

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" brings together into one document, procedures and arrangements for the management of private practice, co-payment patients and overseas visitors. When combining these the opportunity was taken to both streamline, and strengthen the procedures to be followed for all patients that are required to pay for treatment and care in NHS Borders. This is a follow-up action to the Internal Audit Report 'Private & Overseas Visitors'.

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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**Policy Statement
on the
Management Of Private, Overseas Visitor And Co-Payment Patients**

Where treatment is given to Private, Overseas Visitors or Co-Payment Patients, it must comply with the following 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.

Details for applying the above policy is given in the attached "Management Of Private, Overseas Visitor And Co-Payment Patients Procedure" [March 2013]



Title	Management Of Private, Overseas Visitor And Co-Payment Patients
Document Type	Procedure
Document Number	1
Version Number	1
Approved by	Dr Sheena MacDonald
Issue date	2013
Review date	2014
Distribution	Clinical Chairs, General Managers, Heads of Service
Prepared by	George Ironside
Developed by	Alison Wilson, George Ironside, Ros Anderson and Susan Swan
Equality & Diversity Impact Assessed	
File Ref	13 03 25 NHS Borders Management of Private Overseas (Non NHS) and Co-Payment Patients.doc

Unique ID:
Category/Level/Type: 1- Procedure
Status: Draft 0.1
Date of Authorisation:
Date added to Intranet:

Key Words: Policy, Policies, Patients, Finance, Private, Overseas

Author (s): George Ironside
Version: 01.03.12
Authorised by:
Review Date:

Comments:

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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 7**).

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.

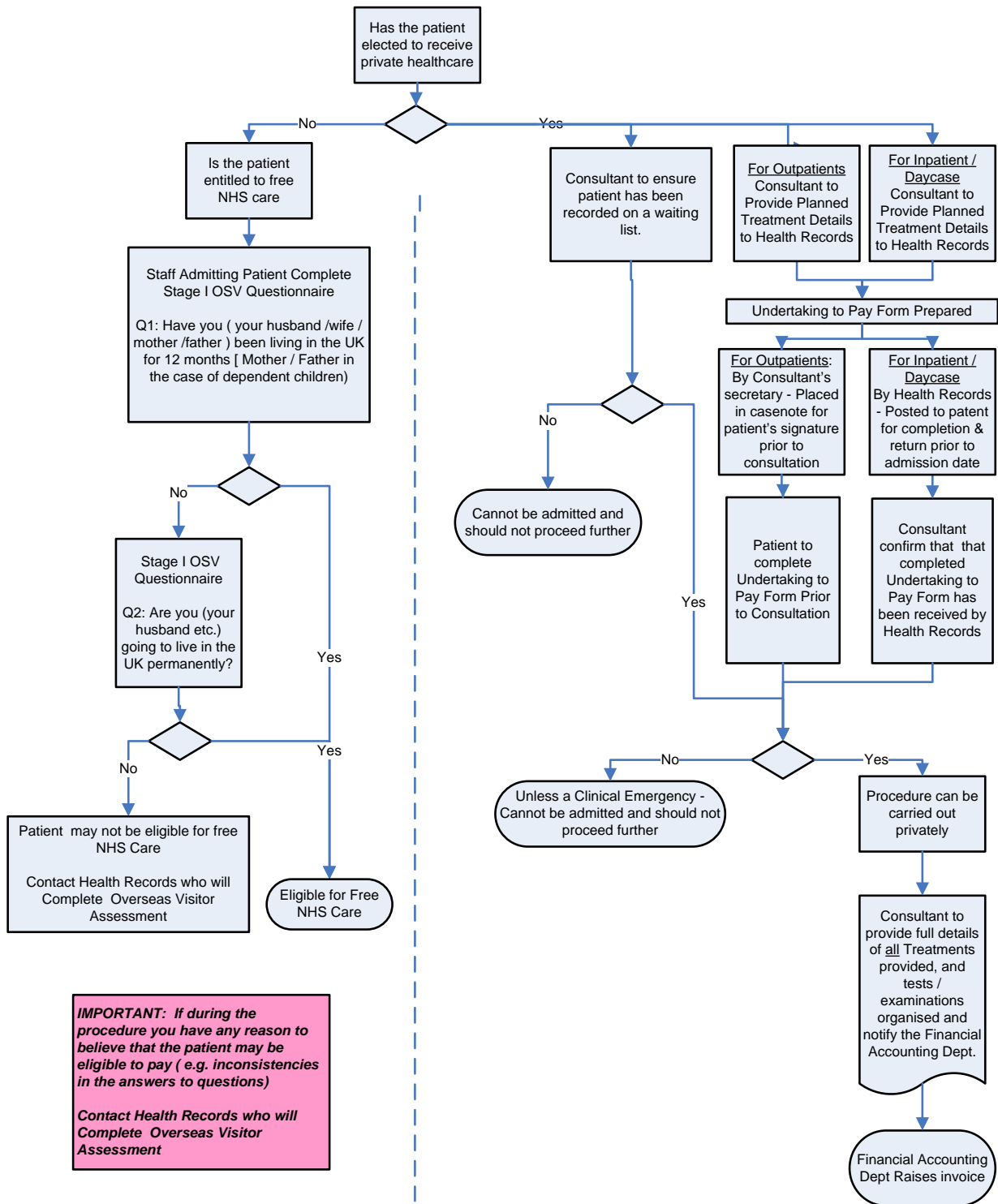
Question 3.4 Have you received notification that the undertaking to pay form (**Appendix 5**), completed by the patient, has been received by Health Records?

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 9**).

Assessment of Eligibility to Exemption from NHS Charges



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

The arrangements under this procedure are compliant with existing law in Scotland. See Appendix 4 for a flowchart of this procedure.

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

- 8.1. 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

- 8.2 Please follow the undernoted questions for patients considering co-payments in the first instance. Where patients then choose to opt for co-payment, please follow Steps 1-3.

Question 4.1 Has the patient been informed that the treatment is not considered to offer sufficient benefit in relation to the NHS cost in their case (as per NHS Scotland Policy)?

If “Yes”- go to question 4.2

If “No”-Clinician or other relevant person to ensure that this conversation occurs

Question 4.2

Where appropriate, has the consultant assessed, and agreed with patient, eligibility for an IPTR/ECR request and, **has** the patient been made aware of the benefits and drawbacks of the process?

If “Yes” – case will be submitted to the Individual Patient Treatment Request Panel (IPTRP) / Extra Contractual Referral Panel (ECRP). Go to question 4.3.

If “No” - patient either opts to continue with NHS treatment **only** and no co-payment required

OR

patient elects to privately fund a non- NHS Scotland approved treatment – go to question 4.4

Consultants must fully record the above discussions and conclusions in the patient’s records.

Question 4.3 Has the case been deemed appropriate by the IPTRP/ ECRP?

If “Yes” – case funded by Board and no co-payment required.

If “No” - go to question 4.4.

Question 4.4 Has the case been deemed as not appropriate by the IPTRP/ ECRP and non-NHS element to be funded by patient

OR

was case not eligible for consideration for IPTRP/ ECRP and patient wishes to privately fund a non- NHS Scotland approved treatment?

If “Yes” – clearly document the NHS and non-NHS elements of treatment provision, including all associated additional costs and follow Section 9- ‘Process and Payment arrangements’ and Appendix 3

Where the decision is to access private services in combination with the NHS, the following points should be noted and appropriate action taken before embarking on that route:

1. Individual clinicians remain responsible for clinical decisions regarding care of individual patients.
2. Clinical care and medicines will be provided normally through the NHS where there is evidence that patients will benefit from a particular intervention and that patients are eligible to access that care through the NHS.
3. All avenues for obtaining care and/or medicines through the NHS including IPTR/ ECR are considered fully and exhausted by the clinician and the patient before the provision of combined NHS and private care is considered.

4. Patients, and where appropriate their family and carers should always be provided with comprehensive and accurate written information about their options for treatment in the NHS, including NHS treatment not available in NHS Borders.
5. Clinicians must ensure that written agreement is provided to relevant parties concerning the decision to provide combined private and NHS care within NHS Borders services.
6. Clinicians should ensure that an appropriate person (generally specialist nurse or administrator) will co-ordinate the co-payment process for the individual patient and to ensure acceptable communication pathways for patients, families and carers, regarding time-scales and financial arrangements. Time-scales will vary for individual cases and clinicians are expected to provide guidance on the likely time-frame for all decisions and communications.
7. Clinicians must ensure that a complete, accurate and up to date record of all decisions regarding combined NHS and private healthcare are made in the patients records including the basis for the patient making the decision for a co-payment model of care and the clinical advice provided. All relevant personnel to be notified following the example in the “Co-payment in Action” Appendix (5) and in Section 9, “Process and Payment Arrangements”.
8. Clinicians and relevant managers must assess the proposed combined care for any risks to patient safety, clinical accountability, governance and probity including the risks associated with sustainability and continuity of care if patients decide to request a co-payment model of care. They must ensure that adequately trained staff and suitable facilities are available to manage a combination of NHS and private care.
9. Once the decision to proceed with private healthcare in combination with NHS Border’s healthcare is made, the clinicians, service managers and supporting staff, including finance, must agree, with the patient, a treatment plan and costings - see section 9 for ‘Process and Payment arrangements’ and Appendix 5 for the oncology example of ‘Co-payment in action ‘. This example should be feasible as a template for most co-payment requests.
10. NHS and private care are, where possible, delivered separately with clear separation in legal status, liability and accountability; the discrete elements of NHS and private care are agreed and understood by clinicians and patients in advance. If there is any dubiety over any aspects of the separation of elements of care, a decision must be sought from the Medical Director.
11. Clinicians and relevant managers need to be confident that clinical accountability for private and NHS components of care is clear and agreed, and staff and suitable facilities are available to manage a combination of NHS and private care.
12. Clinicians and relevant managers must ensure that an accurate record of these combined treatment episodes is maintained. Summaries of these decisions must be reviewed within the relevant directorate at regular intervals (during multi-disciplinary team (MDT) meetings) and used in the planning and delivery of services.
13. 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.

Clinicians and relevant managers must ensure that patients, and where appropriate their family and their carers, understand that the particular elements of private healthcare (e.g. the provision of a medicine) will have a number of associated clinical costs. NHS Borders will charge at full cost recovery for the private care provided within an NHS service, as described in the Principles of Conduct and described in more detail in Section 9 “Process and Payment Arrangements”.

14. What should be expected under the NHS is to be documented prior to treatment. The NHS cannot be held responsible for any complications that arise after interventions or treatments provided privately. The original provider remains responsible for any treatment necessary and funding responsibility remains with the patient. Any subsequent complications not listed at the outset, but recognised as being applicable to both the treatment given privately and the NHS alternative must be submitted, stating that treatment of the complication is covered by the NHS.
15. 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.
16. The “NHS Borders Guideline on NHS Care and Private Treatment” and NHS Borders’ Process for Patients Receiving Healthcare Services Through Private Healthcare Arrangements (Co-payments) should also be referred to when considering requests for co-payment.

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 Processing 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. Process and Payment Arrangements For Medicines

Decision made to request co-payment by the patient in discussion with the consultant. The consultant will discuss the NHS Borders process with regard to finance as well as clinical implications of combining NHS and private treatment and likely number of treatment courses.

- Consultant then notifies relevant nurse managers and finance with details of additional non pharmacy-related costs below.
- The consultant and formulary pharmacist will follow the ADTC ‘new medicines application process’ or IPTR process and specifically for ‘single patient use’ via the next appropriate meeting.
- The relevant pharmacist(s) calculate cost of drug treatment + ‘on-cost’ charges which relate to pharmacy elements. ‘On-cost’ is a nominal charge equating to an additional 5% on the cost of the drugs to cover additional costs such as:

- ordering and invoicing for a non stock product.
 - dosing determinations.
 - preparing and dispensing costs, often requiring defined time in the pharmacy aseptic suite.
 - administering the novel therapy
 - staff training and new medication procedures to cover all of the above.
 - additional administration to ensure that patient co-payments are received.
- Formulary pharmacist notifies finance, once the co-payment treatment has been approved.
 - Copy of notification to relevant clinical personnel.
 - Any separately identifiable non-pharmacy-related costs associated with co-payment – e.g. additional appointments, scans, laboratory tests, insertion of a line or admission to hospital should be identified and included in the co-payment charge.
 - 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.
 - NHS Borders Finance confirm the total amount per course of co-payment treatments to include all of the pharmacy-related ‘on-cost’ and the non pharmacy-related costs.
 - NHS Borders Finance contacts the patient to :
 - confirm the total payment and method of payment (generally at Administration department, BGH) and that a receipt will be provided.
 - inform patient that they require to pay in full for each treatment episode in advance
 - provide an ‘undertaking to pay’ form. (Appendix 6)
 - advise the patient that they are required to take their payment receipt to the treatment location to present to staff prior to treatment being commenced.
 - If the patient agrees to go ahead, the patient signs the relevant paperwork and returns it to NHS Borders Finance.
 - When NHS Borders Finance receives notification from the patient that they wish to proceed with the co-payment treatment they contact consultant and other relevant personnel with this information- see example in Appendix 5.
 - Consultant should then confirm treatment protocol with relevant personnel and that the treatment is still suitable for the individual patient - see example in Appendix 5.
 - After the first course and subsequent review, if the patient requires further co-payment treatment courses, the consultant will follow the same process as outlined above.
 - Notification of all co-payment arrangements should go to MRG and ADTC for information.

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.

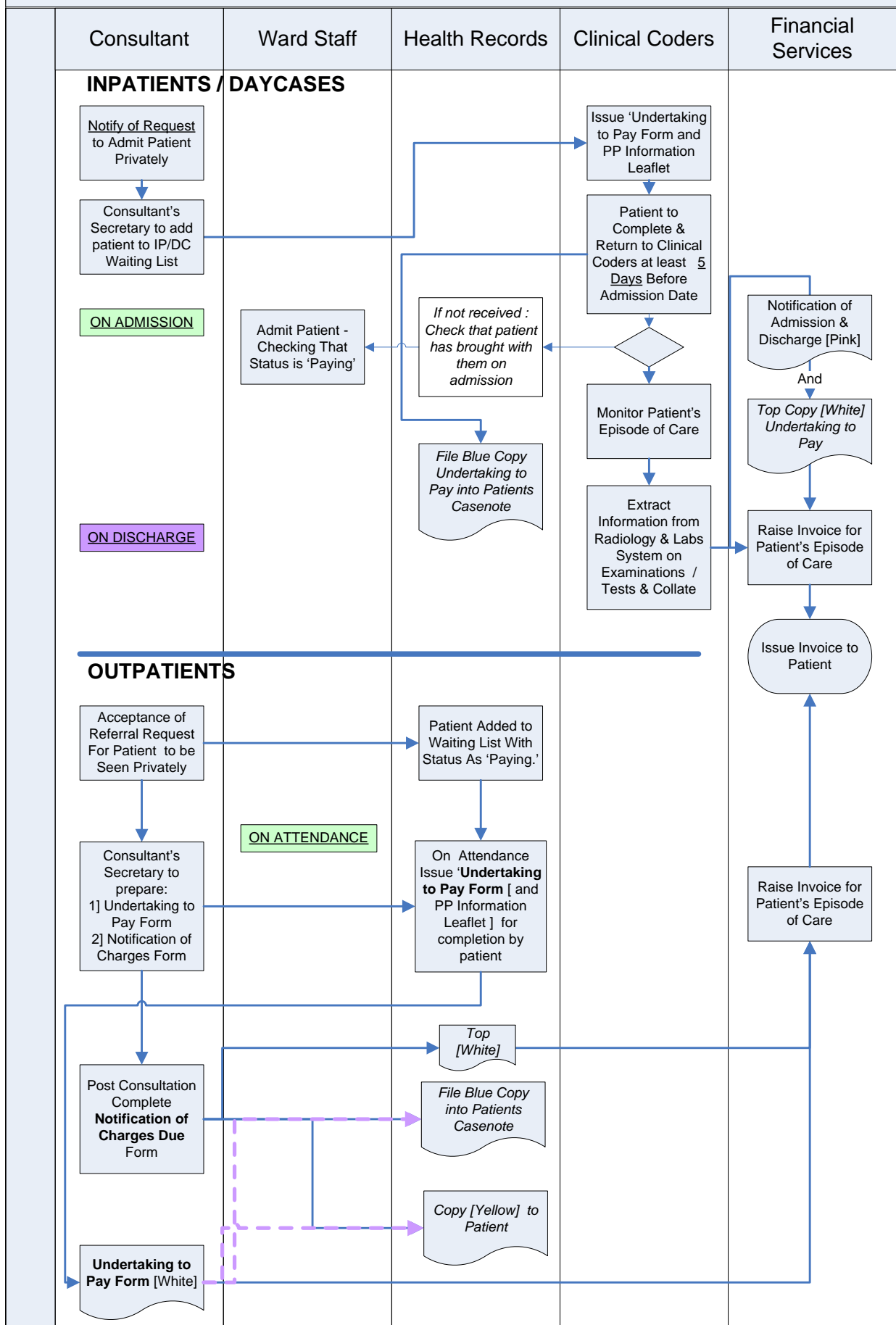
Failure to advise Health Records of any private practice activity in this manner shall be regarded as fraudulent practice, and the matter shall be referred to NHS Counter Fraud Services.

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 5). 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.

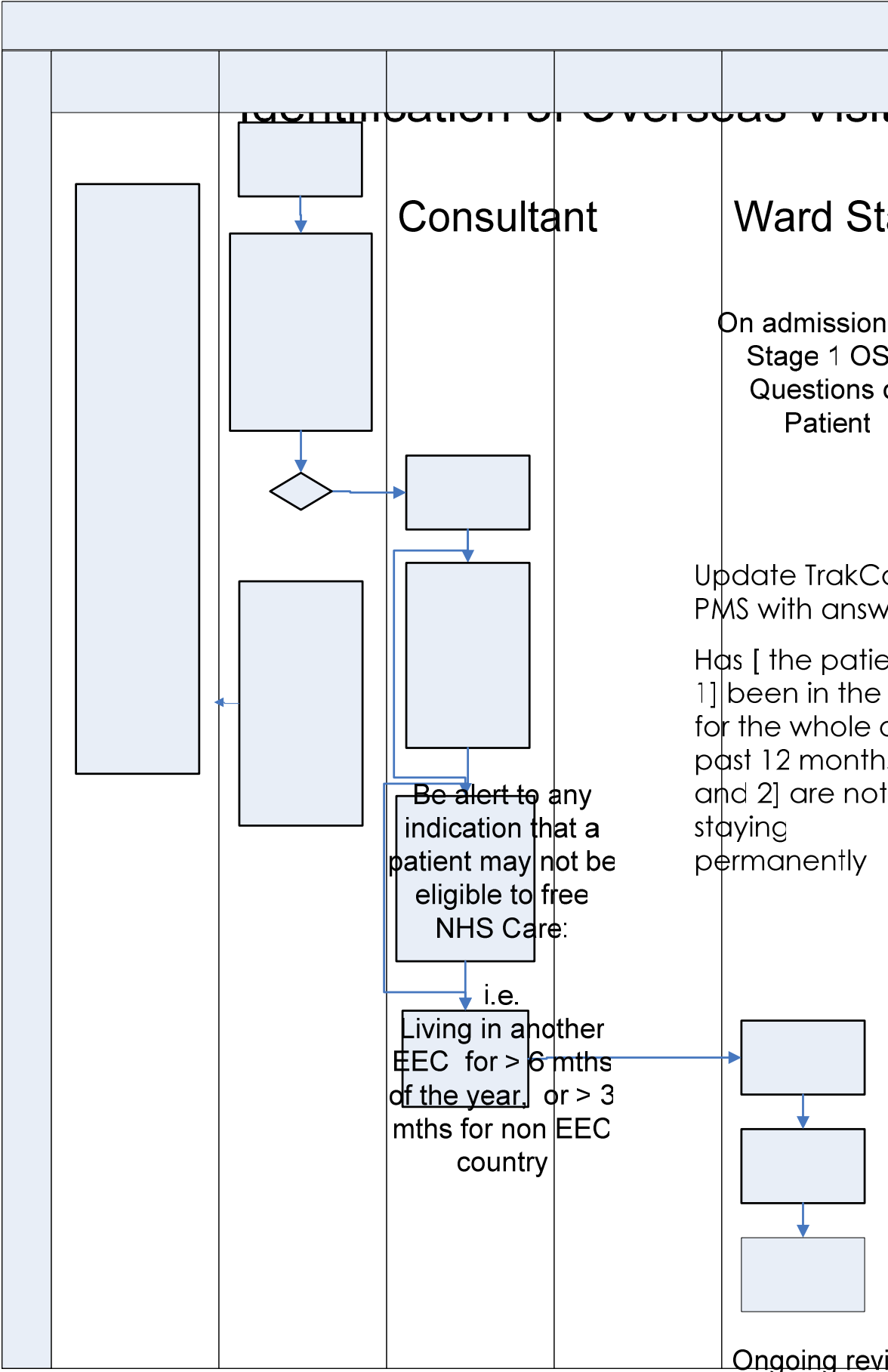
The overseas visitor's regulations do not permit charging for emergency care. Patients are not liable unless admitted to a ward. All treatment provided in **A&E departments** and **casualty departments** are "exempt from NHS charges". This includes treatment in an observation ward. The exemption **ceases** 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 6). After the Stage 2 interview Health Records will check with UKBA via CFS as appropriate the patient's status.



Identification of Overseas visitors, a

Consultant

Ward Staff

On admission ask
Stage 1 OSV
Questions of
Patient

Update TrakCare
PMS with answers to
Has [the patient]
1] been in the UK
for the whole of the
past 12 months,
and 2] are not
staying
permanently

Be alert to any
indication that a
patient may not be
eligible to free
NHS Care:

i.e.
Living in another
EEC for > 6 mths
of the year, or > 3
mths for non EEC
country

Ongoing review
during the
patient's stay that
there is nothing to
suggest that might
not be eligible ro

1.1 Patients Who Are Not Exempt from NHS Charges

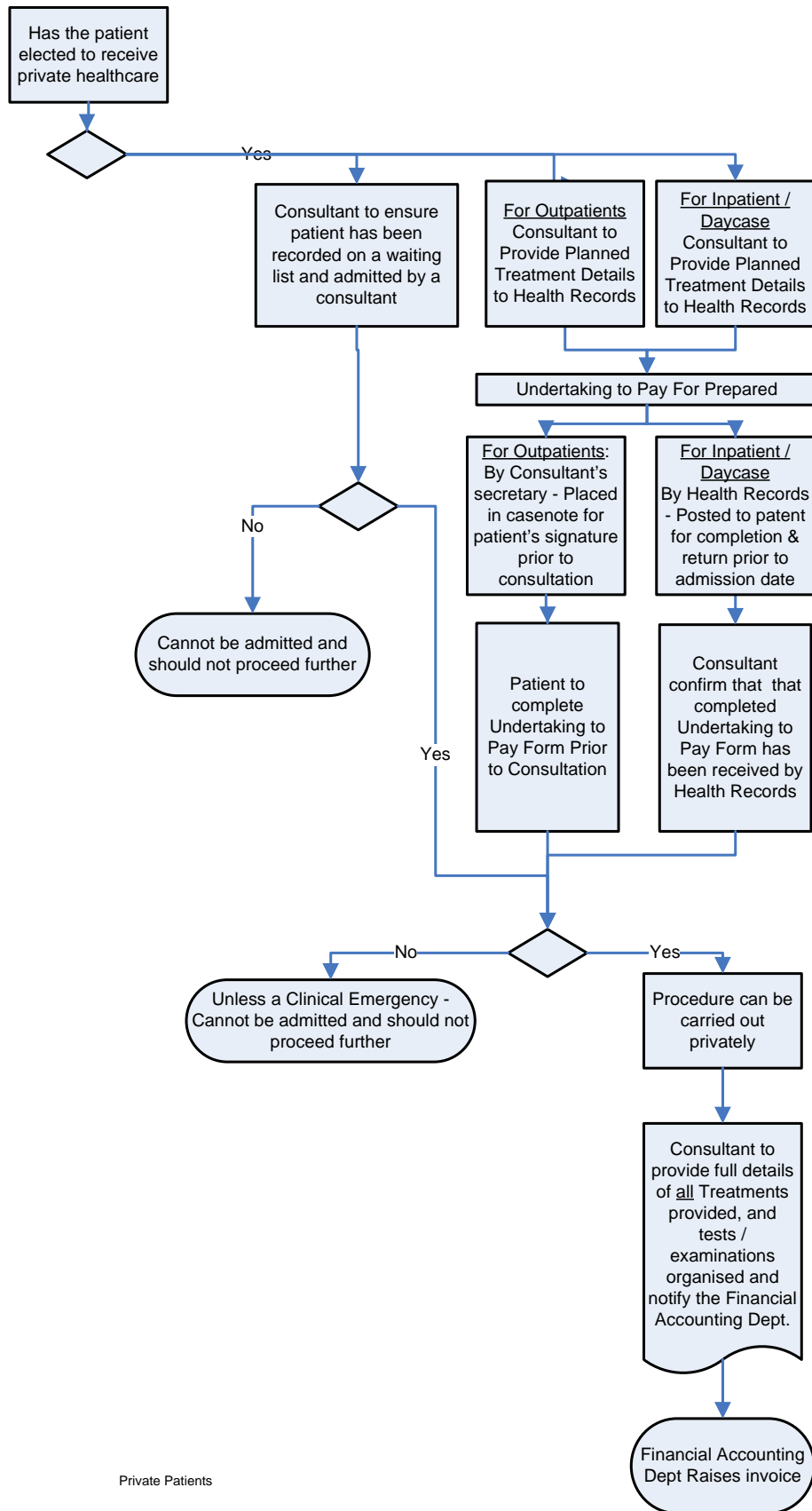
Patients who are **not** exempt from NHS charges should be identified as “Overseas – Liable“ on TRAK, and should have their permanent overseas address entered on TRAK in the permanent address field.

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

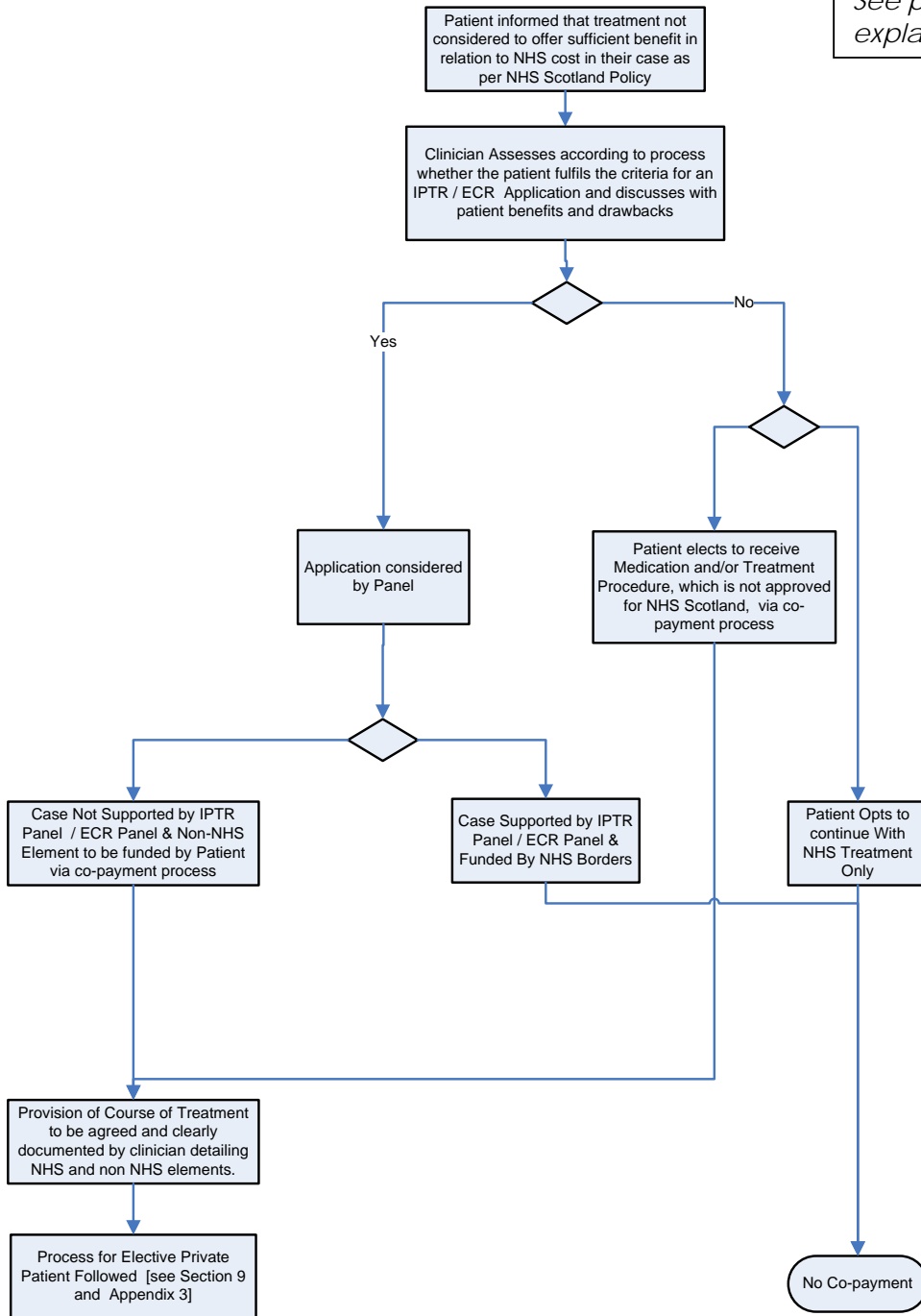
Patients for whom the requirement to cover costs does not apply are set out in the Health Records Stage 2 interview questionnaire. Patients exempt from NHS charges should be entered into TRAK as “Overseas – Non Liable”. This would apply to patients accessing A&E services, those from European Economic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

Appendix 3: Process for Elective Private Patients



Appendix 4: To Aid Decision-making for Co-payment for Medicines & Treatment Procedures

IPTR = Individual Patient Treatment Request
 ECR= Extra-Contractual Referral
See pages 3 and 4 for detailed explanation of terms



Process for Co – payment Patients

Appendix 5: The Co-payment Process in action: Oncology Medication Example

1. Decision made to request co-payment would be by the patient in discussion with the relevant consultant, who will discuss the NHS Borders process with regard to finance as well as the clinical implications of taking the combined NHS and private treatment approach and the potential number of treatment courses.
2. Consultant then notifies the senior charge nurse & charge nurse (oncology), formulary and cancer care pharmacists of this patient request including:
 - A. Patient name, CHI and contact details
 - B. Treatment to be given along with plan i.e. number of cycles planned
 - C. Patient's height and weight if drug dosed on body surface area (BSA).
3. The consultant and formulary pharmacist will follow the process outlined in Section 8 of the main paper using the IPTR/ ECR for 'single patient use'.
4. Cancer care and formulary pharmacists calculate cost of drug treatment + 'on-cost' charges.

This 'on-cost' will equate to an additional 5% on the cost of drugs.

5. Formulary pharmacist notifies finance, once the co-payment treatment has been agreed as in the 'process and payment arrangement' section of the main paper.

Copy of notification to cancer care pharmacist, consultant and senior charge nurse and charge nurse in oncology.
6. Any separately identifiable costs associated with co-payment – e.g. additional appointments, insertion of a line or admission to hospital should be identified and included in the co-payment charge.
7. Where there is lack of clarity between care associated with the co-payment drug and the care associated with NHS-funded treatment no charge will be applicable.
8. NHS Borders Finance confirm the total amount **per course** of co-payment chemotherapy to include "on cost".
9. NHS Borders Finance contacts the patient to :
 - confirm the total payment and method of payment (generally at Administration department, BGH) and that a receipt will be provided.
 - inform patient that they require to pay in full for each treatment episode in advance
 - provide an 'undertaking to pay' form.
 - advise the patient that they are required to take their payment receipt to Borders Macmillan Centre (BMC) to present to staff prior to treatment being commenced.
10. If the patient agrees to go ahead, the patient signs the relevant paperwork and returns it to NHS Borders Finance

11. When NHS Borders Finance receive notification from the patient that they wish to proceed with the co-payment treatment, they contact consultant, senior charge nurse & charge nurse (oncology), formulary & cancer care pharmacists with this information.
12. The consultant should then confirm treatment protocol including the following information to formulary pharmacist, cancer care pharmacist and senior charge nurse & charge nurse (oncology):
 - A. Patient name, CHI and contact details.
 - B. Treatment to be given along with plan i.e. number of cycles planned and to be charged initially.
 - C. Patients height and weight if drug dosed on BSA (body surface area).
13. BMC staff will clinically assess patient 24 to 48 hours prior to chemotherapy treatment date and if treatment is to go ahead they will notify cancer care pharmacist who will organize preparation of co-payment chemotherapy which will have been pre-ordered-see 'B' below.
 - A. Payment MUST be received before drug can be prepared.
 - B. Ideally 7 days notice is required for pharmacy to order & schedule preparation of the co-payment treatment
 - C. BMC liaise with Consultant to monitor if further cycles of co-payment drug will be required.
14. If the patient requires further treatment with co-payment drug after this consultant review, the consultant should advise the patient that at least four working days are required to collect payment and give pharmacy sufficient time to order the drugs.
15. The consultant then contacts the cancer care and formulary pharmacists and senior charge nurse & charge nurse (oncology) detailing the number of further cycles to be available for provision and charging, as above.
16. The formulary pharmacist will notify finance as at '7' above to allow the financial processes to be actioned.
17. If a patient is unable to receive treatment which they have paid for, pharmacy will endeavor to sell it to another Health Board and reimburse the patient / next of kin as appropriate.

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 11: Operation Documentation – Private Inpatients/Day Cases

PRIVATE INPATIENTS & DAYCASES:- NOTIFICATION OF CHARGES DUE FOR TREATMENT & PROCEDURES

UNIT NO	NAME	ADMISSION DATE	DISCHARGE DATE										
		ADDRESS	CONS	CODE									
TREATMENT SUMMARY		Charge £	Total	Date	Date	Date	Date	Date	Date	Date	Date	Date	Total
DAYCASES		Per Day	£191										
INPATIENTS													
Occupied Bed Day		Per Day	£319										
Intensive Therapy Unit		Per Day	£1,847										
Ward 5		Per Day	£473										
Laboratory													
Clinical Chemistry		Per Request	£34										
Haematology		Per Request	£34										
Microbiology		Per Request	£34										
Pathology		Per Request	£34										
Theatre													
Minor		Per Hour	£278										
Intermediate		Per Operation	£191										
Major		Per Operation	£252										
Major plus		Per Operation	£414										
		Per Operation	£789										
Prosthesis													
Exeter Total Hip		Per Procedure	£1,019										
P.C.A. Total Hip (Uncemented)		Per Procedure	£2,853										
Austin - Moore (Hemi - Arthroplasty)		Per Procedure	£184										
Kinemax Total Knee		Per Procedure	£2,220										
Cataract Surgery		Per Procedure	£252										
Radiography													
		Per Examination											
		Per Examination											
		Per Examination											
		Per Examination											
		Per Examination											
Physiotherapy		Per Attendance	£31										
Occupational Therapy		Per Attendance	£31										
Physiological Measurement													
Other													
Pharmacy / Medicines													
Pharmacy / Medicines													
GRAND TOTAL													

NOTES ON COMPLETION
1 Pharmacy / Medicines

Allowance of £15 per day for all locations except Ward 5 and ITU where drugs costs included in daily occupied bed day rate.

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:-

- 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.

- 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.