

All Wales Information Leaflet



Private Clinicians, General Practitioners and NHS Clinicians:

Who's testing Who?

A guide for clinicians in managing diagnostic requesting for patients receiving private healthcare treatment

'The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgement ...'

GMC, Good Medical Practice para 59

SHOULD GPs or NHS CLINICIANS BE ARRANGING DIAGNOSTIC TESTS ON BEHALF OF PRIVATE CONSULTANTS FOR PRIVATE PATIENTS?

This Leaflet aims to address this issue and advises that the answer is dependent on who is managing the patient's healthcare and has overall clinical responsibility for the patient's treatment.

If a patient has chosen to pay for private healthcare, they are responsible for **paying for all costs, including tests**, and the **private consultant** is responsible for managing every aspect of their healthcare (unless the patient chooses to transfer back to the NHS at a later date to continue treatment).

For that reason, private consultants should **not** be asking GPs or NHS colleagues to arrange any tests that they deem necessary, and intend to use to make a diagnosis, recommend a course of treatment or manage a patient's private care.

Patients who are entitled to NHS treatment are able to opt into NHS care at any stage. They are however, still liable for the cost of any treatment already received privately.

A patient, who has started to pay for their healthcare privately and chooses to transfer back to the NHS to continue their treatment are able to do so as long as their treatment is **available on the NHS** and the patient is:

- Reassessed by an NHS clinician
- Not given any preferential treatment or advantaged from having accessed part of their care privately, and
- Subject to normal NHS waiting times.

This makes sure that the GP has overall clinical responsibility for managing the patient's healthcare and prevent any 'queue jumping'.

It should also be noted that GPs are not obliged to arrange or prescribe treatment that has been privately recommended if it is contrary to their normal practice.

Private consultants should not be asking GPs or NHS colleagues to arrange tests for their private patients. Nor, in the case of consultants with split roles, be placing requests for patients being treated as private practice via their NHS requesting routes, because:

1. It is **not** possible to 'pick and mix' private and NHS treatment within the same episode of care.
2. NHS staff are **not** permitted to provide services for private practice without the consent of their NHS employer.
3. The NHS should never subsidise private healthcare.
4. Requesting tests for patients receiving private care through the NHS system without ensuring those tests are clearly identified as private, or advising a patient to ask their GP or an NHS service to request those tests on your behalf, may be committing or encouraging fraud.

REFERRING TESTS TO NHS SERVICES FOR PATIENTS RECEIVING PRIVATE HEALTHCARE

This guidance applies to all cases where diagnostic tests are referred to NHS services for ongoing private healthcare. This includes:

- care delivered by clinicians working in private healthcare full time
- NHS clinicians working in private healthcare irrespective of the location of that healthcare
- GPs offering private healthcare and
- GPs requested by the private clinician or patient to refer for tests on their behalf.

ALL private test requests sent to Wales NHS services MUST:

- Be clearly identified as PRIVATE
- Include the names and contact details for the requesting clinician responsible for the private health care
- Include the patient contact details or other relevant invoicing details to facilitate invoicing for test costs.

It is the responsibility of the requesting clinician to seek informed consent for the test/s, this includes advising them of the cost and requirement to pay for all private tests referred to NHS services.

It is the **private consultant's responsibility** to arrange tests for their patients whose care they are managing, and the patient's responsibility to pay for them.

In the event that the patient won't pay because they were not advised of this requirement the costs for the test will become the responsibility of the requesting private consultant or clinician.

If you are asked to arrange tests by a private consultant for use in the patients continued private care, you should explain to the private consultant that it is their responsibility to arrange the tests, and that the patient will have to pay as they have chosen to access private healthcare.

However, if the patient's treatment is available on the NHS, they would be able to transfer back to the NHS as long as the criteria for transfer is followed, that includes the patient being reassessed and subject to normal NHS waiting times.



EXAMPLES

'Following a private consultation, a patient has decided to transfer back to the NHS, should I be arranging tests that were privately recommended?'

If a patient decides to transfer back to the NHS following a private consultation, they need to be reassessed and treated exactly the same way as any other NHS patient, so they are not advantaged from having accessed part of their healthcare privately. As you would be **managing** the patient's care from the point they transferred back to the NHS, you would decide, following your reassessment, whether to arrange any tests. If you were not prepared to take clinical responsibility for privately recommended tests, you could consider referring the patient to an NHS consultant.



'The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgment about the likely effectiveness of the treatment options.'

'A private consultant advising on a patient's treatment has recommended a series of tests, who should be arranging them?'

If the private consultant is only advising on a course of treatment and you have **overall clinical responsibility** for managing the patient's healthcare, you should arrange the tests so long as:

- They are normally available on the NHS;
- You are prepared to take full clinical responsibility
- You are confident that you understand what the tests are for, how to interpret the results and what course of treatment to recommend;
- The patient is not advantaged from having accessed part of their care privately; and
- The patient is subject to normal NHS waiting times.

However, if the private consultant will determine the course of treatment from the recommended tests' results, and they have clinical responsibility for managing the patient's healthcare, it is their responsibility to arrange the tests and the patient would have to pay. However, you would still have to continue providing the patient's NHS care for any other condition that you might have clinical responsibility for.

'A fertility consultant has requested a series of tests for a patient they are treating privately. I recognise some of these, but not all, as many are specialised in nature. Should I be arranging these tests?'

There could be two possible situations here:

The patient is eligible for IVF on the NHS, but has chosen to pay for this privately.

- The patient is responsible for all costs, and the private consultant should be arranging those tests. If the patient decides to transfer back to the NHS, they would be able to as long as they met the necessary criteria.

The patient is not eligible for IVF treatment on the NHS and has chosen to pay privately.

- The patient is required to pay for **all** costs associated with their care, including tests.