

The 'Code of Conduct for Private Practice' and the Terms and Conditions of Service outline the basis for the relationship between NHS and Private Practice activity. This Code applies to all Consultant Medical Staff, including Clinical Academics undertaking NHS duties.

### **Trust job plans and private practice**

1. It is the responsibility a consultant wishing to undertake private practice to discuss arrangements for this with their Specialty Lead / Clinical Director as part of the annual Trust job planning process.
2. Regular scheduled Private Practice activity must be agreed in the job plan, should be clearly recorded on the job plan, and should not interfere with NHS duties.
3. There can be no "double counting" of time, whereby a consultant is paid by the NHS and for private work simultaneously.

### **On call duties**

4. Immediate availability for NHS emergencies whilst on call is a fundamental requirement.
5. The on call rota must be explicit with respect to start and finish times.
6. No routine patient facing private activity (including outpatients) should occur whilst on-call for the NHS.

### **Emergencies affecting private patients**

7. In the event that a private patient has an emergency issue, during a consultant's NHS time, the Trust recognises the duty to that private patient and that their needs must be met, provided this does not compromise the simultaneous emergency needs of an NHS patient. The consultant should arrange appropriate NHS cover with a colleague before attending to a private emergency (unless the patient is *in extremis*). How such time spent in attending to the private patient would be made up to the Trust should be discussed afterwards with the relevant CD/DD.

### **Transfer of patients from private to NHS care and vice versa – outpatient**

8. If a private patient requires care that they cannot afford privately (e.g. a scan), then the consultant should refer them back to their GP with advice. The GP would then be able to make an NHS referral to the consultant if they thought that appropriate. If the GP makes an NHS referral for the patient to see the consultant, then - after the episode of NHS care is completed - it is permissible for the consultant to see the patient privately again, but consultants should take care that they do not simultaneously see the same patient privately and under the NHS.

### **Transfer of patients from private to NHS care – surgery / procedures**

9. If a private patient requires surgery at CUH, then every effort should be made to find extra theatre / procedure capacity, rather than including the patient on a normal NHS list. If none is available then permission must be sought from the Specialty Lead and Service Manager on a patient-by-patient basis to displace an NHS patient(s) from a theatre / procedure list. Clinical urgency and safety are the only acceptable criteria for patient prioritisation.
10. If a consultant uses routine NHS procedure / operating time for a private patient, then – before performing the procedure or operation on the private patient - he/she must discuss and agree with the Specialty Lead and Service Manager how this time will be paid back.

### **Transfer of patients from NHS to private care**

11. It is possible for an NHS patient who comes into CUH as an emergency to switch to Private Patient status and continue to be treated within CUH. However, no individual should receive payment twice for the same hours of work, and hence if a consultant provides any care in scheduled NHS time and receives a Private Practice payment, they must give up the fee. It is considered reasonable for this fee to be paid into a departmental fund.

### **Promotion of private practice**

12. Consultants should not initiate discussion of or promote their private practice when providing NHS services or during their NHS working time. In situations where the subject is raised by the patient, factual information regarding waiting times can be given. Information given in the NHS consultation should be documented carefully, providing detail of the specific questions raised by the patient and the response provided by the Consultant. If the patient decides to be treated privately and the consultant agrees to provide private treatment, the consultant should refer the patient to the Trust Paying and Overseas Patients Manager, thereby removing the Consultant from a conflicted situation.