



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Private Patient and Category II Procedure

This procedural document supersedes: CORP/FIN 6 v.4 – Private Patient and Category II Procedure



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Executive Sponsor(s):	Sam Wilde, Chief Finance Officer
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Amendment Form

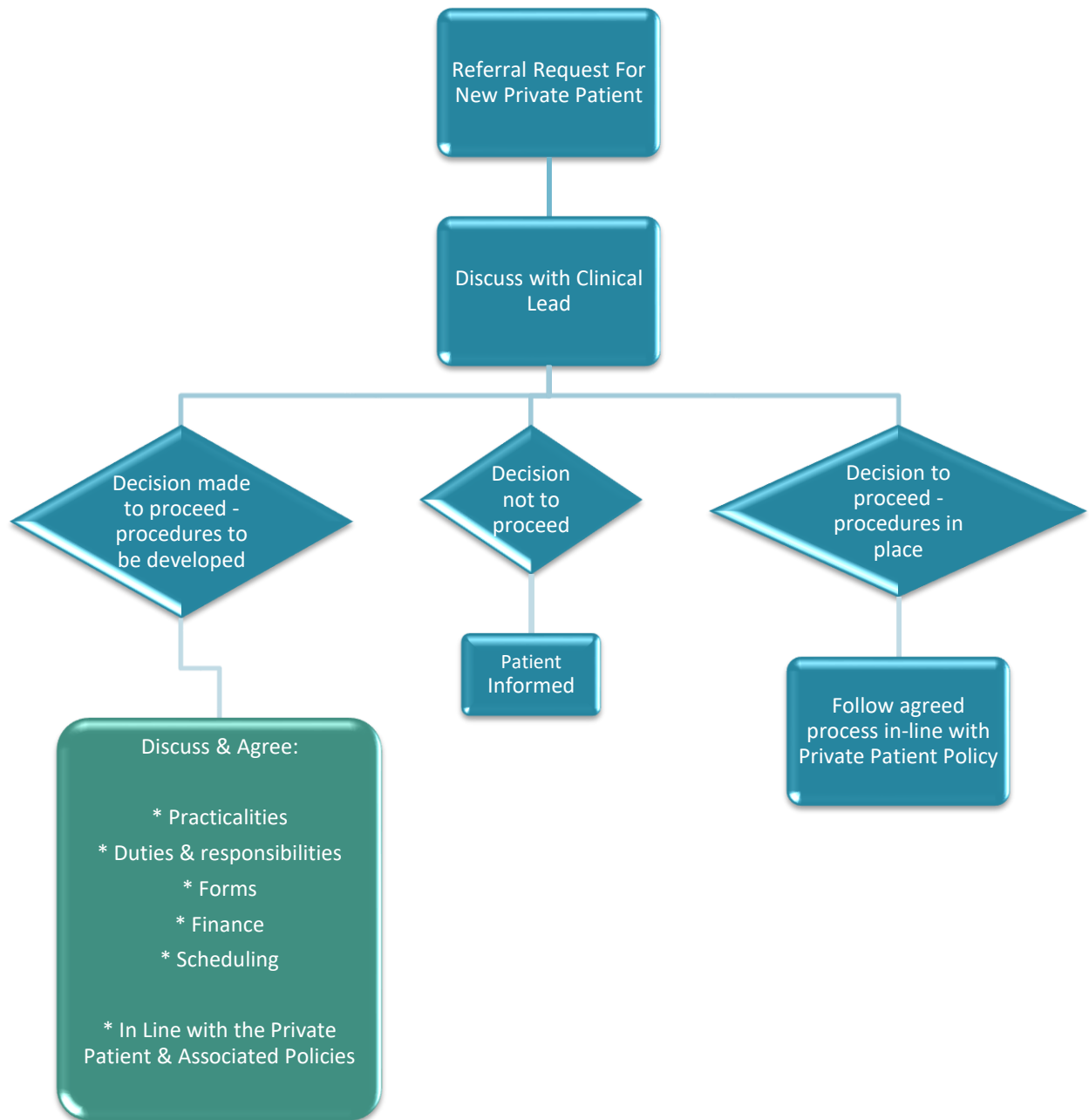
Version	Date Issued	Brief Summary of Changes	Author
Version 5	December 2025	<ul style="list-style-type: none"> Under section 4 definitions, tidied up the links to the correct online guidance. Updated the contact details for the Overseas visitor team. Minor Changes to wording at 4.1.6 Under section 5 minor changes to wording and added the words “agreed with patient” In section 6 – added in login link for declarations of interest. In section 6.1 – added in clarification around requirement to record and declare private work and reference to section 7. In section 6.1.4 – clarified the secretaries to mean private patient secretaries and made the distinction around NHS patient time. In section 6.4 and 7.4 amended to reference to Theatre Manager to include Department Manager also. Under 6.5 Finance - removed reference to cashier’s office. Section 7.1.2 added administrative colleagues. Sections 7.1.4 and 7.1.8, added in the agreement must be sought from the General Manager of the relevant service. Section 7.1.9 clarified the conditions for agreement. Section 7.2 added in Information Team contact details. Contacts updated Include link at 10 to “A Code of Conduct for Private Practice - Recommended Standards of Practice for NHS Consultants” 	Andrew Allard
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' for 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. This policy outlines the framework for the charging, invoicing, and recovery of costs related to the treatment of private patients within Doncaster and Bassetlaw Teaching Hospitals in compliance with NHS regulations, the National Health Service Act 2006, and relevant Department of Health and Social Care guidance.

Section 6.1 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 policy is to:

- Ensure a transparent and consistent approach to private patient charging.
- Comply with NHS and legal requirements.
- Outline the invoicing and debt recovery processes to minimise financial risk to the Trust.
- Provide clarity to patients, staff, and stakeholders regarding private patient charges.

3 SCOPE

This policy applies to:

- All patients receiving private treatment within the Trust.
- Consultants and clinicians involved in the provision of private healthcare services.
- Administrative and finance teams responsible for invoicing and cost recovery.

4 DEFINITIONS

- **Private Patient:** A patient who chooses to receive care outside of NHS-funded services and pays for their treatment personally or via private medical insurance.
- **NHS Patient:** A patient whose treatment is fully funded by the NHS.
- **Overseas Visitor:** A non-UK resident subject to NHS charging regulations.
- **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).

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 patients are individuals whose assessment, treatment, or review is undertaken primarily for legal, forensic, or statutory purposes rather than routine clinical care. This may include cases relating to personal injury claims, occupational health matters, coroner investigations, or criminal proceedings where a medical opinion or report is required. Such cases must be managed in accordance with NHS governance, consent, confidentiality, and data protection requirements, ensuring that medico-legal work does not adversely impact the delivery of core NHS services.

Category 2 patients are those receiving treatment or services for which the NHS is entitled to recover costs, as the activity falls outside the scope of NHS-funded care. This includes, but is not limited to, medico-legal work, private referrals, and care provided to individuals not eligible for free NHS treatment (e.g., certain overseas visitors), As described in Paragraphs 36 and 37 of the terms and conditions of service of hospital medical and dental staff. All Category 2 work must be conducted in line with national policy and local governance arrangements to ensure transparency, full cost recovery, and that NHS-funded patient care is not compromised.

Below is a link to the patient category codes definitions from the data dictionary.

[ADMINISTRATIVE CATEGORY CODE](#)

Below is the link to the NHS Medical and Dental Staff terms and conditions.

[Terms-and-Conditions-of-Service-2002-NHS-Medical-dental-staff.pdf](#)

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 or via email at dbth.osvpatientsteam@nhs.net.

All staff 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 in a private capacity. If further clarification is required, please contact the Trust's Head of Income and Contracting.

5 PRIVATE PATIENT CHARGING FRAMEWORK

- Charges for private treatment are set in accordance with national guidelines, ensuring full cost recovery.
- Charges include consultation fees, diagnostics, procedures, hospital accommodation, and any additional costs incurred.
- Consultants are responsible for setting their own professional fees in line with Trust agreements.
 - before treatment begins. The responsibility for communicating these sits with the Specialty or Service delivering the patients care / treatment.
- Any cross departmental reimbursement of costs needs to be arranged prior to the invoice being raised. This would need to be communicated on the undertaking to pay form so the income can be assigned to the correct cost centre.

6 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 Register. Which should be updated annually here: [Login](#)

6.1 Consultants

Consultants are responsible for:

- Ensuring any private practice work does not contravene the Trust's contracts with Parkhill or other third party providers 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".
- Any private practice work is appropriately declared and recorded in line with relevant policies and procedures. Section 7 below covers in further detail.
- 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.

6.2 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.

6.3 Consultants Secretaries

Consultant secretaries are in this instance assumed to be a private patient secretary, if an NHS secretary is used, this must be done outside of their NHS employed time and be remunerated separately by the consultant. The secretaries are responsible for:

1. Arranging and recording appointments for private outpatients and day cases (where allowed).
2. Notify outpatient clinic clerks 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; and

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).

6.4 Theatre / Department Manager

The Theatre Service Manager / Department Manager is responsible for ensuring that:

- Staff enter the private patient status of a patient alongside other patient detail in the Theatre register and / or Bluespир. If any activity is undertaken which isn't recorded on those systems, a separate log, denoting the patient's private status, will be required.
- A list of private patients placed on theatre sessions is available for inspection to enable cross-referencing to PAS / CAMIS.

6.5 Finance

Finance is responsible for:

- Providing a pretreatment estimate of the cost to the patient before treatment to the Specialty or Service requesting it.
- Raising invoices in respect of 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.

6.6 Critical Care

Where patients are admitted directly to Critical Care following a Private Procedure, the department is required to reassess the category of patients 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.

7 PROCEDURE

7.1 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.

7.1.1 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.

Except for 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.

7.1.2 Disclosure of Information about Private Practice

All staff (including administrative colleagues), 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 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 (7.9).

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

7.1.3 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 for emergencies, private commitments do not conflict with NHS activities included in their NHS job plan.

Consultants must ensure 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 an NHS emergency service

while they are on call to the NHS, including any emergency cover that they agree to provide for NHS colleagues. Private commitments that prevent an immediate response must not be undertaken at these times.

Effective job planning should minimise the potential for conflicts of interest 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, considering any binding commitments entered into (e.g. leases).

7.1.4 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. Agreement should be sought from the General Manager of the specialty involved.

7.1.5 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 an 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.

7.1.6 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 requests to change their status from private to NHS and they are not ordinarily resident in the UK, the consultant must inform the Overseas Visitors Team on 01302 644257 dbth.osvpatientsteam@nhs.net as soon as possible 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 one's status and seek treatment as an 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 to 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.

7.1.7 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.

7.1.8 Use of NHS Facilities

NHS consultants may not use NHS facilities for the provision of private services without the written agreement of their NHS employer. Agreement must be sought from the General Manager of the relevant service. 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.

7.1.9 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 manager responsible 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 written agreement from their manager. Agreement must be made for either each ad-hoc instance of work undertaken or for each timetabled session i.e. every Tuesday evening for the next 4 weeks.

7.1.10 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.

7.2 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:

INFORMATION (DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST)
<mailto:dbh-tr.information@nhs.net>

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 will be 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 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 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 Genito-Urinary Medicine, the patient's name and address **must not** be shown on the form. All Genito-Urinary treatment should be paid in advance via invoice.

Where the Trust needs to raise an invoice, completed undertaking forms should be sent to the Income Section in the Finance Department, Civic Building Doncaster.

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

7.3 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, Civic Building Doncaster.

7.4 Theatre / Department Procedure for Private Patients

The Theatre Service Manager or Department Manager must ensure that:

Staff enter the private patient status of a patient alongside other patient details in the Theatre register and / or Bluespир. If any activity is undertaken which isn't recorded on those systems, a separate log for cross checking will be required.

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

7.5 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 an 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, Civic Building, Doncaster and a copy retained in the Radiology Department.

7.6 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 into 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, Civic Building Doncaster.

7.7 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 into 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, Civic Building Doncaster.

7.8 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, Civic Building, Doncaster. Please contact EXT 642264.

7.9 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.

8 TRAINING/SUPPORT

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

9 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.

10 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our

objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

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), the Equality Diversity and Inclusion Policy (CORP/EMP 59) and the Civility, Respect and Resolution Policy (CORP/EMP 58).

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)

11 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 27 – Equality Analysis Policy
- CORP/EMP 58 – Civility, Respect and Resolution Policy
- CORP/EMP 59 – Equality, Diversity and Inclusion Policy

12 KEY REGULATIONS AND GUIDELINES

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

<https://www.nhsemployers.org>

Under Consultant Code of Conduct – Private Practice Guide

National Health Service Act 2006: This Act provides the foundational legal framework for the NHS in England. Section 175 of the Act empowers the Secretary of State to make regulations for charging individuals who are not ordinarily resident in the UK for NHS services provided to them. [Overseas patients](#)

The National Health Service (Charges to Overseas Visitors) Regulations 2015: Updated 2025. These regulations detail the circumstances under which overseas visitors may be charged for NHS services. While primarily focused on overseas visitors, understanding these regulations is crucial for NHS providers to ensure compliance when offering private services to non-residents. [The National Health Service \(Charges to Overseas Visitors\) Regulations 2015](#)

Department of Health and Social Care Guidance: The DHSC has published guidance on charging overseas visitors, which offers advice on implementing the charging regulations. This guidance is designed to support effective delivery of the regulations and should be consulted alongside the regulations themselves. [Charging overseas visitors in England: guidance for providers of NHS services - GOV.UK](#)

Overseas Patient Upfront Tariff: NHS England provides a price list to support providers in upfront charging of overseas patients. While these prices are not mandatory, they serve as a reference for providers to ensure appropriate cost recovery.

APPENDIX 1 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Policy	Division/Department	Assessor (s)	New or Existing Policy?	Date of Assessment
CORP/FIN 6 v 6 - Private Patient and Category II Procedure	Finance Department	Andrew Allard	Existing Policy	August 2025
1) Who is responsible for this policy? Name of Division/Directorate: Corporate - Finance				
2) Describe the purpose of the service / function / policy / project/ strategy? 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	
<i>*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 – see CORP/EMP 27.</i>				
Date for next review: May 2028 (Policy valid until November 2028)				
Checked by: Yasmin Ahmed		Date August 2025		