Portsmouth Hospitals NHS
NHS Trust

PRIVATE PATIENTS POLICY

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2	*tbc*	Complete review of the outdated policy	Niki Richards

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QUICK REFERENCE GUIDE

This policy must be followed in full when developing or reviewing and amending Trust procedural documents.

For quick reference the guide below is a summary of actions required. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of this policy.

1. The Private Patient Policy sets out the basic standards for financial management and financial control to be followed within the Trust with regards to private practice

2. The policy sets out the manangement processes of private patients throughout the Trust to ensure that the correct regulations and guidance is applied when treating priate patients.

3. The policy should be read in conjunction with other Trust policies and procedures related to patient care, management and financial standandings

4. All managers and staff working directly or indirectly for the Trust must comply with the policy in relation to the care and management of private patients.

1. INTRODUCTION

The aim of the Trust is to provide high quality, clinically appropriate, value for money care for patients. The Trust recognises and welcomes private patients where their treatment may be funded by health insurers, sponsored by international bodies or patients' own funds and therefore that private practice is an integral part of the business of the Trust. The delivery by the Trust of an effective and efficient mixed business model that appeals to NHS and private patients offers the best opportunities for the organisation to secure its' financial future.

This policy should be used in conjunction with other Trust policies relating to the admission, treatment and discharge of patients, Medical Society Handbook, as well as the Private Patients Procedures. The Trust has established a Private Patient Office with responsibility for the management and administration of all private patient activity.

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. The purpose of this policy is to provide clear guidelines to staff for the management of private patients within the Trust, to ensure that working in partnership with Consultant Medical colleagues to ensure that their private practice can thrive within the Trust and to ensure that NHS patients are not disadvantaged.

The aim of this policy is to**:**

- Ensure that patients receive safe and coordinated care.
- Ensure that private care as a treatment choice is understood and supported.
- Identify and Promote services provided to private patients.
- Ensure that the boundaries between NHS work and private practice at the Trust are clear, transparent and understood so that the Trust's can maximize private patient income by actively promoting service delivery, championing best practice and celebrating clinical excellence, subject to no adverse impact on mainstream NHS activities.
- Ensure that the service has controls in place to capture all chargeable patients so that the service can be audited to demonstrate that the Trust accurately captures income for investigations and treatments.
- Ensure that there are processes in place to minimise the non-recovery of charges and that discourage bad debt

2. PURPOSE

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

The private patient policy for Portsmouth Hospitals NHS Trust has been based on:

- The NHS Executive handbook 'A Guide to Management of Private Practice in the Health Service Hospitals in England and Wales' issued in September 1995
- The Department of Health document 'A Code of Conduct for Private Practice – Guidance for NHS Medical Staff' issued April 2003
- Data Protection Act 1998
- The Department of Health Guidance on NHS patients who wish to pay for additional Private Care 2009, and
- Best practice learned from other NHS Trusts and across the independent health care industry.

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

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

Private medical practice by medical and dental staff in NHS hospitals has been a part of the NHS since 1948. Private practice generates valuable income for improving services for all patients by using resources, which from time to time, are not needed for treating patients receiving NHS treatment.

Within the statutory framework, Portsmouth Hospitals NHS Trust can decide the extent of the provision of private facilities.

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

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

To ensure capacity and resources are used effectively, wherever possible, private patients should be seen separately from scheduled NHS patients, for example in designated outpatient or diagnostic sessions. 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. Patients requiring urgent, unplanned treatment must be given precedence over booked patients, even if this means rescheduling NHS or private patient appointments.

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

3. SCOPE

This document applies to all PHT Staff. Junior Doctors and other Trust staff have a responsibility to all Trust Patients whether NHS or Private.

'In the event of an infection outbreak, flu pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager and all possible action must be taken to maintain ongoing patient and staff safety'

4. PRINCIPLES OF CONDUCT

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

1. The provision of accommodation and services for private patients should not significantly prejudice non-paying patients. (This is a reiteration of the intention behind the statutory requirements).

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

3. Common waiting lists should be used for urgent and seriously ill patients, and for highly specialised diagnosis and treatment. The same criteria should be used for categorising the priority of paying and non-paying patients.

4. After admission, access by all patients to diagnostic and treatment facilities should be governed by clinical considerations. This does not exclude earlier access by private patients to facilities especially arranged for them, if these are provided without prejudice to NHS patients and without extra expense to the NHS.

5. Standards of clinical care and services provided by the hospital should be the same for all patients. This does not affect the provision, on separate payment, of extra amenities, or the custom of day-to-day care of private patients usually being undertaken by the Consultant engaged by them.

6. If required for NHS use, single rooms should not be held vacant for potential private use longer than the usual time between NHS patient admissions, unless these beds are ring fenced for private patients and not part of the Trust bed numbers such as the beds on The Harbour Suite, G Level which are identified as private patient beds

5. MEDICAL PRACTITIONERS' RESPONSIBILITIES (Management of potential conflict with NHS care)

5.1 Governance

To achieve an effective and efficient mixed business model within the Trust requires clear governance for the way in which both private practice and NHS commitments are managed. A separate document, *The Portsmouth Hospitals Trust Medical Advisory Handbook*, has been produced which sets out the governance arrangements for how consultant staff will work within the Trust to deliver their private practice. The *Consultant Handbook* details the constitution and rules of membership of *The Portsmouth Hospitals NHS Trust (PHT) Medical Society*.

In line with the requirements of the Medical Society, consultants undertaking private practice within the Trust must register an interest with the Private Patient Office and will be required to provide evidence of suitable indemnity cover and other details. Failure to provide such evidence may result in private practice privileges being withdrawn. Leadership of private practice within the Trust will be provided by the Medical Advisory Committee (MAC) Chair who will hold the effective role of clinical director for private practice. It will be the MAC Chair's role to represent private practice interests to Trust management, but also to ensure that medical practitioners adhere to the terms as set out in the Private Patients Policy and Consultant Handbook.

5.2 Scheduling of work and job planning

Recognising that private patients are treated in the Trust, the following "time shifting" system has been agreed to enable a more flexible approach for consultants undertaking private practice activity whilst still meeting the demands of the NHS Obligations.

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

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

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

5.3 Unscheduled care

- Medical practitioners engaging in private practice are expected to provide emergency treatment for their NHS patients, should the need arise.
- Circumstances may also arise in which medical practitioners need to provide emergency treatment for private patients during times when they are scheduled to be working for the NHS.
- Medical practitioners will make alternative arrangements to provide cover if emergency work of this kind **regularly** impacts on the delivery of Trust commitments.
- If identified in an individuals job plan and on average amounts to less than 2 hours per week, then by agreement with the MAC Chair, Medical Director and the CSC Clinical Director this activity can be allowed to take place during the NHS week in recognition that individuals should be able to time shift this degree of NHS activity to another part of the week without any corresponding reduction in the value of the NHS activity.
- If the hours per week are in excess of 2 hours or are not part of an agreed job plan then this must be discussed with the MAC Chair, Medical Director and CSC Clinical Director. A clear audit trail of hours must be maintained by the individual consultant.
- The volume of unscheduled care and time shifting will monitored and discussed at the MAC meetings.

Where there is a proposed change to the scheduling of Trust work, the Trust will allow a reasonable period for medical practitioners to rearrange any private sessions.

5.4 On-call

Consultants should not schedule private commitments that would prevent then from being able to attend an emergency while they are on call for the NHS or attend for predictable emergency NHS activity. There are exceptions:

The need to provide emergency treatment essential continuing treatment for a private patient.

5.5 Theatre

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

- can be booked as early starts / late finishes / bookable Private Patient (PP) lists

If the procedure is required to be done as a part of the NHS session due to clinical reasons i.e. **complex surgery** involving more than one surgeon or due to the length of the operation, prior agreement must be obtained via email from the CSC clinical director, Business Manager for the CSC and Private Patient Head of Operations. The impact on the NHS list must be discussed and use agreed by the GM/Business Manager or the Clinical Director for the related CSC that the NHS list can be utilized for a private patient without compromising NHS patients. The Trust recognises that a flexible approach is required that supports both NHS and private patient activity.

Emergency private care - the Trust recognises the need to treat trauma and emergency patients in accordance with clinical priority and that in doing so circumstances may arise in which clinicians need to provide emergency treatment for private patients during the time they are scheduled to be working for the NHS. A clear email audit trail should be maintained to facilitate any necessary time shifting and details should be sent to the CSC Clinical Director, MAC chair and Private Patient Head of Operations

- Private Emergency activity should be listed according to clinical priority. Where this is undertaken on the CEPOD / Trauma list time, it would be subject to time shifting for which a clear audit trail will need to be maintained.

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

- can be booked as early starts / late finishes / bookable private patient lists

Where a medical practitioner is asked to provide emergency cover for a colleague at short notice and the medical practitioner has previously arranged private commitments, the medical practitioner should only agree to do so if these commitments would not prevent them from returning at short notice to attend an emergency.

5.6 Anaesthetic Services

The Private Patient Office is responsible for booking an anaesthetist who carries out private patient services and holds appropriate professional indemnification. The aesthetic secretary will be informed of the requirement and will view the rota and identify either a member of the Portsmouth Anaesthetic group (PAG) or an independent Trust private anaesthetist. If there is no private anaesthetist available, such as the in the case of an urgent trauma, the anaesthetist that is allocated will be approached to seek agreement to carry out the work in NHS hours, in which case no additional payment for the private anaesthetic service will be sought, as this would count as double payment.

For some insurance companies it is essential that there is an approved consultant in which case the Private Patient Office and the Anaesthetic Office will seek to seek to find a solution by making changes to the rota if appropriate. For dedicated private patient sessions this is not an issue as a private anaesthetist is allocated automatically.

Payment for anaesthetic services is made either through PAG or invoiced by the individual anaesthetist and is dealt with by the private patient office.

5.7 Patient enquiries about private treatment

Medical practitioners should not, in the course of their NHS duties and responsibilities, make arrangements to provide private services elsewhere, nor should they ask any other NHS staff to make such arrangements on their behalf unless the patient is to be treated as a private patient in the NHS facility concerned.

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

5.8 Promotion of private services by medical practitioners

In the course of their NHS duties and responsibilities medical practitioners must not initiate discussions about providing private services for NHS patients, nor should they ask other NHS staff to initiate such discussion on their behalf.

Medical practitioners must not use Trust headed stationery to advertise their services, unless agreement is received from the Private Patients Office, and then permission will only be granted to group practice rather than single named medical practitioners.

NHS staff should all be familiar and understand that the Trust supports patients that choose to have private care and to direct any enquirer to the Private Patient Office who will then follow up any enquiry.

NHS staff may promote that the trust welcomes private patients and that there is a separate inpatient facility and how to contact the Private Patient Office.

6. PRIVATE PATIENTS IN NHS FACILITIES

Except in urgent/out of hours and non elective cases, medical practitioners must not provide private patient services that will involve the use of NHS facilities, unless a "Undertaking to Pay" agreement has been issued to the patient and signed by the patient (or on behalf of the patient) and returned to the Private Patient Office and with the correct authorisation from the insurance company. In the case of a self funding patient a deposit paid based against the full estimated cost identified, prior to consultation, test, diagnosis or treatment.

Private patients will normally be seen separately from scheduled Trust patients. Under no circumstances will a practitioner cancel a Trust NHS patient's appointment to make way for a private patient. Private patients, as with NHS patients, will however need to be scheduled according to clinical urgency. Where the Trust agreed NHS job plan requirements will still be fulfilled, medical practitioners may treat private patients within core hours. In most cases this will mean that private patients can only be added to routine outpatient and inpatient/day case lists where there is sufficient spare capacity that cannot ordinarily be filled by an NHS patient or a reciprocal arrangement is made to list NHS patients on additional lists on a like for like basis. The Medical Director, through the relevant CSC/Chief/MAC Chair will require evidence that the medical practitioner can demonstrate maintenance of job plan requirements, including achievement of NHS activity and quality targets, where such instances may occur.

7. PHT STAFF WORKING ARRANGEMENTS

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

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

- **Junior Doctor arrangements** – There is a separate guidance that sets out the junior doctors clinical support for private patients. The Trust recognises that any patient regardless of status is entitled to the best clinical care and therefore the Trust NHS Indemnity covers Private patients at Portsmouth that are managed under the care of the Trust. Therefore, all staff treating private patients within the course of their normal duties, including Junior Doctors, are covered by NHS Indemnity when seeing private patients on the PPSU. This must be read in conjunction with the junior doctor policy which sets out clearly how the arrangement works – see appendix 8

8. IDENTIFICATION OF PRIVATE PATIENTS

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

The Consultant is responsible for notifying the Private Patient Office as soon as they become aware of a private patient’s requirements to receive Trust services privately and for filling in and providing the required private patient booking forms. Consultants must also inform their Private Patients that the charges levied by them exclude all charges from the hospital, which will be billed separately to the patient.

Failure to notify the Private Patient Office of private patient activity is a serious matter and failure to identify/notify to the Trust of a private patient episode at the outset will potentially result in the failure to recover the fee owed to the Trust and make the consultant concerned potentially liable for the cost of NHS facilities used during the private patient episode. All occurrences will be reported to the Medical Director and MAC Chair and could also trigger disciplinary action against the individual concerned.

- Outpatients (adults)- There are private patient booking forms (obtained from the Private Patient Unit) for outpatient attendances that must be completed and returned to the private patient administration team at the time of the appointment to ensure patients are invoiced appropriately.

- Diagnostics & Prescription Forms – All request forms must clearly indicate the patients 'private' status

- Emergency Admissions **-** In all instances emergency admissions must come via A&E / MAU / SAU. The GP must refer the patient in the same way as they would refer NHS patients. The Private Patient's administration team (out of hours the Nurse in Charge on the Harbour Suite) should be notified if the patient subsequently wishes to go private and they will facilitate the transfer to the Harbour Suite once the criteria for accepting private patients has been met.

- GP to Consultant Admissions – The patient will be booked through the private patient administration team into a bed according to availability. The accepting Consultant must be available to assess and admit the patient and determine the treatment plan at the time of admission

- Other Hospital to Consultant - The patient will be booked through the private patient administration team into a bed according to availability. The accepting Consultant must be available to assess the patient and determine the treatment plan at the time of admission

- Planned Admissions - A booking form should be completed and forwarded directly to the private patient administration team. Confirmation of the bed situation will be by return. Patients will be seen as appropriate for pre-operative assessment which is arranged by the PPO and held in the clinic rooms on the Harbour Suite.

- Paediatric Admissions - All children admitted for inpatient private treatment under the age of 16 years must be cared for on the children's unit. Adolescents between the ages of 16 to 18 years can be accommodated on the Harbour Suite. The surgical management of children must be in accordance with the Trusts policy for 'the management of children and young people with surgical problems' and the Trust's safe guarding guidance must be followed for all young people under the age of 18years. The same booking process for adults is followed with pre-assessment being arranged through the Paediatric team to ensure that the standards for Paediatric care are met. Paediatric private outpatients for under 16 year olds is not currently supported at PHT.

- For current NHS admission – Patients that identify during the course of their admission that they either have private healthcare insurance or wish to self fund they admission as a private patient – a consultant must be identified who will

take the responsibility for the patient privately, if this is not the current consultant then the Private Patient Office will help identify an appropriate Consultant, the patient must be advised to contact their insurance provider and gain authorisation – until there are both parts in place the patient cannot be accepted or transferred to the Harbour Suite.

Booking forms are available on the Private Patient Services section on the Intranet for planned admissions.

9. CLINICAL SUPPORT CENTRES RESPONSIBILITIES

Private patients bring additional income to the Trust and the individual CSC's. Simple but robust systems must be in place at directorate level to enable consultants to see and treat private patients in a timely manner, in an appropriate environment and with appropriate support.

- CSC management teams should have a clear view of how they see private patient activity contributing to their irectorate income and this view should be communicated in their business plan, within the directorate and to the Private Patient Services management team.

- Executive teams/operational teams/CSC chiefs/general managers/Heads of Nursing/business managers/Matrons should ensure that staff understand that private patients are not seen instead of NHS patients but as well as and that the income generated benefits the CSC, the Trust as a whole and reduces the NHS waiting times.

- CSC General managers should, with guidance and support from HR, ensure that non consultant staff involved in the delivery of private patient activity outside their normal working hours are paid appropriately. This will normally be through overtime at Agenda for Change rates or through NHSP, if staff are part of this. CSCs must ensure staff are aware that they should not accept payment from consultants for supporting private activity carried out during their contracted hours.

- Where the provision of treatment, care or other service to private patients within the Trust falls within the contractual Terms and Conditions of employment, then there will be no additional payment made to employees for such activity in order to avoid a 'double payment'. In these circumstances Agenda for Change remuneration terms will apply, as set out in their terms and conditions of employment.

- Directorates should not make any additional payment to consultants or any other staff for private work undertaken in contracted hours as this would constitute 'double payment'. Where a consultant sees private patients during core hours, this must be in alignment with fulfillment of NHS job plan requirements and with the knowledge of the clinical director and Medical Director and arrangements in place to pay back time (time shift) as necessary.

Where junior medical staff, nurses or members of professions allied to medicine are involved in the care of a private patient in the Trust, they will normally be doing so as part of their NHS contract and will therefore be covered by NHS Indemnity.

10. CHANGE OF PATIENT STATUS

10.1 Patients transferring from the Private Sector to the NHS

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

In the case of any change of status of a patient from private to NHS the lead consultant must inform the Private Patient Office, and provide an overview of the patient's clinical priority to treatment, as an NHS patient. Clinical priority should be the sole criteria for access to NHS facilities. The Private Patient Office must be informed at once of any change of status. It must be noted that consultants cannot make routine onward referrals from the private sector to the Trust either to themselves or to other consultants for conditions not related to the original consultation. This does not apply to urgent or fast track conditions or where there are defined clinical pathways, for example radiotherapy following surgery. All such requests must be directed to and coordinated via the patients' NHS General Practitioner.

Patients can choose to convert between the private sector and the NHS at any point during their treatment without prejudice. All patients wishing to transfer from the private service to the NHS must be returned to their GP to be offered choice and onward referral to an NHS provider.

For patients who have been seen privately but then transfer to the NHS, the referral to treatment clock should start at the point at which clinical responsibility for the patient's care transfers to the NHS, ie the date when the Trust accepts the referral for the patient. Patients who are referred to the Trust should not be able to access procedures or treatments that are not commissioned locally. It should be noted that any drug therapy commenced in the private sector will only be continued if it is a locally commissioned pathway or drug.

A change of status from private to NHS within one episode of care can only occur if the diagnosis and treatment changes. This decision must be accompanied by a Private Patient Change of Status Form (PPCOS), appendix 4 completed by the consultant, signed by the Patient and Consultant and sent to the Private Patient Office. Charges must be levied for all services that have been provided up to that point.

10.2 Inpatients

A private in-patient can only opt to change their status to NHS during the course of their stay in a NHS hospital when a significant and unforeseen change in circumstances arises, e.g. when they enter hospital for a minor operation and a more serious complaint is found. At this stage the Consultant must complete and ask the patient to sign a Change of Status form (PPCOS).

Where a person is receiving treatment in a NHS or private hospital as a private patient and they or their representative seek to change their status to that of a NHS patient; the insurance company (if one is involved), lead Consultant and hospital facility, all have a joint duty to ensure that the patient receives seamless care and that arrangements are made with the NHS for such a change to occur in a planned and orderly manner.

If continuing in-patient care is required, then the normal procedure for advising the NHS (as well as a patient's GP) of an emergency admission should be followed. This procedure would be to inform the operations centres, the CSC silver command and agree where the patient should be accommodated, it cannot be assumed that the patient will remain on the Harbour Suite if their Private Patient Status has changed.

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

10.3 Outpatients

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

An outpatient cannot be both a private and a NHS patient for the treatment of one condition during a single visit to a health service hospital. This means, for instance, that diagnostic or other tests requested at a private outpatient visit must also be carried out on a private basis as well, and this will include follow up appointments within the episode of care. Patients who are referred to the Trust should not be able to access procedures or treatments that are not commissioned locally. It should be noted that any drug therapy commenced in the private sector will only be continued if it is a locally commissioned pathway or drug.

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

Outpatient Consulting Suite

There are 2 rooms available on the Harbour Suite that can be booked for use by the Consultants. There is a fee per hour for the use of these rooms which is charged retrospectively per quarter. The rooms can be booked via the private patient office or emailing the private patient group mailbox privpat@porthosp.nhs.uk giving the name of the patient and time of appointment.

The consulting rooms are not serviced i.e there is no nursing staff allocated but if you require a chaperone or any equipment please advise on the booking request. Whilst the nursing staff on the Harbour Suit will endeavour to support any clinical need they are primarily for the inpatients on the Harbour Suite and will need to meet those patients needs first.

Paediatric outpatients – at the time the Trust does not support private paediatric outpatient consultations for under 16 year olds. There are not the resources available or any additional appropriate facilities to support a private paediatric outpatient service for children. There is no revenue that the Trust can capture apart from payment from diagnsstics if required and therefore at this time this service is not supported for commercial reasons.

10.4 Patients transferring from the NHS to the private sector

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

Where a patient has chosen to attend a private consultation with their NHS consultant in order to gain more information about their condition, but wishes to remain on the NHS waiting list, this is acceptable and does not stop the referral to treatment clock. Where there is no clarity the default position should be to discharge the patient back to the patient's NHS GP or the consultant should discuss the case with the GP.

Patients that are currently admitted to QAH as an NHS patient that express a wish to change status to private and identify during the course of their admission/stay that they either have private healthcare insurance or wish to self fund they admission as a private patient the following must take place before the patients status can be changed:

- A consultant must be identified who will take the responsibility for the patient privately, if this is not the current consultant then the Private Patient Office will help identify an appropriate Consultant.

- There will need to be a clear treatment plan in place, without this the insurance company are unlikely to authorise the episode.

- The patient or a delegated family member must be advised to contact their insurance provider and gain authorisation.

- For patients wishing to self fund the consultant will need to provide a plan so that an estimate of the potential costs can be developed and a deposit of this amount gained from the patient or family representative either prior to or at the point of transfer.

- Until both of these have been completed the patient cannot be accepted as a private patient and/or transferred to the Harbour Suite. The patient will need to complete an Undertaking to Pay contract on transfer.

11. MARKETING AND PROMOTION OF SERVICES TO PRIVATE PATIENTS

The Private Patient Management Team and the Trust will work with the Consultants to develop new markets to help grow new revenue streams for mutual benefit. The Trust believes that by investing in the Private Patient Services and other resources including marketing it can provide an environment in which Consultants will use as an additional facility for managing and developing their private practice and provide a facility of choice for patients requiring complex treatment or treatments not locally provided for.

The income generated from private practice will then be used for the benefit of all patients within the Trust.

All PHT staff with the exception of consultants that offer private practice may promote that PHT supprts private patients and that there is a dedicated private patient unit – the Habrou Suite.

In order to maximise the opportunity to generate income from patients opting to have private care at Portsmouth Hospital, business plans by each CSC should include a reference to Private Patient activity – established and potential growth areas.

Patients who wish to receive private care should be given the opportunity and support to do so. Advice should be available on how to elect to receive such care. This advice will be promoted by the Private Patient Services through a variety of mediums such as a dedicated webpages, linked directly to the Trust, social media platforms such as Twitter and Facebook, posters and banners located strategically around the Trust, leaflets and advertisements in Trust joint marketing materials such as League of Friends patient bedside brochure, advertisements on TV boards within the Trust. The Private Patient team will seek appropriate external marketing sources such as GP appointent cards, relevant healthcare marketing leaflets etc

12. FINANCE

12.1. Private Patient Office

The Private Patients Office consists of a dedicated team of staff with responsibility for managing and supporting all private patient activity across the Trust. The Office is led by the Head of Operations and Nursing, is part of the Private Patients Services Unit and is based in the dedicated office located on G5 Level in the entrance to the Harbour Suite.

The Private Patients Office is pivotal to ensuring that private patient activity is effectively managed and administered across the Trust as well as ensuring fees are recovered. Consultants undertaking private patient activity are obliged to notify the Private Patients Office of all private patients seen and investigated or treated, whether inpatient or outpatient.

12.2 General Payment Information

Private Patient charges consist of the following:

a) Consultant fees, which are generally billed separately by the consultant to insurers or the patient, except for: radiology and pathology where this is written into contract, and also for any agreement over a single self pay price inclusive of hospital and consultant fees)

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

- All other treatment – staff costs (e.g. Nursing, Paramedical support, medical excluding Consultants)
- Diagnostic and Testing Service Costs (e.g. X-ray, CT, Laboratory Services)
- Non Staff Treatment Costs e.g. drugs, dressings, consumables, medical equipment)
- Accommodation Services (e.g. catering, cleaning and laundry);
- Overhead costs (e.g. heat, water, electricity, capital costs; administration)
- Any additional services provided in excess of that for NHS patients

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

All self funding patients (those without medical/health insurance or those choosing not to use it) will be required to pay the full estimated amount due before treatment, which in some cases may be required *at least 5 working days before the day of admission*. Failure to do so may result in the service or treatment being cancelled or deferred. Following discharge an invoice will be raised that will include any additional charges incurred that had not been planned for including any additional nights, conversely of the patients stay is shorter and incurred less tests and/or procedures the patient will be credited any amount owing from the original payment.

All insured patients need to provide the name of their health insurance provider and an authorisation code on or before the day of the procedure or treatment. No procedure will take place without an insurance authorisation code and the patient may be charged a cancellation fee and/or for consumables ordered in context with the procedure.

It is the patient's responsibility to verify with their insurers that the condition to be treated is covered by their insurance and that cover is adequate to pay for the treatment to be provided. Portsmouth Hospitals NHS Trust are also responsible for cross checking and verifying this episode of care and obtaining pre-authorisation.

The Private Patient Office will seek authorisation from the health insurance provider prior to the date of admission that they will cover the full cost of treatment. Any known excess or shortfall in the estimated cost of treatment is the responsibility of the patient and payment will be taken prior to admission. Failure to comply could result in admission being refused.

The cost of treatment will be charged as stipulated in the Trust's Private Patients' Tariff as agreed under contract with an individual insurer, or as published for self paying patients.

Patients who do not attend for their appointments/procedures may be charged for consumables associated with the procedure and for any other costs incurred.

It is imperative that the patient checks the detail in their individual policy as charges that are not met by their health insurer become the patients' responsibility. Any shortfall in invoices raised is the responsibility of the patient and the Trust expect payment to be made within 28 days of the date of issue of the invoice.

Any and all costs associated with recovery of amounts due will be charged to patients and the outstanding debt will be subject to interest charges from the date of invoice.

12. 3. International Insurance

It is Trust policy not to deal direct with insurance companies based abroad, if patients are insured by an overseas company, they will be expected to pay the estimated cost of their treatment in full in advance. The Trust may require further payments on account should the treatment and/or length of stay be longer than anticipated.

12. 4. Sponsored Patients

Any sponsored patient will be treated as a self-funding patient, and an estimate of the total cost of care will be given prior to admission. This estimated cost must be paid either by the patient or by the sponsor *in full at least 5 working days prior to admission if possible unless in the case of an urgent/unplanned admission where this will be required to be paid on admission.* The Trust may require further payments on account should the treatment and/or length of stay be longer than anticipated.

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

12. 5. Outpatients & Diagnostic Services

Payment for outpatient services must be paid in full on the day of treatment or prior to the day of treatment.

A patient referred to Portsmouth Hospitals NHS Trust for diagnostic testing from a private consultation either at the hospital or elsewhere (e.g. at a private hospital or at the request of their GP) will be considered to be a private patient, liable to pay the full cost of any tests undertaken.

An outpatient cannot be both a private and an NHS patient for the treatment of one condition during a single visit at an NHS hospital. Private patients are normally expected to remain private throughout their whole treatment episode and should not transfer to the NHS unless there is a significant and unforeseen change in circumstances.

The outpatient private patient form must be completed at the time of the appointment, signed by the patient and returned to the Private Patient Office.

12. 6. Financial Control Requirements

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

- Systems and procedures are in place to identify all private patients to whom direct charges are applied, and to ensure that all charges that are applicable to private patient episodes are accounted for.

- Private Patient Tariffs are constructed and reviewed on a regular basis to ensure that private patient activity makes an agreed and appropriate contribution to the Trust's overheads and local budgets.

- Patients are aware on admission and/or during the episode of care, of the scope and quantum of the Trust's fees for being treated as a private patient and their responsibility to settle Trust fees as well as medical practitioner's fees.

- All private patients have completed, signed and returned an 'Undertaking to Pay' form prior to or on the day of admission.

The Private Patient Office opening times are Monday to Friday 8.00 am to 5.00 pm. A credit/debit swipe machine is available in the Cashiers Office, with additional terminal being planned for the Private Patient Office. Credit/debit card payments can also be taken over the phone. Cash payments can be made at the cashiers office.

If a private patient is admitted as an emergency, the accepting Consultant must advise the Private Patients Office as a matter of urgency, and an 'Undertaking to Pay' form must be completed, signed and returned as soon as possible so that arrangements can be made to cpature payment. Copies of the Undertaking to Pay agreement are kept in the Private Patient Office and accessible by the Harbour Ward staff out of hours.A patient must not be accepted for private care unless there is a named consultant and an agreement has been complete, until that time the patient remains under the care of the NHS.

12. 7. Internal management accounting

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

All private patient revenues, costs and services provided to a third party commercially will be coded into divisional and directorate accounts, consistent with service line reporting.

12. 8. Private Patient Charges

The Private Patient Head of Operations, in conjunction with the finance team, will ensure that private patient charges are reviewed regularly, and these reviews take place at least annually.

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

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

12. 9. Record Keeping

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

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

The Private Patients Office, in conjunction with *the Financial Accountant* will maintain a record of all activity by Consultant, including In-Patient, Out-Patient and day case episodes, together with income generated for the Trust by each Consultant and produce regular reports for submission to the Directors of Strategy and Finance.

The Private Patient administration team must ensure that PAS name is accurate showing the correct status of the patient and that all private patients are entered on the system for every visit they make to Portsmouth Hospital NHS Trust.

The Private Patient Office reviews PAS daily to check for any Private Patients that may have been admitted that they are not aware of, so that the finance of these patients can be accurately captured. Therefore is it vital that all administration staff throughout the Trust must ensure that they accurately record the patients status on PAS for each admission, the default entry is NHS.

12.10 Consultant Fees

The Trust Private Patient Office will under some agreed circumstances collect private patient fees on behalf of consultants. This will occur for self-pay packages where a single composite price has been agreed, and also for radiology and pathology reporting fees, where this requirement applies under a contract with a health insurer.

On receipt, the Private Patient Office will enable prompt payment of these fees, usually within 14 days. The Private Patient Office will actively manage bad debt risks, and share bad debt information with the MAC and individual consultants as required. Periodically the Trust may be required to retrospectively apportion nett bad debt with consultants on an agreed basis.

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

13. REFERENCES AND ASSOCIATED DOCUMENTATION

This policy is to be read in conjunction with;

- The Department of Health & Social Security Management of Private Practice in Health Service Hospitals in England & Wales 'Green Book' 1986
- The Department of Health (DOH) 'A Code of Conduct for Private Practice' Recommended Standards of Practice for NHS Consultants 2004
- Data Protection Act 1998
- The Health and Social Care Act 2008.
- The Department of Health Guidance on NHS patients who wish to pay for additional Private Care 2009
- GMC – Good Medical Practice Guide 2013

14. EQUALITY IMPACT STATEMENT

Portsmouth Hospitals NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy has been assessed accordingly – see Appendix 6

Our values are the core of what Portsmouth Hospitals NHS Trust is and what we cherish. They are beliefs that manifest in the behaviours our employees display in the workplace.

Our Values were developed after listening to our staff. They bring the Trust closer to its vision to be the best hospital, providing the best care by the best people and ensure that our patients are at the centre of all we do.
We are committed to promoting a culture founded on these values which form the 'heart' of our Trust:

Respect and dignity

Quality of care
Working together
No waste

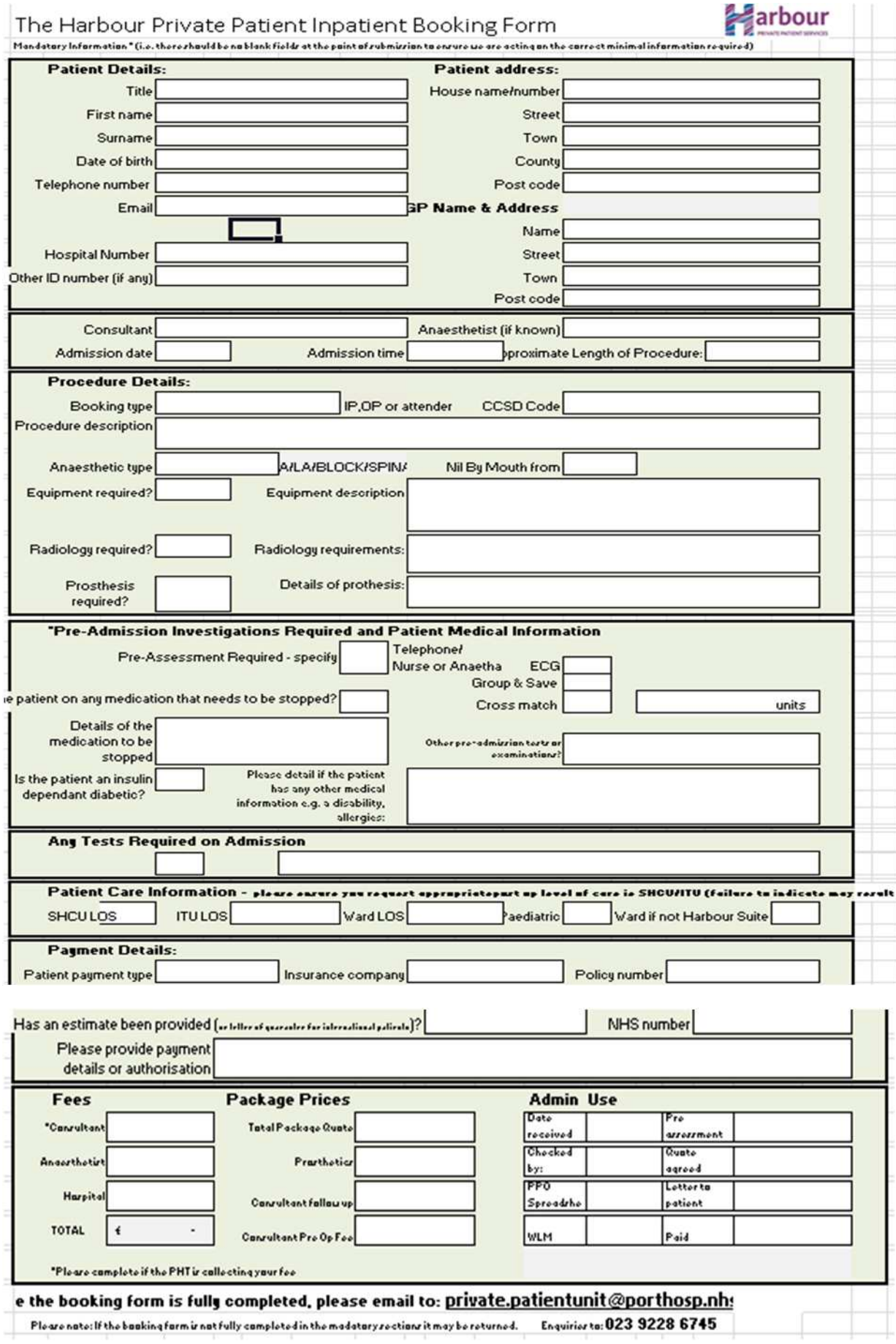
This policy should be read and implemented with the Trust Values in mind at all times.

Minimum requirement to be monitored	Lead	Tool	Frequency of Report of Compliance	Reporting arrangements	Lead(s) for acting on Recommendations
▪ Management of private patients throughout the Trust ▪ Fiancial status in relation to private patient activity ▪ Patient Satisfaction (Data Protection / Consent) Survey ▪ Clinical outcomes for private patients ▪ Compliance with private patient guidance	Head of Operations & Nursing – private patients	Medical Advisory Committee	Annually	Policy audit report to: • Medical Director • Finance – private patients • Exectutive Board lead for private patients • Medical Advisory Committee members	Chair of the Medical Advosry Committee Head of Operations & Nursing – private patients

15. MONITORING COMPLIANCE WITH PROCEDURAL DOCUMENTS

This document will be monitored to ensure it is effective and to assurance compliance.

APPENDIX 1



The Harbour Private Patient Inpatient Booking Form

Harbour PRIVATE PATIENT SERVICES

Mandatory Information * (i.e. there should be no blank fields at the point of submission to ensure we are acting on the correct minimal information required)

Patient Details:

Title
First name
Surname
Date of birth
Telephone number
Email
Hospital Number
Other ID number (if any)

Patient address:

House name/number
Street
Town
County
Post code

GP Name & Address

Name
Street
Town
Post code

Consultant
Anaesthetist (if known)
Admission date
Admission time
Approximate Length of Procedure:

Procedure Details:

Booking type
IP,OP or attender
CCSD Code
Procedure description
Anaesthetic type
A/LA/BLOCK/SPINA
Nil By Mouth from
Equipment required?
Equipment description
Radiology required?
Radiology requirements:
Prosthesis required?
Details of prothesis:

***Pre-Admission Investigations Required and Patient Medical Information**

Pre-Assessment Required - specify
Telephone/ Nurse or Anaetha
ECG
Group & Save
Cross match
units
e patient on any medication that needs to be stopped?
Details of the medication to be stopped
Other pre-admission tests or examinations?
Is the patient an insulin dependant diabetic?
Please detail if the patient has any other medical information e.g. a disability, allergies:

Any Tests Required on Admission

Patient Care Information - please ensure you request appropriate post op level of care ie SHCU/ITU (failure to indicate may result in cancellation

SHCU LOS
ITU LOS
Ward LOS
Paediatric
Ward if not Harbour Suite

Payment Details:

Patient payment type
Insurance company
Policy number

Has an estimate been provided (or letter of guarantee for international patients)?
NHS number
Please provide payment details or authorisation

Fees

*Consultant
Anaesthetist
Hospital
TOTAL £ -

Package Prices

Total Package Quote
Prosthetics
Consultant follow up
Consultant Pre Op Fee

Admin Use

Date received		Pre assessment	
Checked by:		Quote agreed	
PPO Spreadsheet		Letter to patient	
WLM		Paid	

*Please complete if the PHT is collecting your fee

e the booking form is fully completed, please email to: private.patientunit@porthosp.nhs

Please note: If the booking form is not fully completed in the madatory sections it may be returned. Enquiries to: 023 9228 6745

CONSULTANT PROCESS

All Consultants wishing to carry out private practice at PHT must hold practising rights and have demonstrated appropriate indemnification insurance. (copies to be provided to the Head of Operations & Nursing – private patients)

All private practice at PHT must follow the Private Patients Policy and the Medical Society Handbook.

↓

Consultant identifies potential dates with the patient for admission/treatment/surgery and records these on the booking form. If the consultant does not have a date in mind contact the PPO and discuss private theatre session availability.

Unless otherwise stated it will be assumed that adult patients are admitted to the Harbour Suite and paediatrics to Shipwreck Ward.

(The booking form is available on the intranet and from the private patient website)

↓

The Consultant or their secretary will email the completed Booking Form to private.patientunit@porthosp.nhs.uk

↓

The Private Patient Office (PPO) staff will start to process only if booking form is completed in full, incomplete forms will be sent back to the secretary asking for further details. It is essential to have a minimum set of details to ensure that theatres arrange the correct theatre and equipment in addition this ensure correct levels of funding are applied.

Any nursing/clinical concerns or requests will be discussed with a senior nurse to ensure that the patients clinical needs can be met on the Harbour Suite.

↓

The PPO will enter the details on the Private Patient Theatre Booking Spread sheet which is used to track the booking process. In addition when the booking is confirmed the following people are advised:

- Pathology invoicing and Waiting List Manager for speciality .

↓

The PPO will provide a written estimate to Self funding patients. Please state clearly on the booking form if you wish the PPO to collect your fees and what your fee is for the procedure.

↓

A confirmation email will be sent from the PPO to the consultants secretary when theatre, anaesthetic cover and insurance or self pay details have all been confirmed. Any concerns will be flagged by the PPO to the referring consultant.

Any unresolved bookings will be escalated to the Head of Operations & Nursing – PP's

↓

The PPO will obtain insurance authorisation from the Private Health Insurance company or deposit payment from a Self Funding patient by credit/debit card - PHT must receive authorisation or payment before the patient receives treatment

↓

The PPO will arrange a pre-assessment appointment and will send the admission letter, including maps and starving instructions to the patient. Please ensure any pre-admission information or requests are clearly recorded on the booking form.

↓

The private patient is requested to sign the Undertaking to Pay Agreement with details of their insurance company and/or their credit/debit card when they are admitted. We aim to do this at pre-assessment.

Consultant will identify potential dates with the patient for admission/treatment/surgery and will record these on the booking form, noting preferences or the Consultant can contact the PPO direct to enquire on available PP theatre sessions or room availability.

↓

Unless otherwise stated it will BE anticipated that all adult admissions will be to the Harbour Suite and paediatrics (16 AND UNDER) to Shipwreck Ward

↓

The Consultant or their private secretary will email the completed Booking Form to the private.patientunit@porthosp.nhs.uk

↓

Private Patient Office (PPO) will check that all of the key information is recorded - incomplete forms will be sent back to the consultant/secretary asking for further information.

↓

The PPO will identify potential dates from the scheduled private patient theatre lists and will add the request onto the Private Patient Theatre Booking sheet – colouring the entry in red to indicate a new booking.

Where possible private theatre sessions will be utilised ahead of ad hoc sessions (Refer to PP Theatre Schedule)

Changes to the Theatre Booking Sheet are notified and details checked by the Theatre and Anaesthetic teams each day.

Theatres and Anaesthetic team will turn the entry to amber to indicate they are aware and are working on the session.

Theatre and Anaesthetic team will update the sheet and turn the boxes to green when confirmed. PPO to regularly check the sheet for updates. People that have access to this sheet should set up an automatic notifier when the sheet has been updated.

↓

The PPO will add the patient to the PP activity sheet when theatres have confirmed availability.

The PPO will confirm via email to the consultants secretary when theatre, anaesthetic cover and insurance or self pay details have been confirmed, for the patient. Any concerns will be escalated to the Head of Operations & Nursing (PP).

↓

The PPO will obtain insurance authorisation from the Private Health Insurance company or deposit payment from Self Funding patient by credit/debit card - PHT must receive authorisation or deposit payment before the patient receives treatment

The PPO will arrange for pre-assessment to be carried out and will contact the patient with details of the appointment.

Check with the Pre-assessment bookings for the next available session. Add the details of the booking to the shared calendar for the PPU Treatment room.

↓

The PPO will send out the admission letter, including maps and starving instructions to the patient.

↓

The private patient is requested bring details of their insurance company and/or their credit/debit card when they are admitted

↓

The WLM for the clinical speciality is responsible for ensuring the patient is recorded on the PAS system as a Private Patient and adds the patient to Theatre Man. A copy of the booking form will be sent with the request.

↓

All Private Patients attending the Hospital for any form of treatment as either an inpatient or ward attender must be recorded on the PAS system. It is **essential** that the correct category is selected. i.e. PP

The default is NHS, use F9 Superhelp to find the correct category if unsure. Identifying the correct category is essential for ensuring that the Trust receives the correct revenue and income.

The patient must sign an Undertaking to Pay contract before treatment takes place. Copies of these are held in the PPO. All pink copies of the Undertaking to Pay form should be returned to the PPO once signed by the patient. The patient keeps a white copy.

The notes for private patients must be returned to the PPO on discharge. Outlier notes will be sent back to the originating ward and dealt with by the speciality ward clerk.

Notes for PP's to be updated by the PPO and sent to coding when completed.

↓

The PPO will invoice the Insurance Company or the Self Funding patient with the final amount when all final charges are known.

↓

The PPO will update the activity spread sheet with the discharge date.

The patient has declared to a member of staff that they have private healthcare insurance or wish to pay for their care and treatment themselves (self finding)

↓

The clinical area where the patient is should contact the PPO and ask for support, identify the patients name, condition, consultant and where they are located.

↓

A member of the PPO during office hours will contact the patient and establish details, confirm insurance status etc. Out of hours the Nurse in Charge of the Harbour Suite will provide information or will contact the Head of Operations (on call)

↓

The PPO will contact the consultant and gain agreement that the consultant accepts responsibility for providing private care.

If the consultant is unable to accept the patient as private, the PPO will help to find another appropriate consultant.

A patient cannot be accepted as private unless there is a named consultant in agreement.

↓

Private Patient Office (PPO) will check that all of the key information is recorded and will contact the insurance company to gain authorisation

↓

PPO will obtain insurance authorisation from the Private Health Insurance company or deposit payment from Self Funding patient by credit/debit card - PHT must receive authorisation or deposit payment before the patient receives treatment

Once authorisation or Undertaking to Pay has been completed, a named consultant is in agreement the patient can then be transferred to the Harbour Suite or other appropriate clinical area such as Shipwreck in the case of paediatrics.

↓

The PPO will add the patient to the PP activity sheet when theatres have confirmed availability.

All Private Patients attending the Hospital for any form of treatment and the episode as either an inpatient or ward attender is recorded on the PAS system. It is **essential** that the correct category is selected. I.e PP

The notes for private patients must be returned to the PPO on discharge. Outlier notes will be sent back to the originating ward and dealt with by the speciality ward clerk.

Notes for PP's to be updated by the PPO and sent to coding when completed.

All pink copies of the Undertaking to Pay form should be returned to the PPO signed by the patient.

The pathway for booking theatre if required is followed in the same way as for electives.

The CPOD and trauma list can be used for private patients requiring surgical intervention and the same process must be followed with the consultant booking with the theatre office.

Treatment will be delivered in line with clinical needs.

↓

The PPO will invoice the Insurance Company or the Self Funding patient with the final amount when all final charges are known.

↓

The PPO will update the activity spread sheet with the discharge date.

GP/Consultant/Dentist referral to Consultant

↓

Private secretary /consultant will liaise with the PPO to book a Private Patient appointment via the private.patientunit@porthosp.nhs.uk mailbox.

Information required on date, time and patient name and if any tests or measurements are required.

The clinic rooms on the Harbour Suite are available to book but are not managed by a nurse, therefore if any test, measurements or chaperone's are required then this must be clearly requested as this service will be supplied by the Harbour Suite staff where possible but cannot be guaranteed.

↓

All ward attenders or outpatients activity must be recorded on PAS, this will be completed by the ward clerk.

↓

The notes for the clinic will be requested by the PPO and the room calendar updated with the Consultant name, times of appointments and names of attendees.

↓

Consultant needs to ensure that the Private Patient signs the PP Undertaking to Pay Contract when they attend their Outpatient Appointment

↓

If the clinic has taken place off the Harbour Suite the Outpatient Department must send the completed and signed PP contract to PPO

↓

PPO to invoice self funding patient or private health companies with appropriate fee

ALL SECTIONS MUST BE COMPLETED IN FULL

Patients Details

Patient's Name

Hospital ID No. _____ _____

Patient's Address _____ Date of Birth __/____/____

_____

Post Code _____ Tel No _____

CHANGE OF STATUS

NHS to Private Patient		Private Patient to NHS	
With Effect from	/ /		

Consultant Detail & Declaration:

Name: _____ Signature: _____

Tel No. _____

Expiry Date ____/__/_____

I have assessed the patient's clinical priority to treatment as a NHS patient and agree to the change of status.

PATIENT'S STATUS CHANGE DECLARATION

(Patients Name) _____

Wish to change my status from (Please delete the statement which **DOES NOT** reflect the change of status)

- Private Patient to NHS
- NHS to Private Patient

I undertake to pay to the NHS Trust all Private Patient charges relating to my treatment as a private patient, which are not covered by a health insurance policy.

Signature _____ **Date:** / /

Please send this form to: **Private Patient Office, G Level. Portsmouth Hospitals NHS Trust**

Term	Description
"Consultant"	A registered medical or dental practitioner who is deemed eligible to have user rights at a hospital.
"Day-case"	Treatment, which is not received as an In-patient but which nevertheless, necessitates the pre-arranged occupation of a bed or comparable hospital facility for treatment in a hospital.
"Emergency treatment"	Immediate life saving treatment, resuscitation simultaneous with surgical treatment. Operation usually within 1 hour.
"Episode"	The total treatment of either an In-patient or Day-case patient from diagnosis through to discharge.
"GP referral"	Referral from a GP, optician or dentist, excludes other health service professionals such as physiotherapists.
"In-patient"	A person, who, on the instruction of a Consultant, is admitted to a hospital for treatment or examination, is receiving nursing care and, on the Consultant's instruction, is occupying a bed in the hospital at midnight.
"Intensive therapy" / "Critical care"	Any treatment in an intensive care, Intensive Therapy, progressive care, cardiac care or high dependency facility of a hospital.
"Medical case"	A person undergoing In-patient or day-case examination or treatment not included within the definition of a surgical case, and defined as a medical case by insurance companies.
"Out-patient"	A person who attends a hospital or consulting room on the instructions of a Consultant for examination, testing or treatment and who does not require a period of recovery under medical supervision.
"Private patient"	An individual who has chosen to pay for services provided by the Trust or has private healthcare insurance that will meet the costs of treatment.
"Private patient income"	Private patient income is defined as income arising from and receivable by an NHS Trust in respect of goods and services provided by the NHS FT directly or indirectly to patients other than for the purposes of the National Health Service.
"PPO"	Private Patient Office – the Trust department that is tasked with collecting the income due to the Trust from private patient activity.
"Private practice"	The diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under section 65(2) of the National Health Service Act 1977), excluding fee paying services as described in Schedule 10 of the Terms and Conditions. Work in the general medical, dental or ophthalmic services under Part II of the National Health Service Act 1977 (except in respect of patients for whom a hospital medical officer is allowed a limited "list", e.g. members of the hospital staff).
"Procedure"	Surgical treatment, excluding diagnostic radiology, pathology and nuclear medicine.
"Services"	Procedures, treatment, intensive therapy, emergency treatment, radiology, pathology, imaging, pharmacy.
"Treatment"	Services which prevent or diagnose illness, includes services needed by pregnant women.

Introduction

1. The aim of the Trust is to provide high quality, clinically appropriate, value for money care for patients. The Trust recognises and welcomes private patients where their treatment may be funded by health insurers or patients' own funds and therefore that private practice is an integral part of the business of the Trust. The delivery by the Trust of an effective and efficient mixed business model that appeals to NHS and private patients offers the best opportunities for the organisation to secure its' financial future.

2. This policy should be used in conjunction with other Trust policies relating to the admission, treatment and discharge of patients, Medical Society Handbook, as well as the Private Patients Procedures. The Trust has established a Private Patient Office with responsibility for the management and administration of all private patient activity.

3. The Trust is keen to maximize external income through private patient activity, the profits of which will be reinvested into patient services. The purpose of this policy is to provide clear guidelines to staff for the provision of junior doctor cover for the management of private patients within the Trust, working in partnership with Consultant Medical colleagues to ensure that their private practice can thrive within the Trust and to ensure that NHS patients are not disadvantaged.

4. **The aim of this policy is to:**
   a) Ensure that patients receive safe and coordinated care.
   b) Ensure that private care as a treatment choice is understood and supported.
   c) Ensure that the boundaries between NHS work and private practice at the Trust are clear, transparent and understood so that the Trust can maximize private patient income by actively promoting service delivery, championing best practice and celebrating clinical excellence, subject to no adverse impact on mainstream NHS activities.

Summary

5. The proposal is that the Private Patient Services Unit (PPSU) will pay a monthly sum to the Junior Doctors Mess in return for the Junior Doctors providing an emergency and out of hours service to cover private patients in the hospital. This model has worked successfully from both the Junior Doctors and Hospitals perspective in other NHS Hospitals with small PPUs, such as at Chichester, and for this reason it is proposed to introduce such an arrangement in Portsmouth.

Clinical responsibility

6. NHS Indemnity – Private patients at Portsmouth are managed under the care of the Trust. Therefore, all staff treating private patients within the course of their normal duties, including Junior Doctors, are covered by NHS Indemnity when seeing private patients on the PPSU. (Executive confirmation of this has been requested from Simon Holmes, Medical Director.)

7. Consultant led management of patient care – Patients are admitted under the care of a named consultant who bears full clinical responsibility for the patient at all times and who must provide contact

telephone numbers and addresses to hospital staff. The Consultant in charge will be responsible for all aspects of their patient's care while at the Trust. Therefore:

a. The Consultant in charge is the first port of call for all routine enquiries from the PPSU. We would expect, as now, for the nursing staff and Consultants to perform all the form filling and patient administration tasks required during the patient's admission.
b. It is expected that each inpatient will be visited at least once daily by the admitting consultant or their consultant deputy. The responsible consultant must notify hospital staff of any transfer of clinical responsibility and record this in the patient's records. In exceptional circumstances, where a consultant is unable to give personal attention to a patient, they must arrange for the patient to be cared for by a colleague who practises in an appropriate specialty and record this in the patient's record.
c. A Junior Doctor should only be contacted in urgent or emergency situations. Examples include the re-siting of a venflon or catheter out of hours, when the Consultant in charge will be expected to arrange this by directly contacting the relevant specialty Junior Doctor.

8. Volume of work involved – There are at present 13 beds on the PPSU of which 8 are ring-fenced for private patients. The balance is made up of NHS surgical patients and NHS patients electing to pay for an Amenity Bed (remaining under NHS care but enjoying a single room and other benefits). Average occupancy by private patients is presently less than 8 but on occasions there are more than 8 private patients on the PPSU. The intention is that the number of ring-fenced beds rises to cover all beds in the PPSU in the future, and if this happens and workload changes we will need to review these arrangements in the light of any increased demands on junior doctors.

9. Which Junior Doctors will this involve? The PPSU presently provides patient care for a wide range of specialties across most medical and surgical specialties. We would therefore expect these arrangements to broadly reflect the work of the Trust at large, and therefore not disproportionately impact only a few Junior Doctor specialties, requiring the input of the appropriate specialty junior doctor.

10. When will the arrangements start? We would like to start this service on the 1st December 2014 after discussion with the Junior Doctors' Mess.

Governance

11. How will we know these arrangements are working well? It is proposed that the initial arrangements run for the four month period to the end of March 2015. To ensure good governance of the arrangements it is agreed that:
    a. Day to day liaison regarding these arrangements will be managed by the Chairs of the MAC and the PPSU Operational & Nursing Manager working with the Mess President (or their nominated deputy).
    b. The arrangements are subject to the agreement of the LNC
    c. A report on key issues raised will be received at the MAC in early 2015 with Mess President in attendance
    d. A meeting will take place by 28th February 2015 to agree whether or not to continue with the arrangements after 1st April.

Agreed by Medical Director of PHT and Chairman of the Medical Advisory Committee. 2015

Portsmouth Hospitals NHS
NHS Trust

Equality Impact Screening Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval for service and policy changes/amendments.

Stage 1 - Screening			
Title of Procedural Document: Private Patient Policy			
Date of Assessment	21 July 2015	**Responsible Department**	Private Patient Services
Name of person completing assessment	Niki Richards	**Job Title**	Head of Operations and Nursing

Does the policy/function affect one group less or more favourably than another on the basis of :		
	Yes/No	**Comments**
• Age	No	
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No	
• Ethnic Origin (including gypsies and travellers)	No	
• Gender reassignment	No	
• Pregnancy or Maternity	Yes	The Trust does not offer private obstetric/maternity services
• Race	No	
• Sex	No	
• Religion and Belief	No	
• Sexual Orientation	No	
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2		

More Information can be found be following the link below www.legislation.gov.uk/ukpga/2010/15/contents		

Stage 2 – Full Impact Assessment			
What is the impact	**Level of Impact**	**Mitigating Actions** (what needs to be done to minimise / remove the impact)	**Responsible Officer**
The Trust currently does not offer private maternity services at Portsmouth Hospital NHS Trust as there are no consultants that have private indemnification insurance to cover them to provide obstetric care.	All - private obstetric care.	Being able to offer private practice is a personal decision by the consultant. There are very few consultants that offer private obstetric care due to the cost of taking out private indemnity insurance. If the Trust wanted to develop a private obstetric service they would have to consider providing the private indemnification insurance on behalf of the consultants at a cost to the Trust.	Niki Richards

Monitoring of Actions

The monitoring of actions to mitigate any impact will be undertaken at the appropriate level

Specialty Procedural Document:	Specialty Governance Committee
Clinical Service Centre Procedural Document:	Clinical Service Centre Governance Committee
Corporate Procedural Document:	Relevant Corporate Committee

All actions will be further monitored as part of reporting schedule to the Equality and Diversity Committee