Livewell Southwest

Private Practice Policy

Version No 1.2
Review: December 2017

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

Author: **Consultant Clinical Psychologist/ Psychoanalytic Psychotherapist**

Asset Number: **32**

Reader Information

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Author	Consultant Clinical Psychologist/ Psychoanalytic Psychotherapist
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Consultation process	A wide range of staff throughout the organisation, including professional practice and senior management. The distribution list is available on request. .
Equality analysis checklist completed	Yes
References/sources of information	Figg, L/Winfield, C Private Practice Policy Plymouth Hospitals NHS Trust - reference TRW.PRI.POL.391.3 - published 2010 Guidance on NHS Patients who wish to pay for additional private care (DoH, March 2009) Good Medical Practice (GMC, July 2008) A Code of Conduct for Private Practice, Recommended Standards of Practice for NHS Consultants (DoH, January 2004) Management of Private Practice in Health Service Hospitals in England and Wales (DoH 1986) also known as the “Green Book” All staff should adhere to their professional codes of conduct with regard to private practice
Associated	N/A

documentation	
Supersedes Document	V.1.
Author Contact Details	By post: Local Care Centre Mount Gould Hospital, 200 Mount Gould Road, Plymouth, Devon. PL4 7PY. Tel: 0845 155 8085, Fax: 01752 272522 (LCC Reception).

Document review history

Version no.	Type of change	Date	Originator of change	Description of change
V0.1	New document	September 2010	Head of AMH Psychology	New document
V0.2	Updated following further consultation	Jan 2011	Head of AMH Psychology	
1	Ratified	March 2011	Policy Ratification Group.	
1.1	Updated	March 2013	Consultant Clinical Psychologist/ Psychoanalytic Psychotherapist	Minor amends throughout

Private Practice Policy

1 Introduction

1.1 To provide guidance on managing professional issues and areas of potential conflict of interest for practitioners who wish to engage in private practice, in addition to their NHS commitments. This document was drawn up with all Livewell Southwest staff in mind.

1.2 The organisation recognises the benefits of supporting private practice in at least two ways:

- Private patient services conducted within the organisations resources attract a financial contribution that can be used to support and develop NHS activities

- There are a number of services that can be delivered to private patients that are not available through the NHS. The organisation can therefore offer a wider range of services to the local population than would otherwise be available.

2 Purpose

2.1 The purpose of this policy is to give clear guidance to practitioners on the appropriateness of engaging in private practice outside their NHS commitments.

3 Duties

3.1 The Director of Professional Practice, Quality and Patient Safety is ultimately responsible for the content of this policy and its implementation.

3.2 Directors are responsible for identifying, producing and for implementing the policy. For mental health where this policy has been developed, this would be the Director of Operations. The Clinical Psychologist is the editor of this policy.

3.3 The author of this document was the Head of Adult Mental Health Clinical Psychology Services and currently Consultant Clinical Psychologist in Psychotherapy.

3.4 The local service manager will be responsible for decisions about reasonable payment for the use of NHS resources.

4 Definitions

4.1 Private Practice is conducted in accordance with Section 62 and 66 of the NHS Act 1977 and Section 65 of the act as amended by the NHS and community care act 1990. A private patient is defined as anyone who chooses to pay for his or her treatment. This policy does not cover payments to doctors completing reports under collaborative arrangements – i.e. for reimbursement of fees and allowances payable to doctors in accordance with Section 26-28 of the 1977

NHS Act. The following documents have been used for reference and should be read alongside this policy:

a) Guidance on NHS Patients who wish to pay for additional private care (DOH, March 2009).
b) Good Medical Practice (GMC, July 2008).
c) A Code of Conduct for Private Practice, Recommended Standards of Practice for NHS Consultants (DoH, January 2004).
d) Management of Private Practice in Health Service Hospitals in England and Wales (DoH 1986) also known as the "Green Book".
e) All staff should adhere to their professional codes of conduct with regard to private practice.

These documents are publicly available, and copies can be provided on request.

4.2 Individuals are responsible for ensuring that they comply and familiarise themselves with the European Working Directive (*see http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Managingyourorganisation/Workforce/Workforceplanninganddevelopment/Europeanworkingtimedirective/index.htm).*

4.3 Practitioners are free to engage in private professional practice in their off-duty hours provided that such private practice:-

a) Is kept entirely and demonstrably separate from their NHS duties.
b) Does not compete for work with the NHS services which they are employed to provide.
c) Does not claim to be clinically better/more effective because it is delivered privately or the equivalent provided on the NHS, although it may be preferable for other reasons, e.g. wait, setting.
d) Does not use any NHS resources other than with the express consent of the relevant manager, and for which the practitioner will make a reasonable reimbursement to Livewell Southwest having agreed the terms in advance with the relevant manager.
e) Does not adversely affect their capacity to perform their NHS duties – including the practitioner's responsibilities with regard to the European Working Time Directive. If a member of staff is under poor performance review or Sickness absence monitoring, they should meet with their line manager to review priorities concerning their main NHS contract and reflect any appropriate actions which may need to be taken with regard to additional private practice.
f) Staff are mindful of safe lone working principles. These are described within LSW's Lone Working Principles Policy.

5 Private Practice

5.1 Private work is only undertaken when the practitioner is genuinely off duty and always within hours where a clear separation between NHS and Private Practice is clearly demonstrable and evident at all times In particular:

a) It is not undertaken in lunch hours.
b) When undertaken on NHS premises or in the rooms/clinical areas where NHS services are also provided, a formal written agreement – including the charges to be incurred – must be negotiated with a representative of Livewell Southwest in most cases their manager. A guide for room rental is 15% of the hourly rate being charged by the practitioner (e.g. rate of £50; room rental £7.50).
c) Private consulting rooms are clearly identifiable as such and not likely to be taken for an NHS facility.
d) Leaflets and correspondence about the service clearly indicate the private nature of the service.
e) The size of the private practice is kept within reasonable limits to complement the NHS work to no more than a reasonable full time caseload overall.
f) Private referrals are addressed to the private residence or private consulting rooms. Referrals coming by phone or letter to the NHS department/team will be redirected and the referrer asked to amend their records accordingly.
g) When undertaking any private work, staff should have completed a Declaration of Interest form (*see appendix one).*

5.2 **Indemnity and Clinical Negligence**

Livewell Southwest is part of a litigation risk scheme which only covers NHS care and does not extend to private practice. All clinicians wishing to undertake private practice (whether undertaken on LSW premises or elsewhere including the patient's own home) are required to ensure private practice indemnity cover is in place. The authorising manager for private practice will ask to see evidence of insurance being in place, and making copies of such evidence if required.

People requesting transfer between NHS and private practice with the same therapist in either direction provide particular dilemmas. Practitioners must never suggest a transfer from NHS to private practice – but may sometimes do so from their private practice to the NHS; where it becomes clear that a transfer to an NHS service is appropriate.

a) NHS to private: Where the initiation is from the person receiving intervention and the practitioner feels, exceptionally, that there may be a sound clinical case for the transfer, advice from the clinical supervisor and/or line manager must be sought. Should this result in support from the supervisor the relevant consultant or clinical lead professional (where this is not already the case) should be asked to make every effort to put the person in touch with a suitable clinical provider of private care. This would exclude the existing practitioner in their private capacity. The process must be fully documented within the health record and staff record (appropriately anonymised within the latter)

b) Private to NHS: If the person receiving intervention lives in an appropriate area and needs a clinical service which is also available from his/her private therapist in their NHS capacity, it is possible for a transfer to the NHS service. In doing so, the person should not be at an advantage or

disadvantage over any other person referred directly by their GP. An NHS referral will be required from the GP and no guarantee that they will see the therapist they have been seeing privately, but reasonable efforts will be made to ensure good continuity of care. The process of transfer will be approved in advance and signed off by the team leader/ service manager as having been conducted appropriately; including the modification of the private care plan to one which can reasonably be provided on the NHS.

c) People detained under the Mental Health Act: Will need addressing separately and detailed advice, in each instance, will be required from the Mental Health Act administrator and Medical Director.

5.4 There cannot be a situation where a person receives some intervention from a practitioner on a private basis, and some through the usual NHS route, during a single episode of care. Where such a situation might potentially arise, it is the responsibility of the practitioner offering private practice to ensure the process outlines above (i.e. transfer from private to NHS) occurs.

5.5 NHS notes remain the property of the NHS. It is the expectation that, in the interest of continuity of care, copies or (at the very least) summaries of the relevant medical records will be shared; during the process of referral. Taking personal photocopies of any portion of the NHS record, even those one has made oneself, is expressly forbidden.

5.6 People requesting advice about consulting a private therapist (not their NHS practitioner) will, wherever possible, be:-

a) Provided with up to date information about the availability of similar NHS or free services locally.
b) Provided with information about how to check the qualifications of practitioners.
c) Provided with information about how to find a practitioner with the appropriate therapeutic approach, e.g. contact details or website for the registering body.
d) Given an evidence based opinion, as to whether consulting such a practitioner is likely to be helpful or not.

5.7 No member of Livewell Southwest staff will give specific endorsement or recommendation of the practice of a particular private practitioner.

5.8 Practitioners undertaking private practice are expected to obtain and maintain their own supply of resources – including books, and other teaching materials and equipment. The use of NHS supplies or resources, even those developed by the practitioner themselves in their NHS practice, for private practice is not allowed without prior permission from the manager/team leader who may wish to charge a fee.

5.9 Practitioners advertising their private practice may only refer to their NHS position/role in very general terms e.g.”10 years NHS experience in primary care”.

5.10 Leaving private cards or placing posters on any NHS premises, canvassing colleagues for referrals, using LSW email or mail services to advertise private practice is not allowed.

6 Monitoring Compliance and Effectiveness

6.1 Following ratification and approval, the policy will be publicised in LSW News (regular LSW news briefing). All locality managers will have the policy sent to them, and it is also available electronically.

6.2 Where an employee wishes to undertake private practice they will have a discussion with their line manager about the arrangements and consistent with the principles outlined in this document. A formal written agreement will be produced as evidence of compliance and kept within the staff member's personal file

6.3 An audit of this policy will be undertaken every two years by the author of this policy to the Director of Professional Practice, Quality and Patient Safety

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Operations

Date: 7th December 2015

Appendix 1

DECLARATION OF INTERESTS

NAME OF STAFF MEMBER (BLOCK CAPITALS)	
Surname	
First name(s)	
Title: Mr/Miss/Mrs/Ms/Dr/ other (specify)	

POSITION HELD							
Job title							
Staff group (tick relevant box)	**Nursing and Midwifery**	**Senior Management**	**ASC**	**Drivers/ Maintenance/ A&C**	**P&T (e.g. OT, Physio)**	**M&D**	**GP Principal.**

Directorate	**Chief Exec**	**Public Health**	**Primary Care**	**Commiss-ioning**	**Finance**	**Workforce Develop-ment**	**Adults and Older People**	**MH/LD**	**Children and Families**
Employment base									

DETAILS OF INTEREST DECLARED	
Self/spouse/immediate family/ friend/other (specify)	
Interest details (name of business/activity, etc):	
Purpose of interest (type of business)	
Potential for conflict with PCT activities/business:	
Signature of Staff Member completing form	
Date	
Signature of Line Manager	
Name of Line Manager	
Date	

THIS FORM MUST BE COMPLETED, EVEN IF YOU DO NOT HAVE AN INTEREST TO DECLARE

Please send completed form to:

Chief Executive's Office, Local Care Centre Mount Gould Hospital, 200 Mount Gould Road, Plymouth, Devon PL4 7PY