Given the current pressures on the NHS, it is understandable that patients will choose to be seen privately if they have the resources to do so. Many of these consultations will generate a request for tests or prescriptions to be issued on the NHS. These requests must be made in writing by the specialist to the surgery with sufficient information to allow us to decide if they are reasonable. It is the patient's responsibility to ensure that these letters reach the surgery in good time, and we are not able to contact the specialist on your behalf to chase this information.

We reserve the right to decline to action any test or prescription from a private provider if we believe that it is not justified. This may be because the tests are only available to be requested by a consultant, or they are not part of routine care within the NHS. Likewise, there are medications used in the private sector that are on the NHS England Not Routinely Prescribed list that will not be issued by the practice. This list includes medicines:

- for which there are significant safety concerns
- for which there is a lack of robust evidence of clinical effectiveness
- that are clinically effective but not the most cost-effective intervention available
- that are clinically effective but deemed a low priority for NHS funding

Patients are free to have the tests or prescriptions organised in the private sector in this situation.

The use of Private Providers is particularly prevalent in conditions such as ADHD, Gender Dysphoria and Bariatric surgery where the NHS waiting times are especially long. These conditions need further clarification.

ADHD

We are prepared to prescribe medication to treat ADHD only in the following circumstances:

- The patient must have been seen and assessed by a suitably qualified professional who has initiated and stabilised the medication
- The patient must be tolerating the medication on a stable dose for several months with no significant side effects, and have had the necessary checks including pulse and blood pressure to make sure that it is safe for them to continue taking it
- The private provider must issue a shared care agreement which must be to the same standard as the locally agreed guidelines

If those criteria are met we will continue the established dose, and primary care intervention will be limited to 6-monthly monitoring of pulse, blood pressure and weight.

Every three years, in consultation with the patient, the medication may be discontinued. We reserve the right to decline prescribing of unlicensed doses/combinations of ADHD drugs if we deem them to be potentially harmful.

If the patient is under 18, we will require an annual medication review with a mental health specialist to consider if the current dose of medication is still appropriate. This reflects the need to adjust treatment doses as patients get older.

If a dose adjustment is needed this will have to be done in the private sector. It is important to note that the local mental health service will not accept any diagnoses made in the private sector, and so will not advise on changes in medication without a full re-assessment.

Gender Dysphoria

Patients with Gender Dysphoria have the same right as any other patient to expect to be able to access high quality care on the NHS. At present this is very difficult and waiting times are very long. There are currently no nationally agreed guidelines on the treatment of gender dysphoria published by the UK National Institute for Health and Care Excellence. As a result we have elected the follow the guidance published by The Laurels Gender clinic and are not prepared to prescribe beyond the remits of this document, particularly if it deems a particular medication to be inappropriate. The guidance is also subject to the constraints of the Not Routinely Prescribed list mentioned earlier.

Starting treatment with hormone treatment requires frequent blood tests and adjustments of medication. This is a specialist subject and GPs are not qualified to advise on these tests or their results. We are willing to prescribe on the basis of an appropriately qualified specialist assessment and recommendation to patients aged over 18. We are also prepared to support the process by facilitating blood tests, and communicating the results to you as needed, but it will be the responsibility of the patient to pass these on to the specialist. Our expectation would be that bloods be done no more than every 6 months in a patient on a stable dose of medication.

In order for prescriptions to continue we require that patients have a minimum of an annual review with a specialist for the first 3 years, and then as required depending on the clinical situation.

We are aware that some patients choose to source their own medication online, and adjust doses based on their assessment of the changes in their body rather than results of blood tests. This is extremely dangerous and we do not recommend this approach. We would strongly suggest that a patient seek advice from a specialist before starting medication. If a patient declines to do so we will facilitate blood tests as set out in The Laurels guideline as part of a harm reduction strategy. We are not prepared to prescribe medication to replace what is being purchased online. We will not provide advice regarding dosing of hormones, but will highlight concerns if we believe you to be at risk based on the results.

Bariatric Surgery

Patients may choose to access bariatric surgery privately, either in the UK or abroad. Private providers often suggest that patients have blood tests or prescriptions for supplements that are not in line with the <u>guidelines produced by the British Obesity and Metabolic Surgery Society</u>. Berkeley Place Surgery are happy to facilitate blood tests and prescriptions that are in line with BOMSS guidance, but anything that falls outside of this will have to be accessed privately elsewhere. The specific tests/prescriptions available through the surgery will vary by patient, depending on the type of surgery undertaken.

GLP-1 agonists e.g Wegovy are being prescribed in the private sector for weight loss. These are not available for NHS prescription via a GP.

Private Prescriptions

If you attend an appointment with a specialist privately (in a non-NHS clinic) and are prescribed a new treatment by the private specialist, we would expect the first month of the treatment to be covered by the private prescription from your specialist. If the treatment is to continue, we will

consider taking over prescribing by issuing NHS scripts if the recommended treatment is in line with our local and national clinical treatment guidelines.