A Guide to Paying Patients
at the Belfast Health and Social Care Trust
## Contents

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Objectives</td>
<td>4</td>
</tr>
<tr>
<td>Categories of work covered by this Handbook</td>
<td>5</td>
</tr>
<tr>
<td>Policy statement</td>
<td>6</td>
</tr>
<tr>
<td>Consultant Medical staff responsibilities relating to private patients</td>
<td>7</td>
</tr>
<tr>
<td>Restrictions on Private Practice applicable to medical staff</td>
<td>9</td>
</tr>
<tr>
<td>Change of Status</td>
<td>10</td>
</tr>
<tr>
<td>Trust staff responsibilities</td>
<td>11</td>
</tr>
<tr>
<td>Operational arrangements</td>
<td>12</td>
</tr>
<tr>
<td>Financial arrangements – private patients</td>
<td>15</td>
</tr>
<tr>
<td>Financial arrangements – fee paying services and renunciation of private fees</td>
<td>16</td>
</tr>
<tr>
<td>HSC patients who wish to pay for additional care</td>
<td>18</td>
</tr>
<tr>
<td>Overseas Patients (Non UK)</td>
<td>20</td>
</tr>
<tr>
<td>Glossary</td>
<td>22</td>
</tr>
</tbody>
</table>
Appendices

Appendix 1  Specific examples of fee paying services
            Schedule 10 – Consultant Contract

Appendix 2  Code of Conduct for Private Practice

Appendix 3  Undertaking to Pay Form

Appendix 4  Change of Status Form

Appendix 5  Principles governing the receipt of additional fees
            Schedule 11 – Consultant Contract

Appendix 6  Notification of fee-paying services CAT 2 Form

Appendix 7  Top up Determination of Cost Form

Appendix 8  Top up of Additional Care Agreement Form

Appendix 9  Amenity Request Form

Appendix 10  Agreement for Voluntary Advance Renunciation of
              Earnings from Fee Paying Activities

Appendix 11  Provisions governing the relationship
              Between HPSS work and Private Practice
              Schedule 9 – Consultant Contract

Appendix 12  Private Practice Flowchart

Appendix 13  Overseas Visitors Flowchart
Introduction

The Trust came into existence on 1 April 2007 and is responsible for providing integrated care across six sites namely

- the Royal Group of Hospitals and Social Services Trust
- the Mater Hospital Health and Social Services Trust
- Belfast City Hospital Health and Social Services Trust
- Green Park Health and Social Services Trust
- North and West Belfast Health and Social Services Trust
- South and East Belfast Health and Social Services Trust

The Trust welcomes additional income that can be generated from the following sources

- Private Patients
- Fee Paying Services
- HSC ‘top up’ patients
- Overseas Visitors

All income generated from these sources is deemed to make a valued contribution to the running costs of the Trust and will be reinvested to improve our facilities to benefit NHS and private patients alike.

All Policies and procedures in relation to these areas will be carried out in accordance with Trust guidelines.

For further information please do not hesitate to contact the Paying Patient Office.
Objectives

The purpose of this handbook is to:

• Standardise the manner in which all paying patient practice is conducted in the organisation.

• Raise awareness of the duties and responsibilities within the health service of consultant medical staff engaging in private practice and fee paying services within the Trust.

• Raise awareness of the duties and responsibilities of all Trust staff, clinical and non-clinical in relation to the treatment of paying patients and fee paying services within the Trust.

• Ensure fairness to both NHS patients and fee paying patients at all times.

• Clarify for relevant staff the arrangements pertaining to paying patients and to give guidance relating to record keeping, charging, procedures and responsibilities for paying patient attendances, admissions and fee paying services.

• Clarify charging arrangements when consultants undertake fee paying services within the Trust.
Categories of work covered by this handbook

Fee Paying Services

Any paid professional services, other than those falling within the definition of Private Professional Services, which a consultant carries out for a third party or for the employing organisation and which are not part of, nor reasonably incidental to, Contractual and Consequential Services. A third party for these purposes may be an organisation, corporation or individual, provided that they are acting in a health related professional capacity, or a provider or commissioner of public services. Examples of work that fall within this category can be found in Schedule 10 of the Terms and Conditions (Appendix 1).

Private Professional Services (also referred to as ‘private practice’)

- the diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under Article 31 of the Health and Personal Social Services (Northern Ireland) Order 1972), excluding fee paying services as described in Schedule 10 of the terms and conditions
- work in the general medical, dental or ophthalmic services under Part IV of the Health and Personal Social Services (Northern Ireland) Order 1972 (except in respect of patients for whom a hospital medical officer is allowed a limited ‘list’, e.g. members of the hospital staff).

HSC Patients who Wish to Pay for Additional Private Care

- From 2009 patients wishing to ‘top up’ or supplement their NHS care have been able to do so without losing their entitlement to ongoing NHS care, an example of which is patients with cancer, who are now able to supplement their NHS care by paying for drugs which are not currently funded by the NHS.

Overseas Visitors

The National Health Service provides healthcare free of charge to people who are a permanent resident in the UK/NI. A person does not become an ordinarily resident simply by having British Nationality; holding a British Passport; being registered with a GP, or having an NHS number. People who do not permanently live in NI/UK are not automatically entitled to use the NHS free of charge.

RESIDENCY is therefore the main qualifying criterion.
**Policy Statement**

Medical and Dental consultant staff have the right to undertake Private Practice and Fee paying services within the Terms and Conditions of the new Consultant Contract as agreed within their annual job plan review.

This Trust provides the same care to all patients, regardless of whether the cost of their treatment is paid for by HSC Organisations, Private Medical Insurance companies or by the patient.

Private practice and Fee Paying services at the Trust will be carried out in accordance with:

- The Code of Conduct for private practice, the recommended standard of practice for NHS consultants as agreed between the BMA and the DHSSPS (Appendix 2).
- Schedule 9 of the Terms and Conditions of the Consultant contract which sets out the provisions governing the relationship between HPSS work and private practice (Appendix 11).
- The receipt of additional fees for Fee Paying services as defined in Schedule 10 of the Terms and Conditions of the Consultant contract (Appendix 1).
- The principles set out in Schedule 11 of the above contract (Appendix 5).

All patients treated within the Trust, whether private or NHS should:

- be allocated a unique hospital identifier
- be recorded on the Patient Administration System and
- have a Belfast Health & Social Care Trust chart.

The Trust shall determine the prices to be charged in respect of all income to which it is entitled as a result of private practice or other fee paying services which take place within the Trust.
Consultant Medical Staff Responsibilities

Private Practice
While Medical and Dental consultant staff have the right to undertake Private Practice within the Terms and Conditions of the new Consultant Contract as agreed within their annual job plan review, it is the responsibility of consultants, prior to the provision of any diagnostic tests or treatment to:

- ensure that their private patients (whether In, Day or Out) are identified and notified to the Paying Patients Officer
- ensure full compliance with the Code of Conduct for Private Practice (see Appendix 2) in relation to referral to NHS Waiting Lists
- ensure that patients are aware of and understand ALL costs associated with private treatment including hospital costs and ALL professional fees which the patient is likely to incur, to include Surgeon/Physician, Anaesthetist, Radiologist, Pathologist, hospital charges. Leaflets explaining charges are available and can be obtained from the Paying Patients Officer.
- obtain prior to admission and at each outpatient attendance a signed, witnessed Undertaking to Pay form (Appendix 3) which must then be sent to the Paying Patient Officer for the relevant hospital. This document must contain details of all diagnostic tests and treatments prescribed.
- Establish the method of payment at the consultation stage and obtain details of insured patients’ private medical insurance policy information. The Trust requires this information to be forwarded to the Paying Patient Officer prior to admission so that patients’ entitlement to insurance cover can be established.
- Ensure that all patients are referred by the appropriate channels, i.e. GP/other consultant.
- Ensure that private patient services that involve the use of NHS staff or facilities are not undertaken except in emergencies, unless an undertaking to pay for treatment has been obtained from (or on behalf of) the patient, in accordance with the Trust’s procedures.

Fee paying services - see Appendix 1 for examples
The Consultant job plan review will cover the provision of fee paying services within the Trust. Consultants are required to liaise with the Paying Patients Officer regarding the type of work undertaken so that agreement can be reached regarding the amount due to the Trust and how it should be remitted.

A price list for fee paying services will be available from the Paying Patients Office.

It is the responsibility of the Consultant to ensure that the Trust is reimbursed for all costs incurred while facilitating fee paying services work undertaken. These costs could include
- use of Trust accommodation
- tests or other diagnostic procedures performed.
- radiological scans

Consultants who engage in fee paying activities within the Trust are required to remit to the Trust on a quarterly basis the income due.
All patients seen for medical legal purposes must sign a notification of fee paying services form and this should be retained and submitted by the consultant on a quarterly basis along with the corresponding payment. See relevant section for further details.

**Additional programmed activities**

Consultants should agree to accept an extra paid programmed activity in the Trust, if offered, before doing private work. The following points should be borne in mind:

- If Consultants are already working 11 Programmed Activities (PAs) (or equivalent) there is no requirement to undertake any more work
- A Consultant could decline an offer of an extra PA and still work privately, but with risk to their pay progression for that or subsequent years
- Any additional PAs offered must be offered equitably between all Consultants in that specialty; if a colleague takes up those sessions there would be no detriment to pay progression for the other Consultants.

Consultant Medical Staff are governed by The Code of Conduct for Private Practice 2003 (at Appendix 2).
Restrictions on Private Practice for Consultant Medical Staff

New consultants
Newly appointed consultants (including those who have held consultant posts elsewhere in the NHS, or equivalent posts outside the NHS) may not undertake private practice within the Trust or use the Trust’s facilities or equipment for private work, until the detailed arrangements for this have been agreed in writing with their Clinical Director and/or Directorate Director, and a job plan agreed within three months of commencement. New consultants permitted to undertake private work must make themselves known to the Paying Patients Officer.

Locum consultants
Locum consultants may not engage in Private Practice within the first three months of appointment and then not until the detailed Job Plan has been agreed with the relevant Clinical Director and subject to the agreement of the patient/insurer.

HPSS Joint Appointment consultant staff
All joint appointees are contracted to the Queens University of Belfast and are accountable to the Trust for the HPSS component of their post. Accordingly the same regulations apply to them as to NHS consultants.

Honorary Contract holders
Consultants holding honorary contracts are not permitted to undertake Private Practice or Fee Paying Services.

Non Consultant Grade Medical Staff
Non-consultant medical staff practitioners such as associate specialists who do not have their own beds may treat patients of a consultant on a private basis, but only
a) by special arrangement and with the agreement of:
   • consultant concerned
   • the practitioner’s supervising consultant and
   • the private patient/insurer
b) when the practitioner undertakes such work outside the his/her programmed activities as per their agreed job plan.

Other than in the circumstances described above, staff are required to assist the consultant to whom they are responsible with the treatment of their private patients in the same way as their NHS patients. The charge paid by private patients to the hospital covers the whole cost of the hospital treatment including that of all associated staff.


Change of Status between Private and NHS

Treatment Episode
A patient who sees a consultant privately shall continue to have private status throughout the entire treatment episode.

Single status
An outpatient cannot be both a Private and an NHS patient for the treatment of the one condition during a single visit to an NHS hospital.

Outpatient transfer
However a private outpatient at an NHS hospital is legally entitled to change his/her status at a subsequent visit and seek treatment under the NHS, subject to the terms of any undertaking he has made to pay charges.

Waiting list
A patient seen privately in consulting rooms who then becomes an NHS patient joins the waiting list at the same point as if his consultation had taken place as an NHS patient.

Inpatient transfer
A private inpatient has a similar legal entitlement to change his status. This entitlement can only be exercised when a significant and unforeseen change in circumstances arises e.g. when they enter hospital for a minor operation and they are found to be suffering from a different more serious complaint. He remains liable to charges for the period during which he was a private patient.

Clinical priority
A change of status from Private to NHS must be accompanied by an assessment of the patient’s clinical priority for treatment as an NHS patient.

Change of status form
Where a change of status is required a ‘Change of Status’ Form (Appendix 4) must be completed and sent to the Paying Patients Officer. This includes the reason for the change of status which will be subject to audit and must be signed by both the consultant and Paying Patients Officer.

It is important to note that until the Change of Status form has been received by the Paying Patient Office the patient’s status will remain private and they may well be liable for charges.
Trust Staff Responsibilities relating to Private Patients and Fee Paying Services

A private patient is one who formally undertakes to pay charges for healthcare services regardless of whether they self pay or are covered by insurance and all private patients must sign a form to that effect (The Undertaking to Pay form at Appendix 3) prior to the provision of any diagnostic tests or treatments. Trust staff are required to have an awareness of this obligation.

The charge which private patients pay to the Trust covers the total cost of the hospital treatment excluding consultant fees. Trust staff are required to perform their duties in relation to all patients to the same standard. No payment* should be made to or accepted by any non consultant member of Trust staff for carrying out normal duties in relation to any patients of the Trust.

* This excludes payments owed to professional staff under their terms and conditions or the regulations of their professional bodies. This could include for example payments made by the Board to junior doctors and non consultant grade medical staff who undertake family planning service work.
Operational Arrangements

Each hospital within the Trust has a named officer who should be notified in advance of all private patient admissions, day cases and outpatients. The Paying Patient Officer is responsible for ensuring that the Trust recovers all income due to the Trust arising from the treatment of private patients.

The Paying Patients Officer, having received the signed and witnessed Undertaking to Pay form will identify the costs associated with the private patient stay, will confirm entitlement to insurance cover where relevant and will raise invoices on a timely basis.

All Directorates should advise the Paying Patients Officer as soon as any new consultant agrees a job plan which includes private practice. The Paying Patients Officer will advise them of the procedures involved in undertaking private practice in the Trust.

Clinical governance is defined as a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

This framework applies to all patients seen within this Trust. It is therefore a fundamental requirement of Clinical Governance that all patients treated within the Trust must be examined or treated in an appropriate clinical setting.

Any fee or emolument etc which may be received by an employee in the course of his or her clinical duties shall, unless the Trust otherwise directs be surrendered to the Trust.

Record keeping systems and Private Patients

All patients regardless of their status, NHS or Private, Medical Legal, OSV/NUK should be recorded on Hospital Systems and their status classified appropriately. These systems include for example:

- Patient Administration System (PAS)
- Northern Ireland Maternity System (NIMATS)
- Laboratory System (e.g. Lab Centre etc)
- Radiology System (e.g. Sectra, NIRADS, RIS etc)

The rule applies equally to:

- private patients, medical legal patients, ‘top up’ patients and Overseas Visitors
- in, day and out patients,
- each of the hospitals within the Trust.
Health Records of Private Patients
All health records shall remain the property of the Trust and should only be taken outside the Trust to assist treatment elsewhere:

• when this is essential for the safe treatment of the patient
• when an electronic record of the destination of the notes is made using the case note tracking system
• when arrangements can be guaranteed that such notes will be kept securely (not for example in a consultant’s car or brief case or during transportation)
• provided that nothing is removed from the notes

Consultants who borrow notes for private treatment of patients must agree to return the notes without delay.

Since the Trust does not have a right of access to patient notes held in non NHS facilities, when patients are seen privately outside the Trust their first appointment within the Trust, unless with the same consultant, will be treated as a ‘new appointment’ rather than a ‘review appointment’.

Booking arrangements for Admissions and Appointments
A record of attendance should be maintained for all patients seen in the Trust. All private in, day and out patients should as far as possible be pre-booked on to the hospital information systems. Directorates are responsible for ensuring that all relevant information is captured and ‘booking in’ procedures are followed. Each department should ensure that all such patients are recorded on PAS etc within an agreed timescale which should not extend beyond month end.

Walk Ins
A private patient who appears at a clinic and has no record on PAS should be treated for record keeping purposes in exactly the same manner as an NHS patient (walk in) i.e. relevant details should be taken, registry contacted for a number and processed in the usual fashion. A record should be kept of this patient and the Paying Patient Officer informed.

Radiology
All patients seen in Radiology should be given a Belfast Health and Social Care hospital number.

Private Patient Records
All records associated with the treatment of private patients should be maintained in the same way as for NHS patients. This includes all files, charts, and correspondence with General practitioners.

Accurate record keeping assists in the collection of income from paying patients.
It should be noted that

- any work associated with private patients who are not treated within this Trust or consultants private diary work and correspondence associated with patients seen elsewhere should not be carried out within staff time which is paid for by the Trust.

**Tests Investigations or Prescriptions for Private Patients**

The consultant must ensure that the requests for all laboratory work, ie. radiology, prescriptions, dietetics, physiotherapy etc are clearly marked as Private.

Consultants should not arrange services, tests investigations or prescriptions until the person has signed an undertaking to pay form.

**Medical Reports**

In certain circumstances Insurance Companies will request a medical report from the consultant. It is the consultant’s responsibility to ensure that this report is completed in the timeframe required by the insurance company otherwise the Trust's invoice may remain unpaid in whole or in part until the report has been received and assessed.
Financial Arrangements - Private Patients

Charges to patients
Where patients who are private to a consultant are admitted to the hospital, or are seen as outpatients, charges will be levied by the hospital. A full list of charges is available from the Paying Patient Office on request.

Prices are reviewed regularly to ensure that all costs are covered.

Basis of pricing
Charges are based on an accommodation charge, cost of procedure, including any prosthesis, and on a cost per item basis for all diagnostic tests and treatments e.g. physiotherapy, laboratory and radiology tests, ECGs etc. They do not include consultants’ professional fees. Some package prices may be agreed.

Uninsured patients - Deposits
A deposit, payable on admission, is required from uninsured patients undergoing high cost procedures. Consultants should advise patients that this is the case. The patient should be advised to contact the Paying Patients Officer regarding amounts etc.

Insured Patients
The Undertaking to Pay Form also requires details of the patient’s insurance policy. The Paying Patients Officer will raise invoices direct to the insurance company where relevant, in accordance with the agreements with individual insurance companies.

Consultants, as the first port of contact and the person in control of the treatment provided, should ensure that the patient has obtained their insurance company’s permission for the specified treatment to take place within the specified timescale.

Billing and Payment
The Paying Patients Officer co-ordinates the collation of financial information relating to patients’ treatment, ensures that uninsured patients pay deposits and that invoices are raised accordingly. The financial accounts department will ensure all invoices raised are paid and will advise the Private Patient Officer in the event of a bad debt.

Audit
The Trust’s financial accounts are subject to annual audit and an annual report is issued to the Trust Board, which highlights any area of weakness in control. Adherence to the Paying Patient Policy will form part of the Trust’s Audit Plan. Consultants are reminded that they are responsible for the identification and recording of paying patient information. Failure to follow the procedures will result in investigation by Audit and if necessary, disciplinary action under Trust and General Medical Council regulations.
Financial Arrangements for fee paying services

Consultants may see patients privately or for fee paying services within the Trust only with the explicit agreement of the Management, in accordance with their Job Plan. Management will decide to what extent, if any, Trust facilities, staff and equipment may be used for private patient or fee paying services and will ensure that any such services do not interfere with the organisation’s obligations to NHS patients. This applies whether private services are undertaken in the consultant's own time, in annual or unpaid leave.

In line with the Code of conduct standards, private patient services should take place at times that do not impact on normal services for NHS patients. Private patients should normally be seen separately from scheduled NHS patients.

Fee Paying Services Policy (Category 2)

Fee Paying Services (Category 2) work is distinct from private practice, however it is still non NHS work as outlined in the ‘Terms and Conditions for Hospital Medical and Dental Staff’. Refer to schedules 10 and 11 (Appendices 1 & 5 respectively) for further details.

There are a number of occasions when a Category 2 report will be requested, and they will usually be commissioned by, employers, courts, solicitors, Department of Work and Pensions etc, the report may include radiological opinion, blood tests or other diagnostic procedures.

It is the responsibility of the Consultant to ensure that the Trust is reimbursed for all costs incurred in undertaking Category 2 work, this not only includes the use of the room but also the cost of any tests undertaken.

The charge for each attendance is intended to reimburse the full cost to the Trust of providing facilities for consulting purposes. Where a patient attends hospital for a specific treatment or test only the cost of that treatment/test is chargeable.

In order to comply with the Trusts financial governance controls it is essential that all Fee Paying services are identified and the costs recovered. It is not the responsibility of the Trust to invoice third parties for Category 2 work, it is the responsibility of the Consultant to recover the cost from the third party and reimburse the Trust, on a quarterly basis, for any Category 2 services they have undertaken, including the cost of any treatments/tests provided.

The Category 2 (room only) charge per patient will be reviewed annually.

(*) A per session rate may be available subject to agreement with the Paying Patient Manager.

It is an audit requirement that the Trust verifies that all income associated with Fee Paying services has been identified and collected. Accordingly, Consultants are required to submit a quarterly return to the Paying Patient office with the names of the patients seen (including Category 2 work), together with details of any treatment or tests undertaken. This information should accompany the payment for the relevant fees of Category 2 work as outlined above.

In order to comply with Data Protection requirements, Consultants must therefore inform their Category 2 clients that this information is required by the Trust and obtain their consent by completing a notification of Fee Paying Services form (Appendix 6).
Renunciation of private fees

In some departments, consultants may choose to forego their private fees for private practice or for fee paying services in favour of a Charitable Fund managed by the Trust.

For income tax purposes all income earned must be treated as taxable earnings. The only way in which this income can be treated as non taxable earnings of the consultant concerned is if the consultant signs a 'Voluntary Advance Renunciation of Earnings form' (Appendix 10) and declares that the earnings from a particular activity will belong to a named charitable fund and that the earnings will not be received by the consultant. In addition a consultant should never accept a cheque made out to him or her personally. To do so attracts taxation on that income and it cannot be subsequently renounced. Therefore all such income renounced in advance should be paid directly into the relevant fund. Income can only be renounced if it has not been paid to the individual. The renunciation form can be obtained from the Finance Department and a Register of these will be maintained by the Charitable Funds Officer.

The Trust will be required to demonstrate that income renounced in favour of a Charitable Fund is not retained for the use of the individual who renounces it. Thus, in the event of any such consultant subsequently drawing on that fund, any such expenditure approval must be countersigned by another signatory on the fund.
HSC Patients who wish to pay for additional private care

PLEASE NOTE THIS IS ONLY A BRIEF GUIDE THE FULL POLICY CAN BE OBTAINED FROM THE PAYING PATIENT OFFICE ON REQUEST

Guiding Principles
All actions must be carried out within the principles as outlined below:

Entitlement to HSC Care must Remain
A patient's entitlement to HSC care should not be withdrawn as a result of purchasing additional drug treatments privately.

Clarity of Distinction between HSC and Private Care
It should always be clear whether an individual procedure or treatment is privately funded or HSC funded. HSC resources must never be used to subsidise the use of private care.

Separation of Provision between HSC and Private Care
Private care should be carried out at a different time and in a different place to the HSC care, ie as separate from those receiving HSC care as possible. A different place could include the facilities of a healthcare provider, or part of an HSC organisation which has been permanently or temporarily designated for private care, or the services of home healthcare provider. Departing from this principle should only be considered where there are overriding concerns of patient safety rather than mere issues of convenience.

It would be good practice that the Consultant delivering the private aspect of the care is a different Consultant to that delivering the publicly funded component of the care. This may not be feasible in every circumstance.

HSC Funding Options must first be Exhausted
Doctors, working with managers, should exhaust all reasonable avenues for securing HSC funding before suggesting a patient's only option is to pay for care privately.

Governance / Risk Management
Transferring between private and HSC care should be carried out in a way which avoids putting patients at unnecessary risk.

It is the consultants responsibility to follow the process below and inform the Paying Patient Office of any patient who is considering this option so that the patient is made fully aware of all costs involved prior to any treatment commencing.

Process
Step 1
A patient indicates their desire to pay for additional private care to their Consultant.
**Step 2**
The Consultant completes a ‘Determination of Cost’ form (Appendix 7) with the following information:

- Patient Details
- Additional Chemotherapy Treatment, Frequency, Care Setting
- Pharmacy Costs
- Diagnostic Tests
- Toxicity Grading reflecting Increased Risk of Admission

**Step 3**
The Consultant emails the Determination of Cost form to the Private Patient Officer who generates an estimated cost for the patient / Consultant as required.

**Step 4**
If the patient agrees to go ahead with the additional private care, the patient and Consultant both sign the Additional Private Care Agreement form (Appendix 8). This is then sent to the Paying Patients Office as it acts as an Undertaking to Pay form. The Paying Patients Office will retain a copy, give a copy to the patient, to pharmacy and to the Consultant for filing in the patient’s notes.

**Billing and Recouping Costs**
The patient will pay per cycle of chemotherapy, with each payment being received in advance of the treatment being administered. Where treatment has been authorised and preparation of a drug has been commenced for a patient who becomes too unwell to proceed, the cost of the drug will be charged to the patient for whom it was originally prepared, and where payment has already been received, the cost will not be refunded.

If a decision is taken during or after treatment that the drug in question is to be provided on the HSC, costs will not be refunded.

Where treatment has been authorised and a drug preparation commenced which does not result in administration for non patient reasons, the costs of repeat drug preparation, where required, will be covered by the Trust.

The process of billing and recouping payments will be managed via the Trust’s Paying Patients Office.
Overseas visitors - Non UK patients
(Republic of Ireland, EEA, Foreign Nationals)

PLEASE NOTE THIS IS ONLY A BRIEF GUIDE FOR FURTHER INFORMATION
PLEASE CONTACT THE PAYING PATIENT OFFICE

The NHS provides healthcare free of charge to people who are ordinarily resident
in the UK. People who do not permanently live in the UK lawfully are not
automatically entitled to use the NHS free of charge.

RESIDENCY is the therefore the main qualifying criterion, applicable regardless of
nationality, being registered with a GP or having been issued a HC/NHS number,
or whether the person holds a British Passport, or lived and paid taxes or national
insurance contributions in the UK in the past.

Any patient attending the Trust who cannot establish that they are an ordinary
resident and have lawfully lived in the UK permanently for the last 12 months
preceeding treatment are not entitled to free non ED hospital treatment whether
they are registered with a GP or not. A GP referral letter cannot be accepted
solely as proof of a patient’s permanent residency and therefore entitlement to
treatment.

For all new patients attending the Trust, residency must be established. All
patients will be asked to complete a declaration to confirm residency, (regardless
of race/ethnic origin. If not the Trust could be accused of discrimination.

Where there is an element of doubt as to whether the patient is an ‘ordinary
resident’ eg no GP/ H&C number or non UK contact details, the Paying Patients
Officer must be alerted immediately.

Emergency Department

Treatment given in an Emergency Department, Walk in clinic or minor casualty
unit is free of charge if it is deemed to be immediate and necessary.

The Trust should always provide immediate and necessary treatment whether or
not the patient has been informed of or agreed to pay charges. There is no
exemption from charges for ‘emergency’ treatment other than that given in the
accident and emergency department. Once an overseas patient is transferred out
of Emergency Department their treatment becomes chargeable.

All patients admitted from Emergency Department must be asked to complete
declaration of residency status.

This question is essential in trying to establish whether the patient is an overseas
patient or not and hence liable to pay for any subsequent care provided.

If the patient is not an ordinary resident or there is an element of doubt eg no
GP/ no H&C, the patient should be referred to Paying Patients Office to
determine their eligibility.

If the person has indicated that they are a visitor to Northern Ireland, the
overseas address must be entered as the permanent address on the correct
Patient Administrative System and the Paying Patients Office should be notified
immediately.
Outpatient Appointments
In all cases where the patient has not lived in Northern Ireland for 12 months or relevant patient data is missing such as H&C number, GP Details etc the patient must be referred to the paying patient office to establish the patient’s entitlement to free NHS treatment. This must be established before an appointment is given.

Review Appointments
Where possible follow up treatment should be carried out at the patient’s local hospital, however if they are reviewed at the Trust they must be informed that they will be liable for charges.

If a consultant considers it appropriate to review a patient then they must sign a statement to this effect waiving the charges that would have been due to the Trust.

Elective Admission
A patient should not be placed onto a waiting list until their entitlement to free NHS Treatment has been established. Where the Patient is chargeable, the Trust should not initiate a treatment process until a deposit equivalent to the estimated full cost of treatment has been obtained.

Referral from other NHS Trusts
When a Consultant accepts a referral from another Trust the patients’ status should where possible be established prior to admission. However, absence of this information should not delay urgent treatment.

The Trust will operate a policy of ‘Stabilise and Transfer’.

Amenity bed Patients
Within The Trust’s Maternity Service, a number of beds are assigned Amenity Beds. It is permissible for NHS patients who require surgical delivery and an overnight stay to pay for any bed assigned as an Amenity Bed. This payment has no effect on the NHS status of the patient. All patients identified as amenity will be recorded on PAS as APG and an amenity form (Appendix 9) should be completed ideally before obtaining the amenity facilities.
Glossary

**Undertaking to Pay Form**
Private Patients may fund their treatment, or they may have private medical insurance. In all cases Private Patients must sign an ‘Undertaking to Pay’ form (Appendix 3).

This is a legally binding document which, when signed prior to treatment, confirms the patient as personally liable for costs incurred while at hospital and confirms the Patients Private status.

ALL private patients, whether insured or not are obliged to complete and sign an ‘Undertaking to Pay’ form, prior to commencement of treatment. Consultants therefore, as the first point of contact should ensure that the Paying Patients Officer is advised to ensure completion of the ‘Undertaking to Pay’ form.

**Fee Paying Services**
Any paid professional services, other than those falling within the definition of Private Professional Services, which a consultant carries out for a third party or for the employing organisation and which are not part of, nor reasonably incidental to, Contractual and Consequential Services. A third party for these purposes may be an organisation, corporation or individual, provided that they are acting in a health related professional capacity, or a provider or commissioner of public services. Examples of work that fall within this category can be found in Schedule 10 of the Terms and Conditions (Appendix 1).

**Private Professional Services** *(Also referred to as ‘private practice’)*
- the diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under Article 31 of the Health and Personal Social Services (Northern Ireland) Order 1972), excluding fee paying services as described in Schedule 10 of the terms and conditions (Appendix 1).
- work in the general medical, dental or ophthalmic services under Part IV of the Health and Personal Social Services (Northern Ireland) Order 1972 (except in respect of patients for whom a hospital medical officer is allowed a limited ‘list’, e.g. members of the hospital staff).

**Non UK patients**
A person who does not meet the ‘ordinarily resident’ test

**Job Plan**
A work programme which shows the time and place of the consultant’s weekly fixed commitments.
Specific examples of Fee Paying Services - Schedule 10

1. Fee Paying Services are services that are not part of Contractual or Consequential Services and not reasonably incidental to them. Fee Paying Services include:

   a. work on a person referred by a Medical Adviser of the Department of Social Development, or by an Adjudicating Medical Authority or a Medical Appeal Tribunal, in connection with any benefits administered by an Agency of the Department of Social Development;

   b. work for the Criminal Injuries Compensation Board, when a special examination is required or an appreciable amount of work is involved in making extracts from case notes;

   c. work required by a patient or interested third party to serve the interests of the person, his or her employer or other third party, in such non-clinical contexts as insurance, pension arrangements, foreign travel, emigration, or sport and recreation. (This includes the issue of certificates confirming that inoculations necessary for foreign travel have been carried out, but excludes the inoculations themselves. It also excludes examinations in respect of the diagnosis and treatment of injuries or accidents);

   d. work required for life insurance purposes;

   e. work on prospective emigrants including X-ray examinations and blood tests;

   f. work on persons in connection with legal actions other than reports which are incidental to the consultant’s Contractual and Consequential Duties, or where the consultant is giving evidence on the consultant’s own behalf or on the employing organisation’s behalf in connection with a case in which the consultant is professionally concerned;

   g. work for coroners, as well as attendance at coroners’ courts as medical witnesses;

   h. work requested by the courts on the medical condition of an offender or defendant and attendance at court hearings as medical witnesses, otherwise than in the circumstances referred to above;

   i. work on a person referred by a medical examiner of HM Armed Forces Recruiting Organisation;

   j. work in connection with the routine screening of workers to protect them or the public from specific health risks, whether such screening is a statutory obligation laid on the employing organisation by specific regulation or a voluntary undertaking by the employing organisation in pursuance of its general liability to protect the health of its workforce;

   k. occupational health services provided under contract to other HPSS, independent or public sector employers;

   l. work on a person referred by a medical referee appointed under the Workmen’s Compensation (Supplementation) Act (Northern Ireland) 1966; work on prospective students of universities or other institutions of further education, provided that they are not covered by Contractual
and Consequential Services. Such examinations may include chest radiographs;

m. Appropriate examinations and recommendations under Parts II and IV of the Mental Health (Northern Ireland) Order 1986 and fees payable to medical members of Mental Health Review Tribunals;

n. services performed by members of hospital medical staffs for government departments as members of medical boards;

o. work undertaken on behalf of the Employment Medical Advisory Service in connection with research/survey work, i.e. the medical examination of employees intended primarily to increase the understanding of the cause, other than to protect the health of people immediately at risk (except where such work falls within Contractual and Consequential Services);

p. completion of Form B (Certificate of Medical Attendant) and Form C (Confirmatory Medical Certificate) of the cremation certificates;

q. examinations and reports including visits to prison required by the Prison Service which do not fall within the consultant's Contractual and Consequential Services and which are not covered by separate contractual arrangements with the Prison Service;

r. examination of blind or partially-sighted persons for the completion of form A655, except where the information is required for social security purposes, or by an Agency of the Department of Social Development, or the Employment Service, or the patient's employer, unless a special examination is required, or the information is not readily available from knowledge of the case, or an appreciable amount of work is required to extract medically correct information from case notes;

s. work as a medical referee (or deputy) to a cremation authority and signing confirmatory cremation certificates;

t. medical examination in relation to staff health schemes of local authorities and fire and police authorities;

u. delivering lectures;

v. medical advice in a specialised field of communicable disease control;

w. attendance as a witness in court;

x. medical examinations and reports for commercial purposes, e.g. certificates of hygiene on goods to be exported or reports for insurance companies;

y. advice to organisations on matters on which the consultant is acknowledged to be an expert.
A Code of Conduct for Private Practice

November 2003

Recommended Standards of Practice for NHS Consultants

An agreement between the BMA’s Northern Ireland Consultants and Specialists Committee and the Department of Health, Social Services and Public Safety for consultants in Northern Ireland.

A CODE OF CONDUCT FOR PRIVATE PRACTICE: RECOMMENDED STANDARDS FOR NHS CONSULTANTS, 2003

Contents

Page 40 Part I – Introduction
- Scope of Code
- Key Principles

Page 41 Part II - Standards of Best Practice
- Disclosure of Information about Private Practice
- Scheduling of Work and On-Call Duties
- Provision of Private Services alongside NHS Duties
- Information for NHS Patients about Private Treatment
- Referral of Private Patients to NHS Lists
- Promoting Improved Patient Access to NHS Care and increasing NHS Capacity

Page 6 Part III - Managing Private Patients in NHS Facilities
- Use of NHS Facilities
- Use of NHS Staff
Part I: Introduction

Scope of Code

1.1 This document sets out recommended standards of best practice for NHS consultants in England about their conduct in relation to private practice. The standards are designed to apply equally to honorary contract holders in respect of their work for the NHS. The Code covers all private work, whether undertaken in non-NHS or NHS facilities.

1.2 Adherence to the standards in the Code will form part of the eligibility criteria for clinical excellence awards.

1.3 This Code should be used at the annual job plan review as the basis for reviewing the relationship between NHS duties and any private practice.

Key Principles

1.4 The Code is based on the following key principles:

- NHS consultants and NHS employing organisations should work on a partnership basis to prevent any conflict of interest between private practice and NHS work. It is also important that NHS consultants and NHS organisations minimise the risk of any perceived conflicts of interest; although no consultant should suffer any penalty (under the code) simply because of a perception;

- The provision of services for private patients should not prejudice the interest of NHS patients or disrupt NHS services;

- With the exception of the need to provide emergency care, agreed NHS commitments should take precedence over private work; and

- NHS facilities, staff and services may only be used for private practice with the prior agreement of the NHS employer.
Part II: Standards of Best Practice

Disclosure of Information about Private Practice

2.1 Consultants should declare any private practice, which may give rise to any actual or perceived conflict of interest, or which is otherwise relevant to the practitioner's proper performance of his/her contractual duties. As part of the annual job planning process, consultants should disclose details of regular private practice commitments, including the timing, location and broad type of activity, to facilitate effective planning of NHS work and out of hours cover.

2.2 Under the appraisal guidelines agreed in 2001, NHS consultants should be appraised on all aspects of their medical practice, including private practice. In line with the requirements of revalidation, consultants should submit evidence of private practice to their appraiser.

Scheduling of Work and On-Call Duties

2.3 In circumstances where there is or could be a conflict of interest, programmed NHS commitments should take precedence over private work. Consultants should ensure that, except in emergencies, private commitments do not conflict with NHS activities included in their NHS job plan.

2.4 Consultants should ensure in particular that:

- private commitments, including on-call duties, are not scheduled during times at which they are scheduled to be working for the NHS (subject to paragraph 2.8 below);
- there are clear arrangements to prevent any significant risk of private commitments disrupting NHS commitments, e.g. by causing NHS activities to begin late or to be cancelled;
- private commitments are rearranged where there is regular disruption of this kind to NHS work; and private commitments do not prevent them from being able to attend a NHS emergency while they are on call for the NHS, including any emergency cover that they agree to provide for NHS colleagues. In particular, private commitments that prevent an immediate response should not be undertaken at these times.

2.5 Effective job planning should minimise the potential for conflicts of interests between different commitments. Regular private commitments should be noted in a consultant's job plan, to ensure that planning is as effective as possible.

2.6 There will be circumstances in which consultants may reasonably provide emergency treatment for private patients during time when they are scheduled to be working or are on call for the NHS. Consultants should make alternative arrangements to provide cover where emergency work of this kind regularly impacts on NHS commitments.

2.7 Where there is a proposed change to the scheduling of NHS work, the employer should allow a reasonable period for consultants to rearrange any private sessions, taking into account any binding commitments entered into (e.g. leases).
Appendix 2

Provision of Private Services alongside NHS Duties

2.8 In some circumstances NHS employers may at their discretion allow some private practice to be undertaken alongside a consultant's scheduled NHS duties, provided that they are satisfied that there will be no disruption to NHS services. In these circumstances, the consultants should ensure that any private services are provided with the explicit knowledge and agreement of the employer and that there is no detriment to the quality or timeliness of services for NHS patients.

Information for NHS Patients about Private Treatment

2.9 In the course of their NHS duties and responsibilities consultants should not initiate discussions about providing private services for NHS patients, nor should they ask other NHS staff to initiate such discussions on their behalf.

2.10 Where a NHS patient seeks information about the availability of, or waiting times for, NHS and/or private services, consultants should ensure that any information provided by them, is accurate and up-to-date and conforms with any local guidelines.

2.11 Except where immediate care is justified on clinical grounds, consultants should not, in the course of their NHS duties and responsibilities, make arrangements to provide private services, nor should they ask any other NHS staff to make such arrangements on their behalf unless the patient is to be treated as a private patient of the NHS facility concerned.

Referral of Private Patients to NHS Lists

2.12 Patients who choose to be treated privately are entitled to NHS services on exactly the same basis of clinical need as any other patient.

2.13 Where a patient wishes to change from private to NHS status, consultants should help ensure that the following principles apply:

a patient cannot be both a private and a NHS patient for the treatment of one condition during a single visit to a NHS organisation;

any patient seen privately is entitled to subsequently change his or her status and seek treatment as a NHS patient;

any patient changing their status after having been provided with private services should not be treated on a different basis to other NHS patients as a result of having previously held private status;

patients referred for an NHS service following a private consultation or private treatment should join any NHS waiting list at the same point as if the consultation or treatment were an NHS service. Their priority on the waiting list should be determined by the same criteria applied to other NHS patients; and

should a patient be admitted to an NHS hospital as a private inpatient, but subsequently decide to change to NHS status before having received treatment, there should be an assessment to determine the patient's priority for NHS care.
Promoting Improved Patient Access to NHS Care and increasing NHS Capacity

2.14 Subject to clinical considerations, consultants should be expected to contribute as fully as possible to maintaining a high quality service to patients, including reducing waiting times and improving access and choice for NHS patients. This should include co-operating to make sure that patients are given the opportunity to be treated by other NHS colleagues or by other providers where this will maintain or improve their quality of care, such as by reducing their waiting time.

2.15 Consultants should make all reasonable efforts to support initiatives to increase NHS capacity, including appointment of additional medical staff.
Part III – Managing Private Patients in NHS Facilities

3.1 Consultants may only see patients privately within NHS facilities with the explicit agreement of the responsible NHS organisation. It is for NHS organisations to decide to what extent, if any, their facilities, staff and equipment may be used for private patient services and to ensure that any such services do not interfere with the organisation’s obligations to NHS patients.

3.2 Consultants who practise privately within NHS facilities must comply with the responsible NHS organisation’s policies and procedures for private practice. The NHS organisation should consult with all consultants or their representatives, when adopting or reviewing such policies.

Use of NHS Facilities

3.3 NHS consultants may not use NHS facilities for the provision of private services without the agreement of their NHS employer. This applies whether private services are carried out in their own time, in annual or unpaid leave, or – subject to the criteria in paragraph 2.8 - alongside NHS duties.

3.4 Where the employer has agreed that a consultant may use NHS facilities for the provision of private services:

- the employer will determine and make such charges for the use of its services, accommodation or facilities as it considers reasonable;
- any charge will be collected by the employer, either from the patient or a relevant third party; and
- a charge will take full account of any diagnostic procedures used, the cost of any laboratory staff that have been involved and the cost of any NHS equipment that might have been used.

3.5 Except in emergencies, consultants should not initiate private patient services that 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, in accordance with the NHS body’s procedures.

3.6 In line with the standards in Part II, private patient services should take place at times that do not impact on normal services for NHS patients. Private patients should normally be seen separately from scheduled NHS patients. Only in unforeseen and clinically justified circumstances should an NHS patient’s treatment be cancelled as a consequence of, or to enable, the treatment of a private patient.

Use of NHS Staff

3.7 NHS consultants may not use NHS staff for the provision of private services without the agreement of their NHS employer.

3.8 The consultant responsible for admitting a private patient to NHS facilities must ensure, in accordance with local procedures, that the responsible manager and any other staff assisting in providing services are aware of the patient’s private status.
### Undertaking to Pay Charges for Fee Paying Patients

#### Patient Status
- Inpatient
- Day case
- Outpatient
- Non-UK

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Address</td>
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<tr>
<td>Post code</td>
<td></td>
</tr>
<tr>
<td>Tel. no.</td>
<td></td>
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<tr>
<td>DOB</td>
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<tr>
<td>Email</td>
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<tr>
<td>Hospital No.</td>
<td></td>
</tr>
<tr>
<td>Cost centre</td>
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<tr>
<td>Ward</td>
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<tr>
<td>Deposit paid</td>
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<tr>
<td>Room No.</td>
<td></td>
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<tr>
<td>Receipt No.</td>
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<tr>
<td>Consultant</td>
<td></td>
</tr>
<tr>
<td>Requisition No.</td>
<td></td>
</tr>
<tr>
<td>Insurance/Self pay</td>
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<tr>
<td>Invoice No.</td>
<td></td>
</tr>
<tr>
<td>Membership No.</td>
<td></td>
</tr>
<tr>
<td>Authorisation No./Claim No.</td>
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</table>

#### Admission date: __________________  Procedure date: __________________

#### Discharge date: __________________  Procedure name: __________________

<table>
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<th>Test date</th>
<th>Test name etc.</th>
<th>Code</th>
<th>Price</th>
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</table>

Please read this document carefully before signing below. This is legally binding.

I undertake to pay Belfast Trust in respect of accommodation and services provided to me as a private patient.

The charges which I pay to the Belfast Trust will, unless otherwise stated, be based on a length of stay, theatre charges, implantables, and other diagnostic tests and treatments as they occur. I understand that such charges relate to only hospital costs and do not include any fees for the private services of the consultant, or fees from any other consultant practitioner who may provide services relating to my care (e.g., radiologist, pathologist, and anaesthetist).

Please Note YOU will remain liable for any part of your account not settled by your insurer. It is your responsibility to check insurance cover.

If you are a self-funding/non UK patient you are required to pay an 80% deposit before your treatment takes place.

The Trust reserves the right to suspend treatment should any payment not be made as requested.

PLEASE NOTE: Should payment not be made the Trust reserves the right to bring this to the attention of other agencies such as the Police, Immigration Department and professional bodies.

I understand I am being treated as a Fee Paying Patient in the BHSCT and agree to the terms above.

Signed: __________________________
Date: __________________________
Witnessed: __________________________  Date: __________________________
Appendix 4

Belfast Health and Social Care Trust

Application for the Transfer of Private Patient to NHS Status

Patients name: ___________________________________________
Hospital number or DOB: ___________________________________
I hereby state that the above patient will be transferred to NHS status from: _____________________________________

The change in status has been requested because of:

I wish to confirm that from the aforementioned date, no charges have been / will be levied by me.

Signature: ___________________________ Date: ___________________________

(Consultant) please print name

In agreement with the consultant I do/do not approve the transfer of the above patient from private to NHS status.

Signature: ___________________________ Date: ___________________________

Eileen Murphy - Paying Patient Manager

A patient who is initially seen privately and who then becomes an NHS patient joins the waiting list at the same point as if his consultation had taken place as an NHS patient, the consultant can refer that patient to himself in his NHS clinic rather than referring the patient back to their GP. NB: until this form is received by the private patient office the patient will remain private and may be liable for charges.
Principles Governing Receipt of Additional Fees - Schedule 11

1. In the case of the following services, the consultant will not be paid an additional fee, or - if paid a fee - the consultant must remit the fee to the employing organisation:
   - any work in relation to the consultant’s Contractual and Consequential Services;
   - duties which are included in the consultant’s Job Plan, including any additional Programmed Activities which have been agreed with the employing organisation;
   - fee paying work for other organisations carried out during the consultant’s Programmed Activities, unless the work involves minimal disruption and the employing organisation agrees that the work can be done in HPSS time without the employer collecting the fee;
   - domiciliary consultations carried out during the consultant’s Programmed Activities;
   - lectures and teaching delivered during the course of the consultant’s clinical duties;
   - delivering lectures and teaching that are not part of the consultant’s clinical duties, but are undertaken during the consultant’s Programmed Activities.

This list is not exhaustive and as a general principle, work undertaken during Programmed Activities will not attract additional fees.

2. Services for which the consultant can retain any fee that is paid:
   - Fee Paying Services carried out in the consultant’s own time, or during annual or unpaid leave;
   - Fee Paying Services carried out during the consultant’s Programmed Activities that involve minimal disruption to HPSS work and which the employing organisation agrees can be done in HPSS time without the employer collecting the fee;
   - domiciliary consultations undertaken in the consultant’s own time, though it is expected that such consultations will normally be scheduled as part of Programmed Activities;
   - Private Professional Services undertaken in the employing organisation’s facilities and with the employing organisation’s agreement during the consultant’s own time or during annual or unpaid leave;
   - Private Professional Services undertaken in other facilities during the consultant’s own time, or during annual or unpaid leave;
   - lectures and teaching that are not part of the consultant’s clinical duties and are undertaken in the consultant’s own time or during annual or unpaid leave;
   - preparation of lectures or teaching undertaken during the consultant’s own time irrespective of when the lecture or teaching is delivered.

This list is not exhaustive but as a general principle the consultant is entitled to the fees for work done in his or her own time, or during annual or unpaid leave.

---

1 And only for a visit to the patient’s home at the request of a general practitioner and normally in his or her company to advise on the diagnosis or treatment of a patient who on medical grounds cannot attend hospital.
Notification of Fee Paying Services
- Category II

Name: ____________________________________________________________
Address: ______________________________________________________________________________________________________
Post code: ___________ Telephone number: ________________________________________________________________
DOB: ______________________

<table>
<thead>
<tr>
<th>Site:</th>
<th>Royal</th>
<th>BCH</th>
<th>Mater</th>
<th>Musgrave</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital number:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of attendance:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test where applicable:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Any professional service that a consultant carries out for a third party or for the employing organisation and which are not part of their contractual services must be declared to the Trust. Therefore in order to comply with financial governance controls all consultants as part of their contractual obligations and with the patient consent are required to identify anyone who falls into this category.

I understand I am being treated as a category II patient and that my information may be shared within the Trust to comply with financial governance controls. As a category II patient I am also aware that I am not personally responsible for any costs incurred and will not be billed personally.

Signed: ____________________________
Date: ____________________________
Consultant: __________________________
Date: ____________________________

Return completed forms to:

<table>
<thead>
<tr>
<th>Private Patient Officer</th>
<th>BHSCT- Site</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lynda Weatherall</td>
<td>RVH</td>
<td>(028) 9063 5430</td>
</tr>
<tr>
<td>Sarah Craig</td>
<td>RVH</td>
<td>(028) 9063 5283</td>
</tr>
<tr>
<td>Jennifer Young</td>
<td>BCH</td>
<td>(028) 9026 3656</td>
</tr>
<tr>
<td>Martina Nugent-Corr</td>
<td>MIH/MPH</td>
<td>(028) 9090 2028</td>
</tr>
</tbody>
</table>
## Additional Private Care Determination of Cost

**Use addressograph - otherwise write in capitals**

<table>
<thead>
<tr>
<th>Surname:</th>
<th>First names:</th>
<th>Consultant:</th>
<th>Ward:</th>
<th>Hospital no:</th>
<th>DOB:</th>
<th>Cycle Number:</th>
</tr>
</thead>
</table>

### Define additional treatment to be paid for (PLEASE COMPLETE IN BLOCK CAPITALS)

<table>
<thead>
<tr>
<th>Chemotherapy</th>
<th>Frequency of cycles</th>
<th>Care setting</th>
<th>Drug cost per cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eg. IRINOTECAN / CETUXIMAB</td>
<td>EVERY 2 WKS</td>
<td>BRIDGEWATER SUITE</td>
<td>-</td>
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### Determination of costs per cycle (see attached notes)

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Cost per cycle</th>
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<tbody>
<tr>
<td>Drug procurement</td>
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<tr>
<td>Dispensing</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
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</table>

#### Care delivery

<table>
<thead>
<tr>
<th>Day case / Inpatient</th>
<th>Diagnostic tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consulting room fee*</th>
<th>Surcharge for treatment of toxicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Administrative overheads</th>
<th>Flat rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total | |
|-------||

**Additional notes** (for internal use only)

1. **Pharmacy dispensing**
   - To be advised by Pharmacy, dependent on complexity banding

2. **Day case / Inpatient rate**
   - The proportionate increase in time with the additional treatment should be applied to the Trust’s agreed private patient rate, but should never exceed that value

3. **Diagnostic tests**
   - The patient’s Consultant must list out the additional diagnostic tests associated with the additional treatment. Paying Patients Office will advise as to the Trust’s agreed private patient rate

4. **Consulting room fee**
   - The Trust’s agreed private patient rate for a consultation should be used

5. **Administrative overheads**
   - charged at £30/cycle of chemotherapy

6. **Surcharge for treatment of toxicity**
   - the patient’s Consultant to advise regarding the % increase of risk of admission for Grade 3 or greater toxicity, over and above the risk with standard care. Low (5%), medium (10%) or high (20%) to be applied

*Excludes Consultant fee - as separate contract between patient and Consultant
Additional Private Care Agreement

This agreement must be completed for all patients opting to pay for additional private care. It must be counter signed by both the patient and the Consultant responsible for the additional care, to confirm understanding and agreement of the statements below.

Charges

1. The patient understands that the additional treatment and any associated costs are not being funded by the NHS.

2. The patient has been advised of outline costs of the additional care although it is recognised that these costs may alter. Any changes to the costs will be discussed with the patient by the Paying Patients Office.

3. The patient understands that if he/she is no longer able to fund the additional treatment, the treatment will cease.

4. The patient understands that if he/she becomes too unwell to proceed, the cost of the drug will be charged, and where payment has already been received, the cost will not be refunded.

5. The patient understands that where treatment has been authorised and a drug preparation commenced which does not result in administration for non patient reasons, the costs of repeat drug preparation, where required, will be covered by the NHS.

6. The patient understands that if the NHS funds this treatment in future, the NHS will not refund the cost of any additional treatment already provided.

7. The patient understands that the NHS is not responsible and has no legal liability for the quality of services where utilised.

8. These costs do not affect all patients’ right to access to emergency care.

Additional treatment

1. The patient has received information about the proposed treatment as well as all other treatment options.

2. The patient has been given full information about the potential benefits and risks of the proposed treatment and other treatment options and this information has been recorded on the consent form.

3. Informed consent has been obtained in line with GMC guidance.

4. This treatment is currently not available in the NHS.

5. The outcome of this treatment will contribute to relevant local and national audits.

6. The outcome of this treatment may be discussed at multi disciplinary clinical governance meetings.

Please send to Paying Patients Office who will sign, and will arrange for a copy to be given to the patient, to pharmacy and a copy to be returned for filing in the patient’s notes.
Amenity Request Form

Please note amenity accommodation is only available to patients who require surgical delivery and an overnight stay. Completion of this form does not guarantee you a room these are allocated on availability.

Patient name: ____________________________________________
Address: ________________________________________________

Post code: ___________ DOB.: ______________________________
Hospital number: ___________________________ Contact number: __________________

Details of person paying account (if different from above):

Name: _________________________________________________
Address: ______________________________________________

Contact number: ________________________________

<table>
<thead>
<tr>
<th>Accommodation type</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuite</td>
<td>Johnston House</td>
</tr>
<tr>
<td>Single room</td>
<td>Johnston House</td>
</tr>
<tr>
<td>Single room</td>
<td>Other wards</td>
</tr>
</tbody>
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Please read this document carefully before signing it is a legally binding document.

• Any concerns MUST be voiced during your stay as these will not be considered once you have been discharged.
• All rooms where possible should be vacated no later than 12.00 o’clock on the day of discharge.
• Your account must be settled on the day of discharge either by cash/cheque or visa/debit card.

Patients are also reminded that it may be necessary to vacate accommodation if it is needed on medical grounds for another patient.

I undertake to pay the Belfast Health and Social Care Trust in respect of my amenity accommodation:

Signature: __________________________ Date: __________________________
Signed (Witness): __________________ Date: __________________________

If you have any queries relating to this please do not hesitate to contact the Paying Patients Office On the following numbers (028) 9063 4257 or (028) 9063 4390.
Agreement for the voluntary advance renunciation of earnings from fee paying activities

I (name): _________________________________________________________

request that any monies due to me from patients in relation to fees from (description of activity)

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

______________________________

____________________________________________________________________________________________________________

______________________________

____________________________________________________________________________________________________________

______________________________

____________________________________________________________________________________________________________

______________________________

shall be transferred to (Charity title and reference) ____________ 

for its sole use in the advancement of its aims in accordance with the Trust Deed until directed otherwise by me in writing.

This request is to take effect from date: ____________________________________________

Signed, sealed and delivered by:

(Full name in Block Capitals)

Date: ________________________________________________________________________

In the presence of:

(Full name in Block Capitals)

Date: ________________________________________________________________________

Address: ____________________________________________________________________

______________________________________________ Post Code: _________________________
Provisions Governing the Relationship between HPSS Work and Private Practice - Schedule 9

1. This Schedule should be read in conjunction with the ‘Code of Conduct for Private Practice’, which sets out standards of best practice governing the relationship between HPSS work and private practice.

2. The consultant is responsible for ensuring that their provision of Private Professional Services for other organisations does not:
   • result in detriment to HPSS patients;
   • diminish the public resources that are available for the HPSS.

Disclosure of information about Private Commitments

3. The consultant will inform his or her clinical manager of any regular commitments in respect of Private Professional Services or Fee Paying Services. This information will include the planned location, timing and broad type of work involved.

4. The consultant will disclose this information at least annually as part of the Job Plan Review. The consultant will provide information in advance about any significant changes to this information.

Scheduling of Work and Job Planning

5. Where a conflict of interest arises or is liable to arise, HPSS commitments must take precedence over private work. Subject to paragraphs 10 and 11 below, the consultant is responsible for ensuring that private commitments do not conflict with Programmed Activities.

6. Regular private commitments must be noted in the Job Plan.

7. Circumstances may also arise in which a consultant needs to provide emergency treatment for private patients during time when he or she is scheduled to be undertaking Programmed Activities. The consultant will make alternative arrangements to provide cover if emergency work of this kind regularly impacts on the delivery of Programmed Activities.

8. The consultant should ensure that there are arrangements in place, such that there can be no significant risk of private commitments disrupting HPSS commitments, e.g. by causing HPSS activities to begin late or to be cancelled. In particular where a consultant is providing private services that are likely to result in the occurrence of emergency work, he or she should ensure that there is sufficient time before the scheduled start of Programmed Activities for such emergency work to be carried out.

9. Where the employing authority has proposed a change to the scheduling of a consultant’s HPSS work, it will allow the consultant a reasonable period in line with Schedule 6, paragraph 2 to rearrange any private commitments. The employing organisation will take into account any binding commitments that the consultant may have entered into (e.g. leases). Should a consultant wish to reschedule private commitments to a time that would conflict with Programmed Activities, he or she should raise the matter with the clinical manager at the earliest opportunity.
Scheduling Private Commitments Whilst On-Call

10. The consultant will comply with the provisions in Schedule 8, paragraph 5 of these Terms and Conditions.

In addition, where a consultant is asked to provide emergency cover for a colleague at short notice and the consultant has previously arranged private commitments at the same time, the consultant should only agree to provide such emergency cover if those private commitments would not prevent him or her returning to the relevant HPSS site at short notice to attend an emergency. If the consultant is unable to provide cover at short notice it will be the employing organisation's responsibility to make alternative arrangements and the consultant will suffer no detriment in terms of pay progression as a result.

Use of HPSS Facilities and Staff

11. Where a consultant wishes to provide Private Professional Services at an HPSS facility he or she must obtain the employing organisation's prior agreement, before using either HPSS facilities or staff.

12. The employing organisation has discretion to allow the use of its facilities and will make it clear which facilities a consultant is permitted to use for private purposes and to what extent.

13. Should a consultant, with the employing organisation's permission, undertake Private Professional Services in any of the employing organisation's facilities, the consultant should observe the relevant provisions in the 'Code of Conduct for Private Practice'.

14. Where a patient pays privately for a procedure that takes place in the employing organisation’s facilities, such procedures should occur only where the patient has given a signed undertaking to pay any charges (or an undertaking has been given on the patient's behalf) in accordance with the employing organisation's procedures.

15. Private patients should normally be seen separately from scheduled HPSS patients. Only in unforeseen and clinically justified circumstances should a consultant cancel or delay an HPSS patient’s treatment to make way for his or her private patient.

16. Where the employing organisation agrees that HPSS staff may assist a consultant in providing Private Professional Services, or provide private services on the consultant's behalf, it is the consultant's responsibility to ensure that these staff are aware that the patient has private status.

17. The consultant has an obligation to ensure, in accordance with the employing organisation's procedures, that any patient whom the consultant admits to the employing organisation's facilities is identified as private and that the responsible manager is aware of that patient's status.

18. The consultant will comply with the employing organisation's policies and procedures for private practice.
Patient Enquiries about Private Treatment

19. 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 between the employing organisation and appropriate local consultant representatives for such circumstances.

20. 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.

21. In the course of his/her Programmed Activities, a consultant should not initiate discussions about providing Private Professional Services for HPSS patients, nor should the consultant ask other staff to initiate such discussions on his or her behalf.

22. Where an HPSS patient seeks information about the availability of, or waiting times for, HPSS 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.

Promoting Improved Patient Access to HPSS Care

23. Subject to clinical considerations, the consultant is expected to contribute as fully as possible to reducing waiting times and improving access and choice for HPSS patients. This should include ensuring that, as far as is practicable, patients are given the opportunity to be treated by other HPSS colleagues or by other providers where this will reduce their waiting time and facilitate the transfer of such patients.

24. The consultant will make all reasonable efforts to support initiatives to increase HPSS capacity, including appointment of additional medical staff and changes to ways of working.
Flowchart for Private Practice

Consultant agrees programmed activities and fee paying practice as part of the annual job plan review

Private patient appointment takes place consultant informs patient of hospital costs or refers patient to Paying Patient Office on relevant site for further information

Need for patient treatment established

Patient booked on waiting list
Paying Patient Officer informed by either consultant/waiting list office

Undertaking to Pay form sent to patient at home in advance of admission

Form signed and returned to Paying Patient Officer by patient – Entitlement to insurance cover checked by Paying Patient Officer

Paying Patient Officer visits patient on day of admission, advises details of charges and collects deposit

Consultant enters diagnostic tests and treatments requested or completed on Undertaking to Pay Form

Undertaking to pay form sent to Paying Patient Officer who checks entitlement to insurance cover

Paying Patient Officer collates charges from all relevant departments and Invoice sent out to patient/insurer
Overseas Visitors (Non-UK) Flow Chart

Patient attends Trust, eg. ED/Walk-in/MUI/Outpatients/Inpatients

Does the patient need further treatment other than that given at ED that could not wait until the patient return home?

No → Discharged and no further action.

Yes →

Two baseline questions and registration form completed

Residency is the criterion for entitlement and must be established. Patients required to be resident in UK for the last 12 months?

No → Is this patient a visitor to the UK/NI?

No →

Yes →

Patients should be able to provide proof of NI residence. If there is an element of doubt eg. these details cannot be given. Alert the Paying Patient Officer. No immediate and necessary treatment can be delayed whilst status is being determined but all patients identified as non UK should be made known so that their entitlement to NHS is established.

ED: Only Treatment given in an Emergency Department walk in centre or minor casualty department is free of charge. This exemption from charges ceases once the patient is admitted to a ward or given an out patient appointment. Paying Patient Officer must be notified in this case.

NOTE
All reviews outside ED are chargeable.

Yes →

Is the patient stating that he/she lives here on a permanent settled basis?

No →

Yes → Alert the Paying Patient Officer to determine residency

Patient should be identified as NUK and is most probably chargeable. Contact the Paying Patient Officer as certain exclusions apply.