

Private Prescribing Policy

V1.0

March 2019

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<i>This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.</i>	Error! Bookmark not defined.

1. Introduction

1.1. This policy deals with private prescribing for patients within RCHT

1.2. This version supersedes any previous versions of this document.

1.3. Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

The DPA18 covers how the Trust obtains, hold, record, use and store all personal and special category (e.g. Health) information in a secure and confidential manner. This Act covers all data and information whether held electronically or on paper and extends to databases, videos and other automated media about living individuals including but not limited to Human Resources and payroll records, medical records, other manual files, microfilm/fiche, pathology results, images and other sensitive data.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team rch-tr.infogov@nhs.net

2. Purpose of this Policy/Procedure

To provide all staff within RCHT, medical and non-medical, with clear rules governing all aspects of private prescribing.

3. Scope

All staff where private prescribing may be a consideration in their practice. Private prescribing is standardised and meets legislative, regulatory and local requirements

4. Definitions / Glossary

GMC, General Medical Council

MPC, Medication Practice Committee

RCHT, Royal Cornwall Hospitals NHS Trust

5. Ownership and Responsibilities

5.1. *The Chief Pharmacist is responsible for:*

- Ensuring that Trust policy is updated and reflects current guidance and legislation
- Ensure the policy and subsequent updates are implemented across the Trust
- Instigating investigations where necessary into concerns raised by staff.

- Share learning across the Trust

5.2. *The Medication Practice Committee is responsible for:*

- Ratifying proposed changes to the policy
- Reviewing relevant audit data and other feedback

5.3. *Role of Individual Staff*

- All staff members are responsible for reading and understanding the policy.

6. Standards and Practice

6.1. Throughout, the convention is used that the words “shall” or “must” indicate actions which are mandatory – either because they are legal requirements or because the Trust, through the Medication Practice Committee, has decided that they will be mandatory. All other statements may be interpreted as guidance (or as explanation).

6.2. A large number of patients opt to have some or all of their investigations and/or treatment privately. There has been a blurring of the boundaries between NHS and private treatment, with patients switching freely between the two sectors. Whilst administratively convenient but not always practical, treatment is defined by ‘episodes of care’, which may be either continuous or consist of a series of treatment and care episodes, some of which may be funded by the patient and some by the NHS.

6.3. **Patients who have requested to be seen privately - Such patients are** expected to pay the full cost of any treatment they receive in relation to the care provided privately; consultation fees, diagnostic tests, drugs prescribed or treatment provided by a clinician in the course of a private consultation should be at the patient’s expense.

6.4. **“Top up” treatment for NHS patients** - The Richards’ Report (4th November 2008) defined the terms under which patients may elect to pay for additional treatment or medicines (“top-up treatment”) without forfeiting their entitlement to free NHS care. The most common scenario to which this will apply to is paying for additional chemotherapy treatments or high cost medicines not available to them from the NHS.

6.5. Patients may choose to pay for additional treatments not available on the NHS as long as those treatments are delivered outside of the routine NHS care. They cannot have additional treatment delivered within standard NHS resources. There must be clear separation of the timing and the charging of any additional treatment. Patients are entitled to contract with NHS acute trusts to provide privately funded patient care as part of their overall treatment. It is a matter for NHS trusts as to whether and how they agree to provide such privately funded care. However, NHS trusts must ensure that private and NHS care are kept as clearly separate as possible. Any privately funded care must be provided by an NHS trust at a different time and place from NHS commissioned care.

6.6. In relation to medicines, it should be noted that private prescriptions may not be issued during any part of NHS commissioned care, and that consultants should not spend time during NHS consultations discussing private treatment with patients. An exception is where clinically appropriate treatment is not funded by the NHS. Where this is the case, patients should be informed in order to be able to consider the options open to them, including the option of seeking the treatment privately.

6.7. For more information on the management of patients who are receiving “Top up” treatment please refer to the Commissioning Policy: Defining the Boundaries between NHS and Private Healthcare, NHS Commissioning Board, April 2013.

6.8. The Paying Patients Team at RCHT are available to support staff with the working practices for the administration process of private patient attendances, and are responsible for the management and administration of all private patient activity.

6.9. Private prescriptions following a private consultation - A private consultant (i.e. the person providing the private opinion) may see a patient privately in order to give an opinion to an NHS GP regarding diagnosis or further management. Alternatively, the consultant may treat a private patient for whom they will continue to have clinical responsibility and will personally determine the ongoing treatment for that particular condition. Until the consultant discharges the patient, this remains an episode of care. In this case, the consultant should prescribe privately for their private patient, and a GP may refuse to prescribe on the NHS in such a situation, as they do not have the clinical responsibility for managing that particular condition.

6.10. Medicines not accepted for use in Cornwall - There may be instances of the Cornwall Area Prescribing Committee advising that a named medicine should not be prescribed on the NHS in NHS Kernow CCG. It is expected that hospital doctors will abide by this advice and will not prescribe these named medicines at NHS expense nor offer a private prescription during an NHS episode of care.

6.11. Prescribing for oneself or family - The 2013 GMC guidance ‘Good practice in prescribing and managing medicines and devices’ states that ‘wherever possible you must avoid prescribing for yourself or anyone with whom you have a close personal relationship’. Hence Trust policy is to advise against private prescribing for yourself or someone close to you. In addition, hospital prescription forms must not be used to prescribe drugs for staff members or relatives, unless the treatment is one legitimately provided through the Trust Department with which they are registered and managed as a patient.

6.12. Private prescription requirements - In the limited situations where a private prescription is to be supplied, the prescription can be issued on any piece of paper except in the case Schedule 2 and 3 Controlled Drugs which legally require the use of a specific form FP10PCD and the prescriber must have a private prescriber identification number.

6.13. How to access the required form FP10PCD for prescribing Schedule 2 or 3 controlled drugs and how to obtain the private prescriber identification number is described here

https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/Controlled_drug_prescribing.pdf

6.14. The private prescription must be signed in ink and written so as to be indelible, and must include the address of the prescriber, the date of prescription issue or the date after which it may be dispensed, the prescriber's GMC registration number, the name and address of the patient (and age if under 12 years).

6.15. Certain specialist type medicines may not be available in a community pharmacy, and arrangements for (private) dispensing may have to be made with the on-site outsourced pharmacy.

7. Dissemination and Implementation

7.1 The policy is available on the document library. Significant updates will be communicated via Trust-wide email.

7.2 Implementation of the policy will be via Trust-wide communication and supported by appropriate training for the relevant staff members.

8. Monitoring compliance and effectiveness

Element to be monitored	Instances where private prescribing has occurred outside this policy. These are likely to emerge as patient complaints or from routine monitoring of outpatient prescribing activity.
Lead	The pharmacy department will lead on the regular monitoring of adherence to policy.
Tool	Outpatient prescribing activity, in particular on FP10HNC, is monitored monthly. Highly unusual prescribed items are investigated further.
Frequency	Monitored monthly with exceptions reported to the Chief Pharmacist
Reporting arrangements	Medication Practice Committee will receive any relevant reports on this policy.
Acting on recommendations and Lead(s)	Broadly speaking the MPC will make recommendations.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 4 weeks or as otherwise stated in the action plan. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all relevant stakeholders.

9. Updating and Review

This policy will be reviewed every 3 years or sooner in the light of changes in legislation or practice. The policy review will be ratified by the Medication Practice Committee when changes are substantial. For minor changes, the chair of the Medication Practice Committee can approve and re-publish.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

10.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Private Prescribing Policy V1.0		
Date Issued/Approved:	January 2019		
Date Valid From:	March 2019		
Date Valid To:	March 2022		
Directorate / Department responsible (author/owner):	Michael Wilcock, Pharmacy		
Contact details:	01872 253548		
Brief summary of contents	Details of rules and responsibilities for private prescribing within RCHT		
Suggested Keywords:	Private prescribing		
Target Audience	RCHT	CFT	KCCG
	✓		
Executive Director responsible for Policy:	Medical Director		
Date revised:	August 2018		
This document replaces (exact title of previous version):	New Document		
Approval route (names of committees)/consultation:	Medication Practice Committee, Clinical Directors		
Divisional Manager confirming approval processes	Care Group General Manager		
Name and Post Title of additional signatories	'Not Required'		
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	{Original Copy Signed}		
	Name: Kevin Wright		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Clinical / Pharmacy		

Links to key external standards	
Related Documents:	Medicines Policy
Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
January 2019	V1.0	Initial Issue	M Wilcock, Pharmacy

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Private Prescribing Policy V1.0					
Directorate and service area: Pharmacy			New or existing policy: Existing		
Name of individual completing assessment: M Wilcock			Telephone: 01872 253548		
1. <i>Policy Aim*</i>	All staff where private prescribing may be a consideration in their practice Private prescribing is standardised and meets legislative, regulatory and local requirements				
2. <i>Policy Objectives*</i>	Private prescribing is standardised and meets legislative, regulatory and local requirements				
3. <i>Policy – intended Outcomes*</i>	Appropriate use of private prescribing				
4. <i>*How will you measure the outcome?</i>	Audit, exception reporting, complaints				
5. Who is intended to benefit from the <i>policy?</i>	Staff, Trust and patients				
6a Who did you consult with	Workforce	Patients	Local groups	External organisations	Other
	X				
b). Please identify the groups who have been consulted about this procedure.	Clinical Directors				
What was the outcome of the consultation?	No expressed concerns				

7. The Impact				
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.				
Are there concerns that the policy could have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		X		
Sex (male, female, trans-gender / gender reassignment)		X		
Race / Ethnic communities /groups		X		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		X		
Religion / other beliefs		X		
Marriage and Civil partnership		X		
Pregnancy and maternity		X		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		X		
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> You have ticked "Yes" in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major this relates to service redesign or development 				
8. Please indicate if a full equality analysis is recommended.			Yes	No
				X
9. If you are not recommending a Full Impact assessment please explain why.				
Not required				
Signature of policy developer / lead manager / director			Date of completion and submission	
M Wilcock			January 2019	

Names and signatures of members carrying out the Screening Assessment	1. M Wilcock 2. Policy Review Group (PRG)	PRG APPROVED
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Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust’s web site.

Signed __ M Wilcock

Date ____January 2019