Surrey and Sussex Healthcare NHS Trust

An Organisation-wide Policy for the treatment of Private Patients

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Contents

1. Introduction

1.1 This policy sets out the principles under which the Surrey and Sussex Healthcare NHS Trust (the "Trust") provides facilities for the treatment of private patients. The main source of these principles are to be found in the Department of Health document Management of Private Practice in Health Service Hospitals in England and Wales published in 1987 and a Code of Conduct for private practice: guidance for NHS medical staff published in April 2003.

1.2 Private practice in the NHS is governed by sections 62 and 66 of the NHS Act 1977, and section 65 of the Act as amended by the NHS and Community Care Act 1990.

1.3 Private healthcare is all about choice and the provision of Private Patient healthcare by the Trust allows those who elect to pay for their care to choose their own consultant, enjoy a more convenient time for treatment.

1.4 The Trust welcomes Private Patients and uses the income generated from Private Patients for the benefit of all patients within the Trust but is committed to providing the highest available quality of healthcare to both NHS and Private Patients.

2. Purpose

2.1 The purpose of this policy is to:

- assist in the identification of all services provided to private patients
- detail the relevant documentation needed to be completed to arrive at the correct charges, raise the appropriate invoice and collect the sums due at the earliest opportunity.
- report that adequate controls are in place to capture all chargeable patients in a timely manner and at the point of service delivery.
- maximise the Trust's private patient income.
- provide guidance on how to proceed when an NHS patient chooses to pay for treatment or medicines which are not funded by the NHS ('Top-Ups').

3. Definitions

3.1 The provision of accommodation and services for private patients must not, **to a significant extent,** interfere with the Trust's duty to provide health service accommodation and services or operate to the disadvantage of those who are, or wish to become, NHS patients.

Specifically private commitments should not: -

- Cause NHS activities to begin late or to be cancelled,
- Prevent a consultant from being able to attend an NHS emergency while they are on call for the NHS,

- Be scheduled during times when a consultant is scheduled to be working for the NHS, unless in exceptional circumstances and with the NHS employers express permission.

3.2 Standards of clinical care and services provided by the Trust will be the same for all patients. This does not affect the provision, on a separate payment, of extra amenities or the custom of day to day care of private patients usually being undertaken by the consultant engaged by them.

3.3 Subject to clinical considerations, earlier private consultation should not lead to earlier NHS admission or to earlier access to NHS diagnostic tests.

3.4 After admission, access by all patients to diagnostic and treatment facilities should be governed by clinical considerations. A private patient may have such facilities especially arranged for them and paid for by them, provided NHS patients are not disadvantaged by such arrangements.

3.5 Except in emergencies, consultants should not provide private patient services that will involve the use of NHS staff or facilities unless an undertaking to pay for those facilities has been obtained from (or on behalf of) the patient.

3.6 Consultants have a personal responsibility to identify their private patient's status, or any change in status to the Private Patients Officer immediately, by telephone or e-mail. They should also always make other staff assisting in providing private services aware of the patients private status, e.g. when referring a private patient to another department. This applies wherever the private consultation takes place, i.e. is not confined to those patients seen on hospital premises.

3.7 Consultants may not advise patients that they can move between private and NHS status within the same episode of care to avoid charges for expensive treatment.

3.8 Consultants should declare any business or professional interest, including private practice, which may directly or indirectly give rise to or may reasonably be perceived to give rise to any conflict of interest with the consultants proper performance of his/her contractual duties. This must be highlighted during the annual Job Planning exercise.

4. Duties

4.1 This policy applies to: -

- all consultants, who must: clearly identify private patients on Trust premises as early as practicable in the course of treatment,
- all staff registering or checking patient details.
- all staff involved in the recording, charging and collecting of private patient income

The new terms and condition of service for consultants issued in 2004 stipulate the following conditions: -

a) Where, in the course of his or her duties, a consultant is approached by a patient and asked about the provision of private professional services, the consultant may provide only such standard advice as has been agreed with the Trust.

b) The consultant will not during the course of his or her Programmed Activities make arrangements to provide private professional services, nor ask any other member of staff to make such arrangements on his or her behalf, unless the patient is to be treated as a private patient of the employing organisation.

c) In the course of his/her Programmed Activities, a consultant should not initiate discussions about providing private professional services for NHS patients, nor should the consultant ask other staff to initiate such discussions on his or her behalf.

d) Where an NHS patient seeks information about the availability, or waiting times, for NHS services and/or private professional services, the consultant is responsible for ensuring that any information he or she provides, or arranges for other staff to provide on his or her behalf, is accurate and up to date.

4.2 Consultants are only permitted to claim fees for private professional services undertaken within the Trust where they have complied with all aspects of this policy, including the correct identification of private patients, and proper notification to the Private Patients Officer of any changes to the patient's status. The notification to the Trust of the status of private patients is the responsibility of the medical practitioner using the systems and process laid down in this policy.

4.3 In addition, such fees can only be claimed where the work is either done in the consultants own time (e.g. during annual or unpaid leave, or outside Programmed Activities) or where it involves minimal disruption to NHS work, as is the policy with other fee paying services (Category 2 work). This policy states that the amount of time must not exceed 2 hours per week; otherwise, the facility to pay back the time to the Trust within the consultant's job plan will be invoked.

All consultants are required to participate in the annual job plan exercise, as part of which clarification of the extent and location of private practice will be required.

4.4 Where the private consultation is performed within NHS premises, the Trust will be entitled to charge for the use of premises, and thus all such consultations should be notified to the Private Patients Officer.

4.5 Failure to comply with the terms and conditions of employment and this policy may lead to disciplinary action. Furthermore, undertaking private professional work and/or category II work during NHS programmed activities may constitute a fraud which will be investigated by the Trust.

5. Charging for Private Patient treatment

5.1 **All patients identified as 'private' must sign an Undertaking to Pay Form (Appendix A).** The Trust should always be satisfied of the private patient's ability to pay. If a Consultant fails to ensure that Private Patients sign the undertaking to pay form, this may result in the Trust refusing them access to NHS facilities for their Private Patients with immediate affect.

5.2 The patient should be given an estimate of the total hospital charge they will incur for inpatient or outpatient treatment.

5.3 If the patient is admitted it should be explained that the charge may be higher if the patient stays longer than expected. However, longer than average stay would normally occur only if there were clinical complications, which is a valid reason for transferring the patient to NHS status.

5.4 Outpatients should be told that they will be charged for non-routine diagnostic tests, appliances and any treatment provided by other departments following referral by the consultant. This applies whether the patient receives these tests/treatments on the same day as the outpatient consultation, or at a separate attendance, and whether the referral is made from within the hospital or from the consultant's private rooms.

5.5 Explanations should always be given; it is not sufficient to rely on the patient reading the form of undertaking.

5.6 Consultants should not agree to provide further treatment for a private patient if they have previously defaulted on payment to the Trust.

Patients covered by private insurance

5.7 An undertaking to pay must be signed by every private patient covered by private insurance before treatment commences even when only a single outpatient examination or consultation is required. This undertaking covers the accommodation and services only; the consultant makes separate arrangements to bill for his professional services. Consultants must ensure that these signed undertakings to pay have been given, and should witness them wherever practicable.

5.8 The Consultant will obtain authorisation for the procedure from the private insurers to clarify the amount of cover insured before the patient is admitted (and obtain an authorisation code). If the patient is not fully covered and is liable for some of the cost, this will be invoiced to the patient by the Private Patients Officer and must be paid prior to admission.

Patients not covered by private insurance

5.9 If the patient cannot provide evidence of adequate insurance, the Trust will seek a deposit equivalent to the full estimated cost of the charges payable before admission or outpatient consultation.

5.10 Where charges are incurred in excess of the deposit, the patient will be invoiced for the balance by the Private Patients Officer. Any overpayment will be rectified on completion of treatment. Where a private patient changes to NHS status during the course of treatment, they will be refunded the balance of any monies outstanding.

Chargeable services

5.11 The Trust will maintain a charges scheme for private patients. Any new procedures not covered by the tariff will require a new charge which will be established by the Trust and will cover the full costs of providing the procedure or service.

5.12 The only other services to be charged separately will be additional services not required on medical grounds, e.g. if the patient is accompanied (parent with young child) a charge will be made for the cost of accommodation and meals provided for the parent.

Tests and investigations

5.13 Where a patient attends for a specific test or treatment and, as an integral part of it, sees a radiologist, pathologist or other doctor, a charge for a consultation with the radiologist etc is only payable where this takes place separately.

5.14 Otherwise, the charge for radiology or pathology investigation in both the inpatient and outpatient setting is based on the normal range for the treatment of the patient's condition, and is included within the price stated in the Trusts standard tariff. The Trust does however reserve the right to charge separately for expensive tests/investigations which would not normally be expected within the treatment for a particular condition, e.g. MRI and CT scans.

5.15 The Trust will charge for pathology tests on specimens sent from private consulting rooms where the patient does not attend the hospital: the patient's status should be clearly identified on the request form.

Detailed process for charging Private in-patients and day cases

5.16 Private patients may be accommodated in any part of the hospital, in single rooms or other accommodation most suited to their medical and nursing needs. The bed will be allocated on the day of admission.

5.17 When a Consultant wishes to admit a private patient, full details of the patient and the admission, including the procedure or diagnosis, must be given to the Private Patients Officer prior to admission using the Undertaking to Pay form. The Private Patients Officer can be contacted in the Finance Office, Maple House on 01737 231702.

5.18 For patients not covered by private health insurance, the Private Patients Officer will contact the patient to check the details of payment for their treatment before admission.

5.19 If the patient is insured, full details will be taken of the insurance cover, and contact made with the insurer by the Consultant to gain authorisation to treat the patient, before admission (and an authorisation code obtained which must be passed on to the Private Patients Officer). When an insurer requests a medical report from the Consultant prior to granting authorisation, the Consultant has a duty to provide the report in a timely fashion and prior to commencing any private treatment.

5.20 Before a patient can be admitted, the Consultant must liaise with and have approval from the relevant General Manager. The Consultant must also ensure NHS patients are not displaced from the bed or theatre as a result of the Private Patient admission.

5.21 The Consultant will liaise with all other relevant departments to ensure that appropriate arrangements are made for the admission of the private patient. Arrangements will be made to contact the patient to confirm their pre-operative

assessment and subsequent admission to hospital and endeavour to ensure the patient has realistic expectations of the service provided.

5.22 Any operation on a Private Patient would normally take place at the end of the day after the NHS elective lists have finished, unless in exceptional circumstances. The Consultant must ensure there is agreement from the theatre staff to cover the extended theatre session.

5.23 The Consultant must make the private patient coming in for an operation aware that their operation may be cancelled on the day due to other emergencies, bed shortages etc.

5.24 If a patient is self-funding, payment for the treatment must be made by the patient before their admission. The charge will be calculated by the Private Patients' Officer, based upon the advice of the Consultant regarding the procedure to be carried out and the likely length of stay. A deposit will be taken based upon the anticipated charge. If the actual charge is lower the balance will be paid on discharge. A fixed price package may be offered for a range of procedures for patients who are otherwise fit and well. The charge must be paid on or before admission.

5.25 If a patient is admitted privately in an emergency, the Consultant must advise the Private Patients' Officer immediately in order that arrangements can be made to ensure payment. When such an admission occurs out of office hours (8.30a.m. – 4.30p.m., Monday to Friday), the patient wishing to be admitted privately should be asked to sign an Undertaking to Pay Hospital Charges form, confirming that they will pay any charges not covered by their health insurance company. The Consultant will seek authorisation from the health insurance company for payment of the treatment the next working day.

5.26 On discharge, the Consultant will submit to the Finance Department details of all treatment and services received by the Patient. An invoice will be raised within 3 working days and submitted to the patient's insurer. Charges will be calculated in accordance with the Agreement held with the patient's insurer.

5.27 It is the responsibility of the Consultant to invoice the insurer or patient directly for their fee unless otherwise agreed with the Trust.

5.28 Appendix B includes a checklist for Consultants to use before admitting a private patient.

Detailed process for charging Private out-patients and for diagnostic tests

5.29 Private patients may be seen by appointment in an Out-Patient clinic, at the end of a clinic session in the Out-Patient Department, ensuring NHS patients are not affected. The Consultant must ensure there is agreement from the Outpatients staff to stay on and cover the extended clinic if required.

5.30 The Private Patients Officer should be advised in advance (normally 48 hours in advance) that the patient is attending the clinic and the patient must be identified as a private patient on Cerner. The Consultant will contact the patient to check the details of payment for their consultation, obtain authorisation from their insurers, where appropriate, and ensure that the patient has signed an Undertaking to Pay form prior to any private services or treatment is given.

5.31 A charge will be made for any procedure that takes place, consumables or diagnostic services used and for drugs prescribed and dispensed. All requests for diagnostic testing and for drugs to be prescribed should be clearly marked as 'Private'.

5.32 Outpatients appointments for private pathology or radiological procedures such as MRI or CT Scans, with no associated consultation appointment are currently booked and invoiced directly by the Pathology or Radiology Department.

5.33 NHS case notes will not be made available for private Out-Patient attendances. Consultants should make up and retain their own sets of private notes for these patients.

5.34 Private patients are entitled to take away their x-ray, CT or MRI scans; these are normally provided in electronic format and belong to the private patient.

5.35 A patient referred to the Trust for diagnostic testing from a private consultation either at this hospital or elsewhere (e.g. at a private hospital) will be considered to be a private patient, liable to pay the full cost of the diagnostic test.

5.36 An Out-patient cannot be both a private and an NHS patient for the treatment of one condition during a single visit at an NHS hospital. Private patients are normally expected to remain private throughout their whole treatment episode and should not transfer to the NHS unless there is a significant and unforeseen change in circumstances. The patient is nonetheless legally entitled to change status at a subsequent visit and seek treatment under the NHS, subject to the terms of any undertaking made to pay charges.

General

5.37 All invoices for private patient treatment within the Trust will be raised in line with the Trust's Standing Financial Instructions.

5.38 Invoices for private treatment of insured patients will be raised promptly by the Finance Department, based upon charges agreed with private medical insurers.

5.39 Self-funding private patients and patients admitted for treatment on a “fixed price package” basis will be given an invoice, which must be paid in full before the patient is admitted for treatment. Facilities exist for the invoice to be settled by credit card on admission, but personal cheques must be submitted in advance to allow for clearance before the patient is admitted.

5.40 Charges will be reviewed annually, with effect from 1st January each year. The Head of Financial Planning will conduct negotiations annually with private medical insurers in order to reach agreement for direct settlement of invoices. Pricing must be fair and must at least recover full costs, including overheads, depreciation of assets and an appropriate return on capital employed.

5.41 Where the Finance Department collect a fee on behalf of a professional the Trust will levy an administration charge of 5% of the income value which will be deducted from the fee that is to be remitted to the professional.

5.42 Any unpaid debts will be pursued after 14 days. Consultants should not agree to provide further treatment for a private patient if they have previously defaulted on payment to the Trust.

5.43 Records will be maintained by the Private Patients Officer in such as way that the following information can be accessed quickly and accurately:

- Patient’s name, address and telephone number.
- Completed undertaking to pay form.
- Health insurance details for insured patients.
- Name of Consultant.
- Details of all treatment received, admission and discharge dates.
- Invoices raised and settlement dates.

5.44 The Private Patients Officer will maintain a record of all activity by Consultant, including In-Patient, Out-Patient and day case episodes, together with income generated for the Trust by each Consultant and produce regular reports for submission to the Director of Finance and Chief Executive.

6. Recording and Reporting

6.1 The Trust will record the Private Patient status for each episode on the Cerner Millennium PAS.

6.2 The Trust will routinely monitor changes from private to NHS status, and check that appropriate authorisation has been given for appropriate reasons.

6.3 Detailed procedures, including forms, will be documented for the identification and recording of both Private Patients by the Private Patient Officer, Medical Records Manager and Information Governance Manager, who will be responsible for publicity and staff training, required maintaining and improving the identification and administration of Private Patients.

6.4 Procedures for notifying the Finance Department of undertakings to pay, deposits and the charges to be raised will be kept under review.

6.5 Patients who are unhappy with the administration of Private Patient charges or arrangements have a right to complain through the normal NHS Complaints process.

7 Amenity beds and Category 2 patients

7.1 Hospital charges are rendered to patients other than those who elect to be 'Private' or are classified as Overseas Visitors and are defined as follows:

> An **amenity bed** is defined in Section 55 of the NHS (Scotland) Act 1978 as accommodation made available for patients who give an undertaking to pay charges determined by the Secretary of State in single rooms or side wards which are not for the time being needed by any patient on medical grounds. The charges are intended to reflect the extra cost of treating a patient in such accommodation. These are NOT private patients and the treating consultant is not entitled to charge a fee.
>
> A **category II patient** is a patient who is reviewed by a medical practitioner, as described in paragraph 37 of the terms and conditions of service of hospital medical and dental staff. The type of work carried out under category II arrangements includes examinations and reports in connection with employment, the courts and tribunals and does not directly concern clinical care. In such circumstances a fee maybe levied by the medical practitioner to the patient and the Trust is entitled to charge a fee equivalent to 50% of that charged by the medical practitioner i.e. one third of the total fee.

8 NHS Patients who wish to pay for additional private care

8.1 The Department of Health issued guidance in March 2009 for patients who wish to pay for additional private care on top of their NHS Treatment ('Top-Ups') http://www.dh.gov.uk/en/Publicationsandstatistics/ Publications/ PublicationsPolicy AndGuidance/DH_096428. This was supported by a letter from South East Coast SHA Policy Recommendation Committee.

8.2 The summary of this document states that:

1. NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care.
2. Any additional private care must be delivered separately from NHS care.
3. The NHS must never charge for NHS care (except where there is specific legislation in place to allow charges) and the NHS should never subsidise private care.
4. The NHS should continue to provide free of charge all care that the patient would have been entitled to had he or she not chosen to have additional private care.
5. NHS Trusts and Foundation Trusts should have clear policies in place, in line with these principles, to ensure effective implementation of this guidance in their organisations. This includes protocols for working with other NHS or private providers where the NHS Trust or Foundation Trust has chosen not to provide additional private care.
6. Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) should work together to ensure that the guidance is being implemented properly in their local areas.

8.3 Further guidance to assist in the definition of point 2 above is as follows:

- It should always be clear whether an individual procedure or treatment is privately funded or NHS funded.
- Private and NHS care should be kept as clearly separate as possible.
- Private care should be carried out at a different time to the NHS care that a patient is receiving.
- Private care should be carried out in a different place to NHS care, as separate from other NHS patients as possible. A different place would include the facilities of a private healthcare provider, or part of an NHS organisation which has been permanently or temporarily designated for private care, such a private wing, amenity beds or a private room. Trusts may also want to consider using the services of a home healthcare provider where this is clinically appropriate. Putting in place arrangements for separation does not necessarily mean running a separate clinic or ward. As is the case now, specialist equipment such as scanners may be temporarily designated for private use as long as there is no detrimental effect to NHS patients.

8.4 The Trust can accommodate requests for private care in addition to NHS care but the treatment involved may not normally be available within the Trust. Each request will need to be assessed according to the resources available and the Trust's technical ability to provide the treatment requested. Further consideration would be how the Trust could separate the private care requested from other NHS care.

8.5 In many cases it will not be possible to separate the use of a particular device from the NHS element of the patient's care (e.g. a patient asking for a particular type of surgical implant). In that case, by definition, the patient does not have the right to receive free NHS care as part of his or her treatment.

8.6 Where drug preparation and administration is required as part of the request for additional private care, the pharmacy must be contacted for a feasibility assessment. Similarly, special tests and investigations will need to be discussed with the radiology and pathology departments and operating theatre time with the Theatre Manager.

8.7 Appendix C identifies the procedure for dealing with patients who have opted to top-up their NHS care with additional private care at the Trust.

8.8 The Consultant must explain the potential benefits, risks and side effects of any treatment to the patient (or their representative)..

8.9 The Consultant should exhaust all reasonable avenues for securing NHS funding before suggesting a patient's only option is to pay for care privately. This would include requesting funding from the patient's PCT via a PCT Exceptional Circumstances request. Where funding has not been found and the patient wishes to proceed with the treatment, the patient will be liable to pay for the Top-up treatment, either in our NHS Trust or in another provider.

8.10 An estimate of costs can be supplied to the patient during discussions on accessing private treatment, to enable the patient to make an informed decision.

8.11 Once the Top-Up treatment has been agreed by the Consultant, and the treatment is available within the Trust, the Consultant must inform the Private Patients Officer of this Top-Up patient and provide brief details of the treatment.

8.12 Where the patient decides to proceed and pay for the top-up treatment, the Consultant must also ensure the patient signs an Undertaking to Pay form (Appendix A).

8.13 It should be clearly identified in the patient's records that they have opted to pay for additional top-up treatment.

8.14 The Private Patients Officer will collect costings for the Top-Up treatments and prepare an invoice for the patient to pay before treatment commences of the

'predictable' costs related to the treatment. It should be made clear to the patient that they will be liable for all costs related to the treatment, including the preparation, administration and recording of the treatment before the treatment commences. Patients will never receive a charge just for the cost of medicines or equipment on their own; there will always be a charge for arranging the treatment.

8.15 Patients should be advised by the Consultant of additional interventions that may arise as part of their treatment or from complications that they will also be liable to pay for. The patient will be responsible for all the costs of investigation and treatment which would not have been incurred if he/she had received normal NHS care.

8.16 Patients having additional private treatment who subsequently require emergency care will be treated by the NHS. However, adverse effects not deemed as an emergency and attributable to the additional private treatment would be treated as a private episode and be paid for as such. An example of this would be the acne rash caused by Cetuximab which is then treated by a dermatologist.

8.17 If the patient becomes unable to pay for their specific top-up treatment (i.e. runs out of money) this treatment will stop.

8.18 The patient must be informed, by the Consultant, that if the NHS decides to fund this treatment in the future, the NHS will not normally refund the cost of the treatment already given privately.

8.19 Where Consultants provide top-up treatment at the Trust within their NHS time, they will not charge a private consultation fee. If the top-up treatment is provided in the Consultants own time and they charge the patient a private consultation fee, the Trust indemnity will not cover them in the event of any adverse incident or complaint and they must ensure they have appropriate private indemnity cover in place for themselves.

8.20 If the treatment can not be provided at Surrey & Sussex Healthcare NHS Trust, or can not be identified separately from the NHS funded treatment, the Patient can attend another healthcare provider for treatment (who will invoice and charge the patient accordingly). The patient may continue to receive NHS follow-up treatment at Surrey and Sussex Healthcare NHS Trust.

9. Consultation and Communication with Stakeholders

This policy has been prepared by reference to relevant legislation and the policies and procedures obtained from other acute NHS Trusts. Early drafts have been shared with the Local Counter Fraud Service who has made

suggestions regarding the responsibilities of consultants to notify the Trust when private patients are admitted under their care and these have been incorporated.

The Trusts Trading Manager and Private Patient Officer have provided helpful guidance on the current processes within the Trust and the responsibilities of the frontline staff and the administrative staff within the finance function “Income Recovery Team”.

10 Approval and Ratification

Draft copies of the Policy were shared with General Managers, Executive Directors and Clinical Directors, and any comments and feedback was considered in the final version of the Policy. The Policy was then approved at the Healthcare Governance Committee.

11. Review and Revision

The policy will be reviewed in line with the Trust Policy on Management of Procedural Documents.

12. Dissemination and Implementation

The policy will be disseminated using the Trust wide process described in the Organisation Wide Policy for the Management of Procedural Documents.

Training will be offered to all staff involved or potential involved in the administration of private patient activity. Furthermore, presentations will be made to lead clinicians and directorate meetings.

13. Archiving

This policy will be held in the Trust database and archived in line with the arrangements in the Organisation wide Policy for the Management of Procedural Documents.

14. Monitoring compliance

Monitoring and compliance with this procedure will be undertaken by the Trust Trading Manager who will prepare half year reports to the Trust’s Performance Group giving details of private patient activity, income billed, cash received and an aged debt analysis. Internal Audit will undertake a regular review of compliance with this policy as part of their Controls Assurance Programme.

15. References

Department of Health - A code of conduct for private practice: recommended standards of practice for NHS consultants: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085197

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

Appendix A: **"UNDERTAKING TO PAY"**

Patient classification (tick box as appropriate)				
Private Patient			Amenity bed	
Overseas Visitor			Category 2	

Section 1

WARD/OUT-PATIENT DEPT:

Name:		Hospital No:	
Address:		Contact /Mobile Tel No:	
		Date of Birth:	
Post Code:		Admission Time:	
E-mail address:		Discharge Date: (leave blank)	
Admission/ Attendance Date:		Deposit/Estimated cost:	
Consultant:			

Section 2 **Insured Patients**

Name of Insurers:

Registration/Membership no:_____

Claim/Pre-authorisation no:_____

Authorisation dates/length of stay:_____

Where an Overseas patient, is not covered by International SOS Insurance the Trust operates a system where the patient will be expected to pay the Trust and recover fees from their insurance company.

Uninsured Patients

Please sign the Financial Agreement above and forward your payment to cover the estimated cost of your stay prior to treatment. This sum is detailed in Section 1, or please contact the Income Recovery Office for costs. **Please see overleaf for payment methods and timescales. All cheques should be made payable to SASH NHS Trust.**

Detailed description of treatment and procedures					
Date	Proc. code	Description of service or treatment/use of facilities	Unit cost	Total units	Total price

Any professional/technical fee must be identified separately and signed with the full name of the claimant.

Signed……**date**……

Witnessed……**date**……

GENERAL PATIENT INFORMATION

The charges payable to Surrey & Sussex Healthcare Trust by private patients are in addition to any professional fees you may be paying to your Consultant(s). Professional fees charged by your Consultant(s) are a private matter between you and the Consultant(s) concerned. The hospital is not involved in determining these fees and if you have any queries you should discuss them with the Consultant concerned. For Overseas Visitors the charge is fully inclusive of all services.

Hospital charges are revised annually on 1st April and any changes come into effect on that day. They are based on the average cost of providing the accommodation and/or services to all patients, both private and NHS. The charge cannot be adjusted to take account of differences in accommodation or services.

Charges are made for each attendance and designed to cover the use of hospital accommodation, services, staff and equipment. Where the patient initially chose to be treated privately it is expected that you will continue to be treated privately for the whole of the diagnosis and treatment of the condition for which you are attending Hospital. If you wish to change to NHS treatment, please discuss this with your Consultant.

The Hospital will do its best to make your or the patient's time here with us as pleasant as possible. If you should have any complaint, please contact the Ward Manager.

NHS ACT 1977 (SECT 66) AS AMENDED BY THE HEALTH SERVICE ACT 1980 NHS & COMMUNITY CARE ACT 1990

All fees should be made payable to SASH NHS Trust.

INSURED PATIENTS

If you are insured, please enter the name and address of your medical insurance company and the registration or membership number in Section 2 overleaf.

You are ultimately responsible for payment of the Hospital's charges. We recommend that you check the extent of your insurance cover with your insurance company. Some insurance companies insist on pre-authorising treatment. Please consult your policy.

UNINSURED/SELF-PAYING PATIENTS

We will provide an estimate of costs, which is based on the information given by your Consultant. Please note that if your stay is extended or additional treatment or investigations are necessary, these charges are payable in addition to the figure quoted.

FOR EMERGENCY ADMISSIONS, A MINIMUM DEPOSIT OF £2000 IS REQUIRED ON ADMISSION.

For planned admissions, the hospital's fees are payable in advance in full. Please note timescales as below:

BY CHEQUE: please allow postage time (if applicable) + 5 working days for this method of payment. To pay this way, please post the cheque made payable as above to the address on the envelope provided with this form.

BY DEBIT CARD: please allow 3 working days for these funds to clear. To pay this way, please phone the hospital switchboard on 01737 768511and ask for the Cashiers' office or Private Patient Office.

BY CREDIT CARD: please allow 3 working days for these funds to clear. PLEASE NOTE that there is a 2% charge in addition to the hospital's payment, which is taken by your provider for this service. For American Express this is 3.5%.

Appendix B:

Consultant Checklist for use before admitting Private Patients

The Consultant must ensure they have answered **Yes** to all of the following questions, before admitting a patient:

1) Have you gained approval from the relevant General Manager? ☐

2) Have you liaised with all other relevant departments to ensure appropriate arrangements have been made for the admission? E.g. theatre staffing available, bed availability? ☐

3) Has the patient signed an 'Undertaking to Pay' form? (All Private Patients whether insured or self-funding must sign this form) ☐

4) Has the Undertaking to Pay form been returned to the Private Patients Officer in Finance? ☐

5) If an insured patient, has the insurer been contacted and an authorisation code gained? This must be entered onto the 'Undertaking to Pay' form. ☐

6) Have you contacted the Private Patient Officer to :

- Inform them of the Private Patient ☐
- Give all details of the procedure (including procedure code) ☐
- ensure insurers details/authorisation code are complete, if insured. ☐

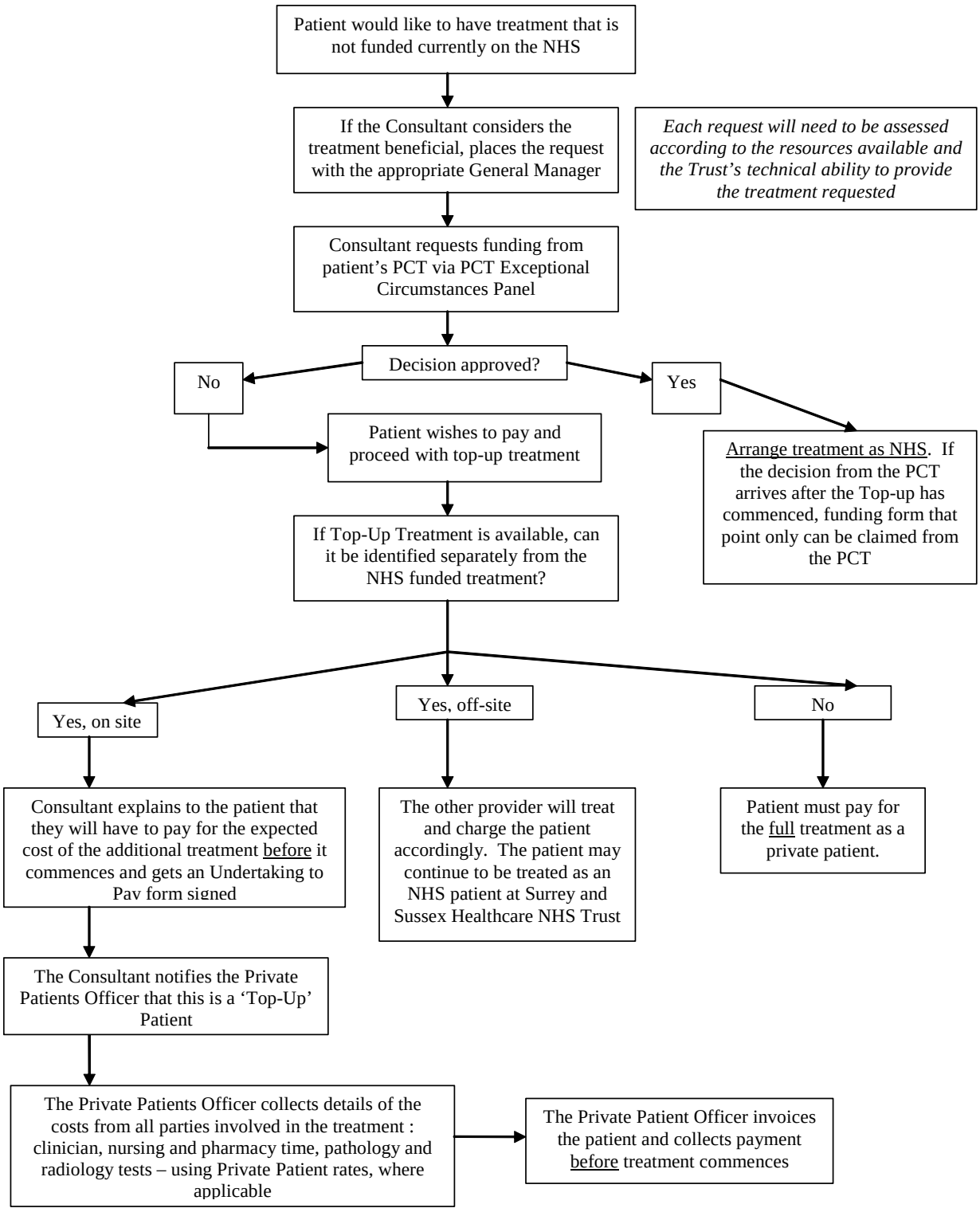
If self-funding, the Private Patient Officer will then invoice the patient and ensure payment is received before admission

7) Before admission, have you contacted the Private Patients Officer to confirm payment has been fully received? ☐

8) Have you advised the Private Patients Officer of any changes, such as cancellations or extra nights accommodation incurred, so invoices can be amended? ☐

Appendix C:

Procedure for NHS patients who wish to pay for additional Private care



Appendix D: Equality Impact Assessment

Name of Person carrying out Equality Impact Assessment	Ken Sadler (PC), Trevor Vaughan (PC), Derek Cooper (PC), Sally Spencer (Author), Sue Clarke, Debbie Gunn, Sally Knight (Lead)	Department of Lead assessor	WOD
1. Name of the strategy / policy / clinical practice	Policy for the treatment of private patients	Date last reviewed or created	New
2. What is the aim, objective or purpose of the strategy / policy / clinical practice	The purpose of this policy is to assist in the identification of service s provided to private patients, detail the relevant documentation to be completed, report that adequate controls are in place for charging, maximise he Trusts private income and to provide guidance on “top ups”.		
3. Who implements the strategy / policy / clinical practice	Finance Director, managers & staff		
4. Who is intended to benefit from this strategy / policy / clinical practice and in what way?	All Staff, Trust Board, patients		
5. Is the strategy/ policy / clinical procedure applied uniformly throughout the Trust?	YES		
6. Who are the main stakeholders in relation to the strategy / policy / clinical procedure (for example certain groups of staff, patients, visitors etc)?	Trust Board, Consultants, Finance Directorate, patients, Clinical coding, SHA, PCT, Local counter Fraud Service, Trust Trading manager and Private Patient Officer		

7. What data are available to facilitate the screening of this strategy / policy / clinical procedure? What consultation has taken place to date?	D O H – A code of conduct for private practice: recommended standards of practice for NHS consultants D O H (March 2009) Guidance on NHS patients who wish to pay for additional private care. Consultation with stakeholders included- Local Counter Fraud service
8. Is there any evidence of higher or lower participation, uptake or exclusion by the following characteristics?	
Race (Evidence)	No
Gender (Evidence)	No
Disability (Evidence)	No
Sexual Orientation (Evidence)	No
Age (Evidence)	No
Religious Belief (Evidence)	No
Carers or those with dependants (Evidence)	No
Human Rights (Evidence)	Yes potential for Right To Life if treatment is stopped when patients money runs out (8.17)
9. In the context of the preceding sections are there any groups which you believe should be consulted?	No
10. What data are required in the future to ensure effective monitoring?	Half yearly reports to Trusts Performance Group. Internal Audit regular review.
11. Considering all information please indicate areas where a	YES see above

differential impact occurs or has potential to occur. Please specify and give reasons			
Potential for differential impact?	YES		Date of assessment 14th December 2009
Signed Sally Knight	Recommended for full impact assessment **NO**		