Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Policy for Co-payment Treatments for Patients at Ashford and St Peter's NHS Trust (ASPH)

Compiled by: Victoria Griffiths, Chief Pharmacist

In Consultation with: Dr Andrew Laurie, Consultant Haematologist; Fraser Brown, Pharmacy Aseptic and Cancer Services Manager

Ratified by: Clinical Governance Committee

Date: June 2012 Minor Update Nov 2014

Review date: Nov 2016

Target Audience: Clinicians, Managers and other staff involved in planning and implemented care packages for patients

Impact Assessment carried out by:
Victoria Griffiths Chief Pharmacist
Sarah Johnston, Head of Quality and Integrated Governance

Contact name for Comment Annette Arnold, Chief Pharmacist

Amendments

Date	Page	Amendment
30/12/14	3	Patient to be transferred to consultant with admitting rights at Guildford Nuffield
30/11/14	8	Policy to be reviewed every 2 years, previously said 3years
30/11/14	4	Remove reference to list of medicines available for copayment
30/11/14	4	Mention of Cancer Drug Fund

Procedure for Copayment Treatments for Patients at Ashford and St Peter's NHS Trust (ASPH)

ASHFORD & ST PETER'S HOSPITALS NHS TRUST

1. INTRODUCTION

Guidance on NHS patients who wish to pay for additional private care was published on 23rd March 2009, by the Department of Health. 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.

This policy sets out the operational arrangements and responsibilities necessary for those patients wishing to undertake a co-payment pathway for their treatment.

This Operational Policy should be read in conjunction with Richards Report (November 2008) and The Department of Health Guidance (March 2009).1, 2

2. PURPOSE AND SCOPE OF THE POLICY

This policy has been developed in response to recent DOH guidance. It is intended to ensure that all local patients who wish to use the copayment option, to access additional treatments not currently funded by the NHS, have fair and equitable access to such treatments, that clinical governance mechanisms are in place to ensure patient safety, and that there is no negative impact on the use and availability of local NHS resources including staff and facilities. As far as possible this policy has been designed to mirror similar policies in use in neighbouring Trusts.

Key points are that:

- The Trust should not withdraw NHS care simply because a patient chooses to buy additional private care
- Any additional private care must be delivered separately from NHS care
- The NHS must never charge for NHS care or subsidise private care
- Robust clinical governance mechanisms to ensure good communication, clarity of clinical responsibility, and patient safety at all times must be put in place to support the delivery of both the NHS and the copayment treatments.

The policy covers all NHS patients at Ashford and St Peter's Hospital (ASPH) who wish to pay for treatments in addition to their NHS care

3. PROCEDURE AND ROLES AND RESPONSIBILITIES

3.1 BACKGROUND

The team at ASPH has explored the possible options available to safely deliver this standard of care for our patients. There must be equity of access and a robust clinical governance framework for the clinical and pharmacy services respectively. There

must be no detrimental impact on the NHS work. It will be essential that the Trust works collaboratively with all our network partners. With respect to copayment for chemotherapy treatments, ASPH will follow the same broad criteria agreed between St Luke's Cancer Centre and Surrey PCT.

3.2 OPERATIONAL MANAGEMENT

3.2.1 Solid Tumours

All solid tumour practice at ASPH is delivered by visiting consultant oncologists. Any additional private treatment will be delivered under the direction of these consultants oncologists at the treatment centres where they would usually undertake their private practice i.e. University College Hospital (private floors), or Guildford Nuffield Hospital. The routine NHS care would be delivered by St Luke's Cancer Centre or University College Hospital.

3.2.2 Haematological cancers

Haematological cancers are treated by ASPH consultants. If additional treatment funded by copayment is required it will be delivered in one of the following ways depending on specific patient and specific protocol requirement:

- Transfer all patient care during the period of copayment funded additional therapy i.e. both NHS and copayment treatment, to a local cancer centre
- Organise treatment through Runnymede Hospital(RH) ensuring appropriate skilled nursing care and facilities are available; copayment funded chemotherapy requiring specialist haematology day unit supervision to be funded through SLA between ASPH and RH ensuring timing and volumes do not detract from resources available to NHS patients
- Arrange for copayment funded component of therapy to be delivered to and administered in patient's home by a private healthcare at home provider under the direction of the ASPH haematology consultants
- Transfer care to a consultant with admitting rights at Guildford Nuffield.

3.2.3 Other Procedures

The episode of care relating to the private element of the care would be delivered in an appropriate private facility as identified by the consultant.

3.3 CLINICAL GOVERNANCE

- The responsible consultant must inform the patient on all aspects of their treatment and ensure they are kept up to date along the care pathway.
- 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 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 for this would be the acne rash caused by cetuximab which is then treated by a dermatologist.
- Regular audit should be performed looking at the additional treatments offered to patients and the clinical outcomes associated with them.
- Ideally one Consultant Oncologist/Haematologist should be in charge of the patient's care at any one time. There may be certain 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. There must be a written shared treatment plan signed by all parties

including both consultants involved in the care if necessary. This must be available to nursing staff, pharmacy staff and the patient to ensure that all involved in the process are fully informed.

- Treatment protocols must be available from the Surrey and Sussex Cancer network for all involved in the care. They must be updated as appropriate in line with network policy.
- 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.

3.4 REFERRAL PROCESS FOR COPAYMENT CHEMOTHERAPY

Prior to initiating a referral for copayment chemotherapy, 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 will mean completing a PCT Exceptional Circumstances request and receiving a negative decision before initiating the copayment pathway below as well as a negative response from the Cancer Drugs Fund

- 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.
- Once the patient's wishes have been confirmed, an 'agreement for additional private treatment form' (appendix 1) should be completed by both the clinician and the patient detailing the nature and expectations of the additional treatments and pharmacy should be informed.
- On receipt of the form the Pharmacy Aseptic and Cancer Services Manager (under the guidance of the relevant nursing staff) will plan the treatment pathway).
- Prior to treatment, the patient should be seen in ASPH by their Consultant Oncologist/Haematologist and consented for treatment.
- The external healthcare provider will also see the patient for a preliminary discussion appointment where payment will be discussed. A care package or bundle of costs will be provided to inform the patient of likely costs of the additional private treatment. This will include the drug costs, additional scans, blood tests, delivery costs and administration fees.
- The Consultant will be required to separate the prescribing of the NHS treatment and the additional private treatment at ASPH However this should be performed in a timely manner to ensure that the prescribing can be coordinated. A copy of the prescription must be sent to all agencies

3.5 PATIENT TRANSFER

All in patients moving between facilities during their treatment pathway will be escorted by a Registered Nurse. On transfer of the patient a verbal handover of care will commence between the registered NHS Nurse and the Registered Private provider Nurse. This will include the key pieces of documentation, including a copy of the NHS drug chart indicating which drugs have already been administered.

3.6 STAFF AND PATIENT RESPONSIBILITIES

The list of responsibilities assumes one ASPH 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.

3.6.1 Ashford and St Peters Hospitals NHS Trust

Consultant Oncologist/Haematologist

- Discuss treatment options with the patient/carer;
- Ensure NHS funding options have been exhausted i.e. PCT application completed and funding rejected;
- Document treatment plan in NHS notes and ensure this information is also available to the private provider;
- Ensure chemotherapy referral form is completed, highlighting copayment pathway;
- 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;
- Prescribe the NHS elements of treatment according to local protocols and procedures and the private elements of treatment according to the private facility 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 copayment pathway;
- Management of any treatment-related complications;
- 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 copayment chemotherapy service are aware of their responsibilities and follow them correctly;
- Liaise with private agency to maintain high standards of patient care
- Review service when necessary dependant on patient numbers
- Ensure that all copayment patients hold a treatment care pathway to manage their shared care;

Pharmacy Aseptic and Cancer Services Manager

- Ensure the pharmacy Aseptic and Cancer Services Manager provides monthly updates of patient level data on the number of patients accessing these treatment arrangements to the PCT.
- Ensure chemotherapy protocols are in place for NHS elements of chemotherapy regimens;
- Ensure the list of copayment treatments is updated as required;
- Assist in the planning of the copayment treatment pathways as required by the Lead Chemotherapy Nurse.
- Clinically screen the NHS prescription according to Pharmacy procedure and SWSH CN chemotherapy protocols;
- Ensure NHS prescription is received by colleagues in the Pharmacy Aseptic Unit to allow dispensing

Chemotherapy Nurse administering NHS treatment

- Administer prescribed medicines as per NHS prescription according to Trust policy and procedures.
- Document administration on NHS prescription;
- Ensure in patient is escorted to the external agency by a registered nurse between facilities;
- Ensure a handover is received by private provider registered nurse taking over care; this should include all relevant documentation.
- Provide patient with a hand held record of treatment to be shared with all other treatment providers

3.6.2 Private Facility

Private Facilities

- Initial discussion with patient regarding costings and billing arrangements. A care package or bundle of costs will be provided by the Nuffield Hospital/The Guildford Clinic 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 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 ASPH;
- Non-emergency care episodes that are related to the additional private treatment.

3.6.3 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 (inc. 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.

4. DISSEMINATION AND IMPLEMENTATION

The policy will be circulated to the Clinical Directors for dissemination to their teams. The policy will be placed on the intranet and announced in Aspire

5. PROCESS FOR MONOTORING COMPLIANCE WITH THE EFFECTIVNESS OF POLICIES

The policy will have an Annual review. In addition each case will initially be reviewed to enable the practical application to be better understood and to ensure patients are receiving the best process. This will be done by the relevant Clinician, the policy owner and supporting staff.

6. EQUALITY IMPACT ASSESSMENT

Name: Victoria Griffiths and Sarah Johnston
Policy/Service: Policy for Co Payments Treatment for Patients at Ashford & St Peter's NHS Trust

Background • Description of the aims of the policy • Context in which the policy operates • Who was involved in the Equality Impact Assessment
To provide a clear guidance on when and how to provide additional top up care for NHS patients. The additional care / treatment would be funded privately by the patient. The policy sets out how that operational process must happen i.e. how the NHS and privet pathways would operate alongside each other. This impact assessment has been compiled by Victoria Griffiths, Chief Pharmacist and Sarah Johnston Head of Quality and Integrated Governance due to short turnaround required for approval of the policy however further analysis can be given if the committee requires it.
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
There may be some issues ensuring patients with language barriers understand the options open to them. It will be the responsibility of the clinician leading the patient's treatment to ensure they understand all the options available to them. We have interpreting services available to the Trust to support this process. Following policy implementation part of the review will be to understand how clinicians are approaching this issue. We have not been able to review any data and have not prioritised this policy for a full review which we feel is not required currently.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups

Not applicable
Conclusion Provide a summary of the overall conclusions
Currently this policy does not have any major impact on minority groups. In the future once the co-payment system is established there may well be a broader approach to combining private and NHS care. At this point a more detailed impact assessment would be required.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified Describe the plans for reviewing the assessment
This policy will be reviewed every 2 years. As at November 14 there had been no cases where the policy had been used. If a case occurs the policy will be reviewed in light of any lessons learnt from this case.

7 ARCHIVING ARRANGEMENT

This is a Trust- wide document and archiving arrangements are managed by the Quality dept, who can be contacted to request master/archived copies.

REFERENCES

1. Richards M. Improving access to medicines for NHS patients: a report for the secretary of state for health by Professor Mike Richards CBE. November 2008. http://www.dh.gov.uk/prodconsumdh/groups/dhdigitalassets/@dh/@en/documents/digitalasset/dh 089952.pdf

2. Department of Health. Guidance on NHS patients who wish to pay for additional private care. March 2009. http://www.dh.gov.uk/prodconsumdh/groups/dhdigitalassets/documents/digitalasset/dh 096576.pdf

Agreement for Additional Private Treatment Form

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

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, admin 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			