Dear Colleague

This letter authorises the extended use of the following policy until 1st December 2019:

**NHS Grampian Staff Policy for Patients to Receive Aspects of Their Treatment Through Private Healthcare Providers (Co-Payments) in Respect of Medicines**

The review of this guidance is currently underway and it is expected to be available for use in late 2019.

If you have any queries regarding this please do not hesitate to contact the Pharmacy and Medicines Directorate.

Yours sincerely

Lesley Thomson
Chair of Medicines Guidelines and Policies Group
NHS Grampian Staff Policy For Patients To Receive Aspects Of Their Treatment Through Private Healthcare Providers (Co-Payments) In Respect Of Medicines

Co-ordinators:  
Deputy Director of Pharmacy

Consultation Group:  
Grampian Medicines Management Group

Central Legal Office

Approver:  
Grampian Medicines Management Group

Signature:

Identifier:  
NHSG/Pol/MedCoPay/MGPG465

Review Date:  
December 2014

Date Renewed:  
December 2013

Uncontrolled When Printed

Version 1.1
Title: NHS Grampian Staff Policy For Patients To Receive Aspects Of Their Treatment Through Private Healthcare Providers (Co-Payments) In Respect Of Medicines

Identifier: NHSG/Pol/MedCoPay/MGPG465

Replaces: Version 1, August 2011

Across NHS Boards Organisation Wide Directorate Clinical Service Sub Department Area

YES

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Author: Director of Pharmacy, Pharmacy and Medicines Directorate

Subject Policy

Key word(s): Private, co-payment, medicines

Policy application: NHS Grampian

Purpose: To provide guidance where elements of NHS and private care need to be combined for individual patients in respect of medicines supply.

Responsibilities for implementation:

Organisational: Directors of services

Corporate: Clinical Directors

Departmental: Departmental managers

Operational Management Unit: Doctors, pharmacists

Policy statement: This NHS Grampian policy document builds on the principles of the Scottish Government guidance and provides support for the implementation of processes to manage such situations, in relation to medicines, where elements of NHS and private care need to be combined for individual patients in a way which protect the interests of the patient and the NHS more widely. It is consistent with relevant legislation, Government and professional guidance.

Review: This policy will be reviewed at least every two years or sooner if current treatment recommendations change.
Responsible for review of this document: Director of Pharmacy, Pharmacy and Medicines Directorate
Responsible for ensuring registration of this document on the NHS Grampian Information/ Document Silo: Pharmacy and Medicines Directorate

Physical location of the original of this document: Pharmacy and Medicines Directorate
Job/group title of those who have control over this document: Pharmacy and Medicines Directorate
Responsible for disseminating document as per distribution list: Pharmacy and Medicines Directorate

Revision History:

<table>
<thead>
<tr>
<th>Date of change</th>
<th>Approval date of document that is being superseded</th>
<th>Summary of Changes (Descriptive summary of the changes made)</th>
<th>Changes Marked* (Identify page numbers and section heading)</th>
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<tr>
<td>December 2013</td>
<td>August 2011</td>
<td>No changes made. GMMG agreement to extend review date to December 2014 unless major changes notified by SGHD.</td>
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NHS Grampian Staff Policy For Patients To Receive Aspects Of Their Treatment Through Private Healthcare Providers (Co-Payments) In Respect Of Medicines

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1. Purpose

Guidance produced by the Scottish Government CMO(2009)3 “Arrangements for NHS patients receiving healthcare services through private healthcare arrangements”) provided a framework to support decisions concerning the possible combination of elements of NHS and private care for individual patients (co-payment arrangement).

This NHS Grampian policy document builds on the principles of the Scottish Government guidance and provides support for the implementation of processes to manage such situations, in relation to medicines, where elements of NHS and private care need to be combined for individual patients in a way which protect the interests of the patient and the NHS more widely. It is consistent with relevant legislation, Government and professional guidance.

This policy focuses on situations regarding:

- Medicines not recommended for use by the Scottish Medicines Consortium (SMC) or NHS Healthcare Improvement Scotland (for NICE Multiple Technology Appraisals).

- Medicines not approved for use in Grampian by the NHS Grampian Formulary Group

and

- where Individual Patient Treatment Requests (IPTRs) for licensed medicines and local individual request processes for unlicensed and off-label situations have been exhausted and the request for use has been turned down.

This means that all avenues for obtaining the medicine via the NHS will have been fully considered and exhausted. However, where a clinician and NHS Grampian agree that it might be appropriate to provide NHS care in combination with private healthcare then existing legal powers and contractual requirements provide the basis for putting the necessary arrangements in place.

2. NHS Health Board processes for obtaining medicines not provided by NHS Grampian

Within NHS Grampian, the Individual Patient Treatment Request and subsequent appeal process represent the appropriate routes to reach and review decisions not to supply a licensed medicine to a particular patient as per CEL 17 (2010). There are also parallel processes for reviewing a request to use an unlicensed or off-label medicine, on an individual basis.

Where an IPTR, or other individual patient request, process has been exhausted as a route of NHS supply, the consultant may consider the options that remain for the patient, including the use of private facilities to access the medicine, and should communicate these to the patient / carer. Any arrangements which the Health Board
wishes to facilitate for patients to receive elements of NHS and private healthcare in combination must be lawful, maintain the integrity of the founding principles of the NHS, must be fully separated for delivery purposes and must not compromise patient safety, clinical accountability, governance or probity.

3. Principles of conduct

Where a patient and clinician have requested a non-SMC approved, or non-formulary approved, treatment that has been rejected following an IPTR panel or other individual request, NHS and private healthcare can be provided in combination (co-payment arrangement). The following principles of conduct apply:

- The primary purpose of any NHS organisation is to provide NHS care and the provision of services to NHS patients shall not be compromised by the elective treatment of private patients.

- In the case of a medicine, all avenues for obtaining it via the NHS should be fully considered and exhausted as appropriate before provision of combined NHS and private care is considered. It is expected that the co-payment process will only follow on from an unsuccessful application via the Individual Patient Treatment Request (IPTR) process, IPTR Appeal process or individual request processes applying to unlicensed or off-label requests.

- Guidance to NHS Scotland states that private and NHS elements of care must be fully delineated so that they are capable of being delivered independently at a different time and place and by a different set of healthcare professionals from each other. In addition, there should be clear separation in legal status, liability and accountability between the NHS and private care provision. Where the complexity of care or the absence of suitable private provision means that such delineation might compromise the delivery of clinical care, Boards may decide to offer, in the best interests of the patient, arrangements for both the private and NHS elements of care to be provided by the NHS using co-payment arrangements. Such arrangements must reflect the principles of delineation as far as possible and should be the exception rather than normal practice. The separation of elements of care must be fully understood and agreed by clinicians and patients in advance.

- Any arrangements to combine NHS and private care must not compromise the legal, professional or ethical standards required of NHS clinicians.

- Arrangements should be considered in the context of this guidance and in conjunction with the legislative framework including equality principles, and any other relevant standards and guidance relevant to the NHS.

- Clinicians and managers will assess the proposed combined care for any risks to patient safety, clinical accountability, governance and probity including the risks associated with sustainability and continuity of care.
Individual clinicians remain responsible for clinical decisions regarding care of individual patients.

Clinicians and patients should be advised that where a patient has used private treatment, either independently or via a co-payment arrangement with the NHS, to access a medicine not normally available through the NHS that they will not necessarily be eligible to apply, during that episode of care, for that medicine to be funded by the NHS via IPTR or other individual request process. A demonstrable response to a treatment that has been provided privately or via a co-payment arrangement is not considered indicative of a patient meeting the referral criteria for an IPTR. This is in keeping with the principles laid down in the guidance to the NHS in Scotland and helps avoid the development of inequity in access to NHS services.

4. Documentation of co-payment process

Form CPF1 (Appendix 1) provides a checklist of components which require to be completed and signed off by the relevant NHS officers, responsible clinicians (NHS and private care), patient (or representative) and the person financing the private aspects of care prior to any initiation of private treatment. It also acts as an accurate record of the agreement of separation of elements of care. It includes sections:

- to corroborate that the patient fully understands the basis on which the decision has been reached
- for patient consent for treatment
- for the documentation of referral arrangements between care settings
- relating to governance issues
- outlining the financial aspects of the care, including agreement for funding and payment process
- to ensure agreement with the private healthcare provider

In addition to the completion of Form CPF1, clinicians should ensure that an accurate record of all decisions regarding combined NHS and private healthcare are made, and the grounds on which these were reached, in the patient's notes.

5. Financial aspects

In cases where it is agreed that the private episode of care will be provided within an NHS setting, clear identification of the costs attributed to the private episode of care will be documented. There will also be documentation of the costs of any elements of care which are associated with the total episode of care but not charged to the patient.
In these cases, the patient (or person funding the private elements of care) will need to enter into an agreement with the NHS Board outlining how and when the payment of treatment will be processed. It would normally be expected that full payment of the private elements of care would be settled prior to the purchase, and initiation, of treatment.

Where full payment has been received and the patient, for whatever reason, has been unable to complete the full treatment course, the NHS Board will be expected to reimburse the person funding the treatment for the sum for any unused medicine and/or associated costs paid, on the basis that the costs can be recouped by the NHS Board.

If, during the course of the patient’s treatment, the medicine becomes accepted for use within NHS Grampian through SMC, HIS or local formulary processes, the individual’s case will be reconsidered for NHS funding and provision from the date that such advice is released into the public domain.

If new published clinical evidence emerges that impacts on an individual case which results in:
- a new submission of an IPTR and
- approval of this new IPTR by the relevant IPTR panel, at directorate or board level

then the subsequent transfer of care back to the NHS will take effect from the date of the positive IPTR decision. Reimbursement cannot be backdated and will be determined prospectively from this point to the completion of any previously agreed cycle of private aspects of care. Note such evidence does not include an individual’s response to treatment.

6. Liability aspects

The NHS cannot be held liable for the standards of care of any external private healthcare provider or any treatment they provide such as:

- Any complications of treatment(s) provided by a private healthcare provider.

- Any failure of treatment(s) provided by a private healthcare provider.

- Any malpractice resulting from the care provided by the private healthcare provider.

Where the private aspects of care are being delivered within the NHS in accordance with agreed policy, the NHS board will accept vicarious liability for those NHS staff delivering those aspects of care.
7. Responsibilities

7.1. The Private Consultant:

- Takes clinical responsibility for all aspects of private treatment and care delivered.
- Liaise with the NHS consultant to ensure appropriate transfer of information and care between the NHS and private elements of care.
- Ensure that all relevant clinical information is shared with relevant NHS colleagues prior to, during and upon completion of treatment in a timely way.

7.2. The NHS Consultant:

- It is the NHS consultant’s duty to provide effective communication with patients and their representatives about available treatment options. This should not include any assumptions about the patient’s ability or willingness to pay for additional private treatment. The NHS consultant is responsible for providing information detailed in item 8.
- Should maintain their professional discretion at all times and should only prescribe or recommend any treatments that they consider to be in the patient’s best interests.
- Liaise with the private consultant to ensure appropriate transfer of information and care between the NHS and private elements of care in a timely way.
- Ensure that all relevant clinical information is shared with relevant Private Healthcare colleagues prior to, during and upon completion of treatment in a timely way.
- Where the complexity of care, or the absence of suitable private provision, means that this might compromise the delivery of clinical care and it is in the best interests of the patient, the NHS consultant may wish to make arrangements for both the private and NHS elements of care to be provided by the NHS using co-payment arrangements. Such arrangements must reflect the principles of delineation as far as possible and should be the exception rather than normal practice. The separation of elements of care must be fully understood and agreed by clinicians and patients in advance.

7.3. Director of Services or equivalent e.g. Service Manager/Finance Manager:

- Liaise with appropriate support services to obtain a breakdown of costs relating to the requested treatment and any necessary monitoring or service costs.
- Obtain payment from the person(s) funding the treatment for all predicable costs of the private treatment before treatment commences.
- Ensure that any payments are documented and charged accordingly for privately funded treatments given to patients within the designated service area.
▪ Arrange for the reimbursement of necessary costs to the person funding treatment should a situation requiring reimbursement arise (as outlined in section 5: Financial Aspects).

▪ Ensure that this policy is being adhered to through established formal governance arrangements.

7.4. The patient:

▪ The patient will ask the relevant consultant if he/she does not have a clear understanding of the treatment or the co-payment process.

▪ Sign the Patient Consent for Treatment section of Form CPF1.

▪ Share any relevant medical information with the consultants taking responsibility for treatment (both private and NHS) such as medication history, medical history, allergies, adverse effects of treatment etc.

▪ Agree to the conditions of the co-payment agreement, including the transfer of care and information between the NHS and the private healthcare provider.

▪ Accept that the NHS cannot take responsibility for the direct or indirect consequences related to the elements of care that are delivered privately.

7.5. The person(s) funding treatment:

▪ Agree to pay and pay the cost of the requested treatment and any related service costs as detailed in the Financial Arrangements section of the co-payment agreement (Form CPF1).

8. Information for the patient

The patient will ask the relevant consultant if he/she does not have a clear understanding of the treatment or the co-payment process and should be provided with:

▪ Sufficient information regarding the treatment being sought privately to enable them to make an informed decision as to whether to proceed and give written consent.

▪ Sufficient information relating to the co-payment process to ensure that they are clear regarding the clinical and medico-legal responsibilities of the NHS and the Private Healthcare Provider.

▪ Sufficient information pertaining to the costs directly and indirectly related to the provision of treatment and supporting measures to ensure clarity.
Summary of processes leading to co-payment scenario for a licensed medicine

NHS Consultant considers the patient to be appropriate for a particular treatment

If the treatment is a licensed medicine, has it been accepted for use in NHS Scotland by the SMC or NHS HIS?

- YES
- NO

Has the medicine also been approved for use within the local Health Board? (e.g. inclusion in local Formulary)

- YES
- NO

Local non-Formulary processes apply

Medicine may be prescribed on the NHS (subject to use in accordance with local protocols etc)

Medicine may be prescribed on the NHS (subject to use in accordance with any conditions set in the IPTR response)

Are there grounds for an IPTR appeal that are supported by the NHS Consultant?

- YES
- NO

IPTR Appeal upheld?

- YES
- NO

Consider alternative treatment options for patient or the possibility of obtaining the treatment not available on the NHS via private treatment (including co-payment process where appropriate).

IPTR Submitted by NHS Consultant?

- YES
- NO

Consider alternative treatment options for patient or the possibility of obtaining the treatment not available on the NHS via private treatment (including co-payment process where appropriate).
Summary of processes leading to co-payment scenario for unlicensed or off-label medicines

NHS Consultant considers the patient to be appropriate for a particular unlicensed/off-label treatment

Is this request for a group of patients or the first of a group of patients?

YES

Has the unlicensed/off-label medicine been accepted for use in NHS Grampian by the Formulary Group?

NO

NHS consultant to submit a FG1 to Formulary Group

NO

Is the individual patient Form B request approved?

YES

Medicine may be prescribed on the NHS (subject to use in accordance with any conditions set in the Form B response)

NO

Consider other treatment options for patient or the possibility of obtaining the treatment not available on the NHS via private treatment (including co-payment process where appropriate).

NO

Consider alternative treatment options for patient

YES

NHS Consultant should consider whether to submit an Individual Patient Request using a Form B: [http://intranet.grampian.scout.nhs.uk/foi/files/FormB.doc](http://intranet.grampian.scout.nhs.uk/foi/files/FormB.doc)

NO

If unlicensed/off-label medicine previously considered & not approved by Formulary Group, Form B to include details of the patient’s clinical characteristics that are significantly different to the population of patients considered by Formulary Group & where the individual for whom the treatment is being sought is likely to gain significantly more benefit from the intervention than might normally be expected from the population of patients considered.

Individual patient request (Form B) appropriate?
Appendix 1: Form CPF1

APPLICATION FOR NHS PATIENTS TO RECEIVE MEDICINES THROUGH PRIVATE HEALTHCARE ARRANGEMENTS

WHAT TO DO WITH THIS FORM:
This form is to be used for patients who are seeking the private provision of a medical treatment that is not recommended for use in NHS Grampian as a part of their overall care package under the NHS. The decision to seek private provision will have been made by the patient themselves taking into consideration the advice of NHS specialists and the exhaustion of alternative options on the NHS.

It is necessary for several persons to complete different sections of this form (as outlined below), but the Unit Operations Manager for the service should take responsibility for overseeing the co-payment process.

Once the form has been completed by all relevant persons, and patient consent obtained, the original form should be retained in the Pharmacy Office, Aberdeen Royal Infirmary with copies retained by the NHS consultant, patient, private consultant (if applicable), relevant Finance Manager and Pharmacy Service within the Sector.

Who completes each section:

- The patient’s NHS Consultant completes sections 1, 2 and 3
- The patient signs the clinical consent in section 4
- The relevant Clinical Director / Clinical Lead / Head of Service completes section 5
- The Unit Operations Manager or Finance Manager completes section 6
- The relevant Unit Operations Manager completes section 6, part of section 7A, section 7B and part of section 7C
- The patient, or person paying for the private provision of the treatment signs the agreement in section 7A and completes part of section 7C dependent on the mechanism of payment
- The patient’s Private Consultant, or a suitable representative of the private healthcare provider completes and signs the agreement in section 8
- The relevant Unit Operations Manager completes the final checklist in section 9

Which sections need completing:

It is expected that most care where co-payments will be applied will be delivered in a delineated way between the NHS for those elements of care available on the NHS and by a private provider in private premises or within NHS premises where arrangements are in place to use NHS facilities. In these circumstances all sections of the form must be completed.

For the occasional circumstances where the complexity of care or the absence of suitable private provision means that such delineation might compromise the delivery of clinical care, NHS Grampian may decide to offer, in the best interests of the patient, arrangements for both the private and NHS elements of care to be provided by the NHS using co-payment arrangements. In these circumstances Sections 3, 5 and 8 may be omitted.
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SECTION 1: PATIENT DETAILS
To be completed by the patient’s NHS consultant

Surname/ Family name: ____________________________ Date of birth: __________ / ______ / ______

Forename(s): ____________________________ CHI Number: ____________________________

Address: ____________________________

Gender: Male: [ ] Female: [ ] Post code: ____________________________

Is the patient an NHS Grampian resident Y / N

Special requirements: (e.g. other language/ communication method)
**SECTION 2: CLINICAL DETAILS AND TREATMENT REQUIREMENTS**
To be completed by the patient’s NHS consultant

<table>
<thead>
<tr>
<th>Patient diagnosis:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Only the main condition being considered for private treatment needs documentation)</td>
<td></td>
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</tbody>
</table>

| Summary of patient treatment of this condition to date: |  |
| (Brief details of treatment options that have been tried and whether current or not) |  |

| Private healthcare requirement: |  |
| (What treatment(s) or intervention is the patient to receive from the private healthcare provider? Full details of the elements of this requirement need to be given in section 6.) |  |

| Reason for private healthcare requirement: |  |
| (Identify which option applies: Non-Formulary in NHS Board and: a) Not supported by consultant b) IPTR rejected and appeal not supported by consultant c) IPTR rejected and appeal not sought d) IPTR Appeal submitted, heard and rejected e) Individual request for off-label or unlicensed use rejected) |  |

| Please specify: |  |

| Expected duration of private healthcare: |  |

| Goals of treatment: |  |
| (how a response to treatment will be measured in terms of outcomes and timing): |  |

| Agreed discontinuation criteria: |  |
I have explained the treatment named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the basis for the decision to seek private provision of this treatment; the lack of evidence for clinical and / or cost-effectiveness for the treatment; appropriate alternatives which are available (including no treatment); any potential benefits and complications which may result from the treatment; and the options for private/NHS management of these complications. I can also confirm that the wider interests of patients within the NHS are protected.

Consultant name: 

Consultant post: 

Specialty: 

Consultant contact details: 

Department: 

Hospital site: 

Telephone number: 

Page Number: 

Email: 

Consultant signature: 

Date: (DD/MM/YY) 

SECTION 3: PRIVATE CONSULTANT DETAILS (ONLY COMPLETE IF APPROPRIATE) 
To be completed by the patient’s NHS consultant

Consultant name: 

Consultant post and location: 

Consultant contact details: 

(Full contact address, telephone number and email address if applicable)
SECTION 4: PATIENT CONSENT FOR TREATMENT

To be signed by the patient/parent* or carer*
(*parental responsibility for a minor or an adult without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the NHS Consultant for an explanation. If the information is correct and you understand the treatment, you should sign the form. You have a right to change your mind at any time, including after you have signed this form.

I understand:

- The reasons why this treatment has to be provided privately
- The treatment, potential complications and appropriate alternative treatment options which have been explained to me by the NHS Consultant named on this form
- That a private practitioner other than the Private Consultant named on this form may be responsible for the private provision of this treatment
- That the NHS cannot be held accountable for the quality or complications of treatment and care provided by an external private healthcare provider
- That demonstrating a response to the medicine will not result in a review of the decision not to fund the treatment under the NHS
- How and where any complications arising as a result of this treatment will be managed by the private healthcare provider and/or the NHS.

I agree:

- To receive this treatment from the practitioner named on this form
- To a transfer of care between the NHS and Private Healthcare setting if necessary
- To the sharing of my personal health information between the NHS and the private healthcare provider

Patient signature:  
(or parent/carer)  

Date:  
(DD/MM/YY)

Parent/carer’s name:  
Only required if the patient’s parent or carer is giving the consent
### SECTION 5: REFERRAL & GOVERNANCE ARRANGEMENTS (ONLY COMPLETE IF APPROPRIATE)

To be completed by relevant Clinical Director / Clinical Lead / Head of Service

<table>
<thead>
<tr>
<th>Please give details of the referral arrangements between care settings: (including accountability)</th>
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<table>
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<tr>
<th>Please give details of the transfer arrangements between care settings: (including accountability)</th>
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<tr>
<th>Please comment on the sustainability and continuity of care:</th>
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<tr>
<th>How will medical records be kept in each care setting?</th>
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</table>

<table>
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<tr>
<th>How will medical records be shared between care settings?</th>
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</table>
GOVERNANCE SECTION

Do arrangements breach NHS core principles?  

Yes: ☐  No: ☐

If YES, please give details:

Have substantive risks to the patient been excluded?  

Yes: ☐  No: ☐

If NO, please give details:

Have substantive risks to clinical accountability, governance or probity been excluded?  

Yes: ☐  No: ☐

If NO, please give details:

Please give details on methods employed for the management of indemnity and risk:

Please give details of audit trail of decision making processes:

Please give details of method for record keeping of all decisions and the grounds for these decisions:

CLINICAL DIRECTOR / CLINICAL LEAD / HEAD OF SERVICE AGREEMENT:

Name of Clinical Director / Clinical Lead / Head of Service:

Signature:          Date:  ☐/☐/☐
Using the following template, itemise each element of care and define where it will be delivered. Examples of these elements of care are the delivery of the medicine, associated laboratory tests, radiological examinations. The box marked “NHS resources available” refers to confirmation that the NHS is able to deliver that particular element of care in terms of appropriate facilities, and sufficient staff and resources.

<table>
<thead>
<tr>
<th>Element of care:</th>
<th>Where is this element of care to be delivered? (tick below accordingly)</th>
<th>NHS resources available? (tick if yes)</th>
<th>Cost for each element delivered privately</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICINE COST (INCLUSIVE OF VAT)</td>
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<tr>
<td>ASSOCIATED SUNDRIES</td>
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<tr>
<td>LABORATORY TESTS</td>
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<tr>
<td>RADIOLOGICAL TEST</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>OTHER MONITORING</td>
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<td>MEDICAL STAFFING</td>
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<td>NURSING STAFFING</td>
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<td>PHARMACY STAFFING</td>
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<tr>
<td>MANAGEMENT OF COMPLICATIONS</td>
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<tr>
<td>ADMINISTRATION COSTS</td>
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</table>

Total Cost of private elements of care (Document in section 7A) £
SECTION 7A: AGREEMENT FOR PRIVATE FUNDING OF TREATMENT

To be completed by relevant Unit Operations Manager and signed by the person responsible for the private funding of the treatment.

Details of financial arrangements:
Description of the procurement details for the medicine

Anticipated date of commencement of treatment:
This is the date that it is expected the patient will commence the treatment referred to in this form.

Total cost of medicine for entire treatment (inclusive of VAT):
This is the cost for the medicine assuming that the complete treatment course will be provided to the patient. For long-term treatments, this will represent the cost of a full year’s treatment.

Sum of associated non-drug costs (as detailed in section 6 of this document):
These costs may include sundries, staffing costs, medical costs, costs of possible complications and supporting laboratory and diagnostic test costs.

Total non-NHS costs:

Details of payment arrangements:
Description of how the payee will structure the payment for treatment

I hereby agree to make payment of the costs indicated above to NHS Grampian Health Board in accordance with the financial arrangements outlined above.

Signature:
(of person agreeing to fund treatment and associated costs)

Date:
(DD/MM/YY)

Name (Block Capitals):
(of person agreeing to fund treatment and associated costs)

Relationship to patient
(e.g., patient, spouse, private healthcare provider)

Address:

Postcode:

Contact telephone numbers:
Daytime/work:

Home:
SECTION 7B: AGREEMENT FOR REIMBURSEMENT OF UNUSED MEDICINE COSTS
To be signed by the relevant Unit Operations Manager

If treatment ceases before the full intended treatment course is complete, I hereby agree to reimburse the person named above in section 7A for the sum of any unused medicine and/or associated costs paid on the basis that the costs can be recouped by the NHS Board.

If the medicine subsequently becomes routinely available within NHS Scotland/ NHS Grampian during the course of treatment, the case will be reconsidered and appropriate reimbursement made from the point of SMC, HIS or Formulary Group advice entering the public domain.

If new published clinical evidence emerges during an individual’s treatment this might result in a new submission of an IPTR and if such an IPTR is approved by the Board’s normal processes, the subsequent transfer of care back to the NHS will take effect from the date of the positive IPTR decision. Reimbursement cannot be backdated and will be determined prospectively from this point to the completion of any previously agreed cycle of private aspects of care.

Signature: (of Director of Service)

Date: (DD/MM/YYYY)

Name (Block Capitals): (of Director of Service)

Position:

SECTION 7C: PAYMENT DETAILS
To be completed by the relevant Unit Operations Manager and/or payee.
This section outlines the mechanisms that will be used to process the payment for treatment

Payee Private Insurance details
This section should only be completed if the funding of this treatment is to be provided by private insurance

Name of private insurance provider:

Policy number:

Name of lead policy holder:

Authorisation number:

Contact details of insurance provider:
(e.g. phone number)
FINANCIAL SECTION

NHS Board payment details
This section should be completed if the payee is to make an electronic transfer of funds into the NHS board account directly

Name of account holder:

Name of bank/building society:

Branch address:

Account number:

Sort code:

SECTION 8: PRIVATE HEALTHCARE PROVIDER AGREEMENT (ONLY COMPLETE IF APPROPRIATE)
To be completed by representative of the Private Healthcare Provider

Private Healthcare provider:
(Company providing the service e.g. BUPA®)

Location:
(e.g. which private establishment is the treatment to be provided)

Provider representative name:

Position:

Signature: Date:
SECTION 9: FINAL CHECKLIST
To be completed by the relevant Unit Operations Manager

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<table>
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<tr>
<td>Form CPF 1 completed?</td>
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<tr>
<td>Patient consent obtained?</td>
<td>☐</td>
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<tr>
<td>Schedule of payment of treatment agreed?</td>
<td>☐</td>
</tr>
<tr>
<td>Private healthcare provided written agreement with processes outlined in form CPF 1?</td>
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</tbody>
</table>

WHERE TO SEND FORM

When this form has been completed by all parties please send copies to:

- Relevant NHS Consultant
- Relevant Private Consultant (if applicable)
- Patient who is entering into the copayment arrangement
- Relevant Finance Manager within NHS Board
- Relevant Unit Operations Manager within NHS Board (if applicable)
- Pharmacy Service with the sector.

The original form should be retained in the Pharmacy Office, Aberdeen Royal Infirmary