

A Guide to the Management of Private Practice

within the Belfast Trust



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Introduction

The Trust recognises and welcomes additional income that can be generated from Private Patients, Fee Paying Services (Category II) and HSC 'top' up patients. All income generated from this source is deemed to make a valued contribution to the running costs of the Trust and will be reinvested to improve our facilities to benefit NHS and private patients alike.

The purpose of this policy is to provide clear guidelines to staff for the management of private patients within the Trust and to ensure by working in partnership with Consultant Medical Colleagues that controls are in place to identify private patient activity and ensure that NHS patients are not disadvantaged.

As part of the Financial Governance of the BHSCT private and fee paying activity will be subject to Audit therefore it is imperative that all procedures and process operate effectively in order to ensure that the Trust is not exposed to an increased risk of material mismanagement of its annual account and a significant reputational risk.

All Consultants have a contractual obligation to co-operate with Trust Management in ensuring their compliance with all DHSSPS and Trust policies in relation to the management of Private Practice and Fee Paying Services.

This policy should be used in conjunction with other Trust policies relating to the Admission, Treatment and Discharge of patients and the Consultant Code of Conduct.

The Trust has a dedicated Paying Patient Team who will work alongside Consultant Medical Staff, Divisional Support Managers and all other Administration Teams to ensure that all aspects of governance surrounding the management of private practice within the Trust is adhered too.

For further information, please do not hesitate to contact the team

payingpatients@belfasttrust.hscni.net

Contact: Sarah Craig: **028 96155436**

Purpose

This policy is required to provide clear guidance to staff on the management of private patients within the BHSCT. This will ensure that income generated from this source is done so within the terms of the Trust's authorisation and in accordance with national guidance; that there are processes to ensure that NHS patients are not disadvantaged and controls are in place to ensure all income is collected and no losses are incurred.

The private patient policy for Belfast Trust has been based on:

- The DHSSPS 'A Guide to Management of Private Practice in Health Service Hospitals in NI' (Red Book) September 1992
- The DHSSPS Guidance on Management of Private Practice 2007
- The Department of Health document 'A Code of Conduct for Private Practice – Guidance for NHS Medical Staff' issued April 2004
- GDPR Data Retention Policy (GDPR and DPA 2018)
- The Department of Health Guidance on NHS patients who wish to pay for additional Private Care 2009
- Best practice learned from other NHS Trusts and across the independent health care industry.

The Department of Health handbook sets out the statutory framework and the key principles which govern private practice in the NHS and which has been agreed with the medical profession nationally. It also gives guidance on the organisation and management of private practice and provides a general guide to good practice.

The Department of Health document sets standards for NHS medical practitioners about their conduct in relation to private practice. It ensures that clear standards are in place for managing the relationship between NHS work and private practice. The document provides the local policy and procedure that the Trust will expect for the management of private practice within its own organisation. Consultants work as an independent contractor and not as an employee, agent or servant of the Trust. Consultants must maintain adequate indemnity cover for the duration of their private practice.

Within the statutory framework, Belfast Trust can decide the extent of the provision of private facilities.

The main principle is that private practice must not interfere with the performance of an NHS Trust or its obligations under the NHS contract. The provision of services for private patients must not significantly prejudice NHS patients.

Private patient activities should provide a level of income that exceeds total costs and should not run at a loss. Charges should be set at a commercial rate and financial systems must ensure there is no subsidisation of private patient activity by the NHS.

To ensure capacity and resources are used effectively, wherever possible, private patients should be seen separately from scheduled NHS patients, for example in designated outpatient or diagnostic sessions either before or after clinics. However, clinical need and effective use of capacity may also lead to integrated patient scheduling, for example theatre lists or diagnostic imaging.

Standards of clinical care should be the same for all patients. Normally, access to diagnostic and treatment facilities should be governed by clinical consideration and generally, early private consultations should not lead to earlier NHS admission or access to diagnostic tests.

Scope

This document applies to **ALL** Trust Staff including Consultant Medical Staff, Nursing Staff, Allied Health Professionals as well as Senior Service Managers, Administration and Secretarial Teams.

Principles Of Conduct

Six principles govern the use of NHS facilities for private patients. The Joint Consultants Committee, the Central Consultants & Specialists Committee, and the Government have endorsed these principles. Private Practice throughout the NHS should follow these principles in full.

- 1.** The provision of accommodation and services for private patients should not significantly prejudice non-paying patients. (This is a reiteration of the intention behind the statutory requirements).
- 2.** Subject to clinical considerations, private consultation should not lead to earlier NHS admission or to earlier access to NHS diagnostic procedures.
- 3.** Common waiting lists should be used for urgent and seriously ill patients, and for highly specialised diagnosis and treatment. The same criteria should be used for categorising the priority of paying and non-paying patients.
- 4.** After admission, access by all patients to diagnostic and treatment facilities should be governed by clinical considerations. This does not exclude earlier access by private patients to facilities especially arranged for them, if these are provided without prejudice to NHS patients and without extra expense to the NHS.
- 5.** Standards of clinical care and services provided by the hospital should be the same for all patients. This does not affect the provision, on separate payment, of extra amenities, or the custom of day-to-day care of private patients usually being undertaken by the Consultant engaged by them.
- 6.** If required for NHS use, single rooms should not be held vacant for potential private use.

Categories of Work Covered by This Handbook

Fee Paying Services

Any paid professional services, other than those falling within the definition of Private Professional Services, which a consultant carries out for a third party or for the employing organisation and which are not part of, nor reasonably incidental to, Contractual and Consequential Services. A third party for these purposes may be an organisation, corporation or individual, provided that they are acting in a health related professional capacity, or a provider or commissioner of public services. Examples of work that fall within this category can be found in Schedule 10 of the Terms and Conditions (Appendix 3).

Private Practice

The diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under Article 31 of the Health and Personal Social Services (Northern Ireland) Order 1972), excluding fee paying services as described in Schedule 10 of the terms and conditions work in the general medical, dental or ophthalmic services under Part IV of the Health and Personal Social Services (Northern Ireland) Order 1972 (except in respect of patients for whom a hospital medical officer is allowed a limited 'list', e.g. members of the hospital staff).

HSC Patients Who Wish To Pay For Additional Private Care (Top Up)

From 2009 patients wishing to 'top up' or supplement their NHS care have been able to do so without losing their entitlement to ongoing NHS care, an example of which is patients with cancer, who are now able to supplement their NHS care by paying for drugs which are not currently funded by the NHS.

Consultant Medical Staff Responsibilities

Private Practice

While Medical and Dental consultant staff have the right to undertake Private Practice within the Terms and Conditions of the new Consultant Contract as agreed within their annual job plan review, it is the responsibility of consultants, prior to the provision of any diagnostic tests or treatment to:

- Ensure that their private patients (whether In, Day or Out) are identified and notified to the Paying Patients Officer
- Ensure full compliance with the Code of Conduct for Private Practice (see Appendix 1) in relation to referral to NHS Waiting Lists
- Ensure that patients are aware of and understand ALL costs associated with private treatment including hospital costs and ALL professional fees which the patient is likely to incur, to include Surgeon/Physician, Anaesthetist, Radiologist, Pathologist, hospital charges. Leaflets explaining charges are available and can be obtained from the Paying Patients.
- Must obtain where possible prior to admission and at each outpatient attendance a signed, witnessed Undertaking to Pay form which must then be sent to the Paying Patient Officer for the relevant hospital. This document must contain details of all diagnostic tests and treatments prescribed.
- Establish the method of payment at the consultation stage and obtain details of insured patients' private medical insurance policy information. The Trust requires this information to be forwarded to the Paying Patient Officer prior to admission so that patients' entitlement to insurance cover can be established.
- Ensure that all patients are referred by the appropriate channels, ie. GP/other consultant.
- Ensure that private patient services that involve the use of NHS staff or facilities are not undertaken except in emergencies, unless an undertaking to pay for treatment has been obtained from (or on behalf of) the patient, in accordance with the Trust's procedures.
- Every consultant must complete an annual mandatory declaration (Appendix 6).
- Those who have undertaken paying patient work will be required to complete a quarterly activity return that will be submitted electronically for validation by the paying patient office

Fee paying services

The Consultant job plan review will cover the provision of fee paying services within the Trust. Consultants are required to liaise with the Paying Patients Officer regarding the type of work undertaken so that agreement can be reached regarding the amount due to the Trust and how it should be remitted.

A price list for fee paying services will be available from the Paying Patients Office.

It is the responsibility of the Consultant to ensure that the Trust is reimbursed for all costs incurred while facilitating fee paying services work undertaken. These costs could include but not limited to:

- Use of Trust accommodation
- Tests or other diagnostic procedures performed
- Radiological scans.

Consultants who engage in fee paying activities within the Trust are required to remit to the Trust on a quarterly basis the income due.

Additional programmed activities

Consultants should agree to accept an extra paid programmed activity in the Trust, if offered, before doing private work. The following points should be borne in mind:

- If Consultants are already working 11 Programmed Activities (PAs) (or equivalent) there is no requirement to undertake any more work
- A Consultant could decline an offer of an extra PA and still work privately, but with risk to their pay progression for that or subsequent years
- Any additional PAs offered must be offered equitably between all Consultants in that specialty; if a colleague takes up those sessions there would be no detriment to pay progression for the other Consultants

Consultant Medical Staff are governed by The Code of Conduct for Private Practice 2003 (at Appendix 1).

Restrictions on Private Practice for Consultant Medical Staff

New consultants

Newly appointed consultants (including those who have held consultant posts elsewhere in the NHS, or equivalent posts outside the NHS) may not undertake private practice within the Trust or use the Trusts facilities or equipment for private work, until the detailed arrangements for this have been agreed in writing with their Clinical Director and/or Directorate Director and a job plan agreed within three months of commencement. New consultants permitted to undertake private work must make themselves known to the Paying Patients Officer.

Locum consultants

Locum consultants may not engage in Private Practice within the first three months of appointment and then not until the detailed Job Plan has been agreed with the relevant Clinical Director and subject to the agreement of the patient/insurer.

HPSS Joint Appointment consultant staff

All joint appointees are contracted to the Queens University of Belfast and are accountable to the Trust for the HPSS component of their post. Accordingly the same regulations apply to them as to NHS consultants.

Honorary Contract holders

Consultants holding honorary contracts are not permitted to undertake Private Practice or Fee Paying Services.

Non Consultant Grade Medical Staff

Non-consultant medical staff practitioners such as associate specialists who do not have their own beds may treat patients of a consultant on a private basis, but only

- a) By special arrangement and with the agreement of:
 - Consultant concerned
 - The practitioner's supervising consultant and
 - The private patient/insurer
- b) When the practitioner undertakes such work outside his/her programmed activities as per their agreed job plan.

Other than in the circumstances described above, staff are required to assist the consultant to whom they are responsible with the treatment of their private patients in the same way as their NHS patients. The charge paid by private patients to the hospital covers the whole cost of the hospital treatment including that of all associated staff.

Governance

To achieve an effective and efficient private patient model within the Trust, requires clear governance for the way in which both private practice and NHS commitments are managed.

Mandatory Declaration to be completed by ALL Consultants

The Trust is committed to facilitating, subject to HSC needs, those Consultants who would wish to engage in private practice within HSC facilities. It is important however for both individual Consultants, and for the Trust, that any private practice undertaken is in accordance with the Consultant Code of Conduct and the Private Patients Policy and. Where private practice is not undertaken in accordance with the policy, individual Consultants leave themselves vulnerable and the Trust is exposed to increased risk of material misstatement of the Trust Annual Accounts arising from an understatement of Trust income and further exposes the Trust to significant reputational risk.

As a result, we are taking the following actions:-

Every Consultant MUST complete an Annual Electronic Consultant Declaration. The Consultant Declaration must be completed with immediate effect.

Following the Consultant Declaration, any Consultant who has declared private patient / Medical Legal activity will receive a further email from the Paying Patient Office outlining the next steps.

Please read the following information on the options available and their requirements before you make your declaration.

1. Private Practice/ Medical Legal work undertaken Inside the Trust OR Both Inside and Outside the Trust

I have read the Private Patients Policy and Handbook and understand my obligation in relation to the Management of Private Practice (including the process for patients changing their status from Private to NHS).

I agree to follow the process for treatment of private patients or to undertake Medical Legal work in NHS facilities.

If I transfer any private patients to NHS care, I will follow the process for patients changing their status from Private to NHS.

I agree to submit a quarterly Private Practice/ Medical Legal activity return to the Paying Patient Office.

2. Private Practice/ Medical Legal work undertaken Outside the Trust only:

I have read the Private Patients Policy and Handbook and understand my obligation in relation to the process for patients changing their status from Private to NHS.

3. No:

I declare I do not undertake/intend to undertake Private Patient Work and/or Medical Legal work either inside or outside the Trust.

By selecting one of the options below, I confirm that I undertake private practice and/or Medical Legal work (PP/ML) as follows:

Select one of the options below to respond:

- **Yes PP/ML Inside the Trust**
- **Yes PP/ML Outside the Trust**
- **Yes PP/ML both Inside and Outside**
- **No PP /ML work either Inside or Outside the Trust**

Failure to comply will be reported to Clinical / Medical Director.

Consultants must not under any circumstances ask staff members to work additional hours to help with a private patient in return for an additional payment or gift outside of agreed staff contracted Terms and Conditions of Employment. This practice is strictly prohibited by the Trust as it is putting both the staff members and the Trust at risk. In this situation, the Trust is also exposed to risk as it has a medical/legal duty to keep detailed records for all patients who have received services in the Trust, including recording of the patient on PAS.

All staff should be made aware that they are only covered by the Trusts vicarious liability insurance if working for the Trust. In a situation where a consultant has not been given authorisation by the Trust, the staff members are working for the Consultant and not the Trust and are therefore not insured by the Trust and will not be paid by the Trust.

Scheduling Of Work And Job Planning

Monitoring and reviewing of NHS duties and private practice will take place at the annual job plan discussions with the relevant clinical directors and Chairs of Division.

Where there would otherwise be a conflict or potential conflict of interests, Trust commitments must take precedence over private work, with the exception of emergency care, where clinical needs drives the priority of care.

Medical practitioners should ensure that they have arrangements in place such that there is no significant risk of private commitments disrupting NHS commitments, e.g. by causing NHS activities to begin late, or to be cancelled.

The Consultant is responsible for notifying the Paying Patient Office as soon as they become aware of a private patient's requirements to receive Trust services privately they will also be required to notify the Paying Patient Office at the earliest opportunity of any change in a patient's condition that may require the insurance company to be notified.

Should any additional medical report be required by the Insurers the consultant is responsible for ensuring this is completed within a week of the request in order to ensure there is no financial loss to the Trust.

Theatre

Elective private commitments - should not be routinely planned during times at which the Clinician is scheduled to be working for the NHS, however, start and finish times can be flexible once the scheduled NHS work is completed.

- Can be booked as early starts / late finishes

If the procedure is required to be done as a part of the NHS session due to clinical reasons i.e. complex surgery involving more than one surgeon or due to the length of the operation, prior agreement must be obtained for the divisional lead. The impact on the NHS list must be discussed, use agreed, and that the NHS list can be utilized for a private patient without compromising NHS patients. The Trust recognises that a flexible approach is required that supports both NHS and private patient activity.

Non-urgent private commitments (scheduled emergencies) – this private activity should be booked outside of planned NHS lists in the same way as elective private commitments

- Can be booked as early starts / late finishes

Anaesthetic Services

The Consultant is responsible for booking an anaesthetist who carries out private patient services and holds appropriate professional indemnification.

The anaesthetist is responsible for invoicing the patient or insurance company for any fee due to them.

Patient Enquiries About Private Treatment

Medical practitioners should not, in the course of their NHS duties and responsibilities, arrange to provide private services elsewhere, 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 in the NHS facility concerned.

Where, in the course of their duties, a medical practitioner is approached by a patient and asked about the provision of private services, the practitioner should direct the enquirer to:

Paying Patient Office: **payingpatients@belfasttrust.hscni.net**

Contact: Sarah Craig **028 96155436**

Promotion Of Private Services

Medical practitioners must not use Trust headed stationery. NHS staff should all be familiar and understand that the Trust supports patients that choose to have private care and to direct any enquirer to the Paying Patient Office who will then follow up any enquiry.

Private Patients In NHS Facilities

Except in urgent/out of hours and non -elective cases, medical practitioners must not provide private patient services that will involve the use of NHS facilities, unless a 'Undertaking to Pay' agreement has been issued to the patient and signed by the patient (or on behalf of the patient) and returned to the Paying Patient Office. In the case of a self-funding patients in high cost specialties i.e. cardiac surgery a deposit based against the full estimated of cost identified should be paid prior to consultation, test, diagnosis or treatment.

Private patients will normally be seen separately from scheduled Trust patients. Under no circumstances will a practitioner cancel a Trust NHS patient's appointment to make way for a private patient. Private patients, as with NHS patients, will however need to be scheduled according to clinical urgency. Where the Trust agreed NHS job plan requirements will still be fulfilled, medical practitioners may treat private patients within core hours.

In most cases, this will mean that private patients can only be added to routine outpatient and inpatient/day case lists where there is sufficient spare capacity that cannot ordinarily be filled by an NHS patient or a reciprocal arrangement is made to list NHS patients on additional lists on a like for like basis. The Medical Director, through the Clinical Director will require evidence that the consultant can demonstrate maintenance of job plan requirements, including achievement of NHS activity and quality targets, where such instances may occur.

Identification of Private Patients

A key to success and creating a seamless pathway for the consultant and the patient is the early and easy identification of private patients. All hospital consultants, including Honorary Consultants, have a personal obligation to ensure that Private Patients are identified as "private" and that the Paying Patient Office is aware of ALL such patients prior to any consultation, investigation or treatment (unless in an emergency/unscheduled/out of hours situation). The Private Patient Office will maintain a database of consultants, specialities and treatments.

Consultants must inform their Private Patients that the charges levied by them and the anaesthetist exclude all charges from the hospital, which will be billed separately to the patient.

Failure to notify the Private Patient Office of private patient activity is a serious matter and failure to identify/notify the Trust of a private patient episode at the outset or failure to complete any additional medical reports requested by insurers will potentially result in the failure to recover the fee owed to the Trust.

All occurrences will be reported to the Medical Director and Service Lead.

Operational Arrangements

Health Records of Private patients

All health records shall remain the property of the Trust and should only be taken outside the Trust to assist treatment elsewhere:

- When this is essential for the safe treatment of the patient
- When an electronic record of the destination of the notes is made using the case note tracking system
- When arrangements can be guaranteed that such notes will be kept securely (not for example in a consultant's car or brief case or during transportation)
- Provided that nothing is removed from the notes

Consultants who borrow notes for private treatment of patients must agree to return the notes immediately.

Since the Trust does not have a right of access to patient notes held in non NHS facilities, when patients are seen privately outside the Trust their first appointment within the Trust, unless with the same consultant, will be treated as a 'new appointment' rather than a 'review appointment'.

All records associated with the treatment of private patients should be maintained in the same way as for NHS patients. This includes all files, charts, and correspondence with General practitioners.

Booking Arrangements for Admissions and Appointments

A record of attendance should be maintained for all patients seen in the Trust. All private in, day and out patients should as far as possible be pre-booked on to the hospital information systems. Directorates are responsible for ensuring that all relevant information is captured and 'booking in' procedures are followed. Each department should ensure that all such patients are recorded on PAS etc. within an agreed timescale, which should not extend beyond month end.

- Outpatients - All Patients should complete an undertaking to pay form at each outpatient attendances which should be forwarded to the Paying Patient Office as soon as possible

All private outpatient attendances should be recorded on PAS using: Category code PPG and Contract code T56000.

- Walk Ins - A patient who has not been booked on the clinic list and appears at a clinic should be treated for record keeping purposes as a (walk in) i.e. relevant details should be taken and processed in the usual fashion. A record should be kept of this patient and the Paying Patient Officer informed at the earliest opportunity.
- Diagnostics /Prescription Request Forms - All request forms must clearly indicate the patients 'private' status
- Other Hospital to Consultant - The patient will be booked through the normal pathway for the specialty to a bed according to availability. The accepting Consultant must be available to assess the patient and determine the treatment plan at the time of admission
- Planned Admissions - Consultant should inform paying patient office of any elective admission. All elective admission should be booked on PAS using; Category Code: PPG and Contract Code T56000.

For Current NHS Admission

Patients that identify during the course of their admission that they either have private healthcare insurance or wish to self-fund they admission as a private patient - a consultant must be identified who will take the responsibility for the patient privately, if this is not the current consultant then the Paying Patient Office will help identify an appropriate Consultant, the patient must be advised to contact their insurance provider and gain authorization - until there are both parts in place the patient cannot be accepted as a private patient.

The Paying Patient Office reviews hospital systems daily to check for any Private Patients that may not have been identified so in order to ensure that all private patient activity is accurately identified and all income due to the Trust is captured it is vital that all administration staff throughout the Trust ensure that they accurately record the patients status on PAS for each admission/attendance.

Patient Change of Status (PCOS)

Patients transferring from the private sector to the NHS

If a patient wishes to change their status from private to NHS care, or from NHS care to private care with the NHS facilities, then the overarching principle is that any switch between a private provider and the NHS should not advantage or disadvantage the individual concerned when compared to a patient who has remained within the NHS for all their pathway of care.

It is important for both individual Consultants, and for the Trust, that any patients changing status is undertaken in accordance with the Consultant Code of Conduct and the Private Patients Policy . Where a Patient Change Of Status (PCOS) is not undertaken in accordance with the policy, individual Consultants leave themselves vulnerable potentially exposing patients to funding their care until the Change of Status has been confirmed. It also exposes the Trust to increased risk of material misstatement of the Trust Annual Accounts arising from an understatement of Trust income and further exposes the Trust to significant reputational risk.

If a patient wishes to change their status from private to NHS care, or from NHS care to private care with the NHS facilities, then the overarching principle is that any switch between a private provider and the NHS should not advantage or disadvantage the individual concerned when compared to a patient who has remained within the NHS for all their pathway of care.

Consultant's Responsibility in relation to Changing the Status of Private Patients from Private to NHS

Where a patient is transferred from private practice (performed within or outside the Trust) to the HSC, the consultant must complete an electronic Patient Change of Status form (PCOS) within one month of the transfer taking place

All forms received outside of the month timeframe will be recorded as non-compliance and will appear on a quarterly report that will be provided to the Co-Director and Chair of Division. It is important to note that patients will remain private until the change of status has been submitted to the Paying Patient Office and therefore may be liable for charges if treated prior to this being received.

Private patients who transfer to the HSC must not receive preferential treatment. They should be clinically graded according to the same criteria used for all other HSC patients in the department and then join the appropriate waiting list (i.e. routine, urgent, red flag etc.). When transferred, patients should be booked into clinics or referred for diagnostics or treatment through the normal Trust appointment process using the appropriate category and contract code.

If a consultant has seen a private patient and subsequently transfers to the HSC then the first visit to the NHS should be recorded as a review appointment. All referrals to other consultants should be recorded as a new appointment (appendix 11).

Referral to Outpatients

A SEPERATE OUTPATIENT REFERRAL LETTER MUST BE FORWARDED TO THE RELEVANT OUTPATIENT APPOINTMENT BOOKING OFFICE.

THE LETTER SHOULD REFERENCE IF THE PATIENT IS TO BE BOOKED FOR REVIEW (CTS), NEW REFERRAL (CTO) OR NURSE LED CARE

Referral to Inpatient/Day case waiting list

A BELFAST TRUST INPATIENT/DAYCASE WAITING LIST BOARDING CARD MUST BE COMPLETED SEPERATELY AND FORWARDED TO THE RELEVANT BOOKING OFFICE.

THE BOARDING CARD SHOULD NOTE THAT PATIENT IS BEING REFERRED FROM PRIVATE TO NHS

NB : Appointments can no longer be made via emails/phone calls.

Link to the [PCOS 365 Form](#)

Recording on PAS

There is a new procedure, as agreed by HSC data standards, for recording private patients transferring to the NHS on PAS:

A Patient who attends the Trust as a private patient should have category recorded as PPG on PAS. When treatment is completed, outpatient registration should be closed with Discharge Reason — Treatment Completed.

However, if during their treatment, the patient decides to change status to NHS, OP registration should be closed with Discharge Code **TNHS — Transfer to NHS** - and a new OP registration opened. This ensures that where a change of status from Private to NHS takes place during treatment the original category of PPG is not overwritten to NHS and the information recorded as per the Draft Technical Guidance on Private and Overseas Patients is not lost.

Patient transfers from private practice outside the Trust to NHS

- Outpatient Registration Open with referral source code of **PTN – Private to NHS** and **Category of patient NHS**
- Added to IP/DC WL – **Category of PHS –Private OP/NHS IP**
- Source of where originally seen completed on board card UIC, 352

Monitoring

- Patient Change of Status forms are subject to both internal and external audit
- As per Audit recommendations the Paying Patient Office, along with medical health records will run a series of quarterly reports looking at volume of referrals per service group, noncompliance and data matching against inpatient/ daycase and outpatient waiting lists.
- Reports will be forwarded to co-directors and chairs of division

It must be either noted that consultants cannot make routine onward referrals from the private sector to the Trust to themselves or to other consultants for conditions not related to the original consultation. This does not apply to urgent or fast track conditions or where there are defined clinical pathways, for example radiotherapy following surgery. For patients who have been seen privately but then transfer to the NHS, the referral to treatment should start at the point at which clinical responsibility for the patient's care transfers to the NHS, i.e. the date when the Trust accepts the referral for the patient. It is important to note that this date should correspond to the date the patient is added to the waiting list or referred for tests.

Patients who are referred to the Trust should not be able to access procedures or treatments that are not commissioned locally. It should be noted that any drug therapy commenced in the private sector would only be continued if it were a locally commissioned pathway or drug.

Inpatients

Where a patient is referred from a Private hospital to an NHS hospital because of enhanced facilities and is not admitted through Accident and Emergency, then the episode of care is deemed continuous and private patient status will be effective immediately at point of entry to the NHS Trust. The Paying Patient office must be notified of the potential admission so that the health insurance cover can be authorised for the transfer or an agreement made with the patient to self fund the episode and set out what the costs might be.

Outpatients

A patient who sees a Consultant privately in an outpatient setting who then opts to seek treatment under the NHS may do so without prejudice. The patient does not have to be referred back to their GP for a subsequent referral, provided the condition is related to the original consultation, but will join the waiting list at the same point as if the consultation had taken place as a NHS patient. This does not apply to urgent or fast track conditions or where there are defined clinical pathways, for example radiotherapy following surgery.

An outpatient cannot be both a private and a NHS patient for the treatment of one condition during a single visit to a health service hospital. This means, for instance, that diagnostic or other tests requested at a private outpatient visit must also be carried out on a private basis as well, and this will include follow up appointments within the episode of care.

A private out-patient at an NHS hospital is none the less legally entitled to change their status at a subsequent visit and seek treatment under the NHS. A patient can move from private to NHS treatment within a single episode but **MUST** then remain an NHS patient for the duration of that treatment.

Patients transferring from the NHS to the Private Sector

NHS Patients already on NHS waiting lists opting to have a private procedure must be removed from the NHS waiting list and the referral to treatment clock stops on the date that the patient informs the provider of this decision. A new referral must be created to the provider of choice.

Where a patient has chosen to attend a private consultation with their NHS consultant in order to gain more information about their condition, but wishes to remain on the NHS waiting list, this is acceptable and does not stop the referral to treatment clock.

Patient who attends Trust as a private patient has category recorded as PPG. When treatment completed OP registration should be closed with Discharge Reason – Treatment Completed, however if during their treatment the patient decides to change status to NHS, OP registration should be closed with Discharge Code TNHS-Transfer to NHS - and new OP registration opened. This will ensure that the original category of PPG is not overwritten to NHS and the information recorded as per the Draft Technical Guidance on Private and Overseas Patients is not lost.

Patient transfers from the Private to NHS - an OP registration should be opened on PAS with referral source PTN - Private to NHS and category as NHS.

Fee Paying Services Policy (Category 2)

Consultants may see patients privately or for fee-paying services within the Trust, only with the explicit agreement of the Management, in accordance with their Job Plan. Management will decide to what extent, if any, Trust facilities, staff and equipment may be used for private patient or fee paying services and will ensure that any such services do not interfere with the organisation's obligations to NHS Patients. This applies whether private services are undertaken in the consultant's own time, in annual or unpaid leave.

In line with the Code of conduct standards, 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.

Fee Paying Services (Category 2) work is distinct from private practice, however it is still non NHS work as outlined in the 'Terms and Conditions for Hospital, Medical and Dental Staff'. Refer to schedules 10 and 11 (respectively) for further details.

There are a number of occasions when a Category 2 report will be requested, and they will usually be commissioned by, employers, courts, solicitors, Department of Work and Pensions etc., the report may include radiological opinion, blood tests or other diagnostic procedures.

It is the responsibility of the Consultant to ensure that the Trust is reimbursed for all costs incurred in undertaking Category 2 work, this not only includes the use of the room but also the cost of any tests undertaken. The charge for each attendance is intended to reimburse the full cost to the Trust of providing facilities for consulting purposes. Where a patient attends hospital for a specific treatment or test only the cost of that treatment/test is chargeable. In order to comply with the Trusts financial governance controls it is essential that all Fee Paying services are identified and the costs recovered. It is not the Responsibility of the Trust to invoice third parties for Category 2 work, it is the Responsibility of the Consultant to recover the cost from the third party and reimburse the Trust, on a quarterly basis, for any Category 2 services they have undertaken, including the cost of any treatments/tests provided.

The Category 2 (room only) charge per patient will be reviewed annually.

(*) A per session rate may be available subject to agreement with the Paying Patient Manager. It is an audit requirement that the Trust verifies that all income associated with Fee Paying services has been identified and collected.

The Consultant is responsible to HM Customs and Revenue to declare for tax purposes all Category 2 income earned.

The Trust has no obligation in this respect.

Any Category 2 work undertaken for consultants by medical secretaries must be completed outside of their normal NHS hours. Consultants should be aware of their duty to inform their secretaries that receipt of such income is subject to taxation and must be declared to the Inland Revenue. It is recommended that Consultants keep accurate records of income and payment.

HSC Patients Who Wish to Pay for Additional Private Care

Link to 'TOP UP' policy

All actions must be carried out within the principles as outlined below:

Entitlement to HSC Care must Remain

A patient's entitlement to HSC care should not be withdrawn as a result of purchasing additional drug treatments privately.

Clarity of Distinction between HSC and Private Care

It should always be clear whether an individual procedure or treatment is privately funded or HSC funded. HSC resources must never be used to subsidise the use of private care.

Separation of Provision between HSC and Private Care

Private care should be carried out at a different time and in a different place to the HSC care, i.e. as separate from those receiving HSC care as possible. A different place could include the facilities of a healthcare provider, or part of an HSC organisation, which has been permanently or temporarily designated for private care, or the services of home healthcare provider. Departing from this principle should only be considered where there are overriding concerns of patient safety rather than mere issues of convenience.

It would be good practice that the Consultant delivering the private aspect of the care is a different Consultant to that delivering the publicly funded component of the care. This may not be feasible in every circumstance.

HSC Funding Options must first be Exhausted

Doctors, working with managers, should exhaust all reasonable avenues for securing HSC funding before suggesting a patient's only option is to pay for care privately.

Governance / Risk Management

Transferring between private and HSC care should be carried out in a way, which avoids putting patients at unnecessary risk.

It is the consultants responsibility to follow the process below and inform the Paying Patient Office of any patient who is considering this option so that the patient is made fully aware of all costs involved prior to any treatment commencing.

Process

Step 1

A patient indicates their desire to pay for additional private care to their Consultant.

Step 2

The Consultant completes a 'Determination of Cost' form (Appendix 8) with the following information:

- Patient Details
- Additional Chemotherapy Treatment, Frequency, Care Setting
- Pharmacy Costs
- Diagnostic Tests
- Toxicity Grading reflecting Increased Risk of Admission

Step 3

The Consultant emails the Determination of Cost form to the Private Patient Officer who generates an estimated cost for the patient / Consultant as required.

Step 4

If the patient agrees to go ahead with the additional private care, the patient and Consultant both sign the Additional Private Care Agreement form (Appendix 9). This is then sent to the Paying Patients Office as it acts as an Undertaking to Pay form. The Paying Patients Office will retain a copy, give a copy to the patient, to pharmacy and to the Consultant for filing in the patient's notes.

Billing and Recouping Costs

The patient will pay per cycle of chemotherapy, with each payment being received in advance of the treatment being administered. Where treatment has been authorised and preparation of a drug has been commenced for a patient who becomes too unwell to proceed, the cost of the drug will be charged to the patient for whom it was originally prepared, and where payment has already been received, the cost will not be refunded.

If a decision is taken during or after treatment that the drug in question is to be provided on the HSC, costs will not be refunded.

Where treatment has been authorised and a drug preparation commenced which does not result in administration for non patient reasons, the costs of repeat drug preparation, where required, will be covered by the Trust.

The process of billing and recouping payments will be managed via the Trust's Paying Patients Office.

Private Healthcare Market Investigation Order (2014)

Data Submission Requirements for Private Patient Activity

NHS hospitals treating private patients are expected to comply with the Competition and Markets Authority (CMA) Private Healthcare Market Investigation Order (2014), and supply detailed episode records to the Private Healthcare Information Network (PHIN).

The main requirement of the Order is that the Trust will be required to submit a range of information and performance metrics on its private patient activity to the PHIN. This information will initially be collated and submitted by the Finance directorate

Therefore, subject to article 21.3 and article 21.5 of the order the Trust will be required to supply a, quarterly return, with information as regards every patient episode of all private patients treated at that facility, and data which is sufficiently detailed and complete to enable the information organisation to publish the following types of performance measures by procedure at both hospital and consultant level:

- Appropriate diagnostic coding, using the International Statistical Classification of Diseases (ICD) or their internationally recognised standard, as determined by the board of the information organisation, including full details of patient co-morbidities for each episode
- Appropriate procedure coding using the OPCS classification of intervention and procedures or their internationally recognised standard as determined by the boards of the information organisation, for each episode.

Sponsored Patients

Any sponsored patient will be treated as a self-funding patient, and an estimate of the total cost of care will be given prior to admission. This estimated cost must be paid either by the patient or by the sponsor prior to admission if possible unless in the case of an urgent/unplanned admission where this will be required to be paid on admission. The Trust may require further payments on account should the treatment and/or length of stay be longer than anticipated.

A letter of guarantee must be obtained from the sponsor, if this has not been received before treatment starts, the patient will provide payment, which can be refunded when the letter of guarantee has been received and verified by the Private Patient that it covers the full costs of the treatment.

Role Of Private / Paying Patient Office

The Paying Patients Office consists of a dedicated team of staff with responsibility for managing and supporting all private/paying patient activity across the Trust.

The Paying Patients Office is pivotal to ensuring that private patient activity is effectively managed and administered across the Trust as well as ensuring any income due to the Trust is recovered.

Consultants undertaking private patient activity are obliged to notify the Paying Patients Office of all private patients seen and investigated or treated, whether inpatient or outpatient.

It is the patient's responsibility to verify with their insurers that the condition to be treated is covered by their insurance and that cover is adequate to pay for the treatment to be provided.

General Payment Information

Private Patient charges consist of the following:

a) Consultant fees/Anaesthetist, which are billed separately to insurers or the patient

b) Hospital Services, which are billed by the hospital, and cover:

All other treatment – staff costs (e.g. Nursing, AHP,I excluding Consultants)

Diagnostic and Testing Service Costs (e.g. X-ray, CT, Laboratory Services)

Non Staff Treatment Costs e.g. drugs, dressings, consumables, medical equipment)

Accommodation Services (bed overhead costs (e.g. heat, water, electricity, capital costs; administration).

All private patients must sign an 'Undertaking to Pay' form prior to the receipt of services. By signing the form, the patient confirms that they take ultimate responsibility for the hospital charges, whether they are insured, sponsored or self-funding.

All self-funding patients being admitted to high cost specialties i.e. cardiac surgery will be required to pay a deposit towards their final bill. Following discharge an invoice will be raised that will include any additional charges incurred that had not been planned for including any additional nights.

All insured patients need to provide the name of their health insurance provider and an authorisation code on or before the day of the procedure or treatment.

It is the patient's responsibility to verify with their insurers that the condition to be treated is covered by their insurance and that cover is adequate to pay for the treatment to be provided.

It is imperative that the patient checks the detail in their individual policy, as charges that are not met by their health insurer become the patients' responsibility. Any shortfall in invoices raised is the responsibility of the patient. The cost of treatment will be charged as stipulated in the Trust's Private Patients' Tariff as agreed under contract with an individual insurer, or as published for self paying patients.

Any patient with outstanding debt should not be given another outpatient or inpatient admission until all debt has been settled.

Financial Control Requirements

The Private Patient Office will manage the financial control requirements on a day-to-day basis to ensure that:

- Systems and procedures are in place to identify all private patients to whom direct charges are applied, and to ensure that all charges that are applicable to private patient episodes are accounted for
- Private Patient Tariffs are constructed and reviewed on a regular basis to ensure that private patient activity makes an agreed and appropriate contribution to the Trust's overheads and local budgets
- Patients are aware on admission and /or during the episode of care, of the scope and quantum of the Trust's fees for being treated as a private patient and their responsibility to settle Trust fees as well as medical practitioner's fees
- All private patients have completed, signed and returned an 'Undertaking to Pay' form prior to or on the day of admission.

Internal Management Accounting

The Paying Patient Office will work with Finance to ensure that income is correctly coded against the appropriate cost centre. This is to ensure that reports are produced to allow management to monitor income and recovery, and to ensure that the contribution of private patient revenues to the overall Trust financial position is known.

Private Patient Charges

The Paying Patient Manager in conjunction with the Head of Commissioning will ensure that private patient charges are reviewed regularly, and these reviews take place at least annually.

The Trust will conduct negotiations annually with private medical insurers in order to reach agreement on pricing and network status.

Pricing must at least recover full costs, including overheads, depreciation of assets and appropriate return on capital employed.

Record Keeping

Records will be maintained by the Private Patients' Office in such a way that the following information can be accessed quickly and accurately:

- Patient's name, address and telephone number
- Completed 'Undertaking to Pay' agreement
- Health insurance details for insured patients
- Name of Consultant
- Details of all treatment received, admission and discharge dates
- Invoices raised and settlement dates

The Paying Patients Office, will maintain a database of all activity by Consultant, including In-Patient, Out-Patient and day case episodes, together with income generated for the Trust by each Consultant.

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A Code of Conduct for Private Practice

November 2003

Recommended Standards of Practice for NHS consultants.

An agreement between the BMA's Northern Ireland Consultants and Specialists Committee and the Department of Health, Social Services and Public Safety for consultants in Northern Ireland.

A code of conduct for private practice – recommended standards for NHS Consultants 2003.

Part One – Introduction

Scope of Code - Key Principles.

Part Two – Standards of Best Practice

- Disclosure of Information about Private Practice
- Scheduling of Work and On-Call Duties
- Provision of Private Services alongside NHS Duties
- Information for NHS Patients about Private Treatment
- Referral of Private Patients to NHS Lists
- Promoting Improved Patient Access to NHS Care and increasing NHS Capacity.

Part Three - Managing Private Patients in NHS Facilities

Use of NHS Facilities - Use of NHS Staff.

Part One - 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. 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 minimize 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.

Part Two: 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 minimize 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 with 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, arrange 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.

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 Three – 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 practice 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 Two, 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.

Provisions Governing The Relationship Between HPSS Work And Private Practice – Schedule 9

1. This Schedule should be read in conjunction with the 'Code of Conduct for Private Practice'(Appendix 1), which sets out standards of best practice governing the relationship between HPSS work and private practice.
2. The consultant is responsible for ensuring that their provision of Private Professional Services for other organisations does not:
 - Result in detriment to HPSS patients;
 - Diminish the public resources that are available for the HPSS.

Disclosure of information about Private Commitments

3. The consultant will inform his or her clinical manager of regular commitments in respect of Private Professional Services or Fee Paying Services. This information will include the planned location, timing and broad type of work involved.
4. The consultant will disclose this information at least annually as part of the Job Plan Review. The consultant will provide information in advance about any significant changes to this information.

Scheduling of Work and Job Planning

5. Where a conflict of interest arises or is liable to arise, HPSS commitments must take precedence over private work. Subject to paragraphs 10 and 11 below, the consultant is responsible for ensuring that private commitments do not conflict with Programmed Activities.
6. Regular private commitments must be noted in the Job Plan.
7. Circumstances may also arise in which a consultant needs to provide emergency treatment for private patients during time when he or she is scheduled to be undertaking Programmed Activities. The consultant will make alternative arrangements to provide cover if emergency work of this kind regularly impacts on the delivery of Programmed Activities.
8. The consultant should ensure that there are arrangements in place, such that there can be no significant risk of private commitments disrupting HPSS commitments, e.g. by causing HPSS activities to begin late or to be cancelled. In particular where a consultant is providing private services that are likely to result in the occurrence of emergency work, he or she should ensure that there is sufficient time before the scheduled start of Programmed Activities for such emergency work to be carried out.

9. Where the employing authority has proposed a change to the scheduling of a consultant's HPSS work, it will allow the consultant a reasonable period in line with Schedule 6, paragraph 2 to rearrange any private commitments. The employing organisation will take into account any binding commitments that the consultant may have entered into (e.g. leases). Should a consultant wish to reschedule private commitments to a time that would conflict with Programmed Activities, he or she should raise the matter with the clinical manager at the earliest opportunity.

Scheduling Private Commitments Whilst On-Call

10. The consultant will comply with the provisions in Schedule 8, paragraph 5 of these Terms and Conditions.
In addition, where a consultant is asked to provide emergency cover for a colleague at short notice and the consultant has previously arranged private commitments at the same time, the consultant should only agree to provide such emergency cover if those private commitments would not prevent him or her returning to the relevant HPSS site at short notice to attend an emergency. If the consultant is unable to provide cover at short notice it will be the employing organisation's responsibility to make alternative arrangements and the consultant will suffer no detriment in terms of pay progression as a result.

Use of HPSS Facilities and Staff

11. Where a consultant wishes to provide Private Professional Services at an HPSS facility he or she must obtain the employing organisation's prior agreement, before using either HPSS facilities or staff.
12. The employing organisation has discretion to allow the use of its facilities and will make it clear which facilities a consultant is permitted to use for private purposes and to what extent.
13. Should a consultant, with the employing organisation's permission, undertake Private Professional Services in any of the employing organisation's facilities, the consultant should observe the relevant provisions in the 'Code of Conduct for Private Practice'(Appendix 1).
14. Where a patient pays privately for a procedure that takes place in the employing organisation's facilities, such procedures should occur only where the patient has given a signed undertaking to pay any charges (or an undertaking has been given on the patient's behalf) in accordance with the employing organisation's procedures.
15. Private patients should normally be seen separately from scheduled HPSS patients. Only in unforeseen and clinically justified circumstances should a consultant cancel or delay an HPSS patient's treatment to make way for his or her private patient.

16. Where the employing organisation agrees that HPSS staff may assist a consultant in providing Private Professional Services, or provide private services on the consultant's behalf, it is the consultant's responsibility to ensure that these staff are aware that the patient has private status.
17. The consultant has an obligation to ensure, in accordance with the employing organisation's procedures, that any patient whom the consultant admits to the employing organisation's facilities is identified as private and that the responsible manager is aware of that patient's status.
18. The consultant will comply with the employing organisation's policies and procedures for private practice

Patient Enquiries about Private Treatment

19. Where, in the course of his or her duties, a consultant is approached by a patient and asked about the provision of Private Professional Services, the consultant may provide only such standard advice as has been agreed between the employing organisation and appropriate local consultant representatives for such circumstances.
20. The consultant will not during the course of his or her Programmed Activities make arrangements to provide Private Professional Services, nor ask any other member of staff to make such arrangements on his or her behalf, unless the patient is to be treated as a private patient of the employing organisation.
21. In the course of his/her Programmed Activities, a consultant should not initiate discussions about providing Private Professional Services for HPSS patients, nor should the consultant ask other staff to initiate such discussions on his or her behalf.
22. Where an HPSS patient seeks information about the availability of, or waiting times for, HPSS services and/or Private Professional Services, the consultant is responsible for ensuring that any information he or she provides, or arranges for other staff to provide on his or her behalf, is accurate and up-to-date.

Promoting Improved Patient Access to HPSS Care

23. Subject to clinical considerations, the consultant is expected to contribute as fully as possible to reducing waiting times and improving access and choice for HPSS patients. This should include ensuring that, as far as is practicable, patients are given the opportunity to be treated by other HPSS colleagues or by other providers where this will reduce their waiting time and facilitate the transfer of such patients.
24. The consultant will make all reasonable efforts to support initiatives to increase HPSS capacity, including appointment of additional medical staff and changes to ways of working.

Examples of Fee Paying Services - Schedule 10

1. Fee Paying Services are services that are not part of Contractual or Consequential Services and not reasonably incidental to them. Fee Paying Services include:
 - A. Work on a person referred by a Medical Adviser of the Department of Social Development, or by an Adjudicating Medical Authority or a Medical Appeal Tribunal, in connection with any benefits administered by an Agency of the Department of Social Development;
 - B. Work for the Criminal Injuries Compensation Board, when a special examination is required or an appreciable amount of work is involved in making extracts from case notes;
 - C. Work required by a patient or interested third party to serve the interests of the person, his or her employer or other third party, in such non-clinical contexts as insurance, pension arrangements, foreign travel, emigration, or sport and recreation. (This includes the issue of certificates confirming that inoculations necessary for foreign travel have been carried out, but excludes the inoculations themselves. It also excludes examinations in respect of the diagnosis and treatment of injuries or accidents);
 - D. Work required for life insurance purposes;
 - E. Work on prospective emigrants including X-ray examinations and blood tests;
 - F. Work on persons in connection with legal actions other than reports which are incidental to the consultant's Contractual and Consequential Duties, or where the consultant is giving evidence on the consultant's own behalf or on the employing organisation's behalf in connection with a case in which the consultant is professionally concerned;
 - G. Work for coroners, as well as attendance at coroners' courts as medical witnesses;
 - H. Work requested by the courts on the medical condition of an offender or defendant and attendance at court hearings as medical witnesses, otherwise than in the circumstances referred to above;
 - I. Work on a person referred by a medical examiner of HM Armed Forces Recruiting Organisation;
 - J. Work in connection with the routine screening of workers to protect them or the public from specific health risks, whether such screening is a statutory obligation laid on the employing organisation by specific regulation or a voluntary undertaking by the employing organisation in pursuance of its general liability to protect the health of its workforce;
 - K. Occupational health services provided under contract to other HPSS, independent or public sector employers;
 - L. Work on a person referred by a medical referee appointed under the Workmen's Compensation (Supplementation) Act (Northern Ireland) 1966; work on prospective students of universities or other

institutions of further education, provided that they are not covered by Contractual and Consequential Services. Such examinations may include chest radiographs;

- M.** Appropriate examinations and recommendations under Parts II and IV of the Mental Health (Northern Ireland) Order 1986 and fees payable to medical members of Mental Health Review Tribunals;
- N.** Services performed by members of hospital medical staffs for government departments as members of medical boards;
- O.** Work undertaken on behalf of the Employment Medical Advisory Service in connection with research/survey work, i.e. the medical examination of employees intended primarily to increase the understanding of the cause, other than to protect the health of people immediately at risk (except where such work falls within Contractual and Consequential Services);
- P.** Completion of Form B (Certificate of Medical Attendant) and Form C (Confirmatory Medical Certificate) of the cremation certificates;
- Q.** Examinations and reports including visits to prison required by the Prison Service which do not fall within the consultant's Contractual and Consequential Services and which are not covered by separate contractual arrangements with the Prison Service;
- R.** Examination of blind or partially-sighted persons for the completion of form A655, except where the information is required for social security purposes, or by an Agency of the Department of Social Development, or the Employment Service, or the patient's employer, unless a special examination is required, or the information is not readily available from knowledge of the case, or an appreciable amount of work is required to extract medically correct information from case notes;
- S.** Work as a medical referee (or deputy) to a cremation authority and signing confirmatory cremation certificates;
- T.** Medical examination in relation to staff health schemes of local authorities and fire and police authorities;
- U.** Delivering lectures;
- V.** Medical advice in a specialised field of communicable disease control;
- W.** Attendance as a witness in court;
- X.** Medical examinations and reports for commercial purposes, e.g. certificates of hygiene on goods to be exported or reports for insurance companies;
- Y.** Advice to organisations on matters on which the consultant is acknowledged to be an expert advice to organisations on matters on which the consultant is acknowledged to be an expert.

Principles Governing Receipt of Additional Fees – Schedule 11

1. In the case of the following services, the consultant will not be paid an additional fee, or -if paid a fee - the consultant must remit the fee to the employing organisation:
 - Any work in relation to the consultant's Contractual and Consequential Services;
 - Duties which are included in the consultant's Job Plan, including any additional Programmed Activities which have been agreed with the employing organisation;
 - Fee paying work for other organisations carried out during the consultant's Programmed Activities, unless the work involves minimal disruption and the employing organisation agrees that the work can be done in HPSS time without the employer collecting the fee;
 - Domiciliary consultations carried out during the consultant's Programmed Activities;
 - Lectures and teaching delivered during the course of the consultant's clinical duties;
 - Delivering lectures and teaching that are not part of the consultant's clinical duties, but are undertaken during the consultant's Programmed Activities.

This list is not exhaustive and as a general principle, work undertaken during Programmed Activities will not attract additional fees.

2. Services for which the consultant can retain any fee that is paid:
 - Fee Paying Services carried out in the consultant's own time, or during annual or unpaid leave;
 - Fee Paying Services carried out during the consultant's Programmed Activities that involve minimal disruption to HPSS work and which the employing organisation agrees can be done in HPSS time without the employer collecting the fee;
 - domiciliary consultations undertaken in the consultant's own time, though it is expected that such consultations will normally be scheduled as part of Programmed Activities;
 - Private Professional Services undertaken in the employing organisation's facilities and with the employing organisation's agreement during the consultant's own time or during annual or unpaid leave;
 - Private Professional Services undertaken in other facilities during the consultant's own time, or during annual or unpaid leave;

Appendix 4

- Lectures and teaching that are not part of the consultant's clinical duties and are undertaken in the consultant's own time or during annual or unpaid leave;
- Preparation of lectures or teaching undertaken during the consultant's own time irrespective of when the lecture or teaching is delivered.

This list is not exhaustive but as a general principle the consultant is entitled to the fees for work done in his or her own time, or during annual or unpaid leave.

And only for a visit to the patient's home at the request of a general practitioner and normally in his or her company to advise on the diagnosis or treatment of a patient who on medical grounds cannot attend hospital.



Name:		
Address:		
		Post Code:
Telephone No:		Email Address:
DOB:	Self Pay Yes/No	Insurance Company
Membership No:		Authorisation No:
Date of Treatment:		Procedure:

Finance Use Only			
Month/Financial Year		Category:	NO 1
Site:		Hospital Number:	
Under 18:		H&C Number:	
Private Patient IP DC OP:		Customer Number:	
Date Admitted:		Deposit Paid:	
Date Discharged:		Receipt Number:	
Cost Centre Code:		Requisition Number:	
Consultant:		Speciality:	
Procedure Information:		GMC Code:	
OPCS Code:		Procedure Code:	
Date Record Modified:		Bupa Code:	
Costing:			

Please read this document carefully before signing below. This is a legally binding document.

I undertake to pay Belfast Trust in respect of accommodation and services provided to be as a private/paying patient. The charges, which I pay to the Belfast Trust, will, unless otherwise stated, be based on a length of stay, theatre charges, implantables, and other diagnostic tests and treatments as they occur. I understand that such charges relate to only hospital costs and do not include any fees for the private services of the consultant, or fees from any other consultant practitioner who may provide services relating to my care (e.g. radiologist, pathologist, and anaesthetist)

Please Note **you** will remain liable for any part of your account not settled by your insurer. It is your responsibility to check insurance cover. In some instances the Trust will be required to liaise with your insurance company regarding your policy/account, do you consent to this?

Yes No

If you are a self-funding patient, you may be required to pay a deposit before your treatment takes place. The Trust reserves the right to suspend treatment should payment not be made as requested.

I understand I am being treated as a private patient in the BHSCT and agree to the terms above

Signed: _____ Date: _____

Witnessed: _____ Date: _____

Consultant declaration

From: Medical Director and Director of Finance,
Estates and Capital Development

Mandatory Declaration to be completed by ALL Consultants

The Trust is committed to facilitating, subject to HSC needs, those Consultants who would wish to engage in private practice within HSC facilities. It is important however for both individual Consultants, and for the Trust, that any private practice and patients changing status is undertaken in accordance with the Private Patients Policy and Handbook. Where private practice and Patient Change Of Status (PCOS) is not undertaken in accordance with the policy, individual Consultants leave themselves vulnerable potentially exposing patients to funding their care until the Change of Status has been confirmed. It also exposes the Trust to increased risk of material misstatement of the Trust Annual Accounts arising from an understatement of Trust income and further exposes the Trust to significant reputational risk.

As a result, we are taking the following actions:-

Every Consultant MUST complete an Annual Electronic Consultant Declaration. The Consultant Declaration must be completed with immediate effect.

Following the Consultant Declaration, any Consultant who has declared private patient / Medical Legal activity will receive a further email from the Paying Patient Office outlining the next steps.

Please read the following information on the options available and their requirements before you make your declaration.

1. Private Practice/ Medical Legal work undertaken Inside the Trust OR Both Inside and Outside the Trust

I have read the Private Patients Policy and Handbook and understand my obligation in relation to the Management of Private Practice (including the process for patients changing their status from Private to NHS).

I agree to follow the process for treatment of private patients or to undertake Medical Legal work in NHS facilities.

If I transfer any private patients to NHS care, I will follow the process for patients changing their status from Private to NHS.

I agree to submit a quarterly Private Practice/ Medical Legal activity return to the Paying Patient Office.

2. Private Practice/ Medical Legal work undertaken Outside the Trust only:

I have read the Private Patients Policy and Handbook and understand my obligation in relation to the process for patients changing their status from Private to NHS.

3. No:

I declare I do not undertake/intend to undertake Private Patient Work and/or Medical Legal work either inside or outside the Trust.

By selecting one of the options below, I confirm that I undertake private practice and/or Medical Legal work (PP/ML) as follows:

Select one of the options below to respond:

- **Yes PP/ML Inside the Trust**
- **Yes PP/ML Outside the Trust**
- **Yes PP/ML both Inside and Outside**
- **No PP /ML work either Inside or Outside the Trust**

Use addressograph - otherwise write in capitals

Surname: _____
 First names: _____
 Consultant: _____ Ward: _____
 Hospital no: _____ DOB: _____
 Cycle Number: _____

Check Identity

Define additional treatment to be paid for (PLEASE COMPLETE IN BLOCK CAPITALS)

Chemotherapy	Frequency of cycles	Care setting	Drug cost per cycle
<i>Eg. IRINOTECAN / CETUXIMAB</i>	<i>EVERY 2 WKS</i>	<i>BRIDGEWATER SUITE</i>	-

Determination of costs per cycle (see attached notes)

Pharmacy	Cost per cycle
Drug procurement	
Dispensing	
Administration	
Care delivery	
Day case / Inpatient	
Diagnostic tests	
a.	
b.	
c.	
Consulting room fee*	
Surcharge for treatment of toxicity	
Administrative overheads	
Flat rate	
Total	

Additional notes (for internal use only)

- 1. Pharmacy dispensing**
To be advised by Pharmacy, dependent on complexity banding
- 2. Day case/ Inpatient rate**
The proportionate increase in time with the additional treatment should be applied to the Trust's agreed private patient rate, but should never exceed that value
- 3. Diagnostic tests**
The patient's Consultant must list out the additional diagnostic tests associated with the additional treatment. Paying Patients Office will advise as to the Trust's agreed private patient rate
- 4. Consulting room fee**
The Trust's agreed private patient rate for a consultation should be used
- 5. Administrative overheads**
charged at £30/cycle of chemotherapy
- 6. Surcharge for treatment of toxicity**
the patient's Consultant to advise regarding the % increase of risk of admission for Grade 3 or greater toxicity, over and above the risk with standard care. Low (5%), medium (10%) or high (20%) to be applied

*Excludes Consultant fee - as separate contract between patient and Consultant

Use addressograph - otherwise write in capitals

Surname: _____

First names: _____

Consultant: _____ Ward: _____

Hospital no: _____ DOB: _____

Cycle Number: _____

Check Identity

This agreement must be completed for all patients opting to pay for additional private care. It must be counter signed by both the patient and the Consultant responsible for the additional care, to confirm understanding and agreement of the statements below.

Charges

1. The patient understands that the additional treatment and any associated costs are not being funded by the NHS.
2. The patient has been advised of outline costs of the additional care although it is recognised that these costs may alter. Any changes to the costs will be discussed with the patient by the Paying Patients Office.
3. The patient understands that if he/she is no longer able to fund the additional treatment, the treatment will cease.
4. The patient understands that if he/she becomes too unwell to proceed, the cost of the drug will be charged, and where payment has already been received, the cost will not be refunded.
5. The patient understands that where treatment has been authorised and a drug preparation commenced which does not result in administration for non patient reasons, the costs of repeat drug preparation, where required, will be covered by the NHS.
6. The patient understands that if the NHS funds this treatment in future, the NHS will not refund the cost of any additional treatment already provided.
7. The patient understands that the NHS is not responsible and has no legal liability for the quality of services where utilised
8. These costs do not affect all patients' right to access to emergency care.

Additional treatment

1. The patient has received information about the proposed treatment as well as all other treatment options.
2. The patient has been given full information about the potential benefits and risks of the proposed treatment and other treatment options and this information has been recorded on the consent form.
3. Informed consent has been obtained in line with GMC guidance.
4. This treatment is currently not available in the NHS.
5. The outcome of this treatment will contribute to relevant local and national audits.
6. The outcome of this treatment may be discussed at multi disciplinary clinical governance meetings.

Chemotherapy	Print name	Sign name	Date
Patient			
Consultant			
Private Patients office			

Please send to Paying Patients Office who will sign, and will arrange for a copy to be given to the patient, to pharmacy and a copy to be returned for filing in the patient's notes.

Patient Change of Status Process

Patient seen initially either inside or outside the Trust as a private patient wants to revert to NHS status

- Consultant must complete an electronic Patient Change of Status form (PCOS) one month within the transfer taking place
- Link to the PCOS 365 Form

- Patients will remain private until the change of status has been SUBMITTED VIA THE LINK
- Once submitted patient must remain as an NHS patient for that episode of care.
- Patient should not be seen privately following diagnostic tests

Quarterly Spot Audit of PCOS forms to include diagnostics will be selected from across specialties and non-compliance escalated where necessary

Quarterly report ran:
PCOS Activity per consultant
PCOS – Non -Compliance
Escalated to Co-Directors
Charis of Division

Two reports ran quarterly to identify missing PCOS forms and Patients coded incorrectly on PAS and Boarding cards

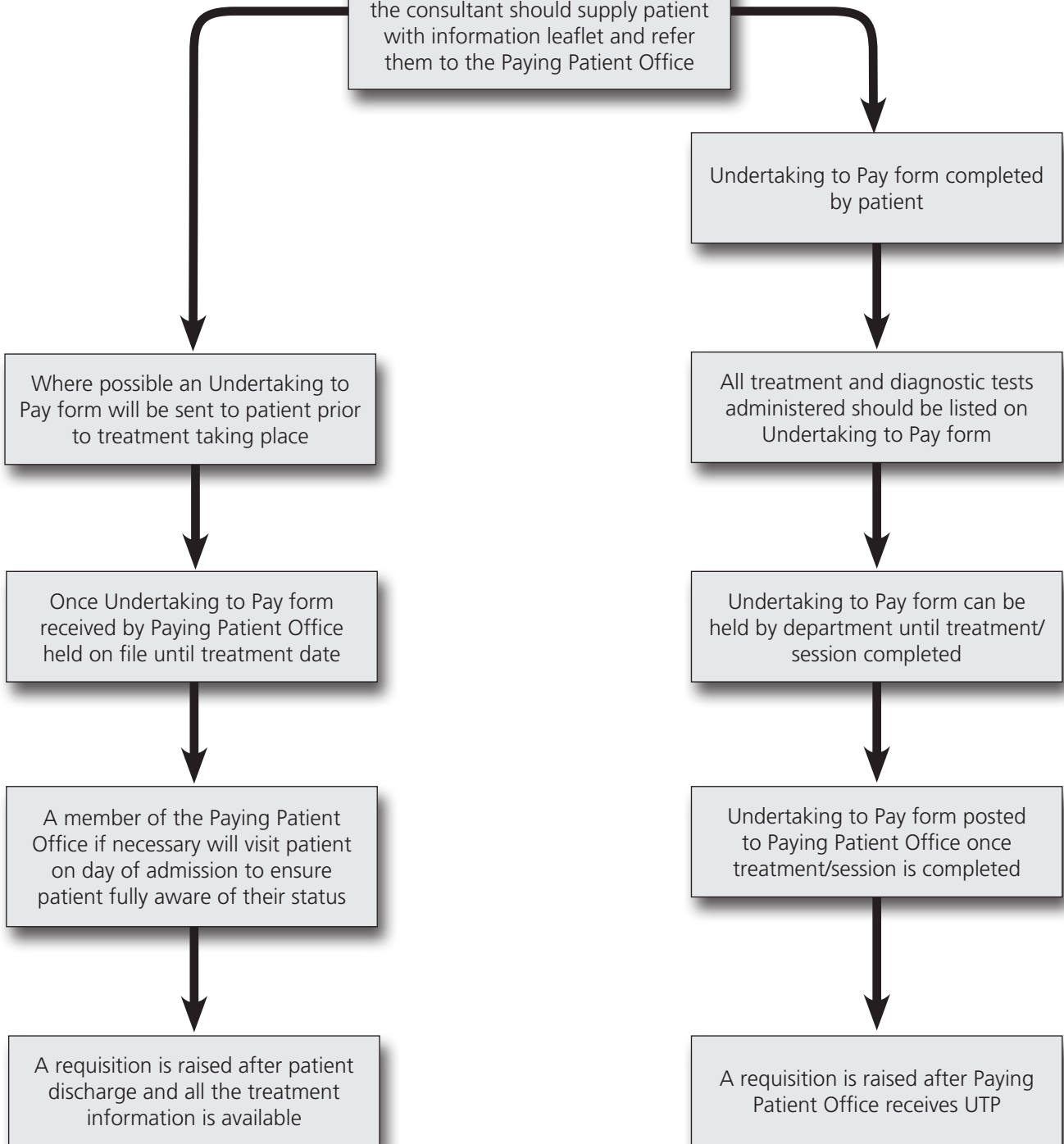
Flowchart for Private Practice

Consultant agrees programmed activities and fee paying practice as part of the annual job review

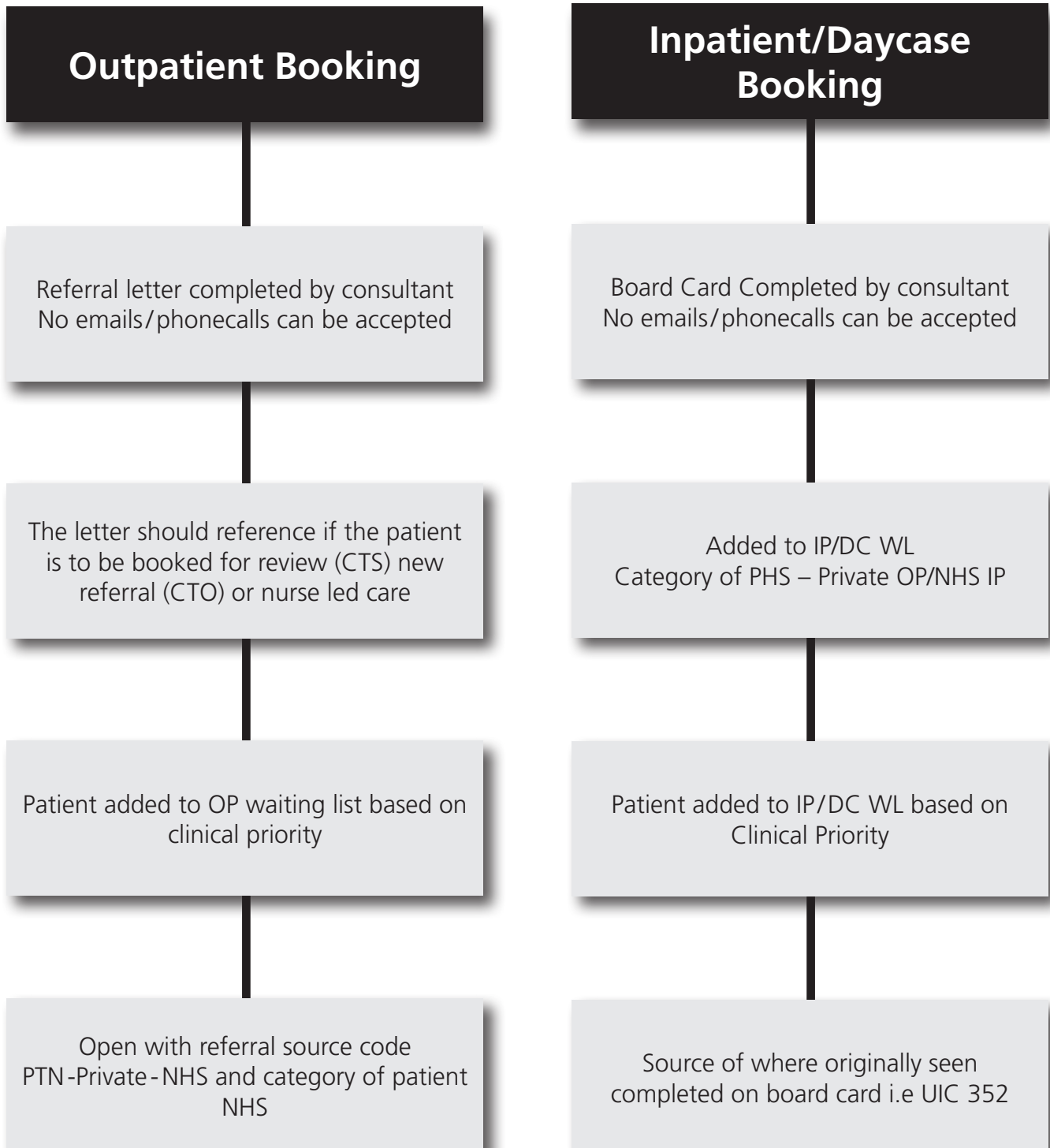
Inpatient

Outpatient

At initial appointment if a patient expresses interest in private treatment the consultant should supply patient with information leaflet and refer them to the Paying Patient Office



Guidance for recording Patients Change Of Status (PCOS) from private to NHS referred to Outpatient / Inpatient / Daycase



Belfast Health and Social Care Trust

January 2022