

Change of status

You have either expressed a wish to change your treatment, from Private Care, to being provided through the NHS, or from NHS to Private Care. If you are eligible to receive care under the NHS, changing from Private Care to the NHS will be possible, as long as you are not in the middle of a single episode of care. In line with The Department of Health's policy relating to the mixing of private and NHS care, patients are not able to change from private to NHS status or vice versa during a single episode of care, which is defined as a discrete period of treatment. A summary of the definitions relating to single episodes of care at The Royal Marsden is provided below.

Requirements

As long as you are not mid-episode, we can arrange transfer. For transfers from private to NHS treatment, we require the following:

- A **referral** from your GP via the Electronic Referral Service (e-Referrals) or other appropriate NHS referral
 - Your GP can find our services on e-Referrals by choosing The Royal Marsden NHS Trust as the organisation, followed by the speciality and the clinic type
 - Please be aware that two services do not accept new NHS GP referrals; these are Lung Oncology and Neuro Oncology. You should discuss the specific referral requirements with your consultant.
- A **pre-attendance form**
 - Your consultant's private secretary/medical PA will send you a pre-attendance form for you to complete and return directly to them. This is to confirm entitlement to NHS care at The Royal Marsden.

If any queries are raised regarding your eligibility for NHS care, one of the NHS Eligibility team will contact you to discuss your status further. We must stress that we cannot transfer your care from private to NHS until we have received the referral and pre-attendance form and have confirmed that your request is in line with the requirements set out above.

You will also need to contact the Private Care Accounts office to ensure all payments for your treatment are up to date as outstanding debt may delay your transfer and access to further care. The Accounts team will also be able to confirm if you are mid-episode of care, in which case we will not be able to continue with your request to transfer until the episode has completed.

Until the approval for a transfer of care has been confirmed to your consultant, you will remain a private patient and be liable for any hospital charges for appointments.

Single Episodes of Care (SEoC)

Outpatients and diagnostics

- The SEoC is for your hospital visit and any direct clinical activity related to this visit, including outpatient procedures, phlebotomy (blood test) and other diagnostics, such as imaging and histopathology.
- A patient may change status after all directly related activity to the outpatient episode of care has been completed.
- Note: patients cannot choose to have outpatient appointments as a private or NHS patient, and be the opposite status for related diagnostics. The status must be consistent.

Chemotherapy/immunotherapy

- A cycle of chemotherapy/immunotherapy constitutes a SEoC and is the number of weeks of the particular type of treatment – usually between 2–4 weeks (not the date/s of delivery or dispensing of the medication). A transfer of care can therefore only take place at the end of the specific period.

Radiotherapy

- The SEoC starts with the planning scans and/or the mould room appointment for a Head and Neck patient – whichever event occurs first, resulting in the SEoC start date.
- The SEoC continues for all treatment during the radiotherapy sessions.
- A patient may request to change status after the last radiotherapy treatment or related follow up appointment at the end of treatment.

- Follow up appointments which are not directly related to assessing the outcome of the radiotherapy or subsequent scans, are separate episodes of care.

Surgery

- The SEoC starts from when patient consent is given for an intended outpatient surgical procedure.
- The SEoC includes the pre-assessment, surgery and any inpatient stay or day case, through to discharge.
- For day case surgery, the SEoC relates to all the supporting clinical activity before and after the operation on that day.
- Follow up appointments that are not directly related to the prior surgery may be classed as a separate SEoC.

Inpatients

- Generally an inpatient admission will be classed as a SEoC.
- The exceptions to this are when a patient has had an emergency admission and requires critical care, but then is fit to transfer to a ward for a separate course of treatment.
- The emergency admission and all associated treatment are classed as a SEoC until this course of treatment has been completed.
- Following this, any transfer to a ward for a separate course of treatment may constitute a separate SEoC, and the patient may therefore request to change status.
- During an elective admission, all planned treatment constitutes a SEoC. If on the same admission, once the original treatment has been completed, and further and separate treatment is planned, the patient may then request to change status.

Follow ups

- Generally, follow up appointments after surgery or treatment where wounds or anything directly relating to the prior activity are being managed, will fall into the SEoC.
- Follow up appointments which result in the need for scans, diagnostics or further clinical activity will be a SEoC.
- The only instance where a follow up may constitute a separate episode of care, would be where there is no further planned activity (except for active monitoring at the prescribed time interval), in accordance with standard follow up protocols. However, any further diagnostics or activity related to this follow up would be a SEoC, as above.
- Note: patients cannot choose to have outpatient appointments as a private or NHS patient, and be the opposite status for particular diagnostics. The status must be consistent.

Clinical trials

Each trial is classed as a SEoC and patients are unable to switch mid trial. Please refer to existing guidance on clinical trial eligibility.

Funding for private treatment

To transfer from NHS care to private, you will need to confirm whether you will be self-funding your treatment or provide details of a private medical insurer that is recognised by The Royal Marsden.

The Private Care Accounts team can provide advice on the private medical insurers that have a commercial relationship with The Royal Marsden.

You will be required to complete an *Undertaking to pay* form to confirm acceptance of the terms and conditions of Private Care at The Royal Marsden.

A transfer back to NHS care from private may only take place at the end of the relevant Single Episode of Care. All payments for your treatment must be up to date as outstanding debt may delay your access to further care.

Contact details

Chelsea

Private Care Accounts

+44 (0)20 7808 2491

Sutton

Private Patient Accounts

+44 (0)20 3186 5100

References

This booklet is evidence based wherever the appropriate evidence is available.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: patientcentre@rmh.nhs.uk

No conflicts of interest were declared in the production of this booklet.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

