



Please Note: This policy is currently under review and is still fit for purpose.

Private Patient and Category II Procedure

This procedural document supersedes: CORP/FIN 6 v.3 – Private Patient and Category II Procedure



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|---------------------------------|--|
| Executive Sponsor(s): | Jonathan Sargeant, Director of Finance |
| Author/reviewer: (this version) | Lynda Mincher, Non-Clinical Income & Contracts Manager |
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| Target audience: | Trust-wide |

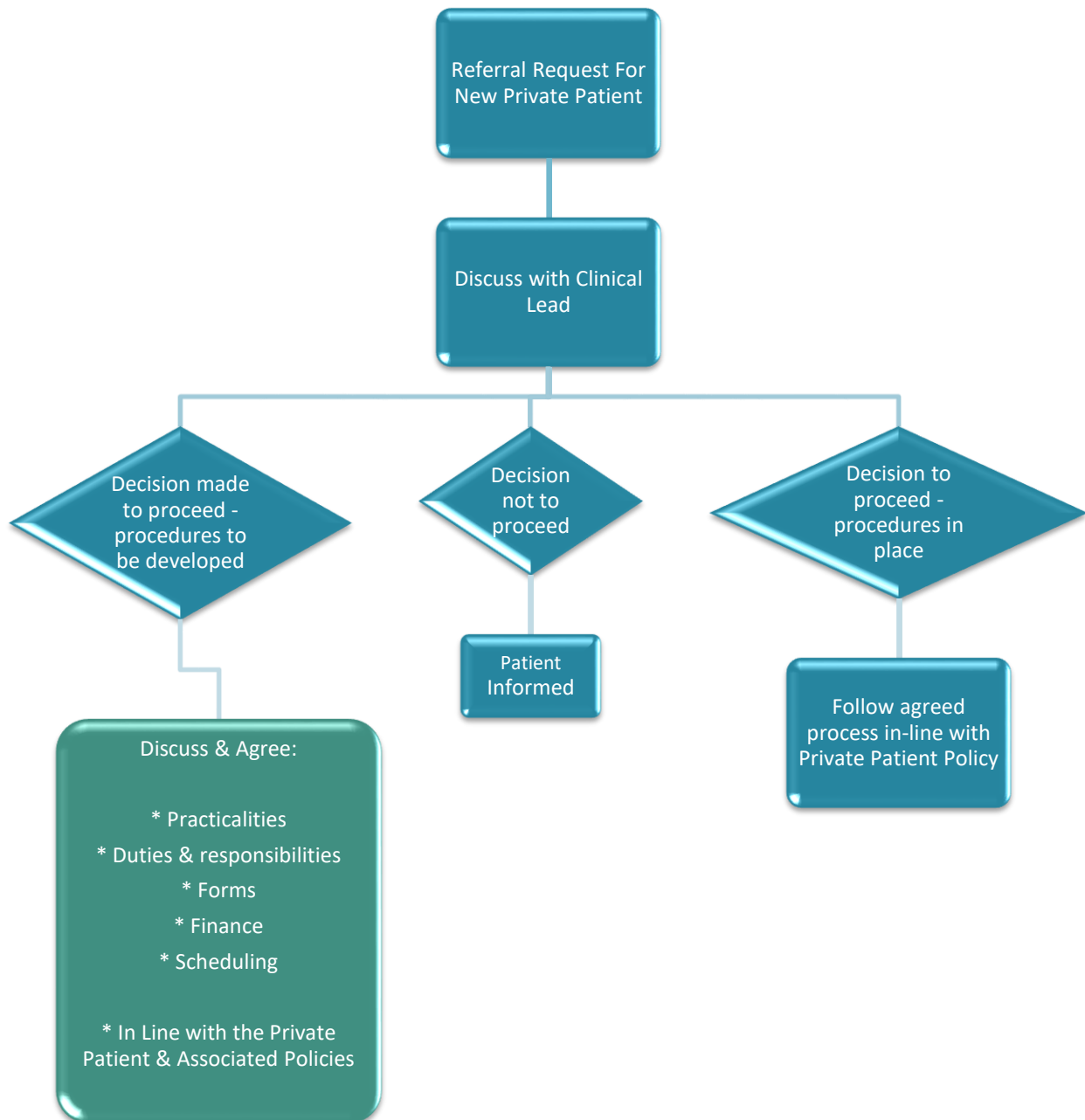
Amendment Form

| Version | Date Issued | Brief Summary of Changes | Author |
|-----------|---------------|--|----------------|
| Version 4 | 24 April 2019 | <ul style="list-style-type: none"> • Contacts updated • Cardiology addition • Item numbering updated • Scope added 4.1.10 • Purpose expanded • Minor changes to wording and order • Flowchart added | Lynda Mincher |
| Version 3 | 2 April 2015 | <ul style="list-style-type: none"> • Change to new format and item numbering throughout. • New section 4.1 to incorporate Department Of Health “A Code of Conduct for Private Practice - Recommended Standards of Practice for NHS Consultants”. | Robert Paskell |
| Version 2 | December 2008 | <ul style="list-style-type: none"> • Minor changes to the introduction and to section 7. • Copy of 'Undertaking to Pay Charges' form removed. Forms are obtainable from Supplies. | Robert Paskell |

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Private Patient Process Flowchart



1 INTRODUCTION

In addition to providing NHS patient care services, some categories of Trust staff may treat and/or diagnose patients who are classified as either private or category II patients.

Section 4.1 of the policy is based on guidance issued by the Department of Health “A Code of Conduct for Private Practice - Recommended Standards of Practice for NHS Consultants” which sets out the recommended standards of best practice for staff about their conduct in relation to private practice.

2. PURPOSE

The purpose of this document is to briefly explain the standards of practice expected of Trust staff; how private and category II patients should be identified and recorded throughout their treatment and/or diagnosis and process for ensuring that payments are made.

For the purposes of this procedure a private patient is someone who chooses an individual consultant (or consultant team) to deliver their care and treatment. The private patient has a ‘contract’ with that consultant and will pay for all aspects of their care and treatment. The patient may be either paying personally or be covered by a 3rd Party (such as an insurer) and the care is led by a consultant who has appropriate indemnity and for which they charge a fee for their services.

Staff, other than consultant medical staff, assisting in the diagnosis and/or treatment of private or category II patients should read the procedure replacing references to ‘consultant’ and ‘consultant medical staff’ with their own title, where this is appropriate.

Medico-legal/Category II is - the assessment of a person and provision of a report to a non NHS organisation and is usually conducted by a consultant. This would exclude diagnosis and treatment, which would be private practice. This does not form part of the duties of the practitioner under the terms of their contract. The Trust would be paid direct by the non-NHS organisation and will pay the Consultant their share of the fee.

This policy does not incorporate charging arrangements in respect of Overseas Visitors, which is detailed in the Department of Health document ‘Guidance on implementing the overseas visitors Hospital charging Regulations’. For further information on this classification of patient please contact the Overseas Visitors Office on extension 642557.

All consultants can see private outpatients but due to the contractual agreement with Parkhill Hospital, no elective private inpatients are to be treated and only consultants based predominantly at Bassetlaw can treat day cases. If further clarification is required, please contact the Trust’s Non-Clinical Income & Contracts Manager on extension 642266.

3. DUTIES AND RESPONSIBILITIES

All staff should ensure that they follow guidance within the Trust's Standards of Business Conduct and Employee Declarations of Interest Policy which includes update of the Trust's Probity Register.

3.1 Consultants

Consultants are responsible for:

- Ensuring any private practice work does not contravene the Trust's contracts with Parkhill or interfere with NHS work time;
- Adhering to the Department of Health's "A Code of Conduct for Private Practice - Recommended Standards of Practice for NHS Consultants";
- Making it clear to patients that where Trust facilities are used that a separate charge will apply;
- Ensuring that prior to commencement all necessary documentation has been explained to the patient and an undertaking to pay form has been completed;
- Clearly indicating private patient status on any diagnostic referrals; and
- As private practice is undertaken independently of their NHS contracts, Consultants must ensure that they are appropriately indemnified and provide a copy of their certificate of indemnity at the time of the annual Job Planning exercise or upon request. Failure to do so will result in withdrawal of private practice privileges within the Trust.

3.2 Staff asked to work on private patients

Trust staff that are asked and agree to undertake supporting work for a consultant who is undertaking private patient work, must not do so in their NHS work time; or use any Trust equipment or facilities without prior agreement from their manager.

3.3 Consultants' Secretaries

Consultants' secretaries are responsible for:

1. Arranging and recording appointments for private outpatients and day cases (where allowed);
2. Notify outpatient clinic clerk of any private patients;
3. Notify Bassetlaw Waiting List Office of any private day cases;
4. Record all category II patients;
5. Ensuring category II undertaking to pay forms have been completed, signed and witnessed;
6. Sending completed undertaking to pay forms to finance;
7. Any pre or post services outside of the foregoing e.g. transcribing notes and preparing reports for consultants are not to be conducted within NHS work time (see 3.3).

Points 1 – 6 can be undertaken in NHS work time and are costed within the Private Patient Tariff for the Hospital fee.

3.4 Theatre Manager

The Theatre Manager is responsible for ensuring that:

- Staff enter the private patient status of a patient alongside other patient details in the Theatre register and Bluespier.
- A list of private patients placed on theatre sessions is available for inspection to enable cross-referencing to PAS/CaMIS.

3.5 Finance

Finance are responsible for:

- Raising invoices in respect private and category II patients; and subsequent chasing of any outstanding debt;
- Calculating and distributing prices;
- Advising staff; and
- Providing training on an 'as and when' required basis.

3.6 Critical Care

- Where patients are admitted directly to Critical Care following a Private Procedure, the department is required to re-assess the category of patient dependent on the circumstances. In some cases the patient will remain a Private Patient (e.g. Where Park Hill Hospital have pre-booked the stay following elective surgery and are therefore liable for the costs). In other cases the status of the patient may be updated to NHS category, however eligibility criteria for NHS treatment applies and each case should be individually considered upon arrival.

4. PROCEDURE

4.1 Code of Conduct for Private Practice

This section sets out the recommended standards of best practice for Trust staff regarding their conduct in relation to private practice based on "A Code of Conduct for Private Practice - Recommended Standards of Practice for NHS Consultants" issued by the Department of Health.

4.1.1 Key Principles

Consultants and the Trust are required to work on a partnership basis to prevent any conflict of interest between private practice and NHS work. It is important that consultants and the Trust minimise the risk of any perceived conflicts of interest.

The provision of services for private patients should not prejudice the interest of NHS patients or disrupt NHS services.

With the exception of the need to provide emergency care, agreed NHS commitments must take precedence over private work.

The Trust's facilities, staff and services may only be used for private practice with the prior written consent of the Trust. This will be available and reviewed annually as part of the consultant's job plan review.

4.1.2 Disclosure of Information about Private Practice

All staff must declare any private practice, which may give rise to any actual or perceived conflict of interest, or which is otherwise relevant to the practitioner's proper performance of their contractual duties. This disclosure should take place in their annual job planning review or, where such a review has not taken place in the past twelve months, in a letter to the Trust detailing their current and future intended private practice work commitments.

This disclosure information must detail regular private practice commitments, including the timing, location and broad type of activity. Any subsequent changes to that already disclosed must be notified to the Trust in writing as soon as it is known in order to facilitate increased efficiency through more effective planning of NHS work and out of hours cover.

In line with the requirements of revalidation and best practice, consultants should submit evidence of private practice to their appraiser. Failure to comply will result in disciplinary action being taken in accordance with the Disciplinary Policy and Fraud Bribery and Corruption Policies. Also refer to the Fraud section within (4.9).

All staff should comply with the Trust's Standards of Business Conduct Policy.

4.1.3 Scheduling of Work and On-Call Duties

In circumstances where there is or could be a conflict of interest, programmed NHS commitments must take precedence over private work. Consultants must ensure that, except in emergencies, private commitments do not conflict with NHS activities included in their NHS job plan.

Consultants must ensure in particular that:

- Private commitments, including on-call duties, are not scheduled during times at which they are scheduled to be working for the NHS;
- There are clear arrangements to prevent any significant risk of private commitments disrupting NHS commitments, e.g. by causing NHS activities to begin late or to be cancelled;
- Private commitments are rearranged where there is regular disruption of this kind to NHS work; and
- Private commitments do not prevent them from being able to attend a NHS emergency while they are on call for the NHS, including any emergency cover that they agree to provide for NHS colleagues. In particular, private commitments that prevent an immediate response must not be undertaken at these times.

Effective job planning should minimise the potential for conflicts of interests between different commitments. Regular private commitments should be noted in a consultant's job plan, to ensure that planning is as effective as possible.

There will be circumstances in which consultants may reasonably provide emergency treatment for private patients during time when they are scheduled to be working or are on call for the NHS. Consultants must make alternative arrangements to provide NHS cover where emergency work of this kind impacts on NHS commitments.

Where the Trust requires changes to the scheduling of NHS work, a consultant will be given a reasonable period of time to rearrange any private sessions, taking into account any binding commitments entered into (e.g. leases).

4.1.4 Provision of Private Services alongside NHS Duties

In some circumstances the Trust may at its discretion allow some private practice to be undertaken alongside a consultant's scheduled NHS duties, provided that it is satisfied that there will be no disruption to NHS services. In these circumstances, the consultant should ensure that any private services are provided with the explicit knowledge and agreement of the Trust and that there is no detriment to the quality or timeliness of services for NHS patients.

4.1.5 Information for NHS Patients about Private Treatment

In the course of their NHS duties and responsibilities consultants should not initiate discussions about providing private services for NHS patients, nor should they ask other NHS staff to initiate such discussions on their behalf.

Where a NHS patient seeks information about the availability of, or waiting times for, NHS and/or private services, consultants should ensure that any information provided by them, is accurate and up-to-date and conforms to any local guidelines.

Except where immediate care is justified on clinical grounds, consultants should not, in the course of their NHS duties and responsibilities, make arrangements to provide private services, nor should they ask any other NHS staff to make such arrangements on their behalf unless the patient is to be treated as a private patient of the NHS facility concerned.

4.1.6 Referral of Private Patients to NHS Lists

Only private patients eligible for NHS treatment free at source may opt to convert to NHS status and receive treatment free at source. If a patient requesting to change their status from private to NHS is not ordinarily resident in the UK, then the consultant must inform the Overseas Visitors Manager, so that the patient's eligibility to free NHS treatment can be determined.

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

- Any patient seen privately is entitled to subsequently change his or her status and seek treatment as a NHS patient;
- 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 held private status;

- Patients referred for an NHS service following a private consultation or private treatment should join any NHS waiting list at the same point as if the consultation or treatment were an NHS service. Their priority on the waiting list should be determined by the same criteria applied to other NHS patients; and
- 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.

4.1.7 Promoting Improved Patient Access to NHS Care and increasing NHS Capacity

Subject to clinical considerations, consultants should be expected to contribute as fully as possible to maintaining a high quality service to patients, including reducing waiting times and improving access and choice for NHS patients. This should include co-operating to make sure that patients are given the opportunity to be treated by other NHS colleagues or by other providers where this will maintain or improve their quality of care, such as by reducing their waiting time.

Consultants should make all reasonable efforts to support initiatives to increase NHS capacity, including appointment of additional medical staff.

4.1.8 Use of NHS Facilities

NHS consultants may not use NHS facilities for the provision of private services without the agreement of their NHS employer. This applies whether private services are carried out in their own time, in annual or unpaid leave, or – subject to the criteria in paragraph 4.1.4 – alongside NHS duties.

Where the employer has agreed that a consultant may use NHS facilities for the provision of private services:

- The employer will determine and make such charges for the use of its services, accommodation or facilities as it considers reasonable;
- Any charge will be collected by the employer, either from the patient or a relevant third party; and
- A charge will take full account of any diagnostic procedures used, the cost of any laboratory staff that have been involved and the cost of any NHS equipment that might have been used.

The above should be made clear to the patients at the time of decision to treat in Trust facilities. In situations when there are difficulties with the recovery of Trust costs associated with the provision of private medical care, consultants should assist Trust staff in the recovery of those costs.

Except in emergencies, consultants should not initiate private patient services that involve the use of NHS staff or facilities unless an undertaking to pay for those facilities has been obtained from (or on behalf of) the patient, in accordance with the Trust's procedures.

4.1.9 Use of NHS Staff

Consultants may not use NHS staff for the provision of private services without the agreement of the Trust.

The consultant must ensure that the responsible manager and any other staff assisting in providing services are aware of the patient's private status.

Trust staff that are asked and agree to undertake supporting work for a consultant who is undertaking private patient work, must not do so in their NHS work time; or use any Trust equipment or facilities without prior agreement from their manager.

4.1.10 Scope

This policy applies to patients who wish to pay for their treatment and wish to access the Trust's services. Patients may be insured or wish to self-pay for their treatment.

The policy covers all Trust employees who are asked to contribute to any Private Patient work. All staff must comply with terms and conditions of employment in relation to Private work.

4.2 Private Out-Patients and Day Cases

All appointments for private outpatients and day cases are to be made through the Consultants' Secretaries who will maintain a register detailing:

- Date
- Patient's Name
- Address
- Referring Consultant/GP
- Treatment

Private patients should only be seen on NHS premises outside usual clinic sessions, e.g. before the start or at the end of a normal clinic.

The correct admin category for the patient must be recorded on PAS/CaMIS. Please contact the information department if you need any assistance.

For an Outpatient appointment, the Consultant's secretary must notify the clinic clerk of any intended attendance, giving the patient's name; date and time of attendance to ensure the appropriate patient's records are available.

For planned Day Cases at Bassetlaw, the Consultant's secretary must notify the Waiting List Office (WLO) and they will record the details in the WLO diary. The WLO will ensure the appropriate patient's records are available.

The consultant must ensure that prior to the commencement of the consultation or treatment all necessary documentation must be explained and the patient made fully aware:

- of the structure and procedure for charging
- that the cost quoted, by reference to the published private patient tariff or after contacting the finance department, is only an estimate of the Trust's charges based on the likely procedure
- the Trust, consultant and other practitioners will submit separate and possibly various invoices, and
- that private non-resident patients are required to pay for their drug treatment (prescriptions should be written on the Consultant's own headed stationery and not Trust prescription forms or FP10 HP's)

An undertaking to pay form must be completed, signed by the patient (or on their behalf) and witnessed by a member of staff on each and every occasion that there is a consultation or procedure performed. (The forms are obtainable from Procurement).

The charges section of the form should clearly identify the service provided to the patient for which the Trust to invoice. **Do not include details of any Medical Imaging or Pathology tests to be performed**, as these will be invoiced from information provided by the departments themselves.

In cases of private outpatients attending the department of Genitro-Urinary Medicine, the patient's name and address **must not** be shown on the form. All Genitro-Urinary treatment should be paid in advance to the hospital cashier.

Where the Trust needs to raise an invoice, completed undertaking forms should be sent to the Income Section in the Finance Department, C Block, DRI.

All requests for diagnostic tests, investigations or treatments etc. need to be clearly marked to indicate the "private" status of the patient.

4.3 Category II Patients

All category II cases must be noted in a register held by the Consultant's Secretary, this should include details of:

- Date
- Patient's Name
- Address
- Referring Consultant / GP
- Treatment

Where the Trust is due a fee an "undertaking to pay", form must be completed, signed by the patient and witnessed by the Consultant's Secretary.

Where the Trust needs to raise an invoice, completed undertaking forms should be sent to the Income Section in the Finance Department, C Block, DRI.

4.4 Theatre Procedure for Private Patients

The Theatre Manager must ensure that:

Staff enter the private patient status of a patient alongside other patient details in the Theatre register.

A list of private patients placed on theatre sessions is available for inspection to enable cross-referencing to PAS/CaMIS.

4.5 Medical Imaging Procedure for Private and Category II Patients

Consultants referring private patients must indicate their status on the x-ray request form. All procedures carried out on behalf of Parkhill Hospital must be separately identifiable.

On arrival in the department, patients should be asked to complete and sign the appropriate agreement form, indicating their private or category II status.

Details, including the patient's status, should be entered onto the x-ray information system. Once the Consultant Radiographer has reported on the scans, they must complete and sign the agreement form.

The top copy of the agreement form should be passed to the Income Section in the Finance Department, C Block, DRI and a copy retained in the Radiology Department.

4.6 Pathology Procedure for Private and Category II Patients

Consultants referring private patients must indicate their status on the pathology request form. All procedures carried out on behalf of Parkhill Hospital must be separately identifiable.

Details, including the patient's status, should be entered onto the pathology information system.

On a monthly basis, a listing of all private and category II patients should be generated and sent to the Income Section in the Finance Department, C Block, DRI.

4.7 Cardiology Procedure for Private and Category II Patients

Consultants referring private patients must indicate their status on the cardiology request form. All procedures carried out on behalf of Parkhill Hospital must be separately identifiable.

Details, including the patient's status, should be entered onto the cardiology information system.

On a monthly basis, a listing of all private and category II patients should be generated and sent to the Income Section in the Finance Department, C Block, DRI.

4.8 Pricing Policy

Private patient tariffs will be calculated, by the finance department, on a full cost absorption basis to ensure the full cost of a procedure is recouped.

Private patient tariffs will be reviewed annually and will normally remain in place for a period of twelve months.

Copies of the tariffs will be circulated and are available from Management Accounts, C Block, DRI. Please contact EXT 642266.

4.9 Fraud

All staff are reminded that acting outside of this procedure to make a financial gain for themselves or deliberately causing a loss to the Trust may find the circumstances are referred to the Local Counter Fraud Specialist (LCFS). Undertaking private practice/fee paying work in NHS time without appropriate approval or failing to comply with the Trust's Standards of Business Conduct policy in relation to conflicts of interest and secondary employment may constitute gross misconduct and/or fraud, which can lead to disciplinary action, civil and/or criminal prosecution.

Please refer to CORP/FIN 4 - Standards of Business Conduct and Employees Declarations of Interest Policy.

5. TRAINING/SUPPORT

Training sessions are offered to staff and CCG management on an 'as and when' basis by the finance department in addition to the telephone support and advice provided.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

| What is being Monitored | Who will carry out the Monitoring | How often | How Reviewed/ Where Reported to |
|--|-----------------------------------|-----------|---|
| Application of the policy | Internal Audit | Annually | Report submitted to Audit and Non-Clinical Risk Committee (ANCRC); implementation of agreed recommendations overseen by Deputy Director of Finance. |
| Income and expenditure accurately recorded | External Audit | Annually | Annual accounts audit reported to ANCRC in ISA260; implementation of agreed recommendations overseen by Deputy Director of Finance. |

7. DEFINITIONS

Category II Patients – When work undertaken by hospital medical and dental staff on examinations or reports does not fulfil any of the qualifying conditions for Category 1 (for which charges may not be made). As described in Paragraphs 36 and 37 of the terms and conditions of service of hospital medical and dental staff.

<https://www.nhsemployers.org/~ /media/Employers/Documents/Pay%20and%20reward/Terms and Conditions of Service NHS Medical and Dental Staff 300813 bt.pdf>

PAS/CaMIS : patient administration system

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 1.

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/FIN 1 (B) - Standing Financial Instructions
 CORP/FIN 1 (D) - Fraud, Bribery and Corruption Policy and Response Plan
 CORP/FIN 4 - Standards of Business Conduct and Employees Declarations of Interest Policy
 CORP/EMP 2 – Disciplinary Procedure
 CORP/EMP 4 – Fair Treatment for All Policy
 CORP/EMP 27 – Equality Analysis Policy

10. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/>

11. REFERENCES

Department of Health “A Code of Conduct for Private Practice - Recommended Standards of Practice for NHS Consultants”

APPENDIX 1 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

| Service/Function/Policy/Project/ Strategy | Division/ Department | Assessor (s) | New or Existing Service or Policy? | Date of Assessment |
|--|-------------------------|---------------|---------------------------------------|--------------------|
| CORP/FIN 6 v 4 - Private Patient and Category II Procedure | Finance Department | Lynda Mincher | Existing Policy | April 2019 |
| 1) Who is responsible for this policy? Name of Division/Directorate: Corporate - Finance | | | | |
| 2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? - The purpose of this document is to briefly explain the standards of practice expected of Trust staff; how private patients and category II patients should be identified and recorded throughout their treatment and/or diagnosis. | | | | |
| 3) Are there any associated objectives? Legislation, targets national expectation, standards - Private practice should be carried out in accordance with the Department of Health's "A Code of Conduct for Private Practice - Recommended Standards of Practice for NHS Consultants" | | | | |
| 4) What factors contribute or detract from achieving intended outcomes? | | | | |
| 5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No | | | | |
| <ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] | | | | |
| 6) Is there any scope for new measures which would promote equality? [any actions to be taken] No | | | | |
| 7) Are any of the following groups adversely affected by the policy? | | | | |
| Protected Characteristics | Affected? | Impact | | |
| a) Age | No | | | |
| b) Disability | No | | | |
| c) Gender | No | | | |
| d) Gender Reassignment | No | | | |
| e) Marriage/Civil Partnership | No | | | |
| f) Maternity/Pregnancy | No | | | |
| g) Race | No | | | |
| h) Religion/Belief | No | | | |
| i) Sexual Orientation | No | | | |
| 8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box | | | | |
| Outcome 1 ✓ | Outcome 2 | Outcome 3 | Outcome 4 | |
| *If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4 | | | | |
| Date for next review: January 2022 | | | | |
| Checked by: Anna Moulding | | | Date: 11 April 2019 | |