Trust Policy

Plymouth Hospitals NHS
NHS Trust

Private Practice Policy

Date	Version
May 2017	5

Purpose

This policy provides a framework for both providing and supporting private patient services throughout the Trust, and indicates the responsibilities of key stakeholders.

Who should read this document?

All members of staff who are involved in the delivery of care and the administration behind the provision of services to private patients.

Key messages

All patients that are receiving care on a non-NHS basis should be managed in accordance with this policy.
All staff involved in the delivery of this care are responsible for ensuring that the principles of this policy are adhered to.
Where staff are directly employed by the Trust to undertake private patient work then the Trust will provide appropriate indemnities and insurance.

Accountabilities

Production	Income Manager, Private Patient Manager, Head of Patient Access, General Manager – Clinical Commercial
Review and approval	Director of Planning and Site Services/Deputy Chief Executive
Ratification	Trust Management Executive
Dissemination	General Manager – Clinical Commercial
Compliance	General Manager – Clinical Commercial

Links to other policies and procedures

Various APNs

Version History

V3	March 2010	Revision of previous version
V4	April 2016	Revision of previous version
V5	May 2017	Revision of previous version, updated for Finance Committee comments

Last Approval	Due for Review
2017	2019

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

1 Introduction

Plymouth Hospitals NHS Trust (the Trust) recognises the following benefits from offering private patient services:

- Private patient services attract a financial contribution that can be used to support and develop NHS activities.
- There are a number of services that can be delivered to private patients that are not available through the NHS. The Trust can therefore offer a wider range of services to the local population than would otherwise be available.

To endorse its commitment to this Policy the Trust employs a team to manage the delivery and support of private patient services. This team is known as the Private Patient Team.

This policy provides a framework for both providing and supporting private patient services throughout the Trust, and indicates the responsibilities of key stakeholders.

2 Purpose, including legal or regulatory background

Private Practice is conducted in accordance with Section 62 and 66 of the NHS Act 1977 and Section 65 of the Act as amended by the NHS and Community Care Act 1990.

A private patient is defined as anyone who chooses to pay for his or her treatment.

The following documents have been used for reference, and should be read alongside this policy:

- Commissioning Policy: Defining the boundaries between NHS and Private Healthcare (NHS Commissioning Board, April 2013)
- The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland (Guidance from the BMA Medical Ethics Department May 2009)
- Guidance on NHS patients who wish to pay for additional private care (DoH, 2009)
- Good Medical Practice (GMC, July 2013)
- A Code of Conduct for Private Practice, Recommended Standards of Practice for NHS Consultants (DoH, January 2004)
- All staff should adhere to their professional codes of conduct with regard to private practice.

These documents are publically available.

Where an NHS patient opts to pay for private care, their entitlement to NHS services remains and may not be withdrawn. The NHS must not subsidise private care, and private care should be kept separate from NHS care wherever possible.

3 Definitions

Private Practice - This is defined in the Department of Health's "Code of Conduct for Private Practice – Recommended Standards of Practice for NHS Consultants" January 2004.

Private Patient – All patients of the Trust wishing to opt out of the NHS system and pay for private diagnosis, treatment or care, or those individuals who are not eligible to receive NHS services and wish to gain access to these services by purchasing them privately.

"Top-ups" - Payment made by a patient for a medicine (and related care) not approved and funded by the NHS.

Amenity Bed - An amenity bed is available to NHS patients who wish to pay for the privacy of a single room whilst their treatment remains on the NHS.

DoH – The Department of Health is the Ministerial Department of the United Kingdom Government responsible for government policy on health and adult social care. It oversees the English National Health Service (NHS).

iPM - i.Patient Manager captures all NHS and Private inpatient out outpatient episodes of care in the Trust.

GMC - General Medical Council is a public body that maintains the official register of medical practitioners within the United Kingdom.

4 Duties

The Trust endorses the DoH "Code of Conduct for Private Practice" (Jan 2004), and all private practice should follow from the following key principles:

- NHS consultants and other clinicians should work with the Trust on a partnership basis to prevent any conflict of interest between private practice and NHS work, and to minimise any perception of such conflicts.
- The provision of services for private patients must not prejudice the interest of NHS patients or disrupt NHS services;
- With the exception of the need to provide emergency care, agreed NHS commitments should take precedence over private work; and
- NHS facilities, staff and services may only be used for private practice with the prior agreement of the Trust.

In addition, the following principles are to be adhered to:

- All staff employed by the Trust are required to care for patients on an equitable and professional basis regardless of the source of funding for the individual patient. This means that all clinical and information governance policies that apply to NHS patients apply equally to private patients.
- The Trust will maintain a Register of Private Practice, by which clinicians and the Trust will agree and record activities to be carried out. This will form part of the disclosure required by the Consultant Contract.
- All private activity must be reported to the Private Patient Team promptly in order that the services can be charged for appropriately.

Summary of Responsibilities
All staff

- Responsible for notifying the Private Patient Team if a patient has health insurance or where a patient expresses any interest in private care.
- Responsible for notifying the Private Patient Team of any private activity that they think the Private Patient Team may not be aware of.

- Admission staff and ward staff are responsible for clearly identifying the patient as private within iPM and patient notes.

Consultants (via private secretaries where appropriate)

- Responsible for maintaining personal private practice insurance.
- Responsible for informing the Private Patient Team that they would like to undertake private practice, and seeking service manager approval for the facilities required.
- Responsible for informing the Private Patient Team and hospital admissions staff (where appropriate) of private patient bookings.
- Responsible for informing patients of all charges likely to be incurred over the course of their private care.
- Responsible for ensuring that private patients are clearly marked as such on all relevant documentation (e.g. diagnostic requests, etc).
- Responsible for ensuring that they and the patient have signed an Undertaking to Pay form, and that this is delivered to the Private Patient Team promptly.
- Where the Trust invoices on behalf of a consultant, the consultant is responsible for notifying the Private Patient Team of any overpayments made in error.

Private Patient Team

- Responsible for maintaining a suitable framework of policies, systems and processes to manage private patient services.
- Responsible for maintaining records of private care, and financial transactions.
- Responsible for arranging supporting services (e.g. physiotherapists, imaging, etc.)
- Responsible for costing private care, and maintaining competitive tariff rates for commercial customers and self-pay patients.
- Responsible for invoicing liable parties promptly, including invoicing on behalf of consultants where this has been agreed.
- Responsible for promptly making payments to consultants and to supporting services where required.

5 Key elements

5.1 Use of Trust facilities for private practice

NHS facilities may only be used for the provision of private services with the explicit agreement of the Trust. Departmental managers are responsible for ensuring detailed procedures are in place in order to ensure practice is carried out in line with this policy.

In practice this means that any staff wishing to make use of Trust facilities should first seek the approval of both the facility owner (e.g. Service Line Manager) and the Private Patient Team. In most cases the Private Patient Team will be able to make all of the necessary arrangements in terms of booking and staff requirements.

Use of premises, facilities and equipment is at all times subject to the normal policies regarding patient safety and high levels of patient care.

The Trust will make a charge for use of facilities and any additional services as it considers reasonable. Such charges will normally be invoiced at the end of the quarter within which the use occurred, although alternative arrangements may be considered on request.

5.1.1 Access to theatres

Consultants may use theatre time to conduct their private practice, on the basis that this time is balanced with additional NHS sessions and agreed in advance with the department manager.

Consultants must maintain a log of the theatre time used for their private practice and should then re-provide that time either prospectively or retrospectively. Re-provision sessions should be arranged as soon as required if the consultant is working retrospectively in order that their NHS commitments are not excessively delayed.

It is expected that the Service Line Management team will also maintain the necessary records to ensure that full and fair re-provision takes place within an adequate timeframe.

Access to theatre space may be withdrawn in cases of high NHS theatre pressure.

5.1.2 Access to Private Patient side-rooms

The Trust will ensure fair and reasonable access to all interested consultants for use of beds and facilities.

The consultant responsible for a patient's care must ensure that the Private Patient Team are informed of such arrangements in order that they can manage the finances accordingly.

5.2 Probity and clinical governance

At all times clinicians should conduct their practice in accordance with the guidance set out in their professional codes of conduct, such as the GMC's "*Good Medical Guide"*.

Medical practitioners and other healthcare professionals should be particularly careful to avoid any conflict of interest that may arise during their management of NHS patients within the Trust. Where such a conflict arises, the practitioner should make this clear to the patient and the Trust.

Trust material or information gained about patients during the course of their care may not be used for publicity or marketing purposes without the explicit permission of the Trust.

The consultant or other clinician responsible for a patient's care is responsible for providing notes that accurately reflect all proceedings, such that a subsequent review of the notes will provide a full and complete record of events in the course of their episode of care. Patient notes are subject to the same governance issues as NHS patients, and patient information must be protected with the same high level of integrity.

The admitting consultant or other clinician responsible for a patient's care is responsible for putting in place appropriate arrangements for continuity of care.

5.3 Indemnity and clinical negligence

The Trust is part of a litigation risk sharing scheme through the NHS Litigations Authority. In general this scheme covers all healthcare services including where the Trust undertakes private practice directly (has a direct contract with the patient).

All clinicians wishing to undertake direct private practice (where the clinician has a contract with the patient not the Trust) are required to ensure private practice indemnity cover is in place unless a specific exception is made in writing by the Trust.

Where staff are directly employed by the Trust to undertake private patient work or support the delivery of Clinicians private practice e.g. physiotherapists or

sonographers the Trust has appropriate indemnities and insurance through the NHS Litigation authority.

The Private Patient Team will ask to see evidence of such insurance being in place, and will keep copies of such evidence to provide to medical insurance organisations if required.

5.4 Change of status

NHS → Private

Patients undertaking an NHS episode of care may request to change to private care at any time during their NHS episode.

In order for the request to be accepted the same criteria must be met as for patients not currently undergoing an episode of NHS care, i.e. a consultant will need to take on the responsibility of the patient's private care, the Private Patient Team must be notified of the change of status, and the patient must sign an Undertaking to Pay form.

Patients who pay for private care in these circumstances should not be put at any advantage or disadvantage in relation to the NHS care they receive. They are entitled to NHS services on exactly the same basis of clinical need as any other patient.

Private → NHS

A patient's decision to undertake private care does not prejudice their right to access NHS services, and NHS services should not be withdrawn simply because a patient has chosen to pay for all or part of their care.

Equally, a patient's private care must not provide them with any advantage with regards to accessing NHS services that would not be available to any other patient.

Therefore if a patient has had a private outpatient appointment and elects to undertake a subsequent procedure on the NHS they should join the waiting list at the same point as if their private consultation had been on the NHS.

Private patients wishing to transfer to NHS care should complete and sign a "Change of status" form. The form should be counter-signed by the consultant and Private Patient Manager, and subsequently kept in the patient's notes.

Patients will be liable for the cost of all of their care undertaken as a private patient before transferring to the NHS.

5.5 Financial Arrangements

Patient information

Patients must be fully informed of their chargeable status before they give an undertaking to pay. Specifically they should be made aware of:

- The nature of the services and facilities being provided (e.g. single room or other ward accommodation).
- The charges for which they will be liable (or an estimate where appropriate).
- Their rights of transfer into the NHS.
- The Private Patient Team will be able to advise patients on any financial matters, and will visit patients on their arrival to the Trust if required.

Undertaking to pay

In order to verify patients' understanding of the charges to be made, and to support subsequent recovery of charges, every patient should be asked to sign an Undertaking to Pay form.

Where a patient is under the consultant's private practice and the consultant is responsible for the patient's care, they will be responsible for ensuring the form is signed by the patient, that it is subsequently counter-signed, and that the form is delivered to the Private Patient Team promptly.

For non-consultant-led services the member of staff responsible for delivering the service will be responsible for ensuring the form is signed by the patient, that it is subsequently counter-signed, and that the form is delivered to the Private Patient Team promptly.

The Undertaking to Pay form should be signed by the patient before any services are provided in all cases except for emergencies, where the form should be signed as soon as reasonably possible. In such cases the Private Patient Team should be immediately informed of the patient's status, and they will ensure that the administrative requirements are managed appropriately.

Pricing and invoicing

The Private Patient Team will maintain an up-to-date tariff which lists the services available and the prices for self-pay patients. Services not listed in the tariff may be provided but the Private Patient Team will need to carry out a costing and provide a quote for the work. The quote must be approved in writing by the Private Patient Manager to be valid.

For self-pay patients, in the event of the Trust not being able to supply the full range of private patient amenities/facilities then the final invoice may be discounted to the agreed annual level. This discount should never exceed 10% of the hospital charge.

The Trust operates a policy of composite invoicing, which means that the Private Patient team can arrange to raise invoices on behalf of clinicians and directly pay moneys owing. This brings benefits to patients who may receive a single invoice for their care, and also for consultants who do not need to bear the administrative burden of raising invoices and pursuing debts.

The Trust is also able to accept the modular billing practice whereby the consultant, the anaesthetist and the Trust all render their own invoices. The Trust precludes consultants collecting money on behalf of the Trust, therefore the Trust must raise its own invoices for use of facilities and NHS staff.

Each patient should be given an estimate of the total hospital charge he/she is likely to incur, and unless a package price has specifically been agreed, it should be explained that the final cost may vary.

Charges will take account of the cost of all diagnostic procedures, staffing, consumables, use of NHS equipment, operational overheads, and any other costs incurred.

The services afforded to private patients by NHS staff other than consultants are provided as part of their normal duties under their terms and conditions of employment

5.6 Patients wishing to pay for additional private care / "Top-ups"

The Trust supports the principle of patients "topping up" their NHS care as defined by the DoH Draft Guidance on NHS Patients who wish to pay for additional private care published in March 2009.

Patients who chose to pay for private services in addition to their NHS care will be charged the full cost of the additional care in line with the current Private Patient Self-

pay tariff. Patients must be asked to sign an Undertaking to Pay form before the additional service is delivered.

Additional care is defined as any healthcare related activity (assessment, inpatient attendance, outpatient attendance, diagnostic tests, medication, etc) which would not otherwise have been incurred in the course of delivering the normal NHS service.

The cost for medication will be determined by the hospital pharmacy department, and will typically be based on the British National Formulary rate plus a handling fee.
The flowchart below will be used to guide decisions regarding whether patients will need to pay for their own care.

5.7 Amenity beds

Amenity bed accommodation may be made available to NHS patients who agree to pay a charge for a single room where available. Such patients retain their NHS status, and all care provided to them is NHS care.

Patients must be asked to sign an amenity bed form (available from the Private Patient Team) and will be invoiced at the end of their stay.

Patients in amenity beds may be asked to vacate the room at any time and with no notice, if a patient with greater clinical needs requires the facility. The patient will only be charged for time they have actually spent in the amenity bed.

5.8 Reporting Arrangements

The requirements and duties set out above ensure all private patients activity carried out by the Trust and on behalf of Consultants is recorded in the Trust's information systems. In addition the Private Patients Team also maintain a database of all Private Patient Activity. This information is used to report activity as required including any national data collection exercises.

The income earned from Private Patients by the Trust is recorded in the relevant Service Line to ensure this income offsets any additional costs incurred, clearly shows the contribution made to the Trust and ensures that Servcie Lines have accountability for the services provided.

6 Overall Responsibility for the Document

The overall responsibility for this document sits with Director of Site Service and Planning/Deputy Chief Executive

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of two years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Trust Management Executive and ratified by the Director of Site Services and Planning/Deputy Chief Executive.

Non-significant amendments to this document may be made, under delegated authority from the Director of Site Services and Planning/Deputy Chief Executive, by the nominated author. These

must be ratified by the Director of Site Services and Planning/Deputy Chief Executive and should be reported, retrospectively, to the Trust Management Executive.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director of Site Services and Planning/Deputy Chief Executive and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

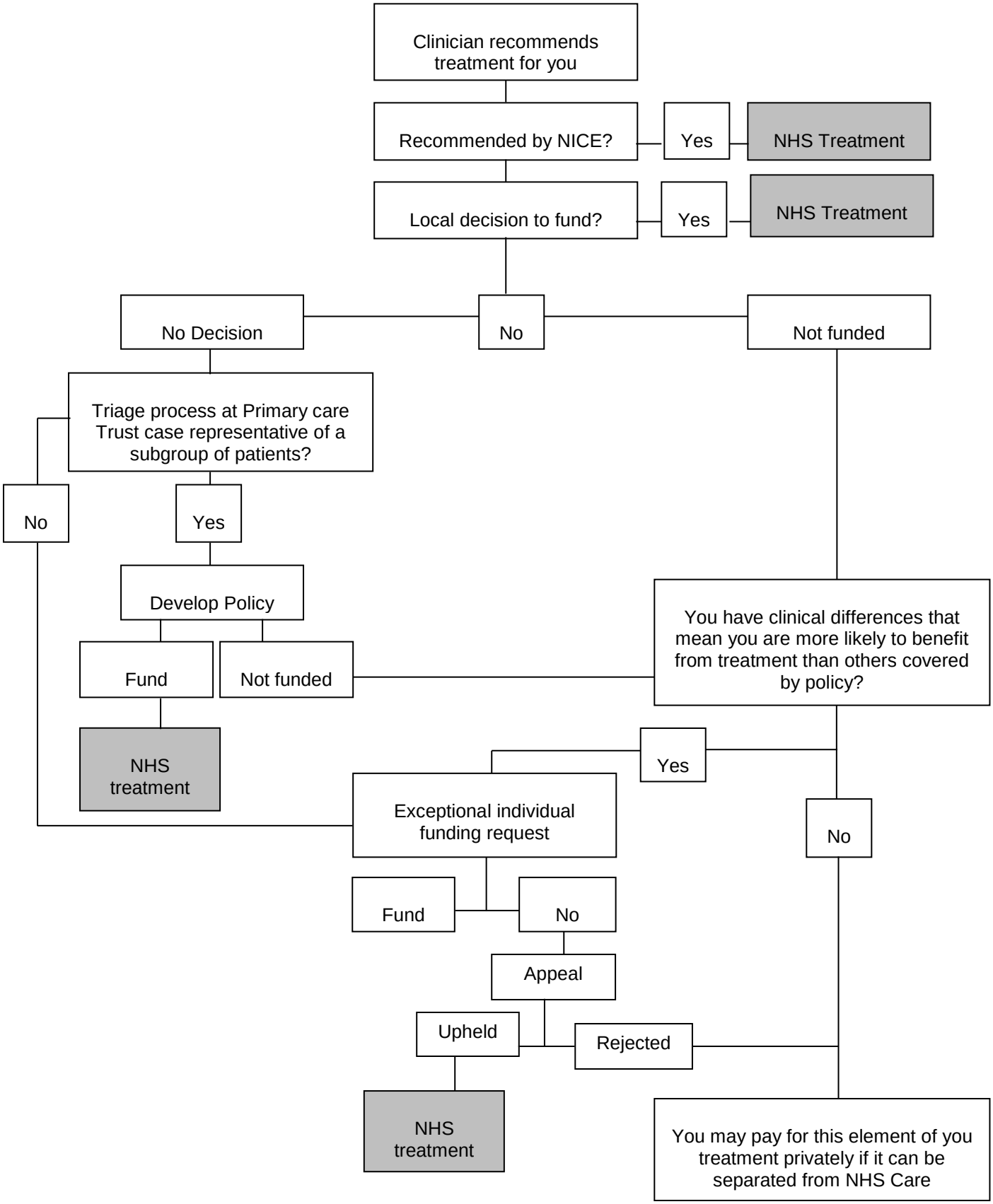
The Trust will undertake a regular audit of the processes specified in this policy. The Trust will also produce an annual report for the Finance Committee of the Board that monitors compliance with this policy, specifically the confirmation that the NHS is not subsidising any private practice work.

It should be noted that the responsibilities in this policy are legally enforceable and that managers (and employees where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies and legislation.

10 References and Associated Documentation

Commissioning Policy: Defining the boundaries between NHS and Private Healthcare (NHS Commissioning Board, April 2013)
The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland (Guidance from the BMA Medical Ethics Department May 2009)
Guidance on NHS patients who wish to pay for additional private care (DoH, 2009)
APNs
Good Medical Practice (GMC, July 2013)
A Code of Conduct for Private Practice, Recommended Standards of Practice for NHS Consultants (DoH, January 2004)
All staff should adhere to their professional codes of conduct with regard to private practice.

ADDITIONAL PAYMENT FLOWCHART



Dissemination Plan | Appendix 1

Core Information	
Document Title	Private Patient Policy
Date Finalised	TBD
Dissemination Lead	General Manager – Clinical Commercial
Previous Documents	
Previous document in use?	Yes
Action to retrieve old copies.	Remove current policy from Staff Net Request to all users to dispose of old copies as part of communication strategy

Dissemination Plan

Recipient(s)	When	How	Responsibility	Progress update
All staff		Email	Document Control	
Senior Medical Staff – Medical Executive Committee and HMSC		Presentation	General Manager Clinical Commercial	
Senior Management Team – OP&DG		Presentation	General Manager Clinical Commercial	
A&C Staff		Presentation and e-mail	General Manager – Clinical Commercial	

Review and Approval Checklist | Appendix 2

Review		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	
	Is there a plan to review or audit compliance with the document?	
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
Manager	General Manager – Clinical Commercial
Directorate	Corporate
Date	26th April, 2016
Title	Private Patient Policy
What are the aims, objectives & projected outcomes?	

Scope of the assessment
This assessment covers the impact the project will have on the workforce (clinicians, admin staff and others) and patients

Collecting data	
Race	There is no evidence to suggest there is a disproportionate impact on race. However, data collection of those affected by the policy will be monitored via workforce data, untoward incidents and complaints on Datix and feedback via other routes such as surveys.
Religion	There is no evidence to suggest there is a disproportionate impact on religion. However, data collection of those affected by the policy will be monitored via workforce data, untoward incidents and complaints on Datix and feedback via other routes such as surveys.
Disability	There is no evidence to suggest there is a disproportionate impact on disability. However, data collection of those affected by the policy will be monitored via workforce data, untoward incidents and complaints on Datix and feedback via other routes such as surveys.
Sex	There is no evidence to suggest there is a disproportionate impact on sex. However, data collection of those affected by the policy will be monitored via workforce data, untoward incidents and complaints on Datix and feedback via other routes such as surveys.
Gender Identity	There is no evidence to suggest there is a disproportionate impact on gender identity. However, data collection of those affected by the policy will be monitored via workforce data, untoward incidents and complaints on Datix and feedback via other routes such as surveys.
Sexual Orientation	There is no evidence to suggest there is a disproportionate impact on sexual orientation. However, data collection of those affected by the policy will be monitored via workforce data, untoward incidents and complaints on Datix and feedback via other routes such as surveys.
Age	There is no evidence to suggest there is a disproportionate impact on age. However, data collection of those affected by the policy will be monitored via workforce data, untoward incidents and complaints on Datix and feedback via other routes such as surveys.
Socio-Economic	The nature of this policy is such that it there is an assumption that some members of the community or those without health insurance will not be able to benefit from this policy.

Human Rights	There is no evidence to suggest there is a disproportionate impact on race. However, data collection of those affected by the policy will be monitored via workforce data, untoward incidents and complaints on Datix and feedback via other routes such as surveys.
What are the overall trends/patterns in the above data?	Not relevant
Specific issues and data gaps that may need to be addressed through consultation or further research	None
Involving and consulting stakeholders	
Internal involvement and consultation	Consultation has been undertaken with relevant staff groups and commissioners.
External involvement and consultation	None
Impact Assessment	
Overall assessment and analysis of the evidence	Reasonable adjustments for training, equipment and information will be made available upon request. Consideration will be given to those staff that have special requirements during the implementation of the system

Action Plan

Action	Owner	Risks	Completion Date	Progress update

Undertaking to Pay Form

Plymouth Hospitals NHS
NHS Trust

For all Private Healthcare/Fee Paying services

To be completed by the patient (/payee):

Full name:..... Date of Birth:.....

Tel No:..... Address:.....

.....

I will be paying my own fees (as a "self-pay" patient) ☐
I have private medical insurance that will cover the cost of my care ☐ Excess: £ .....

Insurance Details (where relevant) Company:..... Policy/Ref No:.....
Tel:..... Pre Auth/No:.....

I confirm the following:

- All information provided herein is correct to the best of my knowledge.
- I understand and have given consent for the services described below to be undertaken in accordance with the terms and conditions set out overleaf.
- The fees payable for the services have been explained to me and I understand that I am legally responsible for all hospital charges relating to this episode of care. If a third party has agreed to pay all or part of my account, I agree to pay any outstanding amount not paid by the third party.
- I accept that the Trust may need to share information regarding my care with third parties related to the provision or administration of my care.
- **For insured patients only:** I confirm that my insurance is current and provides adequate cover to pay for the cost of these services.

Patient Signature:..... Date:.....
(or other person accepting legal and financial responsibility for the patient)

☐ Please tick this box if you do not wish to be contacted in the future for marketing or research purposes

To be completed by Trust staff:

Admission Date:..... Ward/Dept:.....
(/attendance date)

Discharge Date:..... Hospital No:.....

Service Description:.....

Indicative Cost: £.....

THE AMOUNT SHOWN HERE IS AN ESITMATE ONLY
The total cost of your care may be more that indicated- please contact the Private Patient Team for more details

Lead clinician (or delegated authority to sign to confirm that this episode is undertaken in line with the most recent Trust Policies, and that the consequences of signing this form have been explained to the patient.

Signature:..... Date:.....

PRIVATE HEALTHCARE IN PLYMOUTH

Plymouth Hospitals NHS
NHS Trust

Change of Status Form
Inpatient Private Patient to NHS

To be completed by Patient

I hereby confirm that I have asked the Consultant named below to change my status from that of a Private Patient to a NHS Patient with immediate effect

Signed_____

Printed_____ Date_____

To be completed by Lead Clinician (or Delegated authority)

This is to certify that by agreement with the Private Patient Manager, that the below named patient

Patient _____ Hosp No_____

With effect from the above date, will transfer my Private Care to NHS and no charges have been or will be levied by myself or Plymouth Hospital NHS Trust.

Signed_____ Date_____
Consultant

Signed_____ Date_____
Private Patient Delegate