

ISCAS Position Statement Complaints Management - Fees

ISCAS Position Statement re Fees

ISCAS requires all subscribing Independent Healthcare Providers (IHPs) to be open and transparent regarding the fees that are charged to service users. This includes consultants or other clinicians to whom practising privileges¹ have been granted who are also required to be open and transparent about the fees being charged.

The ISCAS Code

The ISCAS Code covers complaints about doctors and other health care professionals and staff working in subscribing organisations, including those who are not directly employed by the organisation and have instead been granted practising privileges.

Accountability Framework for subscribing IHPs

The Registered Person at each IHP is the person that is responsible for supervising the provision of regulated activities or services, such as diagnosis, treatment or surgery, for which the IHP is registered.

The Registered Person has responsibility for managing and monitoring the systems and processes that support continuous quality improvement and learning. This includes complaints management.

The Registered Person is also responsible for providing service users with written information regarding the amount being charged (fees) and the method of payment.

The Registered Person, who may be employed at a corporate level, is responsible for ensuring that 'fit and proper' Registered Managers are in place. The Registered Person is also responsible for engaging the services of 'fit and proper' staff, including those with practising privileges, and for ensuring that those persons engaged to deliver the regulated activities for which the IHP is registered operate in accordance with the IHPs approved policies and procedures. This includes policies relating to the provision of information regarding fees.

The Registered Manager must ensure that where hosting, renting or subcontracting arrangements are in place with other registered providers the contract or service level agreement (SLA) clearly defines the boundaries of responsibility for the activities taking place. This includes information on fees.

Regulations

Care Quality Commission (Registration) Regulations 2009

The Care Quality Commission (registration) Regulations 2009 stipulate that the Registered person must be transparent about the costs of care and treatment.

- Registration Requirements

¹ An agreement to allow them to provide certain services within the organisation (hospital or clinic) as independent practitioners.

- Regulation 19
 - (1) Where a service user will be responsible for paying the costs of their care or treatment (either in full or partially), the Registered Person must provide a statement to the service user, or to a person acting on the service user's behalf (a) specifying the terms and conditions in respect of the services to be provided to the service user, including as to the amount and method of payment of fees; and (b) including, where applicable, the form of contract for the provision of services by the service user.
 - (2) The statement referred to in paragraph (1) must be (a) in writing; and (b) as far as reasonably practicable, provided prior to the commencement of the services to which the statement relates.

Legislation

Private Healthcare Market Investigation Order 2014 (as amended)

From 31st December 2017, the Private Healthcare Market Investigation Order 2014 (as amended) requires operators of private healthcare facilities to ensure that consultants (as a condition of permitting a consultant to provide private healthcare services at that facility) supply private patients with information about fees in writing, prior to outpatient consultations (see 22.3 below for detail on the information).

From 28th February 2018, operators of private healthcare facilities are required to ensure that consultants are provided with an appropriate template (approved by the Competition & Markets Authority (CMA)) in order to disclose to a patient, prior to further tests or treatment, the costs and rationale for treatment (see 22.4 below for details).

22 - Information concerning consultants supplied to the information organisation and to private patients

22.2 The operator of a private healthcare facility shall, as a condition of permitting a consultant to provide private healthcare services at that facility, require the relevant consultant to supply private patients with information in writing to be provided:

- (a) as from 31 December 2017, prior to outpatient consultations, in accordance with article 22.3 and article 22.6; and
- (b) as from 28 February 2018, prior to further tests or treatment, whether surgical, medical or otherwise, in accordance with article 22.4 and article 22.6; and shall provide the consultant with an appropriate template approved by the CMA for these purposes, in standard wording and in a clearly legible font.

22.3 Consultants must supply the following information to a patient prior to an outpatient consultation:

- (a) the estimated cost of the outpatient consultation or consultations, which may be expressed as a range, so long as the factors which will determine the actual cost within the range are explained;
- (b) details of financial interests of any kind, which the consultant has in the medical facilities and equipment used at the premises;
- (c) a list of all insurers which recognise the consultant;
- (d) a statement that insured patients should check with their insurer the terms of their policy, with particular reference to the level and type of outpatient cover they have; and
- (e) the website address of the information organisation, and a statement in standard wording as agreed with the information organisation indicating that this website will give patients useful information on the quality of performance of hospitals and consultants.

22.4 The following information must be disclosed by a consultant to a patient prior to further tests or treatment:

- (a) the reason for the relevant further tests or treatment;
- (b) an estimate of the cumulative consultant cost of the treatment pathway which has been recommended. This should either include all consultant fees that will be charged separately from the hospital fee, or should include contact details for any other consultants whose fees are not included in the quote or, where applicable for self-pay patients, the total package price for treatment, where the consultant has agreed this with the operator of the relevant private healthcare facility;
- (c) a statement of any services which have not been included in the estimate, such as those resulting from unforeseeable complications. Where alternative treatments are available but the appropriate treatment can only be decided during surgery, the estimate should set out the relevant options and associated fees; and
- (d) the website address of the information organisation, and a statement in standard wording as agreed with the information organisation indicating that this website will give patients useful information on the quality of performance of hospitals and consultants.

22.5 For tests or treatment given on the same day as the consultation, the information specified in article 22.4 may be given orally rather than in writing.

22.6 Consultants shall supply patients with information in accordance with article 22.3 at the same time as the outpatient consultation appointment is confirmed with the patient, and other than in case of emergency shall supply patients with information in accordance with article 22.4 either within the two working days following the final (pre-treatment) outpatient consultation or prior to surgery, whichever is sooner.

22.7 Subject to Article 22.8, the operator of a private healthcare facility shall ask every privately-funded patient undergoing any inpatient, day-case or outpatient procedure, including diagnostic tests and scans at that facility, to sign a form confirming that the relevant consultant provided the information required by Article 22.4, and shall take appropriate action if there is evidence that a consultant has failed to do so. Alternatively, private hospital operators shall take equivalent measures, as approved by the information organisation and its members to monitor and enforce compliance with article 22.

22.8 The duties in Article 22.7 owed by the operator of a private healthcare facility do not apply in the case of a private patient who attends a consultation at premises which are not part of the relevant facility and who does not thereafter have treatment at the relevant facility pursuant to attending the consultation.