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Royal Cornwall Hospitals NHS Trust

POLICY UNDER REVIEW

Please note that this policy is under review. It does, however, remain current Trust policy subject to any recent legislative changes, national policy instruction (NHS or Department of Health), or Trust Board decision. For guidance, please contact the Author/Owner.

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Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

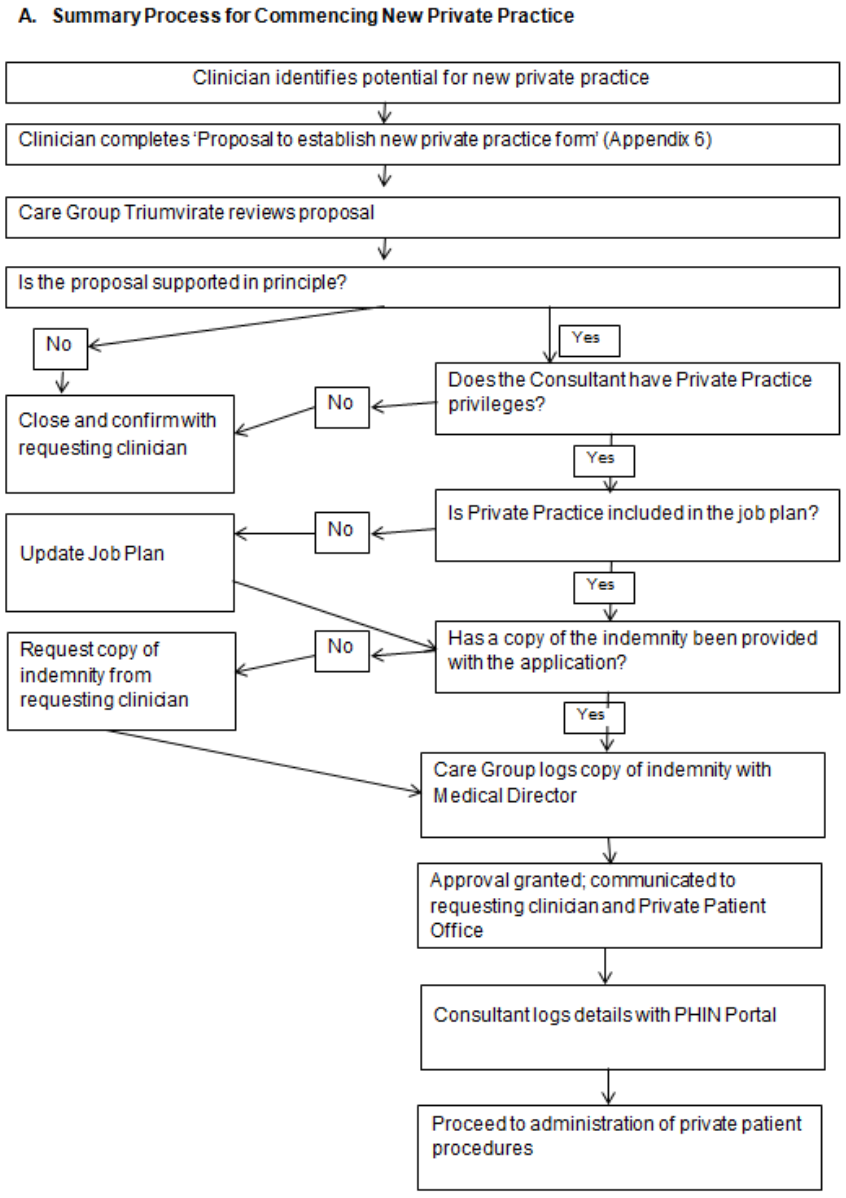
Private Patient Policy

V1.0

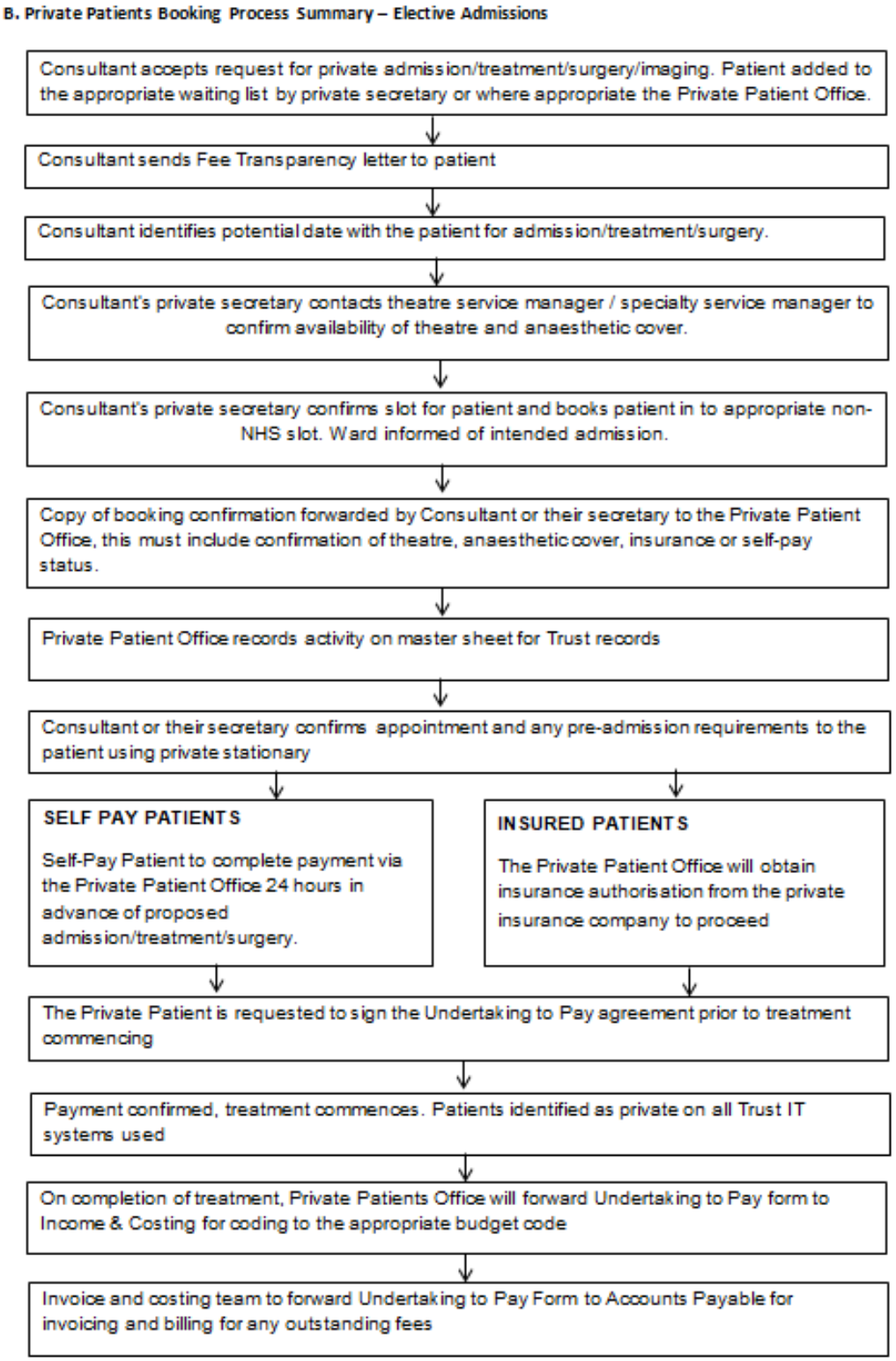
March 2020

Summary Flow Charts

A. Summary Process for Commencing New Private Practice at RCHT



b. Summary Private Patients Booking Process- Elective Admissions



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1. Introduction

1.1 Overview

1.1.1. The Royal Cornwall Hospitals NHS Trust (hereafter known as the Trust) wishes to provide an efficient and robust Private Patient Service offering a wide range of procedures across various specialties generating income for the benefit of all patients within the Trust. The provision of accommodation and services for private patients will be managed alongside NHS services and will not be to the disadvantage of those who are, or wish to become, NHS patients.

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 the 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.

1.1.5. Failure to comply with this policy by Trust employees could result in disciplinary action.

1.1.6. This version supersedes any previous versions of this document.

1.2 Principles of Conduct in Relation to Private Practice

The following principles govern the use of NHS facilities for private patients:

- The provision of accommodation and services for private patients should not prejudice the interest of NHS patients or disrupt NHS Services (as outlined in *A Code of Conduct for Private Practice, 2004*).
- All clinicians practising privately at the Trust MUST provide the Trust with a valid proof of indemnity insurance.
- Only Consultants 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

1.3 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 Guide to the General Data Protection Regulations together with the new Data Protection Act 2018 (DPA 2018) sets out that the Trust has a duty under this Act to ensure there is a valid legal basis to process personal and sensitive 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. The Guide to the General Data Protection Regulations and the Data Protection Act 2018 (DPA 2018) cover all staff including those working as contractors and providers of services.

1.4.4. As far as compliance with the GDPR goes 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…'

1.8.3 Patients who are considered ineligible for free healthcare within the NHS 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 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.

2.3. The Private Patient Policy sets out the administration procedure that must be followed by all staff to enable accurate capture of revenue generated by private inpatient, day case and outpatient activity across the Trust.

3. Scope

3.1. This Policy applies to all members of staff at RCHT, including full and part-time employees; clinical and non-clinical employees, as well as workers engaged through Kernowflex or an Agency, who 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.

These include, but are not limited to:

- NHS England Standards of Business Conduct
- Job Planning Agreement for Current Year – RCHT Consultant and SAS Doctors
- Additional Employment Policy
- Conflict of Interest Policy
- Policy to Manage Information and Records
- Records, Information and Data Quality Strategy
- Private Prescribing Policy
- Complaints and Concerns Policy
- Standing Orders, Standing Financial Instruction and Scheme of Reservation and Delegation

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. **Change of Status Form –** a Change of Status Form a form which is signed by the Consultant and Patient when a patient no longer wishes to receive private care, and to receive the rest of their care as an NHS patient. (Appendix 4).

4.3. **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

4.4. **Clinical Negligence Schemes for Trusts /CNST –** a scheme managed by NHS Resolution that handles all claims for clinical negligence against member NHS bodies.

4.5. **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.

4.6. **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.

4.7. **Insured Patient** Insured patients are those whose private treatment is funded through a medical insurance policy and a pre-authorisation from the insurer.

4.8. **Overseas Patient –** A patient who is not "ordinarily resident" in the United Kingdom.

4.9. **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.

4.10. **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. **RADAR –** the Trust's Commissioning, Performance and Intelligence tool, used to provide regular reports to the Paying Patient Office 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 Royal Cornwall Hospitals Trust.

4.15. **Trust –** Royal Cornwall Hospitals NHS 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 Royal Cornwall Hospitals 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/CD FORM –** this form is used by the Trust to itemise the cost of private care for a patient receiving services and which 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

- 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 of practice and reporting requirements to the Private Healthcare Information Network (PHIN).
- The Medical Director will be responsible for approving 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”.

- As part of the job planning process for Consultants, the Medical Director is responsible for granting and approving private practice privileges to Consultant. The Medical Director will have the responsibility for suspending private practice privileges when this is appropriate. Copies of individual consultant’s indemnity will be lodged with the Medical Director’s Office.

5.3. Director of Strategy and Performance

- The Director of Strategy and Performance is responsible for leading the Trust’s strategy in respect to private practice.
- The Director of Strategy and Performance is the Executive 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).

5.4. Director of Finance

- 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.
- 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.
- 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.
- 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. Triumvirate - Care Group General Manager/Clinical Director/Heads of Nursing

- The Triumvirate is responsible for the delivery of services that are safe, caring and to a high standard for all Trust patients. The Triumvirate is responsible for the effective use of resources and Care Group performance against NHS targets. The Triumvirate is responsible for ensuring that where private services are offered or planned within the Care Group, the provision of such services must not impact or cause detriment to the provision of NHS services to patients.
- The Triumvirate is to ensure that any request to commence a new private patient service is considered for approval via the Care Group,

and where approved the resource requirements are understood and balanced against any gain from income. Private Practice privileges must be reflected in the agreed consultant job plans. The Triumvirate is responsible for ensuring that consultant indemnity cover for private practice is lodged with the Medical Director.

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

- 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.
- 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.
- Where Consultants are seeing patients on a private basis, the Consultant must ensure that the Medical Director and Care Group Triumvirate have agreed their private work and have jointly agreed where private patient time is scheduled within their job plans.
- Consultants should not initiate discussions about providing private services for NHS patients, while they are working in a NHS capacity.
- Consultants offering private patient services must ensure that these provide a level of income that exceeds total cost and should not run at a loss to the Trust. 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, for example theatre lists or diagnostic imaging, when managed within the guidance set out in this Policy.
- On rare occasions, a Consultant may request to undertake private work in NHS time. To protect Consultants from any perception of conflict of interest, when this occurs, the supporting Service Manager must complete the form NHS/Private Patient Time Owing Form outlined in Appendix 3.
- 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 Care Group Manager).
- 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.
- 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 Care Group General Management Team. In such cases, Trust Management 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.

- Consultants must ensure that their private correspondence is not written on Trust headed paper, or typed by Trust staff during their working hours. If these reports were written on Trust headed paper then this could be seen as ratification by the Trust of the Consultant's actions and therefore no cover would be available under the Clinical Negligence Scheme for Trusts (CNST). It is however acceptable for Consultant Radiologists and other clinical staff to use Trust systems such as the Patient Administration System (PAS), the Trust's radiology system CRIS for the purpose of reporting on clinical imaging scans, provided the referral is clearly indicated as a private referral with an administration category P to denote private status of the patient.
- 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 the Royal Cornwall Hospitals Trust.
- 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.
- The purpose of these letters is to ensure that patients have information about the consultant which allows them to make informed decisions. CMA approved fee transparency letters are found on the PHIN portal.
- https://portal.phin.org.uk/hospitals/Pages/Manual.aspx?title=Working+with+your+consultants+&topic=7
- Consultants must ensure that all relevant staff are fully aware when a patient is private. This includes pathology, 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 that could be incurred as part of a patient's private episode of care, must be explicitly set out in the quotation 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.
- Consultants should 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.

- 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 Trust.
- Non-Consultant staff who provide a service to private patients e.g. clinical scientists, should have a statement in their NHS Job Descriptions, agreed with the Triumvirate and that they that they are undertaking private patient services as part of their NHS contract to ensure they are indemnified by the Trust for these activities.
- As a matter of good practice, Consultants should ensure that private health notes or images relating to a patient's condition and previous procedures/treatments given are copied and placed in the relevant NHS notes or on MAXIMS. This will ensure continuity of information relating to the treatment of the patient during their care with the Trust.
- 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.
- https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice
- Consultants must have the prior agreement of the Care Group Triumvirate for the planned use of NHS facilities and NHS staff for the provision of private professional services.
- 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.
- 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. A "Change of Status Form" Appendix 4 will need to be completed by the Consultant and the patient, for all private patients who wish to change from a private patient to an NHS patient category. The "Change of Status Form", must be sent to the Paying Patient Office.
- The Clinical Imaging service paying patient activity tends to take place during the normal working day, and non-consultant staff undertaking this work, will not usually be paid for undertaking private work. Where Agenda for Change staff undertake certain clinical imaging scans out of hours, for example ultrasound, or nuclear medicine, they will be able to claim additional payment in accordance with provisions set out in Agenda for Change. Medical staff undertaking private work in clinical imaging will do so outside NHS time, except where it is not practical or safe to do so. In these circumstances the provisions of Paragraph 5.6.6 of this Policy will apply.
- Consultants who wish to use the Trust Finance Department for the invoicing of their professional fees, should contact their Care Group Finance Manager 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.

- 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.
- 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

- Medical secretaries are responsible for the provision of an administrative service to a Consultant or a clinical team for NHS Services.
- Some Consultants choose to pay their NHS medical secretary to support private practice. In these circumstances, the medical secretarial support for private practice must take place outside NHS duty time. Any member of staff receiving additional pay in support of administering private work must ensure this is applied for via the Additional Employment Declaration Form and supported by their NHS line manager in line with the Trust's Additional Employment Policy. In line with the Additional Employment Policy, any adverse impact on a staff member's attendance and or timekeeping deemed to be attributable to additional employment will be investigated in line with Trust policies.
- NHS administration staff should not conduct private work during contracted NHS working hours except where a patient needs support in an emergency situation or requires urgent support from the Consultant arising from treatment as a private patient; where this is required, this must be agreed with the NHS Line Manager. Staff should not undertake private administration work on Trust premises outside their contract hours, unless agreed with their Service Manager.
- However, in exceptional circumstances, it is appropriate to support private patient activities within core NHS duty time, e.g. liaison with the patient, discussion with the consultant and the wider clinical team. This level of support is recognised by the Trust and is appropriate given the income from private practice is returned back to the specialty budget.

5.8. All RCHT Staff Supporting Private Activity

- RCHT fully supports staff to provide care and treatment to private patients; the source of revenue must not influence the care provided.
- It is the responsibility of each employee who may be 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 Payments and Contracts Manager.
- 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 vicarious liability insurance if working for the Trust.

- There may be occasions where non-consultant staff are requested by Consultants, Care Group General Managers to assist in supporting paying patient activity with their specialty.
- 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.
- 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 on e-roster, 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.
- 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)

- The Income and Costing Team within the Finance Department are responsible for the production of the Trust Paying Patient Tariff on an annual basis so that this can be published to medical insurance companies and the private patient office so that Undertaking to Pay Forms can be raised for goods and services received on a private basis.
- The Income and Costing Team is responsible for the correct allocation of Trust income into the appropriate Care Group cost centres.
- The Income and Costing Team will provide the Paying Patient Office with costs relating to private services that are not currently listed on the Paying Patient Tariff so that Undertaking to Pay Forms can be raised to the patient for goods and services received on a private basis.

5.10. Accounts Receivable Team (Finance Department)

- The Accounts Receivable Team within the Finance Department is responsible for raising invoices to private patients from Undertaking to Pay Forms forwarded to them from the Paying Patient Office. The team is also responsible for ensuring cost recovery measures are in place at appropriate intervals described in the Financial Control Policy.
- The Accounts Receivable Team is responsible for notifying the Payments and Contracts 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. Head of Patient Services

- The Head of Patient Services will provide line management support for the Payments and Contracts Manager, 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. Payments and Contracts Manager

- The Payments and Contracts Manager has responsibility for the day-to-day management of the paying patient team. They are responsible for ensuring that all private patient activity across the Trust is charged and captured where it is booked by staff working in Care Groups. They are responsible for ensuring that the standards set out in this policy are adhered to and that operational procedures with the paying patient team 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's our internal procedures are met. This includes assuming delegated responsibility from the Head of Patient Services to meet all the information reporting requirements and other standards set by the Private Healthcare Information Network (PHIN). The Payments and Contracts Manager will work closely with the Accounts Receivable Team to ensure that any billing issues around account shortfalls are resolved. The Payments and Contracts Manager will provide advice to staff regarding the standards and processes described in this Policy.

5.14. Private Patient Officers

- The role of the Private Patient Officers is to provide an effective and efficient administration in the management of private patients. This includes providing general advice on tariff costs, booking appointments for tests and procedures, preparing Undertaking to Pay Forms, taking payments from paying patients in advance of treatment and for seeking insurance policy details and pre-authorisation of treatment from paying patients so that invoices can be raised in accordance with Trust financial procedures by the Accounts Receivable Team.
- ALL staff have a responsibility to send all Private Patient activity to the Private Patient office for invoicing on behalf of the Trust.

6. Standards of Practice

6.1. Indemnity

6.1.1. Consultants are directly responsible for their Private Patients and will maintain their own indemnity cover, unless providing emergency cover when no charge for the emergency episode will be made.

6.1.2. A copy of the indemnity arrangements must be lodged annually with the Medical Director. 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 indemnity 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.

6.1.3. 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.

6.1.4. However, where junior medical staff, registered nurses or members of professions supplementary to medicine are involved in the care of private patients in NHS hospitals, they would normally be doing so as part of their NHS contract, and would therefore be covered. The guidance confirms that all junior medical staff, nursing and allied medical professionals would be covered under the NHS Indemnity schemes as they are undertaking this work as part of their NHS Contract.

6.2. Compliance with The Competition and Markets Authority (CMA) Order 2014

6.2.1. General Statement

The Royal Cornwall Hospitals NHS Trust does not offer any inducements to referring clinicians to refer private patients for any service at the Royal Cornwall Hospitals i.e. The Royal Cornwall Hospital, West Cornwall Hospital, and St Michaels Hospital.

6.2.2. Higher Value Services – Article 16.2(c)

6.2.2.1. The Trust will make charges for the hire of Consulting Rooms by Consultants wishing to see patients on a private practice, at a room hire rate set by the Trust.

6.2.2.2. Secretarial support is directly organised by the Consultant themselves; through the use of the private secretaries, or a private arrangement outside the Trust.

6.2.2.3. Some consultants chose to engage the services of their NHS medical secretary to support their private practice. However, NHS medical secretaries, are not permitted to deal with private patient duties during their regular NHS working hours, except in the case of an emergency, and any private work undertaken is reimbursed by their Consultant directly.

6.2.3. Low Value Services – Article 17.2

The following “low value” services are also provided to clinicians undertaking private practice at the Royal Cornwall 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 are not provided to Consultants.
- Meals are not subsidised or free of charge.
- Onsite car parking spaces are provided to Consultants and Staff of the Royal Cornwall Hospitals NHS Trust subject to compliance with the Trust’s Car Parking Policy. Consultants and Staff must pay for onsite car parking.
- The Trust does not undertake general marketing or other promotional activities on behalf of or in relation to private practice at the Royal Cornwall Hospitals NHS Trust.
- The Trust does have general information for patients on its website about how to access and pay for private patient services, but this does not include a directory of services or details of consultants undertaking private practice.

6.2.4. Corporate Hospitality – Article (17.3)

The Royal Cornwall Hospitals NHS Trust does not provide any corporate hospitality events to referring clinicians.

6.2.5. Financial Interests – Article (19.1) and (19.2)

6.2.5.1. No referring clinician with private practice at the Royal Cornwall NHS Hospitals Trust has any financial interest in the Trust, or in the equipment used at the hospital.

6.2.5.2. All referring clinicians with private practice are employed on NHS Consultant Contracts with the Trust.

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

No payments are made by the Royal Cornwall Hospitals NHS Trust to referring clinicians holding a part –time position in a private hospital.

6.3. Identification of Private Patients: Procedures, Standards and Practice

6.3.1. Undertaking to Pay & the Undertaking to Pay Form

6.3.1.1. 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 5. This is from a pad of accountable stationery (CHA2327), provided by Finance Department to the Paying Patient Office. These forms have a unique identification number and must contain the information described in section 6.4 of this policy.

6.3.1.2. If the Paying Patient Office has not been notified of a private outpatient appointment the private medical secretary will raise an “Undertaking to Pay Form” as per above.

6.3.1.3. On receipt of the form in the Paying Patient Office, the Paying Patient Officer 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.

6.3.1.4. The “Undertaking to Pay Form” will be recorded on a billing register held in the Paying Patient Office and forwarded to the Finance Department for processing.

6.3.1.5. The “Undertaking to Pay Form” is not retained by the Private Patient Office, but it is scanned by the accounts receivable team in the Finance Department into Unit4 and held with the customer’s account and the invoice that has been sent for the services received by the patient.

6.3.1.6. Each week, the Information Services team will generate a report on the Trust system RADAR for the Paying Patient Office of all private outpatient activity. The Paying Patient Officer 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.

6.3.1.7. The following outlines the Undertaking to Pay procedures for both insured private patients and self-paying patients.

6.3.2. Insured Private Patients

6.3.2.1. 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.

6.3.2.2. 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 at the Royal Cornwall Hospitals Trust.

6.3.2.3. Once the pre-authorisation has been provided by the patient, the Paying Patient Officer will raise the "Undertaking to Pay Form" that will set out for the patient and their insurance provider a description of goods and services 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.

6.3.2.4. The Trust fee for the treatment will be derived from either from the contract held by the Trust with the insurance provider or the HRG costing provided by the Income and Costing Team in the finance department.

6.3.2.5. The patient will also be made aware on the "Undertaking to Pay Form" that they are liable for any costs involved in the procedure, treatment or investigation, not covered by the terms of their insurance policy. They will also be made aware that they will be liable for the payment of any excess deducted by the insurance company to the Trust. The patient will be required to sign the Undertaking to Pay Form.

6.3.2.6. On completion of Treatment the Paying Patient Office will record the episode on a billing register held in the private patient office and forward the "Undertaking to Pay Form" to the Income and Costing Team for coding of the income to the appropriate Care Group budget code. The Income and Costing Team will forward the "Undertaking to Pay Form" to the Accounts Receivable so that invoices and billing can take place to the responsible person or body for settlement of the fees due.

6.3.2.7. 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 raised on the "Undertaking to Pay Form".

6.3.2.8. 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.

https://portal.phin.org.uk/hospitals/Pages/Manual.aspx?title=Working+with+your+consultants+&topic=7

6.3.3. Self-Pay Private Patients

6.3.3.1. 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.

6.3.3.2. Once a patient has been identified as a private self-pay patient an Undertaking to Pay Form will be raised by the Paying Patient Officer, detailing the CCSD code for the procedure and the Trust fee associated with the procedure.

6.3.3.3. The patient will be asked to pay over the telephone in advance for the full trust fee ahead of the procedure taking place. The preferred method of payment will be by credit or debit card to the private patient office, but other methods of payment may be used, e.g. bank transfer, cash, or cheque.

6.3.3.4. The patient will be offered the receipt for the payment either by post or scanned by email and sent to them. The date of the payment will be recorded on the Undertaking to Pay Form, and records held in the private patient office.

6.3.3.5. The transaction will be recorded on a cash collection sheet, and taken to the Income and Costing Team with a print out from the visa machine showing a summary of transactions for the close of business that day.

6.3.3.6. Self-pay patients should not receive private patient services until they have paid.

6.3.4. Identification of Private Patients

6.3.4.1. It is the Consultant's responsibility, or staff authorised on their behalf, for example a private secretary, to ensure that the Paying Patient Office 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.

6.3.4.2. For ease of raising the "Undertaking to Pay Form", the treating clinician must give the Private Patient Office with 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 on the "Undertaking to Pay Form".

http://www.ccsd.org.uk/

6.3.4.3. 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. In the case of diagnostic imaging all private patients will be added to the REFVCPP booking list and have an administration category of P applied to their status on the clinical imaging system (CRIS).

6.3.4.4. Outpatient, day case and inpatient activity recorded on the Patient Administration System (PAS) in respect of private patients will also have the administration category of P applied to their status.

6.3.4.5. The Private Patient Team will work closely with Consultants, their private and NHS secretaries, ward staff, theatre staff and diagnostic department staff in order to ensure that effective communication takes place in respect of private patient activity.

6.3.5. Two Week Wait Referral Patients

Two week wait referral patients must not be booked as 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

http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Finance/FinancialAndContractManagement/PatientAccessPolicy.pdf

6.3.6. Change of Status from Private Patient to NHS Patient - The Change of Status Form

6.3.6.1. 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:-

- where a patient chooses to exercises 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 or private treatment 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 should be determined by the same criteria applied to other referrals in accordance with the Access Policy of the Trust.

  http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Finance/FinancialAndContractManagement/PatientAccessPolicy.pdf

- 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.

6.3.6.2. Where the patient chooses to return to NHS care, the Change of Status From must be completed (Appendix 4) as per the process outlined below.

6.3.7. The Change of Status Administrative Process

6.3.7.1. Before a patient can change their status they must complete a Change of Status Form. The Form must be signed by the Consultant and the patient. Unless a change of status form has been completed and signed the patient's change of status and administration category on IT systems will not be recorded by the Trust.

6.3.7.2. The form should be instigated by the patient's Consultant who must countersign and date when the change of status is effective. The Change of Status Form is a 3 part stationery form; the white copy is retained by the Patient, the green copy by the Consultant, and the yellow copy is retained by the Private Patient Office as a record that the patient has decided to return to NHS care. The Private Patient Office will retain the form in accordance with the Trust's document retention schedule.

6.3.7.3. 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.

6.3.7.4. 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.

6.3.7.5. A private inpatient has the right to change to NHS status if there is a change in their medical circumstance.

6.3.7.6. All patients who change status are still liable for the charges they incur for treatment while they are still 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.

6.4. Private Inpatients And Day Cases Administrative Procedures

6.4.1. Elective Admissions

6.4.1.1. The Paying Patient Team will endeavour to accommodate private inpatients in a single room on the ward but this cannot be guaranteed. The decision will be subject to the availability of single rooms on the ward due to clinical priorities.

6.4.1.2. The admitting Consultant, or his private secretary, is responsible for informing the Private Patient Office and the hospital admissions staff in by email, either directly or via the Consultant's NHS secretary, 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
- Date of Birth
- NHS Number
- GP
- Proposed Admission Date
- Procedure name and code
- Treating Consultant
- Insurance details or self-pay status – self pay patients must pay in advance of treatment

6.4.1.3. 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 that come from either the Trust's Private Patient Tariff, or costs provided by the Clinical Coding Teams and Income and Costing Team, derived from the Healthcare Resource Group (HRG).

6.4.1.4. The patient must then be added to the waiting list as a private patient by the private patient team or the private secretary clearly recording their private status. Patients should not be routinely planned during times at which the clinician is scheduled to be working for the NHS, however start and finish times can be flexible once the 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.

6.4.1.5. 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.

6.4.1.6. The Consultant's private secretary must inform the ward of the intended admission date so they are aware when a private patient is due for admission.

6.4.1.7. 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 Galaxy. This is to ensure an NHS patient is not displaced.

6.4.1.8. 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.

6.4.1.9. The Consultant's private secretary 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.

6.4.1.10. The Private Patient Officer will raise the appropriate "Undertaking to Pay Form" and where the patient is a self-pay patient, take payment in advance for the Trust fee or package price for the procedure or investigation. The patient will be made aware that the Trust reserves the right to make charges for any additional treatment received by the patient even if it was not included in the original estimate.

6.4.1.11. Where the patient is using private medical insurance to cover the Trust fees associated with the procedure, the "Undertaking to Pay Form" will be raised with the patient's insurance policy number and a pre-authorisation code for the procedure, tests or investigations to take place at the Royal Cornwall Hospitals Trust.

6.4.1.12. If the Paying Patient Officer has not received an authorisation number from the patient's insurance company that covers the planned admission the Payments and Contracts Manager will contact the insurance company to gain authorisation for the procedure to take place. If a patient's stay extends beyond the period covered by the insurance company the Paying Patient Officer 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.

6.4.1.13. If 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.

6.4.1.14. The Paying Patient Office will receive a weekly report from the Trust's RADAR system, that details on a weekly basis, all private patients who have been admitted to hospital as outpatients, day cases or inpatients. The Paying Patient Officer will cross check the information against copies of the "Undertaking to Pay Forms" that have been raised and held in the Paying Patient Office. Any missed activity will be invoiced in accordance with the prevailing Private Patient Tariff or costs provided by the Income and Costing Team.

6.4.1.15. There may be occasions where the Paying Patient Office 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.
- ensure 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 send to the Income and Costing Team for coding and raising of an invoice through the Accounts Receivable Team.

6.4.1.16. All completed "Undertaking to Pay Forms" will be sent by the Paying Patient Office, with a copy of the card payment receipt, where appropriate, or insurance details to the Finance Department for coding of the income to the appropriate Care Group budget and the raising of an appropriate invoice for payment where this is required e.g. to the private insurance companies.

6.4.1.17. From April 2017, hospitals are legally responsible for collecting and reporting data to PHIN. This information includes patient feedback and experience derived from NHS patient surveys. Following admission and treatment, all patients will be invited to participate in a Patient Satisfaction Survey providing feedback and comment on their experience as a private patient of the Royal Cornwall Hospitals Trust.

6.4.2. Theatre Hire by Consultants for Private Elective Surgical Admissions

6.4.2.1. 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.

6.4.2.2. Consultants who wish to enter into this arrangement must discuss this with the Care Group General Manager/Clinical Director, 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.

6.4.2.3. The finance department 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.

6.4.2.4. 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.

6.4.3. Emergency Private Admissions

6.4.3.1. 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

6.4.3.2. A clear audit trail should be maintained to facilitate any necessary time shifting of the Consultant's time between the Consultant and Care Group General Manager (Appendix 3)

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

6.4.3.4. On occasion it may be that a Consultant will wish to admit a patient as an emergency, or at a time when the Paying Patient Office 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.

6.4.3.5. 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.

6.4.3.6. As soon as is practical, the Consultant or their private secretary, must contact the paying patient office to inform them of the admission so that the Paying Patient Officer can raise the appropriate “Undertaking to Pay Form”. If the patient is still an inpatient, and they are well enough to sign the “Undertaking to Pay Form” the Paying Patient Officer will visit the ward to obtain their signature agreeing to pay for the services they have received.

6.4.3.7. In the case of an insured patient, the Paying Patient Officer will contact the insurance company at the first opportunity to obtain authorisation and will inform the patient as to how much cover the insurance company agrees to provide in terms of treatment costs.

6.4.3.8. The Private Patient Office will also continue to monitor the admission and provide updates to the insurance company as and when required.

6.4.3.9. As a matter of good practice, consultants should ensure that private health notes or images relating to a patient’s condition and previous procedures/treatments given are copied and placed in the relevant NHS notes. This will ensure continuity of treatment relating to the treatment of the patient during their care with the Trust.

6.4.4. Non-Emergency Ambulance Service Charges

6.4.4.1. 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 or the Paying Patient Officer.

6.4.4.2. The Paying Patient Office is not responsible for organising non-emergency ambulance transport and any patient requesting this will have to arrange this themselves.

6.4.4.3. 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.

6.5. Private Outpatients

6.5.1. Outpatients – Administrative Procedures

6.5.1.1. 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. For the avoidance of doubt, the transparency letter provided to the patient must detail the Consultant's professional fee for the appointment together with the appropriate Trust fee derived from the Paying Patient Tariff or the private medical insurance tariff for the consultation.

6.5.1.2. 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.

6.5.1.3. 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.

6.5.1.4. 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.

6.5.1.5. On arrival to the outpatient appointment the reception staff will record the patient as attending the appointment. Following the appointment either they or the private medical secretary will be responsible for finishing the outpatient episode of care using the appropriate outcome code on the Patient Administration System (PAS).

6.5.1.6. Consultants should ensure that the outpatient appointment is recorded in the relevant NHS notes for the patient and that the correspondence to the referring specialist or clinician is recorded on MAXIMS. This will ensure continuity of information relating to the treatment of the patient during their care with the Trust.

6.5.1.7. In circumstances where the Paying Patient Office has been notified of a private outpatient appointment taking place, the

Private Patient Officer will raise an Undertaking to Pay Form as described in Section 6.3.of this Policy.

6.5.2. Outpatient Room Charges/Hire of Outpatient Rooms by Consultants

6.5.2.1. 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.

6.5.2.2. 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. The Finance Department will raise the appropriate charges to Consultants undertaking private work on the Trust's premises.

6.5.2.3. Consultants who wish to enter into this arrangement must discuss this with the Care Group General Manager/Clinical Director, 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.

6.5.2.4. The finance department will invoice the Consultant's private practice directly for the hire charges and the Consultant will be responsible for meeting the costs on the invoice raised by the Trust.

6.5.2.5. 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.

6.5.3. Diagnostic Clinical Imaging

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

6.5.3.2. The referral must show the administration category of P to indicate the patient is a private patient. The referral must be marked with the intended clinician "REFCRC" so that a Consultant from the Cornwall Radiology Consultants (CRC) reports on the scan. 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.

6.5.3.3. Private outpatient referrals for diagnostic imaging must also be added to the "REFVCPP" booking list, so that the Paying Patient Office can be responsible to the booking of these appointments with the patient who has been referred for the scan.

6.5.3.4. Consultants or other practitioners making a referral for a private inpatient requiring imaging will alert the Paying Patient Office 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 Paying Patient Officer 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.

6.5.4. Outpatient Diagnostic Referrals – Processing by the Paying Patient Office

6.5.4.1. The Paying Patient Officer 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.

6.5.4.2. On receipt of a referral other than by a request on CRIS e.g. via email, the Paying Patient Officer will add the request for the scan to CRIS against the patient record. The referral will be marked with the administration category as P, the intended clinician will be “REFCRC” and the patient request will be added to the “REFVCPP” private patient clinical imaging booking list.

6.5.4.3. No appointment will be offered by the Paying Patient Office to the patient without the referral having been vetted and approved by a Consultant Radiologist from the CRC.

6.5.4.4. Where a clinical imaging request has either been made electronically or through an email referral and has been appropriately vetted, the Paying Patient Office 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 Royal Cornwall Hospitals Trust
- 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.

6.5.4.5. The Paying Patient Officer will raise an “Undertaking to Pay Form” in accordance with the provisions of this Policy. For clinical imaging appointments the fee will be shown on the form as a split between the Trust and the CRC. The “Undertaking to Pay Form” will be processed by the Finance 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”.

6.5.5. Private Dental Imaging (X-rays)

6.5.5.1. The Private Patient Tariff will apply to all requests received from General Practice in connection with treatment undertaken privately.

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

6.5.5.3. 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.

6.5.5.4. 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.

6.5.6. Non- NHS Bodies - Referrals for Clinical Imaging

6.5.6.1. The Paying Patient Office 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 Paying Patient Office 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.

6.5.6.2. An “Undertaking to Pay Form” for the agreed fee will be raised by the Paying Patient Office and sent to the Finance Department so that the non-NHS body can be invoiced in accordance with financial procedure.

6.5.6.3. When the “Undertaking to Pay Form” is submitted to the Income and Costing Team, a copy of the letter to the Private Patient Office from the non-NHS body will be attached for

reference so that confirmation is provided to the finance department of the agreement to the clinical imaging taking place at the Royal Cornwall Hospitals Trust and acceptance of the appropriate fee for the test. A copy of the correspondence will be held by the private patient office in accordance with the Trust's document retention schedule.

6.5.7. Category II Referrals

6.5.7.1. 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.

6.5.7.2. The Paying Patient office 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 by the Finance Department in accordance with the Trust's financial procedures.

6.6. Cancelled Appointments/Procedures

6.6.1. 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.

6.6.2. Cancellation of Diagnostic Clinical Imaging

6.6.2.1. The Clinical Imaging Service will on occasion inform the Paying Patient Office of equipment failure which will mean that any private appointment booked may have to be cancelled. In these circumstances, the Paying Patient Officer 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.

6.6.2.2. 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 Private Patient Officer, 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 Cornwall Radiology Consultants and the Clinical Imaging Service Lead.

6.6.3. 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 Patient Office.

6.6.4. Cancellation of Daycase and Inpatients

6.6.4.1. 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 patient office.

6.6.4.2. 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.

6.6.5. On the day Daycase/Inpatient Cancellation

6.6.5.1. 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

6.6.5.2. Although a rare occurrence, this will be very distressing to a patient, who has been expecting to attend the hospital for a specific procedure with a named Consultant, staff on duty when this occurs will support the patient to understand the

reasons why the procedure has to be cancelled and the alternative arrangements that could be put in place for their future care.

6.6.6. 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

6.7. Private Patient Consultant Fees

6.7.1. 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 raised on the "Undertaking to Pay Form".

6.7.2. 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.

6.8. Pharmacy Charges

6.8.1. All private pharmacy is chargeable. Consultants prescribing medicines for private patients must clearly indicate the request for pharmacy is clearly marked as private.

6.8.2. The Paying Patient Office will receive a weekly report from the electronic prescribing email box detailing the costs of medicines dispensed to private patients. The Pharmacy Department advises the Paying Patient Office of those medicines that should have VAT added to the cost.

6.8.3. In addition the Pharmacy Department will advise the Paying Patient Office of any dispensing costs and uplift that apply to the issue of these medicines to the patient.

6.8.4. The Paying Patient Office will raise an "Undertaking to Pay Form" detailing the costs provided by the Pharmacy Department and will forward the "Undertaking to Pay Form" to the Finance Department for processing.

6.8.5. The "Undertaking to Pay Form" will include any insurance information held about the patient, and a copy of the form will be retained in the Paying Patient Office.

6.8.6. The Trust's Private Prescribing Policy applies to this section.

http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/Pharmacy/PrivatePrescribingPolicy.pdf

6.9. Patients Who Wish To Pay For Additional Private Care (Top Ups).

6.9.1. 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

6.9.2. However the following principles apply:-

- The Consultant must ensure the Private Patient Office 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 Paying Patient Office 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

6.9.3. 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.

6.9.4. The Private Patient Office 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.

6.9.5. 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 Paying Patient Office in accordance with Section 6.8 of this Policy.

6.9.6. As soon as the patient has agreed to fund services as additional private care, the Paying Patient Office will raise the “Undertaking to Pay Form” itemising those services received as additional private care, in the usual way, and send to the Finance Department for processing in accordance with financial procedure.

6.9.7. 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.

6.9.8. 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 Paying Patient Office will raise either a full or partial credit note with the Finance Department so that the patient may be refunded.

6.10. Procedures of Limited Clinical Benefit

6.10.1. 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"

6.10.2. The full guidance may be found here: https://www.england.nhs.uk/evidence-based-interventions/ebi-programme-guidance/

6.10.3. In line with this guidance, Consultants with private practice at the Royal Cornwall Hospitals Trust must not offer any of the 17 interventions set out in this NHS England guidance on a private basis.

6.11. Invoicing

6.11.1. All invoices relating to private patient treatment within the Trust will be undertaken by the Finance Department. They will be responsible for the monitoring of payment of invoices, as well as alerting the Payments and Contracts Manager to any shortfall in a payment made by the insurance companies so that these may be resolved as soon as possible.

6.11.2. The Finance Department will raise invoices from the billing information contained on the "Undertaking to Pay" Forms received from the Paying Patient office.

6.11.3. The Finance Department will also raise invoices for goods and services to private patients on behalf of other Departments for procedures and tests that have taken place. For example, the pathology service for screening histology, microbiology and other tests.

6.12. Private Patient Charges/Trust Paying Patient Tariff

6.12.1. The Trust Paying 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.

6.12.2. The Finance Department will share the Paying Patient Tariff with the Payments and Contracts Manager and ensure that a copy of the Tariff in a shared folder that can be accessed by the Paying Patient Office.

6.12.3. The Payments and Contracts Manager will circulate the Paying Patient Tariff widely within the Trust to all Care Groups /Consultants/Departments/Services that are known to have or are planning to develop paying patient services within the Trust. The Insured Tariff will remain confidential.

6.12.4. The Payments and Contracts Manager will circulate the Trust Paying Patient Tariff to 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.

6.12.5. In circumstances where a Care Group 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 6.

6.12.6. In respect of the Clinical Imaging Paying Patient Tariff, which will show a split in the total fee between the reporting Consultant Radiologists and the Trust, the Finance Department will raise invoices for the total fee and ensure that the Consultant Radiologists and Cornwall Breast Imaging are paid the appropriate reporting fees. There are no other circumstances where the Trust will be responsible for the billing of professional fees charged by Consultants.

6.12.7. Fixed Price Package

6.12.7.1. 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.

6.12.7.2. The fixed price package will not include high cost additional consumables for example high cost drugs, pacemakers, implantable devices etc.

6.12.7.3. 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

6.12.7.4. 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.

6.12.8. Variable Price

6.12.8.1. There may be occasions where a procedure, test or investigation is not listed on either the Paying Patient Tariff or an Insurance Contract or covered by a fixed price package.

6.12.8.2. In these circumstances, the Consultant must provide as much information as possible about the intended procedure to the Paying Patient Office. The Paying Patient Office 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.

6.12.8.3. In these circumstances the patient will be advised that of the Trust fee for the procedure and that any additional costs arising from their attendance will also be invoiced at a later date.

6.12.8.4. The Payments and Contracts Manager will initiate discussions with the private insurance company to agree a pricing of the procedure into the relevant contracts.

6.12.8.5. The Undertaking to Pay Form will be raised to the patient in the usual way, with an advance payment taken for the procedure, or insurance policy details obtained so the Finance Department can raise the appropriate invoice.

6.13. Courtesy Patients

6.13.1. 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.

6.13.2. If the Consultant chooses to admit the patient as an inpatient or for diagnostic tests, either:

- The patient continues their treatment as a private patient and attracts the normal hospital charges or
- The patient continues their treatment as an NHS patient completing a Change of Status form and joins the waiting list for treatment/admission in the normal way, gaining no benefit from having been seen as a 'Courtesy Patient'.

6.13.3. All pathological specimens must be clearly marked NHS or PP depending on which pathway they follow and those marked PP will attract the normal charge. The Pathology Service will request the finance department to send an invoice for these charges.

6.14. Private Patients Seen at Ramsay Duchy Hospital Referred for Treatment at the Royal Cornwall Hospitals Trust

6.14.1. The Royal Cornwall Hospitals Trust has no commercial relationship with Ramsay Duchy Hospital or any other local provider of private services. Consultants working for the Royal Cornwall Hospitals Trust who see patients privately at the Duchy Hospital will sometimes refer patients for treatment privately to their private practice at the Royal Cornwall Hospitals Trust.

6.14.2. In such circumstances the Trust has no liability to honour any fixed price package or quotation provided by the Consultant given at the Duchy Hospital.

6.14.3. All private patients referred from Ramsay Duchy Hospital will be invoiced the appropriate Trust Fee from the Paying Patient Tariff, or relevant insurance contract price, for any procedures, scans or tests performed at the Royal Cornwall Hospitals Trust.

6.14.4. Consultants referring a patient from the Duchy Hospital to Royal Cornwall Hospital for private care, must inform patients using

medical insurance that a specific pre-authorisation for treatment at Royal Cornwall Hospitals Trust is required prior to treatment.

6.14.5. If a dispute arises between the patient and the Royal Cornwall Hospital, following referral from the Duchy Hospital, 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.

6.15. Radar Reports

6.15.1. The Information Services Department will provide weekly reports to the Paying Patient Office detailing all attendances at the hospital marked on Trust IT systems with the administration category P.

6.15.2. The Paying Patient Office will cross reference these reports from information retained in the office and in circumstances where a patient has not been invoiced for their attendance as a paying patient, will raise an "Undertaking to Pay Form" so that an invoice can be raised by the Finance Department for the costs of the services that have been received by the patient.

6.16. Claim Forms

Patients may submit insurance claim forms to the Paying Patient Office who will complete the relevant sections and where appropriate forward to the responsible Consultant to add any requested clinical information.

6.17. Information Retained By the Paying Patient Office

6.17.1. The Paying Patient Office will maintain a database of paying patients and retain copies of the "Undertaking to Pay Form" in accordance with document retention schedules. The information held by the Paying Patient Office about individual patients includes the following:

- Patient's name, 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

6.17.2. The Finance Department will produce a quarterly summary of paying patient income by Care Group/Specialty which is held by the Payments and Contracts Manager and circulated to the appropriate teams for dissemination.

6.18. Quality, Safety and Complaints

6.18.1. The Trust's Complaints and Concerns Policy can be found here:

http://doclibrary-rcht-intranet.cornwall.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/PatentExperience/ComplaintsAndConcernsPolicy.pdf

6.18.2. It applies to all staff employed by the Royal Cornwall Hospitals Trust.

6.18.3. The Policy states that "it does not cover complaints about private medical treatment provided in an NHS setting if the service is delivered totally by privately employed staff and the NHS premises are being privately leased at the time."

6.18.4. However, the policy does state that "The policy does cover any complaints made about Trust staff delivering medical care to private patients under their NHS contract of employment and/or facilities provided whilst receiving private medical care delivered by NHS staff in Trust premises. The policy also covers the delivery of medical treatment and care funded by the NHS in private facilities."

6.18.5. Complaints relating to medical care provided under private arrangements must be pursued with the practitioner concerned.

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

7. Dissemination and Implementation

7.1. A copy of this policy will be stored electronically in the Clinical Policy Section of the Trust's document library on the intranet/internet.

7.2. The policy will be sent to Clinical Directors, Heads of Nursing and Care Group General Managers to make them aware of the policy, for cascade and implementation throughout the Care Group as appropriate.

8. 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 Patient Services Payments and Contracts Manager
Tool	PHIN Portal Billing Register held in the Paying Patient Office RADAR Reports from the Finance Department Trust IT systems e.g. PAS, CRIS, Maxims
Frequency	All elements will be monitored on a quarterly basis
Reporting arrangements	Performance against this Policy will be reported to Private Patient Group, reporting to Brilliant Improvement Board.
Acting on recommendations and Lead(s)	The Payments and Contracts Manager is responsible for the regular review of this policy and will be responsible for implementing any statutory guidance from regulatory bodies e.g. the Department of Health and Social Care, Competition and Markets Authority, Private Healthcare Information Network.
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.

9. Updating and Review

9.1. 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.

9.2. This policy will be reviewed and amended at no less than a three year interval

9.3. 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.

9.4. 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.

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

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion & Human Rights Policy' or the Equality and Diversity website.

10.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Private Patient Policy V1.0			
Date Issued/Approved:	February 2020			
Date Valid From:	March 2020			
Date Valid To:	March 2023			
Directorate / Department responsible (author/owner):	Kevin Bolt, Payments and Contracts Manager, Patient Services, Clinical Support Care Group			
Contact details:	01872 252418			
Brief summary of contents	Private Practice Policy and supporting procedures			
Suggested Keywords:	Paying Patient, Private Patient, PHIN, CMA, Consultant, Private Practice, CMA			
Target Audience	RCHT	CFT	KCCG	
	✓			
Executive Director responsible for Policy:	Director of Strategy and Performance			
Date revised:	February 2020			
This document replaces (exact title of previous version):	Initial version 1.0			
Approval route (names of committees)/consultation:	Private Patient Group Operational Board – August 2019 JCNC – September 2019 JLNC –November 2019 Executive Board – December 2019 Policy Review Group (tbc)			
Name and Post Title of additional signatories	Director of Strategy & Performance			
Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings	{Original Copy Signed}			
	Nathalie Purchase, QI Lead			
Signature of Executive Director giving approval	{Original Copy Signed}			
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	Clinical / Patient Administration			
Links to key external	Competitions and Markets Authority Order			

standards	Private Healthcare Information Network (PHIN)
Related Documents:	Conduct for Private Practice – Recommended Standards of Practice for NHS Consultants Private Healthcare Market Investigation Order, 2014
Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by
February 2020	V1.0	Initial version	Nathalie Purchase, QI Lead

Appendix 2. Initial Equality Impact Assessment Form

<table>
<tr><td colspan="3">Name of the strategy / policy /proposal / service function to be assessed
Private Patient Policy V1.0</td></tr>
<tr><td colspan="2">Directorate and service area:
Trust Wide</td><td>New or existing document:
Existing</td></tr>
<tr><td colspan="2">Name of individual completing assessment:
Kevin Bolt</td><td>Telephone:
01872 252418</td></tr>
<tr><td>1. Policy Aim*

Who is the strategy / policy / proposal / service function aimed at?</td><td colspan="2">The aim of this policy is to ensure that all Trust staff are aware of and follow the standards and procedures for private practice across the Trust, adhering to the regulatory requirements set out in the Competition and Markets Authority Order and those prescribed to private health care providers by the Private Healthcare Information Network (PHIN).</td></tr>
<tr><td>2. Policy Objectives*</td><td colspan="2">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 Royal Cornwall Hospitals NHS Trust.</td></tr>
<tr><td>3. Policy – intended Outcomes*</td><td colspan="2">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 there is an element of profitability for the Trust and that services are not provided at loss to the organisation.</td></tr>
<tr><td>4. *How will you measure the outcome?</td><td colspan="2">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.</td></tr>
<tr><td>5. Who is intended to benefit from the policy?</td><td colspan="2">Royal Cornwall Hospitals NHS Trust
Clinical Staff undertaking private practice.</td></tr>
<tr><td rowspan="3">6a Who did you consult with

b). Please identify the groups who have been consulted about this procedure.</td><td colspan="2"><table><tr><td>Workforce</td><td>Patients</td><td>Local groups</td><td>External organisations</td><td>Other</td></tr><tr><td>X</td><td></td><td></td><td></td><td></td></tr></table></td></tr>
<tr><td colspan="2">Please record specific names of groups

Consultant Body – through the JLNC
Wider Staffside – JCNC
Private Patient Group
Operational Board
Executive Board</td></tr>
<tr><td>What was the outcome of the consultation?</td><td colspan="2">Agreed</td></tr>
</table>

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**
- 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 indicated

Date of completion and submission	January 2020	Members approving screening assessment	Policy Review Group (PRG) **APPROVED**

This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

A summary of the results will be published on the Trust's web site.

Appendix 3. Nhs/Private Time Owing

One + all | we care

Royal Cornwall Hospitals NHS Trust

The Trust is keen to maximise external income through private patient activity, the profits of which will be invested into the Trust for the benefit of all our patient services. To ensure there is no perception of a conflict of interests, where a Clinician either asks to undertake, or is asked to undertake, private activity during paid NHS time (which includes SPA and admin, or time on call), the Trust requires a log to be kept of time owing/time owed. This is to be agreed in advance, or if due to emergency activity precludes this, to be agreed in retrospect as soon as possible after the event.

Time owing is to be repaid to the specialty at a mutually agreeable future date/time but within three months. The activity undertaken to replace the NHS work should be agreed in advance, but by default the expectation would be a like for like time shift. Part B should be completed at this time.

Part A

Name of Consultant	
Date of Private Activity	
Duration of Private Activity	
Consultant Signature	
Date	
Service Manager Signature	
Date	

Part B

Date of Replacement Activity	
Duration of Private Activity	
Consultant Signature	
Date	
Service Manager Signature	
Date	

Appendix 4. Change of Status Form

Form EI

Royal Cornwall Hospitals NHS
NHS Trust

Change of Status from Private to NHS

NHS number:
Name of patient:
Address:
Date of birth:
CR number:

Inpatient ☐
Outpatient ☐

To be completed by patient

I confirm that I have asked *(insert consultants name)* to change my status from that of a private patient to a National Health Service patient as from this date.

Signed

Date:

To be completed by consultant

I confirm that with effect from *(date)*, I am transferring this patient from the status of a private patient to NHS and so no further charges will be levied by me for this episode of care. Any further investigations or treatment will be undertaken as an NHS patient.

Signed

Date:

White copy - Patient / Green copy - Consultant / Yellow copy - PPO

CHA2469 07/04

Appendix 5: Undertaking To Pay Form (CHA 2327)

Form CD

60751

Royal Cornwall Hospitals NHS
NHS Trust

Undertaking to Pay Form for Private Patients

Inpatient ☐
Daycase ☐
Outpatient ☐
Category II ☐

Hospital No. .....

Royal Cornwall Hospital ☐ St Michael's Hospital ☐ West Cornwall Hospital ☐ Other .....

I ..... (Mr / Mrs / Ms / Miss / .....)

of .....

..... Postcode ..... Tel no .....

undertake to pay the Royal Cornwall Hospitals Trust in respect of accommodation and services provided for me **OR** for ..... as a private patient at the hospital indicated above. I understand that I am liable to pay charges as listed below and in addition will be liable for charges for pathology, prescriptions and clinical imaging and any appliances which may be required.

I also understand that such charges **do not** include any payment for the services of consultants under whose care I am **OR** s/he is being treated, nor any other practitioner with whom I may make arrangements for private treatment, e.g. Anaesthetist.

The charges relevant to the private attendance in question are as follows:-

£

..... £ .....

£ _____

Total £ .....

Private Health Insurance? Yes / No

Details if applicable

Signed: Date:

Witnessed: Status:

For Hospital Use

Consultant Name Date attended/admitted:

Date discharged: .....

If paid now, method is by: Credit Card ☐ Debit Card ☐ Cheque ☐ Cash ☐

write receipt here

This is not an invoice. Your invoice will be forwarded by post in due course, if you have not already paid.

Any queries should be taken up with the Private Patient Officer on 01872 255146

White - Patient / Blue - PPO / Green - Consultant or Department / Yellow - PPO CHA2327 Rev 07/07

Appendix 6. Proposal to Commence New Private Patient Service

One + all | we care

Royal Cornwall Hospitals NHS Trust

Proposal to Establish New Private Patient Service

Please complete the proforma below and return to the Care Group General Manager

Care Group		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, Maxims			
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			

Appendix 7. List of Procedures of Limited Clinical Value

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
Dupuytrens contracture release
Ganglion excision
Trigger finger release
Varicose vein surgery