

Private Patient Policy	Type: Policy Register No: 12024 Status: Public on ratification
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Developed in response to:	Service Development
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Consulted With	Post/Committee/Group	Date
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Author/Contact for Information	Lesley Simpson – Interprovider Office Coordinator
Policy to be followed by (target staff)	All Staff
Distribution Method	Intranet & Website
Related Trust Policies (to be read in conjunction with)	Counter Fraud and Corruption Policy Sending Patient information out of the UK

Document Review History

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1.0	Jane Nuttall	11 th October 2012
2.0	Lesley Simpson	29 th February 2016
2.1	George Watson - 6 month extension request due MSB standardisation	6 th March 2019

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1.0 Purpose

- 1.1 This policy has been developed to give clear guidance to Trust staff in relation to the Private Patient process and to ensure that all Private Patients are properly recorded and that the Trust collects the income associated with their treatment.
- 1.2 All Trust staff are expected to treat all paying patients and NHS patients and their relatives or representatives with dignity and respect at all times and in accordance with cultural and religious beliefs. Trust staff must extend the same courtesies to all patients regardless of status.

2.0 Scope of Policy

- 2.1 This policy applies in relation to those patients who wish to pay for their treatment and wish to access services within the Trust. Patients may be covered by a Private Health Insurance or may wish to self-pay for treatment.
- 2.2 This policy specifically excludes Overseas Patients also known as Overseas Visitors.
- 2.3 This policy has been developed to bring together all circumstances under which a private patient may access our services. Within that process the policy defines how a private patient is referred for treatment and how that treatment is provided whilst not inappropriately encroaching on NHS clinical time.
- 2.4 The policy looks at the processes of how the Interprovider office (IO) will administer the paying patient episode working with the Consultant and his staff on the treatment involved. The Interprovider office team will also liaise with finance to obtain accurate costing for treatment given. The Interprovider office team will liaise with Wards and Departments whilst treatment is on-going to ensure that the correct charges are applied and to ensure that costs incurred will be authorised by the paying patient or the patient's private insurance provider.
- 2.5 The policy builds on the Section 65 of the National Health Service Act 1977 and admission of Paying Patients is in line with its recommendations.

3.0 Policy Statement

- 3.1 A private patient is a patient who has chosen to pay for services provided by the Trust or has private healthcare insurance that will meet the costs of treatment.
- 3.2 The treatment of private patients generates income for the Trust and is to be encouraged, provided that it does not conflict with the Trust's objectives or priorities such as meeting national targets.
- 3.3 The Interprovider Office (IO) is tasked with collecting the income due to the Trust from private patient activity.
- 3.4 The IO must be notified of all private patients, regardless of the setting in which they are treated; or the treatments that they are receiving.
- 3.5 The Finance department is responsible for setting the prices for private patients

treated. These prices are updated annually or as new services are offered.

- 3.6 The IO office can be contacted on 01245 514724 (ext. 4417/6276) or email interprovider.office@meht.nhs.uk
- 3.7 It is the responsibility of the Consultant, Private Secretary and all NHS Trust staff to identify a private patient.
- 3.8 Hospital charges must be paid by all private patients seen in the hospital, whether it is for a general consultation, as a chemotherapy patient or a specialised procedure or treatment. Very occasionally, patients admitted as day patients will be required to stay overnight. In these circumstances, the patient should transfer to 'in-patient' status, and the Private Patients Office must be notified immediately. Out of office hours a message must be left on the answering machine, this must be re-confirmed at 09.00 hours on the next working day (Monday – Friday).
- 3.9 Failure to identify / notify the Trust of a Private Patient episode at the outset will potentially result in the failure to recover the fee owed to the Trust. The Consultant concerned would then be potentially liable for any costs incurred to the Trust during the private patient episode and the Trust may also take disciplinary action. A private patient will be regarded and treated as a private patient for the duration of their treatment in-patient stay.
- 3.10 A private patient cannot revert to being an NHS patient midway through an outpatient course of treatment. A consultant should not refer his Private Patients for NHS diagnostic or paramedical treatment, tests or procedures unless the referral is made through the normal outpatient referral system. Access to NHS treatment should not be earlier than had the entire outpatient sequence (including the initial consultation) been under the NHS – this also applies to private in-patients who cannot change status for outpatient purposes during the same course of treatment.

4.0 Emergency Admissions

- 4.1 The Emergency Department or ward staff admitting the patient must ask the patient or their representative at the earliest opportunity whether the admission is NHS or private.
- 4.2 If private the Interprovider Office must be informed on Ext 4724/6276 in order to complete an undertaking to pay and to check the patients private insurance will cover emergency admissions (not all do). Once private status is confirmed the same procedure as planned admissions will apply.

5.0 Roles and Responsibilities

5.1 Medical Staff are responsible for:

- Ensuring that all private patient episodes are notified at the outset to the Interprovider Office to ensure all costs are calculated and covered either by the Patient themselves or their elected Insurance Company
- Ensuring that the Private Patient treatment is arranged outside of NHS treatment time. Where the surgical procedure is major and the patient identified as high risk, the surgeon may wish to negotiate and use a planned session, which will not put NHS patients at risk or cause problems with access targets. They will then repay the NHS commitment as agreed.

- Ensuring that Medical Secretaries do not use NHS time and resources for non NHS patients. A misuse of Trust resources is considered theft and fraud and will be referred to the LSMS who will refer to the specialist fraud investigation team.

5.2 **Interprovider Office Staff** are responsible for:

- Accepting all applications for private treatment within the Trust
- Ensuring that a paying patient's treatment will be authorised by their Insurance Company at all stages of that treatment and any anomalies accounted for
- The Private Patients Administrator is responsible for obtaining the full cost of expected treatment for self-funding patients before that treatment can commence.
- The Private Patients Administrator is responsible for invoicing all costs to either the individual patient or to the elected Insurance Company who will ensure that all treatment costs are settled within the contracted timescales

5.3 **Ward Staff and Department Staff** are responsible for liaising with the Private Patients Office in respect of any treatment arranged and any additional treatment that the paying patient may have received that could incur extra costs.

6.0 **Undertaking to Pay Form and Approval**

6.1 The Private Patients Office is responsible for explaining and seeing that the 'Undertaking to Pay' (Appendix 1) form is signed by all private patients prior to treatment beginning.

6.2 If the patient is insured it is also the responsibility of the Private Patients Office to obtain approval from the Insurance Company prior to treatment beginning.

6.3 Under no circumstances should a booked private patient receive treatment before a signed 'Undertaking to Pay' has been obtained, or if covered by health insurance, confirmation that approval has been received from the insurance company.

7.0 **Costing, Invoicing and payment**

7.1 The list of current standard charges is reviewed annually and is submitted for approval by the Director of Finance. The charges operate from the 1st April each year, in line with the financial year.

7.2 It is the responsibility of the Interprovider Office to cost the patient's treatment for the use of facilities and amenities being used within the Trust. If the patient is self-funding, it is the responsibility of the Private Patients Office to collect payment prior to treatment starting. The Consultant & Anaesthetist is responsible for his / her own consulting fee. **Please note that although a Consultant or Anaesthetist may waive his / her fee for a private patient, hospital charges will still apply.**

7.3 It is the responsibility of the Interprovider Office to raise an invoice to be sent to the Insurance Company/Patient for treatment received within the Trust. Information stated on the invoice will include whether the patient has 'Paid in Full', 'Part Paid' or will quote

insurance approval details.

- 7.4 For patients transferred to the Burns Service via Embassies and HCA International Limited (The Wellington Hospital) the referring organisation will be billed, not the patient.
- 7.5 Trust staff will ensure that both manual and electronic patient identifiable information will not be sent out of the country insecurely and will comply with the guidance of the Trust's Sending Patient Information out of the UK. If it appears that the trust may not be able to use secure methods, then staff must obtain the patients written consent for the data transfer and ensure that the patient is aware that it is being sent by an unsecure method. For foreign patients from unstable countries, it is advised to use embassies so that information can be safely transferred on in the diplomatic bag. Note that in relation to the US, unless an organisation operates the Safe Harbour scheme, this should be considered an unsafe destination. For all foreign patients, whether within the EEA or not it is advised to ask the patient to sign an electronic communication consent form prior to treatment.

8.0 Procedure for Private Outpatients

The process is set out in the flowchart **Appendix 2**.

- 8.1 When a private patient referral letter is received, the lead clinician will inform the NHS secretary and the Interprovider Office on 01245 514724/6276 or email interprovider.office@meht.nhs.uk
- 8.2 The IO will record the referral in order to follow up the information for invoicing and must be notified of the patient's insurance details or whether they are self-funding. (Most outpatient referrals will be a hard copy).
- 8.3 The completed referral letter is passed to the Appointment Centre or clinic who will book the appointment on the patient administration system (PAS), at the start or end of an NHS clinic, recording the patient's private status, this must be faxed to 01245 513900. The booking form (**Appendix 7**) will be completed by the consultant or nominated other and sent to the IO email interprovider.office@meht.nhs.uk.
- 8.4 Prior to the appointment the referral letter must be sent to the medical records department to be added to the patient's notes. Medical records will pull the notes when required for clinic.
- 8.5 When the Private Patient attends clinic they must sign and complete an Undertaking to Pay form provided by the IO (Appendix 1). This must be signed and completed by the patient and brought to the appointment.
- 8.6 If the patient is not already registered, registration should be undertaken before the patient is seen by the Consultant (wherever possible), case notes raised and the referral letter inserted.
- 8.7 In all cases the IO telephone number 01245 514724/516276 Fax 01245 514057 email interprovider.office@meht.nhs.uk must be informed of the attendance and "undertaking to pay" forms prepared accordingly.
- 8.8 After attending the clinic, all details on tests (pathology, radiology etc.) should be forwarded to the IO for additional charges to be raised to the insurance company

and/or the patient.

9.0 Procedure for Private Pathology Tests

- 9.1 The following procedure applies to tests in all areas of pathology whether direct referrals or undertaken prior to an outpatient or inpatient episode for a private patient. This includes blood for IVF testing. The Private Patient Diagnostic Booking Form (Appendix 5) must be completed and returned to the IO.
- 9.2 Tests undertaken as part of an inpatient stay and some outpatient procedures will be recorded and charged by the IO as part of the overall billing process for that episode.
- 9.3 All requests for private patient tests, whether instigated by a consultant, a GP or other clinician must be accompanied by a private patient pathology request form.
- 9.4 This must be clearly marked "private patient" and state the consultant/GP's name. A copy must be sent to the IO.
- 9.5 The pathology department must raise an automatic invoice request and forward this to the IO who will raise the invoice.

10.0 Procedure for Private Medical Imaging

- 10.1 The following procedure applies to medical imaging whether direct referral or undertaken prior to an outpatient appointment. The Private Patient Diagnostic Booking Form (Appendix 5) must be completed and returned to the IO.
- 10.2 Medical imaging undertaken as part of an inpatient stay will be recorded and charged by the IO as part of the overall billing process.
- 10.3 All private medical imaging requests should be accompanied with an appropriate request form, which should be clearly marked "private patient" and copied to the IO.
- 10.4 The name of the consultant/GP requesting the examination/procedure should also be clearly filled in on the Radiology Referral Form. Where the private referral is from one consultant to another consultant this should be accompanied by an appropriate Referral Form and marked "private patient" as indicated above.
- 10.5 The Medical Imaging Departments must ensure that an "Undertaking to Pay" form (Appendix 1) is fully completed and signed by each Private Patient. The Radiology department must inform the IO of all costs and they will process the necessary invoice.

11.0 Procedure for Private Inpatients and Day Cases

- 11.1 This procedure is set out in the flow chart **Appendix 3**.
- 11.2 The Consultant and his/her private secretary must inform the IO in writing in advance of treatment, including details of the private patient and the proposed treatment using the appropriate Private Patient Booking Form (Appendix 6) and the IO will ensure the patient is added to the waiting list. Pre assessment appointments, if required, will be booked by the waiting list team.

- 11.3 Insurance details must be recorded in full.
- 11.4 All private operations are only to be arranged by the IO in order to ensure that all appropriate records are kept.
- 11.5 The IO will contact theatres, anaesthetics, booking co-ordinator, and the pre-assessment clinic with the dates and details of the private patient treatment. It must be clearly identified on the booking form whether it is an extended NHS session or an additional session or whether a whole session will be converted for a major case, e.g. cancer, with the session being given back by the surgeon and anaesthetist (if appropriate) at another time.
- 11.6 The booking co-ordinator will send the private patient an admission letter. The IO will send the private patient an Agreement to Pay form, charges, conditions for treatment and, if self-funding, an invoice requesting payment seven days prior to treatment.
- 11.7 Where the cost is to be met by insurance, the IO will check eligibility, and the insurance company contract with the Trust. Where doubt exists regarding insurance cover the private patient will be treated as self-funding.
- 11.8 For all self-funded private patients, if the patient has not paid in advance the IO will notify the consultant that the treatment cannot proceed. If there is a disagreement the IO will contact the Medical Director to make a decision on whether the treatment should be postponed.
- 11.9 Upon discharge from hospital the IO will raise invoices for any additional charges to a self-funded private patient, or arrange a refund for overpayments. For a private patient with healthcare insurance the IO will raise an invoice to the patient for the full costs.

12.0 Catering

- 12.1 Catering requirements are as provided for NHS patients. Special dietary requirements can be accommodated.

13.0 Prescriptions and Appliances

- 13.1 Private patients will be issued with a minimum amount of drugs (maximum level of three days prescribed medication except where Bank Holidays apply five days to be given). Hospital prescriptions of F.P.10s must **not** be used for Private Patients. Prescription for additional medications should be clearly marked '**Private**' if they are to be processed in the hospital pharmacy.
- 13.2 In these instances, they should be charged at the ingredient cost, plus one third to make it up to the minimum of a NHS prescription fee. A minimum dispensing cost of £15.00 per item or £50.00 per item for large or specialist made medication should be applied.
- 13.3 Appliances supplied to private patients must be paid for in full. The charge made for appliances shall include a standard deposit fee together with any charges for fitting. In the event of the appliance being returned damaged or failure to return the appliance the full cost of replacing the appliance shall apply. Patients should be given an indication of the cost involved before an order is placed. Alternatively, the patient has the option to

purchase any appliance independently (if required the Trust will provide a list of D.H.S. approved suppliers. Please note the Trust does not preferentially endorse any supplier). Single use appliances will be charged for in full. Also, all walking aids must be charged for.

14.0 Collection of Fees

- 14.1 Although a Consultant/Doctor may waive his fee for a private patient, hospital charges will still apply.
- 14.2 A hospital day stay is defined as a patient who is admitted and discharged on the same day without an overnight stay.
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15.0 Patient Transport from a Private Hospital

- 15.1 Consultants should inform the Interprovider Office if intending to transfer in a patient to the Hospital who wishes to continue to be treated as a private patient. The same procedure applies as admissions the IO will check with the patients' medical insurance company that cover is provided. The patient must then be admitted direct to the ward and should not be directed to the A & E Department.

16.0 Patient Transfers to a Private Hospital

- 16.1 If a patient wishes to transfer to a private hospital it is the consultant's responsibility to make the appropriate arrangements with the patient and the receiving hospital. The cost of the transport for such a transfer will be charged to the patient.

17.0 Implementation & Communication

- 17.1 Once approved this policy will be uploaded onto the Trust Intranet and website for staff to access.
- 17.2 Raising awareness of the policy's content and its implications for specific groups of staff will be the responsibility of the Clinical Directors, Clinical Leads and Associate Director of Operations.

18.0 Training

- 18.1 All staff must receive a Local Induction, and this policy and the role of the Interprovider Office and the services they provide must be highlighted to those staff whose roles and responsibilities include managing the procedures described in this policy.
- 18.2 Training will be provided as per the Training Needs Analysis and included in the Consultant Induction Programme.

19.0 Policy Review and Audit

- 19.1 The policy will be reviewed every three years or earlier if legislation, guidance or Trust financial requirements change.
- 19.2 The Trust will audit the implementation of the policy by monitoring progress and reviewing compliance against:
- The number of formal / informal complaints related to Paying Patients services within the Trust
 - The number of Paying Patients accessing services within the Trust
 - The amount of income generated for Paying Patients episodes
 - The number of Insurance Companies accepting the Trust as the place of treatment for their client
- 19.3 Results from audits will be reported to the Associate Director of Operations.

20.0 References

National Health Service Act 1977 Section 65 – as issued by the Secretary of State

UNDERTAKING TO PAY FOR PRIVATE PATIENT TREATMENT

SECTION 1: Details of the individual who is taking responsibility for payment:

Surname		First Name	
Full Address			
Mobile contact number		Home contact number	
e-mail address			
Name of Patient having treatment if not yourself			

SECTION 2: How do you propose to pay for treatment? Tick one of the following boxes

I will fund this treatment personally

(If you have ticked this box, move on to Section 4)

This treatment will be funded by a health Insurance provider

SECTION 3: Details of the Health Insurance Provider

Name of Health Insurance Provider			
Address of Health Insurance Provider:			
Your Authorisation Code		Membership Number or Claim Reference Number:	

SECTION 4: Declaration

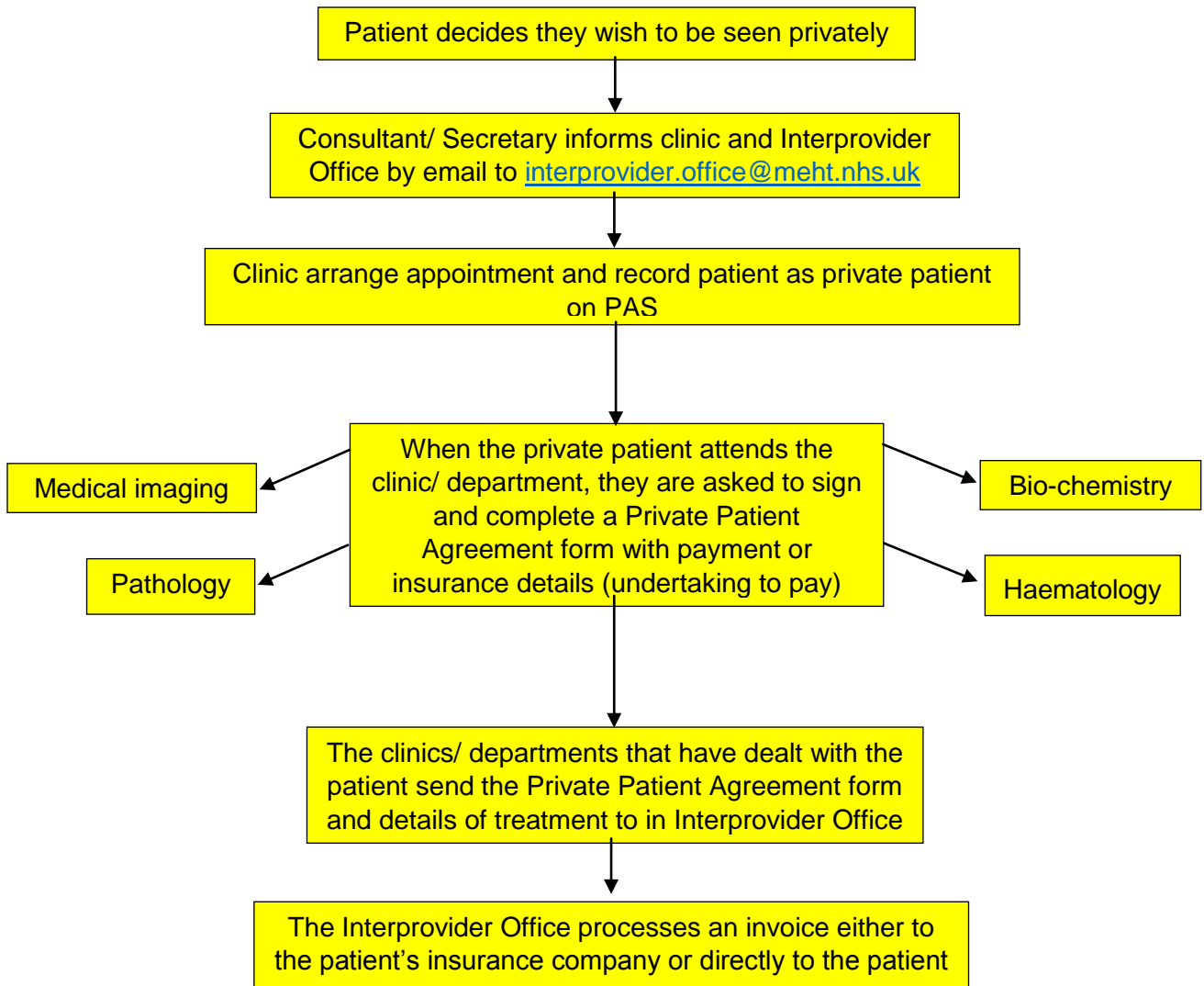
I understand that I am liable for the full cost of treatment in the event that a health insurer decides not to fund my care.

I undertake to pay Mid Essex Hospital Services NHS Trust for accommodation and services. I understand that the fees charged by the Trust do not include any consultant or anaesthetist fees, which will be charged separately.

Signed		Date	
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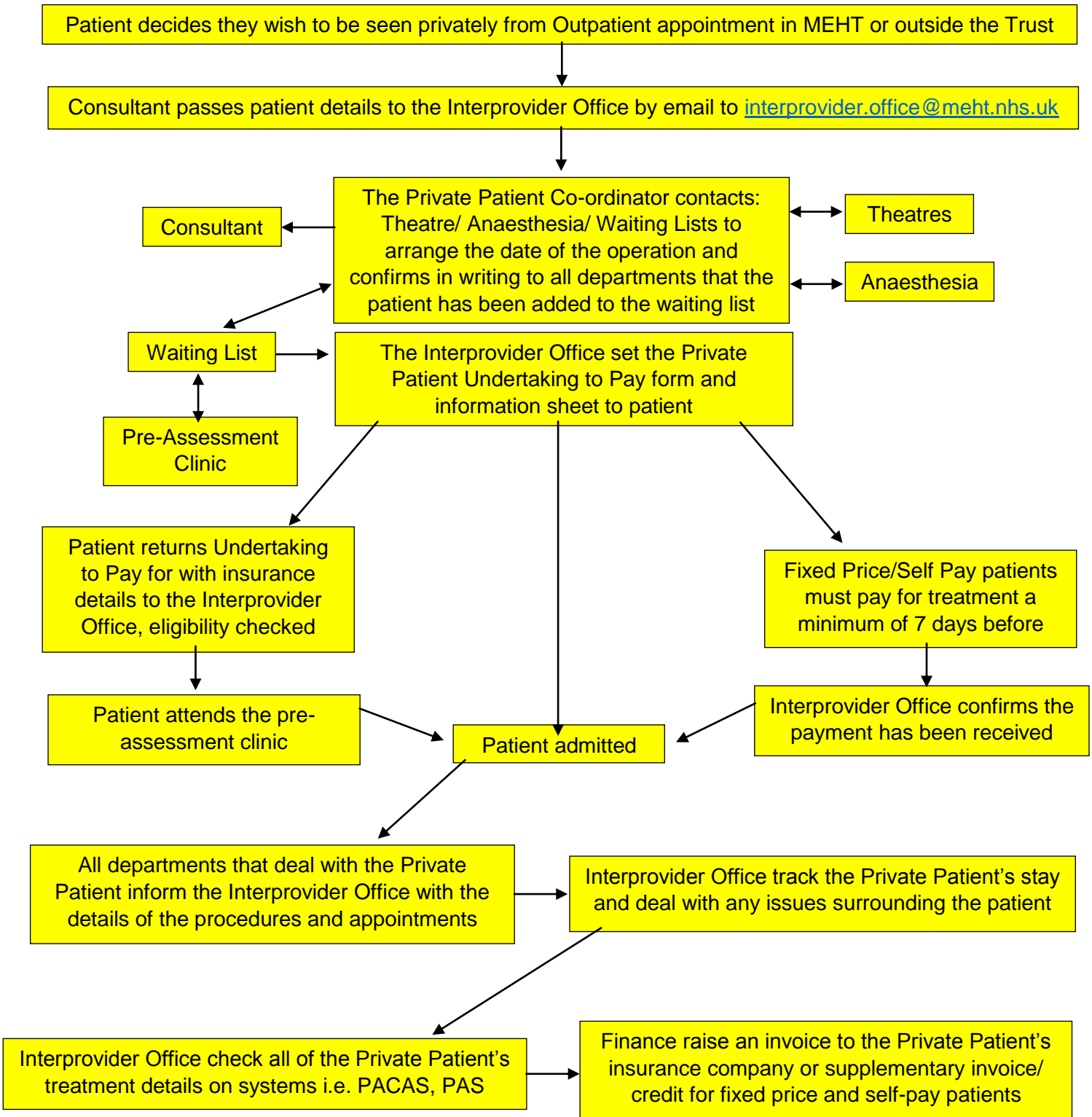
APPENDIX 2: PRIVATE OUTPATIENT PROCEDURE FLOW CHART

Private Outpatient Procedure



APPENDIX 3 PRIVATE INPATIENT/ DAY CASE PROCEDURE FLOW CHART

Private Inpatient/ Day Case Procedure



Mid Essex Hospital Services 

NHS Trust

PRIVATE PATIENT BOOKING FORM

Email: interprovider.office@meht.nhs.uk

Telephone ext. [4724 / 6276](tel:47246276)

PART ONE – Patient Details

Patient Name:

D.O.B: Patient Hospital No.:

Address:

..... Post Code:

Contact Details

Home Tel No: Mobile:

Private Medical Secretary Contact Details:

PART TWO – Episode

Consultant:

Outpatient Clinic Date: Time:

TIC Date: Time:

Diagnosis:

Procedure Details:

Procedure Code:

Additional Information/ Special Instructions i.e. cancer

Diagnosis:

PART THREE -Payment

Insured/ Self-Pay:

Insurance Details:

Membership Number: Authorisation Code:

Consultant Signature: Date:



PRIVATE PATIENT DIAGNOSTIC BOOKING FORM

Email: Interprovider.office@meht.nhs.uk

Telephone ext. 4724 / 6276

PART ONE – Patient Details

Patient Name:

D.O.B: Patient Hospital No.:

Address:

..... Post Code:

Contact Details

Home Tel No: Mobile:

Private Medical Secretary Contact Details:

PART TWO – Diagnostic Required

Consultant: Department:

Endoscopy / Imaging / Cardiology / Medical Photography / Histology / Pathology

Date: Time:

Diagnostic List: Extended Session Start Time:

Additional Session Start Time:

Diagnosis:

Procedure Details:

Procedure Code:

Additional Information/ Special requirements

.....

PART THREE -Payment

Insured/ Self-Pay:

Insurance Details:

.....

Membership Number: Authorisation Code:

Consultant Signature: Date:

Mid Essex Hospital Services 
NHS Trust

PRIVATE PATIENT INPATIENT/ DAYCASE BOOKING FORM

Email: Interprovider.office@meht.nhs.uk

Telephone ext. 4724 / 6276

PART ONE – Patient Details

Patient Name:

D.O.B: Patient Hospital No.:

Address:

..... Post Code:

Contact Details

Home Tel No: Mobile:

Private Medical Secretary Contact Details:

PART TWO – Episode

Consultant: Anaesthetist:

Pre-assessment required: Time:

Date of operation:

Diagnosis:

Procedure Details: Procedure Code:

Additional Information/ Special Instructions i.e. Cancer

Diagnosis:

PART THREE -Payment

Insured/ Self-Pay:

Insurance Details:

Insurance Membership Number:

Insurance Authorisation Code:

Consultant Signature: Date:

Mid Essex Hospital Services



NHS Trust

PRIVATE PATIENT OUTPATIENTS BOOKING FORM

Email: interprovider.office@meht.nhs.uk

Telephone ext. [4724 / 6276](tel:47246276)

PART ONE – Patient Details

Patient Name:

D.O.B: Patient Hospital No.:

Address:

..... Post Code:

Contact Details

Home Tel No: Mobile:

Private Medical Secretary Contact Details:

PART TWO – Episode

Consultant:

Outpatient Clinic Date: Time:

TIC Date: Time:

Diagnosis:

Additional Information/ Special Instructions i.e. cancer

Diagnosis:

PART THREE -Payment

Insured/ Self-Pay:

Insurance Details:

Insurance Membership Number:

Insurance Authorisation Code:

Consultant Signature: Date: