To: [Private hospital Medical Director and Director of Operations]

28th June 2023

Dear Colleagues

Re: Consultant to Consultant referrals from Private providers into NHS Services

Recently several GP colleagues have escalated concerns to me as the ICB Medical Director about inappropriate requests for GPs to make new referrals for patients who have been seen privately. I am therefore seeking to clarify the NHS Cheshire & Merseyside process for patients under the care of private hospitals requiring referral to consultants within NHS hospitals.

As per previous commissioning guidance, for the ongoing management of the presenting problem, the consultant working within the private hospital is required to refer directly to the NHS hospital rather than sending a request to the patient's GP asking them to refer on behalf of the consultant. Although NHS Trusts may prefer the NHS electronic referral system (ERS), they are required to accept referrals by other routes, and it is not necessary for the private provider to use the ERS system. Private provider consultants should collate and send a letter to the NHS provider of the patient's choice with the standard minimum requirements included in a referral. All NHS hospitals have access to the Summary Care Record showing active and past medical problems, medication, and allergies, and can therefore view these details for any patients referred into their service. The patient's registered GP should be copied in for information.

GPs may reject any requests to refer on behalf of private consultants who would effectively be using the GP practice as unnecessary administration support while also shifting the clinical responsibility for the referral to another clinician.

This process applies to both privately funded and NHS funded patients.

Please also note that referral to an NHS hospital should only be for NHS commissioned services. The ICB has an expectation that private patients referred to the NHS will not receive preferential NHS treatment but will be placed suitably on the waiting list as would an NHS patient following initial NHS assessment.

If symptoms or other conditions are disclosed by the patient during the consultation that are unrelated to the original complaint, the consultant should make a direct referral to NHS services for clinically urgent or suspected cancer cases. Where non-urgent matters, unrelated to the original referral, that might ordinarily present to Primary Care are disclosed, the patient should be advised to attend their GP practice for discussion on the most appropriate management. It would be appreciated if consultants did not promise a particular course of action or referral in these situations. All clinicians should ensure that all relevant information is included within any correspondence to ensure any future clinical actions are taken as appropriate.

The requirements set out in this letter are based on the Cheshire and Merseyside ICS Primary Secondary Care Consensus document which has been endorsed by all NHS organisations across Cheshire and Merseyside and are in keeping with long established principles set out by the BMA. A copy of the Consensus document can be accessed via here.

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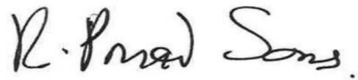
I would be grateful if you could ensure all consultants working within your organisation are made aware of the above and a copy of the Primary Secondary Care Consensus document is shared with all colleagues.

Yours sincerely



Professor Rowan Pritchard-Jones
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