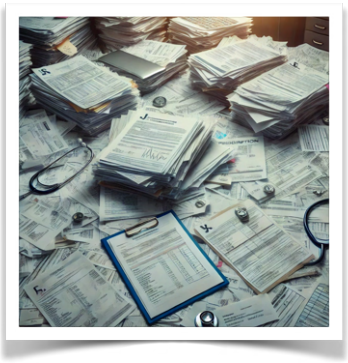
LOTHIAN | LMC

Private Providers



One of the most common questions to the LMC office over recent months has been about the interface between private providers and General Practice. As waits for NHS secondary care services have grown to unacceptable levels patients are increasingly looking to the private sector to fill the void.

While timely access to specialist care can reduce our workload merging NHS and private care can be complicated, risky, and time consuming. This is further complicated by the small number of private providers whose practice and processes place unreasonable demands upon GP.

Changing Landscape

Our current approach to the private sector emerged in an era dominated by large corporate providers, often using NHS consultants and operating with robust governance and following evidence-based practice. Referrals to these services posed little concern over quality or safety, and working together often followed similar principles to normal NHS work.

While those entities remain, there has been exponential growth in condition or medication specific providers offering low-cost services. It can be very difficult to judge the quality and safety of these services and this adds a layer of complexity with which we are unfamiliar and ill-equipped. While there are many examples of good care in the Private sector our experience to date has highlighted a number of examples of poor practice and the potential for patient harm.

LMC view

This document doesn't set out a single definitive answer but aims to describe a reasonable approach practices may wish to consider in handling these requests. We would strongly encourage practices to read the detailed BMA guidance. upon which much of this is based. It is important to be aware that this is produced by BMA England so not everything is applicable here.

INFORMATION SHARING:

- GMC good medical practice highlights the need to share information about patients with others involved in their care. GMC Good Medical practice - Point 65a
- The sharing of information with private providers should be done with patient consent. Confidentiality: good practice in handling patient information
- The BMA suggest patients submit a subject access request in order to obtain their medical record to fulfil private provider information requests. This can be a considerable burden for practices as it cannot be charged for. A compromise would be to offer to provide a free patient summary to the patient for them to share with the private provider. This is included in the template letters on our website. More detailed reports seeking an opinion can be charged for.

LMC view continued

DOCUMENTATION:

- It is good practice to record medications you acknowledge as being given elsewhere using the 'out of practice' option. This can facilitate the checking of potential future interactions.
- The LMC website has template letters you can use to decline private providers requests and communicate this to patients.
- Due to the increasing frequency of patients accessing private prescriptions it is important principle to always check with the patient about any additional medications they are taking. GMC Good Medical practice - Point 39

SHARED CARE OF MEDICATIONS:

- Shared care agreements are a helpful solution to deliver complicated aspects of medical care in a convenient community setting. **They are however not mandatory and not expected**.
- The NHS has robust processes to undertake SCA safely but the same cannot be assumed to be the case with each and every private provider.
- Many practices are following the BMA advice and rejecting all private SCA requests. Some do enter into these agreements. Both positions can be justified but it is important to be clear and consistent in your approach as this is an area which has resulted in many complaints.
- Our suggestion is to focus on consistency in the decision making process rather than the outcome. A flat no to all private provider SCA requests is appealing and straightforward but could be viewed as arbitrary or challenged as potentially unfair.
- We encourage practices to think through what would be required in order to safely enter into a shared care agreement with any specialist. **If the answer to any of the following is no it would be appropriate to decline** to enter into a shared care agreement.

1. **Do you have sufficient knowledge and expertise in the prescription of the medication in question?**
2. **Is there a clinical need and would the drug be normally supplied on the NHS?**
3. **Is it a NHS Lothian SCA that is being proposed for use ?**
4. **Will the specialist (and patient) provide (and fund) follow up throughout the duration of the treatment?**
5. **Are you satisfied that the private provider has the qualifications, experience, knowledge and skills to make the assessment and subsequent management plan?**
6. **Do you have capacity in your practice to undertake the SCA?**

- **In practice it is unlikely many, if any, requests will satisfy all these requirements.**
- If the answer to all the above was 'Yes' then you could consider entering into a SCA but it is important to remember that the risk ultimately rests the GP as the prescriber.
- Practice circumstances and capacity can change over time so the outcome of SCA decisions is not fixed.

LMC view continued

ORGANISING TESTS:

- Requests from private providers to arrange tests or investigations is outside the scope of NHS primary medical services. BMA guidance. A GP provider should only carry out investigations 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. If not 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. BMA guidance.

ONWARD NHS REFERRALS:

- **Refer back to the NHS** if requested. Patients have a right to have their care transferred back to the NHS at any point of their private healthcare journey. If unwilling to engage in an SCA, and if the patient requests, you can refer them to the local NHS service who will triage such requests in the normal manner.
- Private providers can in theory make referrals to NHS services, without referral back to the GP, provided the patient would be eligible for NHS referral. *This is currently difficult/impossible in Scotland due to our referral system.*

Raising concerns

Over recent months we have received numerous emails from practices highlighting significant patient safety concerns around private prescribers. Our advice to all practices has been to raise concerns with the provider/service in the first instance (if appropriate) and if the response is inadequate to escalate concerns.

As something most of us will seldom encounter it is useful to seek advice on how best to proceed. Miss Tracey Gillies (Exec Medical Director) as the Responsible Officer for Lothian and Dr Jeremy Chowings as Deputy Medical Director are both excellent sources of advice and support in these circumstances. It would be advisable to discuss with them if concerns are approaching the level where regulator involvement is being considered.

The GMC has helpful advice about raising formal concerns.

HIS regulates private services in Scotland. The CQC is also available for private providers based elsewhere in the UK. Both can be contacted to raise and discuss potential concerns.

The GDC is also available for concerns about Dental practitioners. Practices need to raise these concerns themselves but we are happy to provide advice if needed.

If you have any queries or thoughts about this issue or the guidance document please don't hesitate to get in touch with us at the LMC office. loth.lmc@nhs.scot