

ISCAS Position Statement

Complaints Management: Fees

ISCAS Position Statement on Fees:

The ISCAS position is that subscribing Independent Healthcare Providers (IHPs) are required to be transparent regarding fees charged to service users and that includes those fees charged by those granted practising privileges.

Background to position statement:

The Independent Adjudicators (IAs), engaged by ISCAS to adjudicate on complainants at stage 3 of the independent sector complaints process, identify areas of learning from adjudications. The IAs have identified that a theme in the heads of complaints of adjudications involves a lack of transparency on the fees charged to service users. This includes ambiguity surrounding the fees levied by the IHP and those levied by those granted practising privileges.

ISCAS Code and Practising Privileges Principles:

The ISCAS Code states that the Code includes complaints about those healthcare professionals granted practising privileges working in subscribing IHPs. Practising privileges are a well-established system of checks and agreements whereby doctors can practise in hospitals and clinics without being directly employed by them. There is more information in the ISCAS position statement on practising privileges.

Accountability Framework subscribing IHPs:

The Registered Person (IHP) retains the responsibility for the management and monitoring of systems and processes that support continuous quality improvement and learning, including complaint management. In addition, the Registered Person is responsible for providing written statements to service users regarding the amount and method of payment of fees (see below – CQC Regulations in England).

The Registered Person in the IHP is responsible for supervising the service provision (for example, Regulated Activities or similar such as diagnosis, treatment or surgery). The Registered Person (for example the Nominated Individual who may be at

corporate level) is responsible for ensuring 'fit and proper' Registered Managers are engaged.

The Registered Manager is responsible for engaging 'fit and proper' staff, including those with practising privileges. The Registered Manager is responsible for ensuring that those engaged to deliver the Regulated Activity for which the IHP is registered, operate in accordance with the approved policies and procedures of the IHP, including information on fees.

The Registered Manager must ensure that where there are hosting, renting or sub-contracted arrangements in place with other registered providers, the contract or service level agreement clearly defines the boundaries of responsibilities for the activities taking place, including information on fees.

As 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). As from 28th February 2018 operators of private healthcare facilities are required to ensure that consultants are provided with an appropriate template (approved by 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 detail).

Relevant regulations:

The Care Quality Commission (Registration) Regulations 2009 make it clear that the provider (Registered Person) must be transparent about the costs of care and treatment. Regulation 19 states:

(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 provider. (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.

Extract on Fees Private Healthcare Market Investigation Order 2014 (as amended)

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.