

### **What happens when you see a Specialist\* privately?**

We understand that some patients will opt to have some or all their treatment privately, and we support your right to do so. However, to prevent any misunderstanding we would like to take this opportunity to explain how the NHS and General Practice work alongside Private providers of care. This leaflet describes what you can expect to happen if you see a Specialist privately.

### **How can I be referred for Private healthcare?**

Your GP will write a referral letter if they feel this is appropriate; it isn't always required. You will need to contact your Health Insurance Company and/or private provider of your choosing to organise the appointment. Our team are unable to make specific recommendations: choosing who you will see is your decision. Please note that if an insurance company wishes for a specific form to be completed you may be charged for this additional work. A referral letter may be sent via an online referral system in some cases or be available to collect from reception (this will include any relevant medical details about you). We would encourage you to wait until you have this letter before making an appointment, as the details within it will help the doctor you see. Additionally, we cannot guarantee timescales within which the letter will be prepared and ready, and letters requested with short notice due to a very sudden appointment being booked may not be possible.

\* A Specialist could be a private Doctor or e.g., Chiropractor. In essence a clinician working out-with the NHS.

### **Seeing the Specialist**

If the Specialist thinks that you need any tests - including blood tests - or a surgical procedure, then the Specialist is responsible for:

- Arranging tests and any medications that might be needed prior to the test, as well as explaining how and when you will receive a date for the test, and what to do if the date is not suitable for you;
- Giving you your results and explaining what they mean. This may be via letter or a further face to face appointment.

**Please do not contact the practice to discuss the results of tests organised by other Private clinicians. It is their responsibility to discuss this with you, and the practice may not have access to the results or be able to interpret them.**

### **What happens if I need new medicines?**

The Specialist might suggest prescribing new medicines for you or might want to make changes to the medicines that you are already taking: they will be responsible for giving you the first prescription of any new medicine that you need to start taking straight away (please note if you take a private prescription to any NHS Pharmacy you will have to pay the actual cost of the medication and a dispensing fee).

In some cases, your GP may be able to continue to prescribe these medications on an NHS prescription. This will need to be considered by the Practice and is at the discretion of the GPs. Prior to this, a full clinic letter from the Specialist is required (please allow at least seven days for any private Specialist's letter to arrive at the practice after you are seen before contacting us. If the letter has not arrived, we would ask that you contact the Specialist's secretary directly to chase this), outlining the reasons for treatment, explaining the precise details of the prescription; what it is being used to treat; how long the treatment is intended for; and what monitoring or follow up is required before the practice can decide whether we can continue to prescribe. Even with this information, we will not guarantee that we will offer a prescription in all cases.

The GP may need to refer to an NHS Consultant for their advice regarding the private Specialist's diagnosis/treatment recommendations, before being able to decide about prescribing. When a prescription is necessary, our main considerations are effectiveness and safety. To prioritise patient safety and protect the future of the NHS, experts in NHS Highland decide on a list of formulary medicines, which are preferred for prescribing, often because they are more effective, safer and better value for money.

### **What are some of the circumstances where the GP may be unwilling to prescribe an NHS prescription?**

- If the recommended prescription is out with this formulary list, then we may not be able to prescribe it for you.
- If a Specialist suggests a branded or non-formulary medicine, we may suggest a suitable alternative which is very similar/the same and on our formulary.
- If the Practice considers that there is not a clear clinical indication for the prescription, and that in the same circumstances an NHS patient would not be offered this treatment
- If the private doctor recommends a new or experimental treatment, or recommends prescribing a medication outside of its licensed indication or outside of our formulary recommendations<sup>1</sup> If the medication is not generally provided within the NHS
- If the medication is of a specialised nature requiring ongoing monitoring, we may be unable to accept responsibility for the prescription. This includes medication that we can prescribe on the NHS but requires what is known as a Shared Care Agreement. Without such a Shared Care Agreement in place with an NHS provider of care we are unable to safely prescribe and monitor certain medication. This would include, but is not limited to, what are known as Disease Modifying Drugs, IVF associated medications and those to treat ADHD.

If we are unable to issue an NHS prescription you may still obtain the medication recommended via a private prescription from the Specialist, you have seen (but we would recommend that you investigate the cost of this and associated monitoring before proceeding). Please contact them directly to organise this.

If it is inappropriate for the GP to accept clinical responsibility or if the treatment is not in line with NHS policy, then the GP will reply to the private Specialist and state that they will not accept the request; the private Specialist must then continue to issue private prescriptions for that patient if still felt necessary by them. It may also be the case that the private Specialist needs to formally request an NHS Consultant to take over the care and treatment of that patient, rather than the GP.

**What happens if I need to transfer my care back to the NHS?** If after seeing a hospital Consultant privately you want to be back under NHS care, national regulations allow for you to transfer back. This transfer ideally needs to be done by the private Consultant who is overseeing your care but if this is not possible, please request that your Consultant writes directly to the practice to request this. There is currently a policy in NHS Highland that NHS referrals should be subject to the same waiting time as a referral without private involvement. E.g., those that have been seen by a surgeon privately and been told they will be listed for surgery but are then transferred back to an NHS waiting list on the same day that an NHS referral is made to a surgeon for the same operation, will wait the same duration.

**Thinking about surgery abroad?** If so, it's important you read the following [here](#). The key messages are:

- Choosing to pay to travel abroad for surgery is not recommended by NHS Scotland, or by the surgical specialist associations in the UK.
- If you still wish to do this, be aware that NHS Scotland is under no obligation to provide pre- and post-operative care other than emergency care.

### **What about follow up blood tests linked to your episode of private care?**

NHS Highland laboratories will no longer be able to receive, process and report private patient requests for the foreseeable future. Requestors of private tests will therefore need to make alternative arrangements to have any private samples processed.

<sup>1</sup> GMC Safe Prescribing Guidance <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-device>