NHS
West Suffolk
NHS Foundation Trust

Trust Policy and Procedure **Document ref no: PP(21)269**

FEE PAYING SERVICES POLICY

For use in:	All areas of the Trust
For use by:	All staff with Patient contact
For use for:	Identifying, Recording and Charging for Private Practice
Document owner:	Finance Department
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Contents

Appendices

Purpose of Document

This Policy has been produced to provide clear guidelines for staff for the management of Private Practice within the Trust; to ensure that all staff members are aware of their responsibility in identifying and recording fee paying services; to outline an open and auditable process and to clarify the boundaries between NHS and Private healthcare. Non-adherence to this policy may constitute a conflict of interest or fraudulent behaviour. The main purpose of this document is to protect the clinical registration and safety of our clinicians when carrying out Private treatment on the Trust site. The Trust insurance does not provide liability cover for any private practice and therefore it is essential that this policy is adhered to for protection.

This policy should be considered alongside the Trust's current Private Practice procedures, which are carried out as listed in the Private Patient Tariffs, available from Finance and read in conjunction with the regulations and guidance provided by the Department of Health (DoH) - 'A Code of Conduct for Private Practice: Recommended Standards of Practice for NHS Consultants, 2004' (Appendix A) and 'Guidance on NHS Patients who wish to pay for additional Private care, 2009' (Appendix B).

1.0 Introduction

1.1 The Trust welcomes Private Practice and uses the income generated by fee paying services (including those formerly referred to as Category II work for Private patients only) for the benefit of all patients within the Trust. The NHS should never subsidise Private care and the scheme should not be run at a loss as this would be detrimental to the NHS. All Trust income received from Private Practice will be treated as revenue income. The Trust is legally prohibited from undertaking Private Practice treatment in a manner which compromises its ability to deliver services to NHS patients. Therefore the provision of accommodation and services for Private Patients must not interfere with, or disrupt the Trust's ability to provide accommodation or services for NHS patients. Private Practice clinics/sessions must take place before or after NHS clinics/session and must not delay or reduce NHS clinics/sessions. Consultants running Private clinics must agree clinic times in advance with their manager and in line with their job planning. Where possible, Private theatre procedures should be undertaken out of normal hours; at evenings and weekends. Any identifiable risks will be logged on Datix and actively investigated. A Datix regarding Private treatment may result in a change to this policy, prohibiting Private treatment on the Trust premises; any clinical risk may prohibit Private activity until mitigated. There is a field on Datix to identify any issue which is related to Private Practice.

1.2 The Trust does not have any dedicated Private Practice facilities. With the exception of a single accommodation room located on the Maternity Ward, F11, (availability dependent on clinical priority), there are no Private beds at the Trust. Where Private inpatients occupy a bed they will be accommodated in any part of the hospital most suited to their medical needs.

1.3 The Department of Health (DoH) and National Audit Office (NAO) have stated it is good Practice that Trusts take payment upfront in all cases for 100% of the expected costs of treatment. Therefore, it is essential that all pre-planned Private treatment is identified prior to admission to ensure the patient is fully aware of the costs of their treatment and to enable the Trust to make the appropriate charges.

2.0 Scope of Policy

2.1 This Policy covers Private Practice and fee paying services. Some examples are given below however a full list can be found in Schedule 10 of the BMA's consultant contract:

- work required for life insurance purposes
- work for coroners, as well as attendance at coroners' courts as medical witnesses
- work requested by the courts on the medical condition of an offender or defendant and
- completion of Form B (Certificate of Medical Attendant) and Form C (Confirmatory Medical Certificate) of the cremation certificates

- work as a medical referee (or deputy) to a cremation authority and signing confirmatory cremation certificates

2.2 The BMA provides further guidance on what may constitute Category I work for which fees may not be charged and Category II work, where fees are applicable. https://www.bma.org.uk/advice/employment/fees/check-your-fee/fee-finder-consultant-contract/items-of-service-for-doctors

2.3 This Policy applies to all staff in patient facing roles within the Trust.

3.0 Identification of Private Patients

3.1 Private Patients are those who commit to receive non NHS funded treatment and are subject to pay charges as determined by the Trust for all treatment, tests, accommodation, consumables and any other services associated with their treatment. They can be self-funding patients or insured patients, and either, inpatients, day-cases or outpatients.[1]

3.2 Outpatient appointments are a chargeable activity and will be invoiced to the Consultant on a weekly basis. The prices are listed in the Private Patient Tariff. The consultant will need to provide a list of weekly consultations to the Finance Department for invoicing.

3.3 For all inpatient admissions, a Request a Quote form (see Appendix C) must be fully completed by either the Consultant or their private Secretary detailing the medical plan and returned to the Finance Department. The details on this form will then be cross referenced to the Private Patient Tariff to produce a quote for all planned treatment, which will then be sent to the patient on a Private Practice Agreement form (see Appendix D).

3.4 All Private patients are required to sign and complete a 'Private Practice Agreement' form. Please note the form in Appendix D is only relevant for inpatients and day cases. There are specific forms for each Outpatient area. Please ensure that the appropriate form is used complete with insurance details. Where a Private patient is not covered by an insurance policy, payment must be taken upfront. In all cases this should be completed prior to attendance/admission. Completed forms should be returned to the Finance Department.

3.5 Patient documents, records, referral forms, prescriptions, correspondence and internal requests for diagnostic services, tests, physiotherapy etc. should always be clearly marked with the patient's 'Private Patient' status.

3.6 Consultants have a duty to facilitate the identification of all Private Practice. Effective communication between the Consultants, private Secretaries, Ward Staff, Theatre Staff, Department Managers and the Finance Department is vital in identifying Private Practice and guaranteeing that all applicable charges are recovered. Failure to identify Private Practice episodes will potentially result in a failure to recover the fee owed to the Trust.

3.7 Under the new General Data Protection Regulations (GDPR), the Trust will be unable to invoice any insurers without a signed form from the patient.

3.8 Further guidance on the Ipswich & West Suffolk CCG policy on NHS and Private treatment can be found here: http://www.ipswichandeastsuffolkccg.nhs.uk/Portals/1/Content/Members%20Area/Clinical%20Area/Low%20priority%20procedures/Clinical%20prioritisation%20policies/Private-NHS%20Boundaries%20Policy%20docxFINAL%20IP%20and%20E.pdf

3.9 Patients of the US Military Services are covered by Tricare, under International SOS and a formal contract is in place between them and the Trust. All Tricare patients are to be seen in NHS time and all pre-authorisation forms will be sent to the Finance Department for processing. Any Tricare patients that come in as an emergency will need to be brought to the attention of the Finance Department so that authorisation can be sought in order to claim the costs of treatment.

[1] (An *Inpatient* may be defined as a patient who for medical reasons is admitted to the hospital and occupies a bed for longer than 24 hours. A *Day-Case* is an individual whose treatment uses a full range of services and necessitates a period of supervised care as well as the occupation of a bed or comparable facility. An *Outpatient* would be anyone attending an appointment for diagnosis or treatment for minor or intermediate procedures).

3.10 Some services are not covered by Tricare. The most up to date list can be found here: http://www.tricare.mil/CoveredServices/IsItCovered/Exclusions.aspx

4.0 NHS Patients who pay for Additional Private Care

4.1 This section should be considered in conjunction with DoH published guidance: 'Guidance on NHS Patients who wish to pay for additional Private care, 2009' (Appendix B).

4.2 Some NHS patients may choose to receive and pay for additional Private care for services or drugs that the NHS does not fund or commission, for example unfunded cancer drugs. It is important to note that this this is not the same as co-payment, co-funding or top-up funding which are not supported by the DoH. These patients are defined as NHS patients and treated in the same way as any other NHS patient.

4.3 However, in relation to the specific additional Private care, they will be categorised as a Private Patient and should be identified and recorded as such. They will be required to complete a relevant 'Private Practice Agreement' form (Appendix D) in relation to their additional Private care. Guidance on the management of Private Practice in NHS hospitals is set out in 'A Code of Conduct for Private Practice: Recommended Standards of Practice for NHS Consultants, 2004' (Appendix A) and 'Guidance on NHS Patients who wish to pay for additional Private care, 2009' (Appendix B).

4.4 Consultants must ensure they clearly advise the patient and all staff involved, which elements of an individual procedure, treatment, or test is NHS funded and which will need to be Privately funded. A patient must fully complete an NHS episode of care before they are able to access a separate Private episode of care and vice versa. The Consultant must state at which point a Private or NHS episode of care commences and finishes and is responsible for ensuring the patient fully understands the estimated costs involved.

4.4.1 Additional Private care for NHS patients must be delivered separately where possible (in a different time and place to NHS episodes of care, for example homecare or permanently/temporarily designated Private facilities, beds or clinics). This principle of separation can only be superseded in cases where there are concerns for the patient's safety or it is not practical by exception.

5.0 Change of Status

5.1 Patients have the legal right to change their status from NHS to Private and vice versa. The 'Code of Conduct for Private Practice, 2004' (Appendix A) states that a patient cannot be a Private and an NHS patient for the treatment of one condition during a single visit. However, this has been superseded by the 'Guidance on NHS Patients who wish to pay for additional Private care, 2009' (Appendix B) which asserts that where a patient opts to pay for Private care their entitlement to NHS care remains and must not be withdrawn. Therefore patients may pay for additional Private healthcare whilst continuing to receive NHS care.

5.1.1 If the Patient does change status to private, the follow-up appointment must also be done Privately. If the patient requires surgery following the results of a laparoscopy for example then a new episode of care will begin and the patient can choose whether to be treated Privately or under the NHS.

5.2 Patients sent from Private hospitals for diagnostic services remain Private unless the referral clearly states the patient's change of status to NHS, in which case the patient will join the NHS waiting list. Consultants are responsible for advising the patient and Private hospital of this condition.

5.3 If a patient elects to change their status from Private to NHS they must confirm their intention, by completing a 'Change of Status' form (Appendix E) which must be signed by the patient and the Consultant. This must be accompanied by an assessment of the patient's clinical priority for treatment as an NHS patient. The patient's change of status should be recorded on e-Care, filed in the patient's file, and a copy must be sent to the Finance Department. The patient must then take the place appropriate to their clinical priority on the waiting list.

6.0 Responsibilities

6.0.1 The responsibility of identification and notification of Private Practice lies with the Consultant, assisted by their Secretary. Waiting List Office, Admissions staff and other medical staff also have a duty to report and record Private Practice. Where a direct or perceived conflict of interest exists, the consultant must also make a declaration. The Declaration of Interest Policy provides detail on what is required for compliance.

6.0.2 It is the responsibility of the Consultant to register all Private Practice on the e-Care system. Failure to do so may result in the Trust looking to recover any costs of treatment incurred from the Consultant.

6.03 Consultants must familiarise themselves with the CCSD Coding Principles to ensure that they are not submitting unacceptable code combinations.

6.0.4 Under the new General Data Protection Regulations (GDPR), we will be unable to invoice any insurers without a signed form from the patient. Failure to comply will result in the Trust having to invoice the patient directly.

7.0 Records

7.0.1 Under no circumstance must any Private Patient paper records be stored on trust premises.

7.0.2 If a Private Patient is treated on the Trust premises, all records must be fully completed on e-Care.

7.03 If Private treatment is not carried out on Trust premises, the Trust e-Care solution may be used for Private Patient records, however this will incur a scanning fee.

7.04 Scanning requests should be sent to scanning.admin@wsh.nhs.uk

7.04 Please state on the request where the records are to be stored, whether it be Evolve or a hard drive. Hard drives can be provided by the Trust at a separate cost.

7.05 The disposal of documents after scanning will incur a further charge.

8.0 Consultants, Clinicians & Other Medical Practitioners

8.0.1 All Consultants should conduct their Private Practice in accordance with their contract and the DoH guidance outlined in 'A Code of Conduct for Private Practice – Recommended Standards of Practice for NHS Consultants' (Appendix A). Consultants must be registered with the GMC and must hold a current licence to Practice. In line with guidance from the GMC and as a legal requirement, all medical practitioners, including those undertaking Private Practice must have adequate and appropriate indemnity arrangements to cover professional liability.[2] Private work should not be undertaken during Trust contracted hours, including clinical PA's (Programmed Activities) and SPA's (Supporting Professional Activities). Proof of GMC membership and indemnity arrangements must be uploaded to eJobPlan prior to undertaking any Private Practice and will be subject to audit by the Trust. If in any doubt about their responsibilities with regards to Private Practice, Consultants should discuss their concerns with their Clinical Director and/or ADO (Assistant Directors of Operations).

8.0.2 The Consultant must have adequate insurance cover for all treatments conducted on Trust premises. Failure to hold sufficient cover will result in the Consultant taking full liability for any treatments completed on Trust premises. Before any treatment starts, all clinicians should provide a copy of their licence to Practice and a copy of their indemnity cover. No Private Practice treatment can begin without these.

[2] The exception to this rule is locally employed radiologists providing informal second opinions for private patients in MDTs. At MDT the radiologist would look at the scan and join in the conversation and a record would be made in e-Care. They would not re-report the images either pathological or radiological. This conversation should then be recorded in e-Care and the fee apportioned to cover the time of the MDT to discuss the patient and the risk associated with the discussion. These would be covered by trust indemnity.

8.0.3 Consultants and other medical practitioners who wish to treat Private Patients are required to sign a Private Practice Protocol (Appendix F) and a copy of this must be returned to the Finance Department. Compliance with the protocol is a requirement for being considered for the Clinical Excellence Award.

8.0.4 The Consultant's compliance in the identification and notification of Private Practice is paramount to the Trust's ability to collect the relevant income. It is the personal duty of the Consultant with primary responsibility for the patient's care to declare all Private Practice and to communicate cancellations or changes in the patient's Private/NHS status. Consultants should inform their Department Manager, Private Secretary and/or the Waiting List Office when they intend to admit a Private Patient and ensure that necessary arrangements are made for the attendance of the patient. They must also ensure that all ward staff assisting in providing services are aware of the patient's Private status and where NHS staff are supporting the Consultant outside their contracted hours that the Department Manager/Matron has been advised to ensure staff receive remuneration in their salary.

8.0.5 Consultants must also ensure that the patient is fully informed in advance of admission/treatment of the following:

- The nature of the facilities available (a Private Practice advice leaflet – Appendix G must be provided to all patients interested in Private treatment at the Trust)
- The treatment to be undertaken
- That the Consultant and/or Anaesthetist's professional fees will be billed separately to the Trust charges
- The total estimated costs involved (excluding the cost for high cost consumables and any other costs that cannot be estimated before the procedure). Quotes for Trust charges can be obtained from the Finance Department.

8.0.6 Consultants and/or their Private Secretaries may need to liaise with medical insurers:

- To check cover and authorisation for patients prior to treatment
- To provide medical reports when requested
- To advise insurers if an inpatient's length of stay becomes longer than the number of days initially authorised.

8.0.7 Wherever possible, Consultants must advise patients and their insurer in advance of care, treatment and support of any unexpected additional costs. Consultants must also advise the Finance Department so that billing can be adjusted accordingly.

8.0.8 If a Consultant wishes to use equipment or machines owned by the Trust for their Private Practice, they must seek prior agreement in writing from the General Manager and a charge may be raised by the Trust to the Consultant to recover the costs involved if any damage is incurred. Trust equipment can only be used on the Trust site and must not be removed. If Consultants do not follow this process, the Trust reserves the right to withdraw permission to conduct Private Practice on the Trust site.

8.0.9 Consultants who are supported by a Secretary/PA in the administration of Private Practice are responsible for all aspects of their Private work employment, including payment. Where consultants employ an NHS secretary to work additional hours on Trust premises to assist with Private Practice, Consultants should declare this as part of the job planning process so that a suitable fee may be levied for the use of Trust equipment and facilities. It should be noted that at no time should a Secretary/PA be asked to carry out Private work within their NHS hours.

8.0.10 Consultants must advise patients that in the event of cancellation, 48 hours notice is required. If this notice is not given the Trust reserves the right to charge the patient for all or part of the estimated costs of treatment. In the event that the Trust is unable to recover these costs, they will then become chargeable to the Consultant.

9.0 Private Patient Secretaries, Waiting List Office and Admissions

9.0.1 A Consultant is responsible for their Medical Secretaries actions when related to Private Practice on the Trust site.

9.0.2 A Consultant's private Secretary/PA is responsible for assisting them with administrative and secretarial duties as directed by that Consultant. Medical Secretaries, Waiting List Office and Admissions Staff all have a duty to assist in the identification, notification and recording of Private Patient attendances and have a responsibility to ensure that the correct administrative process is followed (Appendix H) in line with individual departmental procedures. Responsibilities may include the following:

- When a Private Patient is to be admitted for a procedure, permission must be obtained from the ADO (Assistance Directors of Operations) of Surgery and notifications made to the Waiting List Team Leader
- Providing Private Patients with written confirmation of date, treatment details and a breakdown of costs
- Providing the Finance Department with regular, timely and detailed notification of Patients booked to attend, including consultation appointments. Where possible this notification should be sent at least 7 working days in advance
- The Finance Department should be notified of any cancellations or DNA's (Do Not Attend) as soon as known. Patients should be advised that in the event of cancellation, 48 hours' notice is required. If this notice is not given the Trust reserves the right to charge for all or part of the estimated costs of treatment
- Ensuring that all Private Patients complete the relevant form in full prior to treatment, including full insurance details or identification as a self-funder, as well as adequate details of treatment and services provided to the patient. It is essential that this form is sent promptly to the Finance Department and prior to the patient attending as it is the basis for charging. Failure to return these forms could result in a failure to recover charges
- Recording and flagging all Private Practice episodes on e-Care and updating changes in Private status where appropriate
- Making sure that the patients records, referral forms and correspondence are clearly labelled with the patient's 'Private Patient' status

9.0.3 Where Secretaries are employed both by the Trust and by a Consultant, all Private work must be dealt with outside Trust time, outside their contracted NHS hours and where possible, using their own equipment. Private Practice duties for Private patients are strictly prohibited from being undertaken during NHS time.

9.0.3 Please be mindful of GDPR regulations. Any data breaches for Private Patient records are not covered by Trust Indemnity. The data controller and processor will be accountable.

9.0.4 The above responsibilities of Consultants and admin staff are vital to the efficient and effective management of Private Practice within the Trust.

9.0.5 As per regulatory requirements of the Competition and Markets Authority (CMA) and the Private Healthcare Information Network (PHIN), all Private healthcare practitioners must only use either the CMA template letters or letters approved by the CMA to communicate with patients when they are writing either i) prior to outpatient consultations or ii) prior to further tests and treatment.

9.0.5.1 These letters must be saved on the Private patient's e-Care record and will be audited by the Finance Department. The Trust will be held liable for any breach of this requirement by the CMA and CQC.

9.0.5.2 The Private Healthcare Investigation Order 2014 requires all consultants practicing Private healthcare services to patients to submit information on i) outpatient consultation fees ii) standard procedure fees and iii) standard terms and conditions for such treatment to PHIN for publication on the PHIN website. Consultants are personally liable for compliance with this mandatory requirement.

9.0.5.3 Consultants can submit fees to PHIN via their online portal.

10.0 Department Managers

10.0 All managers should ensure that all Medical Staff in their Department who undertake Private Practice are fully aware of their responsibilities.

11.0 Charges for Private Practice

11.01 Prices must be fair and will at least recover full costs associated with the treatment, including overheads, depreciation of assets and an appropriate return on capital employed.

11.02 Charges will be made in accordance with the most recent Private Practice tariff. This will be reviewed annually with effect from 1st April every year.

11.03 Where the Finance Department facilitates payments for Fee Paying Services, a fee will either be built into the tariffs charged or a 10% fee levied for administration tasks, for example for Category II work.

12.0 Private Outpatient Prices

12.01 Price lists will be available to all relevant departments to ensure that correct quotes are provided to all Private Patients.

12.02 Where a patient is insured with a non-contracted provider, please quote the self-funding price. Where a patient fails to provide either insurance details or upfront payment, treatment must be refused.

13.0 Providing Inpatient Quotations

13.01 It is the Consultant's responsibility at the first consultation to give the patient an estimate of their fees, together with those of the Anaesthetist, if appropriate.

13.02 Private Patients should also be given an 'estimate' of the Trust's charges, which can be obtained from the Finance Department.

13.03 Patients must be made aware that if they require further tests or treatment, or if their inpatient stay is longer than expected, the charges will be higher.

13.04 Where a patient has not returned their Private Practice Agreement Form prior to admission, treatment must be refused.

Collection of Income

14.01 Before commencing any Private treatment, the Trust should be paid in full for the expected costs of treatment. Where an insurance company is liable, the Trust will collect any shortfalls or excesses from the Patient.

15.0 Self-funding Patients

15.01 Where an inpatient is self-funding or cannot supply insurance details, full payment based upon the anticipated cost of treatment should be obtained prior to admission, in accordance with National Audit Office and DoH guidelines. Where payment in advance is not forthcoming the Consultant is responsible for deciding whether to postpone the procedure. Where the Consultant decides to proceed without payment being received, the Consultant is responsible for ensuring the Hospitals Charge is recovered.

15.02 Payment in advance of admission must be made to the Finance Department by credit/debit card, by cheque or by BACS. A receipted invoice will be provided.

15.03 Should the actual charge be different to the estimated cost, any over or underpayment will be rectified following discharge.

15.04 Where a patient fails to provide upfront payment, treatment must be refused.

15.05 Payment can either be taken by the Medical Secretary/Receptionist or alternatively payment must be made via Accounts Receivable. This can be done over the phone by calling Accounts Receivable on 01284 713059

16.0 Insured Private Practice

16.01 If a patient is insured, full details of the insurance cover should be recorded on the relevant Private Practice Agreement Form.

16.02 It is the patient's responsibility to contact their insurer prior to admission to confirm appropriate cover and to obtain authorisation.

16.03 If an insured patient cannot provide details and confirmation of authorised cover they will be expected to self-fund and pay upfront.

16.04 If a patient needs to be admitted for longer than originally authorised, it is the responsibility of the overseeing Consultant to provide the insurance company with a clinical update and treatment plan to justify any additional lengths of stay; without this the additional stay will not be authorised and therefore the Trust will not be reimbursed these costs.

16.05 If a Consultant repeatedly fails to adhere to 16.04 above, their ability to provide Private Practice treatment on the Trust site will be reviewed.

16.06 After payment has been received from an insurer, where there are any excesses or shortfalls, the patient will be contacted for final payment or reimbursement.

16.07 Please note that any patients insured with BUPA/Benenden, or covered by an overseas Insurance policy will be required to pay as a self-funding patient and claim back directly from the insurer.

17.0 Cancellations

17.01 In the event that a Private Patient cancels their appointment or procedure without giving the 48 hours' notice required, charges for all or part of the planned care may apply. The Trust reserves the right to make this charge although the reasons for the cancellation will be considered prior to any invoice being raised

18.0 Invoicing

18.01 Invoices for Private Practice treatment within the Trust will be raised by the Finance Department. Charges will be based on the information provided on the Private Practice Form.

18.02 With the exception of certain outpatient departments, Consultants, Practitioners and Anaesthetists will be responsible for issuing their own invoices to collect their professional fees.

18.03 If the patient is insured and has supplied their insurance details, as per agreements with the insurance companies, the Trust will address and send the invoice directly to the insurer. These invoices will be raised following the patient's discharge.

18.04 If the patient is self-funding or has not provided confirmation of insurance cover, charges should have already been paid and a receipted invoice will have been sent to them.

18.05 Outstanding Private Patient debts will be pursued in accordance with the Trust's Debt Management Procedure.

19.0 Inability to Pay

19.01 Instances in which an individual can no longer afford on-going Private treatment costs or whose Private healthcare insurance does not cover the full treatment costs, cannot expect NHS

Commissioners to pick-up funding for treatments which it does not commission for the local population. The fact that the patient has benefited from the treatment is not sufficient grounds in itself for NHS Commissioners to agree to fund a patient as an exception. The NHS must not discriminate against patients who are not in a position to pay for Private care as this would go against its principle of care that all patients must be treated equitably.

19.02 When the treatment in question is not normally commissioned by NHS Commissioners the provider should also ensure that an exit strategy is agreed with the patient should the patient not be able to fully afford the full course of treatment and its associated costs. In such circumstances the Commissioner will not fund the drug/treatment that is not available to NHS patients as this goes against the fundamental NHS principles.

19.03 If a patient is unable to continue paying for Private treatment and can revert to NHS care they must change their status to NHS in line with Section 4.

20.0 Other chargeable patient care

20.01 NHS patients should *never* be charged for their NHS care or be allowed to pay towards NHS services (except where specific legislation is in place to allow this).

20.02 Category II work includes investigations or tests for non-clinical reasons such as X-Rays done on behalf of insurance companies, tests or scans requested by individuals for employment or emigration purposes or cardiac tests for the DVSA (Driver and Vehicle Standards Agency). If Category II work is undertaken during a Consultants' PAs or SPAs they cannot charge the patient for their time but should still identify the patient as a Private Patient and ensure a relevant Private Practice Agreement form is completed.

20.03 Where Consultants can charge a fee as per https://www.bma.org.uk/advice/employment/fees/fee-finder, the appropriate Private Practice Agreement Form must be completed by the Consultant and passed to the Finance Department for invoicing.

20.04 More details can be found in Paragraphs 33 and 34 of the Terms & Conditions of Service of the BMA contract.

21.0 Section 58, NHS Act 1977

21.01 Section 58 of the NHS Act 1977 allows the Trust to provide accommodation and services not covered under other sections of the Act. For example:

- Pathology tests or specimens sent from Private consulting rooms where the patient does not attend a Trust hospital
- Treatment or diagnostic facilities provided on behalf of a non-NHS body e.g. Private hospitals

21.02 The Trust has formal relationships with some Private hospitals, organisations and external Consultants to provide such services and invoices to collect fees for this work.

22.0 Transfers to Critical Care from Private Hospitals

22.01 Independent Sector hospitals are expected to provide care up to and including at least level 2 (high dependency). When a patient is transferred to NHS care owing to lack of suitable level 1 or 2 facilities, the West Suffolk NHS Foundation Trust will invoice the Private provider for the level 1 / 2 episode. In line with guidance from NHS West Suffolk Clinical Commissioning Group and the SLA regarding transfer of critically ill patients between a Private hospital and West Suffolk Hospital, the Trust will charge the Private hospital for the Critical Care transfer service for their Private Patient requiring Level 2 or 3 Care in West Suffolk NHS Foundation Trust critical care. The transfer will mark the start of a new episode of care and the transferred patient will revert to being an NHS patient as long as they choose to do so. Therefore no charges will be made to the transferred patient or their insurance company.

22.02 However, the Trust is entitled to invoice the Private hospital for the critical care period in any cases where the need for critical care has arisen from predictable observed or potential deterioration, or deterioration due to side effects or negligence. When the critical care episode has finished the patient may choose to be transferred back to the Private hospital to continue Private care or remain an NHS patient.

22.03 The Finance Department will raise invoices to the Private hospital to recover charges, on the basis of an Invoice Request sent from critical care Services.

23.0 Overseas Visitors

23.01 For information on the identification and management of Overseas Visitors, please refer to the Trust's Overseas Visitors Policy.

24.0 Monitoring

24.01 The Finance Department will, reconcile Private Practice reports provided by department managers and produced from e-Care, to the invoices raised to ensure that all Private Practice has been identified and charged appropriately.

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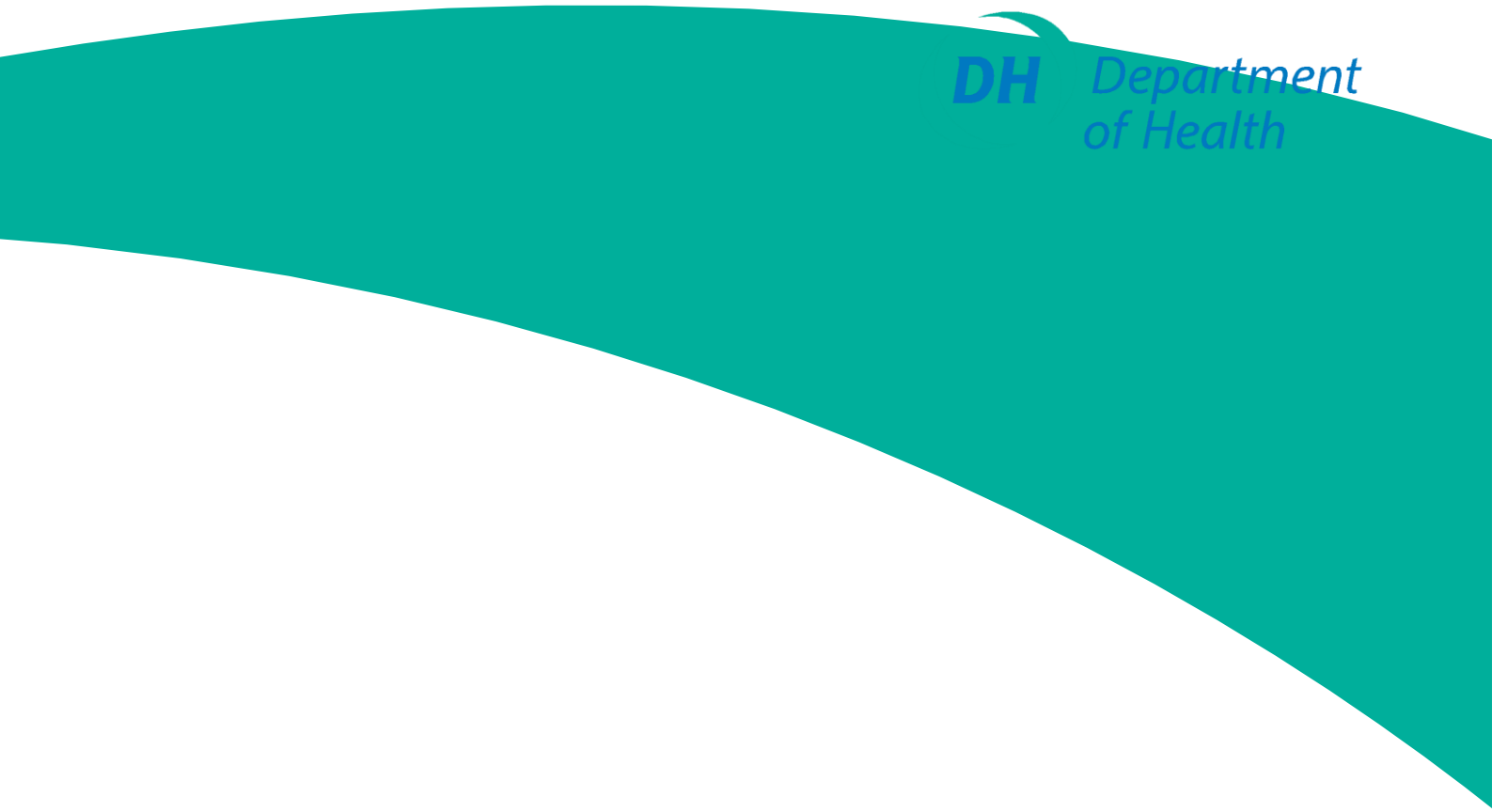
Other relevant policies/documents & references:	▪ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085197 ▪ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_096428 ▪ https://assets.publishing.service.gov.uk/media/59031bc240f0b606e3000265/private-healthcare-market-investigation-order-2014-as-amended.pdf
Additional Information:	



APPENDIX A: A Code of Conduct for Private Practice

Recommended Standards of Practice for NHS Consultants

January 2004

A Code of Conduct for Private Practice

Recommended Standards of Practice for NHS Consultants

January 2004

Contents

Part I

Introduction

Scope of Code

1.1 This document sets out recommended standards of best Practice for NHS consultants in England about their conduct in relation to Private Practice[1]. The standards are designed to apply equally to honorary contract holders in respect of their work for the NHS. The Code covers all Private work, whether undertaken in non-NHS or NHS facilities.

1.2 Adherence to the standards in the Code will form part of the eligibility criteria for Clinical Excellence Awards.

1.3 This Code should be used at the annual Job Plan review as the basis for reviewing the relationship between NHS duties and any Private Practice.

Key Principles

1.4 The Code is based on the following key principles:

- NHS consultants and NHS employing organisations should work on a partnership basis to prevent any conflict of interest between Private Practice and NHS work. It is also important that NHS consultants and NHS organisations minimise the risk of any perceived conflicts of interest; although no consultant should suffer any penalty (under the code) simply because of a perception;
- The provision of services for Private patients should not prejudice the interest of NHS patients or disrupt NHS services;
- With the exception of the need to provide emergency care, agreed NHS commitments should take precedence over Private work; and
- NHS facilities, staff and services may only be used for Private Practice with the prior agreement of the NHS employer.

1 The expression "Private Practice" in this Code of Conduct includes:

a the diagnosis or treatment of patients by Private arrangement (including such diagnosis or treatment under section 65(2) of the National Health Service Act 1977), excluding fee paying services as described in Schedule 10 of the Terms and Conditions.

b. work in the general medical, dental or ophthalmic services under Part II of the National Health Service Act 1977 (except in respect of patients for whom a hospital medical officer is allowed a limited "list", e.g. members of the hospital staff).

Part II

Standards of Best Practice

Disclosure of Information about Private Practice

2.1 Consultants should declare any Private Practice, which may give rise to any actual or perceived conflict of interest, or which is otherwise relevant to the practitioner's proper performance of his/her contractual duties. As part of the annual Job Planning process, consultants should disclose details of regular Private Practice commitments, including the timing, location and broad type of activity, to facilitate effective planning of NHS work and out-of-hours cover.

2.2 Under the appraisal guidelines agreed in 2001, NHS consultants should be appraised on all aspects of their medical Practice, including Private Practice. In line with the requirements of revalidation, consultants should submit evidence of Private Practice to their appraiser.

Scheduling of Work and On-Call Duties

2.3 In circumstances where there is or could be a conflict of interest, programmed NHS commitments should take precedence over Private work. Consultants should ensure that, except in emergencies, Private commitments do not conflict with NHS activities included in their NHS Job Plan.

2.4 Consultants should ensure in particular that:

- Private commitments, including on-call duties, are not scheduled during times at which they are scheduled to be working for the NHS (subject to paragraph 2.8 below);
- There are clear arrangements to prevent any significant risk of Private commitments disrupting NHS commitments, e.g. by causing NHS activities to begin late or to be cancelled;
- Private commitments are rearranged where there is regular disruption of this kind to NHS work; and

- Private commitments do not prevent them from being able to attend a NHS emergency while they are on call for the NHS, including any emergency cover that they agree to provide for NHS colleagues. In particular, Private commitments that prevent an immediate response should not be undertaken at these times.

2.5 Effective Job planning should minimise the potential for conflicts of interests between different commitments. Regular Private commitments should be noted in a consultant's Job Plan, to ensure that planning is as effective as possible.

2.6 There will be circumstances in which consultants may reasonably provide emergency treatment for Private patients during time when they are scheduled to be working or are on call for the NHS. Consultants should make alternative arrangements to provide cover where emergency work of this kind regularly impacts on NHS commitments.

2.7 Where there is a proposed change to the scheduling of NHS work, the employer should allow a reasonable period for consultants to rearrange any Private sessions, taking into account any binding commitments entered into (e.g. leases).

Provision of Private Services alongside NHS Duties

2.8 In some circumstances NHS employers may at their discretion allow some Private Practice to be undertaken alongside a consultant's scheduled NHS duties, provided that they are satisfied that there will be no disruption to NHS services. In these circumstances, the consultants should ensure that any Private services are provided with the explicit knowledge and agreement of the employer and that there is no detriment to the quality or timeliness of services for NHS patients.

Information for NHS Patients about Private Treatment

2.9 In the course of their NHS duties and responsibilities consultants should not initiate discussions about providing Private services for NHS patients, nor should they ask other NHS staff to initiate such discussions on their behalf.

2.10 Where a NHS patient seeks information about the availability of, or waiting times for, NHS and/or Private services, consultants should ensure that any information provided by them, is accurate and up-to-date and conforms to any local guidelines.

2.11 Except where immediate care is justified on clinical grounds, consultants should not, in the course of their NHS duties and responsibilities, make arrangements to provide Private services, nor should they ask any other NHS staff to make such arrangements on their behalf unless the patient is to be treated as a Private patient of the NHS facility concerned.

Referral of Private Patients to NHS Lists

2.12 Patients who choose to be treated Privately are entitled to NHS services on exactly the same basis of clinical need as any other patient.

2.13 Where a patient wishes to change from Private to NHS status, consultants should help ensure that the following principles apply:

- A patient cannot be both a Private and a NHS patient for the treatment of one condition during a single visit to a NHS organisation;
- Any patient seen Privately is entitled to subsequently change his or her status and seek treatment as a NHS patient;
- Any patient changing their status after having been provided with Private services should not be treated on a different basis to other NHS patients as a result of having previously held Private status;
- Patients referred for an NHS service following a Private consultation or Private treatment should join any NHS waiting list at the same point as if the consultation or treatment were an NHS service. Their priority on the waiting list should be determined by the same criteria applied to other NHS patients; and
- Should a patient be admitted to an NHS hospital as a Private inpatient, but subsequently decide to change to NHS status before having received treatment, there should be an assessment to determine the patient's priority for NHS care.

Promoting Improved Patient Access to NHS Care and increasing NHS Capacity

2.14 Subject to clinical considerations, consultants should be expected to contribute as fully as possible to maintaining a high quality service to patients, including reducing waiting times and improving access and choice for NHS patients. This should include co-operating to make sure that patients are given the opportunity to be treated by other NHS colleagues or by other providers where this will maintain or improve their quality of care, such as by reducing their waiting time.

2.15 Consultants should make all reasonable efforts to support initiatives to increase NHS capacity, including appointment of additional medical staff.

Part III

Managing Private Patients in NHS Facilities

3.1 Consultants may only see patients Privately within NHS facilities with the explicit agreement of the responsible NHS organisation. It is for NHS organisations to decide to what extent, if any, their facilities, staff and equipment may be used for Private patient services and to ensure that any such services do not interfere with the organisation's obligations to NHS patients.

3.2 Consultants who practise Privately within NHS facilities must comply with the responsible NHS organisation's policies and procedures for Private Practice. The NHS organisation should consult with all consultants or their representatives, when adopting or reviewing such policies.

Use of NHS Facilities

3.3 NHS consultants may not use NHS facilities for the provision of Private services without the agreement of their NHS employer. This applies whether Private services are carried out in their own time, in annual or unpaid leave, or – subject to the criteria in paragraph 2.8 – alongside NHS duties.

3.4 Where the employer has agreed that a consultant may use NHS facilities for the provision of Private services:

- The employer will determine and make such charges for the use of its services, accommodation or facilities as it considers reasonable;
- Any charge will be collected by the employer, either from the patient or a relevant third party; and
- A charge will take full account of any diagnostic procedures used, the cost of any laboratory staff that have been involved and the cost of any NHS equipment that might have been used.

3.5 Except in emergencies, consultants should not initiate Private patient services that involve the use of NHS staff or facilities unless an

undertaking to pay for those facilities has been obtained from (or on behalf of) the patient, in accordance with the NHS body's procedures.

3.6 In line with the standards in Part II, Private patient services should take place at times that do not impact on normal services for NHS patients. Private patients should normally be seen separately from scheduled NHS patients. Only in unforeseen and clinically justified circumstances should an NHS patient's treatment be cancelled as a consequence of, or to enable, the treatment of a Private patient.

Use of NHS Staff

3.7 NHS consultants may not use NHS staff for the provision of Private services without the agreement of their NHS employer.

3.8 The consultant responsible for admitting a Private patient to NHS facilities must ensure, in accordance with local procedures, that the responsible manager and any other staff assisting in providing services are aware of the patient's Private status.

7
A Code of Conduct for Private Practice – Recommended Standards of Practice for NHS Consultants

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34276/*Contract Workbook – Recommended Standards of Practice for NHS Consultants* can also be made available on request in braille, on audio cassette tape, on disk, in large print, and in other languages on request.

APPENDIX B: Guidance on NHS patients who wish to pay for additional Private care

Department of Health

DH INFORMATION READER BOX	
Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
Planning /	Finance
Clinical	Social Care / Partnership Working

Document Purpose	Policy
Gateway Reference	11512
Title	Guidance on NHS patients who wish to pay for additional Private care
Author	Department of Health
Publication Date	23 Mar 2009
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Foundation Trust CEs , Medical Directors, Directors of Nursing, PCT Chairs, NHS Trust Board Chairs, Special HA CEs, Directors of Finance, Communications Leads
Circulation List	
Description	Final guidance issued following full 12 week consultation process.
Cross Ref	"Improving Access to Medicines for NHS patients" (Nov 2008)
Superseded Docs	First bullet point under Section 2.13 of A Code of Conduct for Private Practice: Recommended Standards of Practice for NHS Consultants (Jan 2004)
Action Required	NHS Chief execs will wish to ensure local policies are consistent with this guidance
Timing	**N/A**
Contact Details	Policy Support Unit Department of Health Richmond House London SW1A 2NS
For Recipient's Use	

Guidance on NHS patients who wish to pay for additional Private care

Prepared by Department of Health

Contents

Executive summary

The key points which NHS organisations should take from this guidance are:

- NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional Private care.
- Any additional Private care must be delivered separately from NHS care.
- The NHS must never charge for NHS care (except where there is specific legislation in place to allow charges) and the NHS should never subsidise Private care.
- The NHS should continue to provide free of charge all care that the patient would have been entitled to had he or she not chosen to have additional Private care.
- NHS Trusts and Foundation Trusts should have clear policies in place, in line with these principles, to ensure effective implementation of this guidance in their organisations. This includes protocols for working with other NHS or Private providers where the NHS Trust or Foundation Trust has chosen not to provide additional Private care.
- Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) should work together to ensure that the guidance is being implemented properly in their local areas.

1. Introduction

1.1 This document provides new guidance on how to proceed in situations where NHS patients want to buy additional secondary care services that the NHS does not fund. It has been published in response to a review commissioned by the Secretary of State for Health and conducted by Professor Mike Richards, the National Cancer Director. Professor Richards' report, published on 4 November 2008, showed that there was a great deal of confusion about the rules in this area. Existing guidance was being interpreted differently in different places, and many patients were not clear whether they would still be entitled to NHS care if they purchased additional Private drugs.

1.2 Professor Richards recommended that:

- The Department of Health should make clear that no patients should lose their entitlement to NHS care they would have otherwise received, simply because they opt to purchase additional care for their condition;
- Revised guidance should be issued as soon as possible to make this clear and to promote greater consistency across the NHS in England; and
- The guidance should set out mechanisms to ensure that these cases are handled in a way that supports good clinical Practice and is fully consistent with the fundamental principles of the NHS.

1.3 This document responds to those recommendations, outlining guidance on NHS patients who receive Private care and setting out a series of important safeguards. This document has been issued following full consultation.

1.4 This guidance comes into force on 23rd March 2009. It does not apply retrospectively.

Revised guidance on NHS patients receiving Private care

2. Principles

2.1 This guidance is grounded in the fundamental principles of the NHS and any decisions about a course of action under this guidance should be taken in accordance with those principles. The fact that some NHS patients also receive Private care separately should never be used as a means of downgrading the level of service that the NHS offers.

2.2 As affirmed by the NHS Constitution:

- The NHS provides a comprehensive service, available to all;
- Access to NHS services is based on clinical need, not an individual's ability to pay; and
- Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.

2.3 As overriding rules, it is essential that:
- The NHS should never subsidise Private care with public money, which would breach core NHS principles; and
- Patients should never be charged for their NHS care, or be allowed to pay towards an NHS service (except where specific legislation is in place to allow this) as this would contravene the founding principles and legislation of the NHS.

2.4 To avoid these risks, there should be as clear a separation as possible between Private and NHS care.

3. Scope

3.1 The general principles set out in Section 2 above apply to all NHS care, wherever it is delivered.

3.2 However, this revised guidance (from Section 4 onwards) applies only to all secondary and specialist healthcare (care normally provided in a hospital setting) in England. It supersedes paragraph 2.13, bullet point 1 of the Code of Conduct for Private Practice (2004)[1], and all other previous guidance on the same subject.

3.3 This guidance also applies to Primary Care Trusts and all providers of services to NHS patients, in so far as they provide or commission the provision of secondary and specialist healthcare.

3.4 The boards of all provider organisations covered by this guidance are responsible for ensuring their organisations comply with it.

3.5 The guidance should be read alongside the legislative framework, including equality duties, and organisations should comply with their legal obligations when making a decision.

4. Revised guidance

4.1 This guidance establishes that, where a patient opts to pay for Private care, their entitlement to NHS services remains and may not be withdrawn.

4.2 Patients may pay for additional Private healthcare while continuing to receive care from the NHS. However, in order to ensure that there is no risk of the NHS subsidising Private care:
- It should always be clear whether an individual procedure or treatment is Privately funded or NHS funded.
- Private and NHS care should be kept as clearly separate as possible.
- Private care should be carried out at a different time to the NHS care that a patient is receiving.
- Private care should be carried out in a different place to NHS care, as separate from other NHS patients as possible. A different place would include the facilities of a Private healthcare provider, or part of an NHS organisation which has been permanently or temporarily designated for Private care, such a Private wing, amenity beds or a Private room. Trusts may also want to consider using the services of a

[1] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085197

home healthcare provider where this is clinically appropriate. Putting in place arrangements for separation does not necessarily mean running a separate clinic or ward. As is the case now, specialist equipment such as scanners may be temporarily designated for Private use as long as there is no detrimental effect to NHS patients.

4.3 Departing from these principles of separation should only be considered where there are overriding concerns of patient safety, rather than on the basis of convenience. Such decisions should usually be agreed in advance with the Medical Director or equivalent. Where a decision has to be made without gaining prior approval from the Medical Director on the grounds of clinical urgency, the Medical Director should be informed as soon as possible afterwards. A record should be kept of all decisions to depart from these principles.

Case study for illustrative purposes

Patient A is on a bone marrow transplantation unit in specialist isolation care. He wishes to pay for an unfunded drug in addition to his NHS treatment but his doctor judges that it would be clinically unsafe to move him from the specialist unit to receive this Private care. His doctor discusses his case with the Trust's Medical Director and they agree that the serious safety risks to the patient in moving him justify departing from the principles of separation in this instance. The Medical Director and the doctor record their discussion and the decision they have reached. Patient A is allowed to have the unfunded drug delivered Privately in the specialist unit. Patient A has to pay for the full cost of his Private treatment.

4.4 In relation to care which is provided free of charge by the NHS, the patient remains an NHS patient and should be treated in the same way as any other NHS patient. In relation to care which is provided on a Private basis, the patient is a Private patient. This guidance should therefore be read in conjunction with the Code of Conduct for Private Practice (2004)[2] which sets out how NHS doctors are allowed to provide Private care.

4.5 Doctors, working with NHS managers, should exhaust all reasonable avenues for securing NHS funding before suggesting a patient's only option is to pay for care Privately. In these situations, which are likely to be exceptional, doctors should consider:

- Whether NICE has issued a positive technology appraisal for the treatment of the relevant indication. If so, it must be made available on the NHS;
- If not, whether the relevant Primary Care Trust has a local policy to fund the treatment, perhaps based on collaboration with other PCTs or, in the case of cancer drugs, advice from a cancer network. If so, it should be made available on the NHS;
- If not, whether there are specific aspects of the patient's case which justify an application to the PCT for exceptional funding. If an application to this process is made and is successful, the treatment will be funded on the NHS.
- Only once these avenues have been explored should a doctor suggest that the patient's only option is to pay Privately for a treatment.

[2] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085197

4.6 As set out in the NHS Constitution, patients have a right to expect local decisions on funding of drugs and treatments to be made rationally following a proper consideration of the evidence. PCTs should ensure that they have robust, transparent processes in place to make such decisions, including decisions on exceptional funding, and in doing so, should have regard to the following guidance:

- *Defining guiding principles for processes supporting local decision-making about medicines*[3]
- *Handbook of good Practice guidance supporting rational local decision-making about medicines*[4]

4.7 PCTs should particularly bear in mind the need for timely decisions, especially when patients are seeking funding for end of life treatments. In line with the founding principles of an NHS based on clinical need and not ability to pay, PCTs must never take a patient's financial circumstances or willingness to pay into account when making decisions on funding.

4.8 In their system oversight roles, SHAs should ensure that, in any separate provision of Private and NHS care, the fundamental principles of the NHS are not undermined.

4.9 Clinical networks, such as those for cancer, can play an important role in ensuring consistency and best Practice in relation to issues such as pathways, clinical governance, standards and charging.

4.10 Any complaints that a patient's NHS care has been "withdrawn" as a result of choosing to have Private care separately should be investigated as quickly as possible through the NHS complaints procedure.

[3]http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093413
[4]http://www.npc.co.uk/policy/local/constitution_handbook.htm

Case studies for illustrative purposes

a. Patient B chooses to pay for an unfunded cancer drug in addition to chemotherapy treatment she has been receiving on the NHS. Under agreed clinical governance protocols, she attends an appointment for chemotherapy in the morning in her Trust's chemotherapy suite and attends a separate appointment later that day in the same Trust's Private wing, where she is given the unfunded drug. As well as the cost of the drug itself, the charge to Patient B includes the cost of any staff involved in the provision of the drug and any scans or blood tests only needed as a result of taking the unfunded cancer drug. **Patient B is allowed to have additional Private care because the NHS element of care and the Private element of care can be delivered separately.**

b. Patient C chooses to pay for an unfunded cancer drug which, in order to comply with the licensed dosing schedules for the drug, needs to be given concurrently (at roughly the same time) as NHS chemotherapy. Under agreed clinical governance protocols, he attends an appointment for NHS chemotherapy at 3pm in the Trust's chemotherapy suite and attends a separate Private appointment at 3.45pm in a room designated for Private care near to the chemotherapy suite in the same Trust, where he is given the unfunded drug. As well as the cost of the drug itself, the charge to Patient C includes the cost of any staff involved in the provision of the drug and any scans or blood tests only needed as a result of taking the unfunded cancer drug. **Patient C is allowed to have additional Private care because the NHS element of care and the Private element of care can be delivered separately.**

c. Patient D has a hip replacement operation on the NHS, and following the operation, she is offered NHS physiotherapy to help her recover. However, there is a Private clinic offering physiotherapy next door to Patient D's place of work. For reasons of convenience, Patient D chooses to have Private physiotherapy after her NHS operation whilst still receiving other NHS follow up care. **Patient D is allowed to have additional Private care because the NHS element of care and the Private element of care can be delivered separately.**

d. Patient E needs a cataract operation. This procedure normally involves removal of the crystalline lens from the eye and replacement with an artificial lens with a single focus. After cataract surgery, patients normally have to wear glasses for some purposes, usually for close work. Patient E asks his NHS Trust to insert a multifocal lens at the time of surgery as this may reduce the need for him to wear glasses. The multifocal lens is not routinely available on the NHS. Patient E is willing to pay for the cost of the multifocal lens but wants the NHS to provide the surgery involved free of charge as part of the cataract operation. The Trust informs him that it is not possible to pay for the multifocal lens while carrying out the surgery on the NHS as it is not possible to separate the Private element from the NHS element of care. The Trust informs him that he can have the single focus lens free of charge on the NHS or the multifocal lens as an entirely Private operation. **Patient E is not allowed to have additional Private care because the NHS element of care and the Private element of care cannot be delivered separately.**

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5. Roles and Responsibilities of Doctors in relation to this Guidance

5.1 Effective communication with patients and patient representatives about treatment options should be maintained at all times. The necessary information should be provided for patients to make an informed decision about their care, including high quality written information. In line with current best Practice, doctors should consider signposting patients to other sources of helpful information, such as relevant national or local charities or patient groups.

5.2 NHS doctors who carry out Private care should strive to avoid any actual or perceived conflict of interest between their NHS and Private work. Where they feel a conflict of interest might exist, doctors should comply with existing GMC guidance (*Consent: patients and doctors making decisions together*)[5] which states that:

"You must give patients the information they want or need about any conflicts of interest that you, or your organisation, may have".

5.3 Doctors should comply with existing GMC guidance (*Consent: patients and doctors making decisions together*)[6] which states that:

> "You must give patients the information they want or need about any treatments that you believe have greater potential benefit for the patient than those you or your organisation can offer".

5.4 This guidance also makes clear that clinicians should not make assumptions about the information a patient may want or need. This includes deciding whether to tell a patient about all available treatment options based on an assumption of their financial circumstances.

5.5 There is a difference between providing information to patients on all of the treatment options available to them, some of which may only be available Privately, and advertising Private Practice to NHS patients. Doctors should continue to comply with paragraph 2.9 of the Code of Conduct for Private Practice[7], which states:

"In the course of their NHS duties and responsibilities, consultants should not initiate discussions about providing Private services for NHS patients, nor should they ask other NHS staff to initiate such discussions on their behalf"

5.6 However, if a patient seeks information on how to access a Private treatment option, the Code of Conduct for Private Practice makes clear that NHS doctors should provide them with full and accurate information about the Private services they or their NHS organisation can provide.

5.7 As good Practice, a brief record should be kept of all discussions with patients about care not routinely funded on the NHS in the patient's NHS medical notes.

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[5] http://www.gmcuk.org/guidance/ethical_guidance/consent_guidance/sharing_information_and_discussing_treatment_options.asp

[6] http://www.gmcuk.org/guidance/ethical_guidance/consent_guidance/sharing_information_and_discussing_treatment_options.asp

[7] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085197

5.8 The patient (or, where appropriate, the patient's representative) should be given full information about the potential benefits, risks, burdens and side effects of any treatment before being asked to consent to treatment, in line with the GMC guidance, *Consent: Patients and doctors making decisions together*, 2008[8]. The information provided to the patient should be recorded on the consent form.

5.9 When decisions involve a child or young person, doctors should follow the good Practice guidance set out in the GMC guidance, *0-18 years: guidance for all doctors*, 2007.[9]

5.10 When advising patients or patients' representatives on additional Private care, doctors should respect the patient's right to seek a second opinion, as set out in the GMC's Good Medical Practice guidance (2006).[10]

5.11 NHS doctors who have regular conversations with patients approaching the end of their life should take advantage of the training opportunities available to them on how to handle these conversations in a balanced and sensitive way.

5.12 It would be good Practice for the outcomes of cases involving the administration of unfunded treatments to be discussed at multi-disciplinary clinical governance meetings.

5.13 Doctors should contribute information to relevant national audits.

6. Safeguards for the NHS

6.1 To help protect the essential principles of the NHS, the following specific safeguards should also be applied when making decisions:

- As with any other patient who changes between NHS and Private status, patients who pay for Private care in these circumstances should not be put at any advantage or disadvantage in relation to the NHS care they receive. They are entitled to NHS services on exactly the same basis of clinical need as any other patient.
- The patient should bear the full costs of any Private services. NHS resources should never be used to subsidise the use of Private care.
- The arrangements put in place to deliver additional Private care should be designed to ensure as clear a separation as possible of funding, legal status, liability and accountability between NHS care and any Private care that a patient receives.
- As is the case already, any NHS Trust, NHS Foundation Trust or individual doctor who does not wish to carry out any element of Private Practice is not compelled to do so.

6.2 NHS consultants must manage any Private Practice, including Private Practice described in this guidance, as set out in the Code of Conduct for Private Practice (2004)[11], and in

[8]http://www.gmcuk.org/guidance/ethical_guidance/consent_guidance/sharing_information_and_discussing_treatment_options.asp
[9]http://www.gmc-uk.org/guidance/ethical_guidance/children_guidance/contents.asp
[10]http://www.gmc-uk.org/guidance/good_medical_Practice/index.asp
[11]http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085197

the Terms and Conditions of the Consultant Contract (2003)[12] or any future versions of these documents.

6.3 In particular, paragraphs 3.7 & 3.8 of the Code of Conduct for Private Practice continue to apply for the provision of any Private care in NHS facilities:

"NHS consultants may not use NHS staff for the provision of Private services without the agreement of their NHS employer."

"The consultant responsible for admitting a Private patient to NHS facilities must ensure, in accordance with local procedures, that the responsible manager and any other staff assisting in providing services are aware of the patient's Private status."

7. Clinical governance

7.1 Any situations where patients receive additional Private care alongside NHS care should be handled with the highest standards of professional Practice and clinical governance.

7.2 Transferring between Private and NHS care should be carried out in a way which avoids putting patients at any unnecessary risk. The NHS and the Private provider (which may be an NHS organisation) should work collaboratively to put in place protocols to ensure effective risk management, timely sharing of information, continuity of care and coordination between NHS and Private care at all times. If different clinicians are involved in each element of care, these protocols should include arrangements for the safe and effective handover of the patient between the clinician in charge of the NHS care, and the clinician in charge of the Private care.

7.3 As when patients are transferred from one NHS organisation to another, it should always be clear which clinician and which organisation are responsible for the assessment of the patient, the delivery of any care and the delivery of any follow up care.

8. Charges for Private care by NHS providers

8.1 Charges for any element of care provided by a consultant acting in a Private capacity and using NHS facilities should be set in accordance with paragraph 3.4 of the Code of Conduct for Private Practice (2004)[13], which states:

Where the employer has agreed that a consultant may use NHS facilities for the provision of Private services:

- *The employer will determine and make such charges for the use of its services, accommodation or facilities as it considers reasonable;*
- *Any charge will be collected by the employer, either from the patient or a relevant third party; and*
- *A charge will take full account of any diagnostic procedures used, the cost of any laboratory staff that have been involved and the cost of any NHS equipment that might have been used.*

[12] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4070548
[13] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085197

8.2 Additional Private care may be provided by the NHS Trust or Foundation Trust, as a service provided by their organisation, or by individual consultants who have agreed this with their employer. In either case, in developing charges for NHS patients who are having additional Private care, NHS organisations and staff should use the following principles:

- The NHS should not subsidise the Private element of care
- The patient should meet any additional costs associated with the Private element of care, such as additional treatment needed for the management of side effects.
- Any care which would normally have provided in the course of good NHS Practice should continue to be offered free of charge on the NHS.
- Where the same diagnostic, monitoring or other procedure is needed for both the NHS element of care and the Private element, the NHS should provide this free of charge as part of the patient's NHS entitlement and share the results with the Private provider if necessary. Patients should not be unnecessarily subjected to two sets of tests or interventions.
- The Private provider should normally deal with non-emergency complications resulting from the Private element of care.
- The NHS should never refuse to treat patients simply because the cause of the complication is unclear.
- The NHS should continue to treat any patient in an emergency.

8.3 NHS provider organisations continue to be responsible for recovering all appropriate charges from Private patients.

8.4 The patient's agreement to the likely costs should be sought in advance of any Private care being provided, preferably in writing.

8.5 It is important that the NHS should not be seen to be profiting unreasonably from patients in these circumstances.

8.6 NHS Trusts and Foundation Trusts should ensure they comply with all relevant legislation regarding income generated from providing Private healthcare.

9. Indemnity arrangements

9.1 This guidance does not change the current position in relation to indemnity arrangements for NHS organisations and healthcare professionals wishing to provide Private care.

9.2 Where healthcare professionals choose to provide additional Private care in a Private capacity, and agree with their NHS employer that they may use NHS facilities for this purpose, they should continue to have appropriate Private indemnity cover in place for themselves. If the agreement to use NHS facilities includes the use of additional NHS staff as part of the facilities provision, those additional NHS staff will be covered by the NHS employer's indemnity.

9.3 Where the Trust decides to provide additional Private care as one of the services it offers as an organisation, healthcare professionals will be covered by their employer's indemnity as they will be providing Private care in the course of their NHS employment.

9.4 Doctors having conversations about Private treatment options with NHS patients in the course of their NHS duties will be covered by their employer's indemnity.

9.5 For detailed information about NHS indemnity, NHS organisations should contact the NHS Litigation Authority.

10. Wider policy on Private Practice in the NHS

10.1 Previous guidance on NHS work taking precedence over Private work continues to apply. It remains the primary purpose of any NHS organisation to provide NHS care.

10.2 Any income generated under this guidance should be treated in the same way as any other income generated by the NHS acting in a Private capacity.

Definitions

In this guidance:

- "Private care" refers to Privately funded care (whether provided as a Private service by an NHS body or by the independent sector);
- "NHS patient" refers to any person in receipt of services funded by the NHS
- "Private patient" refers to any person in receipt of Privately funded services;
- "Patient representative" refers to any person legally able to act on the behalf of the patient in question;
- A "NHS consultant" is a consultant involved in the provision of NHS care at the time in question;
- A "NHS doctor" is a doctor involved in the provision of NHS care at the time in question; and
- A "healthcare professional" is a member of a profession concerned with the physical or mental health of individuals.

References to any publications also apply to future versions of those publications.

APPENDIX C: PRIVATE PRACTICE REQUEST A QUOTE

"PRIVATE PRACTICE - REQUEST A QUOTE"

FORM IS INCOMPLETE PLEASE CHECK

Patient Name			
Patient Address		**Date of Birth**	
		MRN	
Home Number		**Mobile number**	
Treating Consultant		**Ward/Department**	
Expected date		**Length of stay**	
Is the Patient			

(See below for definition)

Please complete the code for each procedure:
(See Tab 2)

CCSD Codes	Procedures	For Finance
Will Physiotherapy be required? If so, how many sessions.		
Will Radiology be required? If yes, please provide details.		
Will Pathology Specimens be required? If so, how many?		

How is this treatment being paid for?

Self Funding | **Select** | **If insured, please select from list**

Additional Information	Membership Number:
	Authorisation Number:
	Any other charges or significant information that could be required:

Your Name		

Please return form to : privatepatients@wsh.nhs.uk

An Inpatient is defined as a patient who for medical reasons occupies a bed for longer than 24hrs.

A Day-Case is an individual who treatment necessitates a period of supervised care and occupation of a bed or comparable facility

PRIVATE PRACTICE AGREEMENT

SECTION A: To be completed by West Suffolk Hospital

Admission Details

Patient's CRN No.: | Date of admission/attendance:

Treating Consultant: | Ward/Department:

Outpatient attendance ☐ Day Case ☐ Inpatient ☐ - Estimated length of stay: _____ days.

Procedure/Test Details:

Procedure (CCSD) Code/s:

Other related treatment/tests:

Anaesthetic? None ☐ General Anaesthetic ☐ Local Anaesthetic ☐ Date of Pre-assessment: ____/_____/_____

Charge Details

	Charge (£)	Cost Centre (FOR FINANCE USE)
Hospital's Charge for procedures / tests / treatment		
Accommodation Charge		
Pathology Charge	Invoiced Separately	N/A
Consultant's / Anaesthetist's Fees	Invoiced Separately	N/A
TOTAL CHARGE	**£**	

- If additional tests, treatment or high cost consumables are required, these will be invoiced separately.
- The charge calculated above is the Hospital's charge only. Consultants and Anaesthetists will invoice separately for their fees.
- *All charges are subject to the provisions of Section 65(3) of the National Health Service Act 1977 as amended.*

SECTION B: To be completed by Patient/Guarantor

This form should be completed fully and accurately by the patient or the patient's guarantor who is willing to accept liability on the patient's behalf. Minors (patients under the age of 18 years of age) must NOT sign this form and must have a Guarantor.

1. Patient Details

Surname: | First Name/s:

Mr/Mrs/Miss/Dr/Other: | Date of Birth:

Address:

Email Address:

Home Telephone No.: | Mobile Telephone No.:

2. Medical Insurance/Sponsor Details

☐ Self-Funding **(Please complete Section 3)** ☐ Insured/ Sponsored

Private Medical Insurers must be contacted prior to attendance to verify adequate cover, to check excess/shortfalls and to obtain a claim or authorisation number. Please note that if there is a shortfall to pay you will be contacted directly to pay this. If confirmation of cover cannot be provided full payment will be required. Being insured does not mitigate liability to pay for treatment provided. **(Please note that if you are a Benenden Patient, or covered by an overseas Insurance policy, you will be required to pay as a self-funding patient and claim back directly from the insurer)**

Insurer's/ Sponsor's Name:

Insurer's/Sponsor's Address:

Policy/Member No.: Authorisation/Claim No.:

3. Payment Details

For self-funding patients and insured patients who cannot provide confirmation of cover, full payment of the estimated charge is required prior to admission. Patients with an excess to their policy must pay this in advance by completing the details below.

☐ **Payment by cheque:** Please make cheques payable to 'West Suffolk NHS Foundation Trust'.
Cheques must reach the Hospital at least 5 working days before treatment

☐ **Payment by Debit/Credit Card:** Please complete the details below or telephone 01284 712958.

Name on Credit/Debit Card:

Card No.: Valid From: / Expiry Date: /

Issue No. (If applies) Security Code (last 3 digits on back of card)

Please note debit/credit card payment will be taken when this form is received and confirmation of payment will be issued to you.

4. Guarantor Details (to be completed by Guarantor if applicable)

Full Name:

Address:

Contact Telephone No.:

I undertake to pay any and all charges in respect of the named Private Practice, irrespective of the outcome of the treatment. If the patient is insured I accept full liability for any shortfall in payment by that insurer.

Declaration

- I understand that as a Private Practice I must pay for all treatment/tests received by the hospital. I accept the charges made to me and understand that any additional tests or treatment will be charged separately and that the Consultant may invoice me separately for their fees.
- ***As an insured patient*** I understand that confirmation of cover by my insurers is required. If I am unable to provide this I accept that I must pay the charges myself prior to treatment. I understand that being insured does not mitigate my legal responsibility to settle the account in full within the terms stipulated. In some cases it may be necessary to provide copies of your medical notes to insurance company as part of their claim and payment processing requirements. I authorise disclosure of my medical notes for this purpose.
- ***As a self-funding patient*** I understand that full payment of charges is required prior to admission. Failure to pay these charges may result in Private admission being refused.
- If I am required to pay I authorise payment to be taken from the credit or debit card I have provided details of.
- I understand that any outstanding debt will be referred to the Trust's recovery agents and that my details will be made available to the agents should payment not be received by the Trust within the stated terms. Any associated costs of recovery of the debt plus interest at rate of 3% over the Bank of England base rate will also be charged. Interest will accrue from the date of the invoice.

Signed (Patient or Guarantor: Date: / /

FORM PP-NHS

APPENDIX E: PRIVATE PRACTICE CHANGE OF STATUS

Patients have the legal right to change their status from NHS to Private and vice versa. A patient may only change status once per individual episode of care. This form should be completed where a Private Practice wishes to revert to NHS status. This form must be signed by the patient and the consultant and accompanied by an assessment of the patient's clinical priority for treatment as an NHS patient.

Once completed and the patient's change of status recorded on e-Care, please insert this form into the patient's file.

Should you have any queries please contact the Private Practice Officer on 01284 713059.

SECTION A: To be completed by Patient/Guarantor

1. PATIENT DETAILS

Surname:_____ First Names:_____ Mr/Mrs/Miss/Dr/Other_____

Address:_____

_____ Post Code:_____

Daytime Telephone No:_____ Mobile No.:_____

2. DECLARATION

- I/ the above named patient wish to revert to NHS STATUS with immediate effect
- I understand that as an NHS patient I will take a place on the NHS waiting list that is appropriate to my clinical priority for treatment as assessed by my treating consultant.

Signed (Patient or Guarantor) …… Date:_____/_____/_____

SECTION B: To be completed by Treating Consultant

REASON FOR CHANGE

A clinical assessment of the patients' clinical priority for treatment as an NHS patient must be detailed.

Name of Treating Consultant: _____ Operative Date of Change: _____/_____/_____

Reason for Change of Status Request: _____

Details of proposed NHS Treatment: _____

Assessment of the Patient's Clinical Priority, i.e. routine/urgent: _____

STATUS CHANGE APPROVED

This is to certify that by agreement, the above named patient who has recently been seen by me as a Private Practice has requested that any further investigation or treatment is undertaken as an NHS patient.

Signed (Consultant) ……..…… Date:_____/_____/_____

Patient's change of Status recorded on e-Care? Yes ☐ No ☐

APPENDIX F: PRIVATE PRACTICE PROTOCOL

This protocol sets out the Trust procedure for identification and notification of Private Practice and the subsequent arrangements for invoicing patients. For full details please see the Trusts Private Practice Policy.

POLICY

- It is essential all Private Practice are clearly identified and recorded and the Private Practice Officer notified prior to attendance.
- Where NHS patients wish to pay for additional Private care it must be made clear which element of their care is Private and this must be delivered separately to NHS care.
- Private Practice must be fully informed of the nature of the facilities available, the treatment to be undertaken and the estimated costs involved.
- Charges will be made to medical practitioners for the use of Trust facilities for Private Practice
- In accordance with Department of Health and National Audit Office good Practice, if a patient is self-funding or cannot supply insurance details, the Trust will look to take deposit for 100% of the anticipated cost of treatment prior to admission. Consultants who decide to proceed with treatment where payment has not been received are responsible for ensuring the Hospital's charge is recovered.

PROCEDURE OVERVIEW

The Private Practice Policy and Procedure is to be followed.

- Consultants and/or their secretary will notify the Private Practice Officer of intended Private Practice by completion of Private Practice Notification form.
- Where a quote is required, a request providing full details of the patient's expected treatment and care should be addressed to the Private Practice Officer at least 7 working days in advance of the patient's appointment.
- A completed Private Practice Agreement form will be sent to the Private Practice Officer

INVOICING

- Invoices will be raised by the Private Practice Officer, based on the completed Private Practice form.
- The Private Practice Officer will invoice to recover the Hospital Charges only.
- Consultants and Anaesthetists will be responsible for issuing their own invoices.
- Finance will only seek to recover outstanding Trust debts. It is the Consultant / Anaesthetist's responsibility to recover their own invoices.

MONITORING

- Consultant / Manager will provide a monthly list of all Private Practice treated in order to reconcile to invoices raised.

Signed :…… Date:_____/_____/_____

Designation: ……

APPENDIX G: PRIVATE PRACTICE ADVICE LEAFLET

Private Treatment at West Suffolk Hospital

NHS Trust hospitals such as the West Suffolk Hospital have become increasingly important providers of Private treatment.

PRIVATE PRACTICE FACILITIES AT WEST SUFFOLK HOSPITAL

The West Suffolk Hospital welcomes Private Practice. Please note, however, that we not have any dedicated Private Practice facilities. Where Private patients occupy a bed they will be accommodated in the part of the hospital most suited to their medical needs.

WHY GO PRIVATE?

There are a number of benefits of being treated Privately within the NHS environment. These are generally seen as follows:

- **Avoid the NHS Waiting List & enjoy a more convenient time for treatment**
- **Choose your own Consultant**
- **Access to on site specialist medical services, diagnostic facilities and emergency care.**
- **Access to drugs and services not yet funded by the NHS**
- **Highly competitive Private Practice charges**
- **Supporting the NHS**

HOW DO I BECOME A PRIVATE PATIENT?

It's simple to access Private healthcare; visit your GP who will be able to advise and refer you, or make enquires about Private treatment when you visit your Consultant.

NHS PATIENTS PAYING FOR ADDITIONAL PRIVATE CARE

You may choose to receive and pay for separately delivered additional Private care for services or drugs that the NHS does not fund, for example unfunded cancer drugs. You will still be able to access NHS care and will be treated as an NHS patient, except in relation to the specific additional Private care which will be delivered separately. In relation to the additional Private care you will be classed as a Private Patient and payment will be required.

It is important to note that this is not the same as co-payment, co-funding or top-up funding and that all other possible avenues of NHS funding will be explored before this option will be offered to you.

A GUIDE TO BEING A PRIVATE PATIENT

You can be treated Privately within NHS hospitals whether you have Private medical insurance, or are paying directly for yourself (self-funding).

Insured Patients

If you have Private medical insurance you need to call your insurers prior to your appointment or admission to verify that the policy you hold covers you adequately for the treatment you require. You as the patient are responsible for this verification, not the hospital. Some insurance companies will provide you with an authorisation number for each episode of treatment, which you should note down and record on the Private Practice Agreement form.

Often insurers will only agree to reimburse the Trust for part of those costs associated with your care and therefore we strongly advise you to establish whether you will be responsible for any shortfalls in your cover before proceeding with your treatment.

You should note that being insured does not mitigate your liability as an individual to pay for any and all treatment given by the Trust should your insurer, for whatever reason, not agree to reimburse the Trust in respect of any and all charges levied by the Trust for your care.

If confirmation of cover cannot be obtained by the time of admission, you will be asked to pay a deposit or settle the account in full and claim back from their insurer.

Self-Funding Patients

If you have elected to pay for the treatment or care yourself the Trust will require payment, which represents the estimated full cost of treatment, prior to your appointment or admission. If your appointment/admission has been arranged at short notice arrangements can be made for you to pay when you attend.

Private Practice Agreement Form

If you decide to be treated as a Private Patient you will be required to sign an Agreement form. Signing the form confirms that you undertake ultimate responsibility for the charges. The form must be completed fully and accurately. Insured patients should ensure their policy details and authorisation number are recorded. Self-Funding patients should specify this on the form and should complete the credit/debit card details or attach payment.

Change of Status

You have the right to change your status from NHS to Private and vice versa. However, the prioritisation implied by the NHS waiting list, based as it is on clinical need is unchangeable.

Cancellations

If you need to cancel an appointment or procedure it is important to provide as much notice as possible. The minimum required notice is 48 hours. In the event that notice given is less than 48 hours the Trust reserves the right to charge all or part of the costs of the planned services.

CHARGES

Quotes for the Hospital's Charges are available from the Private Practice Officer. The Consultant will charge a separate Professional fee and should advise you of their charges.

PAYMENT

Deposits

We require payment prior to the appointment or admission if:

- You are self-funding.
- You have not had your cover confirmed by your insurer

Please note: The Trust regrets that pre-scheduled Private Practice arriving for treatment without the required payment may be refused admission.

Methods of Payment

- Payment of Hospital Charges can be made as follows:
- Cheque: Made payable to the 'West Suffolk NHS Foundation Trust' and sent by post at least 5 working days before treatment, enclosed with your completed 'Private Practice Agreement Form'.
- Debit/Credit Card over the telephone to Accounts Receivable: Please ensure that you have your card details available.
- Cash: Cash payments should be made to the General Office at West Suffolk Hospital.

Receipts of payment can be provided upon request.

Unless otherwise specified, payment of consultant's fees should be made directly to your Consultant following treatment.

Late Payment

If you or your Guarantor experience difficulties paying your account you should contact us as soon as possible. Should payment not be received by the Trust within the stated terms the Trust reserves the right to refer the account to its debt recovery agents.

Any and all costs associated with recovery of amounts due will be charged to you and the outstanding debt will be subjected to interest charges equivalent to 8% per annum from the date of invoice.

CONTACT DETAILS

This leaflet is a general guide. Should you have any further queries regarding Private Patient treatment at West Suffolk Hospital please do not hesitate to contact the Private Patients Officer.

☎ Private Patients Department - 01284 713059

☎ Accounts Receivable (for payment over the telephone or payment queries) – 01284 712958

Finance Department
West Suffolk Hospital
Hardwick Lane
Bury St Edmunds
Suffolk
IP33 2QZ

APPENDIX H: PRIVATE PATIENT ADMINISTRATIVE PATHWAYS

Patient enquires about Private Treatment – may ask about cost, time taken to be seen, how to become private.

Provide patient with Private Patient Advice Leaflet. If quote for Hospital's charge is required at this point, contact Private Patients Officer

Patient decides to go on NHS waiting list

Patient, having been informed of facilities available, requests private treatment

OUTPATIENTS

Appointment time and date arranged –within planned Private Patients clinic/session, and recorded on e-Care. Patients coming for OP procedures or diagnostic tests advised that they will need to bring insurance details/payment on day. Self-Funders should be advised of cost.

Patient attends appointment in OPD and completes relevant Private Patient Agreement Form ***prior*** to tests/consultation. Department completes details regarding costs and treatment details.

Private Patient Agreement form passed to Finance.

Finance will raise an invoice to Insurers or process credit card payments and send receipts to patients.

Non-payment of invoice after 14 days will be followed up by Finance.

Referral made.

MDT MEETING/DISCUSSION

Consultant/Secretary informs MDT co-ordinator that Private Patient needs MDT discussion and provides relevant information.

Co-ordinator ensures that patient is registered on e-Care

Patient added to list in usual way and any external imagining and pathology received.

Patient discussed at MDT meeting and outcome recorded on e-Care.

Consultant gives patient the relevant private practice agreement form to complete

Consultant or private secretary passes completed form to Finance to raise an invoice to patient. Invoice raised for charge of room for MDT meeting and passed to consultant to pay.

INPATIENTS/DAY CASES

Consultant informs Private Secretary and/or Waiting List.

If the patient is to be admitted for Theatre/Day case surgery – permission obtained from General Manager of Surgery

Consultant's Private Secretary identifies whether patient is self-funding or insured.
If insured: Secretary/Consultant advises patient to contact insurance company for pre-authorisation and confirmation of cover.
If Self-funding: patient advised to pay prior to treatment.

Date and time agreed for Private Patient admission and confirmed to Patient in writing by Private Secretary/Waiting List.

Consultant/Secretary notifies Private Patients Officer via Private Patient Notification Form 7 days ***prior*** to patient attending

Consultant/Secretary ensures Private Patient completes and signs relevant Private Patient Agreement form prior to attendance/admission.

Private Patient Agreement form passed to Finance so invoice can be raised to Insurers/self-funders payment can be processed.
Non-payment of invoice after 14 days will be followed up.

Please Note that this is a General recommended administrative pathway. For specific details please refer to individual departmental procedures