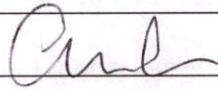


Policy / Procedure / Protocol / Guideline Name:	Private Prescriptions Policy
Author & Title:	Sharon Ryan – Practice Manager
Reviewed By:	Dr Aisha Laskor
Signed & Dated:	 28/7/26
Version:	1.2
Effective Date:	July 2026
Review Date:	July 2031

Contents

Requesting an NHS prescription for medication recommended by a private consultant	2
What happens when I continue the treatment on the NHS?	2
Share Care Agreements.....	2
Fear of Flying and Requests for Sedative Medication.....	3
Why we do not prescribe sedatives for flying.....	3

Appendices

BMA Prescribing in General Practice – April 2018	 BMA - Prescribing in General Practice - Ap
Responsibility of Prescribing between Primary & Secondary Care - 2018	 responsibility-prescri bing-between-primar

Private Prescriptions Policy

Requesting an NHS prescription for medication recommended by a private consultant

In certain situations, we may be able to prescribe some medications recommended privately on the NHS.

However, to do so we need to know the indications for each drug and any relevant results, meaning we need a detailed clinic letter from the specialist explaining the clinical rationale recommendations of medications.

We are not able to prescribe without a clinic letter. Please be aware, therefore, that private prescriptions submitted without a full clinic letter will be automatically rejected- if the medications are needed prior to a clinic letter being available they will need to be obtained privately.

If you are unsure about the urgency with which the medication is required, please liaise with your private specialist- again we cannot advise on whether medications are urgent until we have a full clinic letter detailing why they are required and the indication.

The prescriber takes clinical responsibility for monitoring, so the practice must ensure that we are able to accept this responsibility.

It is not always possible for us to transfer a private prescription onto an NHS prescription unless and you will be advised of this.

What happens when I continue the treatment on the NHS?

If you ask your GP to take over prescribing of a medication or treatment recommended by the private doctor or specialist, they will need to be satisfied that prescribing is appropriate, responsible and what they would prescribe for other NHS patients with the same diagnosis / condition.

In order for us to prescribe the medication, SJWMP must have received a typed letter from the specialist with details of the medication (a copy of a private prescription **will not** be sufficient).

Your GP may not prescribe the particular medication suggested by a private doctor in the following circumstances:

- The medication is generally not prescribed on the NHS.
- The use of the medication is not compatible with national or local prescribing guidelines.
- The medication is not licensed in the UK or is being used for a purpose not included in its UK licence.
- The GP does not believe the medication is appropriate or necessary for you.
- The medication is complex and must remain with the prescribing consultant.
- The treatment is a 'shared care' medication (*see below for more details*)

If your GP is unable to prescribe the medication suggested by the private doctor, they may give you the option of having a different but equally effective medication prescribed on the NHS.

Alternatively, if you prefer, you can pay for your private prescription through your private doctor. This will not affect any other medications, which are currently prescribed for you by your GP.

Share Care Agreements

Sometimes the care of a patient is shared between the two doctors, usually a GP and a specialist. There should be a formalised written agreement/protocol setting out the position of each, to which both parties have willingly agreed, which is known as an 'shared care agreement'. It is important that patients are involved in decisions to share care and are clear about what arrangements are in place to ensure safe prescribing.

In some cases, a GP may decline to participate in a shared care agreement if he or she considers it to be inappropriate. In such circumstances the consultant would take full responsibility for prescribing and any necessary monitoring.

Guidance covering these issues was published in 2018, on the [NHS England website](#).

Fear of Flying and Requests for Sedative Medication

We are aware that many people experience anxiety about flying, and it is common for patients to ask for sedative medication (such as diazepam) to help manage this.

As a practice, we no longer prescribe sedatives for fear of flying.

Below, we explain why this decision is now in place, based on patient safety, clinical guidance and legal considerations.

Why we do not prescribe sedatives for flying

Safety on board

- Sedatives slow reaction times, impair decision making and coordination. In the rare event of an in-flight emergency, this could put both the passenger and others at risk.
- They can also cause significant drowsiness, which may make evacuation in an emergency more difficult.

Medical risks

- Sedatives increase the risk of deep vein thrombosis (DVT), especially on longer flights, as they reduce movement during sleep.
- They can affect breathing by causing mild respiratory depression. At altitude, where oxygen levels are already lower, this effect may become more significant.
- Some people may experience paradoxical effects, such as agitation or aggression, rather than calm.

Guideline and clinical reasons

- Benzodiazepines (e.g. diazepam) are not recommended for phobias, including fear of flying, in the British National Formulary (BNF).
- NICE guidelines advise against using sedative medication for mild or short-term anxiety.
- Fear of flying is considered a specific phobia, not generalised anxiety disorder, so these medicines are not indicated.

Other important considerations

- Combining sedatives with alcohol (often consumed by nervous flyers) increases the risk of complications.
- Importing or carrying sedative medication is illegal in some countries, which could cause problems when travelling abroad.
- Sedatives carry a risk of dependence and, with regular use, may be linked to cognitive side effects.
- GP indemnity generally only covers prescribing for use in the UK; use during travel abroad may not be covered.

What you can do instead

Fear of flying is common, and there are safer, evidence-based approaches to help manage it:

- **Fear of flying courses**, often run by airlines, which combine education about flying with anxiety management techniques.
- **Cognitive behavioural therapy (CBT)**, which has good evidence for helping with specific phobias.
- **Self-help strategies** such as breathing exercises, distraction (music, reading, puzzles) and talking openly to cabin crew about your anxiety.

Below are some courses and resources you may find useful:

- [easyJet Fearless Flyer](#)
- [Flying Without Fear](#)
- [British Airways – Flying With Confidence](#)
- [Flying Without Fear](#)

Guidance from the UK Civil Aviation Authority (CAA)

The CAA advises that sedative drugs are not recommended for fear of flying, for the same safety and health reasons outlined above.

They encourage passengers to consider therapeutic options, self-help techniques and to seek professional advice before flying.

If you feel your anxiety is severe or part of a wider mental health condition, we recommend discussing this with your GP to explore the most appropriate and safe support.

If you have any questions, please speak to a member of our clinical team.

We are here to help you find the safest and most effective way to manage your fear of flying; however, patients who still wish to take benzodiazepines for flight anxiety are advised to consult with a private GP or travel clinic.