

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Private Patients Policy

Effective: July 2009

Review: December 2012

1. Introduction

The aim of the policy is to outline the Trust's position with regards to the management of private patients and related activity. This policy should be used in conjunction with other Trust policies relating to the admission, treatment and discharge of patients, as well as the Private patients Strategy and Staff Procedural Guide to Private Patients.

The Trust welcomes private patient's on all sites and has dedicated facilities based at the Royal Victoria Infirmary for certain specialities. In order to support private patient activity, the Trust has established a Private Patient Office (see section 4) with responsibility for the management and administration of all private patient activity.

The Trust is keen to maximise external income through private patient activity, the profits of which will be reinvested into patient services.

2. Policy Statements

Private Practice in Health Service Hospitals is conducted in accordance with section 62 and 66 of the NHS Act 1977 and section 65 of the Act as amended by the NHS and Community Care Act 1990.

A private patient is defined as anyone who chooses to pay for his or her treatment.

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

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

This category of patient is dealt with by the Department of Health Policy on Overseas Visitors. For the purpose of this policy, private patients will be regarded as those willing to pay for private treatment from the outset.

Whilst the Trust encourages private patients on its premises, safeguards are in place to ensure that NHS patient's and services are not disadvantaged as a result. (see section 3 Principles).

3. Principles

- 3.1 The Private Patient Committee will monitor and review activity across the Trust and oversee the implementation of the Private Patient Strategy. (please see section 7)
- 3.2 The Private Patients Office Is responsible for the admission of all private patient activity. This includes the maintenance, review and updating of all fees charged to patients (excluding practitioner fees unless it is a part of the Fixed Price Scheme) and the collection of fees on behalf of the Trust)
- 3.3 All private patients must be entered onto the Patient Administration System in the normal way, and be coded as private. Consultants must additionally ensure that the private patient office is notified of all private patients wherever possible with at least seven working days notice. This is so that the required authorisation or payment can be secured by the business office for the patients consultation and any tests or treatments provided by the Trust. It is the responsibility of the Consultant to provide full details of the proposed treatment/procedure and the relevant coding.
- 3.4 Consultants undertaking private practice within the Trust must register an interest with the Private Patient Manager and will be required to provide evidence of suitable indemnity cover. Failure to provide such evidence will result in private practice privileges being withdrawn.
- 3.5 Private patients are required to pay hospital fees in advance (even for diagnostics) unless the patient is covered by medical insurance in which case authorisation is requested from the insurer.
- 3.6 NHS patients must not be cancelled or rescheduled in order that private patients can take precedence.
- 3.7 Private patients can only be added to routine outpatient and inpatient/day case lists where there is sufficient spare capacity that cannot ordinarily be filled by an NHS patient or a reciprocal arrangement is made to list NHS patients on additional lists on a like for like basis.
- 3.8 Private patients who are receiving treatment / care outside the Private Patient Suite (see section 5) will be provided with the same level of care, treatment and service as an NHS patient.

- 3.9 The Lodge (private outpatient consulting rooms) is available for hire by external (registered) bodies or individuals subject to approval by the Private Practice Committee.
- 3.10 Directorates will be reimbursed for expenditure that is directly incurred as a result of private patient activity e.g. devices, prosthesis etc.
- 3.11 Consultants must only undertake private practice within the constraints of the job planning process, whereby there is no conflict with NHS duties and private practice activities are declared.

4. Private Patients Office

The Private Patients Office consists of a dedicated team of staff with responsibility for managing and supporting all private patient activity across the Trust. The Office is headed by a Private Practice Manager, is part of the Business and Development Directorate and is based at the Royal Victoria Infirmary.

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

5. Park Suite and Theatre sessions

The Park Suite is a purpose built six bedded unit at the Royal Victoria infirmary. The Suite was built in 2009, has single en suite bedrooms, flat screen TVs and is equipped to the standard expected of a private suite.

Park Suite is available to Consultant across the Trust. It is managed by a ward sister who has responsibility for the day to day running of the ward as well as the care of all patients admitted to the park Suite and the supervision and management of the nursing team.

Regular daytime private theatre sessions are available in the main operating suite at the Royal Victoria Infirmary plus evening and weekend sessions.

6. Fees and payment for treatment

Private patients can be self funding, insured by private medical insurance or can be paid for by a third party e.g. Employer. With the exception of patients with medical insurance all fees must be paid in advance of diagnostics and treatment. Patients should be notified before the initial consultation of the cost of the

treatment and will be required to sign an agreement to pay form, which is legally binding.

Fees for an initial consultation, diagnostics and treatment will be agreed in advance by the Private Patient Office in collaboration with the Trust's Finance Department. All fees will be kept under review and priced competitively against the private sector.

Consultants will have the option of collecting their fees direct or having them collected via the Private Patient Office, and having them reimbursed by the Finance Department at month end.

7. Private Patient Committee

The Private Patient Committee has been established with the remit of overseeing and monitoring private patient activity as well as ensuring the effective implementation of the Trust's private patient policy and strategy. The Private Patient Committee is chaired by an Assistant Medical Director and has effective representation of staff across the Trust and its Directorates.

Policy Author: Private Patient's Manager

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:	Private Patients Policy	Policy Author:	Mrs L Waugh, Private Patients Manager
		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:	No	This policy does not discriminate against any individual or group on the basis of race, ethnicity, nationality, gender, culture, religion, sexuality, age or disability.
	• 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?	No	
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): Not Applicable
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Name and Designation of Person responsible for completion of this form: Lesley Waugh Date: 30 June 2009

Names & Designations of those involved in the impact assessment screening process:

(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, Deputy Director Nursing & Patient Services, 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.