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GPC

General Practitioners
Committee

Treating patients in private hospitals, nursing and residential homes

Guidance for GPs

TREATING PATIENTS IN PRIVATE HOSPITALS, NURSING AND RESIDENTIAL HOMES

A guidance note from the GPC

A significant number of queries have been coming into the GPC office in relation to private hospitals and care home provision. There are a number of reasons why this issue has become an increasing concern.

- The classification of services under the new GMS contract
- The reclassification of some former residential and nursing homes to private hospitals
- The increasing number of secondary care type services being provided in some residential and nursing homes

1. Classifications

Over the last couple of years a number of bodies have been set up to register and monitor social care in the community and private treatment establishments. Following the most recent government reshuffling of duties the registering and monitoring of private hospitals, nursing and residential homes fall within the remits of the following organisations:

The Commission for Social Care Inspection is charged with registering nursing and residential homes and other social services related institutions.

The Healthcare Commission is charged with monitoring NHS healthcare institutions and also in England the regulation of independent hospitals. This includes: private acute hospitals, mental health establishments, hospices, maternity hospitals and termination of pregnancy establishments.

We are aware of instances where what were formerly classified as residential or nursing homes have been reclassified as independent hospitals. This is because they are recognised as mental health establishments. There are 47 Standards that Mental Health Establishments need to meet to comply with the Healthcare Commissions' standards. These standards apply 'to a range of premises where mental health treatment is provided, including the large mental health hospitals, smaller establishments that provide mental health treatment as their main or sole purpose, and all establishments that take people who are liable to be detained.'

There is the generally held principle in the NHS that when a patient is in an NHS hospital the hospital is required to care for that patient and provide them with any relevant medication while in that hospital. A GP would not be expected to attend an NHS hospital to treat their NHS registered patients.

Indeed, there would be serious clinical governance issues at stake should such a situation arise. It is essential when a patient is receiving hospital care that clinicians within that setting take responsibility for the co-ordinated care received by that patient.

Likewise, general practitioners have never provided GMS/PMS services to patients in acute hospitals, hospices, maternity hospitals and termination of pregnancy establishments. In general, the GPC does not believe that there should be any difference between these establishments covered by the Healthcare Commission and mental health establishments covered by the Healthcare Commission. In all these cases clinical responsibility for patients should rest within the treating organisation while patients remain in them.

The GPC does recognise that there are situations where a GP could be expected to take limited clinical responsibility for providing essential services. This could arise in relation to small establishments, such as supported housing, where patients receive specialist in-put but are otherwise resident in the community. This might mirror the situation in residential and care homes

2. Registration of patients

All UK residents have a right to be registered for primary medical services with an NHS practice. This is regardless of whether they are in an NHS hospital or private hospital. This entitles patients to clinical care in the primary care setting. Patients are usually expected to attend the practice's premises and are only visited outside of the practice's premises when the GP concerned considers it clinically necessary to make a home visit. GP's would not attend patients in either an NHS or independent hospital. They would however be expected to attend residential and nursing homes as appropriate.

3. Profile of treatment to be provided

GPs are contracted to provide patients on their registered list with essential services (and additional and enhanced services as their contract provides for). This care relates to the patients welfare within the community and home setting. GPs are not expected to provide even essential services to patients resident in a hospital setting. GPs are also not expected to provide a level of service to any specific group of their patients above that of their contracted essential, additional and enhanced services. GPs should be conscious of when a patient's treatment moves beyond their clinical competency and exceeds their duties to provide essential and additional (and enhanced) services. At no time should a GP substitute for inadequately provided or commissioned secondary or enhanced level care in a private home or establishment.

4. Specialised private services

Where a private establishment, nursing or residential home, wishes a GP to provide an enhanced level of service to their patients they can commission the doctor to provide that service for their institution – this is permitted within Schedule 5, Fees and Charges of the new GMS contract regulations or Schedule 3 of the PMS Agreement Regulations. Notice must be given to the contractor's PCT on a form requested from the PCT.

5. Prescribing

If a GP as part of their provision of essential and additional primary medical services (and enhanced services if contracted to provide them by the PCO) needs to provide an NHS prescription to one of their registered patients then they must do so. GPs are not expected to provide prescriptions for patients resident in a hospital setting, in such circumstances the hospital should be providing all relevant medication.

GPs should not issue NHS prescriptions for those patients who are under the care of private specialists unless they are actively involved in providing care for the relevant condition and they are prepared to take full prescribing responsibility for that medication. GPs should only write prescriptions when they are willing to take full prescribing responsibility for that medication – including initiating, adjusting and stopping treatment without reference to other doctors.

Involvement in drafting care home prescribing protocols, or medication review beyond that expected in essential/additional services can be provided on a private basis to the private home/establishment. If this involves providing treatment to patients notice must be given to the PCT as indicated above.

5. The limits of primary care

The move of patients out of a secondary care and into a primary care setting has increased recently and the trend is likely to continue. It is possible that the kind of patients a practice previously treated in a private home are becoming increasingly clinically complex and their management may therefore not include any services which may reasonably be included in essential services.

Some institutions may need re-classifying to ensure they have the relevant and adequate secondary care clinical input. Such clinical conditions could include: Persistent Vegetative State, severe neurological impairment, patients on complex drug regimes, patients on ventilators and intensive palliative care. GPs should not involve themselves in providing secondary level care unless they are fully and specifically trained to an appropriate level. To do so would be out with the GMC's Good Medical Practice and should anything go wrong it is possible that their defence organisation would be unable to protect or represent them.