

The Newcastle upon Tyne Hospitals NHS Foundation Trust

How to proceed when NHS patients wish to pay for Additional Private Care (co-payments/top-ups)

Effective: January 2010

Review: January 2013

1. Introduction

On 23 March 2009 the Department of Health (DH) released final Guidance on NHS patients who wish to pay for additional private care. The document gives guidance on how to proceed when NHS patients request additional treatments which are not funded by the NHS.

2. Background

The Newcastle upon Tyne Hospitals NHS Foundation Trust is committed to providing high-quality patient care and value for money services. The Trust will provide additional private care, in accordance with the recent guidance.

This policy is intended for use alongside the DH Guidance 1. The policy covers all treatments provided as additional private care however this document focuses specifically on medicines.

3. Key Principles of the Guidance

- NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care.
- Any additional private care must be delivered separately from NHS care.
- The NHS must never charge for NHS care and should never subsidise private care.
- The NHS should continue to provide free of charge all care that the patient would have been entitled to had he or she not chosen to have additional private care.
- The fundamental principles of the NHS still apply, namely that the NHS provides a comprehensive service available to all, based on clinical need not an individual's ability to pay and that public funds are devoted solely to the benefit of the people that the NHS serves.
- NHS Trusts should have clear policies in place, in line with these principles, to ensure effective implementation of this guidance in their organisations. This includes protocols for working with other NHS or private providers where the Trust has chosen not to provide additional private care.

4. Scope

- This policy applies to all clinical staff employed by the Trust, or subcontracted to it involved in the provision of additional private care to Trust patients.

5. Implementing the Guidance

5.1 Consideration of all funding options

The treating clinician, working within the appropriate Trust procedures, is recommended to explore all reasonable avenues for securing NHS funding which may also be requested from the patient's PCT via the exceptional funding procedure.

Where funding has not been found from any of the above routes and the patient wishes to proceed with the treatment, the patient will be able to request additional private treatment either in the Trust or using a 3rd party provider, in accordance with this policy.

5.2. The principle of separation – time and place.

Where possible, the additional private care should be delivered at a different time and place to NHS care. A different place could include another healthcare provider but can also be part of the NHS organisation (the Trust) which has been permanently or temporarily designated to be used for private care.

Putting in place arrangements for separation does not necessarily mean running a separate clinic or ward. As is the case now, specialist equipment such as scanners may be temporarily designated for private use as long as there is no detrimental effect on NHS patients. It must **always** be possible to identify the costs of the NHS and additional private treatment separately.

Homecare or other 3rd party provider can be used as an option for administering treatment purchased with additional private funding but only where the clinician is treating the patient as a private patient and providing their own indemnity. Every effort must be made by the treating clinician to ensure that the patients clinical notes held by the Trust are comprehensive and include reference to any additional private care being delivered by a 3rd party.

If it is not possible to deliver private care at a different time and place, for example in the case of overriding concerns for patient safety, the decision to treat in normal NHS facilities and time should be referred to the Trust's Medical Director or appropriate delegate. A written record must always be made of all such decisions and approvals on the 'Request for additional private funded medicine for named patient' form. If the decision is made to continue treatment within NHS facilities, the patient will still have to pay for the full cost of the additional private treatment.

5.3. Trust Approval for Additional Private Funding

A request for the use of treatments paid for by additional private funding will follow a similar process to that used in the Trust for [“one-off or exceptional use of non-formulary medicines”](#).

These requests will be reviewed on behalf of the Trust by The Trust Drug and Therapeutics Panel Chairperson (currently Dr Hilary Wynne) and where appropriate the Trust Medicines Management Strategy Panel Oncology Representative (currently Dr Mark Verrill) and a request form (see Appendix 1) must be submitted by the consultant.

This process must always be followed when additional privately funded medicines are provided within Trust facilities, whether the clinician is providing the care under the Trust's auspices as part of their NHS activity or in a conventional private practice arrangement with the patient.

5.5. Patient Consent and Information Provision

The treating clinician must provide detailed information to patients and/or their representatives about all available treatment options. This should not include any assumptions about the patient's ability or willingness to pay for additional private treatment.

Questions regarding treatments which are currently not funded by the NHS may be raised either by the patient or by the treating clinician. Clinicians should comply at all times with existing GMC guidance which states 'You must give patients the information they want or need about any treatments that you believe have a greater potential benefit for the patient than those you or your organisation can offer'.

GMC guidance is also referred to in terms of providing the patient or their representatives with the full information about the potential benefits and risks of treatment before being asked for consent to treatment. The treating clinician should not agree to provide additional private care that they do not consider to be in the best interests of the patient.

Patient consent, detailing the information provided on the benefits and risks of treatment should be documented in the patient's NHS medical notes. Cancer BACUP patient information should be used for cancer treatments. The adapted NECDAG consent form (Appendix 2) will be used as part of the Trust's process for documenting consent.

6. Indemnity

Clinicians providing additional private treatment in the Trust may be doing so within their NHS time and if so may not charge a private consultation fee. If they arrange treatment in a conventional private practice arrangement with their patient this may not be undertaken in NHS contracted time and the consultant must ensure they have appropriate private medical indemnity cover in place for themselves. All other Trust healthcare staff involved in the process will be indemnified by the Trust.

Section 9 of the DH Guidance¹ refers to the indemnity arrangements for privately funded additional private treatments in an NHS organisation such as the Trust.

7. Charging for Treatment

See Appendix 3 for the Trust billing mechanism for all identified methods of providing additional private treatment. This has been designed to reflect, as closely as possible, the current NHS tariff charges.

Patients will pay for additional private treatment in advance and will be asked to sign an agreement which will list all treatments and care included.

If there is a change in NHS availability of a treatment in the middle of a patient's treatment, the drug will be provided by the NHS from the date of publication of the formal approval. There will be no repayment of charges for treatment provided prior to this date.

8. Monitoring and Review

The uptake of additional private funding will be monitored by the Pharmacy Medicines Management Unit; this will include measuring compliance with this policy. A report will be provided to the Trust Medicines Management Strategy Panel at 6 monthly intervals.

9. References

- ¹ *Department of Health (2009) Guidance on NHS patients who wish to pay for additional private care.*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_096428

PLEASE FILL IN ELECTRONICALLY

REQUEST FOR ADDITIONAL PRIVATE FUNDED MEDICINE FOR NAMED PATIENT

NAME:

HOSP NO:

ADDRESS

GP:

HOSPITAL:

HOSPITAL CONSULTANT

POST CODE

DOB

DRUG:

DOSE:

DURATION OF THERAPY

SECTION BELOW: TO BE FILLED IN BY CONSULTANT REQUESTING TREATMENT

REASON FOR REQUEST (Please include any refused requests for NHS funding)

Name:

Contact Tel:

Designated Treatment Area for Additional Private Treatment

APPROVED

NOT APPROVED

By:

Date:

CLINICIAN INFORMED

By:

Date:

E-mail Request to Dr Hilary Wynne (hilary.wynne@nuth.nhs.uk)

Copies to go to:

Ian Campbell, Medicine's Management Unit, Freeman Hospital
Lesley Waugh, Private Patients Officer, Royal Victoria Infirmary

Appendix 2

Patient Details Name: Address:	Proposed Treatment:	NHS Provider:
	Part to be available on the NHS:	Private Provider:
Date of Birth: Hospital No:	Part to be funded privately:	

This form MUST be completed for all patients choosing to receive additional private treatment alongside their NHS treatment	(Initials) Clinician Patient	
	The patient has received written information about the proposed treatment in addition to a face to face consultation.	
The patient (or their representative) has been given full information about the potential benefits, risks, burdens and side effects of any treatment.		
This information has been recorded on the consent form for the patient's treatment. Informed consent has been obtained in line with GMC guidance.		
Funding options within the NHS for the proposed treatment have been sought if appropriate.		
The outcomes of this treatment will be contributed to relevant national audits.		
The outcomes of this treatment will be discussed at multi-disciplinary clinical governance meetings.		
The patient understands that the additional treatment and any associated costs (e.g. extra tests, admin costs etc.) are not being funded by the NHS		
The patient understands they need to receive an outline of these costs from the private care provider.		
The patient understands that if they become unable to fund their treatment (i.e. 'run out of money') the treatment will stop. The NHS will not provide treatment.		
The patient understands that if the NHS decided to fund this treatment in future, the NHS would not refund the cost of treatment already given privately.		
The patient understands that the NHS is not responsible for the quality of services provided by independent providers.		

	Consultant Responsible for patient's NHS care	Consultant Responsible for patient's private care	Patient (or Patient's Representative)
Print Name			
Signature			
Date			

Please send copy of this form to:
Copy in medical notes

Copy to Patient

Appendix 3 Fees for Additional Private Patients (co-payments/top-ups)

There are two possible contractual relationships for Additional Private Care (co-payments/top-ups) –

- a) Where a Clinician is providing additional private treatment in Trust time and is not taking a fee for that treatment then the contractual relationship is between the Trust and the patient.
- b) Where a Clinician is providing additional private treatment in his/her time and is taking a fee for that treatment, the contractual relationship is between the Clinician and the patient.

In case A; i.e. the Trust is providing the treatment and the Clinician is operating as a Trust employee and is not taking a fee, then the following procedure shall apply.

- 1 Where a patient wishes to purchase additional private treatment and the Clinician is prepared to provide that treatment as part of their Trust contract, the Clinician should advise the Private Patients Office and provide details of the likely treatment – drug, likely number of treatments, in-patient accommodation required, any diagnostic tests, and so forth.
- 2 The Private Patients office shall –
 - a. Calculate the fee for the treatment by reference to drug costs and standard Trust tariffs for any other services required. This may involve a range of fees that reflect any possible alternative treatment regimes dependant upon the patient's medical response to treatment during the pathway. That fee will include the cost to the Trust of the Clinician's time.
 - b. Advise the patient (and/or the patient's health insurer) of the fees calculated.
 - c. Reiterate to the patient (and/or the patient's health insurer) that the fees will not be refunded if the drug is subsequently approved for NHS use. If it is appropriate that the patient continues to receive treatment, it will become (exempt from charge) NHS treatment from that point forward, but patients will not receive any retrospective funding.
 - d. Advise patients (and/or the patient's health insurer) that all fees must be paid in advance, and require the patient sign an agreement to pay form which is legally binding.

The Private Patients office may waive this requirement where patients have medical insurance that will meet all fees.
 - e. Collect such fees on behalf of the Trust.
 - f. Advise the Clinician that the appropriate fees have been collected and that treatment can commence.

- 3 The Clinician should not commence additional private treatment until the required authorisation/payment is secured by the Private Patients Office.
- 4 All patients must be entered onto the Patient Administration system and be coded as private for this particular element of the treatment.

In case A; i.e. the Clinician is providing treatment as an individual and the Trust is providing the drug and any facilities required, then the procedure shall be modified as follows;

- 1 The Clinician should advise the Private Patients Office of the details of fee he/she intends to charge and the likely treatment – drug, likely number of treatments, in-patient accommodation required, any diagnostic tests, and so forth.
- 2 The Private Patients office shall –
 - a. Calculate the fee for the treatment by reference to drug costs and standard Trust tariffs for any other services required (excluding any charge for the cost to the Trust of the Clinician's time) plus the Clinicians fee.
 - b. Advise the patient (and/or the patient's health insurer) of the fees calculated.
 - c. Reiterate to the patient (and/or the patient's health insurer) that the fees will not be refunded if the drug is subsequently approved for NHS use. If it is appropriate that the patient continues to receive treatment, it will become (exempt from charge) NHS treatment from that point forward, but patients will not receive any retrospective funding.
 - d. Advise patients (and/or the patient's health insurer) that all fees must be paid in advance, and require the patient sign an agreement to pay form which is legally binding.

The Private Patients office may waive this requirement where patients have medical insurance that will meet all fees.

- e. Collect such fees on behalf of the Trust and the Clinician, and pay the Clinician's share to him/her.

Advise the Clinician that the appropriate fees have been collected and that treatment can commence.

- 3 The Clinician should not commence additional private treatment until the required authorisation/payment is secured by the Private Patients Office.
- 4 All patients must be entered onto the Patient Administration system and be coded as private for this particular element of the treatment.

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Policy on How to proceed when NHS patients wish to pay for Additional Private Care (co-payments/top-ups)	Policy Author:	Ian Campbell
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?		

Comments:	Action Plan due (or Not Applicable):
On 23 March 2009 the Department of Health (DH) released final Guidance on NHS patients who wish to pay for additional private care. The document gives guidance on how to proceed when NHS patients request additional treatments which are not funded by the NHS.	N/A

Name and Designation of Person responsible for completion of this form: Ian Campbell Assistant Director Pharmacy Medicines Management Date: 23/02/2010

Names & Designations of those involved in the impact assessment screening process Ian Campbell Assistant Director Pharmacy Medicines Management

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Helen Lamont, Director of Nursing, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.