

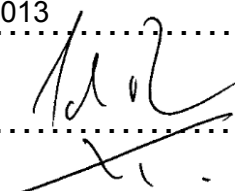


Cannock Chase Clinical Commissioning Group

# Private Sector Sub-Policy

**Agreed at Governing Body**

Date: 07.02.2013 .....

Signature:  .....

Designation: Chair of Cannock Chase CCG .....

Review Date: 07.02.2016 .....

## PRIVATE SECTOR SUB-CONTRACTING GUIDANCE

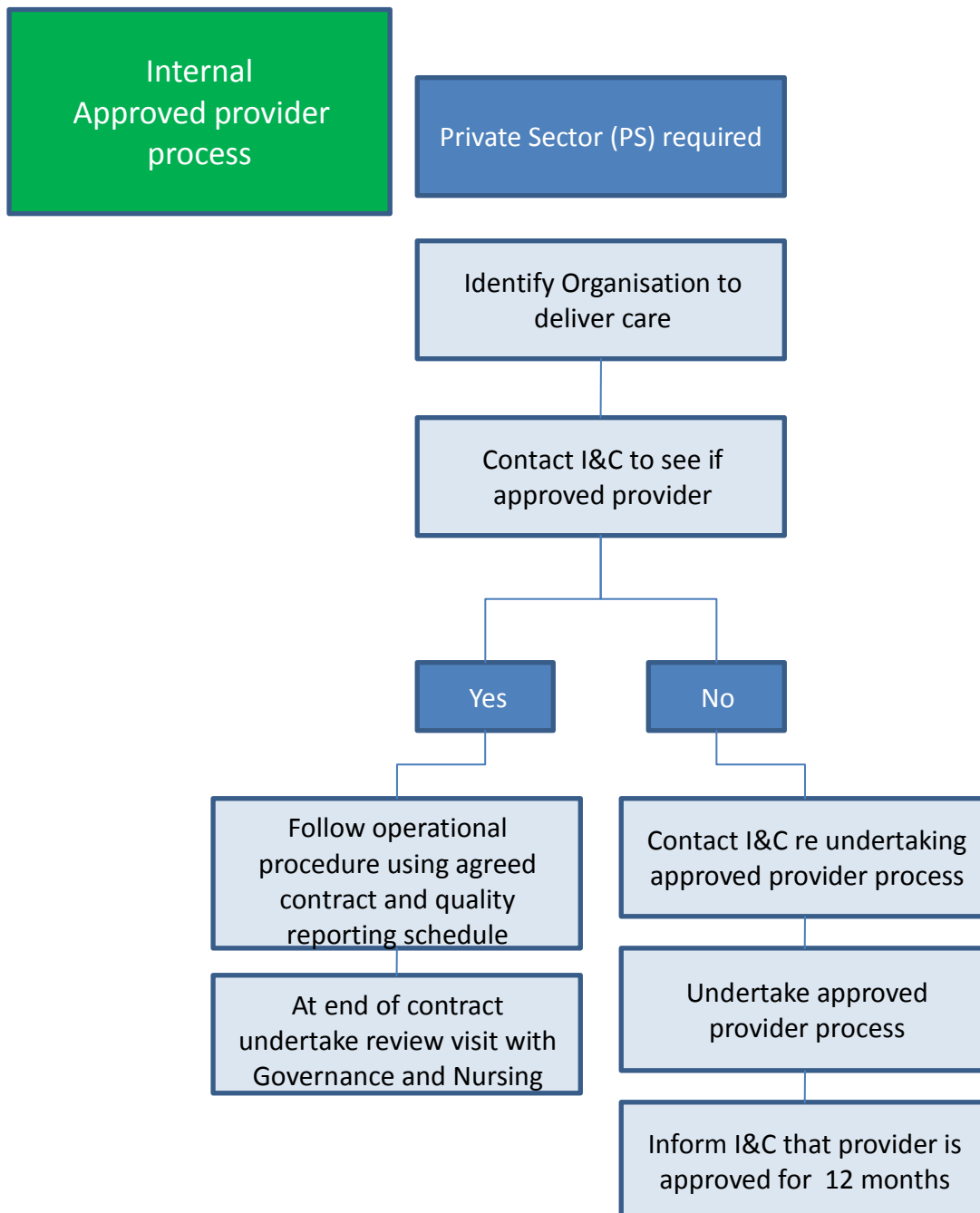
Contents	Page
Introduction	3
Flow chart – internal Approved Provider Process	3
Flow chart – Approval process for Private Sector Provider	4
Site Visit Guidance	5
Site Visit Checklist (attachment 1)	7
Quality Reporting Schedule	9
Operational Guidance for the use of the private sector	13
Patient Information Sheet (attachment 2)	14
Principles – patient selection for private sector care (attachment 3)	16
PCT Request Form (attachment 4)	17

## Introduction

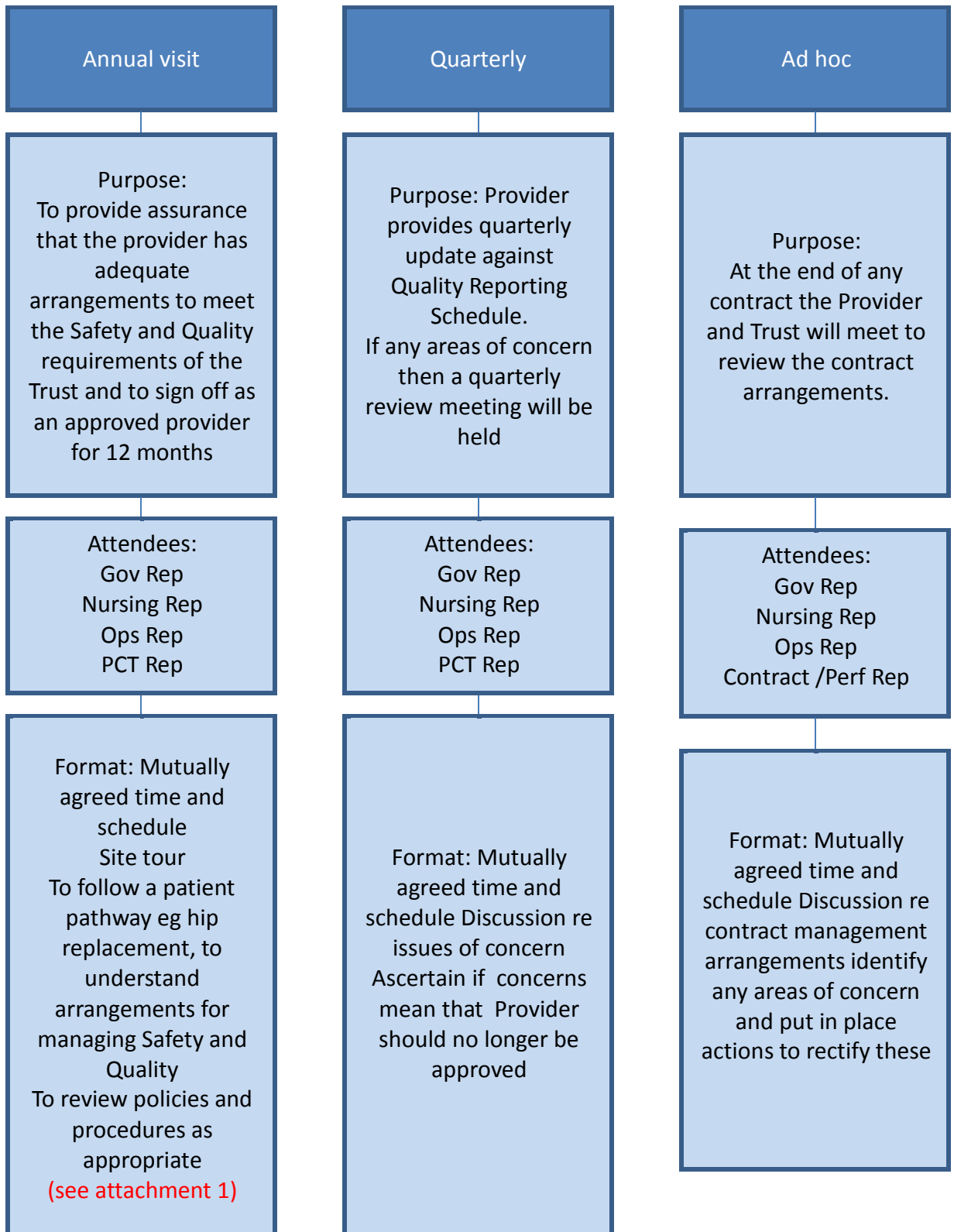
The purpose of this document is to provide guidance for Trust staff when the private sector is required to deliver care for patients.

The document focuses primarily on the governance arrangements for sub-contracting care to the private sector.

Operational Staff must work closely with the Income and Contracting Team to ensure that all criteria are met before agreeing contracts with the private sector



## Approval Process for Private Sector Provider



## Site visit guidance

The purpose of the site visit is for the Trust to seek assurance from the Provider that they are compliant with the safety and quality arrangements detailed below.

The visit will be pre-arranged and it is anticipated that it will follow a patient pathway e.g. Hip replacement, cataract – this will give the provider opportunity to understand in detail how the patient will be managed through the service and will enable them to ask questions and seek assurance around this.

Prior to the visit the Provider will be asked to provide copies of the policies and documents listed below, this will give the Trust the opportunity to review these prior to the meeting and raise any issues of concern, it will also help the Trust understand how the provider manages their safety and quality arrangements.

### **Policies/documents to be provided before visit:**

- Complaints Policy
- Incident Reporting Policy
- Infection Control Policy
- Confidentiality Policy
- Safeguarding Vulnerable Adults Policy
- Decontamination Policy
- Please add in any others

### **Attendees:**

As a minimum there should be NHS representation from

- Nursing
- Contracting/Performance
- Operational Representative
- Governance
- PCT commissioning

### **Checklist:**

The attached checklist should be used for all site visits and record should be made of any issues/concerns. This checklist will be used for feedback to private sector organisations

### **Outcome:**

Within a week of the site visit and review of documentation the Private Sector organisation will be informed of whether they have met the criteria for approval. If all criteria are met the organisation will be able to provide private sector care for NHS patients for a period of 12 months from the date of the visit.

If areas of concern are noted the provider will be given an opportunity to rectify these and following a reassessment will be approved for 12 months from the date of approval.

A list of approved organisations will be held with the Income and Contracting Team. The Cluster will also be informed of approved Providers

Private Sector Approval Site Visit Checklist:		
Name of Organisation		
Date of Visit		
Attendees	NHS (Name and Title)	Private Sector(Name and
and		
Assessment	Comments	Approved yes/no
Pre visit policies/documents and understanding of these by provider staff		
• Complaints Policy		
• Incident Reporting Policy		
• Infection Control Policy		
• Confidentiality Policy		
• Safeguarding Vulnerable Adults Policy		
• Decontamination Policy		
<b>others</b>		
Environment - general		
Cleanliness		
Appearance		
Attitude		
Accommodation ( Same sex accommodation)		
Health and Safety		
Health and Safety policies in		
Staff aware of H&S		
Patient Satisfaction		
Patient Experience Surveys conducted and feedback acted		
Lessons learned from complaints		
Staff		
Staff competence		
<input type="checkbox"/> Statutory registration process		

<input type="checkbox"/> competencies		
Mandatory Training		
Training records		
CRB checks undertaken and acted		
Clinical Safety		
Medicines Management – safe and		
Access to blood supplies		
Management of clinical emergencies		
Clinical Audits undertaken and acted on		
Other		
Information Governance		
Data Protection		



**PRIVATE SECTOR**  
**Quarterly Quality Reporting Schedule**

PATIENT SAFETY		
	Date Due	Who
<b>Incident reporting</b>		
<b>Serious Incidents including Never Events</b> – submit to NHSW within agreed timescales <ul style="list-style-type: none"> <li>• Initial notification of all SIs</li> <li>• Updates as requested by NHSW</li> <li>• RCA report and action plan for every SI reported</li> <li>• Closure of all SIs within agreed timescales</li> </ul>	Monitoring  Quarterly report	Provider
<b>Clinical Incidents:</b> written report to include as a minimum <ul style="list-style-type: none"> <li>• Categories</li> <li>• Trends</li> <li>• Action taken</li> <li>• Lessons learned incorporating specific reference to the following categories: medication incidents/errors, pressure ulcers and falls.</li> </ul>	Quarterly	Provider
<b>Compliance with safety alerts:</b> report on level of compliance against alerts issued <ul style="list-style-type: none"> <li>• Alert title</li> <li>• Issue date</li> <li>• Status</li> <li>• Response</li> </ul> <p>Where scheduled closure is less than 3 months from time of report provide details of progress towards completion and assessment of predicted closure date.</p> <p>For any alert where closure date has been breached provide an action plan including timescales for closure.</p>	Quarterly	Provider
<b>Infection control</b>		
<b>Compliance with hygiene code requirements</b> Report any breaches by exception	Quarterly	Provider
<b>MRSA screening:</b> report on screening in line with DH guidance for all elective admissions and emergency admissions within agreed categories	Quarterly	Provider
<b>Infection Prevention and Control audits:</b> Written report including <ul style="list-style-type: none"> <li>• Schedule of infection control audits</li> <li>• Results</li> <li>• Related action plans</li> </ul>	Quarterly	Provider
<b>Infection Rates:</b> Report on rates of <ul style="list-style-type: none"> <li>• MRSA bacteraemia</li> <li>• C. Diff</li> </ul>	Quarterly	Provider

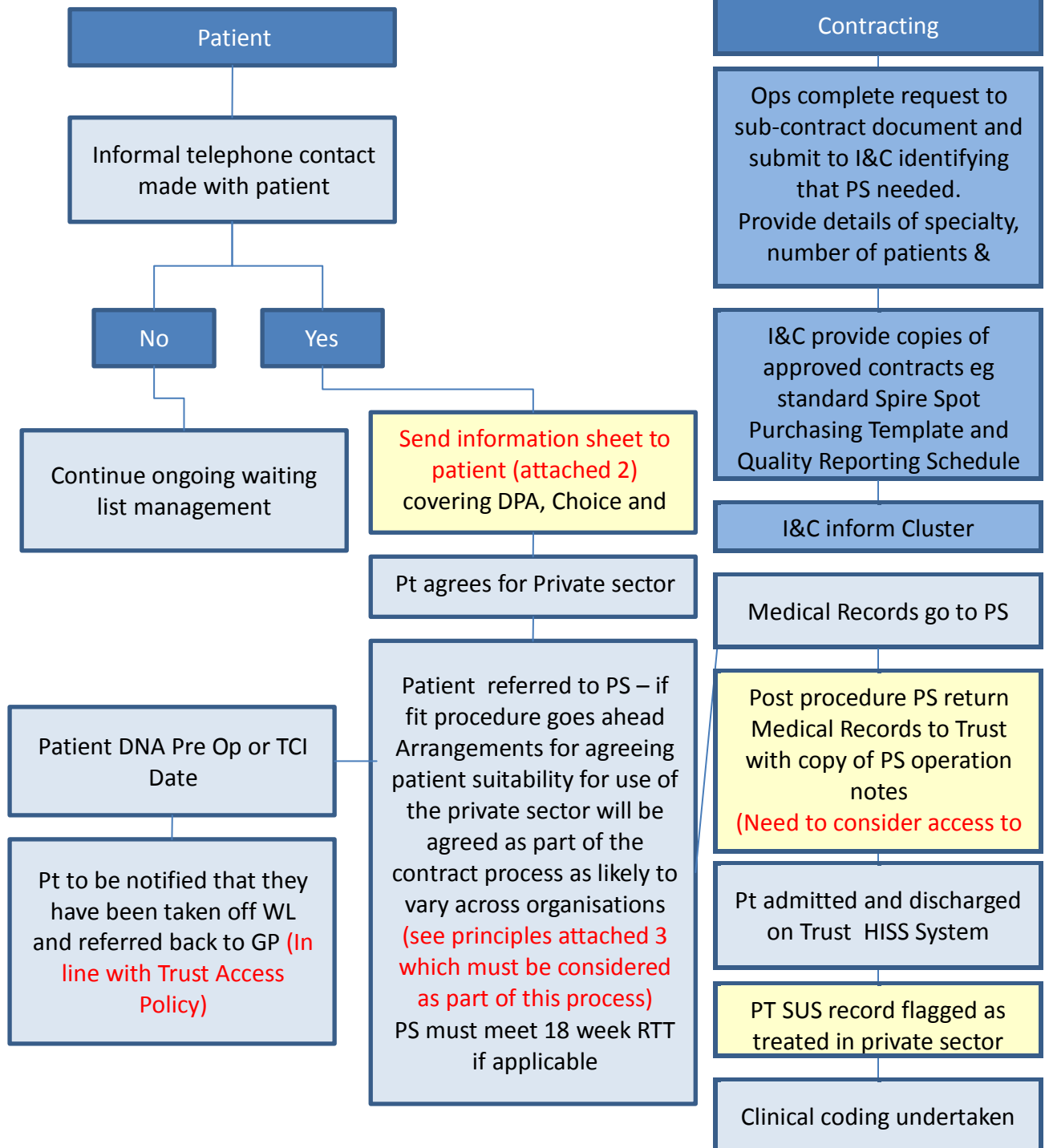
<ul style="list-style-type: none"> <li>• MSSA</li> <li>• E Coli</li> </ul>		
<p><b>Compliance with policies and processes applicable to Safeguarding Adults and Children:</b> report to include as a minimum</p> <ul style="list-style-type: none"> <li>• compliance with policies</li> <li>• implementation of learning from Serious Case Reviews as applicable</li> <li>• implementation of actions arising from internal or external Safeguarding inspections and/or reviews</li> <li>• training programme and uptake rates by staff group</li> </ul> <p>Report by exception significant concerns/issues related to Safeguarding Adults in Vulnerable Circumstances</p>	Bi-annual	Provider
<p><b>Hospital mortality:</b> report to demonstrate patient mortality rates, standardised where possible, including trend over time. Report on any actions implemented where rates give cause for concern.</p>	Quarterly	Provider
<p><b>Prescribing:</b> report on medicines management as per commissioning for quality in medicines management 2011/12, which includes the following Quality Indicators</p> <ul style="list-style-type: none"> <li>➤ Medicines are handled safely</li> <li>➤ Patients have information about their medicine</li> <li>➤ Prescribing is cost effective and in line with approved guidance</li> <li>➤ Staff are adequately trained in medicine management</li> <li>➤ Controlled drugs are managed in accordance with legal and good practice</li> <li>➤ Completion of template on Medicines Management Quality Indicators</li> </ul>	Quarterly	Provider
<p><b>Complaints/Compliments</b></p> <p>Written report to include details and trends on categories of complaints, compliments, received, actions taken, lessons learnt, service improvements implemented and response times</p>	Quarterly	Provider
<p><b>Patient Survey / feedback</b></p> <ul style="list-style-type: none"> <li>• Submit programme of patient experience evaluation/surveys</li> <li>• Report on findings and submit action plans and updates against these during the year</li> </ul>	Quarterly	Provider
<p><b>Feedback on Choices Website</b></p>	Quarterly	Provider
<p><b>PROMS:</b> Collect and report PROMs (Patient Reported Outcome Measures) re patients undergoing hip and knee replacements, groin hernia repair and varicose vein surgery</p>	Quarterly	Provider

<b>EMSA:</b> Report on progress and report any breaches by exception	Quarterly	Provider
<b>Ethnicity</b> <ul style="list-style-type: none"> <li>• Training uptakes</li> <li>• Provide evidence of data collection for all NHS funded patients</li> <li>• Report on plans for monitoring equality against all 9 protected characteristics with regard to equality and diversity</li> <li>• Process for collating data/form used</li> </ul>	Quarterly	Provider
<b>Discharge Summary:</b> Annual audit report re issue of discharge summary to GPs for all patients discharged within 24 hours of discharge. <ul style="list-style-type: none"> <li>• Process used to highlight to patients that they can receive copies of discharge summary</li> <li>• Copies of letters to patients implemented with Consultants</li> </ul>	Annual	Provider
<b>Demonstrate compliance against NICE Technology Appraisals and progress against implementation of NICE Clinical Guidelines:</b> written report	Quarterly	Provider
<b>High Impact Actions for nursing and midwifery:</b> Report as applicable to services delivered <ul style="list-style-type: none"> <li>• Report against set of quality indicators for each HIA/Nurse Sensitive Indicator</li> <li>• Report to include actions, outcomes and performance against indicators</li> </ul>	Quarterly	Provider
<b>Clinical Audit Plan:</b> <ul style="list-style-type: none"> <li>• Submission of annual Clinical Audit Plan</li> <li>• Submission of results and actions plans of specific audits from the plan as carried out</li> </ul>	Quarterly Report of key issues audits completed	Provider
<b>Training Uptake:</b> Written report on rates (against applicable staff groups), including the following <ul style="list-style-type: none"> <li>• Infection Control</li> <li>• Safeguarding adults in vulnerable circumstances</li> <li>• Basic, Intermediate and Advanced Life Support as appropriate</li> <li>• Blood Products-e-learning</li> <li>• Information Governance (95% of staff)</li> </ul>	Bi-annual	Provider
<b>Demonstrate compliance with CQC Registration requirements</b> <ul style="list-style-type: none"> <li>• Advise the commissioner of any changes to registration</li> <li>• Advise the commissioner of any lapse or potential lapse in compliance as soon as it becomes evident</li> <li>• Report any actions in place to secure future compliance</li> </ul> <b>Advise of any query, request, visit, inspection by CQC:</b> report on outcome, copy correspondence to CQC or other regulators	Contemporaneously	Provider
<b>Quality and Patient Safety reviews, National or local audits,</b>	Quarterly	Provider

<b>inspections:</b> Report on all relevant internal and external Quality and Patient Safety reviews, audits, inspections undertaken as appropriate		
<b>Provider Quality Account</b>	Annual	Provider
Participate in the Quality Review process including timely submission of reports	Quarterly	Provider
<b>Cancelled Operations:</b> Report to commissioner <ul style="list-style-type: none"> <li>• Provider cancellation of Elective Care operations for non-clinical reasons either before or after Patient admission re numbers/rates and reasons</li> <li>• Any such cancelled patients to be offered within 5 calendar days a new operation date within 28 days</li> </ul>	Quarterly	Provider
<b>Choose and Book:</b> Report to commissioner to ensure that “sufficient appointment slots” are made available on the Choose and Book system	Quarterly	Provider
<b>SUS data:</b> Percentage of SUS data altered in period between (a) 5 Operational Days after month-end, and (b) the Inclusion Point for the month in question		HCS

# Operational Guidance for use of Private Sector

Private Sector (PS) required



Dear Patient

Further to our telephone conversation on ..... and your agreement to be considered for treatment in the private sector, this sheet provides you with some additional information on what this means for you.

### **General Information**

Your agreement to be considered for treatment in the private sector does not necessarily mean this will happen. Your medical records will be assessed by a member of the clinical staff from the private sector organisation. This is based on defined medical criteria and takes into account other pre-existing conditions you may have such as diabetes or high blood pressure, which may mean that you would be better being treated in an NHS hospital where access to other specialist care is more readily available. If this assessment is made and they are willing to consider you for treatment you will have to undergo a medical pre-operative assessment by the private sector provider before they can confirm your suitability for treatment.

### **Data Protection Act**

To enable this medical assessment to be carried out we will need to give access to your medical records to medical and nursing staff who work in the private sector. The purpose of this is for them to be able to undertake a full review of your medical condition. The staff in the private sector are bound by the same rules of confidentiality as staff in the NHS and your medical records will be used for no other purpose than to assess your suitability for treatment and for your stay in hospital.

If you do not wish for your medical records to be shared then please let us know and we will continue to treat you within the NHS

### **Patient Choice**

Giving people more choice is a priority of the modern NHS. This is because research in the UK and overseas has shown that treatments are more effective if patients choose, understand and control their care. (further information is available on the nhs.uk website)

Your choices include:

- The right to choose hospital to go to if your GP refers you to see a specialist.
- The right to be involved in decisions about your healthcare and to be given the information you need to do this.

You are under no obligation to go to the private sector for your treatment and if you would like to continue your treatment at our NHS hospital please let us know this will not compromise or delay your care.

### **What next?**

If you opt to be considered to receive your care in the private sector, you will be contacted shortly by the Private Sector Provider to let you know the arrangements for this.

In line with Trust Policies, if you do not attend on the day of your Pre-Operative Assessment or date of admission for procedure to be carried out, you will be removed from the waiting list and referred back to the care of your own GP.

If you decide that you do not wish to be treated in the Private Sector or you would like to discuss any of the issues raised in this information sheet in more detail, please contact:

Ellen Moore, Assistant Manager, Patient Access Department, Heart of England Foundation Trust on 0121 424 7371.

## Principles – patient selection for private sector

### Attachment 3

The purpose of this document is to outline the principles for establishing if a patient is fit to have their procedure undertaken in the private sector

It is likely that arrangements will vary from provider to provider based on the nature of the procedure.

The following principles must be considered as part of this arrangement and the agreed final process documented and signed by both parties.

- The patient must have been contacted by the Trust and sent the information sheet (attached) and given their consent to be considered for private sector treatment – this must be documented in the patient's medical records
- The Trust will identify a cohort of patients for the private provider to assess against a jointly defined criteria (a copy of which should be provided to the Trust to ensure that an audit trail is kept).
- This process will happen on Trust premises to prevent medical records leaving the Trust unnecessarily
- A process for contacting the patient following this assessment will be agreed
- Arrangements for pre-operative assessments will be sent to the patient by the private sector provider
- Arrangements for the management of medical records must be clearly defined – the Trust must receive the medicals records back, with a copy of the private sector operation noted included within one week of the patient being discharged from hospital
- DNAs will be removed from the waiting list and referred back to the care of their own GP in line with Trust Policy.
- Arrangements for follow up appointments must also be agreed
- Data Protection Act and principles of confidentiality will apply at all times
- If at any point a patient opts out of the arrangement they must not be penalised



REQUEST FOR SUB-CONTRACTING CHECKLIST
<p><b>Requests to commissioners for agreement to Sub-Contracting arrangements need to be submitted in writing to <a href="mailto:h.contract@nhs.net">h.contract@nhs.net</a></b> <b>The letter should include all of the following information:</b></p>
<p><b>Sub-Contractor Details:</b> Give details of Private Sector Provider to be used including:</p> <ul style="list-style-type: none"><li>• Name and address of premises to be used for service provision</li><li>• Treatments and procedures to be sub-contracted</li><li>• Reason additional capacity is required</li><li>• How much activity will be needed within what time frame</li></ul>
<p><b>Patient Selection:</b> Provide details for the following:</p> <ul style="list-style-type: none"><li>• Detailed explanation of the patient selection criteria</li><li>• Acknowledgement of how choice will be offered to patients</li></ul>
<p><b>Patient Pathways:</b> Provide a full explanation of the complete patient pathway pre and post sub-contracted activity.</p>
<p><b>Clinical Governance</b> Provide evidence that clinical governance protocols are in place and have been followed.</p>
<p><b>Trust Reporting</b> All Trust KPI and data submissions should clearly indicate where activity relating to a sub-contractor is included</p>

*NB: Commissioners will confirm agreement either by way of a written letter, or through formal CMB minutes.*

*Where possible, these requests will be considered at CMB meetings as CQRG representative will also be there, by exception, a quicker response will be provided when the situation requires.*