 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p>PRIVATE PATIENTS IN DHB FACILITIES - PRINCIPLES AND STANDARDS</p>	<p>Policy 6.10.1 Protocol 1</p>
<p>PRIVATE PATIENTS PROTOCOL</p>		

1. DHB FACILITIES FOR PRIVATELY FUNDED SERVICES – CRITERIA

Use of DHB facilities and staff for privately funded services will only be acceptable if all of the following conditions are met in accordance with the Ministry of Health (MOH) Operational Policy Framework 2011-2012:

- 1.1. There is no reduction in service quality to publicly funded patients or people with disabilities.
- 1.2. There must be spare capacity beyond that required for services to public patients, that is:
 - a) The level of publicly-funded service already meets or exceeds any service guidelines set out in the Funding Agreement with the Minister.
 - b) The private involvement must not interfere with service provision for publicly funded patients, and must not compromise the drive to reduce waiting times for elective surgery.
- 1.3. Patients must be advised of publicly funded options before choosing to pay for treatment in public facilities, and be offered the opportunity of independent vetting of any referral by DHB specialists to themselves in a private capacity.
- 1.4. If DHB staff will be directly involved in the delivery of privately funded services (as opposed to the DHB simply making spare facilities or land available), the services must be part of the range and standard of services (clinical and non-clinical) that are publicly funded.
- 1.5. There must be public disclosure of the arrangement in the DHB's annual report.
- 1.6. Where a DHB employee or contractor has influence over a decision for a DHB to be involved in privately funded care, and has a financial interest in the arrangement (including through the potential for patients to be referred to the privately-funded service from a DHB-funded service):
 - a) The Board must be advised of the conflict
 - b) The Board (rather than a committee or individual / group acting under delegation from the Board) must explicitly approve the arrangement, together with any measures that may be required to manage the conflict
 - c) If the Board approves the arrangement, details must be disclosed in the DHB's annual report.
- 1.7. There is no cross-subsidy of non-government / independent providers by the public sector.


2. DHB RESPONSIBILITIES

2.1. Responsibility For The Treatment Of Private Patients

- a) The DHB will endeavour to ensure that Consultants only offer and provide to patients those services which the DHB has the capability and capacity to safely provide.
- b) The DHB and the Consultant will provide services to patients in an economical and efficient manner consistent with professional standards of medical care generally accepted in the medical community and in accordance with Standard Clinical Guidelines.

2.2 Private patients must only be booked in to occupy a single room.

<p>Issue Date: Mar 2016 Review Date: Mar 2019</p>	<p>Page 1 of 5 Version No: 3</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.</p>
<p>Protocol Steward: Regional ACC & Non-NZ Resident Manager</p>	<p>Authorised by: Chief Operating Officer</p>	

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p>PRIVATE PATIENTS IN DHB FACILITIES - PRINCIPLES AND STANDARDS</p>	<p>Policy 6.10.1 Protocol 1</p>
<p>PRIVATE PATIENTS PROTOCOL</p>		

2.3 Authorisation For Provision Of Private Services Alongside DHB Duties

- a) The Chief Executive Officer (CEO) (or delegated authority) may at their discretion and only under the following circumstances allow private patient services, using DHB resources, to be undertaken alongside a Consultant's scheduled DHB duties. This applies whether private patient services are carried out in the Consultant's own time, in annual or unpaid leave.
- b) The admission of private patients must adhere to the 'criteria' listed in this protocol. Where a staff member does not believe these standards are being adhered to they should report their concerns to their Business Leader, who will raise them with the Medical Director.

3. CONSULTANT RESPONSIBILITIES

3.1 Code Of Conduct For Private Practice - Key Principles

- a) Consultants and the DHB are required to work on a partnership basis to prevent any conflict of interest between private practice and DHB work. It is important that Consultants and the DHB minimise the risk of any perceived conflicts of interest.
- b) The provision of services for private patients should not prejudice the interest of DHB patients or disrupt DHB services.
- c) With the exception of the need to provide emergency care, agreed DHB commitments should take precedence over private work.
- d) The DHB's facilities, staff and services may only be used for private practice with the prior written consent of the CEO (or delegated authority) of the DHB.


3.2 Scheduling Of Work / On Call Duties

- a) In circumstances where there is or could be a conflict of interest, programmed DHB commitments must take precedence over private work. Consultants must ensure that, except in emergencies, private commitments do not conflict with DHB activities included in their employment agreement. Consultants must ensure in particular that:
 - i. Private patients are not scheduled during times at which they are scheduled to be working for the DHB.
 - ii. There are clear arrangements to prevent any significant risk of private patient work disrupting DHB commitments, e.g. by causing DHB activities to begin late or to be cancelled.
 - iii. Private patients do not prevent them from being able to attend a DHB emergency while they are on call for the DHB, including any emergency cover that they agree to provide for DHB colleagues. In particular, private patient work that prevents an immediate response must not be undertaken at these times.
- b) There will be circumstances in which Consultants may reasonably provide emergency treatment for private patients during times when they are scheduled to be working or are on call for the DHB. Consultants must make alternative arrangements to provide DHB cover where emergency work of this kind regularly impacts on DHB commitments.

3.3 Clinic / Session Rules For Treatment Of Private Patients On DHB Premises

- a) Private patient services must take place at times that do not impact on normal services for DHB patients.
- b) Private patient clinics / sessions must take place either before a DHB clinic / session (in which case it must not in any way delay the start of the DHB clinic /

<p>Issue Date: Mar 2016 Review Date: Mar 2019</p>	<p>Page 2 of 5 Version No: 3</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.</p>
<p>Protocol Steward: Regional ACC & Non-NZ Resident Manager</p>	<p>Authorised by: Chief Operating Officer</p>	

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p>PRIVATE PATIENTS IN DHB FACILITIES - PRINCIPLES AND STANDARDS</p>	<p>Policy 6.10.1 Protocol 1</p>
<p>PRIVATE PATIENTS PROTOCOL</p>		

session) or after the DHB clinic/session has finished. ***DHB clinic / session times must not be reduced to accommodate private patient clinic / session times.***

- c) New private patient clinic/sessions may only be set up with the prior written consent of the CEO (or delegated authority). The Consultant must notify the CEO (or delegated authority) in writing of the type of private work to be carried out, documenting timings, location, staffing and other resources required.
- d) Only once written consent has been provided by the CEO (or delegated authority) may a new private patient clinic/session be set up. The Consultant must set up the new clinic / session in conjunction with the relevant Business Leader.
- e) Private Patients attending a consultation on DHB premises before or after a DHB Clinic or session will be deemed to have attended a private patient clinic or session, in which case the above will apply.
- f) It is the responsibility of the Consultant to ensure the necessary arrangements are made for the attendance of a private patient (use of room, any special equipment etc.). Usually this will be done by communicating with the DHB Scheduler.
- g) Private Patients can only ever attend DHB clinics / session in clinically justified circumstances. In these cases the Medical Director along with the Business Leader must be notified in writing (by letter or e-mail) of the circumstances in advance of the patient's attendance. Any issues concerning this must be discussed with the Consultant in advance of the patient's attendance. Such cases will be deemed to be urgent or emergency cases and will be recorded on clinic and session lists as such.
- h) If a DHB patient cancels an appointment at short notice then all means necessary should be taken to fill the appointment with the longest waiting patients on the waiting list. The cancelled appointment must not be filled with a private patient.
- i) Only in unforeseen and clinically justified circumstances should a DHB patient's treatment be cancelled as a consequence of, or to enable the treatment of a private patient. ***The Consultant must report all such circumstances to the Medical Director and the relevant Business Leader in writing (letter or e-mail).***

3.4 DHB Patients Seeking Private Treatment

- a) In the course of their DHB duties and responsibilities Consultants must not (unless section 4 (e) applies) initiate discussions about providing private services for DHB patients, nor must they ask other DHB staff to initiate such discussions on their behalf, such actions will be deemed to be solicitation.
- b) Where a DHB patient seeks information about the availability of, or waiting times for, DHB and / or private services, Consultants must ensure that any information provided by them, is accurate and up-to-date.
- c) Except where immediate care is justified on clinical grounds, Consultants must not, in the course of their DHB duties and responsibilities, make arrangements to provide private services. Nor must they ask any other DHB staff member to make such arrangements on their behalf unless the patient is to be treated as a private patient of the DHB facility concerned.
- e) In relation to ACC Claimants who require care for their ACC accepted injury after the period covered by Public Health Acute Services (PHAS), and there is insufficient facility or resource in the BOPDHB to enable the patient to receive

<p>Issue Date: Mar 2016 Review Date: Mar 2019</p>	<p>Page 3 of 5 Version No: 3</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.</p>
<p>Protocol Steward: Regional ACC & Non-NZ Resident Manager</p>	<p>Authorised by: Chief Operating Officer</p>	

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> <p>PRIVATE PATIENTS PROTOCOL</p>	<p align="center">PRIVATE PATIENTS IN DHB FACILITIES - PRINCIPLES AND STANDARDS</p>	<p align="center">Policy 6.10.1 Protocol 1</p>
---	--	---

the care required within the clinical priority guideline they have been given, Consultants may refer these patients privately during the course of their DHB duties and responsibilities.

3.5 Notification Of Private Patient Status

- a) The Consultant responsible for providing / arranging private services for a patient in the DHB must ensure, in accordance with this policy, that all staff assisting in providing services are aware of the patient's private status, and that all documentation clearly identifies the patient as being private. This ensures that the coding of patients is correct for contracting purposes and that a clear audit trail is maintained at all times.
- b) Request forms for Physiotherapy, Dietetics, Orthotics, Occupational Therapy, X-ray, Pharmacy, Pathology or any other diagnostic procedure, must be clearly marked by the Consultant as "private" and signed for.
- c) The Consultant is responsible for notifying the Private Patient Co-ordinator as soon as they become aware of a private patient's requirements to receive DHB services and for filling in and providing the required forms.
- d) It is the individual Consultants responsibility to ensure that the Referral Centre is notified of the patient's private status and that all clinic lists and hospital notes clearly identifies the patient as being private.
- e) It is also the responsibility of the individual Consultant to notify the Private Patient Co-ordinator in advance of all private out-patient appointments by e-mailing a 'Notification of Private Patient' form (PP1) as soon as the patient has been allocated an appointment.
- f) Where the patient is an emergency case, form PP1 should be received by the Private Patient Co-ordinator before the commencement of the clinic so that an 'Undertaking to pay' form (PP2) can be prepared and given to the patient to complete before any consultation or treatment is provided.

3.6 Rules Governing Change Of Status

- a) A patient cannot change their status midway through a consultation, treatment or series of tests at any single visit to the DHB. The patient may only change their status after the consultation, treatment or tests have been completed for that visit.
- b) A private outpatient, who elects to have DHB treatment after an initial private consultation, must join the appropriate waiting list at the same point as if their consultation has been under the DHB, and that place must be determined by clinical need.
- c) A private in-patient has the right to change to DHB status if there is a significant change in their medical circumstance.
- d) If a patient has been admitted to a DHB hospital as a private in-patient, but subsequently decides to change to DHB status before having received treatment, there should be a Consultant's assessment to determine the patient's priority for DHB care.
- e) Patients sent from a private hospital for x-ray, pathology or any other diagnostic procedure, or test in the DHB will be treated as a private patient.
- f) Private patients who have diagnostic procedures or provision of prosthesis as a result of private treatment at the DHB, or elsewhere, will be treated as private patients and charged accordingly.
- g) All patients who change status are still liable for the charges they incur for treatment while they are still categorised as private.

<p>Issue Date: Mar 2016 Review Date: Mar 2019</p>	<p>Page 4 of 5 Version No: 3</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.</p>
<p>Protocol Steward: Regional ACC & Non-NZ Resident Manager</p>	<p>Authorised by: Chief Operating Officer</p>	

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> <p>PRIVATE PATIENTS PROTOCOL</p>	<p>PRIVATE PATIENTS IN DHB FACILITIES - PRINCIPLES AND STANDARDS</p>	<p>Policy 6.10.1 Protocol 1</p>
---	--	---

- h) Any patient changing their status after having been provided with private services should not be treated on a different basis to other DHB patients' as a result of having previously held private status.

3.7 Elective Admissions

- a) It is the individual Consultant's responsibility to ensure that the Referral Centre is notified of the patient's private status and that all admission lists and hospital notes clearly identifies the patient as being private.
- b) It is also the responsibility of the individual Consultant to notify the Private Patient Co-ordinator in advance of all private patient admissions by emailing a 'Notification of Private Patient' form (PP1) as soon as the patient has been allocated an admission date.

REFERENCES

- Ministry of Health Operational Policy Framework 2011-2012

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 6.10.1 Private Patients
- Bay of Plenty District Health Board policy 6.10.1 protocol 2 Private Patients – Management and Administration Procedures
- Bay of Plenty District Health Board policy 6.10.1 protocol 3 Private Patients – Payment Procedures
- Bay of Plenty District Health Board Form FM.P13.1 Private Patient - Notification (PP1)
- Bay of Plenty District Health Board Form FM.P13.2 Private Patient - Undertaking to Pay (PP2)
- Bay of Plenty District Health Board Form FM.P13.3 Private Patient - Change of Status (PP3)

<p>Issue Date: Mar 2016 Review Date: Mar 2019</p>	<p>Page 5 of 5 Version No: 3</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.</p>
<p>Protocol Steward: Regional ACC & Non-NZ Resident Manager</p>	<p>Authorised by: Chief Operating Officer</p>	