**Fordingbridge Surgery Policy**

**for responding to requests from private healthcare providers.**

All requests for care will be reviewed on an individual patient basis at a practice level. Each request will be assessed against these principles:

1. Is the care within the scope of NHS primary care services?
	* [NHS GMS Regulations](https://www.legislation.gov.uk/uksi/2015/1862/regulation/17)2 define essential services as services which are delivered in the manner determined by the GP in discussion with the patient. Therefore, a GP provider should only carry out investigations and prescribe medication for a patient where it is necessary for the GP’s care of the patient and the GP is the responsible doctor1.
	* Requests from NHS specialists and private providers for the GP to arrange tests or investigations is outside the scope of NHS primary medical services
2. Do the GPs feel that the prescribing and associated knowledge required fall within the scope of the team’s professional competence5?
	* GMC Good Medical Practice3 states that as a GP “You must recognise and work within the limits of your competence.”
3. Can the practice be confident that the private provider is appropriately accredited, practising in line with UK best practice and delivering a standard of care consistent with NHS services and locally agreed pathways4?
4. If there is a request for working under a shared care agreement, is this part of a locally agreed and funded pathway?
	* If the shared care is not funded by local commissioners, the prescriptions and investigations should remain the responsibility of the private provider1.
	* With any shared care agreement if the patient ceases regular follow up with the private provider it is likely that the GP will need to stop prescribing until the patient attends alternative specialist care5.
5. If there is a request for working under a shared care agreement has the specialist sought agreement of the GP and made clear the nature and responsibilities of each party of the shared care agreement before transferring any care or prescribing5?
6. If this is a non-commissioned NHS service, does the practice have the workload capacity to deliver it 1?
7. Are there adequate resources and sufficient capacity for the work of manging safe systems for any monitoring and prescribing of any medication, within the practice5?

If the answers to all these questions are satisfactory or positive, then the practice will be likely to approve the request. If one or more of these considerations is not met, then the request is likely to be declined.

All patients will receive an individual reply regarding whether the practice is able to provide the requested care.

References

1) [General practice responsibility in responding to private healthcare (bma.org.uk)](https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/general-practice-responsibility-in-responding-to-private-healthcare)

2) [The National Health Service (General Medical Services Contracts) Regulations 2015 (legislation.gov.uk)](https://www.legislation.gov.uk/uksi/2015/1862/regulation/17)

3) [Domain 1: Knowledge skills and performance - professional standards - GMC (gmc-uk.org)](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-1---knowledge-skills-and-performance#apply-knowledge-and-experience-to-practice)

4) [Shared care - professional standards - GMC (gmc-uk.org)](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices/shared-care)

5) [Understanding Shared Care – NHS, Right to Choose and Private Providers - Wessex LMCs](https://www.wessexlmcs.com/guidance/understanding-shared-care-nhs-right-to-choose-and-private-providers/)