

Operational Policy for Parallel Provision of NHS and Privately Funded Chemotherapy Treatment for Patients at St Luke's Cancer Centre

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Introduction

Guidance on NHS patients who wish to pay for additional private care was originally published on 23rd March 2009, by the Department of Health. This guidance document is now archived and has been replaced by guidance published by NHSE in April 2013.

The philosophy is that NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care. If a patient seeks information on how to access a private treatment option, NHS doctors should provide them with full and accurate information about the private services they or their NHS organisation can provide.

NHS trusts must ensure that private and NHS care are kept as clearly separate as possible. Any privately funded care must be provided at a different time and place from NHS commissioned care. This requirement applies to in-patients as well as out-patients.

The policy below sets out the operational arrangements and responsibilities necessary for those patients wishing to access a combination of privately funded and NHS funded chemotherapy treatments.

This operational policy should be read in conjunction with the NHSE guidance, April 2013.¹

Background

The team at St Luke's Cancer Centre (SLCC) has explored the possible options available to safely deliver this standard of care for our chemotherapy patients.

Where the patient self-administers the private component of treatment (e.g. oral chemotherapy), the private component will be dispensed by the RSCH SubCo pharmacy, via a private prescription.

Where the private component of treatment requires administration by a chemotherapy nurse, the preferred and agreed model is to undertake this care in collaboration with the Nuffield Hospital, Guildford. The proximity of our services being alongside each other will allow for safe chemotherapy service delivery: patients can be escorted between the service providers for their chemotherapy treatment in order to limit any clinical risk.

This restricts access to parallel prescribing of intravenous therapy to those consultants registered to prescribe at Guildford Nuffield, and so may require a patient to be referred to a colleague.

Operational Management

Any parallel private oral or self-administered chemotherapy treatment will be dispensed **via a private prescription** by the SubCo pharmacy.

Additional / parallel private treatment requiring a chemotherapy nurse will be delivered at the Nuffield Hospital, Guildford, whilst the routine NHS care is delivered by St Luke's Cancer Centre.

Patients having additional private treatment who subsequently require emergency care (e.g. admission for neutropenic sepsis) will be treated by the NHS.

However, adverse effects or complications of treatment not deemed as an emergency and attributable solely as a consequence of the additional private treatment would be treated as a private episode and be paid for as such. An example for this would be the acne rash caused by cetuximab which is then treated by a dermatologist.

A record must be kept of all St Luke's NHS patients who have also received parallel private treatment via this policy.

Ideally one Consultant Oncologist/Haematologist should be in charge of the patient's care at any one time. There may be circumstances where this may not be possible, and in these situations explicit information and clear lines of responsibility should be agreed by each clinician. The roles each will provide should be communicated clearly to the patient at the outset of treatment.

If the patient can no longer pay for the additional private treatment, then the treatment will stop regardless of response. This is to be made explicitly clear at the outset of treatment.

Referral process for parallel provision of privately funded chemotherapy

Prior to initiating a referral for parallel provision of privately funded treatment alongside the NHS treatment, the consultant should exhaust all reasonable avenues for securing NHS funding before suggesting a patient's only option is to pay for care privately. In practice this would mean completing an ICDFR application and receiving a negative decision before initiating the pathway below. However, if on discussion with pharmacy, it is established that the patient clearly does not meet the current rarity or clinical exceptionality criteria for ICDFR approval, then it is acceptable to omit this step.

1. Where a patient initiates discussion on accessing private treatment, it is the responsibility of the Consultant Oncologist/Haematologist to offer them full and accurate information about the private services available. This will need to include an estimate of costs, to enable the patient to make an informed decision.
2. Once the patient's wishes have been confirmed, a SLCC referral form for the regimen should be completed, highlighting that the patient will follow the pathway for additional private treatment for the specified drug(s). An off-protocol ("green") form should also be completed by the Consultant.
3. The 'agreement for additional private treatment form' (see Appendix 1) should be completed by both the clinician and the patient, detailing the nature and expectations of the additional treatments.
4. On receipt of the referral, the chemotherapy treatment co-coordinator (under the guidance of the Lead Chemotherapy Nurse and Lead Cancer Services Pharmacist) will plan the treatment pathway.
5. Prior to treatment, the patient should be seen in SLCC by their Consultant Oncologist/Haematologist and consented for treatment.
6. The patient will then be seen in the Nurse Led Clinic to give further information on the treatment (both NHS and private components), discuss side effects and give all emergency chemotherapy hotline contact details to manage side effects throughout the chemotherapy treatment.
7. The Nuffield Hospital will also see the patient for a pre-admission appointment where billing will be discussed. A care package or bundle of costs will be provided by the Nuffield Hospital to inform the patient of likely costs of the additional private treatment. This will include the privately-funded drug costs, fees for drug administration, additional scans, additional blood tests and additional assessments which are required for the private component of treatment.
8. The Consultant will be required to prescribe the NHS treatment at SLCC. The additional private chemotherapy is required to be prescribed either a) at the Nuffield Hospital, if a chemotherapy nurse is required to administer or b) on a private prescription within SLCC if oral therapy. This should be performed in a timely manner to ensure that the Royal Surrey pharmacy and the Nuffield Hospital / SubCo pharmacy can dispense the treatment promptly to avoid delays in either treatment. Relevant clinical governance arrangements should be followed in both the NHS (SLCC) and private (Nuffield) service.

Subsequent cycles of treatment will involve a clinical review by the consultant at SLCC followed by treatment in the relevant clinical areas. As previously, both the NHS and private prescription should be prescribed by the patient's consultant as per the relevant policies and procedures.

Patient Transfer

All patients moving from SLCC to the Nuffield Chemotherapy unit or vice-versa during their treatment pathway will be escorted by a Registered Nurse. On transfer of the patient, a verbal handover of care will take place between the registered NHS Nurse and the Registered Private provider Nurse. This will include the key pieces of documentation, including a copy/print-out of the NHS chemotherapy prescription, indicating which drugs have already been administered.

Staff and Patient Responsibilities

St Luke's Cancer Centre, Royal Surrey County Hospital NHS Foundation Trust

Consultant Oncologist/Haematologist

- Discuss treatment options with the patient/carer
- Ensure NHS funding options have been exhausted
- Document treatment plan in NHS notes and ensure this information is also available to the private provider
- Ensure SLCC chemotherapy referral form is completed, highlighting the privately funded component.
- Provide the patient with appropriate verbal and written information on both NHS and private elements of treatment
- Consent patient for treatment
- Ensure the 'agreement for additional private treatment form' is completed with the patient (see Appendix 1)
- Prescribe the NHS elements of treatment according to SLCC protocols and procedures and the private elements of treatment according to Nuffield protocols and procedures
- Review patient's condition in clinic prior to each treatment cycle; document findings in NHS medical notes and ensure this information is also available to the private provider
- Explain to the patient / carer their role in the pathway
- Management of any treatment-related complications; ensure that management of non-emergency complications associated solely with the private component of treatment should be treated as a private episode and paid as such.
- Ensure personal indemnity cover for private elements of care
- During periods of leave, ensure appropriate consultant cover arrangements are in place

Lead Chemotherapy Nurse

- Ensure that all NHS staff involved in the parallel provision of privately funded care are aware of their responsibilities and follow them correctly
- Liaise with the private provider lead nurse on the chemotherapy suite at the Nuffield Hospital to maintain high standards of patient care
- Before treatment starts, provide the Nuffield lead chemotherapy nurse with a copy of each of the following: consent, referral form, "green" off-protocol form, and Agreement for additional private treatment form (Appendix 1).
- Attend review meetings, as required, to discuss service issues

Lead Cancer Services Pharmacist

- Ensure chemotherapy protocols are in place for NHS elements of chemotherapy regimens
- Assist in the planning of the parallel treatment pathways as required by the Lead Chemotherapy Nurse
- Keep a record of all St Luke's patients who have received parallel private treatment via this policy

Chemotherapy Pharmacist checking NHS chemotherapy prescription

- Clinically screen the NHS prescription according to pharmacy procedure and St Luke's Alliance chemotherapy protocols
- Ensure NHS prescription is received by colleagues in the Pharmacy Aseptic Unit or St Luke's dispensary, as relevant
- If private component is oral therapy, screen the private chemotherapy prescription before arranging for it to be dispensed from SubCo pharmacy.

Chemotherapy Nurse administering NHS treatment

- Administer prescribed medicines as per NHS prescription according to Trust policy and procedures
- Document administration on NHS chemotherapy prescription and, if private component involves the Nuffield chemotherapy nurses, make a copy/print-out to give to the Nuffield staff, indicating which drugs have been administered.
- Ensure patient is escorted to the Nuffield Hospital by a registered nurse
- Ensure a handover is received by private provider registered nurse taking over care; this should include all relevant documentation.

Nuffield Hospital, Guildford

Nuffield Hospital

- Initial discussion with patient regarding costings and billing arrangements. A care package or bundle of costs will be provided by the Nuffield Hospital, which will inform the patient of likely costs of the additional private treatment.
- Any subsequent discussions with the patient regarding costings/billing of private elements of care.
- Ensure chemotherapy protocols are in place for private elements of treatment
- Ensure private elements of treatment are prescribed according to local policies and procedures. Make arrangements for prescribing and receipt of prescription if this has not already been completed by the Consultant Oncologist/Haematologist
- Ensure prescription for private elements of treatment is clinically checked by a Nuffield specialist pharmacist as per local policies and procedures
- Arrangements for dispensing of private elements of treatment
- Administration of private elements of treatment by a specialist chemotherapy nurse as per local protocols and procedures
- Transfer of documentation regarding administration of private treatment to the appropriate staff at SLCC
- Non-emergency care episodes that are related to the additional private treatment.

Patient / Carer

Patient's / Carer's role

- Ask the Consultant, if he or she does not have a clear understanding of the treatment
- Share any concerns in relation to treatment
- Tell Consultant of any other medication being taken (including over-the-counter +/- complementary medicines)
- Read the written patient information provided
- Complete the 'Agreement for Additional Private Treatment Form' with the Consultant
- Report any adverse effects to the Consultant, and understand that any adverse effects that are related to the private treatment only, and are non-emergency, will need to be managed as part of the private treatment.
- For any emergency care required, follow the NHS pathways, explained and provided at the Nurse Led clinic appointment.

NB. The list of responsibilities above assumes one SLCC Consultant Oncologist/Haematologist is responsible for both the NHS and private elements of treatment. If the responsibility for the NHS and private treatment is split between two consultants, there should be an agreement between them as to how the Consultant responsibilities will be divided.

References

1. NHSE Commissioning Policy: Defining the Boundaries between NHS and Private Healthcare. April 2013.
<http://www.england.nhs.uk/wp-content/uploads/2013/04/cp-12.pdf>

Appendix 1: Agreement for Additional Private Treatment Form

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

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

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

Once completed, file in one copy in patient's NHS notes, and give a copy to Nuffield (as relevant)