

Private Patient Policy

June 2020

Status of Document

Directorate Responsible for Policy:	Corporate Development
Name of responsible board/committee:	Clinical Management Board
Post Holder Responsible for Policy:	Business Development Manager
Contact Details:	Ext 5703
Date Written:	June 2020
Approved By:	CMB
Date Approved:	
Ratified by:	-
Date ratified:	-
Date Policy Becomes Live:	On Approval
Next Due for Review:	3 years

Lead Director: Mr Kieran Humphrey

Issue Date: 19th June 2020

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1. INTRODUCTION

1.1 Overview

- 1.1.1 Salisbury NHS Foundation Trust (hereafter known as the Trust) will provide an efficient, safe and effective Private Patient Service. The service will provide patient choice, an attractive employment location for consultants and a revenue stream for the benefit of all patients within the Trust. The provision of accommodation and services for private patients will be managed alongside NHS services.
- 1.1.2. The NHS Act 1977 states that private patients are those who give an undertaking (or to whom one is given) to pay charges for accommodation and services as the Trust may determine who receive the advantages of choosing both a practitioner and the time for their private treatment. A private patient can be a UK resident or an overseas visitor.
- 1.1.3 Private Practice is conducted in accordance with the NHS Act 1977, and the Department of Health publication "A Code of Conduct for Private Practice recommended Practice for NHS Consultants". The treatment of private patients is encouraged, provided that it does not conflict with Trust objectives or priorities such as meeting national targets.
- 1.1.4 This Policy is issued to provide guidelines on how to administer and account for patients undertaking to pay for hospital treatment and to ensure the best possible care for private patients, with no adverse impact on NHS patients, whilst delivering optimum financial and other benefit for the Trust.
- 1.1.5 The Trust is committed to ensure that appropriate governance arrangements are in place for patients treated privately, ensuring that the treatment is appropriate, is undertaken by properly qualified and experienced practitioners, and outcomes are collected and reviewed.
- 1.1.6 Failure to comply with this policy by Trust employees could result in disciplinary action.

1.2 Principles of Conduct in Relation to Private Practice

- 1.2.1 The following principles govern the use of NHS facilities for private patients:
- The provision of accommodation and services for private patients must not prejudice the interest of NHS patients or disrupt NHS Services (as outlined in [A Code of Conduct for Private Practice, 2004](#)).
 - Trust staff and resources can be used for the benefit of private patients in a way that benefits the Trust and therefore benefits NHS patients. Private practice undertaken by Trust staff and or using Trust facilities or resources will not result in detriment to the Trust, NHS patients, nor diminish the resources available for the NHS. The use of Trust resources for private practice requires prior approval from the appropriate Directorate Manager.
 - Trust Consultants and other clinical or scientific staff can practice privately at the Trust only within the speciality to which they were appointed and providing treatments for which they are approved to provide to NHS patients. [Schedule 9 of Terms and conditions of service for consultants - England \(2003\) \(version 10, April 2018\)](#) provides clear guidance and standards for the provision of private practice and the relationship with NHS work.

- All clinicians practising privately at the Trust MUST provide the Trust with a valid proof of suitable and valid indemnity insurance.
 - As part of the annual job planning process and appraisal process, Trust staff shall inform their appropriate manager(s) of any regular private practice commitments, including the planned location, timing and broad type of work involved, facilitating effective planning of NHS services and out-of-hours cover.
 - Trust clinical professionals will be appraised on all aspects of their clinical practice, including private practice. In line with the requirements of revalidation, Consultants will submit evidence of private practice activity and outcomes to their appraiser.
 - Only Consultants and Clinical Scientists can make a charge for private activity, all other staff grades to be paid for in accordance with Agenda for Change (and Junior Doctor contract).
 - During a patient's private care episode ALL referrals for diagnostics must be clearly marked as private.
 - Subject to clinical considerations, private consultation should not lead to earlier NHS admission or to earlier access to NHS diagnostic procedures.
 - 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.
 - 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.
 - 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.
 - 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
- 1.2.2 Consultants and other clinical professionals must not undertake private patient services when on-call for NHS services for the Trust unless they have to provide emergency treatment or essential continuing treatment for a private patient being treated under the care of the Trust. In addition they must make arrangements so that there will be no significant disruption to NHS services provided by the Trust.
- The administrative processes for booking both inpatient and outpatient services for private patients should wherever possible follow the same process as for NHS patients. The Trust administrative and reception staff will follow processes to efficiently book patients appointments and record activity within Lorenzo and other relevant clinical systems.

1.3 Legislative and Regulatory Requirements

1.3.1 The basis of the principles outlined above is founded within the following legislative and regulatory requirements:

- **The NHS Act 1977**

The NHS Act 1977, Part III, states that private patients are those who give an undertaking (or to whom one is given) to pay charges for accommodation and services.

http://www.legislation.gov.uk/ukpga/1977/49/pdfs/ukpga_19770049_en.pdf

- **Conduct for Private Practice – Recommended Standards of Practice for NHS Consultants**

The *Conduct for Private Practice – Recommended Standards of Practice for NHS Consultants*, published by the Department of Health and Social Care sets out the key principles for private practice in the NHS.

https://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/DH_085195.pdf

- The Department of Health and Social Care has also published “Guidance on NHS patients who wish to pay for additional private care”

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/404423/patients-add-priv-care.pdf

- **Private Healthcare Market Investigation Order, 2014**

In October 2014 the Competition and Markets Authority (CMA) published the Private Healthcare Market Investigation Order. The Order imposed requirements on hospitals offering privately funded care to disclose certain information in relation to referring clinicians (as defined by the Order).

The Private Healthcare Information Network PHIN was appointed as the Information Organisation (IO) tasked by statute of the Order with publishing information about performance, outcomes and fees for private healthcare. The Order places obligations on operators of privately funded care to submit activity data to PHIN (from September 2016) and obligations on consultants to provide fee information to PHIN (in 2018). PHIN is required to publish information by both hospital and by consultant.

1.4 Data Protection Act 2018 (General Data Protection Regulation – GDPR)

1.4.1 The General Data Protection Regulation and Data Protection Act 2018 (DPA 2018) set out the Trusts duty to ensure there is a valid lawful basis to process personal and special categories of personal data.

1.4.2 Personal information relating to Private Patients will be recorded by the Trust and stored either electronically or on paper and held securely and in a confidential manner and used for the purpose of raising invoices for NHS charges.

1.4.3 All employees, contractors and providers of services to Salisbury NHS Foundation Trust are required to comply with the statutory and legislative requirements set out within the

NHS Code of Practice: Confidentiality, GDPR, the DPA2018, NHS Fraud Act and Information Security Standards.

- 1.4.4 For GDPR compliance purposes the Trust must prove that we have a lawful basis for processing data under Article 6, which applies to personal data of all kinds. Where the data are special category (sensitive) we must also find a lawful basis under Article 9. Special category data are personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data, data concerning health and data concerning a natural person's sex life or sexual orientation.
- 1.4.5 Patients who are entitled to free health care within the NHS will have their personal and special category data processed under the following Legal basis.

6(1)(e) '...necessary for the performance of a task carried out in the public interest or in the exercise of official authority...'. And

9(2)(h) '...medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems...'

- 1.4.6 Private Patients who are considered ineligible for free healthcare within the NHS or that elect to pay for treatment and or services will have their personal and special category data processed under the following Legal basis.

6(1)(b) '...processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract; or

6(1) (f): processing is necessary for the purposes of the legitimate interests pursued by the controller or a third party. AND

9(2)(h) '...medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems...'

2. PURPOSE

- 2.1 The purpose of this Policy is to provide clear information to all staff regarding the provision and management of private patient activity and to ensure that all staff comply with the guidance and regulatory requirements for the conduct of private practice in the Trust.
- 2.2 The Policy is required to clarify the Trust's position on patients transferring between NHS and private patient status, to ensure that all staff are aware of the necessary procedures to effectively manage this process and enable more robust monitoring of private patient activity.
- 2.3 The Policy sets out the administration procedure that shall be followed by all staff to enable accurate capture of revenue generated by private inpatient, daycase, diagnostic and outpatient activity across the Trust.

3. SCOPE

- 3.1 This Policy applies to all members of staff at the Trust, including full and part-time employees; clinical and non-clinical employees, as well as workers engaged through an

agency, or any other means that may become responsible for the provision of a private service to a patient.

- 3.2 This Policy should be considered in conjunction with other Trust policies and procedures that relate to patient care, management, and financial governance.
- 3.3 This Policy applies to all private patients who have chosen to receive services on a private basis or where an NHS patient has elected to pay for additional private care services.

4. DEFINITIONS/GLOSSARY

- 4.1 **Category ii Patient** – category II work includes investigations or tests for non-clinical reasons. Examples are x-ray scans made on behalf of insurance companies or cardiac tests for DVLA purposes.
- 4.2 **Competitions and Markets Authority/ CMA** - In October 2014, the Competition and Markets Authority (the “CMA”) published the Private Healthcare Market Investigation Order 2014 (the “Order”), following its investigation into the private healthcare industry. The Order imposed requirements on hospitals offering privately funded care to disclose certain information in relation to referring clinicians (as defined by the Order. Full details about the investigation and the Order can be found on the CMA webpage.
<https://www.gov.uk/cma-cases/private-healthcare-market-investigation>
- 4.3 **Clinical Negligence Schemes for Trusts /CNST** – a scheme managed by NHS Resolution that handles all claims for clinical negligence against member NHS bodies.
- 4.4 **Clinical Coding & Schedule Development/ CCSD** – Clinical Coding & Schedule Development is a body that produces schedules that contain the standard codes for procedures and diagnostic tests for the UK private health sector.
- 4.5 **Healthcare Resource Group / HRG** - is a grouping consisting of patient events that have been judged to consume a similar level of resource. The Grouper is a software application that is used to determine the costs for given hospital stays and procedures.
- 4.6 **Insured Patient** Insured patients are those whose private treatment is funded through a medical insurance policy and a pre-authorisation from the insurer.
- 4.7 **Overseas Patient** – A patient who is not “ordinarily resident” in the United Kingdom.
- 4.8 **Patient Administrative Category** – Refers to a patient’s status regarding payment for NHS services. It indicates whether they are a category II patient, NHS patient private patient, or an overseas visitor who is or is not liable to pay for treatment.
- 4.9 **Private Healthcare Information Network / PHIN** – Refers to the approved information organisation under the Competition and Markets Order which is required to collect data from private healthcare operators about privately funded episodes in England, Wales, Scotland and Northern Ireland, and make publicly available performance measures by procedure, at both hospital and consultant level. PHIN publishes the data via its website.

Further information can be found on this link:- <https://phin.org.uk/about/our-mandate>

- 4.11 **Private Patient Charges**– Private patient charges means charges made in respect for goods and services to patients other than patients being provided with goods and services for the purposes of the health service.
- 4.12 **IS** – the Trust’s Information Services Department, used to provide regular reports to the Private and Overseas Administration Team on private activity throughout the organisation.
- 4.13 **Self-pay Patient** – Self-pay patients are those who pay for the cost of private treatment provided by the Trust from their own resources. This includes any sponsored patients. Self pay patients are private patients.
- 4.14 **Tariff/Paying Patient Tariff** – refers to the pricing schedule used by the Trust to charge and invoice patients for services received as private patients at the Salisbury NHS Foundation Trust.
- 4.15 **The Trust** – Salisbury NHS Foundation Trust.
- 4.16 **Treatment** – relates to any appointments, out-patient, day-case or in-patient attendances, medical or surgical services or procedures and rehabilitation services provided by the Salisbury NHS Foundation Trust.
- 4.17 **Two Week Wait Referral**- A ‘Two Week Wait’ referral is a request from a General Practitioner (GP) to ask the hospital for an urgent appointment because the patient has symptoms that might indicate a suspected cancer diagnosis.
- 4.18 **Undertaking to Pay Form** – this form is used by the Trust to record the treatments and services provided to a private patient. This is signed by the patient as an acceptance of their agreement to receive and pay for the services received either through medical insurance or on a self-pay basis.

5. OWNERSHIP AND RESPONSIBILITIES

5.1 Chief Executive

The Chief Executive is ultimately accountable and responsible for the private patient practice provided by the Trust.

5.2 Medical Director

5.2.1 The Medical Director is responsible for the delivery of high standards of clinical practice and governance in the Trust, which includes ensuring that Consultants with private practice adhere to the standards and terms of this policy.

5.2.2 The Medical Director will be responsible for approving private practice privilege requests from Consultants. All requests will be provided to the Medical Director by the DMT. See 5.5.3. The Medical Director will also consider and approve requests to develop new private patient services from Consultants and that private practice standards are in accordance with the Department of Health publication “A Code of Conduct for Private Practice – recommended Practice for NHS Consultants”.

5.2.3 The Medical Director will have the responsibility for suspending private practice privileges when necessary.

5.3 Associate Director of Strategy

- 5.3.1 The Associate Director of Strategy is responsible for leading the Trust's strategy in respect to private practice.
- 5.3.2 The Associate Director of Strategy is the Trust Lead for ensuring that the Trust complies with the Competition and Markets Authority Order 2014 Private Healthcare Market Investigation Order 2014 and for ensuring robust governance is in place to meet the obligations in respect of the Private Healthcare Information Network (PHIN). Assurance of compliance will be provided to the Associate Director of Strategy by the Information Services Manager, who takes responsibility for other similar mandatory reporting requirements.

5.4 Director of Finance

- 5.4.1 The Director of Finance is responsible to ensuring the Trust meets its obligations in respect of the effective use of resources and that the financial arrangements for the recovery of private patient income are robust and in line with the Financial Control Policy.
- 5.4.2 The Director of Finance also has responsibility for ensuring that there is sufficient staffing resource within the Finance Department to enable compliance with the provisions of this Policy.
- 5.4.3 The Director of Finance will be responsible for ensuring paying patient services are set at a commercial rate and that financial systems must ensure that there is no subsidisation of private patient activity by the NHS.
- 5.4.4 The Director of Finance will be responsible for the publication of the private patient tariff of the Trust before the start of each financial year.

5.5 Directorate Management Teams (DMT) – Directorate Manager/Clinical Director/Directorate Senior Nurse

- 5.5.1 The DMT is responsible for the delivery of services that are safe, and to a high standard for all Trust patients. The DMT is responsible for the effective use of resources and directorate performance against NHS targets. The DMT is responsible for ensuring that where private services are offered or planned within the directorate, the provision of such services must not impact or cause detriment to the provision of NHS services to patients.
- 5.5.2 The DMT is to ensure that any request to commence any private patient service is considered for approval and where approved the resource requirements are understood and balanced against any gain from income. All such requests will follow the same process for review and approval as for NHS services; completing a thorough Standard Operating Procedure template, submitted to the appropriate clinical and management groups or committees. Private practice privileges must be reflected in the agreed consultant job plans. The DMT is responsible for ensuring that consultant indemnity cover for private practice is included in the proposal to commence private patient services.

5.5.3 The DMT will be responsible for including and approving private practice requests within the job planning process for each Consultant. Following completion of this process, the DMT must obtain from the Medical Director confirmation of approval of new and continuing private practice privileges. It should be noted that only Consultants who are directly employed by the Trust can be approved. Please use **Appendix 8** for this process. Signed copies of this form must be retained with the Consultants personal file and also provided to the Private and Overseas Administration Team.

5.6 **Consultants and Other Clinical Staff who see Patients on a Private Basis within the Trust**

5.6.1 Clinical staff seeing private patients within the Trust must ensure that they comply with “[A code of Conduct for Private Practice](#): Recommended Standards of Practice for NHS Consultants.” This identifies responsibilities, levels of conduct and principles that should be observed by Consultants when undertaking private practice within the NHS.

5.6.2 Consultants and other clinical staff seeing private patients must also comply with all aspects of the Private Healthcare Information Market Investigation Order 2014, concerning the supply of privately funded healthcare services in the UK.

5.6.3 Where Consultants are seeing patients on a private basis, the Consultant must ensure that the Medical Director and DMT have agreed their private work can proceed and have jointly agreed where private patient time is scheduled within their job plans.

5.6.4 Consultants should not initiate discussions about providing private services for NHS patients, while they are working in a NHS capacity. Where an NHS patient seeks information about the availability of private services, Trust staff can provide this information and will ensure that any information provided is accurate and up-to-date. Consultants will not, in the course of their work for the Trust, make arrangements to provide private services, or ask other Trust staff to do so, unless the patient is to be treated as a private patient at Salisbury Hospital or another Trust site.

5.6.5 Consultants must ensure that resources are used effectively, wherever possible, private patients should be seen separately from scheduled NHS patients, for example in designated outpatient, diagnostic or theatre sessions. However, clinical need and also effective use of capacity may also lead to integrated patient scheduling. Scheduling of private patients in NHS time must be approved by the Directorate Manager.

5.6.6 Under no circumstances should a Consultant cancel an NHS patient’s appointment to make way for a private patient (unless a clinical emergency and with the agreement of the Directorate Manager).

5.6.7 Consultants must ensure that private commitments do not prevent staff from being able to attend an NHS emergency while they are on-call for the NHS, including any emergency cover that they agree to provide for NHS colleagues. In particular, private commitments that prevent an immediate response should not be undertaken at these times.

- 5.6.8 Consultants must ensure that their private work is outside their NHS salaried time. The exception to this is when Consultants have received the express written permission from the DMT. In such cases, Service Managers must have processes in place to ensure that a record of this is kept and the Consultant must compensate this time back to the service. This applies to private patient activity at the Trust or elsewhere. Under no circumstances can a Consultant be paid twice.
- 5.6.9 Consultants must ensure that their private correspondence make clear that they are acting in a private capacity and not as part of their NHS employment. It is however acceptable for Consultants and other clinical staff to use Trust systems for the purpose of recording clinical information, provided the record is clearly indicated as a private patient.
- 5.6.10 When a patient is using private medical insurance to cover the costs of a procedure, the Consultant must advise the patient to obtain authorisation in advance of the procedure taking place. The insured patient must be made aware that in some cases high cost drugs and tests may not be covered by their insurance company and they will be liable for any unmet costs from their insurer. If the patient is not able to provide their insurance details they will be responsible for payment for any treatment, in advance. The insurance authorisation must specify that their treatment is performed at Salisbury District Hospital.
- 5.6.11 Consultants will also be required to register their details on the Private Healthcare Information Network's (PHIN) portal, and supply details of their fees, and other information required by PHIN in relation to their private practice. In accordance with Part 4 of the Competition and Markets Authority (CMA) – Private Healthcare Market Investigation Order 2014, Consultants must provide patients with fee transparency template letters approved by the CMA at the following recommended stages of a patient's treatment: prior to outpatient consultations; and prior to further tests or treatment
- 5.6.12. Consultants must ensure that all relevant staff are fully aware when a patient is private. This includes pathology, histopathology, microbiology, pharmacy, diagnostic imaging and follow up care, and use the appropriate status indicator on Trust information systems to show the patient is a private patient. Any additional fees, such as pathology, pharmacy and diagnostic imaging etc that could be incurred as part of a patient's private episode of care, must be explicitly set out in the fee transparency template letter provided to the patient in accordance with the PHIN standards, so that the patient is fully aware of such costs prior to the procedure or attendance at the hospital.
- 5.6.13 Consultants must also ensure that private medical insurance companies are updated with the required medical information (e.g. treatment given to date, treatment plans, possible discharge dates and future care), to allow continued authorisation of the episode of care, or to facilitate settlement of a patient's invoice with the Trust.
- 5.6.14 Consultants must have their own indemnity cover when treating private patients at the Trust and for insured private patients ensure they are registered and recognised by private medical insurance companies. A valid copy of the indemnity certificate must be provided to the Private and Overseas Administration Team.
- 5.6.15 As a matter of good practice, Consultants should ensure that relevant private health notes or images relating to a patient's condition and previous

procedures/treatments are copied and placed in the appropriate NHS notes or on Lorenzo. This will ensure continuity of information relating to the treatment of the patient during their care with the Trust. Where the patient does not have an existing NHS patient record with the Trust, a record must be created in the usual manner.

- 5.6.16 Consultants must comply with Trust Policies and Procedures and adhere to the GMC's "[Good Medical Practice Guide](#)". They must also ensure transparent disclosure of information about private practice commitments.
- 5.6.17 Consultants must have the prior written agreement of the DMT for the planned use of NHS facilities and NHS staff for the provision of private professional services.
- 5.6.18 In accordance with "A Code of Conduct for Private Practice: Recommended Standards of Practice for NHS Consultants", there should always be a clear separation of NHS and private work being undertaken, with no disruption to NHS Services.
- 5.6.19 Consultants must be aware that patients who choose to be treated privately are no more or less entitled to receive NHS services than anyone else, and patients are free to change their status from private to NHS. It is the responsibility of the Consultant to ensure that the Trust patient record is changed to accurately record the patient's status. The patient will undergo an assessment of clinical priority, which may result in discharge from hospital to join the NHS waiting list. Please also refer to Paragraph 8.4.1.
- 5.6.20 Consultants who wish to use the Private and Overseas Administration Team for the invoicing of their professional fees, must contact this team to discuss the arrangement and the administrative handling charges that would apply for this service and any VAT arrangements that are attached to the agreement. IR35 regulations must also be complied with instruction on this matter will be taken on an individual basis from the Trust Finance department.
- 5.6.21 Consultants may not claim a fee from a patient in an NHS hospital unless the patient is using accommodation and services authorised for private patient work and has given an undertaking to pay the appropriate charge derived from the Trust Paying Patient Tariff or contract price with a private medical insurer.
- 5.6.22 The Consultant is responsible for declaring to the Inland Revenue any or all private fees collected by the Trust. The Consultant is therefore liable for any tax due on these fees. Tax liability will NOT be paid / borne by the Trust.

5.7 **Medical Secretaries and Clinical Administrative Staff**

- 5.7.1 Medical secretaries are responsible for the provision of an administrative service to a Consultant or a clinical team for NHS Services.
- 5.7.2 Some Consultants choose to pay their NHS medical secretary to support private practice. Trust staff must avoid carrying out secretarial support for private practice during time for which they are paid by the Trust. It is however, recognised that this is not always practicable. Therefore it is permissible for the individual to make arrangements with their NHS line manager, for time spent undertaking private work to be paid back in lieu. In such circumstances, these arrangements must be agreed in advance and NHS responsibilities must take priority. A written record of

the agreed arrangements must be recorded within the staff member's personal file. Any adverse impact on a staff member's productivity, attendance and or timekeeping deemed to be attributable to additional employment will be investigated in line with Trust policies.

5.8 All Trust Staff Supporting Private Activity

- 5.8.1 The Trust fully supports staff to provide authorised care and treatment to private patients; the source of revenue must not influence the care provided.
- 5.8.2 It is the responsibility of each employee working with private patients to ensure that the standards and processes described in this Policy are followed and where necessary to seek advice and guidance from the Business Development Manager.
- 5.8.3 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 Trust's liability insurance if working directly for the Trust.
- 5.8.4 For the most part, where paying patient activity takes place during a member of staff's normal working contracted working hours, there will be no payment on top of NHS salary for the activity.
- 5.8.5 However, where a member of staff has been required to support a paying patient activity or service outside their normal working hours, they will be entitled to make a claim for additional hours via the normal process within their department and with the agreement of the Service Manager, for any hours worked. Such claims, where made, will be processed in accordance with Agenda for Change Terms and Conditions of Service
- 5.8.6 Any member of staff undertaking additional paid work in support of private practice should be mindful of the requirements of the European Working Time Directive, and where appropriate ensure that the opt-out process is completed.

5.9 Income and Costing Team (Finance Department)

- 5.9.1 The Trust will make charges for its services and facilities at the highest rate considered commercially competitive, but such that they will cover full costs and deliver a gross contribution of at least 10% to the Trust. The Trust Finance Department are responsible the production of the Trust self-pay private patient tariff on this basis annually. The tariff will be the greater of the total cost of delivery of any given procedure or treatment, or the NHS tariff plus market forces factor, plus a minimum of 10%.
- 5.9.2 The Trust will wherever possible, operate a single tariff policy to ensure the equality of its offering to all privately funded patients. Insurers will not be given preferential or discounted tariffs unless they can demonstrate and agree to sufficient minimum volumes of activity to create economies of scale for the Trust. Where the cost paid by the insurer does not meet the tariff charged by the Trust,

the Trust will reserve the right to pursue the patient directly for any shortfall. This is irrespective of the terms and conditions of the patient's individual insurance policy.

- 5.9.3 The Trust Finance Department is responsible for the correct allocation of Trust income into the appropriate speciality cost centres.

5.10 Accounts Receivable Team (Finance Department)

- 5.10.1 The Private and Overseas Administration Team is responsible for raising invoices to private patients for all private patient activity. The team is also responsible for

ensuring cost recovery measures are in place at appropriate intervals described in the Trust [Standing Finance Instructions](#).

- 5.10.2 The Private and Overseas Administration Team is responsible for notifying the Business Development Manager of any shortfall in payments received from insurance companies so that the matter may be escalated with customer relationship manager at the appropriate insurer.

5.11 Local Counter Fraud Specialist (LCFS)

The Counter Fraud Specialist has a responsibility for investigating instances of fraud in the Trust. In circumstances where private practice is not being conducted in accordance with the provisions set out in this Policy, or there are concerns of financial irregularity, the concerns will be reported to the Local Counter Fraud Specialist.

5.12 Business Development Manager

The Business Development Manager will provide line management support for the Private and Overseas Administration Team, and as part of their role will ensure that the administration standards and practices described throughout this policy are implemented and followed by staff working with private patients.

5.13 Private and Overseas Manager

The Private and Overseas Manager has responsibility for the day-to-day management of the Private and Overseas Administration Team. They are responsible for ensuring that all private patient activity across the Trust is captured, recorded and charged for accurately. They are responsible for ensuring that the standards set out in this policy are adhered to and that operational procedures with the Private and Overseas Administration Team and across the Trust are robust. They have overall responsibility for the management and negotiation of contracts with private medical insurance companies, ensuring billing and quality assurance standards set by insurers and the Trust are met. This includes assuming delegated responsibility from the Business Development Manager to meet all the information reporting requirements and other standards set by the Private Healthcare Information Network (PHIN). The Private and Overseas Manager will work closely with the Accounts Receivable Team to ensure that any billing issues around account shortfalls are resolved. The Private and Overseas Manager will provide advice to staff regarding the standards and processes described in this Policy.

- 5.15 ALL staff have a responsibility to send comprehensive details of all Private Patient activity to the Private and Overseas Administration Team for invoicing on behalf of the Trust.

6. INDEMNITY

- 6.1 Consultants are directly responsible for their Private Patients and will maintain their own professional indemnity cover at all times.
- 6.2 A copy of the indemnity arrangements must be lodged annually with the Private and Overseas Administration Team. A Consultant who does not have their own private professional indemnity will not be indemnified if asked to oversee the planned care of another private Consultant's private patients. If the consultant in charge of the private patient's care is required to hand over care of the patient to another consultant, the second consultant must also have their own independent indemnity arrangements for any planned care. In line with NHS Indemnity guidance NHS bodies will not be responsible for a health care professional's private practice, even in an NHS hospital.
- 6.3 The Trust will continue to indemnify other medical staff and allied professionals for negligence in regard to private activity conducted on site, to the same extent as the indemnity for NHS activity.
- 6.4 Where junior medical staff, registered nurses or other Trust employees are involved in the care of private patients in NHS hospitals, they would normally be doing so as part of their NHS contract, and would therefore be indemnified under the Trust's existing NHS indemnity schemes.

7. COMPLIANCE WITH THE COMPETITION AND MARKETS AUTHORITY (CMA) ORDER 2014

Link to the order: [LINK](#)

7.1 General Statement

The Trust does not offer any inducements to referring clinicians to refer private patients for any service at Salisbury District Hospital.

7.2 Higher Value Services – Article 16.2(c)

- 7.2.1 The Trust will make charges for the hire of Consulting Rooms and facilities by Consultants wishing to see patients on a private basis, at a room hire rate set by the Trust.
- 7.2.2 Secretarial support is directly organised by the Consultant themselves; through the use of the private secretaries, or a private arrangement outside the Trust.
- 7.2.3 Some consultants chose to engage the services of their NHS medical secretary to support their private practice. See 5.7.2.

7.3 Low Value Services – Article 17.2

The following “low value” services are also provided to clinicians undertaking private practice at the Salisbury District Hospital:

- General Services to ensure clinical safety e.g. NHS Induction, medical induction package and ongoing training.
- Operational services such as patient booking/admissions, some billing of consultant fees, and some general administration e.g. reception services.
- Tea and coffee is not routinely provided to Consultants.

- Meals are not subsidised or free of charge.
- Onsite car parking spaces are provided to Consultants and Staff of the Trust subject to compliance with the Trust's Car Parking Policy. Consultants and Staff must pay for onsite car parking.
- Limited factual marketing of private patient services provided a Salisbury District Hospital may be undertaken by the Trust via the Trust website.

7.4 Corporate Hospitality – Article (17.3)

The Trust does not provide any corporate hospitality events to referring clinicians.

7.5 Financial Interests – Article (19.1) and (19.2)

7.5.1 No referring clinician with private practice at the Trust has any financial interest in the Trust, or in the equipment used at the hospital.

7.5.2 All referring clinicians with private practice are employed on NHS Consultant Contracts with the Trust or another NHS Trust.

7.6 Payments to Referring Clinicians Holding a Part-Time Position in a Private Hospital – Article (19.3)

No payments are made by the Trust to referring clinicians holding a part-time position in a private hospital.

8. IDENTIFICATION OF PRIVATE PATIENTS: PROCEDURES, STANDARDS AND PRACTICE

8.1 Undertaking to Pay & the Undertaking to Pay Form

8.1.1 Private patients are those who give an undertaking (or for whom one is given) to pay charges for accommodation and services, using the “Undertaking to Pay Form” as at Appendix 2. These forms have a unique identification number and must contain the information described in section 9.1 of this policy.

8.1.2 If the Private and Overseas Administration Team has not been notified of a private outpatient appointment the private medical secretary will raise an “Undertaking to Pay Form” as per above. The private medical secretary will also provide to the Private and Overseas Administration Team all information that they deem necessary to correctly identify and charge for all planned treatments and services.

8.1.3 On receipt of the form by the Private and Overseas Administration Team, they will confirm that the attendance has been recorded with the correct administration category on PAS, ensure that the correct Trust fee for the consultation is added to the form and where appropriate obtain insurance policy information or authorisation where this has not been added by the department that originated the form.

8.1.4 The “Undertaking to Pay Form” will be recorded on a billing register held by the Private and Overseas Administration Team and an appropriate invoice raised following completion of the treatment or service.

- 8.1.5 The completed “Undertaking to Pay Form” is retained by the Private and Overseas Administration Team and held with the customer’s account and the invoice that has been sent for the services received by the patient.
- 8.1.6 The Information Services team will generate and supply necessary reports for the Private and Overseas Administration Team of all private inpatient and outpatient activity. The Private and Overseas Manager will check that “Undertaking to Pay Forms” have been received for all attendances, and in circumstances where a private attendance has not been notified the procedure will be implemented to ensure appropriate capture of income and recording of private patient activity.
- 8.1.7 There may be occasions where the Private and Overseas Administration Team is alerted to a patient whose administration category has been incorrectly recorded on Trust IT systems as an NHS patient, but who on further enquiry should have been recorded as an administration category P for private status. In such circumstances, the Paying Patient Officer will:-
- ascertain with the referring clinician that the patient was intended to be booked as a private patient.
 - contact the patient by telephone to discuss payment for the service received and where possible take a payment by bank card or receive appropriate insurance company policy or authorisation details.
 - request via the Data Quality team that appropriate administration category corrections are made on the appropriate IT systems to show the patient was a private patient.
 - raise an “Undertaking to Pay Form” detailing the costs of the procedure, treatment or investigation and raise an appropriate invoice.

8.1.8 **Insured Private Patients**

- 8.1.8.1 A private patient may have insurance cover with a private medical insurance company to cover the cost of their treatment provided by a Consultant and to meet the Trust fees incurred in receiving treatment from the hospital.
- 8.1.8.2 Where the patient is using a private medical insurance policy to cover the costs of private treatment the “Undertaking to Pay Form” will be raised for cost of the procedure or tests derived from contracts held by the Trust with private medical insurance companies. The Undertaking to pay Form will include the patient’s insurance policy number and the pre-authorisation number from the insurance company for their treatment to proceed.
- 8.1.8.3 Once the pre-authorisation has been provided by the patient, the Private and Overseas Manager or their team, will raise the “Undertaking to Pay Form” that will set out for the patient and their insurance provider a description of services and treatments being received on a paid for basis. The relevant CCSD clinical code will be provided with the procedure narrative on the undertaking to pay form together with the Trust fee charged for the treatment.
- 8.1.8.4 The Trust fee for the treatment will be derived from either from the appropriate current tariff.

8.1.8.5 The patient will also be made aware on the “Undertaking to Pay Form” that they are personally liable for any costs involved in the procedure, treatment or investigation, not covered by the terms of their insurance policy.

8.1.8.6 Private patients will be charged professional fees directly by the Consultant in addition to the Trust fees raised.

8.1.8.6 The Consultant will manage their own private practice business and determine and collect their own fees.

8.1.9 Self-Pay Private Patients

8.1.9.1 A self-pay private patient is someone who wishes to pay for a service from their own funds, or where someone is funding the cost of the private service on their behalf e.g. a parent or guardian.

8.1.9.2 Once a patient has been identified as a private self-pay patient an Undertaking to Pay Form will be raised by the Private and Overseas Administration Team, or the private medical secretary.

8.1.9.3 The patient will be asked to pay in advance for the full trust fee ahead of the procedure taking place.

8.1.9.4 Self-pay patients should not receive private patient services until made payment for the planned treatment. The only exception is where an urgent clinical need exists and there is insufficient time and or opportunity for payment to be made.

8.2 Identification of Private Patients

8.2.1 It is the Consultant’s responsibility, or staff authorised on their behalf, for example a private secretary, to ensure that the Private and Overseas Administration Team and other relevant departments in the Trust are informed of a patients private status, prior to the patient being offered an appointment, especially when a direct referral has been made, or tests requested, and to provide details of the procedure/treatment required.

8.2.2 For ease of raising the “Undertaking to Pay Form”, the treating clinician must give the Private and Overseas Administration Team the appropriate procedure or investigation code from the Clinical Coding & Schedule Development Group to ensure accuracy of fees provided to the patient or insurance company.

<https://www.ccsd.org.uk/>

8.2.3 Private patients must always be clearly identified as “Private” on all IT systems and on all requests for tests and referrals such as pathology and diagnostic imaging.

8.2.4 Outpatient, day case and inpatient activity recorded on the Patient Administration System (PAS) must also be clearly identified as private.

8.3 Two Week Wait Referral Patients

Two week wait referral patients must not be booked as private or paying patients. All two week wait referrals must be booked as NHS patients in accordance with NICE Clinical Guidelines for referrals for suspected cancer and the Trust Access Policy.

<https://www.nice.org.uk/guidance/conditions-and-diseases/cancer>

8.4 Change of Status from Private Patient to NHS Patient

8.4.1 Patients who choose to be treated privately are legally entitled to change their administrative category and receive NHS services on exactly the same basis of clinical need as any other patient with adherence to the following standards:-

- A private patient admitted to Trust facilities will normally remain a private patient for the whole of their care. Should a patient be admitted to hospital as a private inpatient, but subsequently decide to change to NHS status before having received treatment, an assessment will be required to determine the patient's priority for NHS care. In some circumstances, unless it is clinically inappropriate to do so, it may be necessary to discharge such a patient and then readmit them only at such time as they would normally have been admitted should they have retained NHS status throughout. Please also refer to Paragraph 5.6.19.
- Where a patient chooses to exercise the right to return to NHS care, they are entitled to seamless care and arrangements for their transfer occurs in a planned and orderly manner. A private patient who wishes to become an NHS patient must not gain any advantage over other NHS patients by doing so.
- A patient referred for a NHS service following a private consultation will join any NHS waiting list at the same point as if the initial consultation or treatment were an NHS service. Their priority on the waiting list will be determined by the same criteria applied to other referrals in accordance with the Access Policy of the Trust.
- Any follow-on surgery or care linked to the private treatment, for example surgery required to treat a complication, or as an emergency, would normally also be private and chargeable. Consultants must make patients aware of this fact before proceeding with treatment.
- It would not be expected that an in-patient would transfer to NHS care during the admission. This may be considered where there is a major unforeseen development during an episode of care which was not planned or envisaged and which the patient is genuinely not able to fund, either through their health insurance policy, or as a self-paying patient. In this situation, it may be necessary for the Trust to take the safest possible approach and allow the patient to transfer to a NHS status. It would not be reasonable for example, to expect a patient to fund cancer treatment where the identification of which was made during a routine/simple private operation. However, where an existing known co-morbidity or condition requires additional unplanned treatment, this will be chargeable. The patient remains liable for charges for the period during which he or she was private. The Consultant must make the patient aware of this possibility before admission.

8.4.2 Where the patient chooses to return to NHS care, this must be approved by the Directorate Manager as per the process outlined below.

8.5 The Change of Status Administrative Process

8.5.1 A written explanation for the reason for the change of status must be given to the Directorate Manager by the Consultant. The approved change of status must be

confirmed by the Directorate Manager to the Private and Overseas Administration Team.

- 8.5.2 A patient may only change status once per individual episode of care, once the patient has changed status they cannot change back again in the same episode of care. Consultants are responsible for ensuring that a second change of status does not happen.
- 8.5.3 Once a patient has changed status from private to NHS the Consultant must not continue to see the patient privately outside of the Trust until that episode of care is complete. The initial follow up appointment following a private admission is deemed to also be private and patients should not be seen as an NHS patient for this appointment.
- 8.5.4 All patients who change status are still liable for the charges they incur for treatment while they are categorised as private. Consultants seeing patients who then make the decision to transfer to private must make patients aware that until the episode of care is complete they will be unable to transfer their status back to that of a NHS patient and therefore will be liable for all charges incurred throughout the episode of care.

9. PRIVATE INPATIENTS AND DAY CASES ADMINISTRATIVE PROCEDURES

9.1 Elective Admissions

- 9.1.1 Salisbury District Hospital will endeavour to accommodate private inpatients in a single room whenever possible, but this cannot be guaranteed. The decision will be subject to the availability of single rooms on the ward due to clinical priorities.
- 9.1.2 The admitting Consultant, or his private secretary, is responsible for informing the Private and Overseas Administration Team and the hospital admissions staff in by email, of the private status of any patient the Consultant wishes to admit, in advance of their admission. The following information will be required:
- Patient name
 - Patient address including postcode
 - Patient telephone number
 - Patient email address
 - Date of Birth
 - NHS Number
 - GP
 - Proposed Admission Date
 - Procedure name and code
 - Details of prosthetics or specialist devices
 - Details of high cost drugs
 - Treating Consultant
 - Insurance details or self-pay status – self pay patients must pay in advance of treatment
- 9.1.3 Prior to the admission the admitting Consultant must have provided the appropriate fee transparency letter in accordance with the PHIN requirements. The letter must detail the full costs of the procedure, investigation or tests.

- 9.1.4 The patient must then be added to an access plan as a private patient by the bookings team clearly recording their private status. Patients must 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 NHS scheduled work has completed. Private activity can be booked only as the last patient on the list, unless the list is solely for private activity.
- 9.1.5 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 the Service Manager. The Trust recognises that a flexible approach is required that supports both NHS and private activity.
- 9.1.6 If the patient is for theatre the Consultant's private secretary must also notify the theatre booking team to ensure that a slot is available for the procedure and booked on to the Trust's theatre management system. This is to ensure an NHS patient is not displaced.
- 9.1.7 If the patient is for theatre the Consultant's private secretary must also notify the anaesthetics services team and confirm that a Consultant Anaesthetist is available and has indemnity cover to operate on the patient.
- 9.1.8 The bookings team will send an admission letter confirming arrangements for their pre-operative assessment and subsequent admission to the hospital. The letter should also be accompanied by pre-admission instructions.
- 9.1.9 If a patient's stay extends beyond the period covered by the insurance company the Private and Overseas Administration Team will contact the insurance company to extend cover, providing reasons for the extended stay as required. In some circumstances the admitting Consultant may have to provide this information to the insurance company direct.
- 9.1.10 Should the private medical insurance company refuse to provide cover for a patient's planned admission then the Private Patient Office will contact the patient to inform them of the decision and offer them the option of self-funding the treatment costs associated with the procedure, investigation or tests that are planned.

9.2 Theatre Hire by Consultants for Private Elective Surgical Admissions

- 9.2.1 To overcome the requirement for a clear separation of patients being treated on the NHS and those who wish to pay for their treatment privately, it is possible for Consultants who wish to undertake private elective surgical admissions to hire an NHS theatre, when not being required in NHS time. Hire of theatre includes staff at Agenda for Change rates.
- 9.2.2 Consultants who wish to enter into this arrangement must discuss this with the DMT and the Business Development Manager, so that an appropriate theatre hire cost can be identified by the finance department that will cover the full costs of staffing and theatre consumables involved in running the list.
- 9.2.3 The Private and Overseas Administration Team will invoice the Consultant's private practice directly for this work and the Consultant will be responsible for meeting the costs on the invoice raised by the Trust.

- 9.2.4 All private patients booked into the hired theatre space, must have their attendance recorded on the Trust's patient administration system with an attendance category of P to denote they were treated as a private patient.

9.3 Emergency Private Admissions

- 9.3.1 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.
- 9.3.2 A clear audit trail must be maintained to facilitate any necessary time shifting of the Consultant's time between the Consultant and the DMT.
- 9.3.3 Private emergency activity should be listed according to clinical priority. Where this is undertaken on the trauma list time, it would be subject to time shifting for which a clear audit trail will need to be maintained as above.
- 9.3.4 On occasion it may be that a Consultant will wish to admit a patient as an emergency, or at a time when the Private and Overseas Administration Team is not open. During normal office hours it is the responsibility of the Consultant, or his private secretary to follow the procedure for elective admissions described in paragraph 9.1.
- 9.3.5 Outside of normal office hours it is the responsibility of the Consultant to ensure that the patient is aware that they are receiving treatment as a private patient and that they will be invoiced for all the Trust fees. The Consultant must advise the patient that in proceeding with their care on a private basis, they accept to pay any costs incurred including those not subsequently covered by their health insurance company, where this is being used to cover the cost of the treatment.
- 9.3.6 As soon as is practical, the Consultant or their private secretary, must contact the Private and Overseas Administration Team to inform them of the admission so that an "Undertaking to Pay Form" can be raised. If the patient is still an inpatient, and they are well enough to sign the "Undertaking to Pay Form" a member of the Private and Overseas Administration Team will visit the ward to obtain their signature agreeing to pay for the services they have received.

9.4 Non-Emergency Ambulance Service Charges

- 9.4.1 Any private patients requiring non-emergency ambulance transport home or to another medical establishment will be charged for their transportation. Patients with private medical insurance may often have an allowance for transport within their policy but it is likely that this will be insufficient to cover the total cost and patients should be made aware of this by the Consultant.
- 9.4.2 Any NHS patient who elects to be transferred to a private medical establishment must also be transported by private ambulance, which they are obliged to arrange and fund themselves.

10. PRIVATE OUTPATIENTS

10.1 Outpatients – Administrative Procedures

- 10.1.1 Prior to any outpatient appointment taking place, the Consultant or their private medical secretary must have provided the patient with a quotation for the appointment using the appropriate fee transparency letter following PHIN standards.
- 10.1.2 Referrals to a Consultant to see a patient privately must be made in writing and should clearly indicate that the patient is seeking services as a paying patient. The private medical secretary or appropriate booking team must ensure the appointment is booked on the Trust's Patient Administration System (PAS) with clear identification using the administration category P indicating the patient is a paying patient.
- 10.1.3 The Consultant's private medical secretary or other administration staff involved in the booking of the private appointment will ensure that the patient is sent an appointment letter detailing the date, time and venue for the appointment. The appointment letter will clearly indicated that the appointment is being offered on a private basis.
- 10.1.4 Any patient who has had private treatment as an inpatient or day case will be deemed to be private for their follow up outpatient appointment relating to the procedure and charged accordingly. Once that episode of care is completed the patient has the right to revert to the NHS for any future treatment, joining the waiting list like any other patient.
- 10.1.5 On arrival to the outpatient appointment the reception staff will record the patient as attending the appointment. Following the appointment either the consultant or will be responsible for finishing the outpatient episode of care using the appropriate outcome form and update the Patient Administration System (PAS).
- 10.1.6 Consultants should ensure that the outpatient appointment is recorded in the relevant NHS notes for the patient and that all correspondence to the referring specialist or clinician is recorded on Lorenzo. This will ensure continuity of information relating to the treatment of the patient during their care with the Trust.
- 10.1.7 In circumstances where the Private and Overseas Administration Team has been notified of a private outpatient appointment taking place, they will raise an Undertaking to Pay Form as described in Section 8.1.of this Policy.

10.2 **Outpatient Room Charges/Hire of Outpatient Rooms by Consultants**

- 10.2.1 In line with Article 16.2 (c) of the Competitions and Markets Authority Order 2014, consultants who wish to see private patients in NHS Consulting Rooms, may do so provided the outpatient facility or room is not required for NHS use.
- 10.2.2 The Trust will make a hire charge to the Consultant using the facility to see private patients at an appropriate rate set by the Trust. This will include consultation carried out virtually using Trust facilities, equipment or systems. The Private and Overseas Administration Team will raise the appropriate charges to Consultants undertaking private work on the Trust's premises.
- 10.2.3 Consultants who wish to enter into this arrangement must discuss this with the DMT, so that an appropriate outpatient room hire cost can be identified by the finance department that will cover the full costs of room hire, staffing and consumables used during the period of the room hire.

10.2.4 All private patients booked into an outpatient clinic slot, must have their attendance recorded on the Trust's patient administration system with an attendance category of P to denote they were treated as a private patient.

10.3 Diagnostic Clinical Imaging

10.3.1 All referrals for private diagnostic imaging must be managed using the Trust Radiology information system CRIS.

10.3.2 The referral must show the administration category of P to indicate the patient is a private patient. This is important as private medical insurance companies will expect scans to be reported by Consultants who are registered with them as a provider of this service.

10.3.3 Consultants or other practitioners making a referral for a private inpatient requiring imaging will alert the Private and Overseas Administration Team so that the appropriate "Undertaking to Pay Form" can be raised indicating costs of the scan that has taken place. As soon as is practical the Private and Overseas Administration Team will visit the patient so that the "Undertaking to Pay Form" can be signed and sent to the finance department for processing in accordance with the provisions of this Policy.

10.4 Outpatient Diagnostic Referrals – Processing by the Paying Patient Office

10.4.1 The Radiology departmental administration team will monitor and process all private patient referrals for outpatient diagnostic clinical imaging either request on CRIS or received by referring clinicians by email e.g. General Practices.

10.4.2 On receipt of a referral other than by a request on CRIS e.g. via email, the Radiology departmental administration team will add the request for the scan to CRIS against the patient record. The referral will be marked with the administration category as P.

10.4.3 Where a clinical imaging request has either been made electronically or through an email referral and has been appropriately vetted, the Radiology departmental administration team will contact the private patient by telephone to discuss the arrangements for the appointment this includes obtaining or confirming the following information:- whether the patient is a self-pay patient or an insured patient

- ensuring they are fully aware of the costs of the diagnostic clinical imaging taking place
- taking a full payment ahead of the clinical imaging appointment taking place if the patient is a self-pay patient
- informing the patient, if they have not already done so to contact their insurance company to advise that a scan is taking place and they require an authorisation for the scan to take place at the Salisbury District Hospital.
- confirm the patient is in agreement to proceed so that Paying Patient Officer can book the patient into a dedicated private patient slot for the correct scanning department
- sending an appointment letter, information leaflet (where appropriate), and any other preparation required for the scan following advice from the Consultant Radiologist or the Clinical Imaging Team.

10.4.4 The Radiology departmental administration team will raise an “Undertaking to Pay Form” in accordance with the provisions of this Policy. The “Undertaking to Pay Form” will be processed by the Private and Overseas Administration Team in the usual way, once the name of the reporting Consultant Radiologist is known and can be added to the “Undertaking to Pay Form”.

10.5 **Private Dental Imaging (X-rays)**

10.5.1 The self-pay private patient tariff will apply to all requests received from General Practice or Dentists in connection with treatment undertaken privately.

10.5.2 All requests/referrals from General Dental Practice should be in writing and clearly state the private status of the patient.

10.5.3 In the event of a dispute with the patient regarding payment where a private referral has been made, the charge will be passed to the referring practice.

10.5.4 In the event a private dental patient disputes the invoice, the Payments and Contracts Manager will discuss the matter with the referring dental practice to seek agreement to invoice the practice for the imaging that has been performed on the patient following their referral from the practice to the hospital.

10.5.5 Patients receiving private dental treatment should continue on a private pathway and be referred to Salisbury Hospital for dental imaging as a private patient. Salisbury Hospital will invoice the private dental practice for all related charges.

10.6 **Non- NHS Bodies - Referrals for Clinical Imaging**

10.6.1 The Private and Overseas Administration Team may on occasion be contacted by non-NHS bodies e.g. The Rehab Network, UKS Medical, and other companies either by email or telephone for the costs involved in scanning a patient where the images are required for medico-legal purposes. In such cases, the Private and Overseas Administration Team or Consultant will receive a referral by email from the non-NHS body, and will arrange the clinical imaging appointment in accordance with paragraph 10.4 of this Policy. These patient referrals will be marked with the administration category or P on CRIS and be for the Consultant Radiologist to report as private.

10.6.2 An “Undertaking to Pay Form” for the agreed fee will be raised by the Private and Overseas Administration Team.

10.6.3 A copy of the correspondence will be held by the Private and Overseas Administration Team in accordance with the Trust’s document retention schedule.

10.7 **Category II Referrals**

10.7.1 Category II work includes investigations or tests for non-clinical reasons. Examples are x-ray or scans made on behalf of insurance companies or requested by individuals for employment or emigration; it also includes, for example, cardiac tests and scans requested by the Driver and Vehicle Licencing Agency.

10.7.2 The Private and Overseas Administration Team will raise an “Undertaking to Pay Form” for all fees for consultations, tests and procedures for Category II work so that the responsible individual or Agency requesting the work is invoiced.

11. CANCELLED APPOINTMENTS/PROCEDURES

11.1 There may be occasions where it may be necessary for the Trust or Consultant to cancel a paying patient for circumstances that cannot be predicted, e.g. equipment failure, staff sickness, major incident.

11.2 Cancellation of Diagnostic Clinical Imaging

11.2.1 The Clinical Imaging Service will on occasion inform the Private and Overseas Administration Team of equipment failure which will mean that any private appointment booked may have to be cancelled. In these circumstances, the Private and Overseas Administration Team will contact the patient and inform them of the circumstances relating the cancelled appointment and where possible offer another appointment for the scan within 48 hours. It may be that a further appointment cannot be offered until the equipment failure is resolved. Where the patient cannot wait for a further appointment, and have paid in full for the scan they will be offered a refund for the scan that has been booked.

11.2.2 In circumstances where a patient attends for an appointment, and for technical reasons, the images or scan is unreportable due to quality of the images, the patient will be informed by the Clinical Imaging Service, and on the advice of the Consultant Radiologist and the Clinical Imaging Service Manager, either a full refund or a partial refund will be offered to the patient of the cost of the scan. Alternatively, another appointment may be offered to the patient for the scan to take place privately, but without charges being made for the scan, at the discretion of the Clinical Imaging Service Manager.

11.3 Cancellation of Outpatient Appointments

In circumstances where a private outpatient appointment with a Consultant has to be cancelled due to unforeseen circumstances, the medical secretary, or administration team that has booked the appointment on behalf of the Consultant, will contact the patient and inform them of the reasons for the cancellation. Wherever possible the patient will be offered, where known, the next available private patient appointment with that Consultant.

This new appointment must be communicated to the Private and Overseas Administration Team.

11.4 Cancellation of Daycase and Inpatients

11.4.1 In circumstances where a private day case or inpatient procedure with a Consultant has to be cancelled due to unforeseen circumstances, the medical secretary, or administration team that has booked the appointment on behalf of the Consultant, will contact the patient and inform them of the reasons for the

cancellation. Wherever possible the patient will be offered, where known, the next available private patient day case or inpatient slot with that Consultant. This new appointment must be communicated to the Private and Overseas Administration Team.

11.4.2 Where the patient has paid in advance for the test or procedure, they will be given the option of waiting for the next available appointment or receiving a full refund for the procedure that has been booked.

11.5 On the day Daycase/Inpatient Cancellation

11.5.1 In rare circumstances where a patient has provided consent to have a private procedure with a named Consultant who is away due to illness or another reason, and the patient has come into the hospital for a procedure, having followed specific advice e.g. not eating and drinking, instructions on taking medication, the following will apply:-

- the patient will be offered a full explanation of the circumstances with an apology and the opportunity to return home, and to be rebooked to see the Consultant of their choice at the earliest available opportunity; or
- the patient will be offered a full explanation of the circumstances with an apology and the opportunity to return home, and to be given a full refund for any payment that has been made for the procedure, and be given the opportunity to seek the service from another provider.

11.6 Cancellations of appointments by Private Patients

In the event that a private patient cancels appointments at short notice, the Trust reserves the right to charge for any costs incurred as a result of a short notice cancellation. This may be undertaken at the rates outlined below:

Cancellation within 7 days of intended appointment/admission	50% of Trust costs
Cancellation between 2 and 7 days of intended appointment/admission	75% of Trust Costs
Cancellation on the day	100% of Trust Costs

12. PRIVATE PATIENT CONSULTANT FEES

12.1 Private patients who have made a separate arrangement to be treated by a practitioner will be charged professional fees by the Consultant in addition to the Trust fees.

12.2 The Consultant will manage their own private practice business and determine their own fees. The description of these fees must be in accordance with the fee transparency template letters found on the PHIN Portal.

13. PHARMACY / MEDICATION CHARGES

13.1 All private medication prescribed is chargeable. Consultants prescribing medicines for private patients must clearly indicate the request for pharmacy is clearly marked as private (there is a tick box on the outpatient prescriptions). Failure to do so may be viewed as fraud.

- 13.2 Private patients are not entitled to “free prescriptions” even if they qualify under the NHS for free prescriptions.
- 13.3 Private patients receiving medication from the Hospital Pharmacy are not entitled to NHS discounts. Medication will be charged at e-BNF price, or cost price, whichever is the greater, plus 5%.
- 13.4 Private patients obtaining medication from the hospital pharmacy will also incur a VAT charge and a small dispensing charge. Consultants are welcome to contact the pharmacy to enquire on the price of a medication for a private patients but the price is non-negotiable.
- 13.5 The Private and Overseas Administration Team will receive a weekly report from the Pharmacy Department detailing all medicines dispensed to private patients and their costs.
- 13.6 The Private and Overseas Administration Team will raise an “Undertaking to Pay Form” detailing the costs provided by the Pharmacy Department and will raise an invoice to the insurer or directly to a self-paying patient.

14. PATIENTS WHO WISH TO PAY FOR ADDITIONAL PRIVATE CARE (Top Ups).

- 14.1 The Department of Health and Social Care Guidance can be found on the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/404423/patients-add-priv-care.pdf

- 14.2 However the following principles apply:-

- The Consultant must ensure the Private and Overseas Administration Team is informed of all discussions with patients who wish to top up NHS care, by paying for services not routinely funded on the NHS.
- The Private and Overseas Administration Team must receive the following information so that the appropriate charges for top up private care can be raised to the patient.
 - Patient name & hospital number
 - GP
 - Proposed admission date
 - Consultant name
 - Procedure details, drugs, devices and prostheses required

- 14.3 The admitting Consultant will explain to the patient the expected charges for the additional private care including the costs of accommodation, drugs, devices, prostheses and diagnostic procedures, cost of laboratory staff and cost of NHS equipment used.
- 14.4 The Private and Overseas Administration Team will contact the patient in writing enclosing an estimate detailing all costs likely to be incurred. Payment equivalent to the estimated charge must be received prior to commencement of any additional private care being provided.
- 14.5 If the funding of additional private care relates to prescribed medicines, the Consultant will clearly mark any prescribing requests to the Pharmacy Department as being privately

prescribed, so that these may be processed by the Private and Overseas Administration Team in accordance with Section 13 of this Policy.

- 14.6 As soon as the patient has agreed to fund services as additional private care, the Private and Overseas Administration Team will raise the “Undertaking to Pay Form” itemising those services received as additional private care, in the usual way, and raise the necessary invoice.
- 14.7 The aspects of private care received by the patient must be recorded by Trust staff with the administration category P on the appropriate Trust IT system.
- 14.8 If for any reason, a patient is unable to proceed with an additional privately funded care package or there are clinical or other reasons why the service cannot be provided, and the patient has paid in advance, the Private and Overseas Administration Team will provide raise either a full or partial refund.

15. PROCEDURES OF LIMITED CLINICAL BENEFIT

- 15.1 In January 2019, NHS England set out plans to curb ineffective or risky medical treatments being given to patients in *Evidence-Based Interventions: Guidance for CCGs*. This identifies a list of 17 procedures which should not be routinely undertaken (the full list of procedures can be found in Appendix 7). The guidance issued is explicit:

“To limit the 17 interventions set out in this document from being offered inappropriately, we do not expect NHS providers to offer these interventions privately. We have agreed with CQC that this will be monitored through regional assurance processes and CQC inspections”

- 15.2 The full guidance may be found here:
<https://www.england.nhs.uk/evidence-based-interventions/ebi-programme-guidance/>
- 15.3 In line with this guidance, Consultants with private practice at the Trust must not offer any of the 17 interventions set out in this NHS England guidance on a private basis.

16. INVOICING

- 16.1 All invoices relating to private patient treatment within the Trust will be undertaken by the Private and Overseas Administration Team.

17. PRIVATE PATIENT CHARGES/TRUST PAYING PATIENT TARIFF

- 17.1 The Trust self-pay private patient tariff will be reviewed annually by the Finance Department and will take effect from the 1st April each year. The Income and Costing Team in the Finance Department will decide on the percentage level of uplift to be applied to the tariff.
- 17.2 The Finance Department will share the self-pay private patient tariff with the Private and Overseas Administration Team.
- 17.3 The Private and Overseas Administration Team will circulate the self-pay private patient tariff widely within the Trust to all Consultants/Departments/Services that are known to have or are planning to develop paying patient services within the Trust. Any insurance company tariff will remain confidential.

17.4 The Private and Overseas Administration Team will liaise with all private medical insurance companies and commence the process of reaching agreement to implement the tariff for the new financial year. The exception will be where the Trust has a business agreement with a private medical insurance company covering a defined period of time beyond that which is covered by the prevailing tariff.

17.5 In circumstances where a Speciality plans to develop new services or facilities to be offered on a paying patient basis, these services must be costed by the Finance Department so that the services planned have an element of profitability for the Trust. The process for setting up a new private patient service is described in Appendix 3.

17.6 **Fixed Price Package**

17.6.1 Where the Trust has developed fixed price packages of care for certain surgical procedures the following provisions will apply:-

- Accommodation – routine nursing, hotel services, daily drugs and dressings and number of nights expected to stay based on average length of stay
- Theatre charge – theatre fee, the procedure, categorised according to CCSD procedure codes, theatre consumables, including laparoscopic or high cost, and anaesthetic drugs
- Radiology, pathology, all diagnostic procedures, specialist nursing, routine drugs, physiotherapy, occupational therapy, certain prostheses.

17.6.2 The hospital charges of a fixed price package will not include:-

- Consultant's fees
- Anaesthetist's fees
- Fees of other Consultants responsible for x-ray or any other specialist who may be called in by the treating Consultant.
- Ambulance or other transport.
- Any outpatient charges occurring, either before or after, the inpatient or day case treatment unless specified in the fixed price package
- high cost additional consumables for example high cost drugs, pacemakers, implantable devices etc.

17.6.3 The Trust will not refund if the patient leaves or is discharged from the hospital earlier than expected or the patient decides not to proceed with the medical treatment once admitted to hospital

17.7 **Variable Price**

17.7.1 There may be occasions where a procedure, test or investigation is not listed on either the self-pay private patient tariff or an insurer's tariff nor covered by a fixed price package. In these circumstances, the Consultant must provide as much information as possible about the intended procedure to the Private and Overseas Administration Team. The Private and Overseas Administration Team will contact the Income and Costing Team, who from information provided by the Clinical Coding Team, will identify a cost of the procedure from the HRG grouper.

18. COURTESY PATIENTS

18.1 Sometimes Consultants may choose to waive their fees for consultation and treatment of medical colleagues and their families, dental colleagues and clergy when seen in their private rooms. In these circumstances the Trust cannot waive its charges.

19. PRIVATE PATIENTS SEEN AT OTHER PROVIDERS REFERRED FOR TREATMENT AT SALISBURY DISTRICT HOSPITAL

19.1 Consultants working for the Trust who see patients privately at another provider will sometimes refer patients for treatment privately to their private practice at the Salisbury District Hospital.

19.2 In such circumstances the Trust has no liability to honour any fixed price package or quotation provided by the Consultant given at the any other provider.

19.3 All private patients referred from any other provider will be invoiced the appropriate Trust Fee from the self-pay private patient tariff, or relevant insurance contract price, for any procedures, scans or tests performed at Salisbury District Hospital.

19.4 Consultants referring a patient from any other provider to Salisbury District Hospital for private care, must inform patients using medical insurance that a specific pre-authorisation for treatment at Salisbury District Hospital is required prior to treatment.

19.5 If a dispute arises between the patient and the Salisbury District Hospital, following referral from the another provider, the matter will be referred to Consultant responsible for patient care, and where appropriate an invoice will be raised directly to the Consultant to settle the appropriate Trust fees on behalf of their patient.

19.6 Where a patient is transferred to the care of the Trust following a privately funded treatment elsewhere, the Trust will seek to pursue the original care provider for the costs of any treatment provided.

19.7 Guidance on the treatment of private patient published by Wiltshire Clinical Commissioning Group can be found [here](#) and will be considered for all patients electing to change their status. Guidance from the patients home CCG will also be sought when appropriate.

19.8 Referrals for treatments, investigations or diagnostics at the Trust made by another provider will be charged directly to the referring organisation.

20. INFORMATION RETAINED FOR ADMINISTRATION

20.1 The Private and Overseas Administration Team will maintain a record of paying patients and retain copies of the “Undertaking to Pay Form” in accordance with document retention schedules. The information held by the Private Patient Office about individual patients includes the following:

- Patient’s name, postal address, email address and telephone number
- Undertaking to Pay Form Reference Number
- Health Insurance details for insured patients
- Name of Consultant
- Admission and Discharge Dates
- Treatment, tests, and procedures documented on the “Undertaking to Pay Form”

- The cost of the treatment paid or invoiced
- Date the “Undertaking to pay Form” was sent to the Finance Department.
- Payment Summary Sheet of all payments received by card payment, cash or cheque for reconciliation by the Finance Department

20.2 The Finance Department will produce a monthly summary of paying patient income by Directorate and Specialty which is held by the Business Development Manager and circulated to the appropriate teams for dissemination.

21. QUALITY, SAFETY AND COMPLAINTS

21.1 All complaints and concerns will be handled following the Trust’s relevant existing policies.

21.2 Complaints relating to medical care provided under private arrangements must be pursued with the practitioner concerned. The standard professional guidelines for dealing with complaints will be adhered to. The Trust’s PALs department, the Private and Overseas Administration Team and Medical Director, must be kept informed of such complaints by the practitioner in order to identify any potential clinical governance implications for the Trust.

21.3 In the event of a clinical incident relating to the care of the private patient at the Trust, the incident will be reported via the Trust’s Datix system and investigated accordingly, and may form part of PHIN compliance reporting

21.4 Clinical governance processes will follow the same processes and lines of responsibility as for NHS patients.

22. DISSEMINATION AND IMPLEMENTATION

22.1 A copy of this policy will be stored electronically in the Microguide system and made available via the Trust intranet.

22.2 A consultation and implementation plan is included as Appendix 6.

23. PRIVACY IMPACT ASSESSMENT

23.1 A privacy impact assessment has been approved by the Information Governance Team and is attached as Appendix 7.

24. EQUALITY IMPACT ASESMENT

24.1 An equality impact assessment is included as Appendix 1.

25. MONITORING COMPLIANCE AND EFFECTIVENESS

Element to be monitored	Compliance with the Competitions and Markets Authority Order and standards set out for private healthcare provision from the Private Healthcare Information Network Private Practice across the Trust to ensure compliance with the Policy
Lead	Head of Information Service
Tool	PHIN Portal

	Billing Register held in the Paying Patient Office Information Services Reports from the Finance Department Trust IT systems e.g. PAS, CRIS, Lorenzo
Frequency	All elements will be monitored on a quarterly basis
Reporting arrangements	Performance against this Policy will be reported to Associate Director of Strategy.
Acting on recommendations and Lead(s)	The Business Development Manager is responsible for the regular review of this policy and will be responsible for identifying any statutory guidance from regulatory bodies e.g. the Department of Health and Social Care, Competition and Markets Authority, Private Healthcare Information Network. Guidance relevant to this subject will be shared with the Head of Information Services.
Change in practice and lessons to be shared	Required changes to practice will be determined by regulatory changes within the timescales prescribed within any new guidance concerning private practice received by the Trust from regulatory bodies.

Element to be monitored	Private Practice across the Trust to ensure compliance with the Policy
Lead	Business Development Manager
Tool	PHIN Portal Billing Register held in the Paying Patient Office Reports from the Finance Department Trust IT systems e.g. PAS, CRIS, Lorenzo
Frequency	All elements will be monitored on a six monthly basis
Reporting arrangements	Performance against this Policy will be reported to the Associate Director of Strategy and where necessary the Medical Director.
Acting on recommendations and Lead(s)	
Change in practice and lessons to be shared	Non-compliance will be investigated and recommendations for amendments to the policy or practice made and submitted to the Clinical Management Board.

26. UPDATING AND REVIEW

- 26.1 This policy will be reviewed and updated on each occasion the Department of Health and Social Care issues new guidance in respect of private practice in the NHS or when regulating bodies such as the Competitions and Markets Authority or Private Healthcare Information Network issues new statutory guidance.
- 26.2 This policy will be reviewed and updated at no less than a three year interval.
- 26.3 Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval and dissemination processes.
- 26.4 Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval can be sought from the Executive Director responsible for signatory approval, and can be re-published accordingly without having gone through the full consultation and ratification process.

26.5 Any revision activity is to be recorded in the Version Control Table as part of the document control process.

APPENDIX 1. EQUALITY IMPACT ASSESSMENT

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

Private Patient Policy					
Directorate and service area: Trust Wide		Is this a new or existing <i>Policy</i>? New			
Name of individual completing assessment: Paul Russell		Telephone: Ext 5703			
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i>	This Policy has been developed to provide clear information to all staff regarding the provision and management of private patient activity within the Trust. A Private Patient Policy is required to clarify the Trust's position on patients transferring between NHS and private patient status, to ensure that all staff are aware of the necessary procedures to effectively manage this process and enable more robust monitoring of private patient activity. It is also required that administration procedures set out in this policy are followed by all staff to enable accurate capture of revenue generated by private inpatient and outpatient activity across the Trust.				
2. <i>Policy Objectives*</i>	The objective of this policy is to ensure that the Trust meets its legal and statutory responsibilities in respect of the provision of paying patient services across the Salisbury NHS Foundation Trust.				
3. <i>Policy – intended Outcomes*</i>	The principle intended outcomes is to ensure the Trust complies with the regulation of the private healthcare industry and meets its obligations in respect of regulation through the robust management of private practice across the organisation. In addition, the policy aims to ensure that where private practice is undertaken, private treatment is of the highest possible standard and that the activity delivers an element of profitability and benefit for the Trust so that profits can be used to support other NHS services.				
4. <i>*How will you measure the outcome?</i>	The policy outcomes will be measured by compliance with the regulatory standards and feedback from bodies such as the Private Healthcare Information Network. Financial performance will be monitored and measured by the Finance Department.				
5. Who is intended to benefit from the <i>policy</i> ?	Salisbury NHS Foundation Trust Clinical Staff undertaking private practice. Administrative staff supporting the delivery and management of this service. NHS patients benefiting from investment in NHS services.				
6a Who did you consult with	Workforce	Patients	Local groups	External organisations	Other
	X				
b). Please identify the groups who have been consulted about this procedure.	Please refer to the implementation plan.				

<p>What was the outcome of the consultation?</p>	<p>The policy has been amended as per recommendation from subject experts. No comment was made in relation to equality and diversity.</p>
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7. The Impact

Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		✓		
Sex (male, female, trans-gender / gender reassignment)		✓		
Race / Ethnic communities /groups		✓		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		✓		
Religion / other beliefs		✓		
Marriage and Civil partnership		✓		
Pregnancy and maternity		✓		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		✓		

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation. **or**

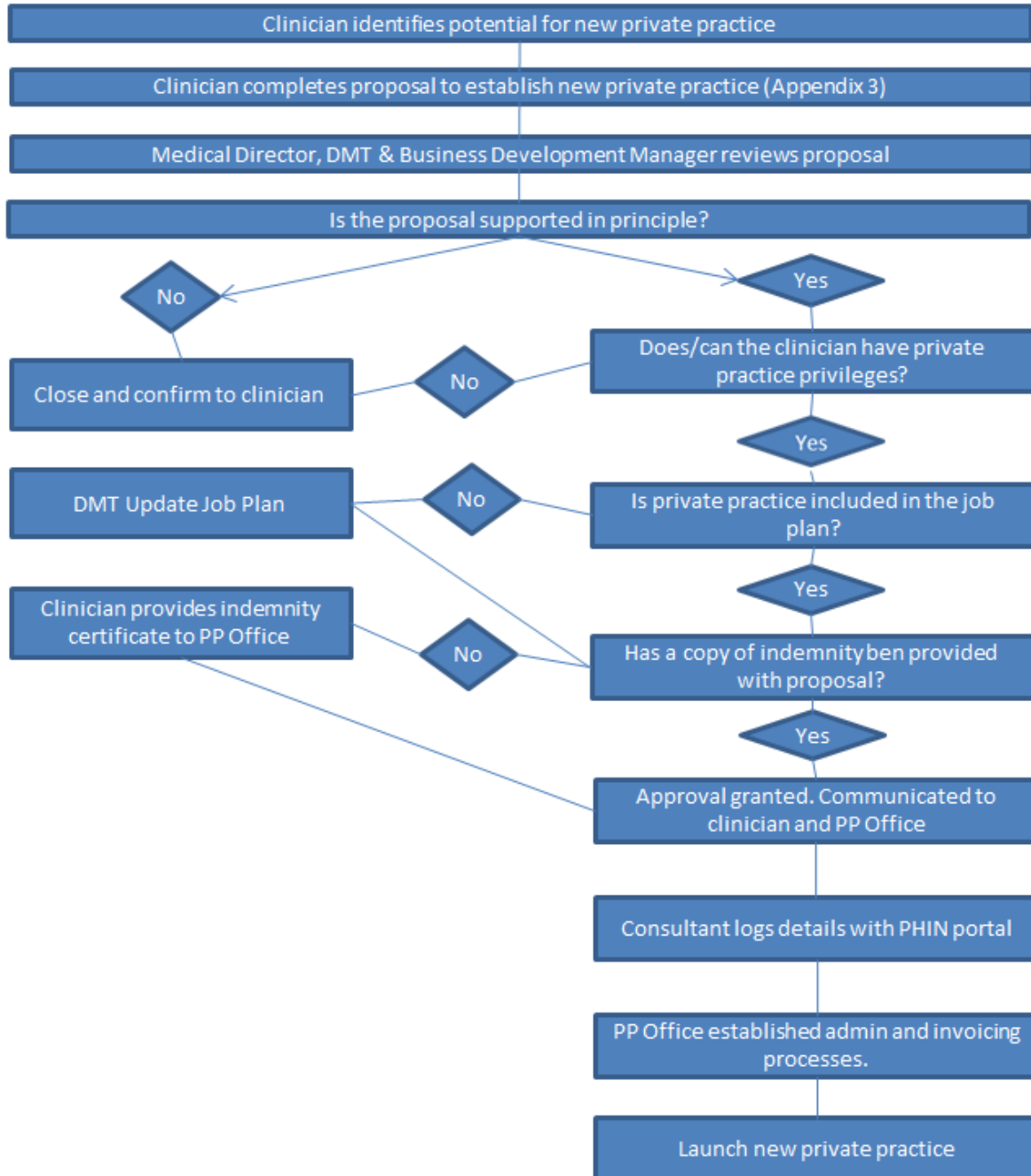
<ul style="list-style-type: none"> Major this relates to service redesign or development 			
8. Please indicate if a full equality analysis is recommended.	Yes	No	✓
9. If you are not recommending a Full Impact assessment please explain why.			
Not required.			
Signature of policy developer / lead manager / director Paul Russell		Date of completion and submission 13.03.2020	
Names and signatures of members carrying out the Screening Assessment	1. Paul Russell 2. Referred to Equality and Diversity Manager for comments. (none received)		

APPENDIX 2: UNDERTAKING TO PAY FORM

Included separately.

APPENDIX 3: PROPOSAL TO COMMENCE NEW PRIVATE PATIENT SERVICE Summary Flow Charts

A. Summary Process for Commencing New Private Practice at SFT



Proposal to Establish New Private Patient Service

Please complete the proforma below and return to the Directorate Manager for the relevant speciality.

Directorate		Specialty	
Who will provide the Service? Consultant Other staff (e.g. AHP/Drs/Nurses/Anaesthetist)			
Do staff have indemnity cover? (provide a copy with application)		Registration with insurance providers – please list including registration number	
Describe the service/patient pathway you are looking to provide: Include: adult/paediatric Outpatient/daycase/inpatient Diagnostic Tests Theatre/consultation room Follow-up Location			
What procedures will be carried out, include Outpatient procedures Inpatient procedures (include OPCS codes if known)			
What consumables will you use?			
What admin support is needed: Include: Patient contact Booking, Admin support, Notes, Lorenzo			
How often do you propose to run this service, how many patients per year?			
How will the activity be recorded?			
Do you have a tariff in mind?			
How will the patient be invoiced for the services provided			

Evidence-Based Interventions: Guidance for CCGs

Published by NHS England in partnership with NHS Clinical Commissioners, the Academy of Medical Royal Colleges, NHS Improvement and the National Institute for Health and Care Excellence
January 2019

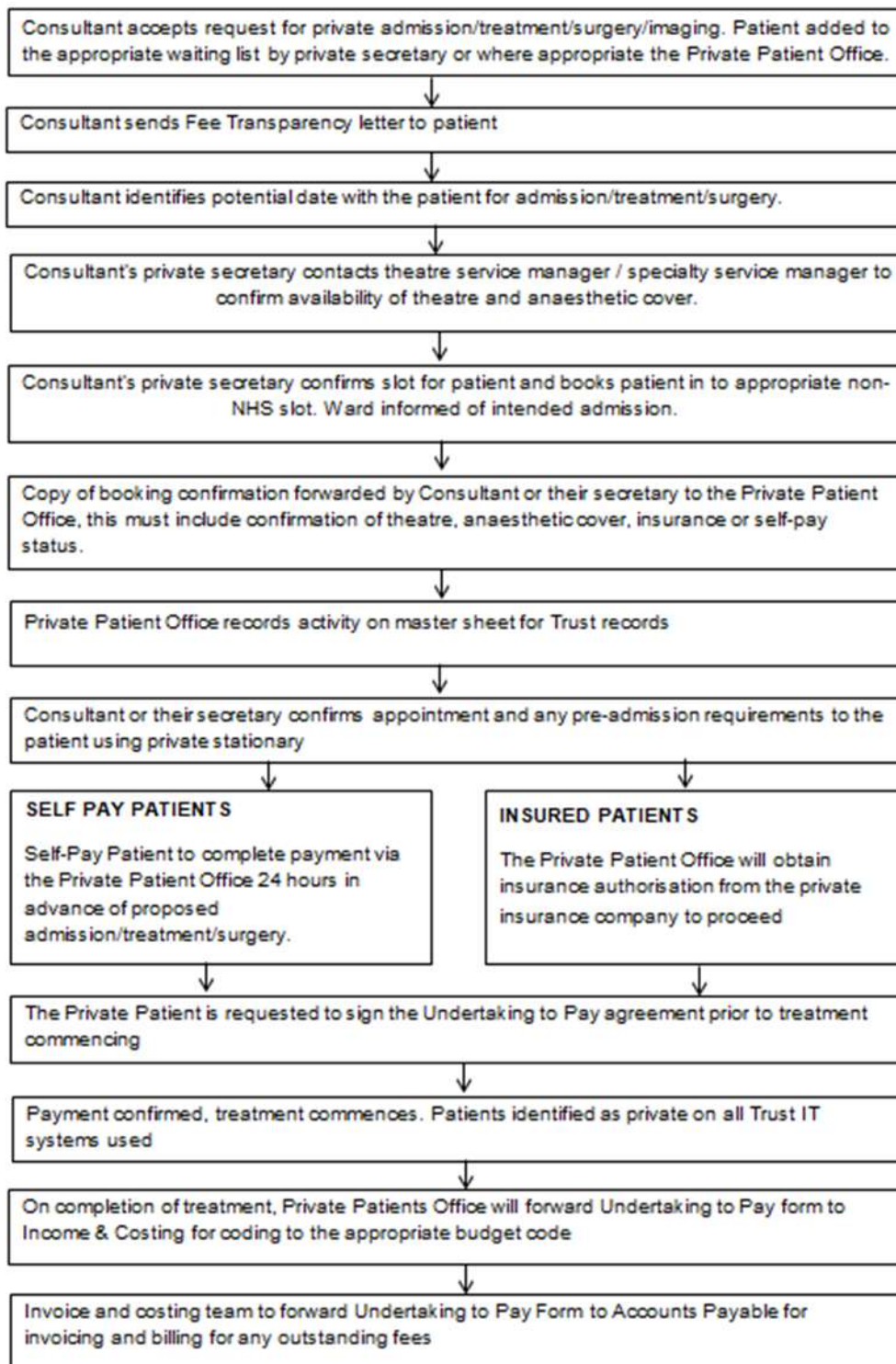
List of Procedures of Limited Clinical Value

Intervention for snoring (not OSA)
Dilation & cutterage for heavy menstrual bleeding
Knee arthroscopy with osteoarthritis
Injection for non-specific low back pain without sciatica
Breast reduction
Removal of benign skin lesions
Grommets
Tonsillectomy
Haemorrhoid surgery
Hysterectomy for heavy bleeding
Chalazia removal
Shoulder decompression
Carpal tunnel syndrome release
Dupuytren's contracture release
Ganglion excision
Trigger finger release
Varicose vein surgery

Appendix 5:

b. Summary Private Patients Booking Process- Elective Admissions

B. Private Patients Booking Process Summary – Elective Admissions



Appendix 6

Consultation and Implementation Plan

Fundamentals:

The Private Patient Policy requires that the following fundamentals be present in order to embed the policy and procedures into the standard operating function of Salisbury NHS Foundation Trust;

- Completion of thorough consultation during formulation of the policy.
- An endorsement of the policy via approval and where appropriate, ratification.
- Dissemination of the policy to all staff levels.
- Inclusion of defined roles and responsibilities within the Trust following adoption.
- A framework for supporting appropriate standards, procedures and guidelines.
- Regular review of the policy.

Frequency of Review

The Private Patient Policy has been created in line with Trust's published strategic aims NHS national standards. The frequency of review will be every three years.

IMPLEMENTATION PLAN

Task	Activity	Responsible	Start	End	Status
1	Consultation: 1. Medical Director 2. Pharmacy 3. Admin'/Ops' 4. Finance 5. Legal 6. IG 7. Medical Records 8. IT 9. Clinical Directors 10. Directorate Managers 11. IS 12. Strategy	Business Development Manager	Now	16.06.20	Complete
2	Policy Approval	Clinical Management Board	24.06.20		
3	Policy Ratification	TBA by CMB	TBC		
4	Uploaded to Microguide	Informatics	Immediately following approval		
5	Notification to staff via intranet home page once uploaded	Private & Overseas Administration Team	Immediately following approval		
5	Notification to staff via Pulse	Private & Overseas Administration Team	Immediately following approval		
6	Publication in next edition of Cascade Brief	Private & Overseas Administration Team	Immediately following approval		
7	Email to Consultant body	Business Development Manager	Immediately following approval		
8	Audit compliance	Business Development Manager	Ongoing	Ongoing	Ongoing

Appendix 7

Data Protection Impact Assessment**Short form for temporary usage on projects to maintain running of essential services during the COVID-19 outbreak**

This is simplified Data Protection Impact Assessment (DPIA) that has been developed for use with urgent Data Protection / IT developments during the COVID-19 Coronavirus outbreak, so as to not delay the development / deployment of essential services during the pandemic. It has been designed to ensure rudimentary due diligence in line with Data Protection legislation, so as to capture and manage any immediate Data Protection concerns. It does not cover all elements required of a standard DPIA that would be used within a Business As Usual scenario. Consequently, **once the immediate pandemic situation has subsided, the Team implementing the project to which this DPIA relates will be required to complete a full retrospective DPIA.**

Step 1: Administration

Trust Name: Salisbury NHS Foundation Trust

Project Title: Private Patient Policy

Senior Responsible Officer for the request:

Name: Paul Russell
 Job Title: Business Development Management
 Email: paul.russell4@nhs.net
 Extension/Mobile Number: 2170/5703

Step 2: Project Details

2.1 What are the full details and rationale of the project?

As part of the Trust COVID recovery programme, the opportunity of a hiatus in service is being taken to review all private patient services, governance and processes at SFT before treatments are permitted to recommence. To establish the standard that is expected to be followed, a Trust wide policy is required. The policy deliberately aims to reinforce and where necessary, mandate the use of existing Trust information systems and policies and processes to strengthen IG compliance.

2.2 What is the name of the system / application to be used?

Existing Trust systems only – no new systems are being introduced

2.3 Is the system / application being used in any similar organisation to this, and if so, which? (See also Q3.5.)

N/A

Step 3: Apps and websites Checker (All new Apps and websites need to be audited using the tools below)

3.1 Click on link or copy and paste <https://reports.exodus-privacy.eu.org/en/> into Google. Type in the name of the app. (Not all apps will come up).Detail the results below.

N/A

3.2 Click on link or copy and paste <https://webbkoll.dataskydd.net/> into Google. Type in the name of the company url (website address) into the search box. Detail the results below.

N/A

Step 4: Risk Assessment and Mitigation

4.1 Are there any risks to the **Confidentiality** of personal data? *Confidentiality is defined as unauthorised disclosure of, or access to, personal data.*

No. Compliance with existing Trust processes and policies will ensure mitigation of any risks.

4.2 Are there any risks to the **Integrity** of personal data? *Integrity is defined as unauthorised or accidental alteration of personal data.*

No

4.3 Are there any risks to the **Availability** of personal data? *Availability is defined as unauthorised or accidental loss of access to, or destruction of personal data.*

No

4.4 Are there any known or immediate technical / IT / Information Security / Cyber Security concerns?

No

4.5 If the answer is "Yes" to 4.1, 4.2, 4.3 or 4.4 how are these to be Reduced or Mitigated?

NB: Without the adoption of this policy, there is a risk that information that the Trust is obligated to hold to appropriately record and manage patient treatments and services may not be retained and stored appropriately.

4.6 Once the mitigations in 4.5 are implemented, how would you score any remaining risk in the following Risk Assessment? If you consider that there are no remaining risks give a value of 1 for both Likelihood and Severity.

Likelihood <i>(please tick)</i>			x	Severity <i>(please tick)</i>			=	3
1	X	Rare		1		Negligible		
2		Unlikely		2		Minor		
3		Possible		3	X	Moderate		
4		Likely		4		Major		
5		Almost certain		5		Catastrophic		

Any risks scoring above 6 will need to be reviewed by either the Trusts' Senior Information Risk Owner (Esther Provins), Chief Information Officer (Jonathan Burwell), Data Protection Officer (Heidi Doubtfire-Lynn) or an executive director (depending on availability during the

Step 4: Request Sign-Off

Sign-off can be given by a Senior Manager for any DPIAs scoring up to 6 in Q4.6, a copy of which must be emailed to the IG Team sft.information.governance@nhs.net. For those scoring above this it must be from the Trusts' Senior Information Risk Owner (Esther Provins), Chief Information Officer (Jonathan Burwell), Data Protection Officer (Heidi Doubtfire-Lynn) or an executive director (depending on availability during the outbreak), demonstrating that risks have been acknowledged and accepted for the duration of the pandemic, and will be added to the Trust's Risk Register.

Name: Diane Gravett
 Job Title: Deputy Information Governance Manager
 Email: diane.gravett@nhs.net
 Extension/Mobile Number: 5731

