



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Hywel Dda
Health Board

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5th May 2013

Darren Miller AM
Shadow Minister for Health
National Assembly for Wales
Cardiff Bay
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Dear Mr Millar,

Following the appearance of Hywel Dda Health Board at the Public Accounts Committee on 23rd April 2013 we said that we would advise you of the procedure that we follow in our Health Board if a patient is initially referred by their GP to see a consultant privately and then wishes to have the operation performed on the NHS.

The Health Board has agreed a financial procedure entitled Treatment of Private Patients, Control of Admission and Protection of Income. This is based on the agreement made between The Secretary of State and the medical and dental professions on principles to be observed in using health service facilities for private patients. The principles are designed to ensure the equitable operation of private practice in the NHS and are intended to provide additional, non-statutory, safeguards for the NHS.

The principles which are included in the procedure are as follows:-

- The provision of accommodation and services for private patients should not significantly prejudice non-paying patients.

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- Common waiting lists will include not only urgent and seriously ill patients but also those requiring highly specialised diagnosis and treatment. Whatever actual system is in use locally private and NHS patients in these categories should be selected for in-patient admission or out-patient attendance according to the same criteria irrespective of whether they are NHS or private patients.
- Subject to clinical considerations earlier private consultation should not lead to earlier NHS admission or to earlier access to NHS diagnostic procedures. Common waiting lists should be used for urgent and seriously ill patients and for highly specialised diagnosis and treatment. The same criteria should be used for categorising paying and non-paying patients.
- After admission, access by all patients to diagnostic and treatment facilities should be governed by clinical considerations. This principle does not exclude earlier access by private patients to facilities especially arranged for them if these are provided without prejudice to NHS patients and without extra expense to the NHS.
- Standards of clinical care and services provided by the hospital should be the same for all patients.
- When patients are seen they should be made aware that there are certain restrictions on the ability to change from private to NHS status and vice versa. All private patients, irrespective of whether they are covered by private medical insurance, are required to sign an Agreement to Pay form prior to admission.
- A private inpatient has a legal entitlement to change his status during the course of treatment, this may occur if the patient is found to be suffering from a more serious complaint than he was originally admitted.

As you can see from the above a private patient is unable to gain an advantage over a patient who has originally been referred as an NHS patient by swapping to NHS treatment after the original private consultation. Private consultations are only undertaken in a way that doesn't disadvantage the provision of NHS care to any other patient. All patients who are being treated under the NHS are treated in the same way and prioritised based on clinical need and not how they were added to the operating list.

I hope that this clarifies the position in Hywel Dda following on from our discussions but please let me know if you require any further information.

Yours sincerely,



Dr Sue Fish
Medical Director