Private Patient Policy

Approved by: Community Health services OMB

On: 30th July 2009

Review Date: 1st August 2010

Directorate responsible for Review: Community Health Services: Adult

Policy Number: CHSADEC029

Signature: Managing director of Community Health services
Private patient Policy: version 1

<table>
<thead>
<tr>
<th>First Version</th>
<th>Date</th>
<th>Amendment</th>
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<tr>
<td>1st policy</td>
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### Policy/Service Content:

- For each of the following checks is this policy sensitive to people of different age, ethnicity, gender, disability, religion or belief, sexual orientation & transgender?
- The checklists below will help you to see any strength and / or highlight improvements required to ensure that the policy / procedure is compliant with equality legislation.

<table>
<thead>
<tr>
<th>A. Check for DIRECT or INDIRECT discrimination against any minority group of SERVICE USERS:</th>
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<tr>
<td><strong>Question:</strong> Does your policy/service contain any issues which may adversely impact people from using the services who otherwise meet the criteria under the grounds of:</td>
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<td><strong>Response</strong></td>
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<td><strong>Yes</strong></td>
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<td>1.0 Age</td>
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<td>1.2 Learning Difficulties / Disability or Cognitive Impairment</td>
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<td>1.3 Mental Health Need</td>
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<td>1.4 Sensory Impairment</td>
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<td>1.5 Physical Disability</td>
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<td>1.8 Sexual Orientation</td>
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If yes is answered to any of the above items the policy may be considered discriminatory and requires review and further work to ensure compliance with legislation.

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**TOTAL NUMBER OF ITEMS ANSWERED ‘YES’ INDICATING DIRECT or INDIRECT DISCRIMINATION =**

| Number of ‘Yes’ answers for Service users | 0 |
| Number of ‘Yes’ answers for Employees.   | None applicable |

| Is there any evidence that some groups are affected differently? | No |
| Is there a need for external or user consultation? | No |
| If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | No |
| Is the impact of the policy/guidance likely to be negative? | No |
| If so can the impact be avoided? | N/a |
| What alternatives are there to achieving the policy/guidance without the impact? | n/A |
| Can we reduce the impact by taking different action? | n/A |
To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

If you have answered “Yes” to any of the above questions, it is likely the policy/service will need a full EIA, please complete a full impact assessment. If you have identified a potential discriminatory impact of this procedural document, please refer it to policy/service administrator; together with any suggestions as to the action required to avoid/reduce adverse impact.

Signatures of authors / auditors:

Date of signing:
1. Overview

Background

1.1. The first hospital policy, written by previous organisations in 2004 is now out of date and incomplete.

1.2. The number of private patients treated within the Community Health Services ("CHS") could increase significantly as many requests have been received.

1.3. Legislation has moved on and the policy has been updated to reflect those changes.

Scope of this Policy

This policy relates to Private Patient’s who are referred to consultant clinician colleagues, it excludes dentistry and therapy services.

1.4. To write a new private patient policy to ensure that the Trust:

- Provides the same standards of clinical care and services for all patients whether NHS or private.
- Improves efficiency in the treatment of NHS and private patients and hence reduces NHS waiting lists.
- Covers all staff under the Trusts vicarious liability insurance.
- Maximises income generated from private patient work carried out within the Trust. **ALL INCOME RECEIVED SHALL BE DEEMED TO BE REVENUE INCOME.**
- Make all staff aware of the procedures to be adhered to with regard to private patients.
- Make all staff aware of their responsibility with regard to identifying private patients and ensuring that their Trust colleagues are made aware of their private status so that the patient status is correctly recorded in the Trust’s systems.
- Has a complete audit trail of all consultations, admissions, diagnosis and treatment for all private patients carried out within the Trust in order to protect the Trust from claims of clinical negligence and to comply with the requirement of the insurance company.
- Has a completely open and auditable process, where the same standards are applied uniformly across the Trust.
1.5. To identify current working practices within the Trust with regard to private patients.

1.6. To establish areas of weakness with the current policy and working practices, to strengthen these areas of weakness.

2. Code of Conduct for Private Practice

Introduction

2.1. This policy document sets out recommended standards of best practice for Trust Consultants and staff 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 Trust.

2.2. This document supersedes all previous agreements and policies in relation to the treatment of private patients on CHS premises.

Key Principles:

2.3. Consultants and the CHS are required to work on a partnership basis to prevent any conflict of interest between private practice and NHS work. It is important that Consultants and the Trust minimise the risk of any perceived conflicts of interest.

- 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.
- All Consultants will have a contract/SLA with CHS which will set out key responsibilities including having the necessary indemnity cover.

General Principles

2.4. In relation to third party liabilities CHS owe a duty to anyone who is present in our buildings so staff are covered unless they damage the building to cause injury to themselves. All staff/consultants must adhere to relevant health and safety procedures as failure to do so will make them liable – e.g. they injure themselves through their own negligence.

Equipment

2.5. If a consultant misuses the equipment procured by CHS and this results in injury to patient/and or consultant. The consultants insurance will cover all costs as highlighted within their contract or indemnity cover. If injury is caused to
consultant/patient due to faulty equipment CHS will cover the costs (Consumer Protection Act, 1987).

2.6. If injury is caused to consultant/patient due to faulty equipment this will be covered by the Consumer Protection Act, 1987.

2.7. If injury is caused to consultant/patient due to faulty equipment and CHS staff were aware of that fault then CHS will cover the costs.

**Staff**

2.8. If CHS staff are involved in the care of private patients in NHS hospitals, they would normally be doing so as part of their NHS contract and would therefore be covered by our insurance – see attached document number 10 Appendix A.
3. Provision of Private Services alongside NHS Duties

Clinic/Session Rules for Treatment of Private Patients on NHS Premises

3.1. Private patient services must take place at times that do not impact on normal services for NHS patients.

3.2. Private patient clinics/sessions must take place either before a NHS clinic/session (in which case it must not in any way delay the start of the NHS clinic/session) or after the NHS clinic/session has finished. NHS clinic/session times must not be reduced to accommodate private patient clinic/session times.

3.3. It is the responsibility of the Consultant to ensure the necessary arrangements are made for the attendance of a private patient (use of room, any special equipment etc.). This will not be done by NHS staff.

3.4. If a NHS patient cancels an appointment at short notice then all means necessary should be taken to fill the appointment with the longest waiting patients on the 'Primary Target List'. The cancelled appointment must not be filled with a private patient.

Admission Rules

3.5. Private patients may attend the CHS as a day-case.

Notification of Private Patient Status

3.6. The Consultant responsible for providing/arranging private services for a patient in the Trust must ensure, in accordance with this policy, that all staff assisting in providing services are aware of the patient’s private status, and that all documentation clearly identifies the patient as being private. This ensures that the coding of patients is correct for contracting purposes and that a clear audit trail is maintained at all times.

3.7. Request forms for Physiotherapy, Dietetics, Orthotics, Occupational Therapy, Chaplaincy, X-ray, Pharmacy, Pathology or any other diagnostic procedure, must be clearly marked by the Consultant as “private” and signed for.

3.8. The Consultant is responsible for notifying the Lead Private Patient at each site - all elective care managers or designate.

Private Patient agreement form (PPA) (PP1) see Appendix C

3.9. This form relates only to the contract established between CHS and the Patient and deals only with the Trusts charges; except for all diagnostic radiology, pathology and imaging bills, which should include the Consultants’ fees.
3.10. 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 in advance of admission/treatment/tests from (or on behalf of) the patient, in accordance with the Trust’s procedures.

3.11. It is the Consultants responsibility to ensure the ‘PPA form (PP1)) is completed, signed and witnessed by the patient before any services are provided.

3.12. The patient will be notified in advance of all Trust services they are likely to receive along with an estimate of the cost of such services. The patient should be made aware by the Consultant that the anticipated services may change as a result of test or diagnostics findings.

3.13. The Trust will determine and make such charges for the use of its services, accommodation or facilities, as it considers reasonable.

3.14. Any charge will be collected by the Trust, either from the patient or a relevant third party.

3.15. 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.

3.16. The Trust will bill the insurance company directly and not individual patients for in-patient and out-patient services except where the patient is not covered for the item of service, or elects not to use his insurance cover or provides incorrect information regarding his insurance company.

**Fees of Consultants**

3.17. The Consultant is responsible for advising the patient of all professional fees to be levied. Consultants should note that they **cannot receive payment** from a patient for a consultation/treatment carried out on Trust premises unless the patient has signed an ‘PPA form (PP1). The Consultant must also sign the form and have the form witnessed by a staff member.

3.18. At the end of each outpatient clinic the Consultant must send all ‘PPA’ forms (PP1) to the lead in Financial Management.

3.19. The consultant must ensure that a Private Patients Treatment form (Appendix F) is completed after treatment has been given and a copy is placed in the medical records and sent to finance with the PP1 form.
4. Trust’s Responsibility for the Treatment of Private Patients

Overview

4.1. The Trust will try to ensure that Consultants only offer to and provide to patients those services which the Trust has the capability and capacity to safely provide.

4.2. The Trust and the Consultant will provide services to patients in an economical and efficient manner consistent with professional standards of medical care generally accepted in the medical community and in accordance with Standard Clinical Guidelines.

4.3. The Trust will ensure that all Consultants, including Anaesthetists, who participate in the care of private patients in the Trust, are recognised by the insurance companies. Insurance companies reserve the right not to pay the Trust charges, whether in full or in part, where the Consultants or other doctors directly responsible for the treatment of a patient are not recognised by the insurance company.

4.4. The CHS will ensure that all consultants have relevant indemnity and are recognised by the insurance companies.
5. Information for NHS Patients about Private Treatment

Consultant’s Responsibility

5.1. In the course of their NHS duties and responsibilities Consultants must not initiate discussions about providing private services for NHS patients, nor must they ask other NHS staff to initiate such discussions on their behalf, such actions will be deemed to be solicitation.

5.2. Where an NHS patient seeks information about the availability of, or waiting times for, NHS and/or private services, Consultants must ensure that any information provided by them, is accurate and up-to-date and conforms to any local guidelines.

5.3. Except where immediate care is justified on clinical grounds, Consultants must not, in the course of their NHS duties and responsibilities, make arrangements to provide private services. Nor must they ask any other NHS staff member to make such arrangements on their behalf unless the patient is to be treated as a private patient of the NHS facility concerned.
6. Change of Status

Regulations

6.1. All patients whether NHS or Private have the right to change their status from NHS to Private and vice versa.

Rules Governing Change of Status

6.2. Before a patient can change their status they must first complete a ‘Change of status’ form which must be signed by the Consultant, the patient and witness. Unless a change of status form has been correctly completed and signed the patient’s change of status will not be recognised by the Trust.

6.3. One copy of the change of status form should be filed with the patient’s case notes; another copy should be kept. A further copy should be given to the Ward Clerk or Administrator of the department providing services to the patient immediately after the change of status. This is so that the patient’s details can either be set up on CRS (if the patient is new to the Trust) or updated on HISS (if the patient has already received services in the Trust).

6.4. All change of status must be recorded on HISS.

6.5. A patient may only change status once per individual episode of care. Once a patient has changed status once they cannot change back again in the same episode of care. Consultants are responsible for ensuring that a second change does not happen.

An episode of care is defined as an initial outpatient appointment, any further required procedures and follow-up appointments. However, if the procedure is diagnostic then this in itself is an episode of care. For example, if a patient requires a laparoscopy after an initial NHS appointment and requests that is done privately then they have made one change of status in this episode of care. The outpatient appointment for the results must also be done privately as this is the same episode of care. If the patient then requires surgery following the results of the laparoscopy then this begins a new episode of care and so there may, once again, be one change of status.

6.6. A patient cannot change their status mid way through a consultation, treatment or series of tests at any single visit to the CHS. The patient may only change their status after the consultation, treatment or tests have been completed for that visit. The change of status will be effective for subsequent consultations/treatments/admissions for the same episode of care.

6.7. A private outpatient, who elects to have NHS treatment after an initial private consultation, must join the appropriate waiting list at the same point as if their consultation has been under the NHS, and that place must be determined by clinical need.
6.8. Patients sent from a private hospital for x-ray, pathology or any other diagnostic procedure, or test in the Trust will be treated as a private patient unless they provide a change of status form. If a patient has changed status, the patient cannot return to the private hospital for further consultations or services in the same episode of care. It is the Consultant’s responsibility to ensure that the private hospital is made aware of the patient’s change of status.

6.9. Private patients, who have diagnostic procedures or provision of prosthesis as a result of private treatment at the CHS, or elsewhere, will be treated as private patients and charged accordingly.

6.10. All patients who change status are still liable for the charges they incur for treatment while they are still categorised as private. Consultants seeing NHS patients who then make the decision to transfer to ‘private’ MUST make the patient aware that until the episode of care is complete they will be unable to transfer back to being a NHS patient and therefore will be liable for all the charges incurred throughout that episode of care.

6.11. 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.
Patient Attending NHS Hospital
As An NHS Out-patient

Consultant Interview

1

No Trust Services Required

End Process

NHS Diagnostic & Treatment

End Process

Patient Changes Status to Private

Private Patient

End Process

The patient must fill out a change of status form to be signed by the patient, the consultant and the Private Patient Officer.

The patient can not change their status to NHS for tests, diagnosis, treatment or procedures in this episode.
7. Private Patients Covered By Medical Insurance

Pre-Authorisation

7.1. Where the patient is covered by insurance the designated person within the locality should notify the insurance company by phone or e-mail of the anticipated treatment, confirming the patient’s details and entitlement to cover. Please note pre-authorisation given will only be valid for 30 days. If for whatever reason this time frame lapses further authorisation will be required. The designated person within the locality should ensure an authorisation code is obtained from the insurance company (with the exception of outpatient appointments where it is the responsibility of the patient to obtain the pre-authorisation code).

7.2. Where the Trust is seeking pre-authorisation in order to be able to invoice for items that would not otherwise be eligible, then the insurance company must be faxed the request and return a faxed confirmation that authorisation has been given.
8. Out-Patients

Clinic Times

8.1. Refer to clinic rules on page 6.

Notification of Private Patients Status

8.2. It is the individual Consultants responsibility to ensure that their private secretary notifies the Appointments Bureau of the patient’s private status and that all clinic lists and hospital notes clearly identifies the patient as being private.

8.3. It is also the responsibility of the individual Consultant to notify the lead officer site person in advance of all private out-patient appointments by e-mailing a ‘Notification of Private Patient’ form as soon as the patient has been allocated an appointment.

Referrals and Clinic Bookings

8.4. When a referral has been received for a private patient the patient’s details should be recorded on HISS in the same manner as a NHS patient except that the patient’s private status requires to be set up as PP as opposed to NHS. The Consultant’s private secretary should notify the NHS secretary of the private patient appointment. The NHS secretary should then input the patient details onto CRS.

8.5. The clinic list should show all private patient appointments as either before the clinic start time (in which case there should be sufficient time set aside so that the NHS clinic is not affected) or after the clinic end time.

Out-Patient Appointment Scheduled For > 7 Days after Receipt Of Private Patient Notification

8.8. On receipt of the ‘Notification of Private Patient’ form from the Consultant, the designated persons should query with the Consultant any details that are unclear and then send out an ‘PPA form (PP1) to the patient. The patient must be advised of estimated total charges so that a deposit/financial guarantee may be obtained where appropriate.

8.9. The patient should be made aware that if their treatment is expected to be covered by medical insurance the patient must obtain a pre-authorisation code from their insurer before attending their appointment. This pre-authorisation code must be recorded on their form.

8.10. It should be made clear to the patient that the completed and signed ‘PPA’ form should be brought along to their appointment along with their insurance details if the patient is not a self-pay. If a pre-authorisation code is not supplied by their insurer it is likely the patient status will revert to self-pay. The Consultant should not provide any services to the patient until they are in receipt of the completed, signed and witnessed form.

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Out-Patient Appointment Scheduled For < 7 Days after Receipt of Private Patient Notification

8.11. The process followed should be the same as that for ‘> 7 days’ except that the designated person will telephone or e-mail the patient notifying them of the procedure and informing them that an ‘PPA’ (PP1) form will be provided to them for signing at their appointment.

8.12. The Consultant should not provide any services to the patient until the ‘PPA’ form has been completed, signed and witnessed.
9. To Arrange Tests, Investigations or Prescriptions for Private Patients (Trust Premises)

Requirements

9.1. The Consultant must ensure that the private box is ticked very clearly on all requests for Physiotherapy, Dietetics, Orthotics, Occupational Therapy, Clinical Imaging and Pathology of any type. Also any Pharmacy requests for Private patients must be clearly marked “private”. The Consultant must sign all request forms.

9.2. Consultants should not arrange services, tests, investigations or prescriptions for private patients until the patient has signed an ‘PPA form’ (PP1) where the required service, test, investigations or prescription is clearly listed on the form.

9.3. When the Consultant sends the request form to the relevant department a copy of the ‘private patient agreement’ form (PP1) should be stapled to the back of the request form. Where there are multiple requests to the same department one copy of the ‘private patient agreement form’ (PP1) should be kept by the providing department and cross-referenced with the requests. Only the first request needs to have an ‘private patient agreement form (PP1) attached. This procedure should be adhered to for both in-patients and outpatients.

9.4. On receipt of the request form, the departments providing the service should check that the requested service is noted on the ‘private patient agreement form’ form (PP1).

9.5. Where the ‘Private patient agreement form’ (PP1) does not list the services requested the providing department requires to ask the patient to sign another form detailing the service to be provided. If the patient refuses to sign the additional form, their Consultant must be bleeped and the providing department can refuse to provide the service until the form is signed off.

9.6. All services supplied should be updated against the patient’s record in HISS.

9.7. Copies of all request forms should be sent by the providing department to the designated person within the locality at the end of each day for reconciling with the ‘Private patient agreement form’ (PP1). Any anomalies between the request form and the ‘Private patient agreement form’ (PP1) form should be queried in the first instance with the providing department and then with the Consultant if the anomaly can not be resolved.
Specific to Pathology and Pharmacy

9.8. Currently requests for pharmacy are not marked as “private”; all future requests must be marked as “private”. As a result there is currently no audit trail on this so the Trust does not know the true cost of the drugs supplied to private patients, nor is the actual drug usage updated against each patient record in CRS. A budgeted level of drugs is included in the procedure/treatment costs.

9.9. Consultants must not try to bypass the change of status process by referring the patient back to the GP for pathology tests for the same episode of care. The patient either has private status or NHS status both of which s/he is free to change once per episode so there should be no requirement for an intermediate GP referral. Any results for tests requested by a GP will be sent directly to the GP.

9.10. It is the Pathology department’s responsibility to ensure that the necessary patient’s details and costs are entered on an authorised invoice request form and that this is sent to the Debtors section in the Finance Department as soon as possible.

Specific to Imaging

9.11. Session times in accordance with department.

9.12. Staff members must ask patients where they are being treated and where questionable ask the patient if they are NHS or private patients.

9.13. Where the correct paperwork has not been provided the test/treatment will not be carried out until the correct paperwork has been supplied. Such cases should be reported to the Medical Director and the Divisional or Executive Manager. The designated person should also be notified.
10. Paediatrics

10.1. The same procedures as listed in this policy must be followed in relation to private paediatric patients as applied to adult private patients.

10.2. Currently services are provided free of charge to both private patients and the Saxon Clinic. This service will no longer be provided free of charge.

10.3. Also some Consultants are taking advantage of this service by insisting that patients be seen that day even though an entire NHS clinic has been booked for that day. This practice is prohibited by the Trust unless the case is an emergency in which case it should be reported (as mentioned previously in the policy) to the Medical Director and the Divisional or Executive Manager as such. Such emergency cases should also be notified to the Private Patient Officer.
11. Private Inpatients/Day cases

Theatre Sessions

Session Times

11.1. As agreed with Department.

11.2. It is the responsibility of the Consultant to ensure that necessary arrangements are made for the attendance of a private patient (use of room, any special equipment, anaesthetic requirements etc.). Usually this will be done by the private secretary communicating through the NHS secretary with Theatres and Anaesthetics. The private secretary must ensure both theatres and the anaesthetics department are aware of the patients private status. The private secretary must pass all patient details on to the NHS secretary to ensure the patient details are correctly set up on HISS.

Elective Admissions

Notification of Private Patient Status

11.3. It is the individual Consultants responsibility to ensure that his private secretary notifies the admissions office of the patients’ private status and that all admission lists and hospital notes clearly identifies the patient as being private by utilising the notification form.

11.4. It is also the responsibility of the individual Consultant to notify the lead person in advance of all private patient admissions by e-mailing a Private patient agreement form (PP1) as soon as the patient has been allocated an admission date.

Patient Admission Is Scheduled For > 14 Days after Receipt Of Private Patient Notification

11.5. On receipt of the “Notification form”, from the Consultant, the designated person from each locality should query with the Consultant any details that are unclear and then send out an Private patient agreement form (PP1) to the patient. The patient must be advised of procedures and treatment to be received and be provided with an estimate of total charges so that a deposit/financial guarantee may be obtained where appropriate.

11.6. The patient should be made aware that if his/her treatment is expected to be covered by medical insurance the CHS must obtain a pre-authorisation code from their insurer in advance of their treatment/admission. It is therefore essential that all their insurance details are provided either on the “private patient agreement form (PP1) or in an attachment to the form.

11.7. It should be made clear to the patient that the completed and signed ‘Private patient agreement form (PP1) should be returned to the lead person for PP’s in advance of their admission. The lead person should provide the Consultant with a copy of the completed form when they receive it. The Consultant should not provide any services to the patient until they are in receipt of / or have been notified designated person that they are in receipt of the completed signed form.

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11.8. If the ‘Private patient agreement form’ (PP1) has not been received by the lead person 5 days before the patient’s date of admission, the designated person within each locality should telephone or e-mail the patient. They should request their insurance details, explaining to the patient that pre-authorisation will be required by the insurance company in advance of admission.

11.9. As soon as the lead person has contacted the insurance company as to the level of cover, they must make both the patient and the Consultant aware of the extent to which the patient is covered. Any potential issues with regard to cover should be resolved before any treatment or procedure goes ahead.
12. Medical Reports

12.1. From time to time insurance companies may request medical reports in order to process a claim. A claim may remain unpaid in whole or in part until the report has been received and assessed. It is therefore important that Consultants provide any requested reports to the insurer in the required time frame.
13. Consultant Responsibility

13.1. To notify the insurance company within 48 hours of any incident relating to a Patient’s treatment undertaken in the Trust that meets the following criteria:

- Unexpected mortality, unexpected transfer between hospitals, untoward incidents where the patient has suffered physical harm or injury;
- Any material incident which may be a source of dispute between the patient and the hospital;

13.2. From time to time new practices emerge. Until the insurance companies have agreed that they will pay for treatments using such new methodology, eligibility cannot be confirmed.

13.3. Notification of a new procedure or service should be made by the Contract Manager to the insurance company at least three months prior to the service being offered to patients, otherwise the insurance companies will not agree to pay for the service. The Private Patient Officer should also be notified of such changes.

13.4. The Contract Manager is responsible for notifying the Insurance Companies, subject to confidentiality constraints, within 48 hours when a doctor using the Hospital or with admitting rights is suspended or under investigation from any other party.
14. Billing

Database

14.1. In order to effectively and efficiently manage the treatment of private patients in the Trust, a designated person within each locality must create and maintain a log of all private patients receiving Trust services.

Out Patient Procedures

14.2. On receipt of the notification form from the Consultant, (the designated persons within each locality), should cross reference the forms with the clinic lists and ‘Private Patient Agreement’ forms (PP1). Any anomalies should be discussed with the Outpatient Manager and, where applicable, forwarded on to the Finance Director.

14.3. Where the patient is believed to be covered by insurance (has provided a pre-authorisation code), the designated person within each locality will contact the insurance company for confirmation of any aspects of the patient’s details and eligibility for full refund that is otherwise unclear. Where the patient believes they are covered by insurance but has not supplied a pre-authorisation code, the designated person must query the patient’s eligibility for cover with the insurer.

14.4. All change of status forms must be reconciled with the patient’s ‘PPA form (PP1)

14.5. Once the forms have been cross-referenced, an invoice request form needs to be completed and forwarded to the debtors section for processing. All invoices will be dealt with in line Standing Financial Instructions.

14.6. Where a patient has paid a deposit for treatment any balance outstanding should be invoiced and any overpayment should be credited back to the patient by sending the patient a cheque.

14.7. At the end of each month the Finance department will check the payment status with the Debtors section and update their records accordingly.

14.8. The Trust will not make a charge on a Day-case or In-patient basis in connection with a procedure, which has been performed by a Consultant on an Outpatient basis.

14.9. As clinical care progresses, surgical procedures will be performed in an outpatient setting where possible.

14.10. All cheques will be made payable to: Leicestershire County and Rutland PCT and sent with completed forms to Finance department at Fosse House.

In-Patient & Day Case Procedures

14.11. The same process must be followed as with outpatients, except forms must not be forwarded to the Debtors section until the patient is discharged.

14.12. Once it has been confirmed that the patient has been discharged the designated person should collect all the relevant information necessary to raise an invoice.
14.12 Once all the relevant information has been collated the forms should be forwarded to the Debtors section where an invoice will be raised.

15. Charges

15.1. These will be provided on a separate document. See appendix B.
Appendix A

Legislative Framework

Private medical practice by medical and dental staff in NHS hospitals generates valuable income for improving services for all patients by using resources which, from time to time, are not needed for treating patients receiving free NHS treatment. The main principle is that private practice must not, to a significant extent, interfere with the performance by NHS Trusts or their obligations under any NHS contract.

Under the terms of the National Health Act 1977, as amended by the Health Services Act 1980, the Trust is authorised to provide accommodation and services for the treatment of private inpatients and outpatients. It is also permissible for private Category II works to be undertaken by Consultants and other senior hospital medical and dental staff.

For the purposes of the NHS Act, private patients are those who give an undertaking (or for whom one is given) to pay charges for accommodation and services.

The charges payable by private inpatients and outpatients for accommodation and services at a health service hospital are determined by the Trust. Such charges will be recovered by the Trust and will be deemed as revenue income.

Trust management depends on the co-operation of Consultants in identifying private patients so that management can record all private inpatient and outpatient attendances, treatments and procedures. This helps the Trust to obtain the necessary undertaking from the patient to pay hospital charges, and to calculate and collect income due. Consultants have a personal responsibility to co-operate with Trust management by identifying their patients' private status, or any change in status.
The Six Principles of Good Practice

1. The provision of accommodation and services for private patients should not significantly prejudice non-paying patients.

2. Subject to clinical consideration, earlier private consultation should not lead to earlier NHS admission or to earlier access to NHS diagnostic facilities.

3. Common waiting lists should be used for urgent and seriously ill patients as at present and for highly specialised diagnosis and treatment. The same criteria should be used for categorising paying and non-paying patients.

4. After admission, access by all patients to diagnostic and treatment facilities should be governed by clinical considerations. This principle 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. The standards of clinical care and the services provided by the hospital should be the same for all patients. This principle does not affect the provision, on separate payment, of extra amenities, nor the practice of day-to-day care of private patients usually being undertaken by the Consultant engaged by them.

6. Single rooms should not be held vacant for potential private use longer than the usual time between NHS patient admissions.
**Appendix B**

**Leicestershire County and Rutland**  
**Private Patient Pricing**

<table>
<thead>
<tr>
<th>Service</th>
<th>Proposed Price</th>
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<tbody>
<tr>
<td>Outpatient per attendance</td>
<td>100</td>
</tr>
<tr>
<td>Daycase</td>
<td></td>
</tr>
<tr>
<td>Cataract</td>
<td>800</td>
</tr>
<tr>
<td>Squint correction</td>
<td>530</td>
</tr>
<tr>
<td>Arthroscopy</td>
<td>800</td>
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<tr>
<td>Hernia repair</td>
<td>1150</td>
</tr>
<tr>
<td>Cystocopy</td>
<td>350</td>
</tr>
</tbody>
</table>
Appendix C

Private Patient Agreement
Transfer from Private to NHS Facilities/Care

DATE: …………………… CONSULTANT: …………………………………………………

Hospital Site: ……………………………………………………………………………………

PATIENT NAME AND ADDRESS  DIAGNOSIS/CLINICAL DETAILS

_________________________________  ___________________________

_________________________________  ___________________________

_________________________________  ___________________________

_________________________________  ___________________________

D.O.B. _____________________  UNIT NO: _________________

FACILITY/CARE REQUIRED

IN-PATIENT ADMISSION    O/PATIENT ADMISSION

Requested by (print name) ………………………………………………………………………

Signed ………………………………………

Consultant’s Signature ………………………………………

Day: …………………………

PATIENT’S DECLARATION

I hereby confirm that I wish my further investigation(s)/treatment during this episode to be entirely as an NHS patient.

Signed: ……………………… (patient)  Date: …………………………………

Private patient policy
CHSADEC029
30th July 2009
Review date 1st august 2010
Appendix E: Overseas Guidance
PRIVATE PATIENTS TREATMENT FORM

Patient’s Full Name _________________________________________
(Block Capitals)

Patient ID No  ___________________________

Address  ___________________________________________________________________________
_______________________________________
Post Code_____________

Consultant  ______________________________________________________

Referring Consultant ______________________________________________________

The above Private patient has received the following Treatment /Service :

Site  Department

Treatment Date

<table>
<thead>
<tr>
<th>Attended for Treatment type</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Audiology</td>
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</tr>
<tr>
<td>Imaging</td>
<td></td>
</tr>
<tr>
<td>Radiologist</td>
<td></td>
</tr>
<tr>
<td>Therapy (detail)</td>
<td></td>
</tr>
<tr>
<td>Optometry</td>
<td></td>
</tr>
</tbody>
</table>

Private patient policy
CHSADEC029
30th July 2009
Review date 1st August 2010
This form is to be completed in respect of each Private patient, treatment/service and sent to the designated person within locality, with a completed **Private Patient agreement** form if appropriate, **on a daily basis.**
1. This Guide summarises the circumstances in which overseas visitors are not liable to pay for National Health Service (NHS) hospital treatment.

2. Under Regulations which first came into effect on 1 October 1982, visitors to the United Kingdom (UK) are liable to be charged for NHS hospital treatment. A visitor is someone not ordinarily resident in the UK. Since 1 April 1989 the amount to be charged has been determined by health authorities, and from 1 April 1991 also by NHS trusts.

3. The charges do not apply to the following people:-
   a. anyone who at the time of receiving treatment has been in the UK for the previous 12 months.
   b. anyone who has come to the UK to take up permanent residence.
   c. anyone who has come to the UK for employment (whether as an employed or self-employed person); this includes students and trainees whose course requires them to spend not less than 12 weeks in employment during their first year and unpaid workers with voluntary organisations providing certain services similar to those of Health Authorities and local authority social services departments.
   d. members of HM Forces and other Crown servants and British Council or Commonwealth War Graves Commission staff serving overseas, and others working overseas under arrangements sponsored by HM Government.
   e. people working overseas who have had at least 10 years’ continuous residence in the UK and have either been working abroad for not more than 5 years, or have been taking home leave in the UK at least once in every 2 years or have a contractual right to do so, or have a contractual right to the cost of their passage to the UK at the end of their engagement.
   f. i. nationals of the European Economic Areas (from 1,1,1995, the fifteen European Community member states of Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden and the UK plus Iceland, Liechtenstein and Norway) who are resident in any of them; refugees and stateless persons living in them and the dependants and survivors of these people regardless of their own nationality. (This exemption applies only to treatment the need for which arose during the visit.)
      ii. nationals of any European Economic Area country, refugees, stateless persons and their dependants or survivors living in them (as specified in 3fi) who are referred to the UK specifically for treatment with form E1 12 or E123.
   g. nationals (list A) and residents irrespective of nationality (list B) of the following countries with which the UK has reciprocal agreements:-

   A. Bulgaria
   Czech and Slovak Republics
   Gibraltar*
   Hungary
   Malta*
   New Zealand
   Russia
   former Soviet Union states*
   (except Latvia, Lithuania and Estonia)
   Yugoslavia*

   B. Anguilla*
   Australia
   Barbados
   British Virgin Islands*
   Channel Islands*
   Falkland Islands*
   Iceland
   Isle of Man*
   Montserrat*
   Poland

   i. who require treatment the need for which arose during the visit to the UK.
   ii. who are referred to the UK for treatment (usually only from countries asterisked) under arrangements made by appropriate authorities in those countries.

   (NB: Residents of Iceland and Sweden who are EEA nationals are covered by Category 3fi or 3fii; Category 3gi applies to residents of those countries who are not EEA nationals.)
h. seamen on UK-registered ships; offshore workers on the UK sector of the continental Shelf.

i. UK war disablement pensioners and war widows.

j. UK state pensioners living overseas. (This exemption is limited to treatment the need for which arose during the visit.)

k. refugees and others who have sought refuge in the UK.

l. (i) anyone formally detained by the Immigration Authorities
   (p) anyone who is a prisoner. (Note: for prisoners on remand, this exemption applies until 12 months after arrival in the UK. For convicted prisoners, this exemption applies until 12 months after arrival in the UK, or 6 months after committal to prison by the Courts, whichever is the earlier.)

m. diplomatic staff at embassies and Commonwealth high commissions in London.

n. EEA nationals working is another EEA member state but paying compulsory UK class I or II national insurance contributions. (See paragraph 3fi above for definition of EEA national.)

o. nationals of countries that are signatories to the European Social Charter but with whom the UK has no reciprocal agreement-currently Cyprus and Turkey. (This exemption is limited to those nationals who are genuinely without resources to pay for medical assistance and the need for the treatment arose during the visit.)

p. NATO service personnel (posted in the UK) not using their own or UK armed forces hospitals.

q. the husband or wife and children (under the age of 16, or under the age of 19 if at school or a college of further education) of any person described above in (a)-(p) and below in paragraph 6.

r. anyone who is entitled to receive industrial injury benefit from Israel. (This exemption is limited to treatment the need for which arose during the visit to the UK and in connection with the industrial injury to which the benefit refers.)

4. The charges do not apply to the following services:

   a. treatment in Accident and Emergency departments. (NOTE: a patient who is admitted to hospital as an in-patient, even from an Accident and Emergency department, as would generally happen for serious injuries, is liable to be charged, as would be a patient referred to an out-patient clinic).

   b. diagnosis and treatment of certain communicable diseases, including sexually transmitted diseases. (For HIV/AIDS see paragraph 7).

   c. compulsory psychiatric treatment (i.e. when the patient is detained, or when it is a condition of a probation order that the patient should receive psychiatric treatment.)

5. There are no NHS charges for certain district nursing, midwifery or health visiting services; for the emergency ambulance service; or for family planning services.

6. A person living here for a settled purpose for not less than 6 months will be accepted as ordinarily resident and therefore not liable to charges under the Regulations. A student enrolled in a course of study, the prescribed duration of which is not less than 6 months, is similarly entitled (see also paragraph 3q above).

7. Free treatment for HIV/AIDS at a special clinic for the treatment of sexually transmitted diseases is limited to a diagnostic test for the evidence of infection with HIV and counselling associated with that test or its result. An overseas visitor with HIV/AIDS referred to a hospital from such a clinic will be liable for charges unless otherwise exempt. Hospital out-patients must pay for any drug or medicine which is designed to treat HIV.

8. Any further advice should be obtained from the Patient Services Manager at the hospital where treatment is to be sought.

   NHS Executive, Dept. of Health, Finance & Performance Directorate A-PHIS, Quarry House, Quarry Hill, Leeds. LS2 7UE

25-5GW27.DOC
# PRIVATE PATIENT AGREEMENT

Leicestershire County and Rutland
Community Health Services

Consultant: | Date of Appt./Admission: | Hospital No: |
---|---|---|

## Personal Details

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Mr/Mrs/Ms/Other:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

| Forenames: | | |
|---|---|

<table>
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<tr>
<th>Maiden Name:</th>
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<table>
<thead>
<tr>
<th>Town:</th>
<th>County:</th>
<th>Post Code:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tel No (Home):</th>
<th>Work:</th>
<th>Mobile:</th>
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<table>
<thead>
<tr>
<th>Social Security No:</th>
<th>Nationality:</th>
<th>Passport No:</th>
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## Contact Address: *(if different from above)*

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</table>

<table>
<thead>
<tr>
<th>Town:</th>
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<table>
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## G.P. Details

<table>
<thead>
<tr>
<th>Name:</th>
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## Privately Insured Patient: Insurance Details

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<table>
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<table>
<thead>
<tr>
<th>Membership/Policy No:</th>
<th>Claim Authorisation No:</th>
<th></th>
</tr>
</thead>
</table>

*It is essential that you bring proof of insurance cover to your appointment or admission to the hospital*

## Self-Paying Private Patient

Please note that if you are a self-paying private patient you will be required to pay a deposit prior to your appointment/admission. The deposit will be as near to the full cost of your treatment as can be estimated. On signing this form you are agreeing to pay any additional charges when invoiced.

*If somebody other than yourself will be paying your private fees please give details below:*

**Guarantor Declaration: (completion of this section is required only on behalf of self-paying patients NOT paying for their own treatment)**

- I undertake to pay all charges related to the medical treatment of the above named patient to the “Leicestershire County and Rutland Primary Care Trust” (LCR PCT) as a private patient.
- I confirm that I am over 18 years of age.

<table>
<thead>
<tr>
<th>Organisation/Name in full:</th>
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</thead>
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<table>
<thead>
<tr>
<th>Address:</th>
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</table>

<table>
<thead>
<tr>
<th>Signed:</th>
<th>Name in Full:</th>
<th>Date:</th>
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---

**ALL PATIENTS PLEASE READ THE TERMS & CONDITIONS OVERLEAF**

Leicestershire County and Rutland Community Health Services is responsible for providing NHS services in the Leicestershire and Rutland area and is hosted by Leicestershire County and Rutland Primary Care Trust
International Private Patient

Foreign Government, Embassy or High Commission as Guarantor
(Complete only if your Government is paying for your treatment - must be a UK based mission)

Full name and title of responsible Embassy or High Commission representative

Surname: Mr/Mrs/Ms/Other:

Forenames:

Mission Details:

Address:

Country/Post Code: Tel No:

Embassy or High Commission Refs No: Attach letter of guarantee

TERMS AND CONDITIONS

Patient Declaration (parent or guardian to sign for minors)

I undertake to pay the Leicestershire County and Rutland Primary Care Trust (LCR PCT) the full cost of my treatment as a private patient, either personally as a self-paying private patient, or through my private medical insurance company. I understand that should there be any shortfall in payment by my private medical insurance company I will be fully liable for such sums. I also unreservedly authorise disclosure of any health records including the provision of copies thereof to my private medical insurance company as part of their processing requirements.

- I understand that an unpaid LCR PCT account may be referred to the LCR PCT third party recovery agents. Such an enquiry will be recorded on the agency’s file and may be shared with other users.
- I understand that if I am not ordinarily resident in the UK, the LCR PCT and/or third party reserve the right to contact British Government missions abroad for the purposes of confirming and/or verifying the information provided by me regarding myself, next of kin, guarantor, and/or sponsor for visa purposes.
- I understand that the consultant’s professional fee will be over and above the hospital charges and that the consultant may invoice me separately for his/her fee. The fees of other health care professionals, i.e pathologist, radiologist or anaesthetist, are also over and above hospital charges.
- I agree not to bring jewellery or other valuable items onto LCR PCT premises.
- I understand that responsibility for any loss of any valuable items rests solely with me and that the LCR PCT does not provide internal security in respect of such items.

Signed: Date:

Name in Full:

Notes

1. All charges are subject to Section 65 (3) of the National Health Service Act 1977 (or amendments)
2. This undertaking must be signed only by an individual accepting liability. It must not be signed by a Trust, Charity, Limited Company, Partnership, Limited Liability Partnership or any other Corporate Body.
3. This document is an agreement to pay private patient hospital charges and is legally binding.
4. Should you be in any doubt regarding any of the above provisions, please ask for a detailed explanation from the Private Patient Administrator at the hospital.

IT IS IMPORTANT TO BRING THIS FORM WITH YOU WHEN YOU ATTEND FOR YOUR APPOINTMENT OR ADMISSION

For Hospital Use Only:

OUTPATIENT FORMS: Completed and signed agreements should be forwarded together with MSS form to designated person within locality.

INPATIENT FORMS: Completed and signed agreements to be forwarded to designated person within locality.