**Private Provider Interface**

The interface between primary care and other providers continues to be a significant source of unresourced workload. While locally some progress has been made with provider colleagues, an increasing number of practices are reporting a rise in the number of requests from private providers both locally and out of area. These may be private hospitals in other parts of the UK, online providers, or other private healthcare contractors. To support practices, the LMC has produced the attached set of patient FAQs, and standard response letter template. These are based on the [BMA GPC guidance](https://www.bma.org.uk/advice-and-support/gp-practices) on pushing back on inappropriate workload. Please feel free to edit and brand these for your practice however you see fit.

No practice has a core contractual relationship with any private provider. As with all non-core work, the practice is able to either decline to undertake it entirely or set an appropriate fee for doing such work. The BMA has produced a fees calculator for members that allows factors such as staff and overhead costs to be factored into your private fees. It can be found [here](https://beta-qa.bma.org.uk/pay-and-contracts/fees).

The interface between local private providers and Cheshire LMC practices is one which the LMC is starting discussions around, to ensure that practices retain the right to decline to undertake non-core work but if they choose to do so have appropriate access back into the relevant specialist.

Many practices find it difficult to know where they can reject inappropriate workload from private providers and where the over-riding principle of patient care applies. The most practical way of approaching this is to apply the same principles your practice does to NHS providers.

* You would not expect to be requesting tests on behalf of an NHS consultant – you should not do so for a private provider.
* You would not prescribe specialist or off formulary medications on behalf of an NHS consultant – you should not do so for a private provider.

Please continue to report all interface issues to the LMC via our main **email** address and send any feedback on this advice guide to the same address. Please note – any communications must be anonymised or not contain patient identifiers.

**FAQs for patients requesting a private referral – Template letter for Cheshire LMC Practices**

**Guidance for NHS patients**

The Department of Health and Social Care has published [guidance for NHS patients](https://www.nhs.uk/common-health-questions/nhs-services-and-treatments/if-i-pay-for-private-treatment-how-will-my-nhs-care-be-affected/) who pay for additional private care.

The guidance says:

* + your NHS care will continue to be free of charge
	+ you can't be asked to pay towards your NHS care, except where legislation allows charges, such as prescription charges.
	+ the NHS can't pay for or subsidise your private hospital treatment
	+ there must be as clear a separation as possible between your private treatment and your NHS treatment
	+ your position on an NHS waiting list shouldn't be affected if you choose to have a private consultation

**Q: Do I need a GP referral for private treatment?**

A: No. You can get private treatment from a consultant or specialist without being referred by your GP, but this is often decided by the private service. The British Medical Association (BMA) believes it’s best practice for patients to be referred by their GP for specialist treatment so that whoever is involved in looking after the patient has all the necessary details to do so safely.

**Q: Should I get a referral from my GP?**

A: If your GP thinks you need to see a specialist and you want to pay for it privately, they can write a letter of referral to a private consultant or specialist explaining your condition and your medical history. Your surgery can advise you if a referral is necessary, and often speaking to your practice team on the phone or via video or online consultation will suffice. Some private referral letters may need to be paid for.

**Q: Can I mix different parts of the same treatment between NHS and private care?**

A: No – you can’t choose to mix different parts of the same treatment between NHS and

private care.

**Q: If I have a private appointment, what can I expect after the consultation?**

A: The private consultant should send a letter to you and your GP to summarise what was discussed and to explain any recommended treatment or tests they will be arranging. Any tests will need to be arranged privately in most circumstances.

**Q: What if I need medication following the private consultation?**

A: This will need to be prescribed privately by the clinician making the recommendation. Many private hospitals have their own pharmacies and are able to provide the medication at the same time as the consultation. If you are seeing someone virtually, they should be able to arrange delivery of any medication to you.

**Q: What if I have complications following private medical care?**

Your private healthcare provider will normally treat any non-emergency complications that result from the private part of your care – for example, you might have side effects that need extra treatment.

**Template letter for Cheshire LMC Practices to private providers**

Dear Colleague,

**Patient details XXXXXXXX**

I refer to your letter regarding the recent private consultation of the above patient. I enclose a copy of your request (optional).

Our practice does not have a contractual relationship with your organisation and will not undertake work outside our core contract. You will be aware that general practice is under unprecedented pressure, and therefore we are unable to carry out your request, since this would detract from our ability to provide core contracted services to our patients.

We are unable to undertake the following on your behalf (delete as appropriate):

 **Prescription of medication**

As per GMC guidance, the prescriber should have made an appropriate assessment of the patient and by signing a prescription takes clinical responsibility for the medication and any follow up required. Your clinician is best placed to issue any medication, and we are not able to do this additional work on behalf of a private provider.

 **Prescription of medication via shared care framework**

We are unable to prescribe any medication under shared care arrangements with a private provider, since no contractual relationship exists, and the prescribing of this medication has not been commissioned as a shared care enhanced service from our practice.

 **Investigations including phlebotomy**

Please note that as per GMC guidance, and more recently published NHS England guidance setting out **Standards for the communication of patient diagnostic test results on discharge from hospital**, it is the responsibility of the doctor requesting a test to take clinical responsibility to follow up and take appropriate action on the result. If you feel an investigation is required for our patient, please arrange this and appropriate follow-up within your own service.

 **Unclear**

Unfortunately, the correspondence you sent to us was not clear as to whether it was for information only or required specific action. We therefore assume that this is for information only, and that a relevant clinician in your department has actioned this, in keeping with NHS England [guidance](https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2016/03/discharge-standards-march-16.pdf) setting out standards for the communication of patient diagnostic test results on discharge from hospital*.* Please review your correspondence and in future can we suggest that you refrain from sending copies of results to this practice, unless it is of direct clinical relevance, and clearly marked **‘for information only’.**

The practice will be taking no further action with regard to this activity and a transfer of responsibility has not taken place.

Thank you for your understanding.

*This guidance has been produced based on work done by Humberside LMC, for whom we thank for sharing their initial work.*

28.11.24 version 1