



**PRIVATE PRACTICE,
PAYING PATIENTS AND FEE PAYING SERVICES
GUIDE FOR STAFF**

September 2023

Title:	Private Practice, Paying Patients and Fee Paying Services: Guide for Staff		
Ownership:	Head of Financial Services		
Approval by:	Directorate SMT	Approval date:	13 th September 2023
Operational Date:	14 th September 2023	Next Review:	14 th September 2026
Version No.	1.3	Supersedes	Version 1.2 - Private Practice, Paying Patients and Fee Paying Services: Guide for Staff
Links to other policies	<ol style="list-style-type: none"> 1. Management of Private Practice in Health Service Hospitals in Northern Ireland: A Handbook (2007) 2. Code of Conduct for Private Practice (BMA/DOH Publication 2003) 3. Consultants terms and Conditions of Service (2004) 		
Reference Number	Corp13/004		

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1.0 INTRODUCTION

1.1 Background

The Trust welcomes additional income generated from private/ paying patients and fee paying services, which makes a valuable contribution to the running costs of the hospitals. This guidance formalises and brings together a number of previous processes and applies to all private practice, paying patients and fee paying services including category 2 work performed by Trust employees.

1.2 Purpose

The purpose of this document is to standardise the manner in which private practice, private/paying patients and fee paying services are conducted within the Western Health and Social Care Trust and to improve the awareness of the responsibilities and obligations of staff. It applies to all staff within the Trust who have direct/indirect contact with private/paying patients and fee paying service. This document has been developed in line within the legislative framework and key principles described in the Management of Private Practice in Health Service Hospitals in Northern Ireland: A Handbook (2007); A Code of Conduct for Private Practice (2003); and Consultant Terms & Conditions of Service [NI] (2004).

1.3 Objectives

This guidance has been developed to fulfil the following objectives:

- Clarify for relevant staff the arrangements pertaining to private/paying patients and to give guidance relating to:-
 - ❖ Record keeping
 - ❖ Charging
 - ❖ Procedures
 - ❖ Responsibilities
- Clarify charging arrangements when staff undertake fee paying services within the Trust.
- Clarify charging arrangements for overseas visitors and non UK visitors.
- Clarify the responsibilities of the Access to Healthcare Team

Consultants should note that private practice work is not covered by the NHS Clinical Negligence Scheme for Trusts and they need to make their own arrangements for insurance.

2.0 SCOPE OF THE GUIDANCE

These arrangements are of particular relevance to medical staff, however, the principles that underpin this document apply to all medical, dental, nursing, allied health professionals and administrative staff in hospitals and community facilities.

Medical and Dental consultant staff may undertake private practice and fee paying services within the Terms and Conditions of the Consultant Contract

provided work is agreed with their Lead Manager and reflected within their annual job plan.

The Trust recognises that in some circumstances private practice may be undertaken alongside a consultant's scheduled Trust duties. Providing there is minimal disruption to Trust services and this is agreed in advance with the Clinical Manager this may be permissible.

The Trust provides the same standard of care to all patients who avail of healthcare services, regardless of whether the cost of their treatment is paid for by government, insurance companies in this or any other country, or by patients themselves.

The Trust shall, within the relevant legislative framework, 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.

3.0 ROLES /RESPONSIBILITIES

3.1 Responsibilities of Consultants undertaking Private Practice / Fee Paying Services

The Trust is dependent on the cooperation of its consultants, visiting consultants and other staff in identifying private patients so that the necessary funding source is established and undertaking to pay forms can be obtained from the patient to pay charges for treatment and calculate and collect the income due. Specifically, the Consultant's responsibilities are:

- To ensure full compliance with the Code of Conduct for Private Practice (2003) in relation to referral to NHS waiting lists.
- To ensure full compliance with Management of Private Practice in Health Service Hospitals in Northern Ireland: A Handbook (2007).
- To ensure that the provision of private practice or fee paying services does not:
 - Result in detriment to Trust patients or services;
 - Diminish the public resources that are available for the Trust;
 - Conflict with their programmed activities. Trust commitments must take precedence over private work.
- To ensure that their private patients (whether Inpatient, Day-Patient or Outpatient) are identified and reported to the Access to Health Care Manager in advance of admission or treatment. This includes overseas patients.
- To establish the method of payment at the consultation stage and obtain details of insured patient's policy information if possible.
- To advise the Access to Healthcare Team of all planned admissions of patients who reside outside the UK and funding source established.

- The Trust requires that the above information is passed to the Access to Health Care Manager prior to admission or treatment so that insured patients can be identified.
- To ensure that the patient has obtained their insurance company's permission for the specified treatment to take place within the specified timescale. This will safeguard the income due to both the consultant and the Trust.
- Where the patient is a self- payer, ensure that patients are provided with an estimate of the total hospital charge he/she is likely to incur and understand all costs associated with private treatment, including hospital costs and all professional fees which include, Surgeon/Physician, Anaesthetist and Radiologist. If treatment runs over 2 financial years, patients should be warned that the charges are reviewed annually and may increase.
- To advise uninsured patients and overseas patients who are undergoing high cost procedures that they are required to pay a deposit to the estimated cost of the procedure prior to admission. The patient should also be advised to contact the Access to Health Care Manager regarding amounts etc.
- To ensure that a private patient transferring to NHS status has no advantage over other NHS patients by doing so, for example, waiting list placement.
- To ensure that appropriate documentation refer to PP4 is completed when a patient changes status from private to NHS. Alternatively they must ensure that the status has been changed on Patient Administration Systems.
- To ensure that private samples / specimens that are taken at private dwellings and sent to HSC/Trust facilities for testing or examination are appropriately identified, as 'private' activity by consultants before transmission to the hospital.
- To obtain **prior to admission and at each outpatient attendance** a signed, witnessed Undertaking to Pay form (**see Appendix 4**), and complete a Paying Patient Form (PP1) (**see Appendix 5**), which must then be sent to the Access to Health Care Manager. **The PP1 form must contain details of all diagnostic tests and treatments prescribed, if applicable.** In the case of Radiology only, a PP3 must be completed (**see Appendix 6**).
- To ensure that private patient services that involve the use of Trust staff or facilities do not commence , except in emergencies, unless an Undertaking to Pay for those facilities/services has been obtained from (or on behalf of) the patient.
- To agree that where notes for private treatment of patients are borrowed that the notes are returned without delay.
- To ensure that where a Non-UK patient attends a hospital as an emergency and treatment is undertaken that the patient is referred to their country of origin for any related further treatment. Otherwise the consultant must inform the patient that any further treatment will be chargeable.

- If a patient is referred to a consultant using a Northern Ireland address, but during a course of treatment it is subsequently discovered that the patient resides in the Republic of Ireland or any other non UK country and is not a cross border worker, the consultant must notify the Access to Healthcare team who will contact the patient to assess their entitlement to free healthcare and advise the patient of charges where applicable.
- Cross Border Workers family members are not entitled to the full range of HSC services free of charge.
- If a patient is referred by a Republic of Ireland GP and is not a cross border worker he/she must pay for their treatment, unless agreement is made by Health Service Executive (HSE) to fund the treatment. The consultant must notify the Access to Healthcare team in advance of attendance/treatment to determine charges for their treatment and ensure appropriate forms are completed and payment made.
- To advise the Access to Healthcare team of all diagnostics undertaken in relation to any private/paying patient to enable the Trust to bill accordingly.
- Leaflets are available to assist which can be obtained from the Access to Health Care Manager.

3.2 Disclosure of Information about Private Practice

Consultants must declare any private practice work in their annual job planning review. This should be included on the e-job planning system, or where such a review has not taken place in the past twelve months in a letter to both the clinical manager and service director detailing their current and future private practice commitments.

Relevant information relating to private practice must be brought forward to annual appraisal, in line with national guidelines. Consultants have a contractual responsibility to co-operate with the Trust by identifying their patients' private status, or any change in status. Identification must take place within a maximum of 3 months from the episode of care. Failure to do so is a disciplinary matter and will be dealt with under the Trust's disciplinary policy.

Consultants should ensure that private patients have been given the necessary information for them to understand the financial liability they are entering into, making clear there are charges associated with the use of Trust facilities. The Trust will provide tariff information to consultants in a timely manner.

3.3 Scheduling of Work and On- Call Duties

Consultants should ensure:

- Private commitments, including on-call duties, are not scheduled during times they are scheduled to be working for the Trust.
- There are clear arrangements to prevent any significant risk of private commitments disrupting scheduled Trust work. Regular private commitments should be noted in a consultant's job plan and agreed in advance.
- Private commitments do not prevent them from being able to attend an emergency while they are on call for the Trust, including emergency cover that they agree to provide for Trust colleagues. In particular private commitments that prevent an immediate response should not be undertaken at these times.

3.4 Clinic/Session Bookings

Private patient and fee paying service services must take place at times that do not impact on the normal services for NHS patients

Private patients, session and clinics must take place either before or after an NHS list. In which case private sessions/clinics must not in any way delay the start of the Trust scheduled NHS clinic/sessions. NHS lists must not be reduced to accommodate private patient sessions.

4.0 TRUST STAFF RESPONSIBILITIES

A private patient is one who formally undertakes to pay charges for healthcare services regardless of whether they pay themselves or are covered by insurance. All private patients must sign a form to that effect (Undertaking to Pay Form, Appendix 4) prior to the provision of any diagnostic tests or treatments. Trust staff are required to have an awareness of this obligation and ensure that all Undertaking to Pay forms are completed and forwarded to the Access to Health Care Manager.

The charge which private patients pay to the Trust covers the whole cost of the hospital treatment including clinical, non-clinical and all non-consultant medical staff. Consultant private professional fees are separate. Trust staff are required to perform duties in relation to all patients in the same way. No payment* should be made to or accepted by any non consultant member of staff for carrying out normal duties in relation to any patients of the Trust.

NOTE: The Trust will only bill for hospital charges. Consultant's professional fees are additional to the hospital costs and will be billed separately by the consultant. * This excludes payments owed to professional staff under their terms and conditions or the regulations of their professional bodies.

Staff must ensure that patients who transfer status from private to NHS are identified on patient information systems using the correct PHS/PTN code for monitoring purposes. Patients transferring status from Private to NHS should gain no advantage over other NHS patients by so doing e.g. waiting list placement.

A record of attendance should be maintained for all private/paying patients seen in the Trust. All private/paying in, day and out patients should as far as possible be pre-booked on to the hospital information systems. Each department should ensure that all private/paying patients are recorded on PAS etc. within an agreed timescale, which should not extend beyond month end.

Staff should be aware that it is not permitted to carry out the following work within Trust time:-

- Any work associated with private patients Consultants private diary work;
- Correspondence associated with patients seen elsewhere.

4.1 Access to Healthcare team Responsibilities

The Access to Healthcare Manager is the designated officer within the Trust and is responsible for ensuring that the Trust recovers all income due to the Trust arising from the treatment of private / paying patients. The Access to Healthcare team must be **notified in advance** of all elective private patient admissions, day cases and outpatients when possible. The Access to Healthcare Team will identify the costs associated with the private patient stay and will forward a completed Paying Patient Form PP1 with the Undertaking to Pay form to the Finance Department who will arrange for invoices to be raised.

The Access to Health Care Team will:

- Instigate payment arrangements where payments are made in advance either in full or as a deposit to full value of treatment where applicable.
- Advise patients who have elected to be treated privately on the process, ensure that all the information required (including appropriate personal details), Undertaking to Pay Forms and payments, have been obtained where applicable.
- Advise self-paying patients of the costs and payment arrangements.
- Ensure patients with private health insurance sign a hospital claim form while in hospital and forward to the consultant for completion
- Assess a patient's entitlement to free NHS healthcare and advise on exemptions/ charges where applicable
- Liaise with coding department to have procedures fast track coded, where applicable to enable speedy pricing. Raise PP1/invoice requisition for hospital costs
- Ensure that adequate arrangements exist for clinicians, medical secretaries, nursing staff, and staff of clinical support departments, to identify all private

/paying patient activity so that all appropriate charges can be identified and recovered.

4.2 Medical/Other Responsibilities

All Consultants are required to declare quarterly to the Paying Patient/Access to Healthcare Office whether or not Category 2 services have been performed. Where services have been delivered Consultants should complete the return detailing services provided

The Medical Director should provide a copy of the Handbook - *Management of Private Practice in Health Service Hospitals in Northern Ireland: A Handbook (2007)* and a copy of this guide with all existing medical and dental staff involved in private practice and fee paying services.

5.0 KEY PRINCIPLES OF PRIVATE PRACTICE

The key principles from the Code of Conduct for Private Practice and the recommended standard of practice for NHS consultants as agreed between the BMA and the DHSSPS (Nov 2003).

- Consultants and the Trust should work in partnership to prevent any conflict of interest between private practice and Trust work. It is also important that consultants and the Trust minimise the risk of any perceived conflicts of interest.
- The provision of services for private patients should not prejudice the care of Trust patients or disrupt Trust services.
- With the exception of the need to provide emergency care, agreed Trust commitments must take precedence over private work.
- Trust facilities, staff and resources may only be used for private practice with the prior agreement of the Trust. Authority should be sought in the first instance from the Clinical Lead/Service Director in the Western Trust.

5.1 Approvals and Restrictions on Private Practice for Consultant Medical and Dental 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 detailed arrangements have been agreed in writing with the respective Clinical Lead in the Western Trust and then subsequently forwarded for final approval to the General Manager/Assistant Director responsible for the Western Trust facility. This must be agreed in the job plan. New consultants approved to undertake private work within the Trust's arrangements must make themselves known to the Access to Health Care Manager.

Locum Consultants

Locum consultants may not engage in Private Practice within the first three months of appointment and then not until their job plan has been agreed with the relevant clinical manager and subject to the agreement of the patient/insurer.

HPSS Joint Appointment Consultant Staff

All joint appointees are contracted to Queens University of Belfast or University Of Ulster and are accountable to the Western Health and Social Care Trust for the HSC component of their job. Accordingly the same restrictions 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 in this Trust.

Non Consultant Grade Medical Staff

Non-consultant medical staff practitioners such as Associate Specialist/Specialty Doctor/Specialty Doctors who do not have their own beds may treat private patients of a consultant on a private basis, but only

- a) By special arrangement with the Consultant concerned, the practitioner's supervising consultant and the private patient / insurer have agreed.
- b) Provided that the practitioner undertakes such work outside 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 within an NHS hospital 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 the salaries of nurses and all medical/dental staff other than consultants.

A consultant can treat another consultant's private patients on a private basis (outside contracted hours) and charge for his / her services where this is permitted under the consultants' Terms and Conditions of Service. Such arrangements have to be with the agreement of the clinical manager in that specialty, the consultant with primary responsibility for the patient and the private patient. Where no private agreement has been made then other consultants cannot charge for their services.

6.0 COMMUNICATION WITH NHS PATIENTS ABOUT PRIVATE TREATMENT

In the course of their Trust duties consultants should not initiate discussions about providing private services for Trust patients, nor must they ask other Trust staff to initiate such discussions on their behalf. Except where immediate care is justified on clinical grounds, consultants must not, in the course of their Trust duties, make arrangements to provide private services.

Consultants may discuss the option of private access to treatments that are not funded within the NHS. Consultants should exhaust all reasonable avenues for securing NHS funding [e.g. seeking HSC Board approval] before suggesting to a patient that the only option is to pay for care privately.

7.0 FEE PAYING SERVICES / MEDICO LEGAL

Fee Paying Services 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' (2004)

As a general principle, work undertaken during programmed activities will not attract additional fees. Consultants are entitled to the fees for work done in his or her own time, or during annual or unpaid leave. Any professional service that a consultant carries out for a third party or for the employing organisation which are not part of their contractual services must be declared to the Trust.

- Consultants must seek permission in writing from their **respective Clinical Lead in the Western Trust who is** responsible for the service area within the Western Trust facility.
- All Consultants must declare Private Practice at their annual job planning process. This should be included on the e-job planning system.
- All Consultants must declare Private Practice at their Annual Appraisal. This should include volumes and type of work to meet the GMC requirement of whole practice appraisal.
- All Consultants are required to declare quarterly to the Paying Patient/Access to Healthcare Office whether or not Category 2 services have been performed. Where services have been delivered Consultants should complete the return form detailing services provided for billing purposes. (see appendix 7)

7.1 Use of Trust Premises

Where a consultant uses Trust premises for fee paying services a charge will be levied to recover the full cost of providing these facilities, including staffing support where applicable. It is the responsibility of the consultant to ensure that the Trust is reimbursed for all costs incurred while facilitating fee paying services work.

7.2 X-ray fee paying services

A different arrangement is in place for x-ray fee paying services. Solicitors will be invoiced by BSO Shared Services Accounts Receivable following receipt of a completed PP3 form with input from Radiology Department and the Trust's Retained Income Department.

7.3 Notification of Category 2/Medico Legal Form – Audit Requirement

In order to comply with financial governance controls and to adhere to audit requirements, the Trust must verify that all income associated with Fee Paying services has been identified and collected. Accordingly, consultants are required to submit quarterly information (see section 7.0 above)

7.4 HM Customs and Revenue

The consultant is responsible to HM Revenue and Customs (HMRC) to declare for tax purposes all category 2/medico legal income earned. The Trust has no obligation in this respect. Any medico legal/category 2 work undertaken for consultants by medical secretaries must be completed outside of their normal NHS/HSC hours. Consultants should be aware of their duty to inform their secretaries that receipt of such income is subject to taxation and must be declared to the HMRC. It is recommended that consultants keep accurate records of income and payments.

8.0 ADMINISTRATION ARRANGEMENTS

8.1 Record keeping systems for Private Patients/ Fee Paying Patients.

The Trust has an ethical and legal obligation to protect the information entrusted to it by service users. All records, in whatever format, associated with the treatment of private patients should be maintained in the same way as for NHS patients and kept in accordance with the regional Good Management Good Records (GMGR) 2022 guidance. This includes all paper and electronic files, charts, and correspondence with General Practitioners. The added benefit associated with record keeping is that it assists in the collection of income from paying patients.

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

- PAS
- RIS – x-ray system
- Labs System
- Manual systems

The rule applies equally to **Private patients and to NHS patients encompassing Inpatients, Day-patients and Outpatients.**

8.2 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. All departments are responsible for ensuring that all relevant information is captured on PAS and 'booking-in' procedures are followed. Staff should ensure that all non NHS patients are properly recorded, ensuring the appropriate contract id is assigned and that undertaking to pay form is completed for all paying patients.

8.3 Walk Ins

A private patient who appears at a clinic and has no record on PAS should be recorded as a private patient with the correct status (PP) and the correct contract id (PPO9) for the Northern Sector and (PP03) for the Southern Sector.

8.4 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 (See Glossary).

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

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 who then becomes an NHS patient joins the waiting list at the same point as if his/her consultation had taken place as an NHS patient.

Inpatient transfer

A private inpatient has a similar legal entitlement to change 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/she remains liable to charges for the period during which he/she 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 (see Appendix 6)

A 'Change of status' Form (PP4) should be completed by the consultant and the following process should be followed:

8.5 Process for Recording of Change of Status

Inpatients / Day Cases (including Waiting Lists)

- a. If a Consultant who is employed by the Trust wishes to review a patient at a NHS Trust clinic after seeing them privately, he must complete the PP4 form attached to change status from private to NHS. The Consultant's secretary will input the patient on to PAS identifying the patient as PHS which shows

that this patient has moved from private to NHS and the secretary will add the patient to the waiting list based on clinical instruction.

- b. If a Consultant who is not employed in the Trust refers a patient to a NHS Trust clinic after seeing them privately, no PP4 form will be available. It is important that their status is recorded as PHS to show that this patient has moved from private to NHS and the secretary will add the patient to the waiting list based on clinical instruction from the referral letter.
- c. The secretary will send the PP4 form if applicable to the Patient Access Team, who will ensure the PP4 forms are validated and that the PHS code has been used. If the PHS code is not used, the Patient Access Team will flag back to secretary who will take forward the completion of the PP4 form with the consultant.

Outpatients (including Waiting Lists)

- a. If a Consultant who is employed by the Trust wishes to review a patient at a NHS Trust clinic after seeing them privately, he must complete the PP4 form attached to change status from private to NHS.
- b. If a Consultant who is not employed by the Trust refers a patient to a NHS Trust outpatient clinic after seeing them privately, no PP4 form will be available. However, it is important that the NHS referral is highlighted to the Patient Access team to ensure the correct recording on PAS. No changes should be made on PAS, instead, the Consultant's secretary will send the PP4 form if applicable to the Patient Access Team, who will pass it to the partial booking staff to then update PAS identifying the patient as PTN which shows that this patient has moved from private to NHS and they will add the patient to the Out-Patient waiting list based on clinical instruction.
- c. No changes should be made on PAS, instead, if the Consultant's secretary receives the PP4 form it should be forwarded to the Patient Access Team, who will pass it to the partial booking staff to update PAS identifying the patient as PTN. This shows that this patient has moved from private to NHS and the Partial booking staff will add the patient to the Out-Patient waiting list based on clinical instruction.

9.0 NON –UK PATIENTS AND VISITORS TO NORTHERN IRELAND

The Health Service is primarily for the benefit of people who live in Northern Ireland and who are deemed to be ordinarily resident. Non UK and Irish citizens wishing to live and work in the UK must have an immigration status to avail of NHS treatment. They must either present evidence of Biometric Residency Permit (BRP) and have paid the Immigration health surcharge, or have applied to the EU Settlement Scheme (EUSS), or provide proof of Asylum status, or provide an Application Registration Card (ARC) if available.

Non British or Irish nationals who are frontiers worker also known as Cross Border Workers (CBW's) must provide a Frontier Workers Permit (FWP). Some visitors may be entitled to receive a limited amount of free treatment.

9.1 Visitors within the UK

Visitors who are resident in other parts of the UK will not be charged in respect of any services forming part of Northern Ireland health services for treatment which arose during a visit to Northern Ireland. This means UK temporary or visiting patients will receive free emergency healthcare when visiting Northern Ireland, but cannot come to Northern Ireland for the sole purpose of elective treatment unless approval has been granted from their health authority.

9.2 Visitors to Northern Ireland from EU, EEA and Swiss Nationals

Visitors from some of the EU, EEA and Swiss nationals may be entitled to access emergency treatment for up to a period of 6 months on presentation of a valid GHIC/EHIC or PRC so that some of the costs can be recovered by the Trust.

9.3 Visitors from - Non EEA/ Overseas Visitors

The UK has reciprocal healthcare agreements with some Non-EU countries. Generally only immediately necessary medical treatment is provided free of charge, to allow the visitor to return home for other needs.

Non EEA/ overseas visitors from a country where there is no reciprocal agreement, for example America, Canada, China, Brazil must pay for their hospital treatment following an accident and emergency attendance once admitted as an inpatient, or for follow up reviews or outpatient attendances. These patients tend to have holiday insurance, unless they fall under an exemption under Personal Social Services (Provision of Health Services to Persons Not Ordinarily Resident Regulations Northern Ireland 2015). It is imperative that the Access to Healthcare team is alerted to ensure patients are correctly assessed so that an Undertaking To Pay form and payment arrangements are discussed with the patient. The patient will be encouraged to pay on discharge from hospital. Alternatively an invoice will be issued to their home address.

9.4 Patients who reside outside Northern Ireland

The Access to Healthcare team must be advised by consultants of all planned admissions of patients who reside outside the UK and assurance must be provided that a funding source has been established. An undertaking to pay form must be completed by all elective paying patients. A payment of guarantee from insurance company will be acceptable in certain circumstances. Payment will be expected before treatment begins, preferably on the day of admission or earlier. Exceptions include a patient who has private medical insurance. In these cases the Trust can bill directly.

If a patient is referred to a consultant using a Northern Ireland address, however during a course of treatment it is subsequently discovered that the patient resides in the Republic of Ireland or any other non UK country and is not a cross

border worker/frontier worker, the consultant must notify the Access to Healthcare team. The team will contact the patient to assess their entitlement to free healthcare and advise the patient of charges where applicable.

9.5 Cross Border Workers (CBW)/Frontier Workers (FW)

Non British or Irish nationals who are frontiers worker also known as (CBW's) must provide a Frontier Workers Permit (FWP)

CBW's family members are not entitled to the full range of HSC services free of charge. CBW's after 1st January 2021 are not entitled to continuing NHS treatment after retirement.

If a patient is referred by a Republic of Ireland GP and is not a cross border worker he/she must pay for their treatment, unless agreement is made by Health Service Executive (HSE) to fund the treatment. The Access to healthcare department will provide further advice if required.

10.0 FINANCIAL ARRANGEMENTS

10.1 Private Patients/Paying Patients

Charges to patients

Patients who are private to a consultant and are admitted to the hospital, or seen as outpatient, charges will be applied by the Trust. The Health and Medicines Act 1988 allows Trusts to set their own charges on a commercial basis. A full list of charges are available from the Access to Health Care Team on request. Prices are set and increased regularly to ensure that all costs are covered. Consultant's professional fees are separate.

Paying Patient

A paying patient may be private to the hospital, but **will not** have to pay a fee to the Consultant separately. A Non UK price tariff will apply and is inclusive of Consultant's fees, which are payable to the Trust. In these circumstances the consultant will not receive additional fees.

10.2 Uninsured patients - Deposits

The Trust should seek a deposit equivalent to the full estimated charge where a private patient has no insurance and consultants should advise patients that this is the case. The patient should be advised to contact the Access to Healthcare team regarding amounts etc.

10.3 Insured - Patients

The Access to Healthcare team arranges for invoices to be raised direct to the insurance company, where relevant, in accordance with the agreements with the various insurers.

10.4 Overseas Patients

If a patient is coming from overseas for a procedure 100% payment should be paid for on or before admission.

10.5 Fee Paying Services/Medico legal/Category 2 Charges/ X-rays

Charges apply where a patient's solicitor makes referral to a consultant in support of a compensation claim. The Finance Department will reimburse the appropriate fee to the consultant following receipt of payment. A PP3 form (Appendix 5) is completed by the consultant and forwarded to the Finance Department who will arrange for the invoice to be raised to the solicitor accordingly where payment has not been made in advance or in full.

10.6 Fee Paying Services Charges for use of facilities

Where the Trust has agreed that a consultant may use Trust facilities for the provision of private/ fee paying services, the Trust will make charges for the use of its services, accommodation or facilities. The Consultant should adopt one or more of the following:

- Quarterly declare the number of fee paying service patients by completing the Notification of Fee Paying Services Form (see appendix 7) and forward to the Access to Healthcare Office. The Trust will bill consultants based on this information.
- Complete the Notification of Fee Paying Services and forward to the cash offices at Altnagelvin, Omagh or South West Acute Hospital with the payment.

This will be reviewed on an annual basis to ensure fees are appropriate and a report will be forwarded to the Medical Director.

10.7 Billing and Payment

The Access to Healthcare team co-ordinates the collation of financial information relating to patients' treatment, including the PP1 form and ensures that uninsured patients pay deposits while in hospital to ensure that accurate information is available to raise invoices.

Information should be sent to retained income department on a timely basis. The Income Department staff will aim to process and raise all invoices on a timely basis and will pursue outstanding debts. Income department staff will provide the Access to Health Care Manager with information on debts on an ongoing basis in the event that the patient will re-attend. In the case of private patients the Consultant will be informed of any outstanding debts/invoices.

10.8 Tariffs

The Trust tariffs cover the cost for admission, consumables, procedure/attendance, administration charges, facility and nursing costs, which vary depending on where the procedure/attendance took place (i.e. main theatres, day-case unit, or outpatient consulting room). Procedures and all diagnostics are included in the procedure cost. Length of stay and appropriate specialty is billed per night. Outpatient attendances charges vary per specialty with rates chargeable for consultation only and consultation including diagnostics. It is the consultant's responsibility to advise on all diagnostics procedures/tests undertaken in relation to any private/paying patient.

Private patients will be charged separately for all consultant/professional fees. The Trust will bill for hospital charges only.

Revised price lists will be issued to the Access to Healthcare team and the Finance Income Department annually with price changes being effective from 1 July each year.

11. IMPLEMENTATION

This guidance should be disseminated by the Medical Director who will provide a copy of the Handbook - *Management of Private Practice in Health Service Hospitals in Northern Ireland: A Handbook (2007)* and a copy of this document to all existing medical and dental staff involved in private practice and fee paying services.

12. CONTACT DETAILS

Access to Health Care Team, Private/Paying Patients
Northwing - Altnagelvin Hospital
Tel: (028) 71 34 5171 ext: 213052/214436/214959

Southwest Acute Hospital
124 Irvinestown Road
Enniskillen
BT74 6 DN - External (028) 66 382520 ext 255502/255501

Glossary of Terms

Access to Healthcare Team Also known as Paying Patient Team – Key contact for all paying/private queries

Consultant episode/treatment A period of continuous admitted patient treatment under the care of the consultant beginning on the date of admission to a hospital, and ending on the date of discharge from that hospital. If, during a spell/episode of treatment, a patient is transferred from one consultant to another, a new consultant's episode commences.

Cross Border Worker A Non-UK person whose permanent address is outside the United Kingdom but within the European Union, who is in employment paying taxes in the UK.

Fee Paying Services/ Medico Legal/Cat 2

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 of the Consultant Contract.

Medical examinations, x-rays, reports carried out by consultant on behalf of a solicitor. Medical examinations for insurance purposes See list of fee paying services in schedule 10

Forms

Undertaking to Pay Form

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 paying status.

PP1

PP1 is used to inform invoicing, contains details of appointments, treatment, diagnostic, x-rays, coding

admission, discharge dates and hospital cost for treatment

PP3 PP3 is used for Medico Legal & Category 2 referrals. It obtains information on patient, solicitor, radiologist, type of x-ray and cost

PP4 PP4 notification of patient referred to hospital as a NHS patient following consultation as a private patient at the consultants home/private consulting rooms. (New electronic form to be used)

Notification of fee Paying services A form that Consultant must complete to declare medico legal/ fee paying services and forward to the access to healthcare department.

Standard Costing Template Used to cost a new procedure – to be completed by medical personnel (nurse or consultant) and will be required by the costing staff in order to provide a price for the treatment.

Job Plan A work programme, which shows the time and place of the consultant's weekly fixed commitments and will cover the provision of fee-paying services within the Trust.

Non UK Patients A Non-UK patient is a person whose permanent address is outside the United Kingdom.

Overseas Visitor A person that comes from a country where there is no reciprocal agreement. Refer to overseas visitor policy

Paying Patient A patient who pays a private fee to hospital, which included hospital and consultants costs, but is not actually private to the consultant therefore the consultant will not attract additional fees

Private Practice Private Practice is defined for consultants and other hospital doctors in the Terms and Conditions of Hospital Medical and Dental staff as “the diagnosis or treatment of patients by private arrangement”.

Private Patient A patient who formally undertakes to pay charges for healthcare services regardless of whether they self-pay or are covered by insurance.

A private patient is defined in the NHS Act as a patient who gives (or for whom is given) an undertaking to pay charges for accommodation and services. This also includes parents of children who have signing authority for their children. Patients not ordinarily resident in Northern Ireland are automatically designed private patients for non emergency care under Provision of Health Services to Persons not Ordinarily Resident Regulations (Northern Ireland) 2015 as amended

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 of the consultants contract

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).

Treatment Episode

See Consultant’s episode above

Specific examples of Fee Paying Services (Schedule 10 of Terms and Conditions of the Consultant Contract)

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;
 - m. 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
 - n. 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;
 - o. Services performed by members of hospital medical staffs for government departments as members of medical boards;
 - p. 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);
 - q. Completion of Form B (Certificate of Medical Attendant) and Form C (Confirmatory Medical Certificate) of the cremation certificates;
 - r. 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;
 - s. 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;
 - t. Work as a medical referee (or deputy) to a cremation authority and signing confirmatory cremation certificates;
 - u. Medical examination in relation to staff health schemes of local authorities and fire and police authorities;
 - v. Delivering lectures;

- w. Medical advice in a specialised field of communicable disease control;
- x. Attendance as a witness in court;
- y. Medical examinations and reports for commercial purposes, e.g. certificates of hygiene on goods to be exported or reports for insurance companies;
- z. Advice to organisations on matters on which the consultant is acknowledged to be an expert.

Appendix 3 PP1

**WESTERN HEALTH & SOCIAL CARE TRUST
ALTNAGELVIN / SWAH / OMAGH HOSPITALS ***

51251

PAYING PATIENT FORM

Please indicate Private / Non UK Resident

Title _____ Name _____
Address _____
Postcode _____
Tel No. _____
DOB _____

Hospital No. _____

Tick as appropriate :

Inpatient	<input type="checkbox"/>
Day Case	<input type="checkbox"/>
Ward Attender	<input type="checkbox"/>
Outpatient	<input type="checkbox"/>

SPECIALITY SERVICES REQUIRED

	Ward		Ward
Gen Medicine	<input type="checkbox"/>	Gen Surgery	<input type="checkbox"/>
Ophthalmology	<input type="checkbox"/>	E.N.T.	<input type="checkbox"/>
Orthopaedics	<input type="checkbox"/>	Oral Surgery	<input type="checkbox"/>
Dermatology	<input type="checkbox"/>	Clinical Haem	<input type="checkbox"/>
Gynaecology	<input type="checkbox"/>	Obstetrics	<input type="checkbox"/>
Paediatrics	<input type="checkbox"/>	Physio / OT	<input type="checkbox"/>

Procedures carried out:

OPCS Code

- _____
- _____
- _____

DIAGNOSTIC & THERAPEUTIC SERVICES REQUIRED

Haematology	<input type="checkbox"/>	Histopathology	<input type="checkbox"/>
Microbiology	<input type="checkbox"/>	Cytopathology	<input type="checkbox"/>
Biochemistry	<input type="checkbox"/>	Radiology	<input type="checkbox"/>
E.C.G.	<input type="checkbox"/>	Audiology	<input type="checkbox"/>
Others	<input type="checkbox"/>		

Tests carried out:

- _____
- _____
- _____

INDICATE IF OUT PATIENT ATTENDANCE ONLY

Admission Date : _____

Discharge Date : _____

Name of Private Scheme : _____

Scheme No. : _____

Signed : _____ (Paying Patients Officer)

Date : _____

Any Other Comments _____

LPC 10/96/173

FOR OFFICIAL USE ONLY

Procedure / Test / Session	Price
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL £ _____	
Cash Office _____	
Signed	_____
Date	_____

FOR CONSULTANTS USE ONLY

An undertaking to pay has been signed
YES / NO

If this patient is known to you to be a
Non UK Resident you are treating Him/Her
in a Private Capacity
YES / NO

Signed _____
Consultant
Date : _____

WHITE COPY TO PAYING PATIENT OFFICER FOR ONWARD TRANSMISSION TO INCOME DEPARTMENT

* Delete as necessary



Appendix 4 UTP

**WESTERN HEALTH & SOCIAL CARE TRUST
UNDERTAKING TO PAY FORM FOR FEE PAYING PATIENTS**

Top Copy - Billing
2nd Copy - Patient
3rd Copy - PPO

Hospital No: _____

UTP 10501

Patient Category

IP
DC
OP
WA
NUC/NUP
NUN
PP
OSC
OSN
HSE
OTHER

Title _____ Full Name _____
 Home _____ Billing/ _____
 Address _____ Current _____
 _____ Address _____
 Postcode _____ Postcode _____
 Tel No. _____ DOB _____
 Country of Origin _____ Email _____
 Social Security No. _____ Passport _____

Altnagelvin Omagh South West Acute

The Estimated cost for treatments are

- £ Per Night £ Out Patient
- £ Theatre Cost £ Accident & Emergency
- £ Other Cost

These costs may change due to outcome of treatment.

INSURANCE DETAILS

Name of Insurance co: _____

Policy/Membership Number: _____

Authorisation Code: _____

Self – Payer YES/NO

If you are a self-funding/non UK patient you are required to pay a deposit equivalent to 100% of estimated cost before your treatment takes place.

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

I undertake to pay Western Trust in respect of accommodation and services provided to me as a private patient. The charges which I pay to the Western Trust will, unless otherwise stated, be based on a length of stay, theatre charges, other diagnostic tests and treatments as they occur, outpatient and chargeable accident and emergency attendances. I understand that such charges relate to only hospital costs and do / 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).

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

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 will be obliged to bring this to the attention of other agencies such as Counter Fraud and the Home Office.

I understand I am being treated as a fee paying patient in the WHSCT and agree to the terms above

(Signed): _____ (Witnessed): _____

(Printed Name): _____ (Printed Name): _____

(Date): _____ (Date): _____

**** OVERSEAS VISITORS** failure to pay a charge for health service treatment will result in the Trust forwarding the outstanding invoice to the Home Office and may result in the individual being refused permission to re-enter the country until all outstanding debt is paid.**

WHSCT STAFF – I CONFIRM I HAVE EXPLAINED POSSIBLE CHARGES TO THE ABOVE _____ (Signed /Date)

LPC 10/96/012

WESTERN HEALTH & SOCIAL CARE TRUST

Altnagelvin Hospital

Omagh Hospital Complex

Southwest Acute Hospital

Department of Medical Imaging

Medical –Legal & Category 2 Referrals

Patient Details

Attach Label

Details of Solicitor or other source for invoicing purposes.

Name _____

Address _____

Reference No. _____

Consultant Radiologist _____

Examination Details _____

Date of Examination _____

Category of Examination & fee to be charged

A	B	C	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

£85

£216

£319

£622 * 2023 rates subject to change

If account paid – Receipt No. _____

Send to _____

Radiologist signature _____

PP4 Appendix 6

**NOTIFICATION FOR THE TRANSFER OF PRIVATE PATIENT TO NHS STATUS
(PP4)**

**I have seen this person as a private patient and now wish to refer them into the Trust as an NHS patient. The last private consultation was (Date)
The patient has now been referred to hospital as a NHS patient *In/Out/Day case**

Name of Patient:
Address Post Code
Date of Birth
H&C Number:
Name of Consultant Please Print
Date of Last Private Consultation

Please state reason for transfer _____

I will not be reviewing this patient again as a private patient, or following up on any further tests or treatment.

Referred To	Self <input checked="" type="checkbox"/>	Other Consultant <input checked="" type="checkbox"/>	Please state
Referred to Waiting list	Inpatient <input checked="" type="checkbox"/>	Outpatient <input checked="" type="checkbox"/>	Day Case <input checked="" type="checkbox"/>
Speciality Referred to			
Clinical Priority	Urgent (RF) <input checked="" type="checkbox"/>	Urgent <input checked="" type="checkbox"/>	Routine <input checked="" type="checkbox"/>

Consultants are reminded that in good practice a patient who changes from private to NHS status should receive subsequent treatment during that episode of care under the NHS as outlined in the Code of Conduct for Private Practice.

Effective date of Transfer	Date
Consultant Signature /email address Date	Date
Received by Patient Access Department	Date



Notification of Fee Paying Services – Medico/legal Category II (FORM)

Appendix 7

Consultants Name

Specialty

Quarterly period of claim

Date	Hospital Attended	Patients initials	Room only Y/N	Test Y/N	Describe Tests	Nursing	Other

I agree to pay the Trust the cost for room usage and any other associated costs for undertaking medico legal/category for the patient attendances identified above:

Consultant’s signature

Date

Please email completed form to Access.Healthcare@westerntrust.hscni.net or send to the cash office with payment