



# Private Provider Interface



The interface between primary care and other providers continues to be a significant source of unresourced workload. While locally some progress has been made with provider colleagues, an increasing number of practices are reporting a rise in the number of requests from private providers both locally and out of area. These may be private hospitals in other parts of the UK, online providers, or other private healthcare contractors. To support practices, the LMC has produced the attached set of patient FAQs, and standard response letter template. These are based on the [BMA GPC guidance](#) on pushing back on inappropriate workload. Please feel free to edit and brand these for your practice however you see fit.

No practice has a core contractual relationship with any private provider. As with all non-core work, the practice is able to either decline to undertake it entirely or set an appropriate fee for doing such work. Surrey and Sussex LMC has produced a fees calculator that allows factors such as staff and overhead costs to be factored into your private fees. It can be found [here](#).

The interface between local private providers and Humberside practices is one which the LMC also covers, to ensure that practices retain the right to decline to undertake non-core work but if they choose to do so have appropriate access back into the relevant specialist.

Many practices find it difficult to know where they can reject inappropriate workload from private providers and where the over-riding principle of patient care applies. The most practical way of approaching this is to apply the same principles your practice does to NHS providers.

- You would not expect to be requesting tests on behalf of an NHS consultant – you should not do so for a private provider.
- You would not prescribe specialist or off formulary medications on behalf of an NHS consultant – you should not do so for a private provider.
- You would not take on shared care for a drug that is not part of the ICS LES from an NHS consultant – you should not do so for a private provider.

If you are unsure or have interface issues with private providers, please contact us at the LMC via our main email address [humberside.lmcgroup@nhs.net](mailto:humberside.lmcgroup@nhs.net). Please note any communications must be anonymised or not contain patient identifiers.

**The Team at Humberside LMCs**

## FAQs for patients requesting a private referral

### Guidance for NHS patients

The Department of Health and Social Care has published [guidance for NHS patients](#) who pay for additional private care.

The guidance says:

- your NHS care will continue to be free of charge
- you can't be asked to pay towards your NHS care, except where legislation allows charges, such as prescription charges.
- the NHS can't pay for or subsidise your private hospital treatment
- there must be as clear a separation as possible between your private treatment and your NHS treatment
- your position on an NHS waiting list shouldn't be affected if you choose to have a private consultation

### Q1: Do I need a GP referral for private treatment?

A: No. You can get private treatment from a consultant or specialist without being referred by your GP, but this is often decided by the private service. The British Medical Association (BMA) believes it's best practice for patients to be referred by their GP for specialist treatment so that whoever is involved in looking after the patient has all the necessary details to do so safely.

### Q2: Should I get a referral from my GP?

A: If your GP thinks you need to see a specialist and you want to pay for it privately, they can write a letter of referral to a private consultant or specialist explaining your condition and your medical history. Your surgery can advise you if a referral is necessary and often speaking to your practice team on the phone or via video or online consultation will suffice. Some private referral letters may need to be paid for.

### Q3: Can I mix different parts of the same treatment between NHS and private care?

A: No – you can't choose to mix different parts of the same treatment between NHS and private care.

### Q4: If I have a private appointment, what can I expect after the consultation?

A: The private consultant should send a letter to you and your GP to summarise what was discussed and to explain any recommended treatment or tests they will be arranging. Any tests will need to be arranged privately in most circumstances.

### Q5: What if I need medication following the private consultation?

A: This will need to be prescribed privately by the clinician making the recommendation. Many private hospitals have their own pharmacies and can provide the medication at the same time as the consultation. If you are seeing someone virtually, they should be able to arrange delivery of any medication to you.

**Q6: What if I have complications following private medical care?**

Your private healthcare provider will normally treat any non-emergency complications that result from the private part of your care – for example, you might have side effects that need extra treatment.

**Q7: Why won't my GP issue medication recommended by the private consultant?**

A: There may be several reasons for this. As Q3 explains, you cannot mix NHS and private treatment for the same episode of care. If a medication is needed, it should be prescribed by the private Consultant. Sometime, a longer-term medication might be recommended. If this is for an ongoing condition, your GP may be able to take over the prescribing of it once you are stable. Some medicines require a “*shared care agreement*”, where the monitoring and prescribing is agreed between the Consultant and your GP. There is a list of medicines that this is available for in our region. If your Consultant doesn't agree to shared care, can't easily arrange follow up for you, or prescribes a medicine that isn't on the shared care list for our area, your GP will be unable to issue it for you.

**Template Letter**

[Download a template letter](#) for practices to send to providers.



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