

Private healthcare policy

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1	01/03/2018	<ul style="list-style-type: none"> - To provide clear process for accurately record and charge private patient activity. - To provide definition to help differentiate a private patient from an amenity or overseas visitor. - To provide a guide on how private patients flow through the organisation and who has what responsibility to ensure accurate timely invoicing whilst linking the patient into the Trust's governance structure. 	
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1. INTRODUCTION

This policy describes the framework in place to administer and account for patients undertaking to pay for hospital treatment at Harrogate and District NHS Foundation Trust, hereafter referred to as “The Trust”.

This policy is supported by the NHS Act 2006 and the Department of Health (DoH) guidelines; A Code of Conduct for Private Practice (2004) and Guidance on NHS patients who wish to pay for additional private care (2009).

The Private Patient services are embedded as part of The Trust’s procedural documents.

Investments in facilities to provide private patient services is done so using justified business cases, and the unit operates to achieve a surplus for the NHS service and is therefore not subsidised.

At all times the treatment of patients will be prioritised by patient safety and need. A patient’s ability to pay for care must not result in detrimental care for another patient.

1.1 Purpose

The aims and objectives of the policy are to ensure that:

- All Private Patients receiving treatment at The Trust are identified
- All Private Patient activity is charged in accordance with clinical treatment packages and current contracts with insurance providers
- There are provisions for changing the status of a patient from private to NHS and from NHS to private
- The process for patients to access top-up treatments is clearly defined
- There are clear guidelines and procedures for granting consultants private practicing privileges
- All staff clearly understand their roles in administering private patients
- Staff undertake private work when it is permissible to undertake it and if appropriate payment terms are clear

1.2 Scope

This policy and related procedures will be applied fairly and consistently to all areas and all Trust employees involved in the administration and treatment of Private Patients and service users regardless of their protected characteristics as defined by the Equality Act 2010 namely, age, disability, gender reassignment, race, religion or belief, gender, sexual orientation, marriage or civil partnership, pregnancy and maternity. For employees this policy also applies irrespective of length of service, whether full or part-time or employed under a permanent or a fixed-term contract, irrespective of job role or seniority within the organisation.

Where an employee or service user has difficulty in communicating, whether verbally or in writing, arrangements will be put in place as necessary to ensure that the



processes to be followed are understood and that the employee is not disadvantaged during the application of this policy.

In line with the Equality Act 2010, the Trust will make reasonable adjustments to the processes to be followed where not doing so would disadvantage an employee or service user with a disability during the application of this policy.

The provision of charging for patients classified as overseas visitors is outside the scope of this policy (see overseas visitors policy). Patients electing to travel to the UK to receive planned elective care are Private Patients.

1.3 Definitions

Private Patient - A Private Patient is defined as anyone who chooses to fund their treatment privately, either by insurance or by paying the Trust directly.

Consultants and Practitioners – All health professionals such as all consultants, physiotherapists, radiographers, pharmacists, etc., who provide private healthcare services.

NHS Patient - Refers to any person in receipt of services funded by the NHS

Private care - Refers to privately funded care (whether provided as a private service by an NHS body or by the independent sector).

Top-up treatment - A patient receives an additional treatment not funded by the NHS. The patient pays for the single element of the care pathway (see the *Top-up treatments* section below)

Amenity Patient - An NHS Patient who chooses to pay for access to a single room. The patient remains NHS but has their care in a separate setting (see the *Amenity patients* section below)

NHS Overseas Patients – as defined by national guidelines and in line with the Trusts policy for overseas visitors

Adequate, professional indemnity – Medical indemnity insurance, or medical malpractice insurance paid for by the health professional. This insurance provides cover against claims for breach of professional duties as a doctor or surgeon. Adequate cover as defined by the Harrogate Harlow practicing privileges document by the clinician at a level suitable for the professional duties that they offer and that it takes into account higher risk patients that may require need for an ITU/HDU



ASA Physical Status Classification System - Classification system adopted by the American Society of Anesthesiologists for assessing preoperative physical status.

- I. A normal healthy patient
- II. A patient with mild systemic disease
- III. A patient with severe systemic disease
- IV. A patient with severe systemic disease that is a constant threat to life
- V. A moribund patient who is not expected to survive without the operation
- VI. A declared brain-dead patient whose organs are being removed for donor purposes

2. PRIVATE PATIENTS

2.1 Identification of Private Patients

A Hospital Number must be determined or generated for all private patients using the Patient Administration System (Patient Centre) in the normal way.

Outpatient appointments will be entered into the Patient Administration System.

Inpatient admissions, including Day Cases, will be entered into the Patient Administration System (Patient Centre) in the normal way and be coded as Private Patients (2).

All referrals between specialties and departments must clearly state that the patient is private so that the receiving service knows the status of the patient and can ensure all income is recovered.

All patients listed for Surgery or a diagnostic must be clearly marked as Private on the appropriate booking system i.e. Bluespier

2.2 Patients changing status between NHS and Private

A patient cannot be both a private and NHS Patient at the same time for the same Health Resource Group (HRG). Private Patients cannot be referred for diagnostic procedures as an NHS patient and therefore remain private for the remainder of their treatment/consultation.

A Private Patient may change from private provision to NHS and vice versa at any time. But in any single attendance or admission once switched the patient must remain NHS or Private for the remainder of their current treatment, unless they are an insurance patient and cover has expired.

The Private Patient Department will invoice the patient or their insurance company for all activity up until the point at which the patient status changed to NHS.



Unless an agreement is in place allowing Consultant (private) to Consultant (NHS) referrals Private Patients wishing to transfer to the NHS should be referred back to their GP. The patient episode should be entered onto the Trust's Patient Administration System as an NHS referral to ensure CCG funding is obtained.

Patients referred from a private hospital as a private patient into the Trust will be considered as a private referral. The patient or their insurance company will be invoiced for their treatment.

In accordance with the Trusts and DOH 'A code of Conduct for Private Practice' published in January 2004. "Referral of Private patient to NHS Lists" section 2.12 to 2.13.

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*

(Please also see 4.2.2 Self-Funding details)

2.3 Top-up treatments

The DoH guidance on patients who wish to pay for additional private care (2009) allows for patients to pay for additional private healthcare while continuing to receive care from the NHS. It is important the following principles are implemented to ensure there is no risk of the NHS subsidising private care:

- Wherever practically possible NHS care and Private care should be kept separate, this would include patients returning on a separate date/time for the private element of their care or moving to a different location. There will be occasions where this is not reasonable. For example the delay will have a detrimental effect on the patient, or the patient must receive the care in dedicated facilities.



- Doctors and Managers must exhaust all reasonable avenues for securing NHS funding before suggesting a patient's only option is to pay for care privately.
- Any complaint that a patient's NHS care has been withdrawn must be investigated through the NHS complaints procedure.

(Please also see 4.2.2 Self-Funding details)

2.4 Amenity patients

Where facilities exist and it is considered clinically acceptable, patients can request to purchase a single room within an NHS setting. The patient remains an NHS patient but is charged for having access to a "side room".

The allocation of side rooms is prioritised by clinical need and the overall operation and patient flow of the Trust.

Amenity facilities will only become available to a patient after the above priorities are met. A patient in an amenity room may be moved if required for clinical priority or patient flow in the Trust. Amenity patients will be charged the use of the room whilst they reside in it. If the patient wishes to remain on site but vacate the room whilst awaiting for example TTO's, taxi, PTS.

An Amenity patient is not a private patient. They are purchasing an alternative environment to receive their NHS care. A published price list for amenity rooms will reflect that the patient is not private; however there may be a variance in price dependent on whether the room requested is within the Harrogate Harlow Suite rather than on the NHS Ward.

3. CONTRACTS

3.1 Medical Practitioners

3.1.1 Practicing Privilege

Only Medical Practitioners with an agreed Practicing Privilege contract with Harrogate Harlow Private Healthcare are eligible to undertake Private Patient activity, within HDFT premises. The activity that the Medical Practitioner undertakes must reflect their NHS activity and remit.

The Private Patient Practicing Privileges Agreement clearly sets out the expectations and responsibilities between consultants/practitioners and Harrogate Harlow Private Healthcare to ensure a productive, profitable and professional service is delivered complying with contractual and legislative obligations. This agreement will be used to grant private patient admitting rights.

The outline principles of consultant and practitioner responsibilities are:

1. To complete registration with the Harrogate Harlow Private Healthcare Department prior to undertaking any private activity within the Trust. This will



include, but not necessarily be limited to signing of the Practising Privileges Agreement, providing evidence of current adequate professional indemnity insurance, completing an HMRC due diligence survey, evidencing data controller registration and completing a professional profile for public information, and marketing purposes.

2. To have adequate professional indemnity cover in place for the type of work they are undertaking which is valid for practice in the United Kingdom.
3. To fully register with all healthcare insurance providers that require formal registration prior to undertaking any activity with the particular insurer's members that will invoke a hospital fee (e.g. pathology, radiology, inpatient stay, etc.) These must have prior approval from Private patient Development Manager.
4. To book all Private Patient activity in advance via the Harrogate Harlow Private Healthcare Department.
5. To ensure all referrals as a result of a private consultation to other specialties/colleagues within the Trust are clearly identified as a Private Patient
6. To ensure all prices for hospital fees or fixed price quotes are valid and provided or generated by the Private Patient Department.
7. To ensure full compliance with CMA regulations and Orders in line with Private Healthcare.

It is expected that all Practitioners providing private healthcare through Harrogate Harlow maintain and update their details for the purposes of marketing their services with the Harrogate Harlow Private healthcare team. This includes details that should be published on the Harrogate Harlow web site www.harrogateharlow.co.uk .

3.1.2 Authorised for Private Patient Activity

By fully registering with the Private Patient department (as described above) a medical practitioner will be entered on the current list of authorised consultants and practitioners. Unlisted consultant and practitioners may have clinics bookings, admission requests, or fee claims declined.

It is the expectation that any Practitioner undertaking private work through Harrogate Harlow undertakes this work without it affecting their NHS patients and therefore are responsible for managing their Private activity appropriately around their NHS Job planned activities.

3.1.3 Annual Leave / cancellation of Private activity sessions

As private activity is being undertaken outside of NHS contract it is expected that annual leave requests away from private healthcare sessions are logged separately with the Private Patient development manager and Harrogate Harlow Private healthcare team.



As the Practitioner is self-employed whilst undertaking their private work it is expected that there will be times that they will be working privately within the Trust whilst on Annual leave from their NHS activity.

It is therefore also understood that the practitioner may also log leave from their private healthcare commitments whilst still undertaking their NHS activity.

To ensure that Harrogate Harlow Private Healthcare run an effective, productive safe service we would expect Practitioners to offer as much notice as possible for standing down of private sessions and activity but as a recommended minimum of 4 weeks' notice. This will enable these sessions to be redistributed and to stop private patients being booked into sessions inappropriately.

Cancellation of theatre lists, clinics or diagnostic sessions should also be notified to the Private patient development manager and Harrogate Harlow private Healthcare Team with as much notice as possible but no less than 5 working days before the session was due to take place.

3.1.4 Registration with Insurers

Some insurers require formal registration by practitioners prior to undertaking any activity. Practitioners are required to fully register in advance with all healthcare insurance providers as needed. Hospital activity performed prior to or without registration of the associated practitioner cannot be billed. In such cases the practitioner may be removed from the "Authorised for Private Patient Activity List" and any associated fees (e.g. reporting) will not be paid.

It is also expected that Practitioners ensure all their information and details of their practice are kept up to date on relevant web sites such as but not restricted to '[Bupa Finder](#)'

3.1.5 Employment outside of Harrogate and District NHS Foundation Trust

A Practice in privileges contract may be issued to consultants, practitioners who do not have a contract of employment with the Trust to allow them to undertake private practice. This will be at the discretion of the Harrogate Harlow Private healthcare Strategy Group and following advice and review of the application through the Medical Advisory Committee (MAC). All applications for new practitioners joining Harrogate Harlow will be further supported by the Private Patients Development Manager completing a market assessment for the new/increased service development.

Under no circumstances can non-employed clinical staff commence private activity prior to the formal issue of their Practice Privilege contract.

3.1.6 Private Practice without an NHS Contract of employment

A practitioner can apply for a Practice Privilege contract with Harrogate Harlow Private Healthcare service to continue their private practice after formally leaving an NHS contract of employment. This will be at the discretion of the Harrogate Harlow



Private healthcare Strategy Group and following advice and review of the application through the Medical Advisory Committee (MAC) and a discussion with the Medical Director for Harrogate and District Foundation Trust and Executive Director of HR.

3.1.7 Access to WIFI

Practitioners with a Practising Privilege contract will be able to access a separate WIFI account for the purposes of holding their own private patient electronic records. All Practitioners wishing to access the WIFI will require IT services to load relevant software onto their private mobile devices. It is expected that all Practitioners have read and adhere 'Social Media Policy' and the Trusts 'Information and Technology Policy'

[Social Media Policy](#)

[Information Management and Technology Policy](#)

3.2 Private Medical Secretary

It is expected that all private medical secretaries contact the Private Patient Development manager when initiating or undertaking private secretarial duties on the Harrogate and District Foundation Trust sites.

3.2.1 Private Medical Secretary that are also Harrogate and District Foundation Trust employed staff

It is expected that all Medical Secretary undertaking private activity whilst being based within the Trust declare this additional activity to the Private Patient development manager, enabling a governance register to be developed for work outside of standard hours.

It is expected that whilst undertaking private healthcare work that this is done within their own time with liability cover for private patient documentation and records to be covered by the consultant to whom they are employed. It is therefore expected that compliance of information governance standards are the responsibility of the private consultant and their employee for these private records and not the responsibility of the Trust.

It is understood by the Trust and Harrogate Harlow that the medical secretary is self-employed whilst undertaking Private Activity and is therefore working outside of their NHS contract.

Whilst it is expected that all work is undertaken outside of NHS time Compliance against the following key principles have been detailed and are expected:

- Clinical need takes priority at all times regardless of referral source
- The administrative activity takes place outside of paid NHS time.



- Where time is spent dealing with enquiries this should be minimal and should not impact on normal NHS duties. If this is not the case, or if doubt exists, advice and discussions will be had between both Consultant of employment, Medical Secretary, Private Patient development manager and directorate impacted.
- In line with department of health codes of conduct where dealing with enquiries is shown to have beyond a reasonable impact on normal NHS time, the Trust may levy a charge for the corresponding loss of NHS administrative time. This will be agreed with the Consultant and secretary in question unless the following point is adhered to.
- If NHS time is taken up with managing Private patient details then this time should be noted by the secretary with time repaid to NHS duties out of standard hours at no additional repayment charge. Time maybe spot checked and monitored by the NHS operational service managers as deemed necessary.
- The highest standards of information governance must be observed at all times when storing or transferring private patient information from NHS hardware to non-NHS hardware. The responsibility for this lies with the Consultant of care, but evidence of the consultants data controller reference number will be stored by the private patient development manager in line with the practice in privileges contract and CMA Order.
- The use of NHS hardware for private patient administrative activity would not normally incur a charge. However a fee for stationary and postage maybe agreed.
- Postal Return addresses must be declared to the Private Patient development manager so that appropriate Trust administration pathways and costs can be identified as required.
- All electrical devises not recognised by the trust but require linking to trust equipment must be declared, checked and signed off by appropriate NHS service teams.
- It is expected that as clinically appropriate the medical secretary would be able to access NHS patient records from the Trust systems to support the care of a private patient as long as the consultant has signed the relevant Information Sharing Agreement through the Practice Privilege contract.

It is also expected that self employed Private Medical secretaries keep a record of any work that impacts on their day to day NHS duties for their own evidence base of hours. A template has been developed to assist in this **please see Appendix 2**

3.2.2 Harrogate Harlow Private Healthcare Medical Secretary support

Access to a Harrogate Harlow Private Healthcare Medical Secretary can be contracted by practitioner at an agreed cost per hour, the secretaries will be employed by Harrogate Harlow and have access to all systems required to provide a comprehensive service.

3.2.3 Private Healthcare Medical Secretary

Private Medical Secretaries that do not have a contract with either Harrogate Harlow Private healthcare or Harrogate and District NHS Foundation Trust may not access any of the Trusts systems for the purposes of undertaking a practitioner's private



work. However they can seek to apply for an honorary contract through the Private Patient development manager and will be monitored via the governance register.

3.2.4 Private Healthcare Medical Secretaries with an NHS contract with HDFT but whose private consultant does not have a contract with Harrogate Harlow.

Harrogate and District Foundation Trust and Harrogate Harlow Private Healthcare service would not support the delivery of private secretarial services being provided on the HDFT site or use of HDFT equipment for any consultant that does not have a practicing privilege contract with Harrogate Harlow Private Healthcare Service.

3.3 Internal Service Level Agreements (SLA)

It is expected that Service Level Agreements (SLAs) will be in place for all sub contracted work, or companies wishing to use of HDFT facilities. These contracts will be reviewed by an agreed date. It is expected that notification be made to Harrogate Harlow of any changes to service provision, risks or concerns be around such service agreements are escalated to the the Private healthcare Management team.

3.4 Customers / Patients

All customers/Patients will enter into an agreed arrangement for private healthcare with the Harrogate Harlow. All private patients or their representative must sign a registration form at each attendance before treatment can commence (notwithstanding clinical necessity). The form must show if the patient is self-funding or state their insurance details.

For all fixed cost patients, payment must be received before the date of admission.

3.4.1 Cancelling patients

NHS Patients must not be cancelled/rescheduled to facilitate prioritising a private patient. Clinical prioritisation is the only acceptable reason for an NHS patient to be rescheduled for a Private Patient. Decisions to cancel patients are subject to audit.

A Private Patient scheduled within the consultants agreed time should also not be cancelled unless it is due to clinical urgency, this will be subject to audit. this needs to be agreed with site A contractual agreement has been reached between both Harrogate Harlow, Consultant of care, Anaesthetist with payment being agreed with insurance companies or legal teams or payment has been taken in advance for commitment to service and procedure. This is a legal agreement and although subject to change must be considered carefully before cancellation of patient for non-clinical reasons. Further consideration and understanding should be given to the reputational and financial risk of Harrogate Harlows brand. Cancellation should be approved by the Private Patient development manager or executive lead with advice gained from the Medical Advisory Chair or Deputy Chair as required.



Private patients should be protected from bed pressures within the NHS hospital unless the NHS organisation is at OPEL 4, to which an assessment should be considered for the cancellation of patients due to organisational safety, (Refer to the HDFT Winter Resilience Plan

<http://nww.hdft.nhs.uk/document-search/?q=HDFT+Winter+Resilience+Plan>)

3.5 Insurance companies

All contracts with insurance companies will be formally reviewed yearly, assessing changes in costs and increases in activity. This will be formally undertaken by the Private Patient development manager alongside the Private healthcare finance manager.

Regular communication will be had with insurance companies to ensure that new services are registered and all tests and procedures are recognised.

It must be understood that all patients entering into a contract of care through their insurance company with Harrogate Harlow must themselves gain authorisation.

Private Ambulances are charged outside of the insurance contract to the patient directly by Harrogate Harlow if required. Details can be found on the Harrogate Harlow website

<https://www.harrogateharlow.co.uk/about/payment/health-insurance/>

3.6 External Providers of Healthcare

Harrogate Harlow will hold contracts with external providers of Healthcare such as Private physio companies, these contracts will be reviewed every year and will only be awarded based on standard criteria set out in the contract. Dependent on the contract the patient may remain the care of Harrogate Harlow with the price for service included within their package of care until that contract of care concludes. The patient can then end any commitment of healthcare with the external provider or continue under an agreement with the organisation devolved from Harrogate Harlow.

4. FINANCIAL CONTROLS AND PAYMENTS

4.1 Payments for Private Patient activity

For the avoidance of doubt only consultants complying with the practicing privileges guidelines are entitled to receive a specific payment for the treatment of Private Patients.

Private Patients remain patients of the Trust; staff are therefore not entitled to receive a payment for a specific patient's treatment. If staff work outside of their normal hours they will be remunerated in accordance with the Trust's HR policies for additional hours. Any overtime payments will be administered by the department performing the activity.



4.2 Collecting and paying professional fees

The Private Patient Finance team can process the payment of Consultant and Practitioner professional fees.

In order to comply with employment status regulations the Trust is obliged to perform due diligence and determine the nature (company, partnership, self-employed, etc.) of any entity it pays professional fees to. This is undertaken at the time of initial registration.

In certain cases, determined by a HMRC test, the Trust may be obliged to deduct income tax and NI from non-consultant grade practitioner fees.

Professional fees, known as “Provider Payments” are issued in the month following the month the activity occurred in, by BACS or cheque at the recipient’s preference.

4.3 Pricing

The Trust will determine and make such charges for the provision of its services and facilities, as it considers commercially competitive. The charge will take full account of any clinical support costs and the cost of any equipment that might have been used. The charge will be collected by the Private Patient Department, either directly from the patient or a third party insurance company.

4.3.1 Fixed Price Package Quotes

All fixed price package quotations must be generated by the Private Patient Department and approved by the Private Patient Development Manager and Private Practice Finance Manager.

The target fixed price package turn-around time is 1 working day for standard/routine cases and 3 working days for complex/bespoke cases (following receipt of completed request form).

Fixed price quotes will include the consultant’s fee, the anaesthetist’s fee, other relevant practitioner fees and hospital charges. Unless otherwise advised, fees always include one consultant follow-up unless the patient has been referred for treatment from another private provider.

A standard list of Fix Prices will be available within the Private Patient department and reviewed every 6 months by the Private Patient Development Manager and Private Patient Finance Manager and Private Patient Co-ordinator. They will also be available on the Harrogate Harlow website

<https://www.harrogateharlow.co.uk/about/payment/fixed-cost/>

4.4 Self-Funding

Patients can transfer their care from NHS care pathway to private healthcare. In these circumstances the patient will meet with the Private patient co-ordinator and establish an agreed price with the patient.



<https://www.harrogateharlow.co.uk/about/payment/self-funding/>

4.5 Harrogate Harlow Price List

The Harrogate Harlow price list will be formally reviewed quarterly, ensuring that the prices reflect the market. This will be undertaken by the Private patient development manager and Private patient Co-ordinator. The prices will be built up with support from the practitioners ensuring that they provide all relevant information including:

- Code
- Procedure
- Estimated Length of stay
- Prosthesis (names and codes if possible)
- Pre op radiology required?
- Post op radiology required?
- Image intensifier required?
- Outpatient physio required?
- How many sessions?
- Outpatient appointment – HDFT or Else where
- BUPA Code
- AXA-PPP Code
- Tests that may require registering with insurance companies
- new equipment required or stock
- Any further supportive information

4.6 Insurance companies

Harrogate Harlow will continue to monitor activity via each insurance company and any disputes that may occur around payment. Contracts will be held by the Private Patient development manager but electronically available to the Finance team.

(Please also see 3.5)

4.7 Disputes

There maybe occasions where disputes arise following completion of the patients care pathways, these disputes will be logged with payments chased. This will be undertaken by the Payments Department

Where insurance companies are in dispute over payment details will be logged if the issue cannot be resolved then details will passed to the Private patient development manager to discuss with the insurance company to determine if there is a contract update that needs be undertaken.

Disputes will be audited every 6 months.



4.8 Courtesy Services

Hospital services may be provided free of charge or at reduced cost to any patient authorised via the courtesy approval process. That is all requests for reduced/no cost provision must be proposed by a sponsor of consultant grade or above and include sufficient justification for consideration for approval. Each application must be approved by the Private Patient Development Manager, Private Patient Finance Manager or Executive, Advice may be gained from the Medical Advisory Chair or Deputy Chair. The sponsor and each approver will sign the Courtesy Services Request Form and it will be kept as a record for audit purposes.

Consultants and practitioners may provide their services privately at no cost or at reduced costs at their own discretion. This is strictly a private arrangement between consultant and patient.

4.9 Good Will Compensation

As required to protect the reputation of the Private Patient Department or compensate for poor customer service, the Private Patient Development Manager may singly approve a valid goodwill discount up to £800 and jointly with the Private Patient Finance Manager up to £2,000 for any one episode/patient.

A record will be kept regards amount and reason for approval of a discount.

4.10 Debt collection

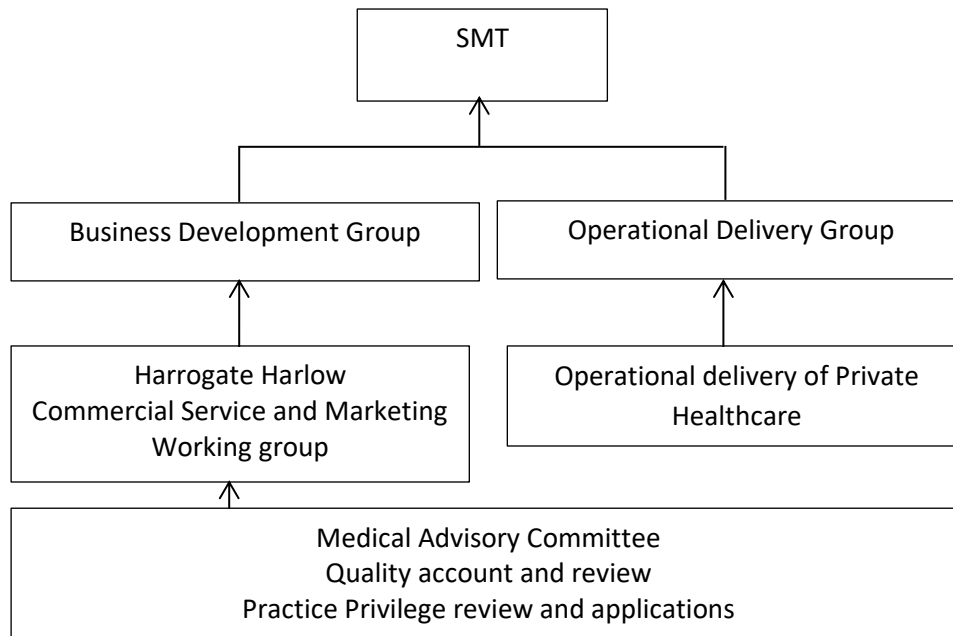
All debt will be closely monitored by the Trusts payments teams. Any trends or outstanding debt from individuals or companies will acted upon by the Trusts inline with the trusts current processes. It will be reported to the relevent groups.

5. HARROGATE HARLOW GOVERNANCE

Harrogate harlow is still part of the Trust and therefore subject to complaiance with the Trusts Governance policies and proceedures. Private Healthcare will sit within the Corporate Directorate function. The Responsible Manager as identified via the CQC agreement will be the exective lead for the service supported by the Private Patient development Manager.

The Private Healthcare function will report to the Business Development group for commercial agreements but supported by a Medical Advisor Committee and Chair.

The Operational decsisions will be managed daily by the Private Development Manager and Harrogate Healthcare Private Healthcare Team with weekly upates going through the Operational Delivery Group.



5.1 Medical Advisory chair and vice chair

A medical advisory chair and Vice chair roles will be appointed on a one year review contract, the appointment will be made through formal interview with the CEO, Medical Director, Finance Director and Private Patient development manager. The Medical Advisor Chair and Vice Chair will support, advise the CEO, Finance director and Private Patient development manager through governance and clinical developments of services. Details of these roles can be found in Appendix 1.

5.2 Medical Advisory Committee

The Medical Advisory committee will meet on a regular basis with timeframes agreed and set by both the Chair and Private Patient development manager. A clear TOR will be agreed, minutes taken with a robust Action log.

5.3 Practitioner Records – reviews of contracts

A record will be kept of all Practising Privilege contracts issued to practitioners and their evidence in compliance with that contract. This will be held by the Private Patient Development Manager. A review of contractual evidence will be undertaken yearly by the Private Patient Development manager, any areas of concern will be discussed with the medical Advisory Chair or Vice Chair.

5.4 Risk Register

An active risk register will be held electronically and available to the Private healthcare team to review, with responsibility of update being held by the Private Patient Development manager. The Private Patient Development manager will work with supporting operational directorates to ensure that all shared risks are jointly reflected. The Risk register will sit as part of the corporate directorates risk log.

5.5 Complaints and Claims

The underlying principle is a private patient is still a patient of the Trust and therefore any complaint should be reported in accordance with the Trust's Making Experiences Count Policy which can be found on the intranet. It is expected that any complaint



made to the practitioner whilst working privately within Harrogate harlow is notified to the Private Patient development manager alongside any actions that practitioner is undertaking to address them .

Any litigation claims attributed to Harrogate harlow and the Trust will be managed through the Trusts policies and procedures.

Any Practitioner subject to a litigation claims due to their private healthcare (either through activity at Harrogate Harlow or an alternative Private Provider) must make the Private patient development manager aware alongside actions and outcomes.

These will be recorded and monitored with regular reports being presented to the Medical Advisory Committee for review.

<http://www.hdft.nhs.uk/corporate/department-of-risk-patient-experience/http://www.hdft.nhs.uk/document-search/?q=Claims>

Private patients have the right to mandatory independent resolution of their complaint access to an independent ombudsman is available

INDEPENDENT HEALTHCARE SECTOR COMPLAINTS ADJUDICATION SERVICE – ISCAS

Monday to Friday 9:00am – 5:00pm.

Phone: **020 7536 6091**

5.6 Datix

All incidents must be logged via the Trusts Datix system and responded to within the timeframe specified in the Trusts policy.

Governance reports will be generated for review by the Private patient development manager regularly.

5.7 Audit

The Harrogate harlow Private Healthcare service will be subject to Audit in line with Trust policy. It will also initiate its own audits as set throughout the year.

5.8 Competitive Market Assessment (CMA) regulations

Harrogate Harlow will comply with the CMA regulations and ensure that all practitioners working within the service comply with their obligations. All details can be found:

<https://www.gov.uk/government/publications/private-healthcare-market-investigation-order-2014>

5.9 Private Information Healthcare Network (PHIN)

In accordance to the CMA regulations Harrogate Harlow will submit regular agreed data sets to PHIN further details can be found:

<https://www.phin.org.uk/about/about-phin>



5.10 Data Protection

Any processing of personal data shall be made in accordance with the Data Protection Act 1998

5.11 Data controllers

The Trust will require the Practitioner data controller reference number if the information being held relates to HDFT patients or activity. The Data Protection Act requires the Trust to have an audit record of the data controller registrations for individuals or organisations storing information relating to activity on Trust premises outside of the Trust systems.

5.12 Freedom of Information Act

Information relating to Private Patient activity within the Trust is covered by the Freedom of Information Act and may be disclosed in accordance with the Freedom of Information Policy.

5.13 Disputes Resolution

If disputes occur due to conduct, competence and behaviour of the practitioner it will be between the Practitioner, Private Patient development manager, medical Advisory Chair or vice Chair to seek to resolve this with recourse to formal procedures.

As appropriate the Medical Director should be made aware and if necessary work with the Practitioner and Trust to resolve issues.

If a dispute cannot be resolved within 2 of the matter arising then the parties will attempt to settle it through mediation.

If the matter is not resolved and conduct or behaviours is considered a breach the Harrogate Harlow's Code of conduct and Trusts behaviour policy then the contract can be terminated.

The Practitioners Responsible Officer will also be notified.

5.14 Code of Conduct for Private Practice and NHS staff

It is expected that all Practitioners adhere to the Terms of the Practice Privilege Contract and associated Trust and Private Healthcare Policies and therefore comply with DOH Code of Conduct for scheduling activities (please see 6.1).

It is expected that NHS teams understand the Private Patient Policy and recognise that each practitioners whilst undertaking private healthcare work are undertaking this practice outside of NHS Job plan duties and therefore working as a self-employed practitioner under a separate service contract 'Practicing Privileges'.

It is expected that Harrogate Harlow Private Healthcare Team work with both Practitioners and NHS teams to understand and comply with agreed standards



6. OPERATIONAL DELIVERY

6.1 Scheduling activities

The Trust encourages private practice to be undertaken within dedicated private healthcare sessions or as agreed using spare capacity not required for NHS patients, in line with the Department of Health's 'A Code of Conduct for Private Practice'

http://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/DH_085195.pdf

The Trust may allow some private practice to be undertaken alongside a practitioner's scheduled NHS duties, provided that they are satisfied that there will be no disruption to NHS services. In these circumstances, the practitioner 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.

Where there would be a conflict of interest, agreed NHS commitments will take precedence over private work. (Consultant contract, Version 8, 2009, Paragraph 9.5) NHS patients should not be cancelled or rescheduled in order that a private patient can take precedence.

Subject to the following exceptions (Consultant Contract, Version 8, 2009), Practitioners and other clinical professionals will not undertake private patient services away from the HDFT hospital when they are currently on-call for the Trust.

The exceptions are where the practitioners must provide emergency care or essential continuing treatment for a private patient and the frequency of him/her being on the on-call rota is 1 in 4 or more and the Practitioner's duties have been assessed as falling within the category B (as set out in Schedule 16 of the Practitioner's Terms and Conditions).

Where the Practitioner finds that the provision of emergency or essential continuing treatment from private patients regularly impacts on his or her NHS commitments, the Practitioner must make alternative arrangements to provide emergency cover for their private patient.

All Private Patient activity will be scheduled in accordance with the Harrogate Harlow and Trust Policy for Private Healthcare and locally agreed Standard Operating Procedures.

6.2 Booking Private Activity



All private patient activity including outpatient appointments, diagnostics, day-case or inpatient episodes shall be booked via Harrogate Harlow Private Patient co-ordinator or alternatively an employed Harrogate and District NHS Foundation Trust Medical Secretary supporting their practitioners Private practice. The patients must be clearly marked as private on the Trust systems.

In such cases that Medical Secretary or Practitioner book the private patient they must notify Harrogate Harlow of the patients billing and insurance details in advance of the patients attendance, enabling billing and payments to be made.

Harrogate Harlow

opening times: Monday to Friday 08:30 to 17:30

Email: hello@harrogateharlow.co.uk

Contact number: 01423 555430

Web address: www.harrogateharlow.co.uk

Private Patient co-ordinator will verify insurance details or capture payment to ensure any risk to income is minimised prior to the event. Private Patient co-ordinator will also confirm that adequate resources are in place to support the proposed activity, including liaison with other departments (e.g. Theatres), and advise accordingly.

No practitioner should book Private activity without a 'Practising Privalage' Contract. If a practitioner is found to undertake work without an appropriate contact they will be notified to cease work by the Medical Advisory Chair and Private Patient development Manager until an application to practice has been made and assessed.

New services and perminate clinical sessions must be approved via the Buisness developent Group with appropriate activity and incomed deminstrated.

NHS waiting lists must not be affected by the provision of Private activity.

Additional sessions should be in agreement with the clinical service manager and teams to ensure that sessions are available and can be staffed.

6.3 Ring fencing of Private patient clinical sessions

Private patient clinical sessions should be protected from additional NHS activity space unless a conversation has been had with the private patient development manager. This process enables protection to the practitioner of their Private capacity and time.

If the practitioner has agreed that private clinical time can be used for additional NHS capacity then authorisation must be given by the Harrogate harlow Private healthcare team to the NHS managers so that cost and capacity can be recorded and monitored.



6.4 Outpatients

Clinic sessions should be booked at least 1 week in advance wherever possible. Ad hoc clinic sessions are normally available at very short notice. However, prior booked and regular clinic sessions will take priority in terms of availability and consulting room selection.

Substantial outpatient clinic lists (4 or more patients) should be submitted at least 1 whole business day in advance to allow sufficient time for Private Patients to process patient details and produce registration forms. This in-turn avoids compromising customer service quality.

Outpatient rooms/cubical will be charged on an hourly rate to the Practitioner unless a local agreement is made with between the Private Patient Development Manager and the Practitioner. A chaperone will be provided/available if the Practitioner should require.

6.5 Inpatients, Daycases and diagnostics

Surgical theatre lists in HDFT Day Surgery, Main theatres should be booked at least 2 weeks in advance whenever possible enabling for Pre-Operative Assessments to be completed in a timely manner. Elective admissions requiring theatre use should be booked at least 3 working days in advance wherever possible. Emergency and short-notice bookings will always be accommodated as far as resources will allow.

All elective patients, including day-case and walk-in/walk-out cases, should be MRSA swabbed prior to admission. Any patients with positive results will be provided with eradication therapy, and three negative swabs are required before admission.

If an elective patient has not attended a pre-operative assessment they will be barrier nursed from arrival and a molecular MRSA swab will be processed immediately (with results usually within 90 minutes).

For emergency admissions and internal/external transfers the patient will be barrier nursed and MRSA swabbed on admission. If the results are MRSA positive, the patient will continue to be barrier nursed until three negative swabs are confirmed.

In accordance with the 'Practising Privilege' Contract agreement Practitioners must have agreed arrangements in place for patient review following elective procedure requiring overnight stay.

6.6 Provision of NHS staff for Private Healthcare activity

All staff supporting Private Activity will be subject to agenda for changes terms and conditions. The services supportive teams will be commissioned from the relevant departments with the costs being identified and pay for out of the income from the service. It will be the expectations of the directorates and their department teams to recruit, rota and staff for these lists as per the service agreements and costs identified. This may also cover administrations and booking functions.



If the teams are unable to staff from the Trusts staffing pool then agency maybe sort but notification to Harrogate Harlow Private Healthcare team must be made. However, this should be by exception rather than standard practice.

The harrogate harlow Private Healthcare team will keep an audit and risk log based on service notification for review through the Medical Advisory Committee and Business Development Board.

6.7 Junior Doctor Cover and Care for Private Patients

In line with the Trust guidelines and as set out in the Junior Doctor Induction Handbook it is expected that junior medical staff will be expected to provide care for private patients under medical consultant care, as required.

6.8 Theatre Assistance

It is the responsibility of the Practitioner to identify if they require theatre assistance and ensure that they have booked an assistant for their private case. If the Practitioner is undertaking an additional NHS theatre list or over running an NHS theatre list that already has assistance booked then they can agree to continue to utilise that individual for support.

Payment to the theatre assistant will not be the responsibility of Harrogate Harlow for the Private procedure.

Neither should the theatre assistant bill the practitioner the time if they have already been paid to cover the NHS additional list.

The assistant should also not cancel any NHS support or capacity to cover Private patient theatre sessions.

6.9 Cancellation of Private Activity due to seasonal pressures (please also see 3.4.1)

Private activity should be ring fenced from impact of NHS pressures unless the organisation is at OPEL 4 (please see the winter resilience plan <http://nww.hdft.nhs.uk/document-search/?q=HDFT+Winter+Resilience+Plan>), it is at this point that clear discussions should be had with the Private Patient co-ordinator, in the absence of them conversations should be had with the executive director for Private Healthcare or the Medical Advisory Chair or vice Chair.

6.10 Ring fencing of Harlow Ward and clinical private sessions

The private healthcare ward must remain ringfenced to private activity unless the organisation is at OPEL 4, (please see the winter resilience plan <http://nww.hdft.nhs.uk/document-search/?q=HDFT+Winter+Resilience+Plan>),



7. ROLES AND RESPONSIBILITIES

The **Chief Executive** is accountable to the Trust Board for ensuring trust wide compliance with the policy, ensuring that the Trust's statutory duty under the overseas visitors charging legislation is met.

The **Director of Finance** is responsible for ensuring that the Regulations are implemented in the Trust, including the identification of charges and income recovery.

Harrogate Harlow Private Healthcare Management team have the responsibility to ensure that private healthcare is undertaken:

- in line with both national and local guidelines.
- to ensure all patients are booked as private patients
- that all financial details are recorded and processed in advance of treatment
- that all teams supporting private healthcare are aware of such and finances are costed and attributed appropriately
- that they comply with the guidance of this policy
- hold sufficient records for the purposes of safety and audit.

The **Medical Advisor Chair and Vice Chair** have the responsibility to ensure that the medical advisory committee is held without bias or conflict of interest to advise (but not limited to) on the quality outcomes and practicing privalage applications for the Harrogate Harlow private healthcare service. Ensure that all Practitioners issued with a contract comply with the agreement and policies attributed to the safe running of the service and best interests of the patients.

The **Practitioners** are responsible for only undertaking private healthcare within Harrogate Harlow Private Healthcare service once issued with a Practicing Privalage contract and adhering to all relevant guidelines, policies and procedures. Engaging with the Private Patient Development Manager and Medical Advisory Committee. To provide this policy to their medical secretaries that work within the Trust out of hours.

NHS Management have a responsibility to understand the Private Patient policy and how private activity is carried out within the Trust. Understanding that whilst a practitioner is undertaking private healthcare they are doing so under a separate agreed contract unless stated otherwise.

NHS staff have the responsibility to be understand the details laid out in the policy.

8. CONSULTATION PROCESS

The operational delivery group will ratify the policy

The Medical Advisory Committee will be consulted on the Policy.



The Private Patient development manager alongside the Medical advisory committee will consider any audit reports recommendations considered relevant to the policy and make any agreed changes again in line with best practice.

9. REFERENCE DOCUMENTS

NHS Code of Conduct:

http://www.nhsemployers.org/~media/Employers/Documents/Pay%20and%20reward/DH_085195.pdf

CMA guidelines

<https://www.gov.uk/government/publications/private-healthcare-market-investigation-order-2014>

PHIN guidelines

<https://www.phin.org.uk/about/about-phin>

Trust policies

<http://nww.hdft.nhs.uk/corporate/department-of-risk-patient-experience/>

<http://nww.hdft.nhs.uk/document-search/?q=Claims>

[Social Media Policy](#)

[Information Management and Technology Policy](#)

10. EQUALITY AND DIVERSITY

This policy has been through Stage 1 screening for the equality impact assessment.

The Trust is committed to creating a culture that fully respects equality and diversity and aims to ensure that all its services are accessible, appropriate and sensitive to the needs of the whole community. It believes in fairness, equity and above all values diversity in all its dealings, both as a provider of health services and an employer of people.

All policies should be developed to reinforce the Trust's vision in this respect and to give direction for the pursuit of the highest standards of equality and diversity in all our services. All policies should reflect the following -

1. Opportunities for employment, promotion, training and development are open to all on an equal basis
2. Access to services are sensitive to individual needs irrespective of colour, disability, ethnic origin, age, gender, illness (such as HIV/AIDs), marital status, nationality, race, religion, sexual orientation and social background
3. All future service developments take into account the needs of all groups within the community
4. Patients, staff, volunteers and all other service users and providers are treated with dignity and respect



5. Every member of staff has a role to play in recognising and respecting Equality and Diversity in others
6. Staff are able to carry out their duties effectively without fear of discrimination, harassment or bullying of any kind

The Trust will continue to embed its equality and diversity values into all of its policies, procedures and everyday practice, so that equality and diversity is the norm.

11. RATIFICATION PROCESS

This should detail the relevant individuals, group/s or committee/s that would be expected to approve the new or reviewed policy.

12. IMPLEMENTATION

This should include details of the arrangements for the implementation of the policy, including:

- **Publication and Distribution:** Private Healthcare Policy will be placed on the Trusts Document Library as a PDF document and as a word document under
- **Communication:** Extracts of the Policies will be made available via the Trust's Intranet Home Page.
- **Access:** It is recognised that there will be valid operational or training reasons for managers and staff to have copies of this policy as a working document. However copies of documents should not be printed unless it is absolutely necessary as there is a risk that out of date copies may be in circulation. It is the responsibility of the copyholder to ensure that any policy document in circulation is current. All non-current policies are invalid.
- **Storage Media:** The Private Healthcare Policy will be posted on the Trust's Intranet for read access only. Superseded versions will be archived as evidence of policy at that time.

13. MONITORING AUDIT AND FEEDBACK PROCESS

This should include an outline of the process for monitoring the effectiveness of the policy and include the feedback process.

- **Monitoring:** The Private Healthcare Policy will regularly be monitored and updated where required by the Private healthcare management team



- **Audit:** Any changes to the Private Healthcare Policy which may be identified in an Audit report will be considered by the Private patient development manager and Medical Advisory Committee and implemented where agreed.
- **Feedback:** Where the Private Patient Development manager receives suggestions, requests or where an incident highlights that a change to the policy are required they will be made

14. REVIEW PROCESS

The Private Healthcare Policy will be subject to ongoing review and be formally reviewed bi-annually similarly if there are relevant new external standards or evidence, a policy review may be undertaken earlier.

15. GLOSSARY OF TERMS

This section will provide an explanation of any acronyms or technical terms that appear in the main body of the text.



16. APPENDICES

There may be other appendices, but these summary forms must be completed and included:

- Appendix 1: Medical Advisory Committee Outline
- Appendix 2: Private Medical Secretary Time Record



APPENDIX 1

Medical Advisory Committee – subject to review

The Medical Advisory Committee (MAC) is constituted by Harrogate Harlow Private Healthcare with its membership representing the main specialities and is elected by the Trust Executive Team. The MAC represents the medical practitioners who practice privately through Harrogate Harlow and is a key forum for constructive two way communication between medical practitioners and the Private healthcare management team. It is intended to maintain quality, safety and measurable health improvement within the private healthcare services.

The Chair of the MAC, supported by a deputy chair, provides leadership to the MAC and represents the members of the medical society. They will undertake their duties in a flexible manner depending on local needs in order to promote care quality, safety and measurable health improvement.

Specific duties for the Chair and deputy include:

Issue of Practicing Privileges:

- Consider and advise on all applications for Practicing Privileges, specifically advising the Elective and Private Patient Development (EPPD) Manager regarding eligibility for PPs.
- Advise and agree on the scope of practice for an applying practitioner, including any supporting practitioners. These should only apply to those procedures or techniques that are part of the Medical Practitioner's normal NHS practice or where the Medical Practitioner can provide evidence of adequate training, competency and experience. The scope of practice and the procedures the Medical Practitioner will undertake will be defined at application for Practicing Privileges.
- Sit as part of arranged interview panels for the issue of Practicing Privileges. For Medical Practitioners with an NHS consultant post, the EPPD manager will conduct the interview. At their discretion the MAC Chair or representative of the MAC may be invited to the interview. For Medical Practitioners who wish to be afforded Practicing Privileges whose names appear on the GMC specialist register and who do not hold a substantive NHS consultant post but can provide evidence of having done so in the past or equivalent status and clinical experience or those who have never held an NHS consultant post, will require more formal interview which will include the Medical Director, EPPD Manager and the MAC Chair/Deputy Chair or MAC representative.
- Advise on the continuing of Practicing Privileges for a Medical Practitioner who reduces their clinical activity following resignation or retirement from a substantive NHS consultant post. To which granting this will depend on the range and extent of the Medical Practitioner's continuing clinical practice and educational and professional development.



Review and Removal of Practicing Privileges:

- Regularly review of Practicing Privileges for all Medical Practitioners in conjunction with the EPPD Manager; this review should incorporate a review of the scope of practice.
- Review and advice on changes to a practitioners scope in practice. This will need to be supported by evidence of training, competency and experience and to be agreed with the EPPD on the advice of the MAC.
- The MAC will be informed of satisfactory appraisal and revalidation for Medical Practitioners. If any concerns are raised the MAC may review the relevant documentation with the Chair providing appropriate advise.
- The Elective and Private Patient Development (EPPD) Manager and at their discretion if appropriate the MAC Chair or Deputy Chair undertake appropriate review of evidence of appraisal and revalidation, which will include the most recent appraisal summary and PDP for consultants with practicing privileges. This may take the form of a meeting with the information for some Medical Practitioners being reviewed in conjunction with the relevant MAC specialty representative prior to sign-off by the EPPD Manager and subsequent ratification by the MAC.
- The MAC will advise on a Medical Practitioners' practice to ensure consistency with their stated specialty or sub-specialty, and compliance with Harrogate Harlow policies. This will include assessment of reports relating to clinical performance of individual Medical Practitioners at the request of the MAC.
- When concerns regarding patient welfare, unsatisfactory clinical practice, professional or personal misconduct, or failure to adhere to Good Medical Practice, arise, the matter will be considered by the Medical Director, EPPD Manager and MAC Chair or Deputy Chair. Appropriate steps should be taken which may include the initiation of an appropriate investigation. They may also consult with other MAC members, the consultant's RO and/or other relevant experts, as appropriate.
- Where concerns have been investigated and substantiated the Chair will advise on the issue of a warning, continuation, restriction, suspension and withdrawal of Practicing Privileges, to the EPPD Manager, Executive director lead with the final decision resting with the Harrogate and District NHS Foundation Trust Medical Director. All such advice shall be provided impartially, having regard solely to the best interests of Harrogate Harlow and not the practice(s) of any individual MAC member(s) and/or their consultant colleagues.
- Following the above liaise with the practitioners Responsible Officer to share the nature of any measures taken. For practitioners where Harrogate Harlow



is providing the Responsible Officer support advice on the establishment of any remediation plans in conjunction with the Trust Medical Director.

- In the event of a Medical Practitioner being involved in a private healthcare never event, a serious adverse event or a preventable death when practicing through Harrogate Harlow the process will be monitored through the MAC. Feedback will be provided by the MAC Chair or Deputy.
- In the event of a Medical Practitioner being involved in a never event, a serious adverse event or a preventable death the process will be monitored through the MAC and feedback and mentoring will be provided by the MAC Chair or Deputy.

Review of Policies and Procedures:

- Advice as part of formal risk assessments, including a documented assessment of the journey time from the Medical Practitioner's usual place of work/home, appropriate to the level of cover the Medical Practitioner is expected to provide.
- Review complaints and claims against Medical Practitioners as necessary. This will be monitored through the MAC.
- Monitor progress and/or gaps in compliance with Harrogate Harlow Policies and Procedures, in addition the monitoring of compliance against CMA guidance will be required via the MAC.



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