



INDEPENDENT HEALTHCARE SECTOR
COMPLAINTS ADJUDICATION SERVICE

ISCAS Update to the Patient Guide Coronavirus (COVID-19)

Frequently Asked Questions (FAQs) for Patients
Reopening Private Services

ENDORSED BY

 **the patients association**

About this leaflet

The information in these Frequently Asked Questions (FAQs) has been developed to complement the ISCAS COVID-19 update to the Patients' Guide and the Patients' Guide to the ISCAS Code. Both documents are available from the ISCAS website:

<https://iscas.cedr.com/resources/publications/>

These FAQs are provided for people seeking private healthcare and cosmetic services. The FAQs are designed to signpost to relevant guidance that can support conversations with providers. The aim is to help mitigate the risk of complaints escalating about the reintroduction of private healthcare or cosmetic services.

As healthcare and cosmetic services plan to restart it is important to note that risk assessment processes are now much wider than before the COVID-19 pandemic. In addition to undertaking risk assessments of patients/clients, providers now have to undertake more risk assessments about staff and of the wider healthcare environment. Added to this is the need for every member of the population to continually risk-assess their own activity in the context of the on-going need for social distancing for wider public benefit.

There is a great deal of information being developed and the situation is fast moving. The FAQs included in this document contain links to more technical detail to help with signposting. The Patients Association also provides information, advice and signposting for patients through a dedicated national [helpline](#):

- Helpline number - 0800 345 7115
- Email - helpline@patients-association.org.uk

Remember also that the NHS is 'Open for business' if you need urgent treatment. There is information about how you can help the NHS get you the treatment you need on the NHS website: <https://www.nhs.uk>

- For help from a GP – use your GP surgery's website, use an online service or app, or call the surgery.
- For urgent medical help – use the NHS 111 online service, or call 111 if you are unable to get help online.
- For life-threatening emergencies – call 999 for an ambulance.
- If you're advised to go to hospital, it's important to go.

Frequently Asked Questions (FAQs)

Q1: Can you provide me with information about which **ISCAS subscribers will be available to provide private healthcare services or cosmetic treatments** as services begin to open up?

A1: No: ISCAS is not able to advise the public on decisions about when it is safe to access treatments and procedures. Individual providers will need to undertake appropriate risk assessments to ensure that re-opening or carrying on the service will be safe for patients/clients and staff as the advice around COVID-19 develops.

Q2: Who can provide me with information on **which services will be available to provide private healthcare services or cosmetic treatments**?

A2: It is the responsibility of registered private healthcare providers to ensure that they can continue to meet the Fundamental Standards as outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and for other providers to meet the standards relevant for the service. Providers will need to assure themselves that they have reviewed and tested all processes to ensure that these are fit for purpose for re-opening during the current pandemic. This will include the management of infection prevention but also a number of other factors such as access to medicines, intensive care, personal protective equipment (PPE) and other relevant supplies and equipment.

Q3: I understand that the COVID-19 recovery strategy means that people should be returning to work where they cannot work from home and the plan is to return to life as near normal as we can as quickly as possible – **when can I expect to get access** to cosmetic treatments and/or private healthcare in my area?

A3: It will take some time for private healthcare and cosmetic providers to be able to offer full services. When services do resume they may be provided differently than they were before the pandemic. The 'new normal' will vary due to a number of factors based on individual risk assessments. Providers will need to discuss with you the risks and benefits associated with service delivery and document the discussion. This could be part of a pre-assessment process and may cover additional areas on travel restrictions and [social distancing](#). Note: if you need urgent treatment the NHS is 'Open for business' and you will not be a burden to NHS. There are safety processes in place for you to attend NHS premises if required and you can contact 111 for advice on this if you are concerned.

Q4: Who makes the decision on the **need to travel**?

A4: You as an individual are required to comply with the restrictions on movement set out in the new regulations. The reasons for leaving home are set out in The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020, which came into force on 26th March. Under the Regulations it may be an offence for a person to leave or be outside of their home without "*reasonable excuse*". The regulations are being amended from time to time as the restrictions become relaxed.

Q5: I want to restart my **non-surgical cosmetic treatments** – are these listed in the Regulations or guidance that have been issued?

A5: No. Non-surgical cosmetic treatments are not specifically referred to in the coronavirus restriction regulations. However, the guidance of 13th May 2020 is clear that certain retail activities such as hairdressers, barbers, beauty and nail salons, including piercing and tattoo

parlours, are classed as businesses and venues that [must remain closed to the public](#). In addition, spas, massage, gyms and fitness studios must remain closed.

Q6: Is there any other guidance about restarting **non-surgical cosmetic treatments** that I could review?

A6: Yes. The Joint Council for Cosmetic Practitioners (JCCP) is one of the accredited registers in the non-surgical cosmetic treatment sector. On 13th May 2020 [JCCP published guidance](#) about how cosmetic practitioners (and their staff) can begin to be ready for opening up services. The core principles have been agreed by independent and expert opinion in the Cosmetic Practice Standards Authority (CPSA).

Q7: Does the JCCP guidance give a date for reopening for **non-surgical cosmetic treatments**?

A7: No. The [JCCP press release](#) from 13th May 2020 states that reopening decisions should be risk-assessed for safety: *“The UK Government has now confirmed that beauty salons will not be permitted to resume their business until at least the 4th July 2020. The JCCP supports this position and does not support a resumption of [non-surgical cosmetic] practice during the government-imposed lockdown. Government advice on resumption of practice should form part of the decision to reopen, along with your ability to implement a risk-assessed and informed policy, and other material factors which may impinge on your capacity to perform safely and responsibly.”*

Q8: Are **healthcare services** closed to the public?

A8: No. Healthcare services are exempt from the need to close to the public as set out in Schedule 2 Part 3 of the Coronavirus Restrictions Regulations. These services are named and include pharmacies (paragraph 26), dental services, opticians, audiology services, chiropody, chiropractors, osteopaths and other medical or health services (including physiotherapy and podiatry services), and services relating to mental health (paragraph 37).

Q9: Are **private healthcare services** being used for NHS patients?

A9: Yes. From April 2020 the NHS ‘block booked’ the majority of private healthcare capacity through a contract. Most independent healthcare providers have been supporting the NHS by stopping all non-urgent work so that their facilities could be used to prioritise the urgent elective, cancer, or other pathways in support of the NHS. The aim has been to keep independent healthcare facilities as “COVID-19 negative” sites, for example not for the treatment of people with active COVID-19 infection. The Independent Healthcare Providers Network (IHPN) has been leading on the coordination of this work between the independent healthcare providers, and some cosmetic providers, and the NHS - more information is available in these [case studies](#).

Q10: Are **private healthcare services** becoming more available now that the initial COVID-19 surge in demand on the NHS has passed?

A10: Yes but this is a very gradual process. The contract between private providers and the NHS included most of the independent sector and they are now working through a process of ‘de-escalation’. This means that independent sector providers are now required to agree with local NHS commissioners of services what NHS elective work is a priority and what private work can also be undertaken.

Q11: Is there any professional guidance about reintroducing **healthcare services** that doctors and providers should follow?

A11: Yes there is a great deal of guidance, including from many different professional leadership organisations. The Academy of Medical Royal Colleges (AoMRC) is the coordinating body for the medical Royal Colleges, including the Royal Colleges for Surgeons, Physicians, Anaesthetists, Ophthalmologists and Gynaecologists.

AoMRC has produced [Principles for reintroducing healthcare services](#). The principles refer to all care settings:

Principle 1 – There should be clear messaging to the public stressing the need to seek medical help for serious conditions whilst encouraging appropriate self-care

Principle 2 – Patients should be offered virtual or remote care where safe and appropriate

Principle 3 – Through a shared decision making process patients should be offered evidence based alternative management options, where practical

Principle 4 – Patients must feel safe and be protected when they need to access direct healthcare in all settings

Principle 5 – Staff should be enabled, safe and protected to deliver equitable and clinically prioritised care

Principle 6 – Staff should be supported and provided with training and education that will ensure adequate preparation of current and future staff to deliver services that meet the needs of the population

Q12: Is there any specific guidance about **planned or elective healthcare**?

A12: Yes. NHS England has produced an [operating framework](#) for services for NHS patients. The NHS England guidance aligns with the AoMRC principles referred to in a previous question and would be relevant in all healthcare settings. Providers will advise patients about new protocols including; that patients should not be showing any symptoms of COVID-19 prior to attendance, the need for self-isolation for 14 days prior to any planned admission, testing for COVID-19 and complying with social distancing requirements. This is a very fast moving position and information is being updated regularly. Links to more information from the regulators in each country in the UK can be found in the COVID-19 update to the Patients' Guide on the ISCAS website: <https://iscas.cedr.com/resources/publications/>

Q13: Is there any specific guidance about how **elective surgical services** will be reintroduced?

A13: Yes. The Royal College of Surgeons (RCS) has produced guidance about the [recovery of surgical services](#) during and after COVID-19. The RCS guidance includes key considerations before resuming elective surgery, for example the availability of intensive care facilities in case of complications. The availability of testing for COVID-19 is key but also the impact of resuming services on laboratory capacity. The impact on other services such as diagnostic imaging (for scans etc.) as well as sterile processing (for equipment and PPE) will also need to be considered by providers.

Q14: I would like to plan my **cosmetic surgery** – is there specific guidance for patients?

A14: Yes. The British Association of Aesthetic Plastic Surgeons (BAAPS) is made up of member surgeons who follow a code of practice and ethics to improve overall safety standards. BAAPS also works to enhance the education of the public about aesthetic cosmetic surgery, and in particular the benefits and risks of different procedures. The BAAPS website provides [information for patients](#)

Q15: Are there key questions that I should ask about having my **cosmetic surgery**?

A15: Yes. BAAPS provides a list of 'Questions to ask your surgeon', including "What happens if something goes wrong". It is important that patients ask about what happens in the case of an emergency. The [professional standards for cosmetic surgery](#) published by the Royal College of Surgeons states that: "surgeons who perform cosmetic surgery should ...Ensure that there are clear arrangements for transfer where appropriate in the case of an emergency."

Q16: Are there any issues that would prevent me being transferred to the NHS if something goes wrong with my **cosmetic surgery**?

A16: Since March 2020 NHS capacity has been focused on managing the COVID-19 pandemic and previous agreements between private providers and NHS Trusts may no longer be in place. In March 2020 ([BAAPS issued a policy statement](#)) which included: *“Whilst many patients will still want to be operated on and there maybe facilities willing and able to carry out such surgery, we urge members to consider the impact of each case performed on the wider healthcare system.”*

Version: 26 May 2020

Appendix

Useful links

The Patients Association helpline:

<https://www.patients-association.org.uk/helpline>

Government Guidance on Social Distancing in England:

<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>

Government Guidance on Closing certain businesses and venues in England

<https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance>

JCCP Guidance post COVID-19:

<https://www.jccp.org.uk/NewsEvent/preparing-your-place-of-work-post-covid-19>

JCCP press release:

[https://www.jccp.org.uk/ckfinder/userfiles/files/JCCP%20Press%20Release%2032-%20Preparing%20for%20Return%20to%20Work\(2\).pdf](https://www.jccp.org.uk/ckfinder/userfiles/files/JCCP%20Press%20Release%2032-%20Preparing%20for%20Return%20to%20Work(2).pdf)

IHPN case studies on supporting NHS during COVID-19:

<https://www.ihpn.org.uk/resources/case-studies/>

AoMRC Principles for reintroducing healthcare services:

<https://www.aomrc.org.uk/wp-content/uploads/2020/05/COVID-19-Principles-for-reintroducing-healthcare-services-0520.pdf>

NHSE – Operating framework for hospitals

<https://www.england.nhs.uk/coronavirus/publication/operating-framework-for-urgent-and-planned-services-within-hospitals/>

RCS – Recovery of surgical services:

<https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/>

BAAPS - Information for patients:

<https://baaps.org.uk/patients/default.aspx>

BAAPS policy statement:

<https://baaps.org.uk/media/press-releases/1809/policy-statement-from-the-british-association-of-aesthetic-plastic-surgeons-baaps>

RCS Professional standards for cosmetic surgery:

<https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/service-standards/cosmetic-surgery/professional-standards-for-cosmetic-surgery/>

RCS guidance on elective surgery

<https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/>