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For Action:  
Providers of Private Medical  
Treatment

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For Information:  
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onward cascade

8<sup>th</sup> May 2017

Dear Colleague(s)

### **Reminder: Interface between Private and HSC treatment and supply of medications**

We have previously highlighted the issue of inappropriate requests from private providers to GPs to issue HSC prescriptions for medications which run contrary to HSCB prescribing guidance<sup>1</sup>. It is apparent from ongoing complaints from GP colleagues that such recommendations and requests continue to be made by a number of providers.

A number of recent examples have been brought to our attention where a GP was asked to prescribe inappropriately:

- A GP was presented with an 'advice note' from a private provider asking for Mirena® intrauterine system to be prescribed on HSC prescription. The GP practice in question did not provide IUS contraceptive insertion and therefore insertion of the device would be carried out by the private provider. The GP did not wish to accept clinical responsibility and appropriately did not issue a HSC prescription
- A patient's partner presented an 'advice note' on a Friday afternoon to a GP to obtain a HSC prescription for tramadol in advance of the

patient's discharge over the weekend following surgery. In this case and under duress the GP did supply a prescription as it would not have been in the patient's best interest to refuse.

- GPs have been advised, that in line with the NI Formulary, levothyroxine is the treatment of choice for hypothyroidism. We have been advised that patients unwilling to accept this treatment have seen private providers for prescription of liothyronine. Where this occurs, private providers should not be referring patients back to their HSC GP for a prescription for liothyronine under the Health Service. We expect the private provider to issue a private prescription and manage this treatment privately.
- A patient presented a GP with a discharge note for ongoing supply of enoxaparin following a hip replacement having received an initial 5 day supply from the private hospital. Enoxaparin is classed an 'amber drug'<sup>ii</sup> and GPs are not obliged to prescribe in the absence of a Shared Care Arrangement with private providers outlining prescribing and monitoring responsibility.

Where a GP considers that a privately recommended treatment is clinically appropriate and does choose to prescribe then under the HSC terms of service they can issue an HSC prescription. However, the GP is accepting clinical responsibility for this decision. They will be held accountable for the prescribing by HSCB should this fall outside accepted recommendations for the health service, i.e. the Northern Ireland Formulary <sup>iii</sup>. Private providers are asked not to recommend treatments which are not considered appropriate under the HSC and which are without robust clinical evidence for the GP to make a decision on.

**The purpose of this letter is to clarify expectations on the responsibility of prescribing by private healthcare providers as follows:**

1. Sufficient post-op medication including analgesia, anticoagulation etc. is provided at discharge following procedures provided by private healthcare without reference for GP prescription
2. Where procedures are being provided on behalf of HSC Trusts, up to 28 day supply of medication is provided by private healthcare

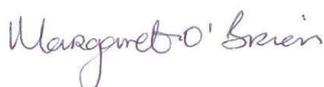
3. Where patients elect to seek alternative treatment from a private provider, the prescription of any medicines linked to this treatment is managed by the private provider
4. Where a procedure is being undertaken by a private provider, any medicine or appliance is prescribed / supplied from the private provider and not sought from the GP practice.
5. GPs are not asked to provide prescriptions for Amber List drugs in the absence of a Shared Care Arrangement outlining ongoing prescribing and monitoring arrangements

### **Action for Private Healthcare Providers**

We would be grateful for confirmation by Private Healthcare providers that they will advise staff of the requirements, review and update their procedures in light of the letter, and confirm that their procedures have been updated.

Please contact Mr Matthew Dolan ([matthew.dolan@hscni.net](mailto:matthew.dolan@hscni.net)) with responses and/or if there are any queries.

Yours sincerely,



**Dr Margaret O'Brien**  
**Head of General Medical**  
**Services**



**Mr Joe Brogan**  
**Assistant Director of Integrated Care**  
**Head of Pharmacy and Medicines**  
**Management**

Cc Dr Sloan Harper  
Dr Carolyn Harper  
Mrs Mary Hinds  
Mr Dean Sullivan  
Dr Lourda Geoghan (RQIA)

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<sup>i</sup> Letter from HSCB July 2013 [www.hscboard.hscni.net/our-work/integrated-care/pharmacy-and-medicines-management/correspondence-pharmacy-medicines-management/](http://www.hscboard.hscni.net/our-work/integrated-care/pharmacy-and-medicines-management/correspondence-pharmacy-medicines-management/)

<sup>ii</sup> [www.ipnsm.hscni.net/red-amber/](http://www.ipnsm.hscni.net/red-amber/)

<sup>iii</sup> Northern Ireland Formulary [niformulary.hscni.net](http://niformulary.hscni.net)