Name of Policy: Private Patients Policy

Effective From: 01/08/2010

<table>
<thead>
<tr>
<th>Date Ratified</th>
<th>08/04/2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratified</td>
<td>Business and Service Development Committee</td>
</tr>
<tr>
<td>Review Date</td>
<td>01/04/2012</td>
</tr>
<tr>
<td>Sponsor</td>
<td>Director of Finance and Information</td>
</tr>
<tr>
<td>Expiry Date</td>
<td>07/04/2013</td>
</tr>
<tr>
<td>Withdrawn Date</td>
<td></td>
</tr>
</tbody>
</table>

This policy supersedes all previous issues.
GATESHEAD HEALTH NHS FOUNDATION TRUST

PRIVATE PATIENTS

OPERATIONAL POLICY

INTRODUCTION

Under section 44 (1), the Authorisation of an NHS FT may restrict the provision, for purposes other than those of the health service in England, of goods and services. The Authorisation restrictions should be exercised, in particular, with a view to securing that the proportion of total income of an NHS FT which was an NHS Trust in any financial year derived from private charges is not greater than the proportion of the total income on the NHS Trust derived from such charges in the base financial year (section 44 (2)). The base year is defined as the year ended 31 March 2003 (or the later full financial year in which the NHS trust existed if it was not an NHS Trust in that base year). The provision in section 44 (2) has come to be known as the PPI Cap.

Monitor has its revised rules and guidance on how the Private Patient Income Cap ("the PPI Cap") should be operated by NHS Foundation Trusts (NHS FTs) with effect from 1 April 2010. This follows the High Court judgment of December 2009 which determined that the current interpretation by Monitor of the income that should be included as private patient income for the purposes of the PPI Cap was not valid and, in particular, required revision to bring the PPI Cap requirements in line with the relevant PPI Cap legislation.

NHS FTs are public benefit corporations which are authorised under Chapter 5 of the National Health Service Act 2006 ("the 2006 Act"). Monitor is the independent regulator of NHS Foundation Trusts.

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

The provision of accommodation and services for private patients must not, to a significant extent, interfere with the Foundation Trust's responsibility to provide Health Service accommodation and services, or operate to the disadvantage to those who are, or wish to become NHS patients.

Private patients who have made separate arrangements to be treated by a practitioner may be charged professional fees by the Consultant/Health Care Professional.

Private Patients will always be charged by the Trust for the use of the facilities and services provided during the treatment.

There is a category of patient who is regarded as NHS Chargeable because they are not entitled to NHS treatment, namely:

- Non–EU Citizen
- UK citizens who have lived abroad for more than 5 years in any 10 years
- Failed Asylum Seekers
- Citizens entering the UK illegally
• People visiting the UK from outside the EEA and from countries with whom the United Kingdom does not have a bilateral health agreement.

This category of patient is dealt with by the Department of Health Policy on Overseas Visitors. For the purpose of this policy, private patients will be regarded as those willing to pay for private treatment from the outset. The Foundation Trust has a separate policy covering the treatment of Overseas Visitors and Asylum Seekers.

Whilst the Trust encourages private patients on its premises, safeguards are in place to ensure that NHS patient’s and services are not disadvantaged as a result

PRINCIPLES OF CONDUCT

1. Responsibility of Gateshead Health NHS Foundation Trust

i. The Consultant/Health care Professional must liaise with the Divisional Manager and the Private Patient Income Officer to ensure that there are proper arrangements for the satisfactory conduct of private patient activity, including the admission and identification of private patients and the recovery of charges. Before admitting a patient, the patient's ability to pay for treatment must be ascertained.

ii. Patient enquiries regarding hospital charges should be directed to the Private Patient Income Officer who will inform them of a specific charge or put them in contact with a divisional manager who will be able to help.

iii. The Foundation Trust must ensure that it keeps within the Private Patient Cap as specified within its terms of authorisation with Monitor the regulator for foundation trusts. Any breach of these terms would have serious consequences and as such the policy for the treatment of Private Patients must be strictly adhered to at all times.

2. Responsibility of Consultant/Health Care Professional

i. It is the personal responsibility of the Consultant/Health Care Professional concerned to notify the Private Patient Income Officer (PPIO), at least 5 (five) working days prior to any intention of a private patient attendance/admission by completing Notification Document, Form PPA(see Appendix II).

See flowchart documenting Consultants/Healthcare Professionals responsibilities (Appendix I).

ii. It is the personal responsibility of the Consultant/Health Care Professional to obtain the required written undertaking from the patient to pay all hospital charges. (Document, Form PPC: see Appendix III)

iii. There is an additional responsibility on the part of the Consultant/Health Care Professional to record any change in the patient’s hospital status and inform the Private Patient Officer immediately, by sending a completed "change of status" form. (Change of Status Notification document, Form PPD: see Appendix IV).

No patient should be transferred to NHS status without written confirmation being sent.
iv. The responsibility lies with the Consultant/Health Care Professional in charge of the private patient to inform all other relevant departments / support services of the patient’s status. A letter from the patients GP should evidence any referral where possible as an NHS patient.

v. Each Consultant/Health Care Professional who wishes to undertake private practice shall be required to certify that he/she has received copies of the Trust's Operational Policy and Guidance on private practice (Certification Document, Form PPF: see Appendix V). The Private Patient Income Officer should hold this certification and any consultant who carries out private work without certification shall be reported to the Medical Director or his Assistant Director to explain any divergence from the policy.

Any divergence from this Policy will also be referred directly to the Chief Executive of the Foundation Trust.

2. Responsibility of IVF Department Only

There is a shared database in operation between the IVF Department and the Finance Department which eliminates the need to complete forms PPA and PPB.

The database must be updated by a designated member of staff in IVF with new patients by creating a template and adding the patient name, Date of Birth, Unit Number, Treatment Type and appointment dates.

The database must be updated with any amendments to treatment.

The Private Patient activity will be assessed by the finance department each month in determination of the cap

The database is accessed daily by the Private Patient Officer in Finance so that treatment is invoiced in advance of treatment.

1. Responsibility of the Ward Clerk / Nursing Staff

i. To ensure that private patient admissions are documented on admission sheets and the Private Patient Income Officer is informed of the admission immediately.

ii. To ensure that private patient discharges are documented on discharge sheets and the Private Patient Income Officer is informed of the discharge immediately.

2. Responsibility of the Finance Department

i. To ensure that all relevant documentation has been completed correctly.

ii. To access the IVF Shared Database daily to pick up any treatment to be invoiced.

iii. On receipt of correct documentation from the Consultant/Health Care Professional (form PPA-Appendix II), to calculate appropriate charges for treatment.

iv. To inform the patient of the cost of the treatment by the Trust, or alternatively if the patient is insured request details of Insurance cover. (form PPE-Appendix VII)

v. For self paying patients (i.e. not covered by insurance) a fixed cost may be agreed with the DoF which will cover costs associated with all aspects of the private treatment. This enables patients
to compare costs and agree the fixed fee in advance of treatment. Where possible if such an agreement is made the fixed fee should be recovered in advance of treatment.

vi. To ensure that adequate authorisation is sought from the patients Insurance Company and an appropriate reference received.

vii. If adequate authorisation cannot be sought from the patients Insurance Company the private patient income officer must inform the Consultant immediately.

viii. To ensure all outstanding Private Patient charges are invoiced within five working days of discharge or completion of treatment.

ix. To be responsible for chasing outstanding debts. This may involve debts being passed onto a debt collection agency with instructions to take legal action if necessary.

x. Invoices will only be written off when it is considered impossible to collect the whole of or a proportion of an outstanding debt. The authorisation of write-offs will follow the Trust’s Standing Financial Instructions.

xi. To ensure that Divisional Managers are sent a monthly report of Private Patients notified to the Finance department during the month.

xii. To ensure that the monthly report from the Trust’s Patients Administration System is scrutinised and any variances followed up immediately and action taken to recover costs and report the incident.

xiii. To record private patient activity against the cap and authorise private patient treatment to go ahead. The Financial Accountant or his nominated deputy will be responsible for any authorisation given and will refuse authorisation when the cap is in danger of being breached.

xiv. To notify the Director of Finance of the activity against the private patient cap on a monthly basis as part of the monthly reporting process and commentary produced by the Financial Accountant.

3. **Responsibility of Support Services**

   It is the responsibility of Support Service Departments, e.g:-

   - Diagnostic Imaging Department
   - Pathology Department
   - Pharmacy Department
   - Appliance Office
   - Physiotherapy
   - Dietetics

   to inform the Private Patient Officer of any hospital activity or charges incurred, at the latest within 5 working days of patient discharge. (Notification document, Form PPB: see Appendix VI).

4. A copy of this Operational Policy will be given to all relevant Medical Staff/Health Care Professionals/Support Services Management.
5. **Any divergence from this Policy will be referred directly to the Chief Executive**

**AMENITY BEDS**

The Trust authorises the use of single rooms or small wards in hospital for the accommodation/treatment of amenity patients. These patients receive no other consideration than the additional privacy and do not make separate arrangements with a Consultant for contractual medical care. Amenity patients are required to sign an undertaking to pay the Trust the appropriate charges during their stay (Form PPG see appendix VIII attached), the first and final day counting as one day. It should be noted that amenity beds are subject to availability. The current charge for amenity beds will be notified by the Private Patient Income Officer on the 1st April each financial year.

**CATEGORY 2 WORK**

When work undertaken by hospital medical and dental staff on examinations, reports etc does not fulfill any of the qualifying conditions for Category 1 as set out in paragraph 36 of the terms and conditions of service of Hospital Medical Dental staff and Doctors in Public Health Medicine and the Community Health Service then it is deemed to be Category 2 and a charges may be made.

Category 2 work is distinct from private practice. It is non-NHS work and the most common circumstance in which Category 2 work arises is when individuals, employers, Courts, or the Department of Work and Pensions (DWP) request medical examinations, reports and associated diagnostic services from practitioners directly.

Examples of Category 2 examinations and/or reports include those:

- a) on a patient not under observation or treatment at the hospital at the time the report is requested, or a report which involves a special examination of the patient, or an appreciable amount of work in making extracts from case notes - other than in circumstances referred to in Category 1;

- b) on a person referred by a Medical Adviser of the Department of Work and Pensions, or by an Adjudicating Medical Authority or a Medical Appeal Tribunal, in connection with any benefits administered by the Department of Work and Pensions;

- c) for the Criminal Injuries Compensation Board, when a special examination is required or an appreciable amount of work is involved in making extracts from case notes;

- d) required by a patient or interested third party to serve the interests of the person, his or her employer or other third party, in such non-clinical contexts as insurance, superannuation, foreign travel, emigration, or sport and recreation. (This includes the issue of certificates confirming that inoculations necessary for foreign travel have been carried out, but excludes the inoculations themselves. It also excludes examinations in respect of the diagnosis and treatment of injuries or accidents);

- e) required for life insurance purposes;

- f) on prospective emigrants including X-ray examinations and blood tests;

- g) on persons in connection with legal actions other than reports which can be given under Category 1.b and reports associated with cases referred to in Category 1.b;
h) for coroners, as well as attendance at coroners’ courts as medical witnesses;

i) requested by the courts on the medical condition of an offender or defendant and attendance at court hearings as medical witnesses, otherwise than in the circumstances referred to in Category 1.e;

j) on a person referred by a medical examiner of HM Armed Forces Recruiting Organisation;

k) in connection with the routine screening of workers to protect them or the public from specific health risks, whether such screening is a statutory obligation laid on the employer by specific regulation or a voluntary undertaking by the employer in pursuance of the employer's general liability to protect the health of its workforce;

l) on a person referred by a medical referee appointed under the Workmen's Compensation Act 1925 or under a scheme certified under section 31 of that Act;

m) on prospective students of universities or other institutions of further education, provided that they are not covered by Category 1.c.ii. Such examinations may include chest radiographs;

n) examinations and recommendations under Part II of the Mental Health Act 1983 (except where this falls within Category 1.d):
   • if given by a doctor who is not on the staff of the hospital where the patient is examined; or
   • If the recommendation is given as a result of a special examination carried out at the request of a local authority officer at a place other than a hospital or clinic administered by a hospital authority. Where fees are payable under i or ii above, they will be paid where the practitioner has carried out a special examination whether or not, as a result, he or she completes a recommendation;

o) services performed by members of hospital medical staffs for government departments as members of medical boards;

p) work undertaken on behalf of the employment medical advisory service in connection with research/survey work, i.e. the medical examination of employees intended primarily to increase the understanding of the cause, other than to protect the health of people immediately at risk (except where such work falls within Category 1.a.iv);

q) completion of Form B (Certificate of Medical Attendant) and Form C (Confirmatory Medical Certificate) of the cremation certificates;

r) examinations and reports including visits to prison required by the Prison Service which do not fall within Category 1 and which are not covered by separate contractual arrangements between the Practitioner and the Prison Service;

s) examination on blind or partially-sighted persons for the completion of form BD8 (except where this falls within Category 1.b);

t) in respect of sub paragraphs above, when payment is due in connection with registration with a local authority this will be made by the health authority under the collaboration arrangements in accordance with the appropriate schedule of fees. 38.

For the avoidance of doubt, and in accordance with the requirements at section 1(2) of the National Health Service Act 1977, a practitioner shall not otherwise than pursuant to these Terms
and Conditions of Service demand or accept any fee or other remuneration for the provision of the services which the practitioner is required to provide by virtue of his or her contract of employment.

**Basic Procedure for Category 2 Work**

The basis of the procedure is that where **hospital laboratory, radiological or other technical facilities are used** the Trust will invoice the third party and remit two thirds of the gross fee to the Practitioner on a regular basis and retain one third. Also the Trust, upon agreement, will collect Category 2 fees on behalf of the Practitioner even if no amount is due to the Trust. No charge will be made for this service.

The Practitioner will instigate a Notification of Debt Form to the Finance Department showing the relevant details and entering the gross fee due. If no technical facilities have been used then this should be clearly indicated and no amount will be retained by the Trust.

The Practitioner will not receive payment from the Trust until the monies have been paid over to the Trust from the third party.

At the end of each Financial Year the Trust will forward details of Category 2 payments to Her Majesty’s Revenue and Customs (HMRC). Practitioners will be notified of this information.
APPENDICES

I. Flowchart documenting Consultants Responsibilities when there is an “intention” to admit / treat a patient privately at QEH or BGH is identified.

II. Form PPA - Notification of Private Patient - Resident or Non-Resident.

III. Form PPC - Form of Undertaking to Pay Trust Charges and accompanying guidance.

IV. Form PPD - Notification of Change of Status.

V. Form PPF – Certification Document

VI. Form PPB - Notification of Services Provided to Private Patients

VII. Form PPE – Private Patient Insurance Details

VIII Form PPG – Amenity Beds