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Adam Cairns
Chief Executive

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Darren Millar AM
Shadow Minister for Health
National Assembly for Wales
Cardiff Bay
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Dear Darren

Private Patients Accessing NHS Services

Following my appearance at yesterday's Public Accounts Committee, I am writing to clarify the position of patients who have sourced initial clinical opinion as a private patient and subsequently access NHS treatment.

Cardiff and Vale University Health Board has published discrete guidance for consultants on their private practice, which outlines clearly the position for those private patients who elect to access, or are referred for, NHS treatment.

I reproduce below the pertinent section of that guidance which I think makes clear that any patient who has accessed initial services in the private sector should not then be treated differently from a patient who has followed an NHS route. For ease, I have emboldened those points I consider of particular relevance to yesterday's discussion.

"3. The Referral of Patients between the NHS and Private Sector

3.1 A patient who chooses to be treated privately is **entitled to NHS services** on **exactly the same basis of clinical need** as any other patient.

3.2 Where the patient wishes to change from private to NHS status, consultants should help ensure that the following principles apply:

- A patient cannot be both private and NHS patient for the treatment of one condition, during a single visit to a NHS organisation. Any patient seen privately is entitled to subsequently change his or her status and seek treatment as an NHS patient. However, in certain circumstances, private patients admitted as an inpatient/daycase for an authorised procedure and length of stay may develop complications and the patient, if self funding, may have to revert to NHS status. Insured patients may be able to have additional authorisation for the extended length of stay and any further diagnostic/invasive tests or surgery required.

• Any **patient changing their status after having been provided with private services should not be treated on a different basis to other NHS patients** as a result of having previously had private status.

• Patients referred for an NHS service **following a private consultation or private treatment should join any NHS waiting list at the point, as if the consultation or treatment had been provided through the NHS**. Their **priority on the waiting list should be determined by the same criteria** as NHS patients.

• Should a patient be admitted to an NHS hospital as a private inpatient, but subsequently decide to change to NHS status before having received treatment, there should be an assessment to determine the patient's priority for NHS care.

• A private patient is legally entitled to revert to NHS status at any stage during treatment, though obviously this is discouraged and should only occur in exceptional circumstances. This may be as a result of an unforeseen change in circumstances, e.g. if a patient is admitted for a minor operation and is then found to be suffering from a different, more serious complaint. If a patient elects to change status they will be liable for all charges incurred to that point.

• **Patients who change their status from private to NHS** should have their clinical priority assessed and **should not gain advantage** over other NHS patients."

The important point to note is that, regardless of how and where a patient is initially seen, they should receive equitable treatment and be listed by the UHB at the most clinically appropriate stage of the relevant pathway, a decision which will be made based on the relevant clinical considerations. This could mean that the patient is listed directly for the appropriate treatment. It could, equally, mean that the patient is listed for another outpatient consultation prior to being listed for treatment.

In both scenarios, an RTT clock starts when the patient is listed which, as you know, means the UHB then has 26 weeks to treat the patient. Essentially, routine NHS treatment is scheduled on the basis of how long the patient has been waiting, with the starting point being the date the UHB received the referral. On this basis, there should be no discernible advantage in waiting time terms between a patient listed directly for treatment and one who has started the pathway as a new outpatient appointment.

I trust this information is helpful and clarifies our discussion from yesterday.

However, should you have any further queries, please do not hesitate to contact me.

Yours sincerely

Adam Cairns
Chief Executive