

Private Provider Referral – Disclaimer and Acknowledgement

Dear Patient,

You have the right to seek care from private healthcare providers, including under the NHS 'Right to Choose' pathway (e.g., for ADHD assessment or treatment). However, it is important to understand what Pendleside Medical Practice can and cannot do in relation to private care.

Please read the following carefully before proceeding with a private referral.

Tests and Investigations

Pendleside Medical Practice is not obliged to arrange or carry out tests requested by a private provider, especially if:

- The test falls outside the routine care we offer.
- The interpretation of results is beyond our clinical expertise.

Patients are advised to ensure that all investigations—especially those required before or after treatment—are arranged directly through the private provider.

Medications

We are not required to:

- Prescribe medications recommended by private providers.
- Convert private prescriptions to NHS prescriptions.

However, if the medication is:

- Within normal GP prescribing scope
- Safe and suitable for general practice prescribing

...we may consider it on an individual basis and issue it according to our nonurgent prescribing timelines. If the medication is urgent, the private provider must supply it directly.

While we fully respect each patient's right to seek and self-fund private healthcare, regardless of any advice or claims made by private providers, NHS GPs are not obliged to request investigations or prescribe medications on behalf of private services where the primary purpose is to reduce the cost of private care or to expedite private assessment or treatment. Any such request must be considered on an individual basis, with appropriate clinical oversight, and must always prioritise patient safety.

Shared Care

Shared care refers to an optional arrangement where responsibility for a patient's medication is divided between a specialist and a GP. In this model, the consultant assesses the patient, carries out any necessary investigations, provides full counselling, and initiates treatment, adjusting the dose until the patient's condition is stable. Once stability is achieved, the consultant may ask the GP to take over prescribing and routine monitoring, while the consultant continues to oversee the patient's specialist care. For shared care to operate safely, there must be a clear written agreement outlining the duties of both parties. Participation in shared care is entirely at the GP's discretion, and GPs are not obligated to accept such arrangements, without needing to provide a reason.

We cannot agree to shared care arrangements with private providers if any of the following apply:

- No formal shared care agreement exists.
- The agreement does not meet NHS standards.
- The provider only assesses or diagnoses but does not prescribe.
- Baseline tests, medication counselling, or suitability assessments are missing.
- The patient has not been started, monitored, or stabilised on the medication.
- The provider plans to discharge the patient to GP care without ongoing oversight.
- The medication is outside our clinical competence or used off-licence.

These rules protect patient safety. Without specialist oversight, we will not assume prescribing responsibility.

Where none of the above issues apply, we may consider shared care requests on a case-by-case basis—this does not guarantee that care or prescriptions will be accepted.

By proceeding with a private referral, you acknowledge that you have read and understood the above information.

Yours sincerely,

Pendleside Medical Practice