

Code of Conduct for Private Practice by all Employees of Lincolnshire Community Health Services NHS Trust

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Version Control Sheet

Version	Section/Para/Appendix	Version/Description of Amendments	Date	Author/Amended by
1	New Document	New	November 2010	D Lilley
1.1	Whole Document	Policy realigned following implementation of the Transforming Community Services agenda and new legal entity	March 2011	Rachael Ellis-Ingamells
2	Whole Document	Consistency check	January 2013	R Trewartha
2.1	Section 5 and 11	Inclusion of requirements of Competition and Markets Authority's Private Healthcare Market Investigation Order	May 2015	Laura Herrick
2.2		Extended	Sept 17	Corporate Assurance Team
3	Whole document	Amended reference to CoG 03 Policy Addition of section 13 – Indemnity and section 14 – use of LCHS data for private practice	July 2017	Laura Herrick
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Policy Statement

Background	It is an established principle that NHS bodies must be impartial and honest in the conduct of their business and, in order to ensure that strict ethical standards are maintained it is essential that conflict does not arise between the private interests of staff and their NHS duties.
Statement	<p>There are three crucial public service values that must underpin the work of the health service:</p> <p>Accountability – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.</p> <p>Probity – there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.</p> <p>Openness – there should be sufficient transparency about NHS activities to promote confidence between the NHS body and its staff, patients and the public.</p>
Responsibilities	<p>Line Managers are responsible for ensuring that the guidelines/procedures laid down within this policy are stringently adhered to and ensuring that staff are conversant with Policy.</p> <p>Staff are responsible for ensuring they understand policy and ensuring they adhere to guidelines/procedures laid down within this policy.</p>
Training	Policy Awareness as part of existing training
Dissemination	Email and Lincolnshire Community Health Services NHS Trust's website

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1. Introduction

The following set of key principles underpins the relationship between the organisation's employees, the organisation and private practice:

- The provision of service for private clients should not prejudice the interest of the Organisation or disrupt the Organisation's services;
- There should be no real or perceived conflict of interest between private work and Organisation work;
- With the exception of the need to provide emergency care, Organisation commitments should take precedence over private work where there is a conflict, or potential conflict, of interests;
- Except in emergencies employees should not provide private client services that will involve the use of organisation staff or facilities, unless an undertaking and authority to pay for those facilities has been obtained from (or on behalf of) the client..

These standards apply to all who are employees of the organisation and who undertake private practice:

- In organisation's facilities
- Privately or
- In independent facilities

Inherent within all of its practices the organisation is committed to the principles of diversity, equality of treatment and equality of opportunities and believes that direct or indirect discrimination against any person is unacceptable.

This policy aims to ensure that no worker receives less favourable treatment on the grounds of gender, sexual orientation, civil partnership/marital status, colour, race, nationality, ethnic or national origins, creed, religion/belief, disability, age or trade union membership, or is disadvantaged by conditions or requirements which are not justified by the job.

2. Disclosure of information about private practice

All employees will declare in writing any business, professional interest, or other non organisational work, which may directly or indirectly give rise to – or may reasonably be perceived to give rise to any conflict of interest, or which is otherwise relevant to the employee's proper performance of their contractual duties. This information will include details of private practice commitments, including timing: Location and broad type activity, to facilitate effective planning of Organisation work and out of hours cover. (Reference CoG 03, Standards of Business Conduct and Conflict of Interest Policy). Relevant business or professional interests will be disclosed at least annually as part of the appraisal; information will be provided in advance about any significant changes to this information.

In line with the requirements of revalidation a medical practitioner will submit evidence of private practice to an appraiser. It should be noted that for private practice, the appraiser may be different from the Organisation appraiser.

2.1 Scheduling of Work and Appraisal

Where there would otherwise be a conflict or potential conflict of interests, Organisation commitments must take precedence over private work, the employee is responsible for ensuring that private commitments do not conflict with organisation activities scheduled as part of the organisation's appraisal.

Regular private commitments must be noted in the appraisal.

Medical practitioners engaging in private practice are expected to provide emergency treatment for their organisation's patients, should the need arise. Circumstances may also arise in which medical practitioners need to provide emergency treatment for private patients during time when they are scheduled to be working for the Organisation. Medical practitioners will make alternative arrangements to provide cover if emergency work of this kind potentially impacts on the delivery of Organisation commitments.

Medical practitioners should ensure that they have arrangements in place; such that there can be no significant risk of private commitments disrupting Organisation commitments.

Where there is a proposed change to the scheduling of Organisation work, the Organisation will allow a three month period for employees to rearrange any private sessions, taking into account any binding commitments that the employee may have entered into. Where an employee wishes to reschedule private commitments to a time that would conflict with scheduled Organisation work, they should raise the matter with the Organisation at the earliest opportunity.

2.2 Scheduling Private Commitments Whilst on Call

Employees should never schedule private commitments that would prevent them from being able to attend an Organisational emergency whilst they are on call for the Organisation.

Where an employee is asked to provide emergency cover for a colleague at short notice and the employee has previously arranged private commitments, the employee should only agree to do so if these commitments would not prevent them from returning at short notice to attend to an emergency. If the employee is unable to provide cover at short notice it will be the Organisation's responsibility to make alternative arrangements.

Medical practitioners may exceptionally be required to provide emergency care for private patients whilst they are on call for the Organisation; where medical practitioners find that this is a regular occurrence, they should reschedule their private commitments to reduce such occurrences.

3. Provision of Private Services Alongside NHS Duties

The Organisation will not authorise any employees to undertake private practice during the course of their NHS scheduled time or working week. Sessions for admin, research etc is NHS time and private practise should not be conducted during this time.

Where a client pays privately for a procedure that takes place at an Organisational facility, it should take place at a time that does not impact on normal services for Organisation clients. Such procedures should only occur when the client has given an undertaking to pay any relevant charges to the Organisation.

4. Client Enquiries about Private Treatment

Where in the course of their duties an employee is approached by a client and asked about the provision of private services, the practitioner may provide only such standard advice as has been agreed by the Organisation for such circumstances.

During the course of their Organisational duties and responsibilities the employee will not make arrangements to provide private services, or ask any other member of staff to make such arrangements on their behalf, unless the client is being treated as a private client by the Organisation.

5. Promotion of Private Services by Consultants

In the course of their Organisational duties and responsibilities employees will not initiate discussion about providing private services, or ask any other Organisational staff to initiate such discussions on their behalf.

Where an Organisational client seeks information about the availability or waiting time for Organisation and/or private services, employees should ensure that any information provided by them, or provided by other Organisational staff on their behalf, is accurate and up to date.

Employees should not use letterheads or business cards employing the Organisations addresses, telephone, fax number or e-mail addresses or advertise their services using these. (Reference CoG 03 Standards of Business Conduct and Conflict of Interest Policy).

Referring clinicians must not engage in any scheme or arrangement that comprises an incentive between themselves and a private hospital operator to refer a patient for treatment or test at any site within that group.

6. Promoting Improved Patient Access to NHS Care

Subject to clinical considerations, employees will be expected to contribute as fully as possible to reducing waiting times and improving access and choice for the Organisation's patients. This should include ensuring that patients are given the opportunity to be treated by other Organisation's colleagues or by other providers where this will reduce their waiting times and facilitating the transfer of such patients.

7. Increasing the NHS Capacity

Employees will make all reasonable efforts to support initiatives to increase the Organisation's capacity, including appointment of additional medical practitioners.

8. Managing Private Clients in Organisation Facilities

Employees may only see clients privately within the Organisation's facilities with the explicit written agreement of the Organisation.

Employees who practice privately within the Organisation's facilities must comply with the Organisation's policies and procedures for private practice. The Organisation will consult with such employees when adopting or reviewing such policies.

Where it has been agreed that the employee may use the Organisation's facilities for the provision of private services:

- The organisation 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 Organisation, either from the client or a relevant third party.

- 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 Organisational equipment that might have been used.
- Fee paying services – If a fee paying practitioner wishes to undertake any fee paying services (category 2 work) during NHS time, this must be agreed in advance with the employer as all category 2 work is classed as private work. Such work can be undertaken on NHS premises with the employers agreement and the employer may if appropriate, charge for the use of NHS facilities. If this work is undertaken during NHS time, the employer is entitled to retain the fee, unless the disruption to the NHS is minimal and the employer agrees otherwise. If the work is undertaken in the consultants own time including during annual or unpaid leave, the consultant is entitled to keep the fee.

9. Private Clients in NHS Facilities

Except in emergencies, employees will not initiate private client services, which involve the use of Organisational staff or facilities unless an undertaking to pay for those facilities has been obtained from (or on behalf of) the client, in accordance with the Organisation's procedures.

Private clients will normally be seen separately from scheduled NHS clients. Under no circumstances will an employee cancel an NHS' client's appointment to make way for a private client.

10. Use of Organisation's Staff

If the Organisation's staff are asked to assist an employee in providing private services, or to provide private services on behalf of an employee, it is the employee's responsibility to ensure that other staff are aware that the client or service user, on whose behalf the service is being provided, has private status.

Organisational staff that are asked and agree to undertake private work for an employee must not do so in their NHS work time or use any NHS equipment or facilities without prior agreement from the Organisation. (

11. Breach of Policy that may constitute Fraudulent Activity

All staff must ensure activity classed as 'private practice' does not breach any of the following;

1. Private work must never be carried out during NHS contracted hours / sessions;
2. The accessing / use of Trust computers / internet to undertake private work, or picking up referrals or emails related to private work during NHS contracted hours / sessions;
3. Use of any NHS resources / medical secretarial services for private work;
4. Conducting private work whilst declaring sickness absence to the Trust;
5. Engaging in any scheme or arrangement that may comprise an incentive between a referring clinician and the private hospital operator.

Any breaches of the policy will be referred to the Local Counter Fraud Specialist for possible criminal investigation into the clinician and any staff implicated in the fraudulent activity.

All staff are reminded that they are responsible for ensuring that the provision of private professional services, or fee paying services for other organisations does not;

1. Result in detriment of NHS patients or services;
2. Diminish the public resources that are available for the NHS.

Any private work that is suspected of breaching any of the above will be referred to the Local Counter Fraud Specialist for investigation.

12. Identification of Private Clients

Employees practicing privately within the Organisation's facilities must comply with the Organisation's policies and procedures for private practice. This includes a personal obligation by any employee responsible for admitting a private client to the Organisation's facilities to ensure, in accordance with local procedures, that they identify that client as private and that the responsible manager is aware of that client's status.

13. Indemnity

Employees must ensure that they have appropriate indemnity cover for any private work they are undertaking, ensuring additional cover is taken out if required. LCHS will not provide indemnity for any employees undertaking private work.

14 Use of LCHS data for Private Work

Employees must not access LCHS data relating to private or potential private patients without gaining authorisations through IG/access to medical information procedures. If in any doubt, employees should raise the matter and request access via their senior manager. Non approved access to patient information for private work practices will be considered under the Your Behaviour Matters Disciplinary Policy.

14. Cross Reference

Additional Employment Policy
Working Time Directive Policy
Standards of Business Conduct, Standing Financial Instructions

Competition and Markets Authority's Private Healthcare Market Investigation Order 2014

NHSLA Monitoring

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Every 2 years	EPG JCNC Trust Board	Workforce	Monthly	Workforce and Transformation Assurance Group	Workforce Lead	Workforce and Transformation Assurance Group

Equality Analysis

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help LCHS staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact Qurban Hussain Equality and Human Rights Lead.

Equality analysis

Title: HR051 Code of Conduct Policy

Relevant line in:

What are the intended outcomes of this work?

There are three crucial public service values that must underpin the work of the health service:

Accountability – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Probity – there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties.

Openness – there should be sufficient transparency about NHS activities to promote confidence between the NHS body and its staff, patients and the public.

It is an established principle that NHS bodies must be impartial and honest in the conduct of their business and, in order to ensure that strict ethical standards are maintained it is essential that conflict does not arise between the private interests of staff and their NHS duties.

Who will be affected?

All Trust staff

What evidence have you considered?

All current legislation

Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*

None identified

Sex *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*

None identified

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

None identified

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

None identified

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on*

<p><i>transgender and transsexual people. This can include issues such as privacy of data and harassment.</i></p> <p>None identified</p>
<p>Sexual orientation <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i></p> <p>None identified</p>
<p>Religion or belief <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i></p> <p>None identified</p>
<p>Pregnancy and maternity <i>Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</i></p> <p>None identified</p>
<p>Carers <i>Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</i></p> <p>None identified</p>
<p>Other identified groups <i>Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</i></p> <p>None identified</p>

<p>• Engagement and involvement</p> <p>Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve) ?</p> <p>YES</p>
<p>How have you engaged stakeholders in gathering evidence or testing the evidence available?</p> <p>Consultation via human resource colleagues and staff side representation</p>
<p>How have you engaged stakeholders in testing the policy or programme proposals?</p> <p>Individual feedback</p>
<p>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</p> <p>Circulated via email</p>

<p>Summary of Analysis <i>Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.</i></p> <p>No negative feedback</p> <p><i>Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.</i></p>
<p>Eliminate discrimination, harassment and victimisation <i>Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).</i></p> <p>No evidence</p>
<p>Advance equality of opportunity <i>Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).</i></p>

No evidence

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

No evidence

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

No evidence

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

No evidence

Action planning for improvement *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

No evidence. But any development/improvement required will be overseen by the Employment Policy Group

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

- Plans already under way or in development to address the **challenges** and **priorities** identified.
- Arrangements for continued engagement of stakeholders.
- Arrangements for continued monitoring and evaluating the policy or service for its impact on different groups as the policy/service is implemented (or pilot activity progresses)
- Arrangements for embedding findings of the assessment within the wider system, other agencies, local service providers and regulatory bodies
- Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results
- Arrangements for making information accessible to staff, patients, service users and the public
- Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.

• **For the record**

Name of person who carried out this assessment:

Laura Herrick

Date assessment completed:

September 2017

