

Medicines Management Team Advisory Summary

Introduction

- If a patient elects to have an “Episode of Care” outside the NHS, the entire care for that condition remains private
- If the patient does not wish to continue with the NHS offered service they can opt out and obtain that part of their care via the private route but they cannot apply for “top up”.
- Any private additions to NHS care will be allowed only when they can be delivered at a separate time and place.
- It is important to clarify at the outset that any procedure or medication recommended as part of that treatment may also need to be funded privately.
- DH guidance establishes that, where a patient opts to pay for private care, their entitlement to NHS services remains and may not be withdrawn.

Safeguards

To help protect the essential principles of the NHS, the following specific safeguards should also be applied when making decisions

- Patients who pay for private care should not be put at any advantage or disadvantage in relation to the NHS care they receive. They are entitled to NHS services on exactly the same basis of clinical need as any other patient.
- 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.
- As is the case already, any NHS Trust, NHS Foundation Trust or individual doctor who does not wish to carry out any element of private practice is not compelled to do so.

General Guidance

- The NHS should not subsidise the private element of care
- The patient should pay for any additional costs associated with the private element of care, such as additional treatment needed for the management of side effects
- Any care which would normally have been provided in the course of good NHS practice should continue to be offered free of charge on the NHS.
- Following a private consultation, there is no obligation for the GP to provide the recommended treatment/procedure/service if the GP does not feel clinically competent to do this and it is contrary to his/her normal clinical practice
- If a private consultant recommends a treatment that is “not normally funded” by Wiltshire CCG, a clinician may submit an Individual Funding Request on the patient’s behalf. Funding may be approved if the individual clinical circumstances provide grounds for making an exception.
- The fact that a patient can demonstrate they have benefited from the private treatment does not necessarily provide grounds for continuing the treatment in the NHS as an exception

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- Where the same diagnostic, monitoring or other procedure is needed for both the NHS element of care and the private element, the NHS should provide this free of charge as part of the patient's NHS entitlement and share the results with the private provider if necessary. Patients should not be unnecessarily subjected to two sets of tests or interventions
- The private provider should normally deal with non-emergency complications resulting from the private element of care
- The NHS should never refuse to treat patients simply because the cause of the complication is unclear
- The NHS will continue to treat any patient in an emergency

Prescribing Guidance

- The responsibility for prescribing rests with the doctor who has clinical responsibility for a particular aspect of the patient's care
- Further/ongoing treatment with a drug, recommended by a private consultant, that is normally available on the NHS in Wiltshire can be prescribed by a GP on an NHS prescription as long as:
 - The GP considers it necessary
 - The drug is listed on the approved local Formulary
 - The drug is normally funded in primary care for that condition
- When an NHS GP refers a patient (privately or not) to a consultant for advice but retains clinical responsibility, then the GP should prescribe at NHS expense
- When the consultant retains clinical responsibility, for example, when he/she continues to administer any treatment or the treatment is recognised to be specialist in nature (e.g. Red Drugs/Unlicensed), he/she should issue the prescriptions

References

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