

Borders NHS Board



MANAGEMENT OF PRIVATE, OVERSEAS (NON-NHS) AND CO-PAYMENT PATIENTS POLICY

Aim

The NHS Borders Management of Private, Overseas (Non-NHS) And Co-Payment Patients Policy Statement and Procedures states the Board's Policy, and provides detailed guidance on the processes and procedures to be followed when treatment is provided to these groups of patients.

Background

The "Management of Private, Overseas (Non-NHS) And Co-Payment Patients" was approved by the Board in May. The paper has been updated and takes into account the learning from 2 co-payment cases recently progressed in Borders.

Summary

The Procedure is more explicit on the processes to be followed when administering patients who are required to pay for part or all of their treatment, together with the responsibilities of clinicians where they wish to carry out private practice.

Recommendation

The Board is asked to **approve** the Policy Statement and supporting Procedures.

Policy/Strategy Implications	Yes - Policy Statement
Consultation	Circulated for consultation to Clinical Boards, Medicines Resource Group and on Board Intranet.
Consultation with Professional Committees	As above
Risk Assessment	Not Applicable
Compliance with Board Policy requirements on Equality and Diversity	Yes
Resource/Staffing Implications	None

Approved by

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1. Introduction

- 1.1. This procedure describes the issues to be managed and the controls to be observed in relation to the management of Private and Overseas Patients.
- 1.2 This procedure is consistent with relevant legislation (Regulation 2(1) of the National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989, as amended), Government and professional guidance and NHS Borders policy, including Standing Financial Instructions (SFIs).
- 1.3 In this procedure, the following terminology shall be used:

“Private Patient” is a patient who elects to receive private healthcare. Private patients can be further categorised as ‘private insured’, ‘self funding’ or ‘co-payments’.

“Overseas Patient” is a patient who is not assessed as ordinarily resident in the UK, regardless of nationality, according to the criteria set out in the stage one checklist. Overseas patients or ‘Liable’ patients are sub categorised as ‘insured’, self funding’ or ‘co payments’.

“NHS Patient” is a patient who is assessed to be ordinarily resident in the UK, regardless of nationality, that is not a Private or Overseas Patient.

Ordinarily Resident – person is ordinarily resident if they are normally residing (lawfully) in the United Kingdom (apart from temporary or occasional absences) for settled purposes as part of the regular order of their life for the time being: if they have an identifiable purpose for their residence and if that purpose has a sufficient degree of continuity to be properly described as “settled”.

Temporary Resident – a temporary resident is anyone who is normally resident elsewhere and who is residing (lawfully) in Scotland for more than 24 hours and not more than 3 months. Temporary residents are **not** automatically entitled to exemption from NHS charges. They must either meet one of the categories of exemption set out in the national guidance, or be receiving a service exempt from charges.

“Co-Payment” refers to when a patient wishes to receive NHS and private healthcare in combination (see section 8).

“Individual patient treatment request (IPTR)” referenced in (CEL(2010)17, CMO(2011)3 and CMO(2012)1) is applied when medicines are not approved by SMC. IPTR applications are for medications and are distinct from the applications for treatment procedures.

Criteria for IPTR Acceptance

Cases approved by the IPTR Panel must demonstrate the following criteria, in line with SG guidance above:

1. That the patient’s clinical circumstances (condition and characteristics) are significantly different from either:

The general population of patients covered by the medicine’s licence (for medicines awaiting evaluation or non-submissions to SMC); OR

The population of patients included in the clinical trials for the medicine’s licensed indication as appraised by the SMC or NHS HIS - AND

2. That these circumstances imply that the patient is likely to gain significantly more benefit from the medicine than would normally be expected.

Factors Excluded from the IPTR Decision

Decisions are based on the above clinical criteria and are not influenced by affordability.

“Extra Contractual Referrals (ECR)” relate to treatment procedures/services not provided by NHS Borders locally or through a Service Level Agreement (SLA) with other NHS providers. ECRs are elective and typically represent low volume services and treatments. ECR requests can be for jointly funded packages of care. They do not include specialised/rare procedures which the National Services Division (NSD) has responsibility to fund.

Prior approval for ECR funding from NHS Borders must be sought before referral. Approval is not automatic.

- 1.4 This procedure, i.e. Management Of Private, Overseas Visitor And Co-Payment Patients is designed to implement the requirements of the Standing Financial Instructions (SFIs) for this subject. **All** staff are required to observe the requirements of this procedure. Failure to comply with this procedure may be a disciplinary matter, which could result in dismissal.

Should you have any queries on the application of this procedure, please contact the following :

For queries on:

Administration [Undertaking to Pay Forms, Notification of Planned Treatment]	Health Records	01896 826498
Recovery of Payments:	Finance Directorate Helpdesk	01896 82 7888

or via email: private&overseas@borders.scot.nhs.uk.

2. Principles of Conduct

The following principles relating to Private and Overseas patient activity are based on those endorsed by both the medical profession and the Scottish Government Health Department in relation to the management of Private and Overseas Patients.

2.1. General Principles

- The provision of services to NHS patients shall not be compromised by the elective treatment of private or overseas patients.
- Funding for NHS services shall not be used to fund the care of those required to pay for treatment.
- The Board's responsibilities to NHS patients shall take precedence over providing elective care for private or overseas visitors (for overseas visitors emergency care would be "exempt from NHS charges" thereafter any additional care or out-patient appointments would be chargeable).
- For those private patients under the clinical care of a Clinical Consultant rather than the Board, it is a matter for that Clinical Consultant to define the level of clinical service provided to the patient.
- Clinical requirement shall be the only factor for prioritising access to care. NHS waiting times for patients transferring from private to NHS treatment will be consistent with those for patients undergoing wholly NHS treatment.
- Where the Board makes available capacity for private practice, this capacity shall revert to the Board in the event of it not being required by the practice within the times prescribed by contract.
- The Board shall seek to recover all costs borne in the provision of services to private and overseas patients.

See **Appendix 1** for a list of the responsibilities of all people involved in this process.

A three step process needs to be followed to assess a patient's eligibility for exemption from NHS Charges and the identification and recovery of any income that will be due for care provided:

- Step 1** Is the patient a private patient?
- Step 2** Is the patient exempt from NHS charges?
- Step 3** Complete the Administration Process for Private Patients - Secondary Care

See Appendices For Detailed Process Charts:

- Appendix 1 Responsibilities
- Appendix 2 Overseas Visitors
- Appendix 3 Private Patients
- Appendix 4 Co-payment Patients

3. **STEP 1 – Is the patient a private patient?**

Has the patient elected to receive private healthcare?

If “**No**”, patient should be assessed for exemption from NHS Charges – see STEP 2.

If “**Yes**”, notify Health Records, and go to STEP 3.

4. **STEP 2 – Is the patient exempt from NHS Charges?**

Every patient should initially be assessed at the point of admission or GP registration when presenting for healthcare.

Where registering patients at a GP practice, please follow the guidance ‘Information for Practices, Patient Registration with a GP Practice’ (see **Appendix 8**).

If referring a patient to Secondary care where a patient has not demonstrated, for whatever reason, their entitlement to exemption from NHS charges, please state this in the referral letter. An example could be where an urgent referral is required and the patient has not had sufficient time to produce the necessary documentation.

When admitting patients to hospital the following questions need to be asked. For GP referrals, the absence of reference to overseas status does not mean that the questions should not be asked.

Q1: Have you (your husband / wife / mother / father) been living in the UK for 12 months? (mother and father in the case of dependent children)

If “**Yes**”, no further action required – patient is exempt from NHS charges and no further evidence is required.

If “**No**”, go to question 2 below.

Q2: Are you (your husband / wife / mother / father) going to live in the UK permanently? (mother and father in the case of dependent children)

Notify Health Records when this question is being considered, to ensure appropriate evidence is obtained.

If “**Yes**”, the patient is exempt from NHS charges, and no further action is required with respect to this procedure.

If “**No**”, the patient may not be exempt from NHS charges, please contact Health Records, who shall handle the matter.

If at any point during the procedure you have reason to believe that the patient may not be exempt from NHS charges (e.g. there are inconsistencies in their answers to questions) you must contact Health Records – you are not expected to challenge the patient.

See **Appendix 2** for more information regarding Overseas Patients.

5. STEP 3 - Administration Process for Private Patients – Secondary Care

Question 3.1 Has the patient been recorded on a waiting list and admitted by a consultant?

If “**Yes**”, go to question 3.2.

If “**No**”, the patient cannot be admitted, and you should not proceed further with this procedure.

Question 3.2 Have Health Records acknowledged notification of the proposed private patient?

Consultants must arrange to have copies of private patient appointment letters sent to Health Records when they send the letter out to the patient. The consultant must keep Health Records informed of any changes in the patient’s status as a private, overseas or NHS patient as soon as they occur by either telephoning: 01896 826498 or emailing: private&overseas@borders.scot.nhs.uk.

If “**Yes**”, go to question 3.3.

If “**No**”, the patient cannot be admitted unless it is a clinical emergency, and you should **not** proceed further with the proposed episode of care.

Question 3.3 Are the terms/agreement for undertaking Private Practice detailed in the consultant’s Job Plan. The Medical Staffing Officer will ensure that Health Records are informed of the terms under which consultants are permitted to carry out private practice.

If “**Yes**”, go to question 3.4.

If “**No**”, the patient cannot be admitted unless it is a clinical emergency, and you should not proceed further with the proposed episode of care.

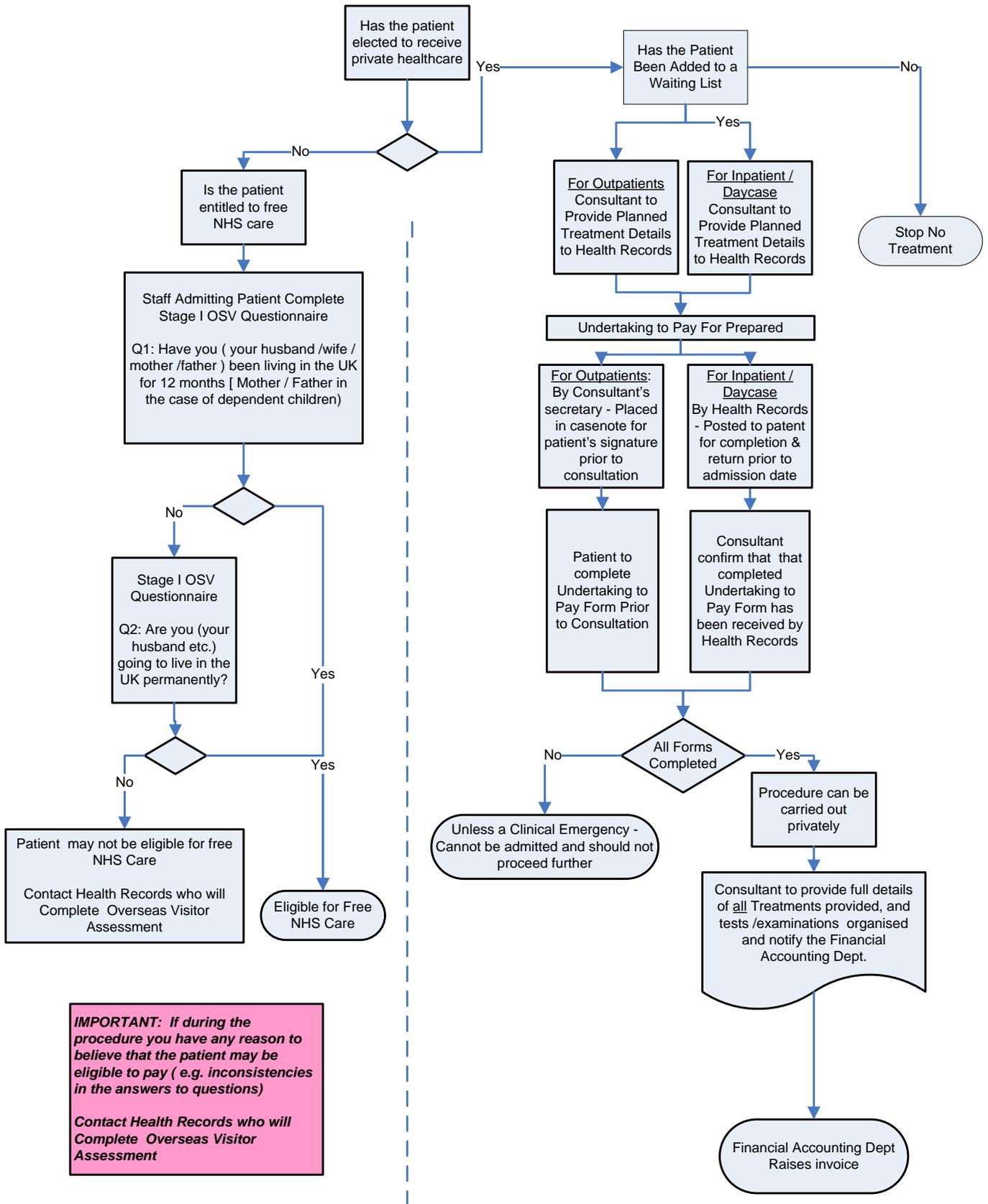
Question 3.4 Have you received notification that the undertaking to pay form (**Appendix 6**), completed by the patient, has been received by Health Records?

If “**Yes**”, procedure can be carried out privately.

If “**No**”, the patient cannot be admitted unless it is a clinical emergency, and you should not proceed further with the proposed episode of care.

Following completion of the consultation, the consultant must provide details of any treatment provided, or tests / examinations organised to Financial Accounting within one week (see **Appendix 10**).

Assessment of Eligibility to Exemption from NHS Charges



IMPORTANT: If during the procedure you have any reason to believe that the patient may be eligible to pay (e.g. inconsistencies in the answers to questions)

Contact Health Records who will Complete Overseas Visitor Assessment

Assessment of Patient Eligibility To Free NHS Care

See **Appendices 2, 3 & 4** for detailed flowcharts on Overseas Visitors, Private Patient and Co-payment Patients.

6. Change of Status for Private Patients

- 6.1 Private outpatients who are eligible for exemption from NHS charges are legally entitled to change their status at a subsequent visit and seek treatment under the NHS. Private inpatients have a similar entitlement to change status (e.g. when a significant and unforeseen change in circumstances arises), although in both cases the patient remains liable for charges for the period during which he/she was a Private Patient.
- 6.2 A change of status from Private patient to NHS patient must be accompanied by an assessment of the patient's clinical priority for treatment as a NHS patient. Private patients must take the place appropriate to their clinical priority on the waiting list. For example, a patient who sees a consultant privately for an outpatient appointment, and who subsequently decides to become an NHS patient, should join the waiting list at the same point as if his or her initial consultation had taken place as an NHS patient.

7. Consultant Use of Health Board Premises

- 7.1 Where a Consultant uses Health Board premises for Private Patient consultations or clinics a charge will be levied to recover the full cost of providing these facilities, including any staffing support provided and any supplies or equipment used. The consultant must notify the Service Manager that they wish to use Health Board premises for private work. The Service Manager must ensure that the charge is made to the consultant for the use of the premises. Normal credit control procedures will apply if the consultant does not pay the invoice. If Private Patients are to be seen on a regular basis a license must be drawn up between the Health Board and the Consultant.
- 7.2 Consultants should note that Private Patient work may not be covered by the Clinical Negligence Scheme for NHS Organisations. They will need to consider making their own arrangements for insurance. The Clinical Service Manager should ensure that the relevant paperwork is submitted to the Medical Staffing Officer **before** Consultant staff can carry out non-NHS activity. This should include details of the insurance cover for staff which must include cover for claims made against the consultant and any staff contracted to provide the care, by a third party arising from negligent acts, errors or omissions occurring in the course of their business and which demonstrably result in the third party suffering from:
- a financial loss
 - bodily injury (including death, disease, illness and/or mental anguish)
 - damage to their property
- 7.3 Where the private work is only a component of the patient's care and is delivered alongside NHS care on NHS sites, NHS indemnity will be valid.

8. Co-payments for Medication and/or Treatment Procedures

- 8.1. Patients can elect to privately fund a non- NHS Scotland approved treatment. In such cases, NHS and private healthcare can be provided in combination, i.e. through a co-payment arrangement. Prior to proceeding with the co-payment procedure, the consultant and patient should discuss and agree treatment options. For treatments which are outwith NHS Scotland Policy (e.g. medicines not approved by SMC) it may be appropriate to consider an Individual Patient Treatment Request (IPTR) / Extra Contractual Referral (ECR) and the formulary pharmacist should be contacted to discuss the appropriate pathway. All avenues for obtaining care and medicines through the NHS including IPTR/ ECR must be considered fully and exhausted by the clinician and the patient before the provision of combined NHS and private care is considered (copayments). See also flowchart in Appendix 4.

This procedure does not cover:

- patients who request transfer of their care from the NHS to the private sector, or vice versa (see section 6);
- purchasing of services in the private sector by the NHS for NHS treatment

8.2 The lead clinician should document the discussion and agreement of the treatment option(s) in the patient's notes.

8.3 If an IPTR is appropriate, the lead clinician should assess, and agreed with the patient, eligibility for an IPTR and contact the formulary pharmacist to complete the IPTR form and agree a timescale for treatment to proceed.

If appropriate the case will be submitted to the Individual Patient Treatment Request Panel (IPTRP) / Extra Contractual Referral Panel (ECRP). Cases approved will be funded by NHS Borders and no co-payment required.

If the case is not appropriate or is rejected by the panel, the patient can either continue with NHS treatment only and no co-payment required OR can elect to privately fund non- NHS Scotland approved treatment

8.4 Proceeding with a Co-payment:

Once the decision to proceed with co-payment is made and has been documented in the patient notes, the "Agreement to Proceed with Co-payment" form (Appendix 5) must be completed by the lead clinician and signed by the patient.

Notes:

1. The lead clinician is responsible for co-ordinating the co-payment process.
2. The lead clinician must clearly document in the patient's record the NHS and non-NHS elements of treatment provision.
3. A treatment plan is drawn up by the lead clinician and communicated to relevant parties, including as a minimum the PA to the Director of Pharmacy, formulary pharmacist, clinical nurse specialist and commissioning accountant.
4. In the case where the co-payment relates to a drug where additional services are required as part of the co-payment drug, for example diagnostic tests, scans and x-rays this must be clearly documented and the patient informed.
5. NHS and private care should, where possible, be delivered separately with clear separation in legal status, liability and accountability. If there is any dubiety over any aspects of the separation of elements of care, a decision must be sought from the Medical Director.
6. Where the decision is to access a complete service outside NHS Borders services, then the standard referral arrangements should apply. Clinicians must not advise patients to transfer to private healthcare provided by the same clinician or business associates.
7. The NHS cannot be held responsible for any complications that arise after interventions or treatments provided through co-payment. The original provider remains responsible for any treatment necessary and funding responsibility remains with the patient. Any complication recognised as being applicable to both the treatment given through co-payment and the NHS alternative will be covered by the NHS.
8. Where a patient undergoing NHS treatment and care decides to seek a co-payment healthcare intervention or treatment whilst continuing with NHS care, responsibility for clinical follow up and the management of any complications between the NHS and the co-payment element of care should be made explicit at the outset.
9. The ethical, professional and legal standards required of NHS clinicians are not compromised by these arrangements Adherence to existing regulatory clinical controls

regarding the treatment of the patient must be observed at all times and the associated NHS Borders documents referred to in the table below.

NHS Borders Guideline on NHS Care and Private Treatment	http://intranet/resource.asp?uid=11585
NHS Borders Guideline on NHS Care and Private Treatment (Patient Information Leaflet)	http://intranet/resource.asp?uid=14591 ,
Private Treatment and how it may affect access to NHS Services'	http://intranet/resource.asp?uid=14590
NHS Borders Policy for Unlicensed, Off label or Individual Patient Treatment Requests (medicines awaiting consideration or not recommended by the Scottish Medicines Consortium)	http://intranet/resource.asp?uid=9616
Protocol for the Management of Individual Patient Funding Requests: <ul style="list-style-type: none"> • Extra contractual referrals (ECR) • National specialised services • Jointly funded packages of care 	http://www.refhelp-borders.scot.nhs.uk/ *New users should email RefHelp-Borders@borders.scot.nhs.uk to register.
Extra Contractual Referral (ECR) Appeals Panel	http://www.nhsborders.org.uk/_data/assets/pdf_file/0015/15900/Appendix-2012-106_ECR_Appeals_Panel.pdf

9. Payment Process For Co-Payment Medicines

If a decision is made to request co-payment by the patient the consultant will discuss the NHS Borders process and complete the “Agreement to Proceed with Co-payment” form.

The form should be sent to the PA to the Director of Pharmacy to circulate to Medicines Resource Group for acknowledgement and be included on the next ADTC agenda for noting.

- Consultant will notify as a minimum the relevant nurse manager/clinical nurse specialist, formulary pharmacist and commissioning accountant.
- The relevant pharmacist(s) calculate cost of drug treatment + 5% ‘on-cost’ charges and sends to the commissioning accountant to calculate additional care costs.
- The pharmacist notifies finance, once the co-payment treatment has been acknowledged by MRG.
- Where there is lack of clarity between additional care associated with the co-payment drug and the care associated with NHS-funded treatment no additional charge will be applicable.
- Finance will send an invoice to the patient to be paid in full in advance of receiving each episode of treatment.
- Finance will notify the formulary pharmacist that payment has been received and treatment can be ordered for the patient.
- The formulary pharmacist will liaise with the consultant to confirm dates of treatment and availability of drugs.
- The consultant will confirm any deviation from the treatment plan with the formulary pharmacist. The formulary pharmacist will then inform finance if any amendments to subsequent invoices are required.

10. PATIENT UNABLE TO RECEIVE THEIR FUNDED CO-PAYMENT TREATMENT

If a patient is unable to receive treatment which they have paid for, NHS Borders pharmacy will endeavor to sell it to another Health Board and reimburse the patient / next of kin as appropriate.

11. DISPUTE RESOLUTION

Where a patient disagrees with the decision concerning the provision of healthcare under co-payment arrangements the patient should appeal in writing to the Chief Executive of NHS Borders detailing the reasons for disagreement.

12. Appendices

Appendix 1: Responsibilities

Responsibilities of the Consultants

All consultants are responsible for maintaining a clear distinction between private practice and any other patient activity.

Consultants must send copies of private patient appointment letters to Health Records or arrange for these to be filed directly into the NHS Borders casenote.

The consultant must keep Health Records informed of any changes in the patient's status as a private, overseas or NHS patient as soon as they occur by either telephoning the number below or emailing the email address below. Following the completion of the clinical procedure, the consultant must confirm to Financial Accounting within one week the details of the treatment provided.

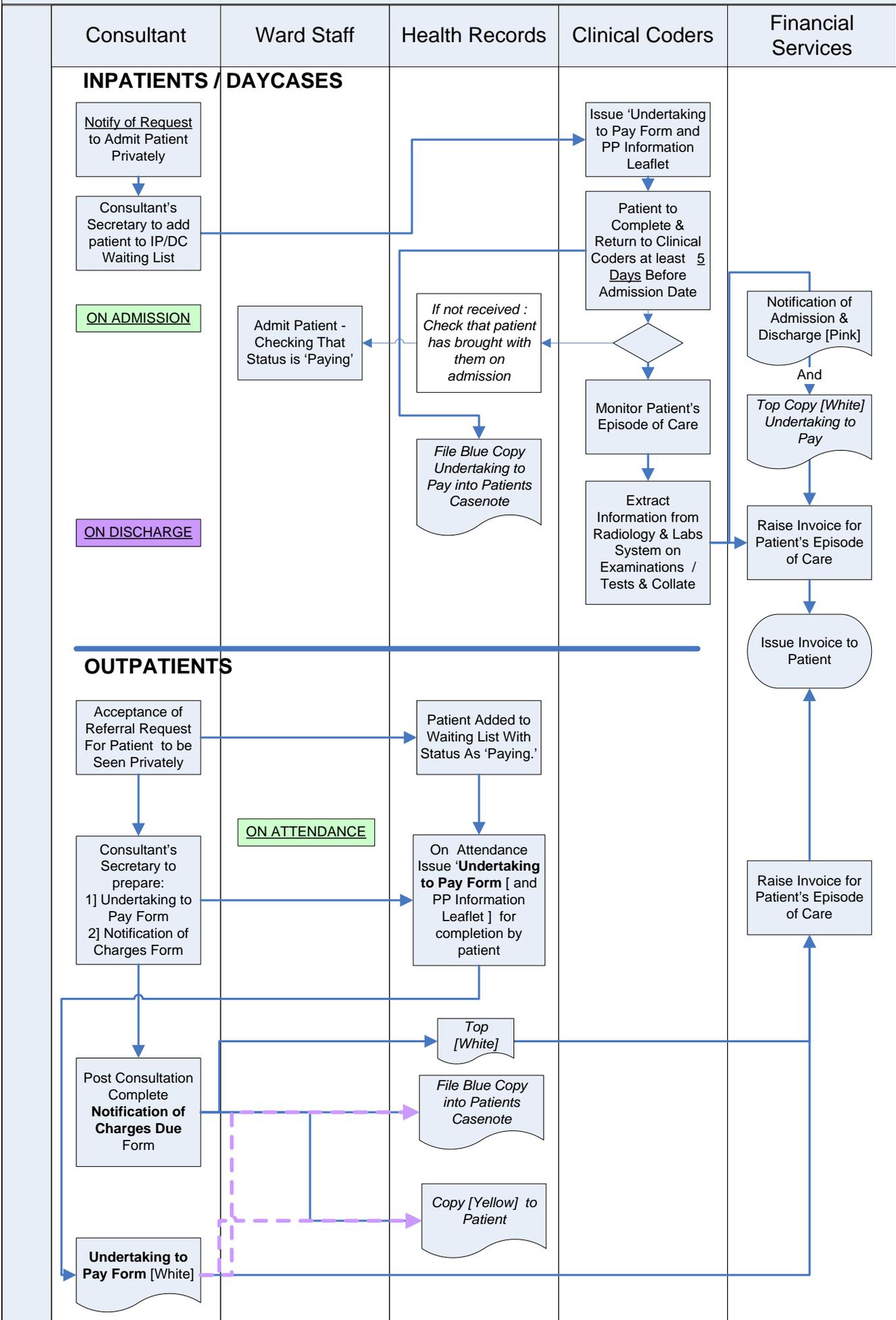
Failure to advise Health Records of any private practice activity in this manner shall be regarded as fraudulent practice, and the matter shall be referred to NHS Counter Fraud Services.

It is the responsibility of the consultant to ensure all non-NHS patient details are entered onto TRAK completely, correctly and on time. Consultants must ensure that all Private and Overseas Patient attendances, treatments and procedures are properly recorded. The patient's records and referral forms etc should always be prominently marked.

The writing of medical, insurance and legal reports that generate a fee not passed on to Borders NHS constitute non-NHS activity and any NHS session time lost whilst undertaking this activity must be reported to the relevant Service Manager as per below.

If the consultant is unclear at any time with regards to his/her responsibilities relating to Private Patients they should refer to their terms and conditions of work and GMC and BMA guidance on this matter.

Identification of Private Patients, and Recovery of Any NHS Charges Due



Responsibilities of the Clinical Management Team

Within the Clinical Management Team, the Service Manager must ensure that there are clear guidelines in place to allow Consultants carrying out private patient activity during NHS funded sessions to 'pay-back' the NHS time lost or forgo the relevant portion of their NHS salary. A Consultant who undertakes private practice in clinical administrative time or Special Planned Activity (SPA) time must reimburse the Board immediately.

Reimbursement may be made through:

- Undertaking an additional clinic or theatre list
- Arrange for NHS pay to be withheld for the session or annual leave to be taken.
- Maintain a record of additional SPA activity undertaken

The Service Manager must be informed by the consultant of the reimbursement to be made and how it is to be made. The Service Manager must ensure that the reimbursement is honoured.

It is the responsibility of the Service Manager within each Clinical Management Team to work with the Consultant to ensure that all Private and Overseas Patients are managed in an appropriate manner in line with existing policies and guidelines and to ensure that any costs associated with the use of facilities for the treatment or diagnosis of non-NHS patients are recovered.

The writing of medical, insurance & legal reports that generate a fee not passed to Borders NHS constitute non-NHS activity and any NHS session time lost whilst undertaking this activity must be reported to the relevant CMT as above.

Where the above steps have not been followed, the relevant Chair of the Clinical Board must be informed by the Service Manager. Breaches that are considered to be intentional fraudulent practice will be reported to NHS Counter Fraud Services and could result in internal discipline leading to dismissal or in extreme cases criminal prosecution.

Responsibilities for Administration of Private Practice

These are shared between Health Records and Financial Accounting as follows:

Health Records Department

- Liaise with the consultant and CMT to find the most appropriate date for admission/treatment
- Secure signed documentation prior to admission/treatment taking place to ensure payment is secured in advance
- Identify episodes, examinations and treatments and forward these to Financial Accounting

Financial Accounting

- Assess charges to be recovered and raise invoices
- Monitor and follow up payments
- Monitor costs to ensure adequate funds have been secured
- Provide reports to monitor activity and income recovery
- Refer instances of fraud to Counter Fraud Services (CFS)

- Provide reports for SFR 18 return

Charges should be explained by the Health Records Department to Private and Overseas Patients in advance of treatment. For Overseas Visitors charges payable are the full average specialty tariff for the treatment. For Private Patients charges are based on full average costs for providing accommodation and services at the relevant hospital, including elements for the accommodation, nursing and other staff costs, basic drugs, dressings and equipment. High cost drugs, dressings and equipment may be charged separately. These charges will be defined by the Director of Finance and can be found on the intranet in the Finance section.

Patients identified as Private or Overseas, or someone acting on their behalf, will be asked to sign an “Undertaking to Pay” form (see Appendix 6). The signature must be obtained and witnessed where possible by Health Records or by a member of staff acting on their behalf.

Except in an emergency, no treatment or care will proceed until the patient has been recorded as a Private or Overseas Patient within the Health Board’s Patient Administration System by the staff admitting the patient and/or activity systems by Financial Accounting when payment is guaranteed.

Where a patient declares that they will not be able to pay for treatment provided, the patient’s consultant should be asked to complete a “Request for advice from doctors” form (Appendix 8). Where a consultant indicates that immediately necessary or urgent treatment will be given, details should be brought to the attention of the appropriate Service Manager.

Appendix 2: Additional Information regarding Overseas Patients

Under the NHS Act 1977, visitors to the United Kingdom who are not exempt from the requirement to pay should be treated in accordance with Sections 1 to 6 of this procedure. A visitor is someone not ordinarily resident in the United Kingdom. If the patient is from within the European Community he/she should be asked to provide a completed European Health Insurance Card (EHIC) to enable non-chargeable treatment to be given. The EHIC provides limited cover free of charge, ie any medical treatment that becomes necessary during their trip because of illness or accident. The Public Health Division of the Scottish Government (SG) has lead responsibility for matters relating to entitlement or otherwise to NHS services. A full copy of the SG manual for overseas patients can be found at:

<http://www.scotland.gov.uk/Topics/Health/OverseasVisitors>

This section is intended only to provide an outline guide for the management of overseas patients, for full guidance please refer to web address quoted above.

The overseas visitor's regulations do not permit charging for emergency care. Patients are not liable unless admitted to a ward. All treatment provided in **A&E departments** and **casualty departments** are "exempt from NHS charges". This includes treatment in an observation ward. The exemption **ceases** to apply when the patient is formally admitted as an in-patient or as a registered out-patient unless the patient falls into one of the exemption categories.

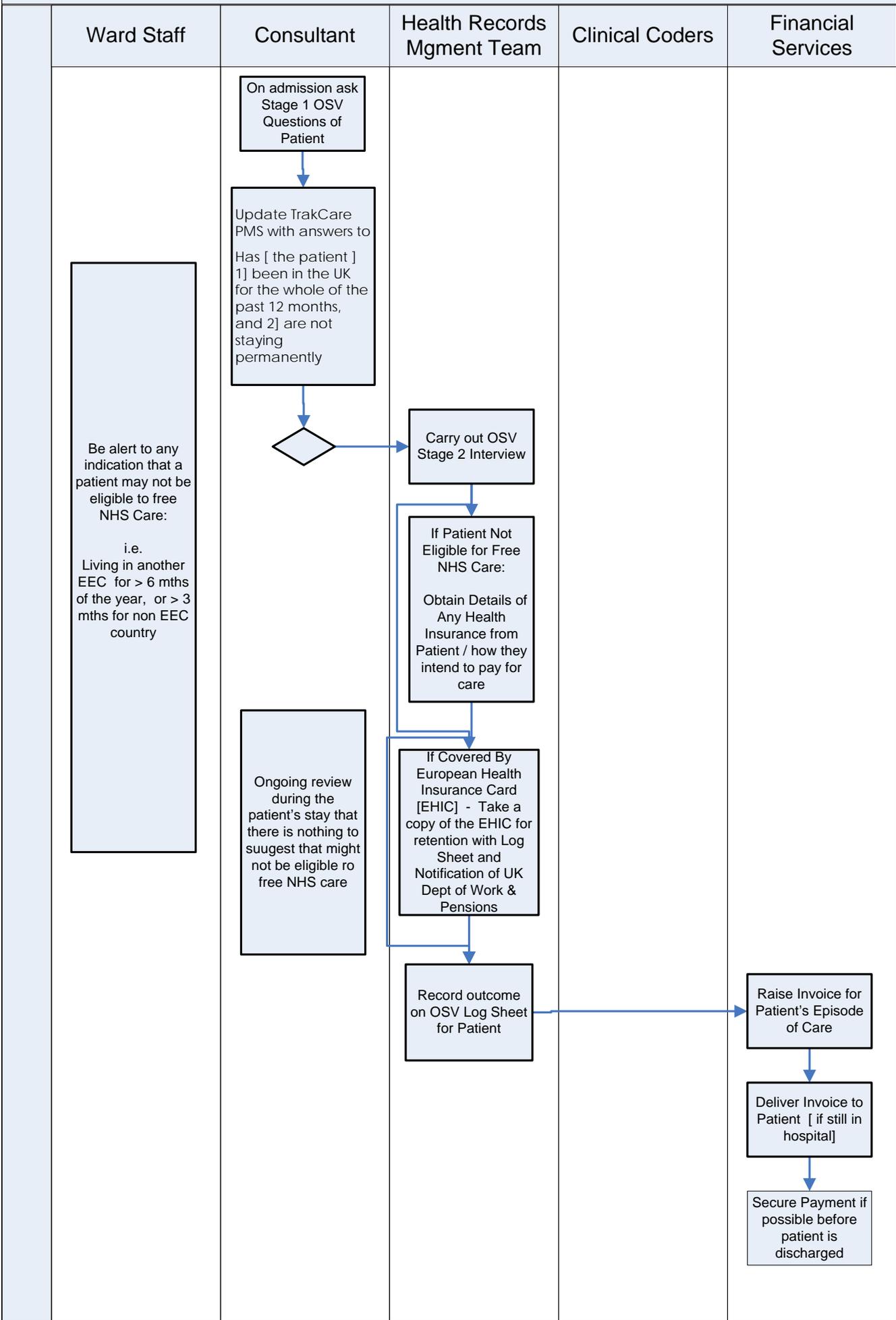
It should be noted that possession of a Community Health Index (CHI) number does not necessarily preclude an overseas visitor from paying NHS charges. Healthcare providers are strongly advised to check the residency status of all patients seeking treatment. Referral by a GP is not in itself evidence that a patient is exempt from NHS charges. Hospitals should always seek independent evidence of an overseas visitor's entitlement in terms of **residency** and **legality** before formally admitting the patient as an in-patient or registered out-patient.

The overseas visitor's regulations do not permit charging for NHS primary care services other than certain dental and optical services. It is for GP practices to exercise their discretion as to whether to register an overseas visitor as a private patient (including the provision of private prescriptions), taking into account the terms of the National Health Service (General Medical Services Contracts (Scotland)) Regulations 2004.

Stage 1 questionnaires as printed on the inside cover of medical records folders must be carried out on all patients. The Stage 1 boxes within TRAK must be completed appropriately. If staff are unable to make a decision based on what they're hearing from the patient, if for example the patient contradicts their answers whilst giving their medical history, then Health Records should be contacted to carry out a Stage 2 interview.

During the Stage 2 interview all patients will be asked to complete a UK Border Agency (UKBA) Consent Form (see Appendix 7). After the Stage 2 interview Health Records will check with UKBA via CFS as appropriate the patient's status.

Identification of Overseas Visitors, and Recovery of Any Charges Due



1.1 Patients Who Are Not Exempt from NHS Charges

Patients who are **not** exempt from NHS charges should be identified as “Overseas – Liable” on TRAK, and should have their permanent overseas address entered on TRAK in the permanent address field.

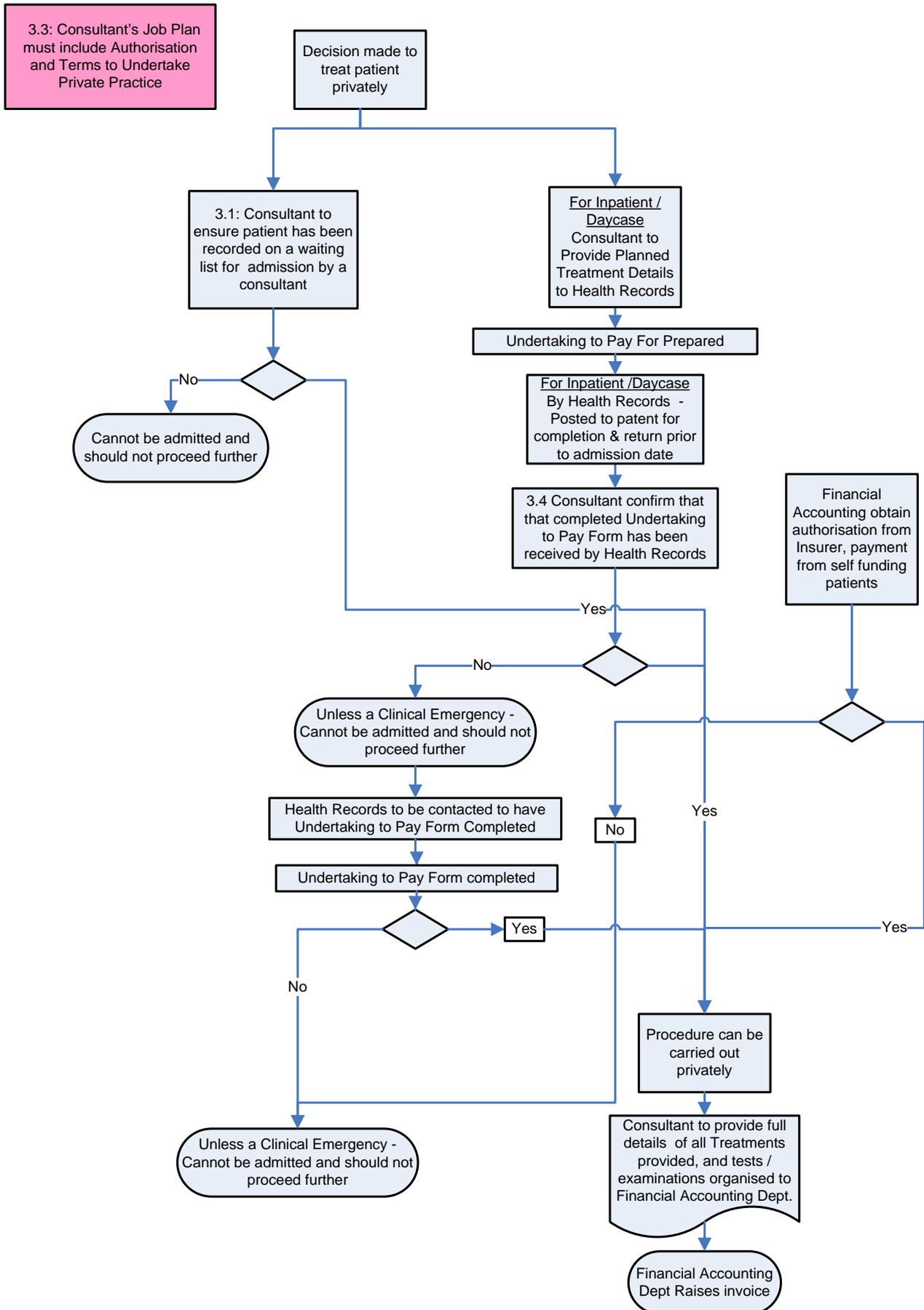
The principles that apply to private patients in sections 1 to 9 apply equally to overseas visitor who are not exempt from NHS charges.

1.2 Patients Who Are Exempt from NHS Charges

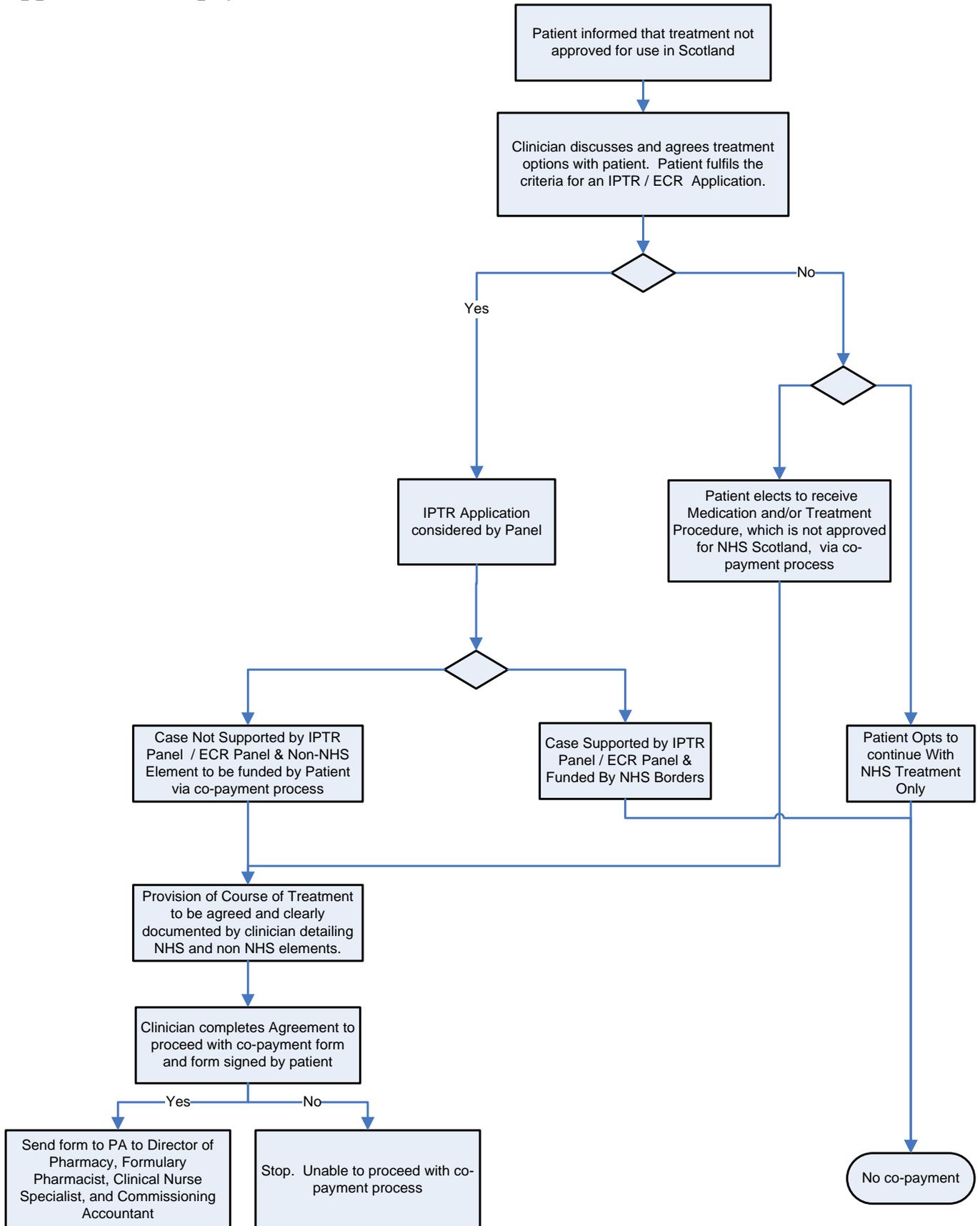
Patients for whom the requirement to cover costs does not apply are set out in the Health Records Stage 2 interview questionnaire. Patients exempt from NHS charges should be entered into TRAK as “Overseas – Non Liable”. This would apply to patients accessing A&E services, those from European Economic Area (EEA) countries and from countries where reciprocal health agreements are in place. (**See Appendix 13**).

1.3 UK Armed Forces/Veterans

When a member of the UK armed forces or a member of their family moves into a new location in Borders, NHS Borders will take into account any previous waiting time. NHS Borders will ensure that treatment is delivered within the waiting time standards and treatment time guarantee (according to their clinical need). This is dependent on NHS Borders being advised of previous waits for appointment/procedure. In addition, all veterans (including those who have served as reservists) will receive priority access to NHS primary, secondary and tertiary care for any conditions that are likely to be related to their armed forces service and according to their clinical need.



Appendix 4: Co-payments for Medicines & Treatments



Appendix 5: Agreement to Proceed with Co-payment Form

UNDERTAKING TO PAY FOR CO-PAYMENT DRUGS//TREATMENT FORM

NOTIFICATION OF CHARGES DUE IN RESPECT OF THE PROVISION OF NHS FACILITIES
(SECTION 58 NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978)

PART 1: TO BE COMPLETED BY MEDICAL STAFF TREATING THE PATIENT

The following drug(s)/ treatment(s) is/are requested at:Hospital

Drug Name and Dose*	Estimated Charges
---------------------	-------------------

.....
-------	-------

Associated Non NHS Costs*	Estimated Charges
---------------------------	-------------------

.....
-------	-------

TOTAL ESTIMATED CHARGE

Administration/Treatment/Investigation Date

Consultant.....Signed..... Date.....

* **Medical staff to confirm drug and associated non-NHS costs with PA to the Director of Pharmacy**

PART 2: TO BE COMPLETED BY THE PATIENT OR HIS/HER REPRESENTATIVE

I..... of.....

.....POSTCODE

Date of Birth.....Contact Telephone Number.....

1. I hereby undertake to pay you the appropriate charges in respect of the services provided as specified above.
2. I agree to make a payment in cash, or provide credit card details based on an estimate of the total charges that will be due to NHS Borders in advance of any treatment.

Signed..... Date.....

Appendix 6: Undertaking to Pay

UNDERTAKING TO PAY FOR INVESTIGATION/TREATMENT FORM

NOTIFICATION OF CHARGES DUE IN RESPECT OF THE PROVISION OF NHS FACILITIES
(SECTION 58 NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978)

PART 1: TO BE COMPLETED BY MEDICAL STAFF TREATING THE PATIENT

The following treatment(s)/investigation(s) is/are requested at:Hospital

Treatment/Investigation/OPCS 4 (Consultant)	Tests/Units/Days/etc (Consultant)	Estimated Charges
--	--------------------------------------	-------------------

.....

TOTAL ESTIMATED CHARGE

Admission Date..... Treatment/Investigation Date.....

Consultant.....Signed..... Date.....

PART 2: TO BE COMPLETED BY THE PATIENT OR HIS/HER REPRESENTATIVE

I..... of.....

.....POSTCODE

Date of Birth.....Contact Telephone Number.....

- I hereby undertake to pay you the appropriate charges in respect of the services provided as specified above.**
- I understand that in addition to these charges I am required to pay any fee that the Consultant may negotiate with myself separately for the work that he/she undertakes.**
- I consent to any information on this form being passed on to and/or communicated with the insurer named below.**
- I agree to make a payment in cash, or provide credit card details based on an estimate of the total charges that will be due to NHS Borders in advance of any treatment where evidence of insurance cover cannot be verified at the time of admission.**

Signed..... Date.....

Please indicate if: Private Insurance Self Funded Other

If Private Insurance/Other please state: Name of Provider.....

Policy No..... Authorisation No.....

Contact Details.....

Patient UHPI:.....

Appendix 7: NHS Immigration Consent Form

TO: UK BORDER AGENCY VIA NHSSCOTLAND COUNTER FRAUD SERVICES

Essential – Ensure patient understands the following: The information you provide will be passed to the UK Border Agency for ascertaining your immigration status and therefore your eligibility for NHS hospital treatment. The UKBA is responsible for securing the UK border and controlling migration for the benefit of the UK. The information provided will be used and retained by the UKBA for its functions, which include enforcing immigration controls overseas, at the ports of entry and within the UK. The information may also be passed to other law enforcement organisations for purposes including national security, the investigation and prosecution of crime, and the collection of fines and civil penalties.

Patient Name

Date of Birth

Country of Origin

Date of Arrival in Country

Purpose for being in UK

Home office Reference or ARC number (If applicable)

The patient authorises this request:

Signature of patient

FROM:

Name of Hospital

Name & Job title

Please advise what this person's immigration status is

.....
OR

Please advise whether this person's ARC is still valid

If no longer valid, has asylum been

Granted **OR** Refused.....

Appendix 8: Information for Practices Patient Registration with a GP Practice

In order to ensure the same patient registration process is in place for all practices in Borders and to avoid the potential for claims of discrimination, detailed below is the registration process that is advised and recommended as best practice for each individual practice in Borders and to avoid practices being found in breach of statutory requirements to patients that are entitled to Primary Medical Services (PMS).

A poster/leaflet describing the registration process should be displayed within your practice and where appropriate be included on the practice website.

Scottish Government do not expect GP Practices to police immigration in any way, which, of course, is the domain of the UK Board Agency. But rather, when considering the registration of overseas visitors we simply ask you to take all reasonable measures to ensure that, as far as possible, they provide proof of identification and their reason(s) to be in the country (where applicable) to receive NHS healthcare. This is in the interests of patient safety; protecting finite NHS resources; and accurate NHS data control, which are priorities for us all. As with all other patients, you are also required to collect adequate data to ensure positive patient identification and to meet data controller requirements under the Data Protection Act.

It should be made clear to patients that they cannot be registered without proof of entitlement and GP practices should ask **all new patients** to provide the following evidence when registering as a new patient.

Essential Documents Required

Documentation required for each new patient registration is a passport or driving licence which will include photographic id. Other documentation should include birth/ marriage certificates, proof of residence (council tax/ utility bills), contract of employment/ letter from employer, bank statements, visas/ permits, pension/ benefit documentation, student ID/ letter from Education Facility. (This list is not exhaustive.)

If proof of address is not available then 2 out of 3 of the above must be provided and one must be photographic (Passport, ID card or driving licence only).

GP practices can contact the NHS Borders Health Tourism Single Point of Contact with any queries on the new patient registration process.

The single point of contact is the Primary & Community Services Contracts Manager.

If a patient is newly resident in the UK or is an overseas visitor then additional documentation is required:

Newly resident in the UK from European Economic (EEA) - Patient must provide evidence** that it is their intention to permanently reside in the UK

Newly resident in the UK out with EEA - Patient is required to produce letter from the home office confirming residency in the UK, or “No time limit” stamp on passport.

EEA Visitors - Patient needs to provide European Health Insurance card (EHIC) to be eligible for free NHS treatment during their visit. The EHIC provides limited cover free of charge, i.e. any medical treatment that becomes necessary during their trip because of illness or accident. If the patient is unable to produce this then charges are applicable.

Temporary Residents - Patients that are seen as temporary residents (TR's) can remain as TR's for 3 months. They may then register as permanent providing the practice is agreeable and they can produce the required documentation that they are entitled to work e.g. work permit or contract of employment.

Temporary residents requiring controlled drugs should be advised to contact CDPS.

Reciprocal Agreement visitors - Patient to provide passport or ID card to be exempt from NHS charges during the visit.

Non EEA and reciprocal visitors – charges apply

Visas -To be exempt from NHS charges students, workers, voluntary workers, missionaries, are required to have a current and valid visa. If exemption from NHS charges is established, patient's family members are also exempt. (Family members are the exempt person's spouse/registered civil partner and dependent children under the age of 16 (or under the age of 19 if still in full-time education). Older children, parents, siblings and other family members are **not** exempt from NHS charges unless they qualify as exempt in their own right, or have been granted UK Border Agency (UKBA) authorisation to reside permanently in the UK).

Patients who have "Academic visa" are NOT eligible for NHS treatment as these visas are for people on sabbaticals and they are therefore not participating in a degree course.

Infectious diseases - Treatment for all visitors to the UK with an infectious disease is free. Medication should only be provided for the duration of the visit.

Other categories of overseas visitors - This can be sourced from the shortened Overseas Patient eligibility Guidance issued by the Scottish Government on April 2010

Patient complaints -If a patient complains regarding the process of patient registration then they should be referred to NHS Borders complaints department at Borders General Hospital. NHS Borders Complaints officer can be contacted on 01896 826 719
complaints.clingov@borders.scot.nhs.uk

Useful contacts - A full interpretation of the current regulations on overseas visitor's guidance is available at:

<http://www.scotland.gov.uk/Topics/Health/OverseasVisitors>

General enquiries for practice staff regarding overseas visitors should be directed to:

NHS Inform - Tel No: 0800 22 44 88

Appendix 9: Request for Advice from Doctors

Dear Doctor/Mr.....

Name of Patient.....

Date of Birth.....Hospital Number.....

This patient is an overseas visitor as defined in the National Health Service (Charges to Overseas Visitors) Regulations 1989, as amended.

Having interviewed the patient we found him/her to be liable for charges as an overseas visitor.

Government advice to safeguard NHS resources is to obtain payment where possible before treatment is given. In this case the patient also declared that he/she will not be able to pay for the treatment to be provided prior to receipt of the treatment. Would you therefore please tick one of the declarations below:

- I intend to give treatment which is immediately necessary to save the patient's life.
- I intend to give urgent treatment which is not immediately necessary to save the patient's life but cannot wait until the patient returns home.
- No treatment will be given unless payment is made. Where treatment is given (or has been given already), NHS Borders is obliged to raise an invoice for the cost of any such treatment, and to pursue debt recovery procedures if necessary.

Date.....Signed.....
(Doctor)

Date.....Signed.....

(Health Records)

Appendix 10: Operational Documentation - Private Outpatients

BORDERS GENERAL HOSPITAL NOTIFICATION OF CHARGES DUE BY PRIVATE OUTPATIENTS / CATEGORY II PATIENTS

Consultant	Patient's Surname	Unit Number
Address to which account to be sent (if different from Patient's Address):	First Name(s)	
	Address	
Date of First Attendance	Date of Birth	GP
Patient Type <i>(Tick Appropriate Box)</i>	Private Consultation	Category II

A	B	C	D
	Number	Unit Charge	Total
		£	£
1. General Consultation	_____ consultation/s		
2. Laboratory Investigations	_____ request/s		
3. Radiodiagnosis (list of all examinations)			
(i)	_____		
(ii)	_____		
(iii)	_____		
(iv)	_____		
(v)	_____		
(vi)	_____		
4. Physiotherapy			
(i) Initial Assessment	_____		
(ii) Treatment	_____		
5. Other diagnostic procedures			
(i) Electrocardiogram	_____		
(ii) 24 ECG Monitoring	_____		
(iii) Echocardiogram	_____		
(iv)	_____		
(v)	_____		
(vi)	_____		
6. Other			
		TOTAL CHARGE	

I certify that the details I have entered in columns A & B above are a complete record of the treatment provided to the above patient. I will notify details of any further treatment to the Debtors Section, Trust Finance Department.

Date:

Consultant's Signature:

For Finance Office Use Only

Account No.

Issued On:

Top Copy (Green) to Finance Office / Bottom Copy (White) file in patient's record.

PPO

Appendix 12: Private Patient Information Leaflet

In summary, you should expect to incur charges in the following ways:

Fees	Inpatient/Daycase	Outpatient
Hospital Charges	✓	✓
Consultants Fees	✓	✓

Price List

Private patient charges are determined by Borders General Hospital and are revised and published annually in the form of a Private Patient Price Tariff. A copy of this can be obtained from the hospital Information Services Department.

Private Patient Regulations

Under the terms of NHS (Scotland) Act 1978 you are bound by the regulations governing the treatment of private patients within NHS hospitals. Included in these regulations is the principle that once you have been admitted privately, it is not possible, except in very exceptional and unforeseen circumstances, to revert back to NHS patient status prior to discharge from hospital. Prior to admission, although you may have been seen and treated by a Consultant as a private out-patient, you may elect to become an NHS patient for the remainder of your care.

Prior to undergoing inpatient or daycase treatment as a private patient in an NHS hospital, you are required to sign the form of "Undertaking to Pay Charges". This will be sent to you with the arrangements for admission and must be returned in the envelope provided, prior to your admission.



Notes For Private Patients

Further Information

If you have any questions regarding the information contained in this leaflet or private patient care in general, please contact the following:-

- Information Services
Borders General Hospital - Tel: 01896 826491
- Your Consultant

Important Information for Private Patients

Introduction

We welcome you to Borders General Hospital and hope that your stay here will be comfortable. As you know, Borders General Hospital is an NHS hospital but, under the terms of the NHS(Scotland) Act 1978, there is a provision for a certain number of private patients to be treated within the hospital in any one year. Although the facilities in Borders General Hospital are excellent, it should be remembered that you will be occupying the same accommodation as NHS patients and that currently there is no provision for individual catering or other services. As you would expect, all patients in Borders General Hospital have a right to be treated with courtesy, professionalism and consideration and this is our declared aim. If you have any observations, comments or suggestions to make about the care you receive during your stay, your Ward Sister or Charge Nurse will be pleased to deal with them.

In-Patient Accommodation

Most of the accommodation in the Borders General Hospital is in six-bedded units. There are on each ward a number of single rooms with en suite facilities and whenever possible, one of these will be made available to you as a private patient. However, you must understand that the use of the rooms is governed by medical and nursing priorities and on occasions one may not be available for your use. In exceptional circumstances, you may be asked to vacate such accommodation should urgent medical or nursing need dictate. Arrangements can be made with the hospital to view in advance the accommodation likely to be available.

Facilities

Medical (Ward 6) en suite facilities, television in each single room, telephone available on request.

Surgical (Wards 7 & 8) en suite facilities, television in each single room, telephone available on request.

Gynaecology (Ward 16) single rooms with en-suite facilities.

Note: As these rooms are not adjacent to the nurses' station, all private patients having major surgery are nursed within six-bedded bays for at least 24 hours immediately post operatively.

Single rooms in this area may be in demand by patients who require privacy due to their condition and so may not always be available for private use.

Orthopaedics (Ward 9) en suite facilities, television in each single room, telephone available on request.

Charges

There are 2 separate types of charges payable for care as a private patient, both of which you will be responsible for settling. These are as follows:-

1. Hospital Charges

As a private patient, you will be charged by the hospital for accommodation which is based on the average cost of treating all patients (both private and NHS) and includes the following elements:-

- Nursing & Medical Staff (excluding Consultants)
- Dressings & Drugs (excluding high cost)
- Hotel services (catering, cleaning and laundry)
- Other general services, including administration

You will also be charged for all investigations, any cost drugs, and any prosthesis or implants, eg. Laboratory, x-ray examinations.

2. Professional Fees

Charges will be made for professional services of the Consultant medical staff involved in your care. These charges may be made not only by the Consultant in charge of your care, but also by other specialists who may be involved with your care management.

At the Borders General Hospital, the other charges are most likely to be from Anaesthetists. (At the BGH, the full cost of x-ray and laboratory services are covered within the hospital charges element and, as such, there are no additional professional fees raised by these specialists.)

The Consultant in charge of your care will be able to outline the charges to you and indicate which are likely to be relevant in your case. The invoices for professional fees will be sent to you separately from the hospital charges.

Appendix 13: Reciprocal Health Agreements

Anybody visiting Scotland for a short period of time should ensure that they have appropriate travel insurance, as reciprocal healthcare agreements/ EHIC's do not cover services such as repatriation.

European Economic Area (EEA) Countries

Austria	Latvia*
Belgium	Liechtenstein
Bulgaria*	Lithuania*
Cyprus	Luxembourg
Czech Republic*	Malta
Denmark	The Netherlands
Estonia*	Norway
Finland	Poland*
France	Portugal
Germany	Romania*
Greece	Slovakia*
Hungary*	Slovenia*
Iceland	Spain
Republic of Ireland	Sweden
Italy	UK

*Indicates the 'A8' countries who joined in 2004 and Bulgaria and Romania, who joined in 2007. Nationals from these countries, who are not presenting as self-employed, should be registered under the Worker Registration Scheme if they are working for more than one month and have a work permit or Accession Worker card (AWC) as evidence of this. They should then be registered in the same way as other EEA nationals. Persons from these countries may have 'No access to public funds' stamped in their passport. This relates to benefits **not** health care.

Switzerland is not a EEA member, but has a treaty with the EEA. Its nationals are therefore, treated on the same basis as EEA nationals with regard to state healthcare.

European Economic Area (EEA)/ Swiss Nationals

Nationals of all EEA countries, as listed above, and Switzerland are entitled to any necessary NHS treatment while visiting the UK on the same basis as persons ordinarily resident in Scotland, upon the production of an EHIC. This includes pre-existing conditions, so long as the patient's visit to the UK is not expressly for the purpose of receiving treatment. In such circumstances, patients must have an E112 form signed by their Health Authority agreeing to pay the UK Government for the cost of their treatment.

For oxygen therapy or renal treatment, arrangements must be made prior to travel to confirm available capacity.

Non-European Economic Area (EEA) Reciprocal Health Arrangements

The UK has reciprocal healthcare agreements with some non-EEA countries, as listed below. Unless the reciprocal agreements stipulate otherwise, persons from these countries are entitled to treatment the need for which arose during the visit on production of necessary travel documentation.

List 1 Countries

List 1 countries (below) cover nationals who are resident in the country concerned.

New Zealand
Russian Federation

Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kirgizstan, Moldova, Tajikistan, Turkmenistan, Uzbekistan and Ukraine.

Serbia, Montenegro and successor states Bosnia, Macedonia and Croatia.

List 2 Countries

List 2 Countries (below) cover residents of the country concerned, irrespective of their nationality.

Anguilla	Isle of Man
Australia	Montserrat
Barbados	St Helena
British Virgin Islands	Turks and Caicos Islands
Falkland Islands	

Quota Territories

Quota arrangements, which are monitored by the Department of Health, apply to a number of patients who can be referred for treatment to the UK from the islands noted below. Patients accepted by the UK under these arrangements are “exempt from NHS charges”. NHS hospitals will be notified in advance of patients authorised to come for treatment under these arrangements.

Anguilla	the Turks and Caicos Islands
British Virgin Islands	Gibraltar*
Montserrat	Caribbean Islands**
St Helena	

*Patients from Gibraltar must produce a letter from their home health or benefits authority confirming that they have either been referred as part of the agreed quota arrangements with the UK or are being referred by the home health or benefits authority, which will be paying for the treatment. If neither document can be presented, the patient should be considered as a self-referral and be treated as a private patient.

** Patients of Caribbean Islands are limited to 4 patients from each island per year.

Australia

There is a specific health agreement between the UK and Australia. As well as treatment, the need for which arose during a visit, this also includes the provision of free renal dialysis treatment, subject to prior arrangement and spare capacity at a renal unit.

Turkey and Turkish Controlled North Cyprus

Visitors from these areas, who do not benefit from any of these exemptions, who require treatment the need for which arose during a visit should be charged unless they can prove that they are without sufficient funds or medical insurance to meet the cost of the treatment, where possible, before the treatment is provided.

Borders NHS Board



MANAGEMENT OF PRIVATE, OVERSEAS (NON-NHS) AND CO-PAYMENT PATIENTS POLICY

Aim

The NHS Borders Management of Private, Overseas (Non-NHS) And Co-Payment Patients Policy Statement and Procedures states the Board's Policy, and provides detailed guidance on the processes and procedures to be followed when treatment is provided to these groups of patients.

Background

The "Management of Private, Overseas (Non-NHS) And Co-Payment Patients" was approved by the Board in May. The paper has been updated and takes into account the learning from 2 co-payment cases recently progressed in Borders.

Summary

The Procedure is more explicit on the processes to be followed when administering patients who are required to pay for part or all of their treatment, together with the responsibilities of clinicians where they wish to carry out private practice.

Recommendation

The Board is asked to **approve** the Policy Statement and supporting Procedures.

Policy/Strategy Implications	Yes - Policy Statement
Consultation	Circulated for consultation to Clinical Boards, Medicines Resource Group and on Board Intranet.
Consultation with Professional Committees	As above
Risk Assessment	Not Applicable
Compliance with Board Policy requirements on Equality and Diversity	Yes
Resource/Staffing Implications	None

Approved by

Name	Designation	Name	Designation
Alison Wilson	Director of Pharmacy	Susan Swan	Deputy Director of Finance

Author(s)

Name	Designation	Name	Designation
George Ironside	Senior Health Information Manager	Ros Anderson	Senior Pharmacist

Borders NHS Board



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