



## NHS West Essex Medicines Management Guidance

### **Prescribing following a Private Consultation**

1. This guidance will ensure that all patients whether opting to use private healthcare or not will receive the same consistent, high quality care from the NHS. This will ensure that those from less affluent backgrounds will not be disadvantaged compared to those who are able to choose to have a private consultation.
2. This guidance will affect all patients and conditions equally.
3. The guidance would not have a particular positive or negative impact on any specific group if implemented consistently.
4. The guidance does not limit medicines or access to treatment to particular groups beyond that which the NHS provides to all patients.

#### **Evidence to support this decision**

Patients who elect to see a Specialist/Healthcare Professional privately should be treated in accordance with other patients who may not be able to afford a private consultation. This is to maintain health equality with regard to the funding of their medication. If a Prescriber feels that the medication is appropriate, prescribing of the drug should be based on clinical and cost-effectiveness and should be prescribed in accordance with national and local guidance.

#### **Implementation**

This decision applies to all services contracted by or delivered by NHS West Essex. This would apply to: GPs, Acute Hospitals, CCG providers, Out Patient clinics, and independent providers.

#### **NHS West Essex recommends that:**

- If a patient is seen privately by a Specialist or GP, any recommended medication to be prescribed as a result of that consultation should be funded for privately i.e. the cost of any medication is paid for by the patient, as included within that consultation
- If the GP deems the ongoing supply of medication to be clinically appropriate/necessary it should be prescribed in accordance with national/local guidance/policy/joint formulary where available.
- If the recommendation does not follow national/local guidance/policy/joint formulary, the GP can substitute the drug with a clinically appropriate alternative if they feel this is necessary, based on local policy, guidance and formulary where available. Example: Esomeprazole 40mg daily for dyspepsia, local guidelines would suggest omeprazole 20mg daily, so the GP can prescribe this on an NHS prescription, as an alternative, if clinically appropriate.
- Specialist drugs recommended after a **private consultation** should not be prescribed on the NHS in West Essex e.g. clomifene citrate (infertility). In most cases these drugs will be classified as RED / hospital only drug list and prescribing of RED / hospital only drugs should remain the responsibility of the Specialist, whether private or NHS.