including Right to Choose services, and how requests to transfer prescribing responsibility will be managed.

The policy aims to ensure that prescribing decisions are safe, evidence-based, within clinical competence, compliant with GMC guidance, and aligned with local NHS commissioning and shared care arrangements. Shared care is a voluntary arrangement that requires the agreement of all parties involved and cannot be imposed on a GP practice.

The General Medical Council (GMC) states that prescribers must be satisfied that any medication prescribed is clinically appropriate, safe, supported by adequate information, and within their competence to prescribe. Shared care arrangements should only proceed where there are clear agreements regarding clinical responsibilities, monitoring requirements, communication pathways, and specialist follow-up.

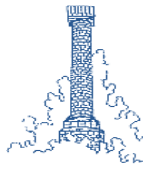
In line with Derbyshire Medicines Management shared care guidance, NHS and private care should remain separate. The practice will not enter into shared care with a private provider or take over medication initiated or recommended as part of private care. A different position applies only where care is delivered through a formally NHS-commissioned pathway, including a Right to Choose service, and the relevant commissioning arrangements expressly support transfer of prescribing or shared care.

Practice Position

Private care: The practice will not accept shared care or take over prescribing for medication initiated or recommended by a private provider. The private provider remains responsible for prescribing, monitoring, specialist review and advice.

NHS and NHS-commissioned care: Shared care may only be considered where the specialist service is operating within an appropriate NHS-commissioned pathway, the proposed arrangement is supported by local commissioning arrangements and an applicable Derbyshire shared care guideline, and the individual prescribing clinician agrees that it is safe and within their competence. Right to Choose status does not by itself require the practice to accept prescribing responsibility.

- The service is NHS-funded or formally NHS-commissioned for the patient's care.
- An applicable Derbyshire shared care guideline or other expressly agreed local commissioning arrangement supports the proposed transfer.
- The initiating specialist has completed the required assessment, initiation and dose stabilisation.
- The specialist retains responsibility for ongoing specialist review, advice and timely reassessment.
- Responsibilities for prescribing, monitoring, adverse effects and treatment changes are clearly documented.



- The individual practice prescriber is satisfied that prescribing is clinically appropriate, adequately supported and within their competence.

Shared care remains voluntary and requires agreement from both the specialist service and the individual GP prescriber. A diagnosis, specialist letter, treatment recommendation, private assessment or prescription does not transfer responsibility to the practice.

Requirements for NHS Shared Care Consideration

Where the above NHS commissioning and Derbyshire shared care requirements are met, the following clinical and operational conditions must also be satisfied before an individual prescriber can consider accepting responsibility:

- Treatment has been initiated and any required titration has been completed by the specialist.
- The patient is established on a stable treatment regimen.
- A complete shared care request identifies the applicable Derbyshire guideline and the responsibilities of each clinician.
- Monitoring requirements and action thresholds are clearly defined.
- The specialist service remains available for ongoing review and advice about adverse effects, deterioration and treatment changes.
- The service can respond promptly to queries and accept re-referral or transfer prescribing back when clinically required.

Assessment-Only and Diagnosis-Only Services

The practice will not accept prescribing responsibility solely on the basis of a diagnosis or recommendation from an assessment-only or diagnosis-only service. Where that service is private, the practice's position on private prescribing applies and the private provider remains responsible for arranging any treatment.

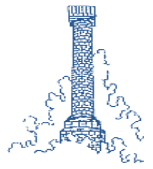
A diagnostic report without treatment initiation, titration, monitoring and ongoing specialist care does not constitute shared care. If the patient wishes to seek treatment through the NHS, they must use the appropriate NHS referral and assessment pathway. Patients should be advised that:

- A diagnosis alone does not automatically provide access to NHS prescribing.
- Alternative treatment providers may not accept an existing private diagnosis.
- Further specialist assessment or reassessment may be required before treatment can commence.
- Additional waiting periods may occur where reassessment is necessary.

Examples may include some private ADHD assessments, private autism assessments, or other services that provide diagnosis without ongoing clinical management.

Private Prescriptions and Requests for NHS Conversion

The practice will not take over prescribing for medication initiated or recommended by a private provider and will not convert a private prescription to an NHS prescription. Patients



who choose private treatment should expect the private provider to remain responsible for prescribing and associated monitoring.

A private recommendation, diagnosis or prescription does not transfer prescribing responsibility to the practice. If a patient wishes to transfer their treatment to the NHS, this must be through the appropriate NHS referral and assessment pathway. The patient will be subject to the same clinical criteria and waiting times as any other NHS patient, and prescribing will remain the responsibility of the private provider unless and until an appropriate NHS clinician has reviewed the patient and accepted responsibility.

The practice may only prescribe following transfer into an appropriate NHS service where prescribing responsibility has been formally accepted in accordance with NHS commissioning arrangements, local formulary guidance and any applicable Derbyshire shared care agreement. This is not a conversion of a private prescription and should not be assumed or expected.

Reference Documents and Resources

- General Medical Council – Shared Care
<https://www.gmc-uk.org/professional-standards/the-professional-standards/good-practice-in-prescribing-and-managing-medicines-and-devices/shared-care>
- Derbyshire Medicines Management – Shared Care Guidelines:
www.derbyshiremedicinesmanagement.org.uk/medicines-management/clinical-guidelines/shared_care_guidelines