

## Position Statement on Shared Care Prescribing with Private Providers

### Summary

NHS South West London (SWL) does not routinely support shared care prescribing with private providers. This position statement should be used in conjunction with:

The Regional Drugs and Therapeutics Centre (RDTC) “[Transfer of prescribing from private provider to NHS GP](#)” document.

### Rationale

- A patient seeking private care should be neither advantaged nor disadvantaged compared to someone receiving NHS care.
- The [SWL Principles of Shared Care](#) advise that shared care requires the agreement of all parties and it is essential that all parties communicate effectively and work together.
- In the case of shared care requests from private providers there could be difficulties in continuity of care e.g. if financial difficulties arose, or the clinical condition of the patient changes.
- There is no definitive answer on how to safely manage care for patients who have already seen a private provider and present with a “shared care request” but have effectively been discharged from the private provider. Each case may need to be assessed individually based on the risks and benefits. The NHS prescriber should obtain a full communication from the private consultant, and where appropriate complete a referral to an appropriate NHS specialist for the patient to receive appropriate NHS care.

### Guidance and recommendations for clinicians

- Patients should be informed at the point of seeking private healthcare of the possible restrictions and limitations that may arise with requests for ongoing prescriptions from the NHS prescriber. This should be ideally communicated to the patient by the private health care provider.
- Primary care providers may wish to make this clear to the patient during consultation to ensure that the patient understands this prior to prescribing and consider including the [Patient Information Leaflet: Prescription after a Private Consultation](#) on their practice website.
- Patients who have had a private consultation for investigations and diagnosis may transfer to the NHS for any subsequent treatment, but must be treated according to NHS protocols
- Where the drug is not routinely offered as part of NHS services or the patient would not be eligible for the NHS service, there is no obligation to prescribe.
- If shared care prescribing requests from private prescribers are received, the following points should be considered
  - Assess the case based on the risks and benefits
  - Ensure a full communication is received from the private consultant

- Determine whether the patient can be referred to a locally commissioned service, and engage in shared care via that route.
- Additional general advice on private prescribing is also available via [GMC Good practice in prescribing and managing medicines and devices](#) and PrescQIPP [Bulletin 238: Prescribing on the NHS following a private consultation](#).

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## Useful resources

- BMA guidance: [General practice responsibility in responding to private healthcare \(2023\)](#)
- British Medical Association. The doctor-patient relationship toolkit. January 2024 (updated February 2025) <https://www.bma.org.uk/advice-and-support/ethics/doctor-patient-relationship/doctor-patient-relationship>
- PrescQipp [Bulletin 238: Prescribing on the NHS following a private consultation \(2023\)](#)
- SWL [Position Statement on Prescribing in Gender Incongruence for Children and Young People \(2025\)](#)
- BMA Managing Patients with Gender Dysphoria [Gender incongruence in primary care \(bma.org.uk\)](#)

## Document History

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