

Montalto Medical Centre

Amber List drugs at the request of a private provider

When patients see a consultant in outpatient clinic they are often given a prescribing advice chit or letter, requesting that a GP prescribe medication in the community. Your GP will review this request and if felt appropriate and it is safe, will normally prescribe the medication.

Some medications are more complicated and fall into the category of Amber list drugs (Red list drugs are only ever prescribed by hospitals) . These Amber list drugs usually are potent medications with the potential for harm if prescribed incorrectly and have specific monitoring requirements such as regular blood testing or physical checks that have to be carried out in order for the medication to be prescribed safely. There are agreed Shared Care Guidelines which outline the responsibilities of the NHS Consultant and the GP. Many of these responsibilities are relatively onerous and carry medico-legal risk. A full list of these medications and the agreed Shared Care guidelines can be found at

<https://ipnsm.hscni.net/red-amber/>

Within Northern Ireland NHS the Shared Care arrangements are uniform and a voluntary agreement is sought between the consultant and the GP. Where a GP is unable to undertake safe prescribing for whatever reason, the responsibility for prescribing remains with the hospital consultant. Patients then receive their medications from hospital pharmacy and have monitoring undertaken at their hospital clinic. Shared care prescribing in primary care is always voluntary on the part of the GP.

In recent years there has been a huge growth in Private consultants seeing patients in Private hospitals and asking NHS GPs to take over the prescribing of higher risk Amber medications using NHS shared care

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arrangements. This has created significant problems for us for a number of reasons which include:

- we are unable to confirm the credentials of private practitioners easily, particularly when they are based outside Northern Ireland.
- correspondence from private practitioners can be lacking in detail or clarity to assure us reviews are happening as stipulated
- regular review is difficult as patients must pay each time they see the consultant and this has meant they reviews are not as often as required
- when issues arise the process for contacting private doctors to obtain advice is not commensurate with that in the NHS and this raises significant safety concerns.
- there is no funding or resource allocated to Primary Care to cover the work private practitioners generate. Time spent dealing with these issues directly impacts on our ability to provide the NHS care we are actually funded for.

We are aware that most GPs in Northern Ireland are now declining to get involved in shared care arrangements with private providers. We have discussed this issue among all of the Partners in Carryduff Surgery and have decided that in the interests of safety and our ability to provide an equitable NHS service for all our patients that we will not be able to prescribe Amber list drugs suggested by a private doctor.

From now on patients who choose to pay privately to see a consultant and are advised that they need an Amber list medication will have to pay for this medication as part of their private treatment. These

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prescriptions will need to be privately prescribed by the consultant concerned. **We cannot make exceptions.**

If patients hold private medical insurance this may cover the cost of medication. Any patient can be referred into the NHS at any time and if they are seen by an NHS Consultant and the advice remains that an Amber list drug is needed, we will prescribe this under the NHS Shared Care arrangements where it is safe to do so. We know there are long waiting lists for NHS treatment and we share your frustrations with these delays. If you feel you are directly disadvantaged by the poor provision of NHS care we would encourage you to speak to your MLA to try to improve things.

We have a number of patients who are already receiving amber list medications through the NHS under shared care with a private consultant. We will presently be contacting them to transfer their care either to an NHS consultant or back to the private doctor who can prescribe privately and engage in whatever monitoring they feel is needed.

If any of our patients are receiving medication from a private doctor we would advise that they let us know in case there are any interactions with other treatments.