

**Private Interface email from Iain Morrison to Lothian GPs, 24 March 2022**

*(with additional BMA attachment "Private Provider Requests for Investigations under the NHS")*

To All GPs in Lothian via PMs, LASGP and LUCS,

Dear All,

The interface between NHS contracted General Practice and private providers is often a source of confusion and frustration. It requires a case-by-case review and parallels drawn to existing practice within NHS services.

A patient who starts their care under a private provider is entitled to end that relationship and return to NHS services at any point of their choosing.

Each case will require key themes to be considered by the GP in how best to facilitate the ongoing care of the patient

Firstly, the GP must be satisfied that the private provider has the qualifications, experience, knowledge and skills to make the assessment and subsequent management plan. Where there is doubt that the private provider has such standing then referral to an NHS specialist for assessment/2nd opinion is required and the GP should await this assessment.

Secondly, the GP must assess whether any ask of follow up would normally be delivered within General Practice under General Medical Services or require specialist follow up. Where specialist follow up is standard NHS practice or recommended by the relevant national guidance, the GP may wish to refer to the local specialist service.

When asked to prescribe the GP must continue to follow the GMC guidance.

Where there is a local Shared Care Agreement for the prescribing of medications between the NHS and the GP, the patient should either be directed back to their private provider for the specialists side of the SCA (e.g. ECG monitoring, results handling) but where rejected the patient will require referral to the local specialist service. GPs should not engage in unsupported prescribing of medication where local SCAs exist but the sharing of responsibility does not occur.

Where a private specialist recommends the prescribing of a non-formulary or unlicensed medication, the GP should only agree to ongoing prescribing if they have experience of the medication requested. The GP is within their right to refuse such medication under GMC guidance. Where refusal is made, the patient should be directed back to the private provider for private provision or offered a suitable, formulary based alternative that the GP has confidence in. The patient should be advised why the refusal has taken place and offered access to a second opinion.

With regard to a private provider requesting investigation by the GP, please refer to the attached document produced by the BMA which is clear that any investigation should only be arranged through the GP-patient encounter and within the competencies of the GP. The attachment also has a standard reply in relation to unacceptable requests.

As we continue to emerge from the pandemic and more people turn to the private sector to address waits in outpatients and elective surgery we hope you will find this guidance useful. The LMC will look to work with all parties to find workable solutions that respect the pressures General Practice is under. As always, please contact the office [lmc@nhslothian.scot.nhs.uk](mailto:lmc@nhslothian.scot.nhs.uk) if we can be of assistance.

Kind regards,

Iain

Dr. Iain Morrison

Chair, Lothian LMC