
Information for patients having private treatment

Due to long waiting times for investigations, specialist appointments and operations on NHS, many patients decide to attend private hospitals and clinics. If patients are considering using a private health provider, be it by self-funding or private health insurance, we strongly advise them to consult one of our clinicians beforehand to discuss details of the process.

Please be aware that Branchalwood Medical Practice is contracted to provide health services, in line with our General Medical Services contract, on behalf of NHS Lanarkshire and is not under any obligation to follow any requests from private health providers.

The following information has been developed using advice from the Scottish Government's Chief Medical Officer/Chief Nursing Officer and National Clinical Director, The British Medical Association, The Medical and Dental Defence Union of Scotland and the Lanarkshire Local Medical Committee.

Private tests/procedures

If the private clinician recommends any tests (including bloods tests), surgical procedures or investigations, they are responsible for arranging, interpreting and discussing results and any other associated duties. GP Practices should not be asked to perform tests, surgical procedures or investigations using NHS resources.

The costs of these tests, surgical procedures or investigations should be paid for within the private sector which may increase the costs incurred by the patient.

Follow-up treatment

While the NHS in Scotland will always provide emergency care where necessary, all routine pre and post-operative care should be part of the package of care purchased

by the individual patient. There is no obligation on NHS Boards (including General Practice) to provide such routine pre and post-operative care.

Private consultants may also provide services or recommend treatments which are not available to patients on the NHS (either through them not meeting NHS criteria or that the service is not currently provided by the NHS). For example, they may recommend blood tests which are not available on the NHS. In this case, you will be advised to have the tests carried out privately.

Should patients require follow-up treatment for complex, specialist conditions such as ADHD, post-bariatric surgery and gender reassignment treatment, they will be referred to the appropriate secondary care clinic. If the referral is declined due to the patient not meeting the NHS criteria for such treatment or follow-up, this will be communicated to them. In this case, the patient will likely be advised to continue follow-up care including blood services/phlebotomy with a private provider.

Medication

Private clinicians are responsible for providing patients with the first prescription of any new medication that they need to commence immediately. If the private clinician recommends a new medication be started, they should write to the GP outlining the reasons for treatment. In some circumstances, the GP may be willing to continue prescribing the medication. This process can normally take two weeks for the letters to be received and actioned by practices.

Private clinicians may suggest prescribing new medications to patients which would not normally be prescribed by NHS GPs. This particularly relates to medications which are not included in NHS Lanarkshire Formulary, medications that require shared care protocols (for example disease modifying anti-rheumatoid drugs, some psychiatric medications, medications for ADHD), medications for sedation before procedures, medications that require regular monitoring with blood tests or physical examinations, medications used outside of their license, medications restricted for specialist or hospital use only.

Should this be the case for a patients' medication, they will be advised continue to receive the medication from a private provider.

Fit notes

All fit notes pertaining to the private treatment should be issued by the clinician in the private clinic. GP Practices are not obliged to provide any fit notes to cover private treatment.

Transfer back to NHS Treatment

Regulations allow patients to transfer their care from private back to the NHS if they so wish. Patients should be transferred back to the NHS system where they would have been at the point they left the private sector. This transfer must be done by the private clinician who is overseeing their care as they have the full details of the patient's condition and where best to refer them to. This should not be passed back to the GP to avoid delays in ongoing care, wasted GP appointments and adds unnecessary administrative processes.

The private clinician should arrange this for the patient by sending a referral letter to the appropriate NHS Clinic which includes all test results and information used to reach the diagnosis. It is important to note that NHS teams may not always agree with diagnoses or treatment plans made elsewhere.

Translating treatment records

The practice is under no obligation to translate any treatment records provided in a foreign language by a patient returning from abroad. Any costs associated with translation should, in most circumstances, be met by the patient.

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