



EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

THIS IS A PUBLIC DOCUMENT

Title of Guide		
Private Practice, Paying Patients and Fee Paying Services Guide For Staff		
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Short Description of Guide		
This guide standardises 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.		
Final Recommendations: (please tick as appropriate)		
1.	GREEN: No equality issues/impact: no further action	X
2.	AMBER: Minor equality issues/impact: actions identified	
3.	RED: Major equality issues/impact: full EQIA recommended	
<p>Please send draft completed form for quality assurance to equality.admin@westerntrust.hscni.net For further information on quality assurance see page 3, section 3.</p>		
Final Approval Date:		

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1 Title of policy or proposal

Private Practice, Paying Patients and Fee Paying Services: Guide for Staff

1.2 Description of policy or proposal

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.

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).

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

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

- Patients wishing to access Private treatment within the Western Health & Social Care Trust
- Visitors to Northern Ireland from EU, EEA and Swiss Nationals
- Visitors from Non EEA/Overseas Visitors
- Patients who reside outside Northern Ireland
- Cross Border Frontier Workers
- Trust Paying Patient/Access to Health Care staff.
- Consultants wishing to carry out private work
- All staff involved internally e.g, admin staff to ensure the patients are recorded using the correct status and contract id etc.

1.4 Other policies or decisions with a bearing on this policy or proposal

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).

Health and Social Protection (Northern Ireland) Order 1972

Provision of Health Services to Persons not Ordinarily Resident (Northern Ireland) regulations 2015

Trade and Co-operation Agreement Between the European Union and the United Kingdom - The Withdrawal Agreement 2020

Circular PCCD 01/2012 Changes in Immigration law Nov 2011 & Arrangements for handling of outstanding debtors in Northern Ireland in co-operation with the Home Office.

Circular PCCD 01/2010 Health Service Entitlement for Cross Border Workers & those with Humanitarian Protection or Refugee Status

Making Communication Accessible for All – A Guide for Health & Social Care (HSC) Staff
WHST Communication Support Guidelines

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

2.1.1 What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

Workshops were led by the Assistant Director of Finance on the 30th November 2022 and 1st March 2023. Attendees were staff from Senior Management team in Medical Directorate, Human Resources staff, Consultants, Partial Booking staff. The aim of the workshop was to address the recommendations on the internal audit report on the Management of Private Practice. One of the recommendations was in particular to bring the Management of Private Practice and Fee Paying Services document up to date.

Further discussions with Senior Management Team in Medical Directorate, Senior HR staff and Partial Booking in March, April, May and June of 2023.

Assistant Director of Finance held discussion in April, June and July of 2023

A New Section 9 has been developed to reflect changes as a result of UK exit from the European Union

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. However, 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.

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.

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.

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, e.g. 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 usually 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 important that the Access to Healthcare team is alerted to ensure patients are correctly assessed and an undertaking to pay form and payment arrangements are discussed with patient. The Patient will be encouraged to pay on discharge from hospital or an invoice will be issued to their home address.

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 funding source established. An undertaking to pay form must be completed by all elective paying patients, or a payment of guarantee from insurance company will be acceptable when appropriate. Payment will be expected before treatment begins, if possible, on the day of admission or earlier, with the exception of a patient who has private medical insurance, the Trust can bill directly in some cases.

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/frontier 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 (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.

Private Practice, Paying Patients and Fee Paying Services: Procedure for Staff - 13 June 2013

Private Practice, Paying Patients and Fee Paying Services: Procedure for Staff - 18 October 2022

2.1.2 How did you involve people?

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

Consultation and Engagement Statement: In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

The Access to Healthcare Manager and the Access to Healthcare Team have reviewed this document to ensure that the new narrative is line with operational changes as a result of BREXIT. In addition, operational changes have been discussed and agreed at regional meetings with input from DHSSPS policy unit, DoH, BSO, other Access to Healthcare teams within Trusts throughout Northern Ireland.

Patients who attend hospital with no health and care number or no Northern Ireland GP are asked to complete a questionnaire to assess their entitlement to free NHS care. This process is to determine whether the patient is a visitor to Northern Ireland from Non EEA/Overseas Visitors and may fall into an exemption or may have to pay for their treatment section 9 covers this in more detail.

This document is primarily about private patients 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. It has been consulted with the Medical Directorate and shared with consultants undertaking private work.

2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

SECTION 75 GROUP	Service Users, etc. 2011 Census Data unless otherwise stated	Workforce Planning Information Staff as of 23 August 2023
GENDER	Female	11351
	Male	2900
	TOTAL	14251
RELIGION	Protestant	3048
	Roman Catholic	7736
	Not Determined/Not Known	3467
	TOTAL	14251
POLITICAL OPINION		Access to Healthcare Assistant (Altnagelvin Hospital)
	Broadly Unionist	824
		Access to Healthcare Assistant (Altnagelvin Hospital)

		Hospital)
	Broadly Nationalist	1747
	Other	1362
	Do not wish to answer/not known	10318
	TOTAL	14251
AGE	16-24	852
	25-34	3040
	35-44	3639
	45-54	3456
	55-64	2694
	65+	570
MARITAL STATUS	TOTAL	14251
	Married	7682
	Single	5184
	Other	1385
DEPENDANT STATUS	TOTAL	14251
	Yes	2794
	No	3344
	Not Known	8113
DISABILITY	TOTAL	14251
	Yes	326
	No	7667
	Not Known	6258
ETHNICITY	Bangladeshi	3
	Black African	14
	Black Caribbean	2
	Black Other	1
	Chinese	6
	Filipino	37
	Indian	116
	Irish Traveller	3
	Mixed Ethnic Group	15
	Not assigned	4343
	Other	64
	Pakistani	21
	White	9626
TOTAL	14251	
SEXUAL ORIENTATION ATTRACTED TO	Opposite sex	7040
	Same sex	136
	Same and Opposite sex	38
	Do not wish to answer/not known	7037
	TOTAL	14251

2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	Needs and Experiences	
Equality Group	Service Users, etc.	Staff
Gender	Gender question does not account for any person who identifies as something other than male or female.	None identified
Age	If you are under 16 years old you should ask your parent or guardian to complete and sign the form on your behalf. The person who has caring responsibilities may have to provide proof of relationship along with documents in their own name to satisfy the residing and settle purpose aspects of the form.	None identified
Religion	None identified	None identified
Political Opinion	None identified	None identified
Marital Status	If someone is recently married they may not have a lawfulness document in their new name. Some married people may be less likely to have the supporting documentation requested in their own name.	None identified
Dependent Status	If someone has caring responsibilities for a person who wants to access treatment in a Trust, they may need to assist them to complete the form and provide their lawfulness document. Patients who are older may have difficulties completing or understanding the Secondary Care Patient Questionnaire especially if they have a medical condition affecting their cognitive ability. E.g. dementia The person who has caring responsibilities may have to provide proof of relationship along with documents in their own name to satisfy the residing and settle purpose aspects of the form.	None identified

<p>Disability</p>	<p>Learning disability / Mental Health – may have difficulty understanding and completing the form. May need help from a carer or family member in order to access Trust Services. May not have lawfulness document available to provide. If a patient is not capable of completing form the Trust will consider accepting lesser documents from people who have learning disabilities / mental health issues and, with permission from the patient, will accept confirmation from a social worker etc. as proof of lawfulness.</p> <p>Sensory impairment – people with a visual impairment may have difficulty reading the correspondence and determining what action(s) they are required to take. If there is a requirement for the documents to be provided in an alternative format such as braille or large print the Access to Healthcare team can provide this on request. People with a hearing impairment may be disadvantaged as they may have difficulty contacting the Trust by phone with any queries they have. The WHSCT has a Service level agreement with “Hands that Talk” for the provision of face to face sign language interpreting. In addition a Regional Remote Interpreting Service was introduced within HSC in Northern Ireland: Sign Video. These services will be provided to all visitors/non-residents. If the visitor/non-resident has not met an exemption for free NHS treatment, no other additions or inclusions (e.g. translation services, administrative costs) will be made to the charge.</p> <p>Physical disability – may find it difficult returning questionnaire within set deadlines if they need assistance leaving their home e.g. if they have mobility issues. Questionnaire and Booklet will be available electronically, extension of deadlines will be granted for the return of questionnaire.</p>	<p>Alternative communication formats of these documents can be made available on request for staff who have a disability. The Trust’s Occupational Health department can provide support with adaptations.</p>
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Ethnicity	If the service user does not have English as a first language and is unable to read and understand the documents the Access to Healthcare team can provide these translated documents upon request. The Trust can also provide face to face interpreters to support with the access to healthcare process.	Document will be available in alternative languages on request.
Sexual Orientation	None identified	None identified
Other Issues: e.g. Rurality	People in a rural community may have difficulty accessing the E-Form and Supporting Booklet. The Access to healthcare staff can provide hardcopies via the postal service. People in a rural community may have difficulty returning questionnaire within set deadlines due to rural location. The Access to healthcare staff will provide return time extensions to accommodate postal service and rurality.	None identified

2.4 Multiple Identities:

When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

Patients who are unmarried but dependent on a partner may find it more difficult to provide proof of relationship with that person.

2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
Gender	The Trust will use pronouns or preferred title for patients who do not identify as male or female but wish to disclose their gender.
Age	Forms for under 16's can be completed by parent or guardian of the patient. Documents can be provided in parent or guardians name along with proof of relationship. Older patients - We allow carers to provide updates or discuss case with permission of patient. We allow power of attorney documents to be used. We speak to the patients Social Worker.
Marital Status	If a person has changed their name through marriage since their lawfulness document was issued they can provide their lawfulness document in their previous name along with their marriage certificate.

	<p>If a person is unmarried but dependent on their partner for income we will accept documentation in both names e.g. joint bills/bank accounts etc.</p>
Dependent Status	<p>If a person has a dependent who wishes to access Trust Services they may need help understanding what information / documentation they need to provide for this person. Contact information provided for Trust on form, to provide advice.</p> <p>Older people -The Trust will ask patients permission to speak with carer or other representative. We allow carers to provide updates or discuss case with permission of patient. We allow power of attorney documents to be used. We speak to the patients Social Worker.</p>
Disability	<p>Learning disability/mental health – If a service user is not capable of completing form the Trust will consider accepting lesser documents from people who have learning disabilities / mental health issues and, with permission from the patient, will accept confirmation from a social worker etc. as proof of lawfulness.</p> <p>Sensory Impairment – If there is a requirement for the documents to be provided in an alternative format such as braille or large print the Access to Healthcare team can provide this on request. There is an induction loop system in place in various locations around the hospital sites and also in the Access to healthcare department in the South West Acute Hospital for people with a hearing impairment. The WHSCT has a Service level agreement with “Hands that Talk” for the provision of face to face sign language interpreting. In addition a Regional Remote Interpreting Service was introduced within HSC in Northern Ireland: Sign Video.</p> <p>Alternative communication formats of these documents can be made available on request for staff.</p> <p>Physical Disability – Questionnaire and Booklet will be available electronically, extension of deadlines will be granted for the return of questionnaire.</p> <p>These services will be provided to all visitors/non-residents. If the visitor/non-resident has not met an exemption for free NHS treatment, no other additions or inclusions (e.g. translation services, administrative costs) will be made to the charge.</p> <p>Alternative communication formats of these documents can be made available on request for staff who have a disability. The Trust’s Occupational Health department can provide support with adaptations.</p>
Ethnicity	<p>If there is a requirement for the documents in an alternative language format the Access to Healthcare Team can provide this on request. The use of face to face translators can also be offered. Through the screening process support networks have been established with advocacy groups who are available to service users and staff to provide support in establishing an individual’s lawfulness and immigration status. In addition on the Supporting Documents Guide the line “This document can be made available in minority ethnic languages, on request, to meet the needs of those not fluent in English” has also been added in 13 alternative languages.</p>

Other Issues: e.g. Rurality	E-forms and Booklet will be available online. Manual forms will be offered. Additional time will be granted if there are postal issues.
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2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	None identified	
Political Opinion	None identified	
Ethnicity	None identified	

(3) CONSIDERATION OF DISABILITY DUTIES

How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

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(4) CONSIDERATION OF HUMAN RIGHTS

**4.1 Does the policy or proposal adversely affect anyone's Human Rights?
Complete for each of the Articles.**

Article	Positive Impact	Negative Impact - human right interfered with or restricted	Neutral Impact
Article 2 – Right to life			√
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			√
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			√
Article 5 – Right to liberty & security of person			√
Article 6 – Right to a fair & public trial within a reasonable time			√
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			√
Article 8 – Right to respect for private & family life, home and correspondence.		√	
Article 9 – Right to freedom of thought, conscience & religion			√
Article 10 – Right to freedom of expression			√
Article 11 – Right to freedom of assembly & association			√
Article 12 – Right to marry & found a family			√
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			√
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√
1 st protocol Article 2 – Right of access to education			√

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.

4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?*
Article 8	The Trust acknowledges that Article 8 may be affected as we are asking a patient for personal documents	The Access to Healthcare Team allow sensitive data to be redacted and give people options on documentation that they can provide. A digital record is kept of all individual assessments and outcomes. These documents have been designed as part of a Regional E-Form working group and as such have been through all relevant governance and legal services.	No

****It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.***

4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.

(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

How would you categorise the impacts of this proposal or policy? (Refer to Guidance Notes for guidance on impact)

Please tick:

GREEN: No impact	<input checked="" type="checkbox"/>
AMBER: Minor impact	<input type="checkbox"/>
RED: Major impact	<input type="checkbox"/>

Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?

Please tick:

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Please give reasons for your decision. (See Guidance Notes, page 28, for sample paragraph).

This document is to provide guidance to Consultants and Staff with regards to private patients who elect to come to the WHSCT for treatment, Paying patients, overseas visitors who pay for their treatment or, that may not be entitled to free NHS treatment and require an assessment using a questionnaire managed by the access to healthcare department. Following the assessment the patient may be required to pay for their treatment. The questionnaire/ form is a tool used to gather information on people wishing to access health services in Northern Ireland. The form has been amended in line with the current regulations and changes as a result of Brexit. Measures have been taken to ensure that no group is impacted in relation to their equality of opportunity.

The Access to Healthcare assessment requires information gathering to determine a person's entitlement to access healthcare in Northern Ireland. This information may be considered personal or sensitive but is necessary to determine if a person's residence is lawful, voluntary, and for a settled purpose as part of the regular order of their life. Information may be redacted but sufficient information must be obtained to satisfy the assessment.

The document will be communicated via Trust Communication and will be available on the intranet. It will go to the Medical Director for distribution to Consultants.

➤ **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to **MUST** include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

(6) EQUALITY AND HUMAN RIGHTS MONITORING

What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?

A digital record is kept of all individual assessments and outcomes. This document will be subject to internal audit. This document has been amended to reflect specific audit recommendations and will continue to do so going forward. .

Any complaints or issues have been addressed/ recorded according to the Trust's protocol on complaints/compliments.

Approved Lead Officer: Michelle Doherty

Position: Project Manager, Finance Dept

Policy/Proposal Screened By: Michelle Doherty

Date: 10/08/2023

Quality Assurance: Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: equality.admin@westerntrust.hscni.net. **Quality Assurance can take up to three weeks.**

Directorate SMT Approval: The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

Quarterly Equality Screening Reports: When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.