

## [Responding to Private Healthcare Requests for Clinicians in General Practice](#)

With increasing pressures on the NHS, more patients are seeking care from private specialists. While some private assessments align with NHS services, others may recommend treatments not available locally.

### *General NHS Principles for Private Healthcare*

The Department of Health and Social Care provides guidance on managing situations where NHS patients choose to pay for additional private care. This guidance emphasizes that patients' entitlement to NHS services remains intact, even when they opt for private treatments. To ensure clarity and maintain the integrity of both NHS and private services, the following principles are outlined:

- **Clear Distinction of Funding:** Each procedure or treatment must be clearly identified as either privately funded or NHS-funded.
- **Separation of Services:** Private and NHS care should be delivered separately, ideally at different times and locations, to prevent any potential subsidisation of private care by the NHS.
- **Patient Entitlement:** Opting for private care does not affect a patient's right to continue receiving NHS services. Private Prescriber Requests

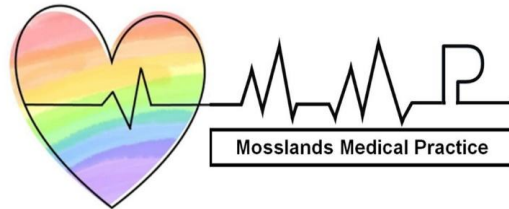
### [Private Requests](#)

#### **GP Responsibilities for Private Healthcare Referrals (BMA Guidance)**

- **Self-Referral:** Patients can self-refer for private treatment, but some consultants may require a GP referral.
- **GP Referral for Insurance:** If a private insurer requests a GP referral, this is classified as a transfer of care under NHS contracts and cannot be charged.
- **Medical Records:** Patients can share their records via hospital letters, or the NHS app. A free printed summary is available via a Subject Access Request (SAR).

#### **Requests for Information**

Private online providers are increasingly prescribing treatments for weight loss and menopause, requesting GPs to review records for contraindications, creating shared prescribing responsibility. It is up to the **prescriber** to ensure that it is safe to prescribe those medications and the GP will not be reviewing individual patient's notes for contraindications. It remains the responsibility of the prescriber to ensure they have taken a robust medical history and they also have access to the patient's medical record via the NHS APP.



### *Private Providers Making Onward Referrals to NHS Providers*

Private providers should make direct referrals to NHS services, without referral back to the GP, as long as the patient is eligible for NHS treatment. Furthermore, the NHS e-Referral Service (e-RS) allows private providers to refer patients directly to NHS services, streamlining the referral process and ensuring timely access to care.

### *Pre-Referral Testing Principles for Private Referrals*

Pre-referral tests for private providers should align with NHS pathways and include:

- Clinically indicated investigations required for initial assessment.
- Tests within primary care competency for interpretation.
- Standard pathway investigations as per local or national guidelines.

### Investigations Under Private Care

#### **Private Responsibilities for Investigations**

Private providers are responsible for arranging, funding, and managing their own investigations, including interpretation and follow-up. They must ensure clear protocols for results management and maintain full clinical responsibility.

GPs are not obliged to facilitate private investigations, as this falls outside the scope of NHS primary medical services. However, a GP may choose to engage if:

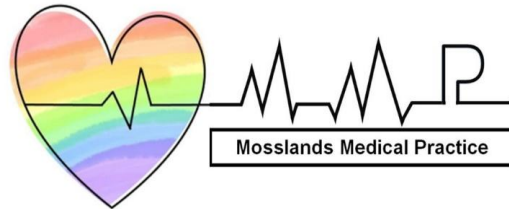
- o The investigation is clinically necessary for NHS care.
- o The investigation is within the GP's competency to interpret.
- o The GP accepts clinical responsibility.

Private and NHS care must remain separate, ensuring NHS resources are not used to subsidise private treatment.

### *Direct-to-Consumer Testing*

For tests arranged privately by patients, especially in areas like radiology, the responsibility lies with the testing organisation.

- GPs are not obligated to interpret or act on these results, but if they do, it should be documented as a patient-initiated discussion.
- If red flag results are identified, the GP should consider whether NHS follow-up is warranted, weighing the risks of harm if escalation is delayed.



### *Fit notes*

Private consultants are able to provide fit notes whilst the patient is under their care.

### *Returning to NHS Care During Investigations*

Patients who self-fund private investigations (e.g., imaging) can transition back to NHS care if they meet NHS eligibility criteria.

### Prescribing Requests from Private Providers

The British Medical Association (BMA) advises that GPs are not required to fulfil prescribing requests from private providers, as these fall outside NHS primary medical services. The responsibility for initiating medication lies with the private prescriber. If a GP opts to continue prescribing the medication, they must ensure it is listed in the local formulary, verify its traffic light status, and confirm they have the necessary knowledge to prescribe it safely. Patients should be encouraged to purchase medication over the counter where appropriate.

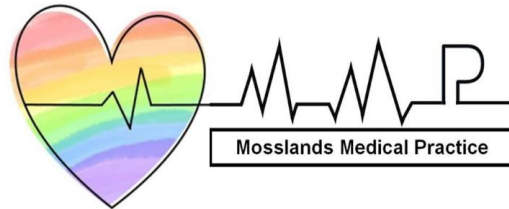
### *Guidance for Managing Shared Care Requests*

**We will not take on shared care requests from private providers.** This means that any medications requiring shared care, issued privately, will have to be funded privately or we can generate a referral to a commissioned NHS provider to see if they will agree to prescribe and take on shared care for that medication

General Practice Committee England advises against shared care arrangements with private providers due to concerns over governance, quality assurance, and the risk of exacerbating health inequalities. Shared care is an NHS service, and participation remains entirely voluntary.

#### Why Shared Care with Private Providers is Not Recommended

- Governance and Quality Assurance – Ensuring the clinical and prescribing standards of private providers is difficult.
- Patient Self-Funding Uncertainty – Ongoing private care depends on patient funding, which is not guaranteed.
- GP Workload and Capacity Constraints – NHS general practice does not have the resources to absorb additional demand from private services.
- Contractual and Funding Issues – Shared care with private providers is typically unfunded and falls outside core GP contractual obligations.



### [Caring for patients who have had private treatment abroad](#)

According to the NHS Constitution, patients can transfer from private to NHS care, including those who have received treatment abroad. If follow-up requires specialist input beyond usual GP remit, the patient should be referred to an appropriate NHS service if available. If no NHS specialist service is available, or a referral is declined, then the follow up care needs to be factored into total costs of the procedure.

*For example more and more patients are travelling abroad for weight loss (Bariatric surgery) surgery. National guidelines are 2 years **specialist** follow up is required post procedure. This means the GP cannot take on this care but in Salford the NHS will not commission specialist NHS follow up. This means that patients need to budget for their procedure AND 2 years private specialist follow up.*