The Newcastle upon Tyne Hospitals NHS Foundation Trust

Code of Business Conduct for “non-NHS patients” including Private Patients and those NHS patients initially seen in the independent sector

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1 Introduction

The Newcastle Upon Tyne Hospitals NHS Foundation Trust (NUTHFT) derives its revenue predominantly from the treatment of NHS patients referred directly into the Trust. There are also other groups of patients whose treatment contributes to the financial wellbeing of the organisation, which enables it to flourish for its primary purpose of treating NHS patients.

These other patients include: private patients, self-funding patients, overseas visitors (NHS Chargeable), medico-legal/category 2 and NHS overseas patients. These terms are defined below, however for the purpose of this policy will collectively be called non-NHS.

Non-NHS work supports the aims and values of the Trust in building an international reputation and being the healthcare provider of choice for those seeking excellent quality of care. The treatment of non-NHS patients generates income for the Trust and is to be encouraged, provided it does not conflict with the Trust’s objectives or priorities such as meeting national access targets. The Trust reinvests income from non-NHS patients to support and enhance patient services.

The Trust welcomes non-NHS patients across all Trust sites including the Freeman Hospital, Centre for Life, Campus for Ageing and Vitality and Royal Victoria Infirmary. The Trust provides dedicated private facilities for certain specialties (The Lodge and Park Suite) based at the Royal Victoria Infirmary.

2 Scope

This policy sets out the procedures to be applied when a non-NHS patient attends or is to be admitted to the NUTHFT or a NHS patient who has been seen or had treatment in the Independent Sector wishes to transfer their care to NUTHFT, and applies to all members of staff working within NUTHFT.

The Private and International Patient Business Office (based in Peacock Hall, Royal Victoria Infirmary) has responsibility on behalf of the Trust for ensuring that income for non-NHS work is recovered, either by taking payment in advance or by getting
appropriate Letters of Guarantee or authorisation. The Private and International Patient Business Office will provide support and advice to Directorates and Departments when requested.

All Directorates and Departments must adhere to the broad principles and procedures described in this policy. However, managers will also need to establish local arrangements to ensure this policy works well at directorate and departmental level.

Standards of clinical care, courtesy, confidentiality and record keeping will be the same for all patients, under the care of the Trust, irrespective of their funding status.

Care and attention will be taken by staff to ensure that all personal information is kept in accordance with the Trust Information Governance Policy.

The Trust has agreed contracts with the major private medical insurers, to facilitate patients being able to access the Trust’s services.

The Private and International Patient Business Manager will work with Directorate and Departmental leads to identify new income streams and services available.

2.1 Legislation

Non-NHS work is conducted in accordance with the following statutes, publications and policies:

- Recommended practice for NHS Consultants
- Trust polices including Standards of Business Conduct and Clinical Records Management Policy

2.2 Definition of ‘non-NHS’ patients

i. Private Patient – is a person who chooses an individual consultant (or consultant team) to deliver their care and treatment. The private patient has a ‘contract’ with that consultant and will pay for all aspects of their care and treatment. The patient may be either paying personally or be covered by a 3rd Party (such as an insurer). The consultant/independent practitioner chooses which provider (NUTHFT or an independent facility) to use to deliver that care. This care is led by a Consultant (or Independent Practitioner) who has appropriate indemnity and for which they charge a fee for their services. (Please see section 4 – Roles and responsibilities for more detail).

1 Department of Health ‘Code of Conduct for Private Practice’ 2004
ii. NUTHFT may wish to offer “non private” all inclusive fixed cost packages for treatments excluded from NHS commissioning (for example laser hair removal). This is classed as Trust work, there is no contract with an individual consultant(s) or Independent Practitioner and no professional fees are chargeable.

ii. Overseas Patients (Fee Paying) – This relates to situations where patients are referred to the Trust from another healthcare system, for example where the country concerned does not have the necessary specialist skills or expertise to treat a rare condition. This is a commercial arrangement through which NHS work is commissioned by a foreign agency and the Trust is paid directly. It is not private practice but is managed through the Private and International Patient Business Office. No professional fees may therefore be charged and patients will receive the same excellent standards of care as if they were NHS patients. The NHS Litigation Authority provides indemnity for all staff under these circumstances.

iii. Medico-legal/Category 2 - is the assessment of a person and provision of a report to a non NHS organisation and is usually conducted by a Consultant. This would exclude diagnosis and treatment, which would be private practice. The Consultant would be paid direct from the non-NHS organisation. The Trust will charge the Consultant for the use of its facilities. (Please see paragraph 4.29 for more information).

iv. NHS chargeable – these are patients who are not private, they may have been referred by a GP and have a NHS number but are not entitled to NHS treatment free at source because they are not ordinarily resident in the UK. They may choose to receive NHS treatment, but they will be charged. Please see the Trust’s Overseas Visitors policy - Staff treating these patients are covered by the NHS Litigation Authority.

3 Aims of the policy

The aim of this policy is to ensure a consistent approach toward non-NHS patients regardless of where in the Trust their treatment occurs and to provide guidance for staff on the processes required when a non-NHS patient attends or is admitted to the Trust.

It is also to ensure that all non-NHS activity is recorded correctly and that NUTHFT recovers the income for treatment and care provided.

4 Roles and responsibilities

4.1 The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.

4.2 Directorate managers and heads of departments are responsible to the Executive Team for ensuring policy implementation.
4.3 Clinical Policy Group is responsible for providing clinical guidance on this policy.

4.4 Managers are responsible for ensuring policy implementation and compliance in their area(s).

4.5 All Staff are responsible for complying with policy.

4.6 The Private Practice Committee is chaired by a clinician nominated by the Medical Director who works with, and advises the Private and International Patient Business Manager on areas covered by this policy.

**Non Consultant Staff**

4.7 The Trust recognises that to facilitate, treatment and care, some staff (e.g. Nurses, Physio's, Junior Doctors etc) may, in the course of their Trust duties, be involved in the organisation, caring or treatment of a non-NHS patient. This work is part of normal Trust duties. They would not receive additional payment and are covered by the NHS Litigation Authority.

**Administration and Secretarial support**

4.8 The Trust will provide administration/secretarial support for the attendance or admission of a non-NHS patient to its facilities. The Consultant will have previously notified the Private and International Patient Business Office of the attendance/admission.

Specifically excluded from this support is Medico-legal/Category 2 and NHS patients seen in the Independent Sector. Consultants and Independent Practitioners must ensure that any secretarial or administrative support relating to this category of patient does not take place on Trust premises or use Trust resources.

**Independent Practitioners**

4.9 In exceptional circumstances some “non consultant staff” may wish to apply for practice privileges at the Trust as Independent Practitioners. This application must be made and renewed annually to the Private and International Patient Manager, and have the support of their Directorate/Speciality Manager and, if appropriate, professional head of service. If private practice privileges are granted, then those practitioners must comply with all the requirements of paragraphs 4.10 to 4.29 as if they were 'consultants'.
Consultants

4.10 Normally only medical or dental consultants with a substantive or honorary contract with NUTHFT would be allowed to undertake private practice. This non-NHS work is on a self-employed basis and as such the responsibility for payment of national insurance contributions and income tax rests with the Consultant. The Trust is required to satisfy Her Majesty’s Revenue and Customs that appropriate tax and NI is paid on those earnings that are not part of the PAYE system. Therefore anyone accepting payment for private practice work is required to submit documentary evidence of such payments in a form, and at time intervals, specified by the Trust’s Finance Department.

4.11 As Private Practice is undertaken independently of their NHS contracts, Consultants must ensure that they are appropriately indemnified and provide a copy of their certificate of indemnity at the time of the annual Job Planning exercise and upon the request of the Private and International Patient Business Manager or the Chair of the Private Practice Committee. Failure to do so will result in withdrawal of private practice privileges within the Trust.

4.12 When treatment of a private patient requires the services of an additional specialist (e.g. Anaesthetist or Radiologist), the admitting Consultant should arrange this on a private charge basis, with the appropriate Consultant.

4.13 Where a consultant is asked to provide treatment to a private patient admitted under the care of another consultant or independent practitioner; they may do this, if they so wish, as part of their Trust duties within their NHS time provided they document in the case notes that they are not managing the patient as a Private Patient; and no financial, or other special, transaction occurs between the patient and the NUTHFT consultant. In this case only, would the NHS Litigation Authority cover their indemnity. The Private and International Patient Business Office must be informed so that an appropriate fee may be recovered on behalf of the Directorate.

4.14 Private practice privileges are granted by the Clinical Director as part of the annual job planning process (Assistant Medical Director for Clinical Directors). These rights are not automatic and can be withdrawn either by the Clinical Director or on the recommendation of the Chair of Private Practice Committee, if the consultant is not compliant with the rules and recommendations set out in this policy and the NHS code of conduct for private practice. Should private practice privileges be withdrawn, the Clinical Director (Assistant Medical Director or Medical Director as appropriate) will advise the Private and International Patient Business Manager in writing. The Trust has a contractual obligation to advise medical insurance companies when practice privileges are withdrawn. This will be done by the Private and International Patient Business Manager. Consultants must also declare in job planning their intention to work as private practitioners,
Consultants are expected to discuss all private and independent sector work at their annual appraisal as part of the “whole scope of practice”. This should include disclosure and discussion of any complaints or significant events received from patients or organisations relating to work performed outside their NUTHFT contract.

Newly appointed consultants who wish to undertake private practice in advance of their annual job planning meeting should request private practice privileges in writing, to the Chair of the Private Practice Committee C/o the Private and International Patient Business Manager, Level 2 Peacock Hall, RVI and copy their Clinical Director into the correspondence.

Private practice must only be undertaken in the time identified for that purpose within the job plan timetable; outwith time allocated for normal NHS direct clinical care or supporting professional activities. A small number of theatre sessions are available at the Royal Victoria Infirmary for private practice activity. For procedures which require specialised skills and equipment only available on NHS operating or procedure lists then, in exceptional circumstances, private practice can be undertaken during those sessions providing the clinical time is repaid to the Trust. The arrangements for this must be approved in advance by the Directorate Manager or Head of Department or equivalent and should take into account any implications for the rest of the clinical team.

The Trust does not provide private patients for consultant care; it may offer patients seeking private health care access to its consultants on an appropriate basis; those consultants may or may not decide to accept the patient for treatment.

Consultants should not spend time during NHS consultations discussing private treatment with patients nor should they use their NHS patient lists to promote their private practice. An exception is where clinically appropriate treatment is not funded by the NHS. Where this is the case, patients should be informed in order to be able to consider the options open to them, including the option of seeking the treatment privately.²

The Consultant must notify the Private and International Patient Business Office of any anticipated non-NHS outpatient or inpatient episode at least 7 days prior to admission irrespective of where in the Trust the patient will attend.

At the same time the Consultant must provide full patient details, relevant procedure coding and funding details of the patient to the Private and

² Guidance from the BMA Medical Ethics Department - The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland
The responsibility for the patient’s care remains at all times with the consultant, however it is recognised by the Trust that it will be necessary on occasion for junior doctors to be involved in some elements of the patient’s care. This would be as part of their normal Trust duties. They would not receive an additional payment and they are indemnified by the Trust for this.

Where an insurer requires a medical report in respect of a non-NHS patient the Consultant should provide it without delay to ensure that the Trust’s income is not compromised. Any non compliance will be brought to the attention of the Private Practice Committee.

Consultants must not undertake any procedures privately at the Trust that are not part of their normal clinical practice portfolio within NUTHFT.

Consultants should ensure that all blood, tissue and other samples are appropriately indentified as ‘private’ before sending to the laboratories, so that the testing costs can be recovered. Requests for diagnostic investigation must similarly indicate on the request form that the patient is being treated privately.

The Trust acknowledges that a small number of non-NHS patients will need to be discussed within multidisciplinary meetings. These cases must be approved in advance by the Directorate Manager or equivalent and the Chair of the meeting in which the cases are to be discussed. Account and consideration needs to be given to implications for the rest of the clinical team/meeting.

If Consultants or independent practitioners wish to publish or broadcast information about the private services that they provide at the Trust, such information must be factual and verifiable. It must be published in a way that conforms to the law, the guidance issued by the Advertising Standards Authority and the Code of Conduct of their professional bodies. It should also be approved by the Chief Executive’s Office or Executive Lead for Private and International Patients in advance of publication or broadcast.

The Consultant is responsible for ensuring that copies of clinic, operating, anaesthetic and any other relevant information relating to the care of the patient at the Trust is appropriately filed with the patients NHS clinical records. Please refer to the policies relating to Clinical Record Keeping.

**Category 2/Medico-Legal Clients**

The person being assessed should be seen in an appropriate clinical area, which includes The Lodge at the RVI. All consultants or other practitioners undertaking this non-NHS work must register their interest with the Private and International
Patient Business Manager and have current adequate indemnity (see para 4.11), this work must be declared in the job planning process. Category 2/medico-legal clients must not been seen in NHS paid time.

NUTHFT will levy a charge per assessment to the Consultant/Independent Practitioner for the use of the facilities. The Consultant/Independent Practitioner must send a list with client details to the Private and International Patient Business Office where possible prior to the clinic taking place, so that an invoice can be raised to the Consultant/Independent Practitioner.

Use of NHS staff for secretarial/admin support for medico-legal/category 2 work may not take place on Trust premises or use Trust resources.

Private and International Patient Business Office

4.30 The Private and International Patients Business Office consist of a team of staff who have responsibility for managing non-NHS patient activity on behalf of the Trust. This includes the maintenance, review and updating of all fees charged to patients (excluding Consultant/Independent practitioner fees unless the treatment is part of the Fixed Price Scheme).

The service is headed by the Private and International Patient Business Manager. The service, based at the Royal Victoria Infirmary, is part of the Business and Development Directorate.

The Private and International Patient Business Office is responsible for ensuring that appropriate authorisation or financial deposits are secured on behalf of the Trust. All self pay patients must pay for their treatment in advance of their admission or appointment.

The Private Practice Committee

4.31 The Private Practice Committee, which is made up of Consultants with an interest in private practice within NUTHFT, is chaired by a clinician nominated by the Medical Director. This group will monitor and review private patient activity across the Trust.

4.32 The committee will act as a discussion forum for issues relating to private practice and other non-NHS work and will advise on the development of such practice within the Trust.

The Externally Funded and Private and International Patient Group

4.33 The Externally Funded, Private, and International Patient Group has representatives from directorates and departments across the Trust. The aim of the group is to facilitate non-NHS work across the Trust in an open and
transient way and to develop and lead the Private Patient strategy (including Fee Paying work). The Executive Director responsible for Business and Development chairs this group.

**Directorate/Departments**

4.34 Private patients and other non-NHS activity bring additional income to the Trust. Simple but robust systems must be in place at directorate and departmental level to enable Consultants and Independent Practitioners to see and treat private and other non-NHS patients in a timely manner, in an appropriate environment and with support as required.

4.35 Directorate and departmental management teams should have a clear view of how they see non-NHS activity contributing to Trust income and this view should be communicated to all staff within the Directorate or Department.

4.36 Directorate and department managers should make their teams aware of the importance of registering non-NHS activity correctly in eRecord to ensure that the Trust is not paid twice for the episode.

4.37 Directorate and departmental systems should facilitate the capture of all non-NHS activity and the provision of prompt and accurate information about the services and care provided to the individual patient in order that notification of debt forms can be raised on discharge by the Private and International Patient Business Office. Medical records will be kept in accordance with Trust policy.

4.38 If a Consultant only sees a small number of private or medico-legal clients, directorates and departments, if possible, should agree to additional appointment slots at the beginning or end of the Consultant’s normal clinic, outside of the Consultant’s NHS contracted hours. For inpatient activity there a limited number of theatre sessions available at the Royal Victoria Infirmary; please refer to paragraph 4.17.

4.39 Non-NHS patients are entitled to receive the same excellent level of care as NHS patients.

5 **Financial**

5.1 The Trust will determine and make such charges for the use of its services, accommodation or facilities as it considers reasonable to support non-NHS activity. Trust charges will not be made or recovered by the consultant.

5.2 The basis of the Trust Private Patient Tariff will be an agreed schedule of procedures which allocates each procedure a code and then groups these by level of complexity. The Trust’s prices are based on these levels of complexity with additional charges for implants, drugs, laboratory tests, accommodation etc. The pricing of these procedures is the responsibility of the Private and
International Patient Business Office with input from Directorate Accountants as required. All charges will be kept under review and will be market sustainable.

The Trust charges for procedures are a matter of public record; however, how they are calculated is commercially sensitive and must not be shared.

5.3 The Private and International Patient Officers will record patient details in the departmental databases and raise either a Notification of Debt or Cash Payer form in accordance with the Trust’s Standard Financial Instructions and ensure that the income is correctly coded to the directorates and departments where the private patient was treated.

5.4 Any patient or third party requesting costs for procedures may be directed to the Private and International Patient Business Office who will advise the enquirer of the Trust’s referral process and the estimated charges.

5.5 Private Patients may be self funding, insured by private medical insurance or can be paid for by a third party e.g. their employer. With the exception of patients with medical insurance or those with written guarantees from a solicitor, employer or embassy, all fees must be paid in advance of diagnostics and treatment.

5.6 As part of the Private Patient customer service strategy, patients or their funder will be informed of the approximate cost of treatment, based on information supplied by the Consultant/Independent Practitioner. Whilst the Private and International Patient Officers strive to be accurate, in exceptional circumstances the treatment costs may exceed the deposit. Should this situation arise the patient and/or their funder will be notified by the Private and International Patient Business Office and additional funds secured. Should it is not possible to do this, the Private and International Patient Officers will raise a Notification of Debt. The Trust’s Standing Financial Instructions will apply.

5.7 Private patients are required to sign a Registration Form, which outlines the Trust’s terms and conditions relating to Private Practice. In accordance with Care Quality Commission guidance, 2 copies will be given to the patient and the patient should retain one for their records and return a completed copy to the Private and International Patient Business Office.

Overseas Visitors (fee paying) are not required to complete a registration form as their accounts are guaranteed by their Embassy.

NHS Chargeable patients are asked to complete a separate form (please see the Overseas Visitors Policy for details).

Medico-Legal/Category 2 patients are not required to sign because the contract for the use of the facilities is between the Trust and the Consultant/Independent Practitioner.
5.8 The Trust’s preferred method of payment is by direct bank transfer into the Trust’s bank account or by credit/debt card.

5.9 To comply with the Trust’s procedure to avoid money laundering, no cash payments in excess of £12,000.00 (or €15,000.00) will be accepted, payments of over that amount must be made by bank transfer.

5.10 Any cash payments received by the Private and International Patient Officers will be taken to cashiers as soon as practically possible; only in exceptional circumstances will cash be held overnight in the Private and International Business Office safe. Security will be required to escort the Private and International Patient Officer to the cashiers’ office.

5.11 Patients (or person paying on their behalf) will be given a receipt for any monies deposited whether by card, cheque or cash. Insurance companies and Embassies will be provided with a receipt only on request.

5.12 On request by the Consultant(s) or Independent Practitioner, the Private and International Patient Officer will include the Consultant’s professional fees with the Trust’s invoice. The Trust can not accept responsibility for the collection of the fees or any shortfall or non payment of said fees, unless they relate to a fixed cost package.

5.13 Where the Private and International Patient Officer has been asked to collect professional fees, these will only be paid by the Finance Department once the Trust account has been paid in full. If the account remains unpaid, the Trust’s portion of the account is passed to a debt collection agency, the professional fees will be cancelled from the outstanding invoice and the Consultant will be advised of this by the Private and International Patient Officer. The Consultant will be required to make their own arrangements for the collection of monies owed.

Reports

5.14 The Private and International Patient Officers will reconcile reports generated by the Trust’s IT systems each month to ensure that all Private Patients have been correctly indentified and recorded by Directorates and Departments.

5.15 The Private and International Patient Officers will investigate any patients registered in eRecord as private who have not been notified to the Private and International Patient Business Office. If the Consultant or Independent Practitioner has not advised the Private and International Patient Officers, the team will contact the Consultant/Independent Practitioner in writing to seek clarification and remind the Consultant/Independent Practitioner of their obligations under this policy.
5.16 Where the patient has been incorrectly identified as private when they were in fact NHS, the Private Patient Officer will inform the relevant Directorate or Department so that they can arrange for eRecord to be amended, and appropriate income recovered.

6 Facilities

6.1 The Trust provides a private outpatient consulting room facility called The Lodge at the Royal Victoria Infirmary, which is available to Trust Consultants and Independent Practitioners.

6.2 The private patient ward ‘The Park Suite’ is located on level 5 of The Leazes Wing, Royal Victoria Infirmary. Park Suite is managed by a Ward Sister who has responsibility for the day to day running of the unit and The Lodge as well as the care of all patients attending or admitted to the private facilities, and the supervision and management of the nursing team. Where it is clinically appropriate the patient will be admitted to Park Suite, however the Trust recognises there are many procedures undertaken where it is in the patient’s best interests to be treated within the ward beds normally utilised by the speciality. Where possible a cubicle or side room will be provided for these patients at the discretion of the Ward Sister/Charge Nurse/Matron.

Amenity beds

6.3 Amenity beds are on occasion available to NHS patients who wish to pay for the privacy of a single room whilst receiving treatment as a NHS patient. The Trust offers single en-suite rooms as amenity beds in the Park Suite at the Royal Victoria Infirmary, subject to availability and providing the lead consultant for the patient supports the transfer of the patient to Park Suite. The patient status remains as NHS. No fees are paid to the specialist and all aspects of care are the same as for NHS patients elsewhere in the Trust.

6.4 Some wards may be able to offer a side room/cubicle as an amenity bed. As with beds on Park Suite, these are subject to availability and clinical appropriateness. Amenity beds cannot be ‘booked’ in advance or guaranteed, their availability is at the discretion of the Ward Sister/Charge Nurse. It is the responsibility of the named nurse or ward lead to advise the Private and International Patient Business Office in a timely manner, that the patient has moved to an amenity bed. The Private and International Patient Officer will contact the patient for payment.

Theatre sessions

6.5 Limited dedicated Private theatre sessions are available at the Royal Victoria Infirmary; these may be booked through the Private and International Patient Business Office. Sessions elsewhere at the Royal Victoria Infirmary and
Freeman Hospital may be organised at the discretion of the Directorate Manager and/or the Manager of Peri Ops and Critical Care.

7 Patients transferring between private and NHS care

7.1 Only patients eligible for NHS treatment free at source may opt to convert to NHS status (see the Overseas Visitors Policy for full information) and receive treatment free at source. If the patient requesting the change in status is not ordinarily resident in the UK, then the Consultant/Independent Practitioner (see the Overseas Visitors Policy) must inform the Overseas Visitors Coordinator, so that the patient’s eligibility to NHS treatment free at source can be determined.

Subject to the above, a patient may at any time in their patient pathway request to revert to NHS status. The Department of Health guidance confirms that: 3

a. A patient, who chooses to be treated privately, is entitled to NHS services on exactly the same basis of clinical need as any other patient – see section b.

b. A patient seen privately, providing they are entitled to those services as defined by the Department of Health Overseas Visitors Charging Regulations, is entitled to change his or her status subsequently and to seek treatment as an NHS patient.

c. Any patient changing their status after using private services should not be treated differently from other NHS patients.

d. Any patients referred to a NHS service following a private consultation or private treatment should join an NHS waiting list at the same point as if the consultation or treatment had been an NHS service. Their priority on the waiting list should be determined by the same criteria applied to other NHS patients and in consultation with the Directorate Manager. It is essential that Directorates arrange for the patient’s status to be updated in eRecord from Private to NHS to ensure that the Trust recovers the cost of the NHS portion of the patients care.

e. If a patient admitted to an NHS hospital as a private inpatient subsequently decides to change to NHS status before receiving treatment, there should be an assessment to determine that patient’s priority for NHS care. This should be undertaken by the Head of Department or Clinical Director. If the patient’s clinical priority is adjudged lower than NHS patients on the Department’s waiting list consideration should be given to discharging the patient and placing them on an appropriate NHS waiting list.

3 Department of Health ‘A Code of Conduct for Private Practice’.
7.2 There will be very rare occurrences when private treatment undertaken within the Trust results in unforeseen adverse events, which necessitate the transfer of a private patient to NHS care for emergency or specialised care. In all cases, the clinical priority will be the wellbeing of the patient.

This transfer may not happen simply by authorisation from the patient’s Consultant but must be authorised by the Medical Director or the on call member of the Medical Director’s team in advance of that transfer of care taking place. In clinical emergencies, the Medical Director or on call the treating clinician must inform member of the Medical Directors team, as soon as practically possible. The Consultant must complete a transfer of care status form (appendix 2), a completed copy must be sent by the Consultant to the Private and International Patient Business Office to ensure no further private charges are incurred. The Consultant must ensure the patient’s status is changed to NHS in eRecord so that income is recovered appropriately.

7.3 It should be noted that insurance companies may authorise and pay for treatment including ITU/HDU and PICU that arises from adverse events. At the earliest opportunity, the Consultant must inform the Private and International Patient Business Office of any changes to the care pathway. Regular medical reports will be required to keep the insurer informed of the treatment plan.

Only in exceptional circumstances may patients receive both NHS and Privately funded care in one treatment episode, these are set out in the trust policy “How to proceed when NHS patients wish to pay for Additional Private Care (co-payments/top-ups)”. Further guidance is available from the Department of Health website, please follow the URL: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_096428

Joining the Trust waiting list

The procedure for transfer of patients seen by Trust Consultants as private patients on Trust premises, private patients within independent provider premises, or NHS patients seen where the Consultant is employed by an external independent provider is detailed below and has been agreed with local Clinical Commissioning Groups.

7.4 The Department of Health ‘A Code of Conduct for Private Practice’ clearly states that a patient transferring to an NHS waiting list should not benefit from having been initially seen as a private patient. The Trust believes that this should also apply to NHS patients seen initially by its Consultants, working as secondary employment within independent providers. Therefore, those patients wishing to transfer their care to The Newcastle Upon Tyne Hospitals NHS Foundation Trust following private or independent sector consultation will only be accepted as Trust patients after an interval of time that corresponds on average, to that which
would have occurred had they been referred to that consultant as a Trust outpatient. This appropriate time interval will be determined by the Directorate Manager and not by the Consultant. In the event of any dispute, the Clinical Director should arbitrate.

7.5 Consultants may not add patients seen privately, or NHS patients seen within the independent sector, directly onto their Trust waiting list, nor may they arrange directly for them to be seen in a Trust out-patient clinic or to undergo investigations. The Consultant must write to the patient’s GP requesting a NHS referral. The date of this referral is the start of the patient’s subsequent 18-week pathway; it also serves to confirm that the GP’s Clinical Commissioning Group will accept responsibility for funding the patient’s ongoing NHS treatment. There is no requirement for the patient to revisit their GP, nor have an additional NHS outpatient consultation at the Trust.

7.6 Such direct transfer of care to the Trust following private or NHS independent sector consultations must be authorised by the Directorate Manager using the transfer of care status form (appendix 2), completed by the Consultant. The original outpatient referral letter from the GP, together with copies of the Consultant’s records of the private or independent sector consultation, must accompany this form.

Alternatively, the consultant may refer the patient back to their GP to refer as they see fit, in which case the transfer of care form is not required and nothing further needs to be done.

7.7 If a patient has had investigations/diagnostics at The Newcastle Upon Tyne Hospitals NHS Foundation Trust privately or in the independent sector, but wishes to transfer to a Trust waiting list for an operation or procedure, then they may do so, subject to eligibility for NHS care and to the provisions of para 7.4, 7.5 and 7.6.

7.8 If the patient requires outpatient investigations at the Trust and/or follow up appointments as a NHS patient, then the investigations may be organised as a NHS patient, once the Directorate has received the transfer of care status form and the associated documentation. The patient’s first outpatient appointment must be as a new, rather than a follow-up, consultation.

7.9 Once a patient has transferred from private care to NHS care, they must remain an NHS patient for the duration of that episode of treatment. It is not acceptable for patients initially to be seen privately, to transfer to NHS care for treatment or investigations and then, subsequently, to be seen for follow up in the private sector.
Paying for additional treatment

7.10 Refer to the ‘Additional Private Care (co-payment/top up)’ policy.

Emergency Admissions

7.11 Emergency admissions would normally be classified as NHS patients. However, if the patient wishes to be treated as (or continue to be treated as) a Private Patient then it is the responsibility of the ward/department where the patient is accommodated to advise the Private and International Patient Business Office so that they can secure either authorisation or a deposit. Before the patient can be treated as a Private Patient, the Consultant must agree or an alternative Consultant found; the Park Suite can assist with this. In such instances, ward staff must notify the Private and International Patient Business Office on Extn 20592 or Extn 21090 immediately following the patient’s admission to the ward.

7.12 All patients transferred to the Trust from an independent provider facility will be assumed a private patient unless:

- The patient is being treated as an NHS patient under contract with the independent provider or;

- A fully completed and authorised ‘transfer of care status’ form (appendix 2) is received by the Private and International Patient Business Office.

8 Training

All Trust staff shall make themselves aware of the “Code of Business Conduct for “non-NHS patients” including Private Patients and those NHS patients initially seen in the independent sector” and adhere to the policy guidelines. Managers will also need to establish local arrangements to ensure implementation at directorate and departmental level.

9 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.
10 Monitoring compliance

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<tr>
<td>To ensure compliance with Consultants notifying the Private Patient Office of a PP admission.</td>
<td>Analyse PAS report from Business Objects</td>
<td>Private and International Patient Officers. Private and International Patient Office.</td>
<td>Persistent non compliance (i.e in excess of 1% of cases) the Consultant will be referred to the Private Practice Committee</td>
<td>Monthly</td>
<td></td>
</tr>
</tbody>
</table>

11 Consultation and review

This policy has been reviewed in consultation with the Executive Team, Clinical Policy Group, Local Counter Fraud Officer, Internal Audit Department and the Head of Medical and Dental, Planning and Reward.

12 Implementation (including raising awareness)

A summary of key changes will be notified to managers and Clinical Directors following implementation of the policy.

13 References

1) Department of Health – A Code of Conduct for Private Practice
2) Department of Health – Guidance on NHS patients who wish to pay for additional private care.

14 Associated documentation

1) Additional Private Care (co-payment/top up) Policy
2) Appraisal Procedure Medical and Dental
3) Clinical Record Keeping
4) Clinical Records Management
5) Information Governance Policy
6) Overseas Visitors Policy
CONSULTANT/SENIOR MEDICAL AND DENTAL STAFF CONTRACTS

Introduction and background

The proposal to extend patient choice of Any Qualified Provider with the intention of improving quality of care is explicit in the NHS Future Forum report. Such a development is expected to impact on the service provided by NuTH, introduce further contract income streams and potentially have adverse consequences on the commissioning of future provision for the Trust.

The Trust faces significant challenges in continuing to:
- deliver and improve a high quality healthcare service,
- reduce waiting times,
- reduce costs,
- improve access and choice for patients.

It also continues to make a significant contribution to teaching, academic research and innovation, as well as the development of the skills and competencies of its trainees and senior medical and dental staff.

Senior medical and dental staff are critical to both delivery of the Trust’s clinical care and to new providers entering the marketplace to increase choice.

Competition, choice and co-operation

In recognition of the changing health economy, economic reality and the potential for conflict of interest between individual aspirations and the overarching responsibility of the Trust to maintain viable services and act in patients’ interests, it is appropriate for the Trust to provide clarity to medical and dental staff in respect of remuneration and indemnity for various types of work. This will apply equally to honorary contract holders.

The Trust wishes to act reasonably and transparently and seeks support in articulating its expectations regarding paid non-standard work which medical and dental staff may wish to undertake – whether NHS or non-NHS. The Trust would also expect that, where consent to undertake non standard work is given it is done so on the basis of continuing delivery of existing Trust-approved job plans, satisfactory performance, satisfactory attendance and compliance with mandatory training.
It is essential that the need for commissioning is transparent. However, in very limited situations there may be the need to restrict a doctor or dentists ability to work for other provider’s during non standard hours. The Trust will retain the right to refuse to consent to certain work on an individual basis if it takes the view there is a conflict of interests which might result in a detriment to NuTH patients or services, or to the NHS more widely.

Further, if, due to competition from other organisations, a service provided by NuTH becomes non viable, the Trust may have no choice but to explore how to deliver cost savings, including the option of compulsory redundancies.

Trust Position on defining Consultant working practice

**Standard NHS work** is undertaken during contracted time by all groups of staff. No additional remuneration may be charged by any group of staff. Contracted time includes SPA specified on job plans. Indemnity is provided by the NHSLA.

**Waiting list initiative work** is undertaken when the Trust has insufficient capacity during scheduled activities to deal with the demand. Additional sessions are arranged outside of contracted time and all staffs are currently additionally remunerated at negotiated and agreed rates for undertaking this extra work. However, staff cannot be additionally remunerated during routine contracted hours. Indemnity is provided by the NHSLA.

**NHS Overseas patients** where patients are referred to the Trust from another healthcare system, for example where the country concerned does not have the necessary specialist skills or expertise to treat a rare condition. This is a commercial arrangement through which NHS work is commissioned by a foreign agency and the Trust is paid directly. It is not Private Practice. No additional professional fees may therefore be charged. Indemnity is provided by the NHSLA.

**Private Practice** is an arrangement whereby individual patients are referred to a specific Consultant, who charges fees directly to the patient for their professional services. The fees may be paid by the patient directly or the patient may arrange for them to be paid by a third party, for example, under a private health insurance scheme. Arrangements may be made by the Trust and the Consultant for their professional fees to be collected by the Trust as part of a package of treatment costs agreed in advance if this is mutually acceptable. The practitioner is responsible for providing separate indemnity for this work.

Private patient work must not be undertaken during hours when staff are contracted to be working for NUTH, delivering standard NHS work, other than in exceptional circumstances; for example if patient safety requires a major procedure to be done in the Trust during routine working hours. Under these circumstances the Consultant must obtain prior agreement from the Directorate Manager and Clinical Director that this work is performed during the routine working day. Arrangements must also be made with
them for an equivalent amount of additional NHS work outside of routine contracted hours to be undertaken to compensate.

Fee paying work – for example writing medical reports on claimants for solicitors in personal injury or clinical negligence cases. Such work must not be undertaken during contracted standard hours with the Trust. If undertaken using the Trust’s facilities then a facilities fee may be charged by the Trust. These patients must be notified in advance to the Private and International Patient Office The practitioner is responsible for providing separate indemnity for this work. It is recognised that those pathologists who undertake coroner’s autopsies do so by ‘time shifting’ their NHS work to ensure that there is no element of double payment for their time. The Trust is remunerated for the use of the autopsy facilities for undertaking this work, which is also recognized as being essential to the training of specialist registrars in cellular pathology, given that so few hospital post mortem examinations now occur. There is explicit agreement that for this group of Consultant staff they may receive fees from the coroner for undertaking this work, provided that these conditions are met.

Outsourced NHS work occurs as an alternative to waiting list initiative activity. When there is insufficient capacity available to treat patients within waiting time targets cases are sometimes outsourced to private providers such as the Nuffield or the Spire. The Trust pays the private provider to do the work. The private provider remunerates the clinicians involved for performing the work either as an employee or on a self employed basis. This work must not be undertaken during hours when staff are contracted to be working for NUTH. The practitioner is responsible for providing separate indemnity for this work.

Independent Sector Work Under the arrangements whereby Any Qualified Provider may tender for NHS work, a variety of non-NHS institutions take referrals directly from GPs, some via choose and book. Regionally, these include the Newcastle Nuffield Hospital and also ‘Tyneside Surgical Services’, based at the Gateshead ISTC. There are also companies, such as ‘Backlogs’, which offers interpretation of histological slides and ‘Alliance Medical’, which provides interpretation of various imaging investigations. Practitioners involved in this type of activity are remunerated for their professional services directly by the institution, agency, chambers or company concerned. This work must not be undertaken during contracted hours with NUTH and must not involve the use of NHS facilities, except by specific written agreement from the Trust, in advance. Separate indemnity must be provided by the practitioner for this work.

Contractual Considerations:

NHS Senior Medical and Dental Staff Contracts outline the duties and responsibilities of a practitioner in performing his or her job plan and any work reasonably incidental or consequential to those duties. The contract includes the requirement to disclose information at least annually as part of the job plan review about fee paying work, including private practice.
There are other documents to which reference must be made, notably:

- Department of Health Code of Conduct for Private practice
- BMA Guidance (2009)
- Co-operation and Competition Panel Report (2009)
- Revised Principles and Rules for Co-operation and Competition (2010)
- NuTH Standards of Business Conduct Policy (2011)
- Working Time Directive (In the case of Consultants 48 hours with various derogation provisions).

Conclusions

Having considered the situation and in recognition of the changed political climate and constrained financial circumstances, the Trust wishes to ensure it adopts a responsible position to ensure value for money and patient choice. The Trust is also aware of the requirements of the Bribery Act 2010 and is committed to the highest standards of ethical conduct and integrity in its activities.

It therefore proposes to implement the following recommendations:

1. The Trust will require a full and frank disclosure from Senior Medical and Dental staff about all fee paying work including private practice and independent sector work. This declaration will be requested through the annual job plan review and forthwith if there is any material change during the year. The questions contained within the job plan template will be revised to ensure they relate to NHS and non NHS funded work.

   If such work is declared, further detailed clarity will be requested to include:
   - Whether the patients are high dependency or not
   - The average weekly time involved in this work
   - The specific hours contemplated as being worked in this way
   - Confirmation as to whether the work is clinical or managerial/strategic in nature
   - Confirmation of the average working hours on NHS and non NHS work.

   The Trust considers it reasonable to request an understanding of the total weekly planned working hours of Senior Medical and Dental staff to enable the Trust to fulfil its duty of care in regard to patient and employee safety.

2. The Trust ‘Standards of Business Conduct’ policy will be amended to reflect the duty of full disclosure of any fee paying or private work through the annual job plan review.
3. SPA time constitutes contracted working hours and the Trust will provide confirmation of what it considers appropriate and permissible in SPA time (Appendix 1)

4. The Trust is happy for its Consultant staff to undertake private practice in its facilities. The Department of Health Code of Conduct for Private practice must be followed at all times. Consultants are responsible for notifying the Trust’s Private Patients Office in advance of the admission of private patients or the treatment of private patients as an out-patient in order that the Trust may levy the relevant charges. Private practice must not interfere with the Consultant’s obligations to their NHS patients.
**Supporting Professional Activity**

Supporting Professional Activity (SPA) is time allocated in the consultant’s job plan for a variety of activities underpinning Direct Clinical Care (DCC). Examples of these activities may include:

- continuing professional development
- statutory and mandatory training
- medical education
- formal teaching and training
- research
- preparation for and participation in appraisal
- clinical management activities at a Departmental level
- audit and local clinical governance activity

From the Trust’s standpoint it is important to outline a framework to determine local arrangements and there are a number of important principles relating to SPA:

- it forms part of the intrinsic contracted hours of employment of the individual. Therefore other separately remunerated activities may not be undertaken during those hours.
- there must be a defined output from the allocation of all SPA time which will be agreed and reviewed as part of the annual job planning review process. This will include alignment of SPA activity to corporate and individual objectives.
- given the nature of the work which is expected from the individual during the core SPA time, it is expected that this activity should be undertaken in the workplace. By exception, there may be agreement with the Clinical Director that SPA may be undertaken away from the place of work, but this needs specific prior approval and part of that approval will include agreement as to the output which will ensue from that time. If such an arrangement is agreed, it will be conditional that the Consultant remains contactable by telephone during that time and is available to return to the workplace if required.
- in the past there has been agreement that additional remunerated work, such as waiting list initiative activity, may be undertaken during the working day by displacing routine contracted activity to another time. The Trust audit committee has been concerned about this practice and the potential risk it may present. The Trust would wish to retain the principles of flexible working but in order that it may be demonstrated that an individual is not being paid twice for the same time period in future the authorisation form will be revised. It is proposed an additional section will be added to the waiting list initiative activity proforma to be completed by the relevant consultant indicating whether the WLI activity was undertaken during routine contracted hours. If it was then the consultant must indicate what routine work was displaced as a consequence (including SPA activity) and confirm when that displaced work was performed.
Transfer of Care Status Form

Consultants name: - ………………………………………………………………………………………………………………………………

Directorate:- ……………………………………………………………………………………………………………………………………………

Patient Name…………………………………………….   MRN ………………  Date of Birth……………….

I have consulted this patient as (please √ as appropriate):-

Option 1 A NHS/Private patient in an independent facility and they wish to be added to my NHS waiting list. I confirm that I have written to the patients GP and have made an NHS referral and copies of my records from the consultation are attached.

Option 2 A NHS/Private patient in an independent facility and they wish to be referred as a NHS patient for tests/diagnostics or other outpatient treatment. I confirm that I have written to the patients GP and made an NHS referral, copies of my records from the consultation are attached.

Option 3 This patient who is admitted to the Trust as a Private Patient under my care wishes to transfer their care from private to NHS.

Please note a copy of the NHS referral and your records are required by the Directorate before your patient can change status.

I confirm that:-

I have advised my patient that only those who are ordinarily resident in the UK are entitled to NHS treatment free at source, if they are subsequently found to be ineligible, charges may apply.

I have advised the Directorate to change the patient’s status in eRecord from Private to NHS to ensure income is recovered.

I have advised my patient that as they have converted, their care will be as NHS for the remainder of this episode including any follow up consultations.

To be signed by the Consultant

I confirm that ………………………………. is now a National Health Service patient.

Consultant Name (please print) ………………………………………………………………………………………………………………….

Signed …………………………………………. Date ………………………………..

Directorate Manager/Clinical Director Name (please print)……………………………

Signed………………………………………… Date ……………………………..

Please send completed copy to Private Patients Dept, Peacock Hall, RVI or privatepatients@nuth.nhs.uk who will ensure that no further private charges are incurred.

Received and actioned by PP office          Date
This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th>Policy Title:</th>
<th>Code of business conduct for “non-NHS patients” including Private Patients and those NHS patients initially seen in the independent sector</th>
<th>Policy Author:</th>
<th>Mrs L Waugh, Private Patients Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
<td>Yes/No?</td>
<td>Yes/No?</td>
</tr>
<tr>
<td></td>
<td>• Race</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td></td>
<td>• Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td></td>
<td>• Nationality</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td></td>
<td>• Gender</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td></td>
<td>• Culture</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td></td>
<td>• Religion or belief</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td></td>
<td>• Sexual orientation including lesbian, gay and bisexual people</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td></td>
<td>• Age</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td></td>
<td>• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td>2.</td>
<td>Is there any evidence that some groups are affected differently?</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td>3.</td>
<td>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td>4(a).</td>
<td>Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td>4(b).</td>
<td>If so can the impact be avoided?</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td>4(c).</td>
<td>What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
<tr>
<td>4(d).</td>
<td>Can we reduce the impact by taking different action?</td>
<td>No</td>
<td>Yes/No?</td>
</tr>
</tbody>
</table>

Comments:
The policy applies to all non-NHS patients choosing NUTHFT for their healthcare.

Action Plan due (or Not Applicable):
Not Applicable

Name and Designation of Person responsible for completion of this form: Lesley Waugh  Date: 11.12.13

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

(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.