

Private consultants and NHS GPs:

Who's testing who?

A Nottinghamshire LMC (Ltd) guide to arranging blood tests for private patients



"The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options."

GMC, Good Medical Practice

Should GPs be arranging blood tests on behalf of private consultants for private patients?

Recently GPs have reported an increase in the number of requests from private consultants for blood tests, some of which are easily identifiable as routine, whilst others are more specialised in nature, but the question is: **Should GPs be arranging these privately recommended tests?**

Whilst there is plenty of guidance available on prescribing privately recommended drugs and medications, there is very little on who is responsible for arranging privately recommended tests. This brieflet aims to address this issue and suggests that, having interpreted currently available information on the interface between private and NHS healthcare boundaries, the answer is dependent on who is managing the patient's healthcare and has overall clinical responsibility for the patient's treatment.

Private consultants

If a patient has chosen to pay for private healthcare because a) their treatment is not available on the NHS or b) they do not wish to be treated on the NHS, they are responsible for **paying for all costs, including tests**, and the **private consultant** is responsible for managing every aspect of their healthcare (unless the patient chooses to transfer back to the NHS at a later date to continue treatment).¹ For that reason, private consultants should **not** be asking GPs to arrange any tests that they deem necessary, and intend to use, to make a diagnosis and recommend a course of treatment with.

Remember: It is the **private consultant's responsibility** to arrange tests for patients whose care they are managing, and the patient's responsibility to pay for them.

Further reasons private consultants should not be asking GPs to arrange tests for their private patients are as follows:

1. It is **not** possible to 'pick and mix' private and NHS treatment within the same episode of care.² (Tests are recommended as part of the diagnosis process brought about by an initial consultation).
2. NHS staff are **not** permitted to provide services for private practice without the consent of their NHS employer.³
3. The NHS should never subsidise private healthcare.⁴



“A fertility consultant has requested a series of blood tests for a patient they are treating privately. I recognise some of these, but not all, as many are specialised in nature. Should I be arranging these tests?”

There could be two possible situations here:

1. The patient is eligible for IVF treatment on the NHS, but has chosen to pay for this privately.
2. The patient is not eligible for IVF treatment on the NHS and has chosen to pay for this privately.

Taking the first situation, if the patient has chosen to pay for a treatment they could have normally accessed via the NHS, they are responsible for all costs, and the private consultant should be arranging any required tests.⁵ However, if at this stage, the patient decides to transfer back to the NHS for treatment, they would be able to as long as they met the necessary criteria set out in the 'NHS GPs' section of this brieflet.

Taking the second situation, if the patient has chosen to pay for a treatment they could **not** have normally accessed on the NHS, they are required to pay for **all** costs associated with their care, including tests.⁶

Guidance: If you are asked to arrange tests by a private consultant who intends to use the results to continue the patient's private care, you should explain to the private consultant that it is their responsibility to arrange the tests, and that the patient will have to pay as they have chosen to access private healthcare.

However, if the patient's treatment is available on the NHS, they would be able to transfer back to the NHS as long as they met the criteria set out in the 'NHS GPs' section of this brieflet, that includes the patient being reassessed and subject to normal NHS waiting times.

NHS GPs

Patients who are entitled to NHS treatment are able to opt into or out of NHS care at any stage.⁷ They are, however, still liable for the cost of any treatment they have already received privately.⁸ So, if a patient, who has started to pay for healthcare privately, chooses to transfer back to the NHS to continue their treatment, they are able to do so as long as their treatment is **available on the NHS** and the patient is:

- reassessed by an NHS clinician;
- not given any preferential treatment or advantaged from having accessed part of their care privately; and
- subject to normal NHS waiting times.⁹

This makes sure that the GP has overall clinical responsibility for managing the patient's healthcare and prevents any 'queue jumping'. It should also be noted that GPs are not obliged to arrange or prescribe treatment that has been privately recommended if it is contrary to their normal practice.¹⁰



“Following a private consultation, a patient has decided to transfer back to the NHS for the recommended tests, but should I be arranging tests that were privately recommended?”

If a patient decides to transfer back to the NHS for tests following a private consultation, they need to be reassessed and treated in exactly the same way as any other NHS patient, so that they are not advantaged from having accessed part of their healthcare privately. As you would be **managing** the patient's care from the point they transferred back to the NHS, you would decide, following your re-assessment, whether to arrange any tests. If you were not prepared to take clinical responsibility for privately recommended tests that were specialised in nature, you could consider referring the patient to an NHS consultant.¹¹

Remember: “The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options.”¹²



“A private consultant advising on a patient’s treatment has recommended a series of blood tests, but who should be arranging these?”

If the private consultant is only advising on a course of treatment and you, as the GP, have **overall clinical responsibility** for managing the patient’s healthcare, you should arrange the tests¹³ as long as:

- they are normally available on the NHS;
- you are prepared to take full clinical responsibility;
- you are confident that you understand what the tests are for, how to interpret the results, and what course of treatment to recommend;
- the patient is not advantaged from having accessed part of their care privately; and
- the patient is subject to normal NHS waiting times.

However, if the private consultant will determine the course of treatment from the recommended tests’ results, and have clinical responsibility for managing the patient’s healthcare, it would be their responsibility to arrange the tests and the patient would have to pay. However, you would still have to continue providing the patient’s NHS care for any other conditions that you might have clinical responsibility for.¹⁴





References

(All reference pages were last accessed on 23 February 2010).

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