

GLOUCESTERSHIRE LMC DOCUMENT SUMMARY

Document Title: The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland	
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<i>N.B. This summary was correct when issued. Its accuracy cannot be guaranteed in the long term, since policies and organisations change. Although every effort will be made to ensure that it is updated the Reader is urged to exercise caution if the document at the time of reading is more than a year old.</i>	
Bottom Line: <ul style="list-style-type: none">• Private treatment is an option for all patients; GPs may raise the issue but must not pressurise.• GPs should beware of assuming clinical responsibility for a treatment if it is outside their area of expertise, but should follow their clinical judgement in deciding whether to refer privately; they cannot be compelled to do so.• GPs may charge for completing medical insurance claim forms, and if they decide to do, so may charge the patient.• GPs can offer specialist treatments privately, but may not charge their own NHS patients for such treatments.	

GPs may tactfully ask patients whether they wish to be referred within the NHS or privately and raise financial issues. They should only issue a private referral if it is clinically necessary. The BMA believes that it is best practice if a patient seeks treatment from a specialist with a GP referral, but it is not strictly necessary. The GP should always voice any concerns he may have about the clinical implications of any referral, and may seek a second opinion if the patient insists on a referral. GPs cannot be forced to arrange a treatment which is not clinically indicated.

GPs may not charge their NHS patients for private referrals, nor may they charge for the provision of relevant information to other doctors providing care for the patient.

NHS GPs should provide relevant information on request about the patient's medical history or current condition to other doctors providing care, including doctors working in the private sector. Patients should not be made to feel that they need to withhold information about private treatment from their GP for fear of losing their entitlement to NHS care.

Where the GP considers that the medication recommended by a private consultant is clinically necessary he or she would be required under the NHS terms of service to prescribe that medication within the NHS, however if the medication is specialised in nature and is not something GPs would generally prescribe, it is for the individual GP to decide whether to accept clinical responsibility for the prescribing decision recommended by another doctor. The existing procedures for shared care should be followed.

The obligation to prescribe does not arise if the medication recommended is not clinically necessary or if the medication is generally not provided within the NHS.

Many of the problems and concerns that arise in relation to prescribing shared between the private sector and the NHS could be avoided by improved communication between the parties concerned. Direct communication is the most appropriate course of action and this is not just a matter of etiquette. If the GP does not feel able to accept clinical

responsibility or, in the case of medication that is not clinically necessary, financial responsibility for the recommended medication, this could cause difficulties for the doctor-patient relationship.

Ambiguities inevitably arise for GPs treating patients who are paying to top up their NHS care. As paying for such care has been recognised as acceptable, it is the BMA's view that GPs will need further, specific guidance on the practice of issuing prescriptions for patients who wish to purchase drugs not funded by the NHS or at the request of consultants who are seeing a patient privately. It is important that GPs identify who will retain overall clinical responsibility for prescribing in these circumstances. GPs should not accept clinical responsibility where they feel they have insufficient expertise.

Doctors who are approached by patients who wish to seek treatment in another country should advise them that they need to receive prior approval from the DH by making an application using form E112. The form must be accompanied by an opinion from a NHS consultant in the UK and the local commissioning body. Patients considering such an application should be referred to the information available from the DH.

There is no obligation on NHS GPs or hospital doctors to complete medical insurance claim forms and, if they decide to do so, they may charge the patient.

Increasing numbers of GPs are able to provide specialist treatments, such as complementary therapies or minor surgery, in addition to their general practice. These treatments may be offered to private patients and advertised in the usual way (see below) but GPs may not charge patients of their NHS practice for these services.