Consultant to Consultant Referrals Guidance

Private sector to NHS

Within the South East London and Kent (SELK) Regional Spinal network, there have been questions regarding the transferring of care from a private consultant to the NHS under the same consultant.

Scenario – ***A patient see a consultant privately and has appropriate imaging. A decision is made that the patient requires surgery. At this point, the patients decides they would like to continue their care under the NHS but with the same consultant***.

The issue is there was no clear process for the patient to then be transferred back to the NHS. Therefore, the patient often sees the GP, who tries to refer to the neurosurgical team. This is then rejected as they have not been through the local process in line with the national back pain pathway (England, N. H. S. (2017).

Specifically, they have not been referred via a triage and treat interface clinic.

This led to frustration for the patient who has already been assessed and had imaging completed by the consultant privately. It was also frustrating for the consultant as the patient is having to be screened in most cases by a physiotherapist even though the consultant has deemed the patient is appropriate and requires a surgical intervention.

Therefore the plan going forward is:

1. If a patient has been seen by KCH consultant, a letter from private consultation needs to be uploaded on the King's College Hospital (KCH) system and images need to be transferred to the King's PACS. In addition if there was MDT decision in private sector this documentation also needs to be updated.
2. Patients who have had a private consultation for investigations and diagnosis, may transfer to the NHS for any subsequent treatment. They should be placed directly onto the NHS waiting list at the same position as if their original consultation had been within the NHS
3. If a patient is seen by a non-King's consultant then they need to go through usual process (GP – Triage and treat). It would be useful if documentation from the patients private consultation(s) could be included when referring patient to Spinal MDT

Author| Andrew McCarter, Consultant Physiotherapist, King's College Hospital |May 2023

Evidence

The evidence below demonstrates that a patient is entitled to be seen in the private sector, and then have their care transferred back to the NHS under the same consultant.

'General principles

• Patients who have had a private consultation for investigations and diagnosis may transfer to the NHS for any subsequent treatment. They should be placed directly onto the NHS waiting list at the same position as if their original consultation had been within the NHS

Issues for consultants

Can patients receive part of their treatment within the NHS and part privately?

Dilemmas can arise if patients choose to seek part of their treatment privately and part on the NHS. A common scenario is where a patient pays for private investigations in order to obtain an earlier diagnosis and then switches back to the NHS for any subsequent treatment. Patients who seek private investigations:

- *may opt into or out of NHS care at any stage, provided they are entitled to NHS treatment*
- *may subsequently be placed directly onto the NHS waiting list at the same position as if those investigations had been undertaken within the NHS (where the treatment in question is not provided by the NHS but is clinically necessary, see Top up payments below)*
- *do not need to have a further assessment within the NHS before receiving their treatment, nor do they need to be referred back to their general practitioner (GP).*

Some doctors are unhappy that patients who can afford to pay for private investigations are able to effectively jump the queue for treatment by reaching the waiting list earlier than those who wait for investigations and diagnosis on the NHS. Others argue that because some people seek their investigations privately, the NHS waiting list for investigations is reduced and therefore other patients are seen more quickly. There is undoubtedly an advantage to reaching the waiting list sooner but, nevertheless, NHS patients whose clinical need is greater may join the waiting list later, but could still receive their treatment earlier if they are categorised as needing more urgent treatment.'

British Medical Association, & British Medical Association. (2009).

'Entitlement to NHS care

4.1

NHS care is made available to patients in accordance with the policies of the CCG. However individual patients are entitled to choose not to access NHS care and/or to pay for their own healthcare through a private arrangement with doctors and other healthcare professionals. Save as set out in this policy, a patient's entitlement to access NHS care should not be affected by a decision by a patient to fund part or all of their healthcare needs privately.

An individual who is having treatment which would have been commissioned by the CCG is entitled to commence that treatment on a private basis but can at any stage request to transfer to complete the treatment in the NHS. In this event the patient is entitled, as far as possible, to be provided with the same treatment as the patient

would have received if the patient had had NHS treatment throughout. This cannot be used as a justification to provide care that is not available to other NHS patients and may mean the patient having to wait for the continuation of treatment, to put that patient in the same position as any other NHS patient.

Patients are entitled to seek provision for part of their treatment for a condition by a private healthcare arrangement and part of the treatment to be commissioned by CCG, provided the NHS care is delivered in episodes of care which are clearly differentiated from any privately funded care. However, the NHS commissioned treatment provided to a patient is always subject to the clinical supervision of the treating clinician. There may be times when an NHS clinician declines to provide NHS treatment if he or she considers that any other treatment given, whether as a result of privately funded treatment or for any other reason, makes the proposed NHS treatment clinically inappropriate'

NHS Shropshire, Telford and Wrekin CCG (2002)

Entitlement to NHS Care

2.5

'An individual who has chosen to pay privately for an element of their care, such as a diagnostic test, is entitled to access other elements of care as NHS commissioned treatment, provided the patient meets NHS commissioning criteria for that treatment. However, at the point that the patient seeks to transfer back to NHS care, the patient should:

- *be reassessed by the NHS clinician;*
- *not be given any preferential treatment by virtue of having accessed part of their care privately; and*
- *be subject to standard NHS waiting times'*

East Midlands Specialised Commissioning Group (2008) & NHS Shropshire, Telford and Wrekin CCG (2002)

References:

1. British Medical Association, & British Medical Association. (2009). The Interface Between NHS and Private Treatment: A Practical Guide for Doctors in England, Wales and Northern Ireland. *Guidance from the BMA Ethics Department. London2009*, 14.
2. East Midlands Specialised Commissioning Group (2008) Commissioning Policy (EMSCGP005V2) Defining the boundaries between NHS and Private Healthcare [Commissioning Policy (EMSCGP005V2) (icb.nhs.uk)]
3. England, N. H. S. (2017). National low back and radicular pain pathway.
4. NHS Shropshire, Telford and Wrekin CCG (2002) Defining the boundaries between NHS and private healthcare [Approved Documents Policy (shropshiretelfordandwrekin.nhs.uk]