NHS
University Hospital Southampton
NHS Foundation Trust

Private Patient Policy

Trust reference	FIN002	Version number	2
Description	This policy provides guidance on how to administer and account for patients undertaking to pay for hospital treatment.		
Level and type of document	Level 1: applicable across the Trust		
Target audience	All staff that have any interactions with private patients at the Trust.		
List related documents/policies	Complaints Policy and Procedure Standards of Business Conduct Policy Being Open – A duty to be candid policy and associated guidance Consultant and career grade doctor job planning policy Disciplinary Policy Standards of Business Conduct Policy Trusts Standing Financial Instructions policy		
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1 Version control

Date	Author(s)	Version created	Approval committee	Date of approval	Date next review due	Key changes made to document
Dec 2021	Charlotte McCaskie	V2	Quality Governance Steering Group	Oct 2021	Oct 2022	A comprehensive rewrite of the whole document.

2 Introduction

2.1 Summary

2.1.1 This policy is issued by University Hospital Southampton NHS Foundation Trust (the **Trust**) to provide guidance on how to administer and account for patients undertaking to pay for hospital treatment. The Trust welcomes private patients and re-invests the income generated from private patient activity for the benefit of all patients and services within the Trust.

2.1.2 The objectives of this policy are to ensure that:

- All private patients receiving treatment at the Trust are identified.
- Staff are undertaking work when it is permissible to undertake it and the terms under which treatment is provided are clear.
- There is clarity on issues around charges and tariffs.
- There are provisions for changing the Patient Category of a patient from private to NHS.
- Private patients are able to pay for their treatment.
- There is guidance to the private patient team, Consultants, clinical teams and administrative staff for their roles in administering private patient services.

3 Scope and purpose

3.1 This policy has been developed to provide clear information to all staff regarding the provision and management of private patient activity within the Trust. The Private Patient Policy is required to clarify the Trust's position on patients transferring between NHS and private Patient Category, to ensure that all staff are aware of the necessary procedures to effectively manage this process and enable more robust monitoring of private patient activity.

3.2 It is also required that the guidance set out in this policy is followed by all staff to enable accurate capture of revenue generated by private inpatient and outpatient activity across the Trust.

3.3 The treatment of private patients is encouraged, provided that it does not conflict with the Trust's objectives or priorities, including its principal purpose of the provision of goods and services for the purposes of the health service in England and meeting national targets and standards.

3.4 This policy applies to all staff employed by the Trust, or sub-contracted to it. It should be read in conjunction with other Trust policies and procedures related to patient care, management and standing financial instructions.

4 Definitions

Category II	Category II work includes investigations or tests for non-clinical reasons. Examples are x-ray scans made on behalf of insurance companies or cardiac tests for DVLA purposes.
Consultant	The clinician who has the responsibility for the patient and clinical care, either the Trust clinician admitting the patient, or to whom the patient is assigned during their treatment. For the purpose of this document, Consultant may include other clinical staff with indemnity to deliver Private Practice.

CQC	The Care Quality Commission (CQC) is an executive non-departmental public body of the Department of Health and Social Care of the United Kingdom, which regulates and inspects health and social care services in England. This also includes how the CQC monitors private patient complaints.
Insured patient	Insured patients are those whose treatment is funded through a medical insurance policy. The Consultants provide and charge the insurer for their services on a private and independent basis.
ISCAS	An independent adjudication service provided to private patients in relation to complaints that require independent adjudication.
Monitor	Monitor is the independent organisation that authorises and regulates NHS foundation trusts in England, now part of NHS England and NHS Improvement.
Non-insured patients	Non-insured patients are those who pay the full cost of private treatment via alternative resources such as legal claims or cruise ships. Payments will be made by these companies supported by a guarantee of payment. The Consultants provide and charge for their services on a private and independent basis.
Overseas patient	A person who is not 'ordinarily resident' in the UK and should be referenced in line with the Trust's overseas visitor policy.
Patient Category	Refers to a patient's status regarding payment for NHS services. It indicates whether the patient is a Category II, NHS, Overseas Visitor or private patient (paying).
PHIN – Private Healthcare Information Network	The Private Healthcare Information Network is the approved information organisation under the Competition & Markets Authority Private Healthcare Market Investigation Order 2014 which is required to collect data from the private healthcare operators about privately funded episodes in England, Wales, Scotland and Northern Ireland, and make publicly available performance measures by procedure, at both hospital and consultant level. PHIN publishes the data via its website at www.phin.org.uk/home
Private patient charges	Charges imposed in respect of goods and services provided to patients other than patients being provided with goods and services for the purposes of the health service.
Private Patient Service	A dedicated service to assist with the coordination of all private patient activity within the Trust.
Private Patient Tariff	The Trust's price guide for private medical treatment.
Private Practising Privileges	An arrangement authorised by the Trust that allows the individual doctor to carry out private treatment and procedures to the public.
Private Practising Privileges Agreement	The agreement that is signed by the doctor upon requesting private practising privileges at the Trust.
Referral	Referral of a patient to a Consultant or department within the Trust.
Self-pay patients	Self-pay patients are those who pay for the cost of treatment provided by the Trust from their own resources.
Top Up	A patient is able to top up on treatment that is not available on the NHS service, alongside their NHS treatment.
Treatment	Relates to any appointments, out-patient, day-case or inpatient attendances, medical or surgical services or procedures and rehabilitation services given by the Trust.
Trust	University Hospital Southampton NHS Foundation Trust
Undertaking to Pay Form	The contract that a patient signs prior to receiving private treatment at the Trust that relates to the commitment to pay for the private service provision.

5 Staff Roles and Responsibilities

5.1 Chief Executive Officer (CEO)

The CEO is ultimately responsible for the private patient practice provided by the Trust.

5.2 Chief Medical Officer (CMO)

5.2.3 The CMO provides executive overview of the private patient services at UHS.

5.2.1 **Private Healthcare Services Programme Board**

5.2.2 The private healthcare services programme board oversees the private patient service by monitoring and ensuring the effective delivery of private patient services at the Trust. This board will link with Trust Executive Committee, divisional boards and clinical services.

5.3 Service Management

5.3.1 All clinical leads, divisional clinical directors, divisional directors of operation, service managers, senior advisors and key managerial staff must ensure this policy is understood and followed within their areas of responsibility.

5.3.2 Clinical service leads and management must ensure that Consultants adhere to the principles as outlined within ‘A Code of Conduct for Private Practice: Recommended Standards of Practice for NHS Consultants’ 2004, updated in 2009.

5.3.3 Ensure that the clinical leads are aware of Consultants’ private work and have jointly agreed where private patient time is scheduled within the Consultant’s or Career Grade Doctor’s job plan.

5.3.4 Ensure accurate recording/ monitoring of senior medic’s time owing in relation to private activity carried out in NHS job plan time. The senior medic’s line manager must complete section A and B within the form provided in Appendix F NHS time owing. Time owing is to be repaid to the Department at a mutually agreeable future date/time but within no more than three months.

5.3.5 Ensure that changes to Patient Category are approved upon receipt of Appendix F notification of change in Patient Category form, as required and in a timely manner so not to delay or impact on the patient treatment.

5.3.6 Ensure that the provision of private activity does not interfere with, or interrupt NHS service provision.

5.3.7 No member of staff outside the Cashiers team within the Trust is authorised to accept cash payments for services. All cash payments are limited in relation to paying for treatment, staff must be aware of their obligations in respect of current money laundering legislation, including: The Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 (Money Laundering Regulations 2017) and The Money Laundering and Terrorist Financing (Amendment) Regulations 2019 (Money Laundering Regulations 2019) and must always act in line with the Trust’s Standing Financial Instructions Policy. Any concerns should be raised to the Private Patient Billing Team in relation to a cash transaction request before any transactions take place.

5.4 Private Patients Service Management

5.4.1 The private patient management team will be responsible for the day-to-day management of private patient services at UHS. They will ensure that systems are in place to process and record private activity and that departments are paid for private activity carried out within services across the Trust. The management team will ensure that finance and activity reports are provided to the divisions and care groups, weekly for patients who are due to be treated privately at UHS and monthly for activity and income that has been achieved under the private patient services within the Trust.

5.4.2 The management team will ensure that the private practising privileges register is up to date and reflective of the authorised consultants with practising privileges at the Trust.

5.5 Private Patient Service Coordinators

5.5.1 The coordinators are responsible for managing the coordination of all private patient activity in liaison with the clinical services and the Consultant. These include liaising with all service administration to book patients into the service and ensure that the clinical teams have organised theatres and beds as required.

5.5.2 The coordinator will ensure all pre-authorisation from private medical insurers (PMI) are sought in advance of treatment or arrangement for payment in advance for Self-pay patients.

5.5.3 The coordinators will ensure, in conjunction with the private patient billing team, that a guided estimate is provided to the PMI or Self-pay patients prior to any treatment going ahead.

5.5.4 The private patient theatre coordinator will also manage the private practising privilege register to ensure that all consultant requests have been approved to practice privately at UHS and their indemnity, appraisals and any other associated requirements such as Level 3 training for child protection are in date.

5.5.5 The coordinator will link directly with the consultant to confirm theatre slots agreed and ensure that documentation is completed in relation to any NHS time owing and permissions are sought from the care group. They will not be responsible for arranging anaesthetic cover, this remains the responsibility of the Consultant.

5.5.6 The coordinator will liaise with the care group operational service to arrange any bed requirements.

5.6 Private Patient Service Billing Team

5.6.1 The billing team is responsible for the day-to-day invoicing and collection of income for private patient services in conjunction with the private patient tariff. All estimate and final invoices will be raised in liaison with the private patient coordinating team.

Enquiries relating to private patient billing must be sent via: privatepatientbilling@uhs.nhs.uk.

5.7 Clinical and administrative staff (All staff levels, all departments)

5.7.1 All patients receive the same standard of clinical care. All staff are therefore required to treat patients in the hospital with no distinction between private and non-paying patients. When staff are informed of a private patient, it is their responsibility to ensure that this Patient Category is recorded on all documentation and hospital-based IT systems relating to that patient.

5.7.2 All staff are responsible to ensure that any private patient enquiries relating to private patient treatment within their departments or have received a referral by a Consultant, have been alerted to the private patient coordinating team via email privatepatients@uhs.nhs.uk prior to any treatment taking place. For further guidance refer to See Appendix A, Referral process for a private patient to the Private Patient Service.

5.7.3 The care groups bookings teams will provide support to consultants requesting theatre sessions, as set out in Appendix G of this policy. They will confirm to the Consultant the agree theatre sessions. They will not be responsible for arranging anaesthetic cover, this remains the responsibility of the Consultant.

5.8 Administrative and Clerical/secretarial Staff

5.8.1 Administrative staff would not normally be expected to provide secretarial services associated with private care unless specifically part of a service arrangement or specifically forms part of their job description. Secretarial duties would be provided privately and paid for by the consultant directly or via specific designated secretarial service provided by the private patient service team. An exception to the rule is where there are times when secretaries are dealing with NHS patients who are converting to private or private patients who are converting to NHS, there will be some secretary duties involved in this transition of a change in Patient Category.

5.9 Junior medical staff

5.9.1 Training grade and non-Consultant career grade doctors will only be asked to see a private patient in an emergency or out of hours. Training grade and non-Consultant career grade doctors are not routinely expected to take part in the management of private patients; this remains the responsibility of the Consultant for any delegated task or treatment carried out by other medical staff.

5.10 Associate Specialist/Staff Grade/Specialty Doctors

5.10.1 Staff may treat the private patients on behalf of the Consultant on a private basis, but only by special arrangement when the Consultant concerned, and the private patient has agreed. The member of staff must have private practising privileges at the Trust and be recognised by the private medical insurers.

5.11 Consultants

5.11.1 Consultants and other clinical staff who see patients on a private basis within the Trust must have approved private practising privileges in place for UHS to treat private patients at UHS. The Consultant must refer to the Private Practising Privileges Agreement which should be read in conjunction with this policy.

5.11.2 Consultants should not spend time discussing private treatment with patients during NHS consultations. When patients raise questions about the availability of private treatment, it is advised that consultants refer enquiries to their private secretaries or to the Trusts private patient service. Consultants may briefly answer factual questions about the availability of private treatment and should then inform the patient's GP about the request for information.

5.11.3 The Consultant is responsible and accountable for all elements of the patient's private treatment provided at UHS. The Consultant must ensure that all private referrals and private treatments/procedures provided at UHS have been alerted to the private patient service. Any unknown patients treated may be cancelled if the appropriate process has not been followed. See Appendix A, Referral process for a private patient to the Private Patient Service.

5.11.4 Consultants and Career Grade Doctors who see patients on a private basis within the Trust must:

- Comply with 'A Code of Conduct for Private Practice: Recommended Standards of Practice for NHS Consultants.' This identifies responsibilities, levels of conduct and principles that should be observed by Consultants when undertaking private practice within the NHS. This also applies to Specialist and Associate specialist (SAS) colleagues;

- Comply with all aspects of the Private Healthcare Market Investigation Order 2014 concerning the supply of privately-funded healthcare services in the UK including the supply of information to PHIN – Private Healthcare Information Network;

- Comply with the Duty of Candour and Trust policy where it places a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm;

- Ensure that all private patient activity has been declared to the Trust in accordance with the Trust's Standards of Business Conduct Policy;

- Ensure that care group management are aware of their private work and have jointly agreed where private patient time is scheduled within the Consultant's or Career Grade Doctor's job plan, with reference to the Consultant and Career Grade Doctor job planning policy available on Staffnet;

- To refer and comply with the rules for extending NHS lists for private practice as set out in Appendix G Consultant Rules for extension of NHS Theatre Lists;

- Ensure that the complaints procedure is adhered to as set out in this policy.

5.11.5 Consultants must not propose service prices for private treatments and procedures to patients on behalf of the Trust, unless it is provided in an estimate that has been issued by the private patient billing team. This ensures that the agreed Trust Private

Patient Tariff charges are applied and ensure that private patient activity is not subsidised by NHS income;

5.11.6 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 session. However, clinical need and also effective use of capacity may also lead to integrated patient scheduling, for example theatre lists or diagnostic imaging, when managed within the guidance set out in this policy;

5.11.7 On rare occasions, either the care group management team or the Consultant may request to undertake private work in NHS contracted time. To protect Consultants from any perception of conflict of interests and ensure that Consultants compensates the care group for the time; when this occurs, the Consultant must complete Appendix F NHS time owing, sections A and B;

5.11.8 Ensure that private commitments do not prevent staff from being able to attend an 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. If private activity must proceed while on call, it is the Consultant's responsibility to ensure that cover of an equivalent level of seniority has been arranged and that this has been communicated to switchboard and the other members of the medical team;

5.11.9 Ensure that all relevant staff are fully aware when a patient is private. This includes informing pathology, pharmacy, diagnostics imaging, theatres, ICU, wards and any follow-up care. Also ensure that private is selected under "category" section within the IT patient and requesting systems;

5.11.10 Ensure that private patient correspondence is not written on Trust headed paper, or typed by Trust staff during their NHS working hours;

5.11.11 Ensure that NHS secretaries are not used to provide support to private practice; a consultant must provide their own secretarial support by either paying for their own private secretary or using the Trust private secretary service, see Appendix D Secretary service expression of interest form;

5.11.12 Notify the private patient service of any impending private patient bookings on a frequency agreed by those individuals. This notification must be in advance of the treatment allowing time for payment/authorisation to be obtained. All private patient activity should be notified to the private patient service team via email privatepatients@uhs.nhs.uk prior to treatment taking place;

5.11.13 Ensure that information relating to the private patient's care is given to the private patient service coordinator (e.g. procedure codes, level of bed, length of stay and any associated requirements.) to enable pre-authorisation with PMIs or to enable any estimates or invoices to be raised accurately prior to any procedure being provided;

5.11.14 Ensure the patient is aware of their Category (e.g. NHS or private) and are informed of consultation, treatment, tests or any associated costs relating to this provision of care in compliance with the requirements set out in the Private Healthcare Market Investigation Order 2014;

5.11.15 Ensure that insurance companies are updated upon request with the required medical information (e.g. treatment given to date, treatment plans, possible discharge dates and future care) and provide medical reports as required if any changes occur to the original plan to allow continued authorisation of the episode of care;

5.11.16 As a measure of good practice, ensure that the private health notes, verbal/telephone discussions with patients or images relating to the patient's condition and previous procedures/treatments given are copied and placed in the relevant NHS health notes patient systems and other patient systems such as EDMS; this will ensure continuity of information relating to the treatment of the patient during their time at the Trust.

6 Indemnity

6.1 The Trust will continue to indemnify other medical staff and allied professionals for negligence in regard to private activity conducted on site, to the same extent as the indemnity for NHS activity. With the exception of Consultants who are directly responsible for their Private Patients and will maintain their own indemnity cover.

6.2 A copy of the indemnity certificate must be provided and logged annually with the private patient office in accordance with the terms and conditions set out in the Trust's private practising privileges agreement. Failure to provide a valid indemnity certificate will affect the consultants practising privileges at the Trust. See section 19 of this policy and Appendix B for private practising privileges application.

6.3 A Consultant who does not have their own private professional indemnity and private practising privileges at the Trust will not be indemnified or authorised to oversee the planned care of another private Consultant's private patients.

6.4 In line with NHS indemnity guidance, NHS bodies will not be responsible for a healthcare professional's private practice, even in an NHS hospital. However, where junior medical staff, nurses or members of professions supplementary to medicine 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.

7 Principles of Private Patient Practice

7.1 Private patients must receive the same high-quality care and attention that we provide to all our patients. There must be compliance with our standard procedures (e.g. for pre-operative assessment and MRSA screening and any other required testing) to ensure these apply equally to both NHS and private patients.

7.2 Income, with the exception of professional fees from private activity, will be reinvested into the Trust. The Trust must ensure that the provision of private activity does not interfere with or interrupt NHS service provision.

7.3 Under no circumstances should a practitioner cancel an NHS patient's appointment to make way for a private patient (unless a clinical emergency and with the agreement of the service manager as set out in this policy).

8 Private patient facility charges and payment

8.1 The Trust reserves the right to charge clinical staff for the services, equipment and space used for private activity. It is the clinical staff member's responsibility to recover these charges as part of their private practice. The private patient billing team will make available the charges for use of the services for private activity, on request. These will set out the terms and conditions of the arrangement.

9 Identification of private patients

9.1 It is the Consultant's responsibility, or staff authorised on their behalf, (e.g. private secretary or private patient service) to ensure that all relevant departments are informed of a patient's private Category, especially when a direct referral is made, or test requested, and to provide details of the procedure/treatment required. Private patients must always be clearly identified as 'Private' on all documentation, IT systems and on all requests for tests and referrals such as pathology and diagnostic imaging. In the Patient Admissions/ Outpatient Systems, PAS, the administrative Patient Category must be marked as 'P'.

10 Treating a private patient

10.1 Private patients may be treated within any of the Trust's facilities providing they, or their approved guarantor, have signed an "Undertaking to Pay form" agreeing to pay for their private hospital treatment. This form must be completed by authorised personal within the private patient service team prior to treatment.

10.2 The treatment of Private Patients must not interfere with the treatment of NHS patients. Any treatment must be based on clinical need, with NHS patients having priority where the need is equal.

10.3 The Trust will charge Private Patients for accommodation but does not guarantee a particular level of accommodation. The charge may vary depending on facilities available, and will include nursing and other staffing costs, standard drugs, dressings, and other expenditure.

11 Change of administrative Patient Category

11.1 Change of Patient Category from Private to NHS

11.1.1 Patients who choose to be treated privately are legally entitled to change their administrative Patient Category and receive NHS services on exactly the same basis of clinical need as any other NHS patient.

11.1.2 The right to free NHS services under the National Health Service Act 2006 is an underlying one and does not cease to exist simply because the patient in question is receiving private treatment.

11.1.3 Patients cannot opt in and out of NHS treatment from Private to reduce costs or to speed up treatment by disadvantaging other NHS patients.

11.1.4 Any patient changing their administrative Patient Category after having been provided with private services should not be treated on a different basis to other NHS patients as a result of having previous private Patient Category.

11.1.5 Where a patient chooses to change in Patient Category all concerned have a joint duty to ensure that the patient receives seamless care and that arrangements are made with the NHS for such a change of Patient Category to occur in a planned and orderly manner.

11.1.6 A private inpatient has a similar legal entitlement to change their administrative Patient Category during the course of their stay in hospital. The patient might decide to exercise that entitlement should a significant, unforeseen change in circumstances transpire e.g. when they enter for a minor procedure and are found to be suffering from a different, more serious condition or that they require emergency care for an unpredicted complication during their admission.

11.1.7 A Change of Patient Category form (Appendix E) will need to be completed for all Private Patients wishing to change from private to NHS Patient Category, the form will need to be given to the service clinical lead for approval and a signed copy sent to privatepatients@uhs.nhs.uk to ensure a record of this decision is kept on file.

- A change of Patient Category from private to NHS must be accompanied by an assessment by an NHS Consultant of the patient's clinical priority for treatment as an NHS patient.

- Patients referred for an NHS service following a private consultation or private treatment should join an 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 NHS patients.

- If a patient is admitted to the Trust as a private inpatient, but subsequently decides to change to NHS Patient Category before having received treatment, there should be an assessment to determine the patient's priority for NHS care before proceeding with the treatment and then adding to the relevant NHS waiting list.

- The private patient must be made aware that they remain liable to charges for the period during which they were private up to their change to NHS Patient Category. In some circumstances, unless it is clinically inappropriate to do so, it may be necessary to discharge the patient and then readmit them at such time as they would normally have been admitted should they have retained NHS Patient Category throughout.

11.2 Changing of Patient Category from NHS to private

11.2.1 Patients may change their administrative Patient Category to private. The Consultant in charge of their care must agree, in the first instance, and the details of the facilities, charges and billing procedures must be clearly stated to the patient.

11.2.2 The Consultant receiving payment and responsible for the private patient must ensure that the patient is aware of the expected charges and has adequate funds or insurance cover for any treatment to take place. This applies even in emergency cases.

11.2.3 The Consultant must ensure that the patient is aware that the treatment they will receive is private. It is the Consultant's responsibility to ensure that the change of administrative Patient Category is properly recorded and that the private patient service is informed immediately of this change.

11.2.4 In any instance when a patient wishes to transfer from NHS to private Patient Category during an episode of care, the Consultant must complete a ‘Change of Patient Category’ form (Appendix E) which should be signed by the Consultant and forwarded to the private patient service privatepatients@uhs.nhs.uk for administration purposes and to ensure a record is kept on file.

12 Top up drugs

12.1 The Department of Health and Social Care issued guidance in 2009 stating that patients may pay for additional private healthcare while continuing to receive care from the NHS (Department of Health Guidance on NHS patients who wish to pay for additional private care, March 2009).

12.2 The rules for Top Up cases include:

- The Trust must never subsidise private care with public money.
- Patients should never be charged for their NHS care, nor be allowed to pay towards an NHS service (except where specific legislation is in place to allow this).
- No patient should lose their entitlement to the NHS care that they would have otherwise received, simply because they opt to purchase additional care for their condition. All reasonable avenues for securing NHS funding must be exhausted before suggesting a patient’s only option is to pay for care privately.
- Private Top Up care and NHS care must be kept as clearly separate as possible and private care should be carried out at a different time and place to the NHS care that a patient is receiving.
- Departing from these principles of separation should only be considered where there are overriding concerns of patient safety, rather than on the basis of convenience. Such decisions should be agreed in advance with the clinical lead or equivalent.
- Where a decision has to be made without gaining prior approval from the clinical lead on the grounds of clinical urgency, the clinical lead should be informed as soon as possible afterwards. A record should be kept of all decisions to depart from these principles.

12.3 Top up Charges

12.3.1 The Private Patient Service with the patient’s Consultant must ensure that a private patient is provided with a written estimate of the costs of Top Up treatment, this will be provided by the private patient billing team and must not be predicted or guessed by the consultant to the patient. The patient must meet any additional costs associated with the private element of care, such as additional treatment needed for the management of side effects.

12.3.2 Any care which the Trust would normally have provided in the course of good NHS practice should continue to be offered free of charge on the NHS.

12.3.3 Where the same diagnostic, monitoring or other procedure is needed for both the NHS element of care and the private element, the NHS should provide this free of charge as part of the patient's NHS entitlement. Patients should not be unnecessarily subjected to two sets of tests or interventions.

12.3.4 The Top up drugs will be charged in line with the Private Patient Tariff.

12.4 Communication of top up drugs

12.4.1 Effective communication with patients and patient representatives about treatment options should be maintained at all times. The necessary information must be provided for patients to make an informed decision about their care, including high quality written information.

12.4.2 In line with current best practice Consultants should consider signposting patients to other sources of helpful information, such as relevant national or local charities or patient groups.

12.4.3 If a patient seeks information on how to access a private treatment option, the Code of Conduct for Private Practice makes clear that NHS Consultants should provide them with full and accurate information about the private services that can be provided.

12.4.4 It is good practice for the outcomes of cases involving the administration of unfunded treatments to be discussed at multi-disciplinary clinical governance meetings.

12.4.5 The Trust should continue to provide free of charge all care that the patient would have been entitled to had he or she not chosen to have additional private care. It must always be clear whether an individual procedure or treatment is privately funded or NHS funded.

13 Overseas Private Patient

13.1 An overseas private patient is a patient who wants to pay for planned private treatment at the Trust, it is not to be confused with Overseas Visitors who would need to be tested for ordinarily residency to be entitled to receive free NHS treatment as per the guidelines NHS Overseas NHS visitors: implementing the charging regulations. Any overseas visitor patients should be referred via email to overseasteam@uhs.nhs.uk to determine eligibility.

13.2 If an overseas patient elects to be treated as a private patient, regardless of their overseas Patient Category, the charge of treatment will be in line with the Trust's Private Patient Tariff charge. The patient will also be classed as a private patient and this policy will apply.

13.3 Should an Overseas private patient wish to convert to NHS, the consultant must arrange for the Overseas Visitors Team to be contacted to establish their eligibility to free NHS care via email overseasteam@uhs.nhs.uk and Appendix E Notification in change of Patient Category form will need to be completed.

13.4 If a patient is not deemed eligible for free NHS treatment, the patient will be chargeable in line with the overseas NHS tariff. Private patients visiting the UK specifically for treatment are required to declare this on their visa application.

14 Category II patients

14.1 Category II patients are patients that are having investigations or tests for non-clinical reasons. Examples are x-ray or scans made on behalf of insurance companies or requested by individuals for employment or emigration, also cardiac tests for DVLA purposes.

14.2 As with all private patient work, Category II work must be carried out in the Consultant’s own time. Category II work may only be carried out with the agreement of the care group management and follow the private patient policy guidance.

14.3 All Category II patients must be alerted to the private patient coordination team at the earliest possibility to ensure that any hospital fees are charged accordingly.

15 Repatriation of private patients

15.1 For private patients that are ready to be discharged who require repatriation to another country, the following applies:

15.1.1 For patients who are insured including repatriation cover, will be expected to use their insurance policy to arrange for repatriation in conjunction with the private patient coordinator who will arrange the transport and link with the ward manager who will source a bed at the destination hospital where applicable.

15.1.2 For patients who are insured for their care at UHS but their policy excludes repatriation cover, the patient will be responsible to pay for all associated repatriation costs. The private patient service will provide support in arranging the transport for the transfer to the agreed destination and liaise with the ward manager/bed manager to source a bed at the destination hospital where applicable. The patient will be invoiced for the full cost of the repatriation.

15.1.3 For patients who are not insured and have no repatriation insurance the patient will be responsible to pay for all associated repatriation costs. The private patient service will provide support in arranging the transport for the transfer to the agreed destination and liaise with the ward manager to source a bed at the destination hospital where applicable. The patient will be invoiced for the full cost of the repatriation.

15.1.4 Where a patient requires a nurse escort on a scheduled flight, reasonable endeavours will be made to assist in the organisation of an escort for the patient using an external nursing service, however, the patient will be directly responsible for paying for these services. If a member of UHS staff is used for the repatriation, the patient will be charged for all associated costs upfront.

16 Complaints

16.1 If a patient wishes to make a formal complaint, then the following process must be followed as set out in Appendix C Private Patient Complaints Procedure. If a complaint has not been resolved internally, with the patient or patient representative then this can be escalated to an independent adjudication service ISCAS for final resolution.

16.2 Consultants must inform the Private Patient Service privatepatients@uhs.nhs.uk about any complaints they receive that relate to their professional services at the Trust.

16.3 A Consultant is not authorised to respond to the complainant on behalf of the Trust. The Trust will provide a single response to a formal complaint that combines all parties' responses to the complaint.

16.4 The Private Patient Service will provide an update of complaints received with details of resolution for the Private Healthcare programme board on a quarterly basis.

17 NHS time owing

17.1 The Trust is keen to maximize external income through private patient activity, the profits of which will be reinvested into the Trust for the benefit of all of our patient services. To ensure there is no perception of a conflict of interests, where a Clinician either asks to undertake, or is asked to undertake, private activity during paid NHS time (which includes SPA and administrative, or time on call), the Trust requires a log to be kept of time owing/time owed.

17.2 This request is to be agreed in advance with the clinical lead and Care Group Manager. If the private activity is an emergency then this request can be raised in retrospect to the clinical lead as soon as is possible after the event. Time owing is to be repaid to the Department at a mutually agreeable future date/time but within no more than three months from the event.

17.3 The repayment of time owing must mirror the number of NHS patients that were displaced. Time owing must be performed over and above current NHS job plan and be performed as unpaid overtime, this could be before or after an NHS list or at a separate evening/ weekend. Appendix F, NHS time owing, Part A should be completed. At the same time, the activity to make up NHS time from private activity should be identified and agreed with the consultant's line manager and Part B should be completed.

17.4 If the consultant is unable to identify a time for when the NHS activity can be performed, then the original private patient request will not be approved.

18 Training

18.1 This Private Patient Policy does not have a mandatory training requirement or any other specific training needs, however anyone required to use any of the documentation cited in the policy should contact the Private Patient Service for assistance if required.

18.2 The Private Patient service will provide any ward training as and when required.

18.3 The Private Patient service will provide support in setting up new processes and procedures for private services at UHS.

19 Private Practising Privileges at UHS

19.1 All consultants or clinicians wanting to carry out private practice at UHS must have authorised private practising privileges at the Trust prior to any private work being carried out.

19.2 Consultants must seek prior approval and must submit an active medical indemnity certificate every year and be compliant with annual appraisal. Consultants will require and evidence level 3 child protection training if they treat children privately.

19.3 The consultant/ clinician will be required to complete a private practising privileges form (see appendix B Private Practising Privileges form), provide necessary certification including indemnity certificate and sign the Trust's private practising privileges agreement. The completed forms and relevant supporting documentation should be sent to the Private Patient Service via email privatepatients@uhs.nhs.uk where the following process applies:

- Their Divisional Clinical Director will authorise privileges as coordinated by through the private patient service.

- A letter will be issued to the consultant/clinician confirming the outcome of their private practising privileges request.

- All authorised consultants/clinicians will be registered on the Trust private practising privileges register.

- It is the consultants/clinician responsibility to ensure that a valid indemnity certificate is provided each year and sent to the Private Patient Service, without this, privileges will be suspended.

19.4 Maintaining Private Practice Privileges at UHS

- In order to maintain private practice privileges at UHS, consultants are expected provide annually to the private patient team an in-date indemnity certificate, last appraisal date, (VLE) Level 3 child protection completion date (where applicable) and to meet the requirements of the GMC with regard to appraisal and revalidation.

  Failure to provide this information or engage with appraisal and revalidation processes will result in suspension of private practice privileges at UHS until this is rectified.

- All private practice must be included in the Consultant's job plan and signed off. A job plan containing more than 15 PAs of activity (NHS+PP) will not likely be approved on safety grounds.

20 Use of NHS and Trust Brand Logo

20.1 The letters 'NHS' or the NHS logo, which form part of the Trust's organisational logo, are protected by law and can only be used in where there is a benefit to the NHS. Neither the NHS logo or the Trust's logo should be used in any marketing information or materials relating to your own private practice as this may be seen as the NHS formally endorsing these services. If you wish to promote the fact that you work for the NHS or the Trust then this should be done in an explanatory or descriptive manner using plain text.

20.2 The Trust is also subject to the following restrictions on the use of the NHS logo or its organisational logo in relation to its own private patient activities:

- *Trusts that offer private healthcare services must market and promote their private healthcare services completely separately.*
- *Trusts are allowed to use their NHS organisation's logo on communications specifically about their NHS private healthcare services, to show patients who provides the service, with the NHS organisational logo placed in a supporting position with a descriptive strapline to reflect this.*

20.3 NHSmail services, such as @nhs.net email accounts are provided to health and social care staff for their use to support publicly funded healthcare. If you are a member of clinical or care staff, you may use NHSmail services in relation to the treatment of private patients in accordance with your own professional codes of conduct. You must not use any of the NHSmail services for commercial gain. This includes, but is not limited to unsolicited marketing, advertising, and selling goods or services.

Trust email should not be used for non-Trust related work of a commercial or charitable nature.

21 Incident and Serious Incident Reporting

21.1 It is the responsibility of all staff to raise awareness of an incident involving a private patient. The following process must be followed in relation to reporting an incident and or serious incident:

- For any concerns or raising awareness of an incident, must be reported to reportmyincident@uhs.nhs.uk, the team will complete the incident form on staff's behalf and triage to a case review as required.

- Any serious incidents must be notified to the patient safety team immediately via patientsafetyteam@uhs.nhs.uk.

21.2 Any concerns relating to fraud, bribery and corruption in respect of private patient processes and engagement should be referred to the Trust's Local Counter Fraud Specialist in line with the Trust's Fraud, Bribery and Corruption Policy.

21.3 Any person found to have committed a fraud or bribery offence could be subject to disciplinary action in accordance with the Trust's Disciplinary Policy and criminal action contrary to the Fraud Act 2006 and/or the Bribery Act 2010

22 The Bribery Act 2010

22.1 All persons involved in the management of private patients should familiarise themselves with the Bribery Act 2010 which came into force on 1 July 2011. In accordance with the Act it is a criminal offence to give, promise of or offer a bribe or to request, agree or receive a bribe. The maximum penalty is 10 years imprisonment and an unlimited fine. It is important to note that there is no need for the transfer of goods and/or money to have taken place to be classed as bribery, the intention is sufficient to qualify. This may include instances where an individual has corruptly used their position within the Trust to authorise or recommend spend Trust money with an organisation with which they have an undeclared direct or indirect interest.

22.2 The Trust has in place a Standards of Business Conduct Policy and adequate procedures to mitigate bribery risk. The Trust will not tolerate acts of bribery and will treat the giving or receiving of bribes as gross misconduct which may result in disciplinary and/or criminal action.

22.3 Any concerns relating to fraud, bribery or corruption should be reported to the Trust's Local Counter Fraud Specialist for consideration of further investigation

23 Communication and training plans

Upon the approval of this policy, this policy will be shared via Core Brief and sent specifically to the staffing groups listed in this policy. Also this policy will be available to all staff via the Staffnet and Trust external website.

24 Equality impact assessment (for all policies only)

Equality and diversity are at the heart of Trust values. Throughout the development of the policies we give regard to the need to eliminate discrimination, harassment and victimisation, to advance equality or opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.

The Policy & Guidance Team hold all equality impact assessments centrally. These are available upon request from Policy&Guidance@uhs.nhs.uk

25 Document review

All Trust policies will be subject to a specific minimum review period of one year; we do not expect policies to be reviewed more frequently than annually unless changes in legislation occur or new evidence becomes available. The maximum review period for policies is every three years. The author of the policy will decide an appropriate frequency of review between these boundaries.

Where a policy becomes subject to a partial review due to legislative or national guidance, but the majority of the content remains unchanged, the whole document will still need to be taken through the agreed process as described in this policy with highlighted changes.

This Private Patient policy will be reviewed every 3 years.

26 Process for monitoring compliance

The purpose of monitoring is to provide assurance that the agreed approach is being followed. This ensures that we get things right for patients, use resources well and protect our reputation. Our monitoring will therefore be proportionate, achievable and deal with specifics that can be assessed or measured.

Key aspects of this policy will be monitored:

Element to be monitored	Complaints Process
Lead (name/job title)	Charlotte McCaskie, Head of Private Patients and Overseas Services
Tool	ISCAS and complaints policy changes
Frequency	Annually
Reporting arrangements	To report to the private healthcare services programme board on any changes that have occurred relating to internal complaints process and the independent adjudication services processes.

Element to be monitored	Incident and Serious incident reporting
Lead (name/job title)	Charlotte McCaskie, Head of Private Patients and Overseas Services
Tool	Adverse Incidents policy changes
Frequency	Annually
Reporting arrangements	To report to the private healthcare services programme board on any changes that have occurred relating to reporting process for adverse event reporting and requirements.

Element to be monitored	PHIN and CMA order
Lead (name/job title)	Charlotte McCaskie, Head of Private Patients and Overseas Services
Tool	CMA Legislation
Frequency	As changes occur
Reporting arrangements	To report to the private healthcare services programme board on any changes to legislation that impacts on the private patient service at the Trust.

Element to be monitored	Doctors Job Planning
Lead (name/job title)	Charlotte McCaskie, Head of Private Patients and Overseas Services
Tool	BMA guidance and UHS Medical Job planning policy
Frequency	As changes occur
Reporting arrangements	To discuss at the private healthcare services programme board annually to highlight any changes to policy and guidance that relates to medic job planning obligations at the Trust.

Where monitoring identifies deficiencies, action plans will be developed to address them.

27 Appendices

[*THIS SECTION HAS BEEN INTENTIALLY LEFT BLANK*]

Appendix A Private Patient referral process and responsibilities

Responsibility Key:

- Consultant/Anaesthetist
- Private Patient Coordinator
- Private Patient Billing Team
- Care Group Operational Service

Patient referral from Consultant/GP/Other Provider to be sent to privatepatients@uhs.nhs.uk including patient minimum data set requirements.

For referrals specifically relating to Cancer Care or use of the Private Solent Suite, then email ContactSolentSuite@uhs.nhs.uk including patient minimum data set requirements.

PP coordinator to identify treating consultant and ensure Private Practising Privileges are in place at UHS.

If the treating Consultant does not have practising privileges in place then, the PP Coordinator will send consultant application forms and seek Divisional Clinical Director approval. (To note this is not relevant for Top up drug patients, as the patient is on an NHS pathway)

PP Coordinator will link with the relevant operational service to identify availability and work with the operational teams to book appointment/treatment dates.

For inpatient work, the consultant will request their theatre sessions via the care group operational bookings team. The consultant will arrange the anaesthetist

The operational service bookings team will link the theatres scheduling manager and confirm the booking with the Consultant in line with appendix G of this policy.

Billing will raise the estimate invoice in relation to the treatment.

PP Coordinator will arrange for payment with the patient or pre-authorisation with the insurers for the patients treatment.

The treating consultant/Anaesthetist to ensure fees letters are sent to patients in advance of treatment (as per CMA/PHIN requirements)

PP Coordinator to be the point of call for patient admission and managing queries pre and during their stay, also to assist in coordinating questions on behalf of patients to ensure they have been answered.

The Consultant will be the point of contact for the patient clinical queries.

The PP coordinator to issue the relevant private patient survey to the patient.

The consultant will ensure all documentation relating to the patient treatment is documented/ uploaded onto the Trust systems, including telephone conversations.

Billing to raise the final invoice to patient or insurer/ refund any over payments.

Appendix B Private Practising Privileges Application form

I hereby apply to University Hospital Southampton NHS Foundation Trust for appointment as an accredited private practitioner at the Trust and seek appointment for the category and privileges indicated *(please supply and attach any supporting and or supplementary information where applicable)*

1. Application

Tick category of Practising Privileges for which you are applying:		
Consultation in the out-patients department	☐	
	Adults	**Paediatric**
Consultation and minor procedures in the out-patients department	☐	☐
Consultation and minor procedures in the out-patients department plus admission of in/day-patients	☐	☐
Consultation and minor procedures in the out-patients department plus admission and operative procedures (Declared Procedures) on in/day-patients	☐	☐
Admission and care of in/day-patients only	☐	☐
Provision of anaesthetic services	☐	☐
Diagnostic and therapeutic imaging procedures and reporting and provision of advice to colleagues including admission and interventional procedures	☐	☐
Diagnostic and therapeutic imaging procedures, reporting of results and provision of advice to colleagues (including Haematology, Histopathology, Biochemistry, Immunology, Microbiology and Molecular Pathology)	☐	☐
Pathology procedures, reporting and provision of advice to colleagues	☐	☐
Administration of sedation by Consultants other than Anaesthetists	☐	☐

(Please tick)	**Yes**	**NO**
You confirm that the private practice case mix you intend to carry out at the Trust mirrors your NHS case mix as per your employment with the Trust? If No, please attach a list specifying what private procedures you intend to carry out.		

2. Personal Details

Title; Mr, Mrs, Miss, Ms, Dr, Prof or other	
Surname :	
Given name (s) :	
GMC Number :	
UHS Employee Job Title:	
Telephone :	
Mobile No :	
Contact Email address:	
Private Secretary Email address:	

As part of your application, please complete the following questions:

(please tick)	**YES**	**N/A**
If you are applying to undertake private practice on children, **please provide a copy of your VLE certificate for completion of Level 3 Child Protection Training with this application.**		
(Please tick)	**YES**	**NO**
Are you a member of a medical defence organisation? If Yes, **please provide a copy of your current indemnity certificate with this application** If No, please provide information on your indemnity arrangements.		
(Please tick)	**YES**	**NO**
I confirm that the indemnity is specific and sufficient to cover my current scope of practice and clinical activity (minimum of £10million) and I will inform the Divisional Clinical Director of any changes to these circumstances. I understand that CNST will not apply for any of my private practice carried out at UHS.		
Please confirm your last appraisal date:		
Please confirm your next appraisal due date:		
Please confirm your current number of PA activity [NHS & PP]:		
(Please tick)	**Yes**	**No**
Do you require a private patient secretarial service for your private activity at UHS?		
If Yes, on average how many hours per week will you need? (*To note this will be a chargeable service and requests for this service will be managed separately to this application. You will be provided with further information on how you can apply for the private patient secretarial services upon receipt of your interest.*)		

I confirm by signing this application form that the information provided within this application is correct and I acknowledge that I will maintain my medical appraisal in line with GMC or UHS guidelines and Trust policies, failure to do so will result in suspension of my practice privileges until this is rectified.	
Signature: …………………………………………………..	**Date:** ………………………………………………………………………..

Please return your completed Application Form and Indemnity certificate to the Private Patient Manager either by email at: ann.clay@uhs.nhs.uk or addressed to: **Ann Clay, Commercial Development, level 1, Trust Management offices, Mail point 18,** so that your application can be processed.

3. Approval of Accredited Practitioner for Privileges

The Divisional Clinical Director accepts the applicants request for granting of private practising privileges at UHS.

Authorised by the Divisional Clinical Director

Name: ………………………………………… Signature: .... Date: ....

The Divisional Clinical Director rejects the applicants request for granting of private practising privileges at UHS.

Reasons for rejection:

....

Appendix C Private Patients Complaints Procedure

Complaints, Concerns and Compliments

We always strive to provide the best possible service but if there is something we need to improve, we would like to know so that we can learn from this experience and take action on your feedback. Upon receiving a complaint, we will investigate the situation so that we can apologise, explain and take positive action where necessary. If you tell us as soon as the problem arises, it can often be resolved straightaway. In many cases, the staff/personnel looking after you will be able to solve a day-to-day query.

If you are not completely satisfied you can put your concerns or complaint in writing. We take all comments and complaints seriously.

How to write to us

Any complaint will be reviewed thoroughly and promptly. A complaint will be accepted up to 12 months from the point that the concern or complaint came to your attention. You or your representative (with your consent), can make a complaint by emailing us at privatepatients@uhs.nhs.uk stating:

- The hospital and department/area where you were treated
- The date on which the issue occurred.
- Names of the consultant(s), nurses or other staff who were caring for you, if known.
- The type of clinical treatment/procedure you received to which the complaint relates.
- Details of your complaint.
- Anything else that you want to bring to our attention, such as what resolution you are seeking.

STAGE 1 - Getting back to you and timescales

Acknowledgement of your complaint will be sent within three working days of receiving the complaint via our patient advice liaison service (PALS). We will then reply in full as promptly as we can, usually within 35 working days, however your complaints investigator will advise you of the timeline to expect a response, which could be in the form of a letter or a meeting. The complaints team will work with the clinical and private patient service to investigate your complaint.

If the investigation is going to take longer than the expected timeframe, we will write to you to explain the delay. In very complex cases, or when other agencies are involved such as another independent hospital where a combined response is required, this can take more time, we will keep you updated you regular progress reports. We may also suggest meeting you to talk through your issues and attempt to resolve them.

STAGE 2 - An independent internal review

If you are not happy with the response from the service, you can escalate your complaint for internal review to the Divisional Clinical Director, Divisional Director of Operations, Divisional Head of Nursing or Chief Financial Officer depending on the nature of your complaint. The letter at STAGE 1 will explain what to do and where to send your correspondence to. The Director or Head of Service will review your complaint and either confirm the decisions and actions taken or reach an alternative decision to help achieve resolution.

STAGE 3 - An independent external review

If you are not satisfied with the final response from the Director or Head of Service, as a final resort, private patients have the right to take their complaint to independent external adjudication.

This process is run by the Independent Sector Complaints Adjudication Service (**ISCAS**) you can contact ISCAS via the contacts provided below. ISCAS will only become involved once you have been through stage 1 and stage 2 steps outlined in this complaints policy.

If we have been unable to resolve your complaint, this process will be fully explained in a letter from the Director or Head of Service. You will have up to six months to raise a complaint to ISCAS from the time of your stage 2 final hospital response letter.

Email info@iscas.org.uk; or **Telephone** 020 7536 6091

STAGE 3 - An independent external review – Financial Ombudsman Service

If a complaint is not in relation to your healthcare received at the Trust, which would be referred to ISCAS for independent adjudication as outlined in this policy,but is in relation to how you have paid for treatment, such as debt collection or repayment problems, you also have the right to refer your complaint to the Financial Ombudsman Service, if you are not satisfied with the final response provided by the Director or Head of Service and are a private patient. You will have up to six months to raise a complaint to Financial Ombudsman Service from the time of your stage 2 final hospital response letter. The details for the Financial Ombudsman Service are provided below:

Telephone: 0800 023 4567

Make a complaint online: www.financial-ombudsman.org.uk/contact-us/complain-online

Other Contacts

Care Quality Commission

You may also wish to share your experience with the **Care Quality Commission (CQC)**. Although they cannot look into complaints about healthcare or social care services, they would still like to hear from you if you are not happy about the care you receive. This is because they can use this information when they are looking at individual services in England to make sure that they are meeting important standards of quality and safety. To contact the Care Quality Commission see below:

Call: 03000 616161 **Email:** enquiries@cqc.org.uk; or **Visit their website:** www.cqc.org.uk

General Medical Council

You may want to raise a specific concern regarding your doctor, you can raise your concerns to the **General Medical Council (GMC**) in addition to your complaint regarding healthcare or independently of this process. To raise your concern online please follow the below link**:**

www.gmc-uk.org/concerns/raise-a-concern-about-a-doctor

Appendix D Secretarial Service, expression of interest form

The Private Patient Service is looking to provide a secretarial service for consultants who hold private practising privileges at the Trust for whom require secretarial support for their private practice at UHS. It is a service that will be provided upon request.

The service will be charged by the hour at the agreed rate set out within the terms and conditions of this arrangement.

The service charges will be made available on external Trust website.

A log will be kept to record the time used to provide this service for each consultant and a monthly invoice will be raised retrospectively of the service provision.

If you would like to pay for a private secretarial service please can you complete and submit the below form.

Secretarial Service request form

Consultant Name:	
Care Group:	
Company Name:	
Billing Address:	
Telephone Number:	
Email:	
Private patients per month	

Please send this form to the privatepatients@uhs.nhs.uk.

The private patient service will contact you to provide the pricing and the agreement outlining the terms and conditions of the secretarial service. If you agree with the terms and conditions, then you will be asked to sign and return the agreement. The service will commence on the agreed date between the service and the consultant.

Appendix E Notification in change of Patient Category Form

Please tick the following request type:
Change in Patient Category request from Private to NHS (Tick) __

Change in Patient Category request from NHS to Private (Tick) __

Please complete this form to request a change in Patient Category from Private to NHS or NHS to private. This form must be completed by the requesting consultant and authorized by the service Divisional Clinical Director or Service Clinical Lead for patient changing from Private to NHS.

Patient Name: ____

Patient Hospital Number: ____

Patient Address: ____

Inpatients: Date of Admissions: ………………. Date of Transfer: ………………..

Day case: Date of Admissions: ………………. Date of Transfer: ……………….

Outpatients: Change of Patient Category date: ………………………………………………..

Reason for change in Patient Category: …………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

Signed by Consultant: ______________________________________

Date: ______________________________________

Authorised by DCD/ Clinical Lead: ______________________________________
(Only required if patient is transferring from Private to NHS)

Date: ______________________________________

Please send the completed form to privatepatients@uhs.nhs.uk to inform them of the change and for audit purposes.

Appendix F NHS time owing

This form should be completed when requesting to treat a private patient within NHS time. This form should be completed and submitted to the private patient theatre coordinator privatepatients@uhs.nhs.uk who will seek authorisation from your clinical lead and the Care Group Manager for approval.

You will not be authorised to proceed with the private patient request until authorisation has been sought.

Part A – Private Activity undertaken during NHS time	
Name of Consultant:	
Date of private activity:	
Duration of private activity:	
Number of patient activity:	
Procedure description:	
Consultant signature:	
Date:	
Clinical Lead signature:	
Date:	

Part B – NHS Activity undertaken to make up Private work time	
Date of NHS replacement activity:	
Duration of NHS activity:	
Number of patient activity:	
Procedure description:	
Consultant signature:	
Date:	
Clinical Lead signature:	
Date	

Disclaimer: The care group management team must have processes in place to ensure that a completed record of this form is kept and the Consultant must compensate this time back to the care group.

Appendix G Consultant Rules for extension of NHS Theatre Lists

This appendix provides the rules in relation to booking theatre sessions at UHS for private practice. The general rules to booking private theatres sessions are as follows:

- Private practice should not usually take place during contracted NHS hours (DCC or SPA) or on NHS lists; it should usually be conducted out of hours, for example by using list extensions or weekends, the theatres team will follow the 6-4-2-week process used to book theatre sessions, whereby sessions must be requested giving 6 weeks' notice where possible.
- Where it is clinically necessary to conduct a private procedure in hours on an NHS list, then the time should be 'paid back' by delivering an equivalent amount of NHS activity out of hours (e.g., evening or weekend) in non-NHS-contracted time. Appendix F NHS time owing form must be completed and approved in advance of the procedure taking place and as a record of the consultant's commitment to make that time back. If the consultant is unable to identify a time for when the NHS activity can be performed, then the original private patient request will not be approved.
- In rare circumstances there may be opportunity to use resources in hours when they are not being used for NHS activity, for example, re-open a closed and unstaffed NHS list for private surgery. This will be offered by theatres team within the 4-2-week period prior to the sessions available.
- Please be aware in many services all lists are now covered in annualised group NHS job plans and these NHS lists can't be used for private practice or 'paying back' owed time.
- All patients should be treated in order of clinical priority; if an NHS and PP have the same priority then the NHS case takes priority.
- In the event that emergency care is needed to be provided for a private patient then appropriate cover should be arranged for any NHS commitments and again any NHS time 'paid back', as above, if activity delivered in NHS time.

There will be exceptions to these rules and if private work outside of these guidelines is required, please gain prior approval from a consultant's DCD.

<u>Booking an available theatre list</u>
A consultant requiring a private theatre session must request this via their service specialty booking team and copy in the specialty team leader.

- The specialty booking team will email the theatre scheduling manager, highlighting the status of the list [i.e., NHS or Private], and the proposed date and time required.
- The operational manager will respond to the booking team confirming if the request has been accepted and can be staffed.
- The booking team will inform the consultant of the outcome of their request.

Upon confirmation of a theatre booking from the bookings team, the consultant will inform the private patient service of the agreed theatre booking/s via privatepatients@uhs.nhs.uk who will confirm the booking with the patient directly, the consultant must provide the following information, in addition to the patient details:

- the date and time of the theatre session.
- name of anaesthetist (It will be the consultant's responsibility to arrange for the anaesthetist for any theatre requests).
- Confirmation if the procedure is going to happen before or after their NHS list or separate to their NHS commitments.

If the procedure is going to replace an NHS slot then the consultant must complete the time owing form [appendix F] within this policy, authorisation must be sought from their clinical lead/Care Group and a copy of the approved form must be provided to the private patient service for record. If approval is not sought or has been rejected, then the private patient service will not proceed with the booking of the patient and the theatre scheduling manager will be informed of the outcome.

The private patient coordinator will keep a record of all completed forms where there is an impact on NHS time, this information will be issued in a report to the Divisional Management team to support appraisals, private practising obligations and future private patient requests.

28 References

a. National Health Service Act 2006
b. NHS Constitution
c. 'A Code of Conduct for Private Practice: Recommended Standards of Practice for NHS Consultants' 2004, updated in 2009.
d. GMC's Good Medical Practice
e. The Department of Health guidance relating to NHS patients who wish to pay for additional private care.
f. Private Healthcare Market Investigation Order 2014
g. NHS Overseas NHS visitors: implementing the charging regulations
h. Bribery Act 2006
i. Fraud Act 2010
j. The Money Laundering, Terrorist Financing and Transfer of Funds (Information on the Payer) Regulations 2017 (Money Laundering Regulations 2017)
k. The Money Laundering and Terrorist Financing (Amendment) Regulations 2019 (Money Laundering Regulations 2019)

29 Useful links

Competition & Markets Authority private healthcare market investigation
https://www.gov.uk/cma-cases/private-healthcare-market-investigation

PHIN Website that sets out responsibilities of Hospital and Consultants performing private patient services. https://www.phin.org.uk

Department of Health guidance for NHS patients who wish to pay for additional private care - GOV.UK (www.gov.uk)

A Code of Conduct for Private Practice Recommended Standards of Practice for NHS Consultants, Department of Health and Social Care, 2004
https://www.nhsemployers.org/~/media/Employers/Documents/Pay%20and%20reward/DH_085195.pdf

Terms and Conditions – Consultants (England) 2003 https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Consultants---LCEA/Consultant-contract-Terms-and-Conditions-April-2018.pdf?la=en&hash=2260CE8D563CD881275A69EA452B4661DA9559B1

A Guide to Consultant Job Planning https://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Guide_to_consultant_job_planning.pdf?la=en&hash=97A7C9434A2D30B60FC23EFD8CF6CAD21104A02C