Appendix D: Template Request to Private Provider to provide confirmation of credentials to make a recommendation to prescribe a medicine

Dear

Thank you for your letter of [insert date] in relation to [insert patient details] requesting the practice to prescribe (insert drug].

Surrey Heartlands Integrated Care Board (ICB) have recommended that in circumstances where the private specialist is not known to our GP practice it is appropriate to request assurance regarding the qualifications, knowledge and skills that enable you to make the recommendation to prescribe [insert drug].

Please can you provide the following information at your earliest convenience to enable the practice to make an informed decision as to whether we will take on clinical responsibility for the prescribing of [insert drug].

* Your qualifications
* Details of training you have undertaken and / or your registrations with professional bodies
* A reference from an NHS organisation or NHS specialist colleague

The provision of this information will provide us with the assurance that the diagnosis and subsequent initiation of prescribing has been undertaken in a safe and clinically appropriate manner.

Please respond using the attached proforma. Until we receive a response, the practice will not provide any prescriptions for [insert drug] for [insert patient name]. Subject to your response, we will advise you within 14 days if we can take on ongoing prescribing responsibility.

If the NHS prescriber has any concerns about the validity of the private specialist and the information requested is not provided in a satisfactory manner, then the NHS prescriber should advise the private specialist and the patient that they are unable to take responsibility for ongoing prescribing.

**For shared care only.**

Please be advised that [insert drug] is considered Amber (appropriate for shared care) within Surrey Heartlands ICB. As such, please find attached the shared care agreement that is used within the ICB. Please complete the appropriate details within the document and on receipt we will respond within 14 days. Please note that we will not accept shared care unless [insert patient name] agrees to accessing specialist support from yourself in line with the guidance in the shared care agreement.

Professional registration body ………………………………………

Professional registration number ………………………………….

I [Insert name] declare that the information provided below is true on this date [insert date]:

|  |  |
| --- | --- |
| My qualifications |  |
| Training that I have undertaken in relation to my specialty (please provide details, including academic / professional body and date) |  |
| Registration/memberships with Professional Bodies / Royal Colleges / Faculties etc. |  |
| A reference from an NHS organisation or NHS specialist colleague (provide name and contact details) |  |

I, [Insert name] declare that the information provided above is true on this date.

Date: ……………………….

Signature: ………………………………..