Defining the Boundaries

between NHS and Private Healthcare

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# Version History

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| 0.1 | 11/05/22 | Paula Wilkinson  | Draft ICB Policy |
| 0.2 | 11/05/22 | Sara O’Connor | Minor suggested amendments including formatting |
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| 0.4 | 03/07/2024 | Paula Wilkinson | Full review |
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## Introduction

Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public. These values are:

* + The NHS provides a comprehensive service, available to all.
	+ Access to NHS services is based on clinical need, not an individual’s ability to pay.
	+ The NHS aspires to the highest standards of excellence and professionalism.
	+ The patient will be at the heart of everything the NHS does.
	+ The NHS works across organisational boundaries.
	+ The NHS is committed to providing best value for taxpayers’ money.
	+ The NHS is accountable to the public, communities and patients that it serves.

This document defines the boundaries between NHS and Private Healthcare for Integrated Care Boards (ICBs). It considers joint NHS and private funding and NHS continuation of funding of care commenced on a private basis (including clinical trials and compassionate use programmes).

ICBs have a legal responsibility for NHS healthcare budgets and their primary duty is to purchase and manage services within the budget allocated to them. Purchasers of healthcare have a responsibility to make rational decisions in the way in which they allocate resources and to act fairly between patients. The ICB budget is for the exclusive use of NHS patients. The NHS should [never subsidise](https://assets.publishing.service.gov.uk/media/5a74ccb340f0b61df4778971/patients-add-priv-care.pdf) private care, directly or indirectly.

All NHS purchased care should be provided as a result of a decision by the ICB. No other body or individual, other than those authorised to take decisions under the policies of the ICB, has a mandate to commit the ICB to fund any healthcare intervention unless directed to do so by the Secretary of State for Health ([NHS Act 2006)](http://www.legislation.gov.uk/ukpga/2006/41/contents)

New treatments should be assessed for NHS funding according to the basic principles of clinical effectiveness, safety and cost-effectiveness within an ethical framework that supports consistent and equitable decision making.

If treatment is provided within the NHS, which has not been commissioned in advance by the ICB, the responsibility for ensuring ongoing access to that treatment lies with the clinician or other person who initiated treatment.

## Scope

All ICB Commissioned Providers, Primary Care Networks (where constituted as a legal entity) and Community Pharmacy, Dental, Optometry and GP practices are required to adhere to this Policy.

## Purpose / Policy Statement

The policy set out in this document applies to any patient in circumstances where Mid and South Essex Integrated Care Board is the responsible commissioner for their NHS care. All providers providing NHS care purchased by the ICB are required to comply with this policy.

All policies, practices and procedures are constantly checked against equality legislative requirements and best practices to ensure that no person is treated less favourably on the grounds of their race, gender, religion, disability, age, sexual orientation and religion or belief.

The ICB will ensure that providers comply with the Equality Act 2010 and make reasonable adjustments (such as interpretation and translation, hearing loops, British Sign Language) available, should these be needed to ensure that patients are fully informed about the policy and its implications.

## Definitions

The following definitions apply in this policy:

4.1 **Privately funded healthcare** is care provided to a patient under a personal and individual contract with their private or independent healthcare provider, and funded either through a private insurance scheme or on a pay as you go basis (i.e., the patient is responsible for providing funding for their care). The healthcare provider could be an NHS Trust, as many have specific wings to provide private services, a private or independent hospital or an individual doctor. The healthcare may include treatment that would have been available to the patient as part of their usual local NHS funded care, or it may be healthcare that is not normally commissioned by their local ICB.

Patients attending the private wing of an NHS Provider Trust pursuant to an agreement to provide privately funded healthcare are private patients and not NHS patients.

4.2 **NHS funded healthcare** is healthcare for patients which is funded by the ICB. MSE ICB has policies that define the elements of healthcare which the ICB is and is not prepared to fund, and Individual Funding Request processes to consider purchasing care for individual patients outside of these policies.

This may include care commissioned by the ICB from a local or national non-NHS independent private provider, in accordance with their agreed local commissioned pathways and clinical thresholds, to improve choice and access to timely treatment for their patients. The patient has the right to choose this option if the patient’s GP agrees this is the most clinically appropriate option. See NHS England Patient choice guidance for further information on Right to Choose. December 2023 [NHS England » Patient choice guidance](https://www.england.nhs.uk/publication/patient-choice-guidance/)

4.3 **Commissioning of NHS services**is the process of assessing needs, planning and prioritising, purchase and monitoring health services, to get the best health outcomes.

4.4 **Co-payment** is where the Government has passed Regulations that require patients to make a financial contribution to the overall cost of NHS commissioned care.

4.5 **Co-funding** is the term used to describe proposals that have been made by doctors and patient pressure groups which seek to permit patients to pay for some elements of their care and for the NHS to provide other elements of care within the same episode of care. Co-funding is currently against Department of Health and Social Care policy and is not permitted by the ICB. MSE ICB will not consider any funding requests of this nature.

4.6 **Top-up funding** is the same thing as co-funding.

4.7 **An episode of care** is a period of engagement between an NHS commissioned healthcare intervention and the patient in which NHS commissioned care is provided to the patient. The following are examples of episodes of care:

* A single visit to the GP
* An outpatient appointment
* A series of diagnostic tests relating to the same person at an NHS hospital on the same day
* A day case operation with all the supporting clinical activity before and after the operation on that day
* The initial assessment and prescription of a cancer drug. If the drug is required to be given at a series of outpatient appointments, then each attendance will be a separate episode of care.

4.8 **Attributable costs** are to be considered when privately funded treatment is provided within an NHS setting. Attributable costs mean all additional costs which would not have been incurred by the NHS, had the patient continued with NHS care and not sought private treatment. If an NHS patient has also gone to a private provider to buy a drug not available as part of the NHS care package, then they are expected to pay for any additional monitoring needed for the drug (blood tests, CT scans, etc.) and also for the treatment of predictable complications of receiving the drug. If a patient chooses to seek privately funded healthcare for a treatment that is not normally commissioned by the NHS, the patient is expected to pay all attributable costs. It is not acceptable, for example, to ‘piggy back’ a private monitoring test onto routine monitoring the patient might be having in parallel within the NHS.

## Roles and Responsibilities

### Individual Funding Request (IFR) Team/Panel/Appeals Panel

The ICB IFR Team/Panel/Appeals Panel will ensure that any individual funding requests relating to transfer of care from private to NHS care transfer comply with this policy.

### Medicines Optimisation Team

The ICB Medicines Optimisation Team will ensure that relevant providers, including GP Practices, are fully aware of the policy as applicable to medicines and related devices when asked to advise on the transfer of patients from private to NHS care.

### Contracting Team

The ICB Contracting Team will ensure that providers comply with this policy.

### Complaints Team

The ICB Complaints team will investigate complaints regarding the ICB’s refusal to fund NHS care in an individual case, whether the care has been previously privately funded or not. The ICB Complaints team will investigate the patient’s concerns in line with the ICB’s complaints procedure and will assess the decisions made against this policy and the relevant ICB commissioning policies.

## Policy Detail

### Entitlement to NHS care

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

6.1.2 An individual who is having treatment which would have been commissioned by the ICB 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.

6.1.3 Patients are entitled to seek provision for part of their treatment for a condition by a privately funded healthcare arrangement and part of the treatment to be commissioned by the ICB, provided the NHS funded care is delivered in episodes of care which are clearly differentiated from any privately funded care. However, the NHS funded 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 they consider 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.

6.1.4 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 through the NHS, 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 prepared to provide evidence of a NICE compliant/clinically relevant test or assessment.
* Be reassessed by the NHS clinician, if deemed clinically necessary.
* Not be given any preferential treatment by virtue of having accessed part of their care privately.
* Be subject to standard NHS waiting times.

**6.2 Prescribing medicines initiated by a healthcare provider as part of privately funded healthcare.**

6.2.1 Patients electing to see a private specialist, should do so on the expectation that all recommended tests, procedures and prescribed medicines will be paid for privately (not provided on the NHS).

6.2.2 A recommendation from a private specialist for a medicine that is available on the NHS does not entitle the patient to NHS prescriptions for that medicine.

6.2.3 Self-funding patients who refer themselves to a private provider for treatment, are expected to pay the full cost of any and all treatment they receive in relation to the care provided privately.

6.2.4 Any drugs prescribed or treatment provided by a clinician in the course of or following a private consultation will be at the patient’s expense.

6.2.5 A patient, whose privately funded consultant has recommended treatment with a medication normally available as part of NHS commissioned care in the patient’s clinical circumstances, can ask his or her NHS GP to prescribe the treatment. The NHS GP may prescribe the treatment if::

* The GP considers it to be medically appropriate in the exercise of the GP’s clinical discretion.
* The drug is listed on ICB’s drug formulary, or the drug is normally funded by the ICB
* The GP is willing to accept clinical responsibility for prescribing the medication.
* The drug does not require prescribing under the terms of a shared care agreement as specified in the ICBs local formulary.
	+ 1. There is no obligation on the part of the GP to prescribe the recommended treatment if it is contrary to his/her normal clinical practice. The consultant’s advice on choice of treatment is advisory and the GP may choose to prescribe an alternative product bearing in mind national and local guidelines/formulary. By prescribing, a clinician assumes clinical responsibility for the treatment.
		2. There may be cases where a patient’s private consultant has recommended treatment with a medication which is specialised in nature and the patient’s GP is not prepared to accept clinical responsibility for the prescribing decision recommended by another doctor. If the GP does not feel it is appropriate to accept clinical responsibility for the medication, the GP should consider whether to offer a referral to an NHS consultant who can consider whether to prescribe the medication for the patient as part of NHS funded treatment. In all cases there should be proper communication between the consultants and the GP about the diagnosis or other reason for the proposed plan of management, including any proposed medication.
		3. Medication recommended by private consultants may be more expensive than the medication options prescribed for the same clinical situation as part of NHS treatment. This might be because a particular choice of treatment has been deemed not to be clinically effective and/or cost-effective and consequently is not included in the ICB formulary. In such circumstances, the NHS GP should follow local prescribing advice from the ICB. This advice should be explained to the patient who will retain the option of purchasing the more expensive drug via the privately funded healthcare service.

6.2.9 Patients should be aware that discharge medication following an in-patient stay or medication to take home with them following an outpatient appointment may not be included within their insurance or the quoted cost of the procedure/consultation, and they will need to pay for this separately.

### 6.3 Shared care drugs

6.3.1 Some NHS funded medicines that require ongoing monitoring and specialist clinical input, are prescribed under joint shared care arrangements with an NHS specialist and a GP.

6.3.2 Where a patient has self-referred to a private provider for treatment, GPs should not enter into shared care arrangements with a non-NHS funded provider specialist for these drugs, as this constitutes co-funding of a single episode of care which not permitted.

6.3.3 Note this does not apply to shared care drugs initiated by specialists from a non-NHS provider, where the service is commissioned by the NHS, the patient meets locally commissioned criteria for treatment, and the patient has been referred to the service by their GP. Although services are being provided by a non-NHS funded provider, these services are wholly NHS funded and therefore GPs may, if they would normally do so if the patient was seen by an NHS specialist service, enter into shared care arrangements with the NHS commissioned and funded private provider.

6.3.4 Further guidance on prescribing can be found in [PrescQIPP Bulletin 238: Prescribing on the NHS following a private consultation.](https://www.prescqipp.info/our-resources/bulletins/bulletin-238-prescribing-on-the-nhs-following-a-private-consultation/)

### Joint NHS and private funding

* + 1. NHS care is free of charge to patients unless Regulations have been brought into effect to provide for a contribution towards the cost of care being met by the patient. Such charges, known as co-payment, include prescription charges and some clinical activity undertaken by opticians and dentists. These charges are not “co-funding” (as defined above) but are specific NHS charges set by Regulations, which have always been part of the NHS.
		2. Co-funding, which involves both private and NHS funding for a single episode of care, is not permitted for NHS care. The ICB will not consider any funding requests of this nature.
		3. Patients are entitled to request providers of NHS care to provide privately funded patient care as part of their overall treatment. It is a matter for providers as to whether and how they agree to provide such privately funded care. However, providers must ensure that private and NHS care are kept as clearly separate as possible. Any privately funded care must be provided by a provider at a different time and place to NHS commissioned care. The ICB will not commission any privately funded care within the same episode of care as NHS commissioned care.
		4. In particular:
		- Each visit by a patient to a hospital can be an “episode of care” (as defined above). This means that private and NHS funded care cannot be provided to a patient in a single visit.
		- If a patient is an NHS in-patient at an NHS hospital, any privately funded care must be delivered for the patient in a separate building or separate part of the hospital, with a clear division between the privately funded and NHS funded elements of the care, unless separation would pose overriding concerns of patient safety.

6.4.5 A patient is not entitled to “pick and mix” elements of NHS and private care in the same treatment, and so is unable to have privately funded and NHS funded drugs or devices provided as part of the same care episode.

6.4.6 Private prescriptions may not be issued during an NHS consultation except where allowed by regulations e.g. GPs may prescribe privately medicinal products listed in Part XVIIIA - Drugs, Medicines and Other Substances not to be ordered under a General Medical Services Contract of the Drug Tariff, or Part XVIIIB - Drugs, Medicines and Other Substances that may be ordered only in certain circumstances (where patients do not comply with the criteria for NHS funding), or drugs for prevention of malaria, or vaccines not included in current public policy and travel packs or drugs solely in anticipation of the onset of an ailment while outside the UK.

* + 1. Where patients are paying for surgical treatments or procedures, GPs are not permitted to issue NHS prescriptions for drugs required as part of that privately funded treatment or seek NHS funding for investigations which are part of the privately funded treatment. If the patient does not meet the ICB’s commissioning criteria for funding the surgery or procedure, the NHS should not prescribe drugs or support other medical procedures required as part of the privately funded treatment.
		2. If a patient is advised to be treated with a combination of drugs, some of which are not routinely available as part of NHS commissioned treatment, the patient is entitled to access the NHS funded drugs and can attend a clinician separately (in a separate episode of care) for those drugs which are not commissioned by the NHS. If the combination of drugs is required to be administered at the same time or within the same episode of care, and there are no patient safety issues, the patient must fund all of the drugs provided and the other costs associated with the proposed treatment. In such circumstances, patients or clinicians may approach the ICB to apply for NHS funding for the whole of the treatment via an Individual Funding Request. However, treatment outside of drugs and other treatments usually provided as part of NHS care can only be provided on grounds of clinical exceptionality. The fact that a patient is prepared to fund part of their own treatment is not a proper ground to support a claim for clinical exceptional circumstances.
		3. When a patient wishes to pay privately for a treatment not normally funded by the ICB, the patient will be required to pay all costs associated with the privately funded episode of care. The costs of all medical services and care associated with the treatment include accommodation, assessment, inpatient and outpatient attendances, tests, rehabilitation and management of side-effects. The ICB will not make any contribution to the privately funded care to cover treatment or associated costs that the patient could have accessed via the NHS. However, the patient remains entitled to revert to NHS care at any stage and will, at that point, be entitled to be provided with any drugs or other treatment which would have been provided to an NHS patient in the same clinical situation. They should, however, not gain advantage over other patients waiting for NHS care.
		4. Further guidance on prescribing can be found in [Prescribing on the NHS following a private consultation.](https://www.prescqipp.info/our-resources/bulletins/bulletin-238-prescribing-on-the-nhs-following-a-private-consultation/)
		5. Any privately funded arrangement, which is agreed between a patient and a healthcare provider (whether an NHS Trust or otherwise), is a commercial matter between those parties.

### NHS continuation of funding of privately commenced care

* + 1. ICB policies define which treatment the ICB will and thus, by implication, will not fund. Accordingly, if a patient commences a course of treatment that the ICB would not normally fund, the ICB will not routinely pick up the costs of treatment if, for example, through the course of treatment.
* An individual cannot afford ongoing private treatment costs; or
	+ - Private healthcare insurance does not cover the full treatment costs; or
		- The patient requests the NHS to pick up the costs on the grounds that the treatment is clinically effective; or
		- Revision of a procedure/ intervention carried out in the private sector initially.
		1. A patient is entitled to request funding on an individual case based on clinical exceptionality. However, where the ICB has decided not to fund a treatment routinely, the fact that the patient has demonstrated a benefit from the treatment to date (in the absence of any other evidence of exceptionality) would not be a proper basis for the ICB to agree to change its policy. Such an approach would result in the ICB approving funding differently for persons who could afford to fund part of their own treatment. It is the responsibility of the Private Healthcare Provider to ensure that the patient is fully informed of the ICB’s position relating to ongoing funding before commencing the private treatment.
		2. If a patient commences treatment privately for a drug or other medical intervention that the ICB routinely agrees to fund, provided the patient’s clinical circumstances are within those defined in the ICB’s commissioning policy, the patient is entitled to transfer to NHS funded treatment at any stage. However, the ICB will not reimburse the patient for any treatment privately funded before NHS funded treatment commences. If a patient seeks funding for a drug or other treatment that is not routinely funded and this application is approved on the grounds of clinical exceptionality, the ICB will not routinely reimburse the costs of any prior privately funded treatment. The ICB is under no obligation to meet such costs. Each case will be considered on its own merits, in accordance with the ICB’s Individual Funding Request Policy.
		3. Individual patients who have been recommended treatment by an NHS consultant that is not routinely funded by the ICB under its existing policies are entitled to ask their GP to be referred for a second opinion from a different NHS consultant concerning their treatment options.
		4. A patient has no legal right to a second consultant opinion under current NHS guidance. However, they are entitled to request one and this should normally be approved if:
		- the request is supported by the patient's GP or consultant (the ‘first consultant opinion’) AND
		- the second opinion is available from an NHS clinical specialist who practices within a relevant mainstream NHS commissioned service. This opinion needs to provide a balanced view of the benefits and risks and for care which is not routinely funded it should be from a specialist who is:
* independent of the first ‘consultant opinion’ provider
* independent of the specific service, service provider or provider of the intervention that is being requested (unless no other specialist is available who could provide that balanced opinion).

**AND**

the patient is seeking to establish access to care on the grounds of clinical ability to benefit and not social factors (that are not taken into account under Individual Funding Request processes).

* + 1. The ICB’s Contract Team is available to offer advice on preferred providers in such circumstances.
		2. However, a second opinion supporting treatment that is not routinely funded by the ICB does not create any entitlement to NHS funding for that treatment. The fact that two NHS consultants have recommended a treatment would not normally, in itself, amount to exceptional clinical circumstances.
		3. NHS patients are entitled to make a complaint about any refusal by the ICB to agree to fund care in their individual case, whether the care has been previously privately funded or not. If such a complaint is made, the ICB will investigate the patient’s concerns as quickly as possible using the ICB’s complaints procedure and will assess the decisions made against this policy and the relevant ICB commissioning policies.
		4. There is no legal or policy requirement for the ICB to take over funding responsibility for treatment which has been commenced outside the NHS and which is not routinely funded by the NHS. ICB commissioners have a responsibility to make rational decisions in the way in which they allocate resources and to act fairly between patients. The ICB makes prioritisation decisions each year which determine how resources are to be allocated. In addition, the ICB may consider in-year service developments and will consider clinically exceptional individual cases.
		5. Patients or clinicians who wish to persuade the ICB to provide NHS funding for treatments that are not routinely commissioned can:
		- Make an individual application for funding for their case on the grounds of clinical exceptionality, or
		- Request the ICB to treat the application as a service development so that the requested treatment will be made available to all NHS patients in defined clinical conditions, or
		- Request that the treatment be included as part of the ICB’s annual plan and, if approved, be funded from the commencement of the coming financial year.
		1. Continuation funding for treatment that has been commenced on a private basis will not be approved in any other circumstances.
		2. It follows therefore that, in instances where the ICB has not yet agreed to fund a particular treatment, the ICB will not pick up the costs of ongoing treatment.
		3. This approach includes the following situations:
		- Ongoing funding of treatment for patients leaving clinical trials carried out in the private sector. The responsibility for ongoing care rests with the sponsors of the trial – usually the company e.g., pharmaceutical industry and the provider initiating treatment.
		- Ongoing funding of treatment for patients who have been started on a treatment through company sponsorship (frequently known as compassionate use funding). The responsibility for ongoing care rests with the company and the provider initiating treatment.
		- Ongoing funding for patients who have opted for private treatment and who can no longer afford private treatment.
		1. Note: Different funding rules apply to the continuation of treatments initiated under NHS sponsored clinical trials, but these are not expected to be initiated in the private sector.
		2. Patients can access treatment on the NHS if, and when, the treatment is made available to all patients and/or where the ICB’s services and the patient’s clinical needs meet the ICB’s commissioning policies for that particular treatment.
		3. If a patient develops a non-emergency complication as a result of a private procedure/intervention, the private healthcare provider should remedy these; and the patient will be expected to meet these costs which would not be funded by the ICB. An example of this would be revision surgery of procedures originally performed in the private sector.
		4. If the cause of the complication is unclear or is an emergency, the NHS will treat the patient and, in this situation, the patient will not be expected to pay for the treatment.

## Monitoring Compliance

7.1 Outcome of cases referred via the Individual Funding Team are monitored in accordance with the Individual Funding Request.

7.2 Ongoing monitoring of secondary/tertiary care providers compliance with policy by ICB Purchase of Healthcare Leads during performance review after inclusion of policy in contract.

7.3 ‘Ad-hoc’ monitoring of primary care compliance with policy (prescribing issues) by the Medicines Optimisation Team.

## Arrangements For Review

* 1. This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.
	2. If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## Associated Policies, Guidance and Documents

* [Mid and south Essex joint formulary and prescribing guidance](https://www.midandsouthessex.ics.nhs.uk/health/personalised-care/medicines-management/personalise-your-care-medicines-optimisation-committee/)
* Individual Funding Request Policy
* Commissioning (Service Restriction) Policy

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Commissioning Policy: Defining the boundaries between NHS and Private Healthcare (Interim Policy). April 2013.

[[ARCHIVED CONTENT] NHS Commissioning » Key documents (nationalarchives.gov.uk)](https://webarchive.nationalarchives.gov.uk/ukgwa/20170504173034/https%3A/www.england.nhs.uk/commissioning/spec-services/key-docs/)

PrescQIPP Bulletin 238: Prescribing on the NHS following a private consultation. December 2023 [Bulletin 238: Prescribing on the NHS following a private consultation | PrescQIPP C.I.C](https://www.prescqipp.info/our-resources/bulletins/bulletin-238-prescribing-on-the-nhs-following-a-private-consultation/)

NHS England Patient choice guidance. December 2023 [NHS England » Patient choice guidance](https://www.england.nhs.uk/publication/patient-choice-guidance/)

PrescQIPP Hot Topic: Right to choose. November 2023. [Hot topics | PrescQIPP C.I.C](https://www.prescqipp.info/our-resources/webkits/hot-topics/)

## Equality Impact Assessment

* 1. The EIA has identified no equality issues with this policy.
	2. The EIA has been included as Appendix A.

## Appendix A - Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy:** Defining the boundaries between NHS and Private Healthcare**Version number (if relevant):** 0.1 | **Directorate/Service**:  |
| **Assessor’s Name and Job Title:** Paula Wilkinson Director of Pharmacy and Medicines Optimisation  | **Date:** 3rd July 2024 |

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| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff*  |
| This document defines the boundaries between NHS and Private Healthcare. It is required that all providers comply with this policy, which is intended to support equitable access to commissioned NHS services, whilst recognising the rights of individuals to access privately funded services. |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| Mid and South Essex ICB is committed to promoting equality in all their responsibilities – as commissioner of services, as a provider of services, as a partner in the local economy and as an employer. This policy will contribute to ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*  |
| This policy will contribute to ensuring that all users and potential users of services and employees are treated fairly and respectfully with regard to the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome***  *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age | X |  |  | Supports equity of access to services regardless of protected characteristics of individuals |
| Disability(Physical and Mental/Learning) | X |  |  | Supports equity of access to services regardless of protected characteristics of individuals |
| Religion or belief | X |  |  | Supports equity of access to services regardless of protected characteristics of individuals |
| Sex (Gender) | X |  |  | Supports equity of access to services regardless of protected characteristics of individuals |
| Sexual Orientation | X |  |  | Supports equity of access to services regardless of protected characteristics of individuals |
| Transgender / Gender Reassignment | X |  |  | Supports equity of access to services regardless of protected characteristics of individuals |
| Race and ethnicity | X |  |  | Supports equity of access to services regardless of protected characteristics of individuals |
| Pregnancy and maternity (including breastfeeding mothers) | X |  |  | Supports equity of access to services regardless of protected characteristics of individuals |
| Marriage or Civil Partnership | X |  |  | Supports equity of access to services regardless of protected characteristics of individuals |

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| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| It is anticipated that any issues in respect of the implementation of the policy will be identified as a result of people exercising their right of appeal through ICB governance processes.  |

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| **REVIEW** |
| *How often will you review this policy / service?*  |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |