

For example, patients cannot see a consultant privately to avoid waiting for an NHS outpatient appointment and then have their operation through the NHS, jumping a queue.

Principle 7

When NHS Borders funds treatment and care within the private sector to ensure patients are treated within national waiting time targets, the NHS referring consultant and the private sector consultant should not usually be the same individual.

Uncertain about these principles in your case ?

If you are not sure about any of these principles and how they may affect you and your plans, please discuss them with your GP or hospital consultant.

This document is available on request in

- different languages
- audio tape
- Braille
- large print
- BSL DVD

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Private treatment and how it may affect access to NHS services

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Guidance on NHS care and private treatment

This leaflet provides guidance for patients who may be thinking of using private health care and how this could affect their access to services from the NHS.

We hope this will help patients decide whether and how to use private health care and avoid misunderstanding and later difficulties.

If in doubt it may be helpful to discuss your plans with your General Practitioner (GP).

Principles

A set of 7 principles have been developed to guide patients and NHS Borders staff who may be asked to give you advice:

Principle 1

NHS treatment and care is free and available to everyone who needs it.

Access to services is usually through GPs so please discuss any treatment and care needs you may have with them.

Principle 2

In certain situations NHS Borders will fund private treatment for patients, for example if NHS services are not available for the treatment you need or to ensure you are treated within nationally agreed waiting time targets.

Prior agreement and authorisation is **always** required and the hospital doctor managing your care or your GP should be able to advise.

Principle 3

Where a patient is receiving private treatment at the same time as NHS care, the responsibility for clinical follow up and the management of any complications must be clear and agreed.

For example, when private drug treatment for an illness is provided alongside NHS care for the same illness. The doctors looking after your care will be able to advise.

Principle 4

The NHS cannot be held responsible for complications of

operations or treatments provided by a private healthcare provider.

The private provider remains responsible for any treatment necessary and funding responsibility remains with you as the patient.

Do not assume that NHS Borders will automatically treat any complications of private operations and healthcare. The exception is when the NHS arranges the private treatment, see Principle 2.

Principle 5

The NHS will always provide emergency treatment and care for a complication after private treatment if it endangers your life or could result in serious health problems if not remedied immediately.

Principle 6

Patients cannot switch between private and NHS care within a course of treatment or episode of care to gain advantage.