Version: 1.00
Version Date: 19 March 2021
Author: Brent Elliott

Interface Between ELFT NHS Mental Health Services and Independent (Private) Providers Guidance for ELFT clinicians

East London NHS Foundation Trust

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1.0 Background

This guidance has come about as a result of a recommendation included in an action plan submitted to HM Coroner following the death of an ELFT patient, after transfer of care to a private sector provider.

Its purpose is to guide clinicians who may be working with patients who also receive input from the private mental health sector (shared care), who are taking over the care of a private patient or who are transferring the care of an NHS patient to a private provider.

It will outline how we should work together to ensure patient safety and clinical quality, what 'reasonable checks' should be made prior to transfer, and briefly outline key requirements in regard to information governance and shared care arrangements.

Whilst three main possible clinical scenarios are presented in this policy, it should be noted that it will not be possible or even desirable in a document such as this to outline all possible scenarios in which the NHS/private sector interface is relevant. The aim of this guidance is rather, to raise awareness of such issues and act as a prompt for discussion with line managers as and when such circumstances arise.

2.0 Clinical Scenarios

There are three potential clinical scenarios presented in this guidance where issues in relation to the interface between NHS and private sector services may arise:

1) Taking over the mental health care of a patient from a private mental health provider
2) Shared care between NHS and private psychiatric services
3) Transferring the care of an NHS patient to the private sector

2.1 Taking over the mental health care of a patient from the private sector.

This should be reasonably straightforward. First, contact should be made with the private psychiatrist who is seeking to transfer care, to ascertain that they will no longer be seeing the patient and that no other private psychiatrist will be following the patient up. You should also enquire as to whether or not the patient will be seeing a private clinical

psychologist or psychotherapist and if so, gather their contact details in order to get collateral history prior to the transfer and for communication purposes.

We would expect the private psychiatrist to retain clinical responsibility for the patient until we have been able to assess the patient. We would also require the private psychiatrist to notify any other private care providers (e.g., psychology, occupational therapy etc) that the patient's psychiatric care was being handed over wholly to the NHS. A summary of the private patient's medical record will need to be sent over prior to the first appointment.

2.2 Shared care between NHS and private psychiatric services

This is a more complex area and one in which the lines of clinical responsibility need to be very clear.

A simple example might be a patient under ELFT services seeking a second opinion but not treatment from a private psychiatrist. In this instance there is an expectation that there is direct communication by the patient's NHS consultant or treating team (e.g. psychologist) and the private psychiatrist with uninhibited two-way information sharing. If the patient does not consent to information sharing in either direction, advice should be sought from the Trust Caldicott guardian as it is hard to imagine a situation where this is not necessary in order to provide high quality care. ELFT would require a copy of the second opinion report along with any recommendations made. There should be a clear decision made and communicated to all parties, including the patient, about who is holding overall clinical responsibility for the care of the patient and written permission to share information will need to be explicit and clearly documented.

A more complex example might be of a patient who is referred to or has been maintained by private psychiatric outpatient appointments and presents to an NHS ED in crisis. If the patient needs admission to an NHS hospital or Home Treatment Team the ELFT consultant will assume overall responsibility for the patient's care for the duration of the 'admission'. Patient information will need to be shared between the private and NHS mental health teams in order to manage this safely. At the end of the admission or period of HTT input a decision will need to be made (and clearly documented) regarding who is taking overall clinical responsibility for the patient as an outpatient

It is anticipated that it would be difficult to have a patient who is seeing a private psychiatrist whilst also under a community mental health team. This is not recommended as it is unclear who holds responsibility for treatment decisions and care delivery.
On the other hand, having a patient under CMHT but also seeing a private therapist can work as long as there is good sharing of information.

2.3 Transferring the care of an NHS patient to the private sector

The transfer of care from NHS to the private sector needs a little more consideration when a patient is unwell compared to when things are stable. An unwell patient may for example ask to have their care transferred to a private provider who is only able to provide limited input e.g., outpatients only or first available appointment in several days' time. If ELFTs view

is that the patient needs a higher level of input than that which is available privately then we need to consider whether or not it is safe to proceed with transfer at the current time. We have a duty of care to take reasonable steps to ensure that the proposed private sector treatment provision adequately meets the current needs of the patient.

3.0 Summary

The above scenarios are just three of many possibilities. The purpose of developing them and this brief guidance is largely to highlight that formal consideration needs to be given to cases where both private and NHS services are involved with a patient. Clear lines of responsibility need to be agreed between all parties and information governance matters need to be addressed.

Key good practice principles that should be considered and documented on RiO include:

- Information sharing permission
- Explicit recognition of/agreement on roles and responsibilities and aftercare arrangements
- Duty of care to ensure appropriate care is available
- Mental capacity considerations where we feel that this is relevant

These factors should be documented and agreed by both parties.