

6 May 2019

Professor Fiona J Wilcox
HM Senior Coroner Inner West London
Westminster Coroner Court
65 Horseferry Road
London SW1P 2ED

Dear Professor Wilcox,

Re: Regulation 28 Report Following the Inquest into the Death of Peter George Garvin

Further to your letter dated 24 April 2019, I am sorry that this response has taken some time but we were keen to ensure that we fully addressed your concerns.

Because of the Trust's location and geography we can potentially be working with any number of private psychiatrists which would make it impossible to have a standard MOU agreed by all of them in advance. As an alternative, we have drawn up a protocol for our own staff, which sets out (a) how they should work with colleagues working in any private sector organisation and (b) how they should explain the process to their patients. This draws heavily on national guidance.

I hope this addresses the concern that you raised. I know that you will be meeting with our Medical Director soon and I hope this will provide an opportunity to discuss any remaining issues on concerns that you may have.

Yours sincerely,



Claire Murdoch
Chief Executive

*Please acknowledge
stand
c. reader*



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Guidance for staff when a patient wishes to seek advice or treatment from a private clinician

Core principles

1. The Department of Health has issued guidance (ref below) clarifying that if a patient opts for private care **their entitlement to NHS care remains and should not be withdrawn.**
2. The guidance also makes clear that there must be as clear a separation as possible between a patient's private treatment and their NHS treatment.
3. Patients can choose to return to NHS care at any point and are entitled to NHS services on exactly the same basis of clinical need as any other patient.
4. When advising patients or patients' representatives on additional private care, doctors should respect the patient's right to seek a second opinion, as set out in the GMC's Good Medical Practice guidance (2006).
5. Effective communication about treatment options should be maintained at all times.
6. Any situations where patients receive additional private care alongside NHS care should be handled with the highest standards of professional practice and clinical governance.

Process

1. When a patient requests private care the treating NHS clinician should discuss with the patient the options open to them including informing them of the risks and benefits of their requested course of action.
2. If the treating clinician is concerned that there is a risk to patient safety and conflicting care approaches by having two simultaneous providers this should be explained to the patient and plans put in place to ensure safe handover of care.
3. Transferring between NHS and private care should be carried out in a way which avoids putting patients at any unnecessary risk. The NHS and the private provider should work collaboratively to put in place protocols to ensure effective risk management, timely sharing of information, continuity of care and coordination between NHS and private care at all times
4. **The patient should be made aware that they are able to return to our care at any point if they choose to do so and be made aware of how they would do this.**
5. An NHS guide for patients can be accessed on this link:
<https://www.nhs.uk/common-health-questions/nhs-services-and-treatments/if-i-pay-for-private-treatment-how-will-my-nhs-care-be-affected/#>

Department of Health (2009) Guidance on NHS Patients who wish to pay for additional private care. Gateway Reference 11512, 23 March 2009.

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