When can you charge?

A Nottinghamshire LMC Ltd guide to GPs’ fees for private services

N OT T IN G H A M S H I R E
LOCAL MEDICAL COMMITTEE (LIMITED)

L M C
...OF REPRESENTING AND SUPPORTING GPs

Brieflet
When Can You Charge?

What services can an NHS GP charge their patients for?

Regulation 24 of The National Health Service (General Medical Services Contracts) Regulations 2004 states that:

• An NHS GP cannot charge or receive a fee from their patient for the provision of any treatment (whether under the contract or otherwise), or prescription of any drug, medicine or appliance.

However, there are a variety of services which are not regarded as integral to treatment or prescribing for which NHS GPs are permitted to charge their patients or other institution. (See Table 1)

For a full list of chargeable services, please see Schedule 5, Regulation 24 (reproduced here as appendix 1.)

How much can a GP charge for chargeable services?

In 2000, the Office of Fair Trading stipulated that the BMA (and other organisations) could no longer publish suggested fees for services which could be provided by any medical practitioner, as it was a breach of competition law.

However, the BMA can suggest fees for services which can only be provided by the patient’s own GP or other attending doctor. These fees are set by the BMA’s professional fees committee and can be found listed in Fee Schedule 113 on the BMA website. Schedule 11 also outlines what services can be provided by any doctor where no suggested fees can be made.

Table 1. Illustrative list of items for which NHS GPs can charge a fee

<table>
<thead>
<tr>
<th>Examples of non-NHS services for which GPs can charge their own NHS patients</th>
<th>Examples of non-NHS services for which GPs can charge other institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident/sickness certificates for insurance purposes</td>
<td>Life assurance and income protection reports for insurance companies</td>
</tr>
<tr>
<td>Reports for health clubs to certify that patients are fit to exercise</td>
<td>Reports for the Department for Work and Pensions in relation to disability living allowance and attendance allowances</td>
</tr>
<tr>
<td>Holiday insurance certificates</td>
<td>Medical reports for local authorities in connection with adoption and fostering</td>
</tr>
</tbody>
</table>

In what circumstances can a GP treat patients privately?

Any fully qualified medical practitioner can set up as a private general practitioner. The 2004 GMS contract significantly restricts what private practice NHS GPs may provide and the GMS and PMS contract regulations do not allow GPs to charge their practice’s NHS registered patients. GPs should note the following:

• An NHS GP can set up a private practice to provide services not available on the NHS but they must not treat their NHS practice’s registered patients.

• If they or their practice are part of a company that provides such services to patients they must be careful to declare any commercial interest when discussing the availability of such services with patients and should take advice and study the GMC’s guidance on advertising (appendix 2) before deciding how such services are advertised.

• An NHS locum GP covering for a practice doctor on leave is temporarily contracted to the practice and the practices’ registered patients and so cannot charge these patients. In other circumstances a locum doctor can treat patients privately like any other doctor.

It is important to remember that there are key differences between practising as an NHS GP and as a private GP, particularly with regard to prescribing and referrals. The following tables illustrate the main differences.

Table 2. Charging for referral

<table>
<thead>
<tr>
<th>PRIVATE GP</th>
<th>NHS GP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can refer NHS (where patient eligible) for in-patient, out-patient and diagnostic services</td>
<td>Can refer NHS patient (where appropriate) for private treatment but cannot charge</td>
</tr>
<tr>
<td>Can charge patients for consultation and referral</td>
<td>Can charge private patients (not on their NHS list) for referral (NHS or private)</td>
</tr>
<tr>
<td>Cannot be charged for notification of results of NHS treatment/tests</td>
<td>Cannot receive any fee for making a private referral for an NHS patient on their list</td>
</tr>
</tbody>
</table>

Table 3. Charging for prescriptions

<table>
<thead>
<tr>
<th>PRIVATE GP</th>
<th>NHS GP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot issue NHS prescriptions</td>
<td>Cannot charge NHS patient for prescriptions (whether NHS or private)</td>
</tr>
<tr>
<td>Cannot issue NHS prescriptions to private patients</td>
<td>Cannot issue NHS prescriptions to private patients</td>
</tr>
<tr>
<td>Can charge private patients (not on their NHS list) for private prescriptions</td>
<td>Can charge private patients (not on their NHS list) for private prescriptions</td>
</tr>
<tr>
<td>Can issue private prescriptions to NHS patients, particularly in relation to drugs not available through the Drug Tariff, but Cannot charge (except where it is for malaria chemoprophylaxis)</td>
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</tr>
</tbody>
</table>

Table 2. Charging for referral

Table 3. Charging for prescriptions
Travel vaccinations

NHS GPs cannot charge patients for vaccinations and immunisations in connection with travel abroad which are regarded as “public policy” and should be provided free when requested.” (practices may choose to opt-out of providing the additional vaccines and immunisations service, but will have their global sum abated by 2% as a result).

GPs may charge for travel vaccinations not so regarded (see table 4) and may charge for providing malaria chemoprophylaxis, when issued on a private prescription.

NHS GPs can charge for certificates in connection with travel abroad including freedom from infection certificates, fitness to travel certificates and reports for medical or travel insurance or holiday cancellation claims.

Table 4. List of travel vaccinations indicating whether NHS, private or other:

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>NHS Service</th>
<th>Private Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A (first and second/booster dose)*</td>
<td>Yellow Fever</td>
<td>Hepatitis B (single agent, any dose)</td>
</tr>
<tr>
<td>Combined Hepatitis A and typhoid – first dose (second dose is with Hepatitis A alone)</td>
<td>Japanese B encephalitis</td>
<td></td>
</tr>
<tr>
<td>Typhoid (first and any booster doses)</td>
<td>Tick borne encephalitis</td>
<td>Meningitis ACWY</td>
</tr>
<tr>
<td>Tetanus, diphtheria and polo as given in the combined Td/PV vaccine</td>
<td>Cholera</td>
<td></td>
</tr>
<tr>
<td>Rabies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The BMA guidance states that as regards Combined Hepatitis A and B vaccinations (i.e. Twinrix/Ambirix): “In some areas local policy has been agreed with the LMC that seeks to exclude NHS provision, and practices should consider any such local policies. Most practices provide hepatitis B as part of a combined A/HB vaccination rather than as a single agent, and this has been the focus of local attention. Ultimately the decision still resides with the practice. We would remind practices that there is no funding within GMS for hepatitis B for travel.”

Locally, Public Health policy, as approved by the Vaccinations and Immunisations Committee, is that the combined hepatitis A and B vaccine (Twinrix/Ambirix) should not be used in preference to the monovalent Hepatitis A vaccines.

**The vaccinations in this category are not remunerated by the NHS as part of additional services. The regulations leaves the decision as to whether the practice levies a charge or not to the discretion of the practice but it is important that the vaccination must be provided entirely as an NHS process or entirely as a private service.

Problem areas

Hepatitis B Vaccinations (other than for travel purposes)

“What do I do if requested to provide Hepatitis B immunisation to a patient at risk through their employment?”

The GPC has provided in-depth guidance “Focus on hepatitis B immunisations” which details legal advice based on their interpretation of the GMS, PMS and APMS Regulations and directions, and answers the following questions:

1. Is there a requirement under regulations to prescribe and administer the Hepatitis B vaccination for occupational health purposes?

There is no requirement to prescribe and administer the Hepatitis B vaccination for occupational reasons. The GP should refer the patient to their Employer’s Occupational Health department or chosen provider. This also applies to healthcare students, as the legal responsibility lies with the student’s medical school.

2. Does the doctor have a professional duty to administer the Hepatitis B vaccination for occupational health purposes if the patient is clearly at risk?

No. Health and Safety legislation states that the employer is responsible for both an occupational health assessment and taking action as appropriate.

3. Can the patient be charged a fee by the general practitioner for giving the Hepatitis B vaccination?

A GP cannot charge a fee if the patient is registered at their practice, unless the vaccination is requested solely in connection with travel abroad. The GP can charge a fee if the patient is not registered at their practice.

4. Can the GP charge the employer for providing Hepatitis B vaccination as a private service?

A GP practice can charge the employer if they have entered into a private contract to provide the Hepatitis B vaccination for a group of employees or a single employee. Even if an employee is a registered patient at the GP’s practice, the GP’s practice can still charge the employer as they are not accepting a fee from the registered patient, but the employee.

5. Can the GP issue a certificate to the patient for which they, or their employer, can be charged a reasonable fee?

Yes, although the patient has no obligation to pay a fee for the certificate unless the recipient has agreed to pay by requesting that it be produced.

6. Can the GP charge the patient when providing the Hepatitis B as a combination vaccination?

The only commercially available combination for Hepatitis B is with Hepatitis A. As Hepatitis A is a reimbursable vaccination, you cannot charge the patient and the vaccination must be given on the NHS.

Seasonal flu vaccinations

“What do I do if my patient requests a flu vaccination and they do not meet the eligible criteria?”

- A GP can decide who should be offered the vaccination, based on the patient’s medical history and the criteria listed by the Department of Health.
- If the patient does not meet the criteria then they can pay to obtain the flu vaccination privately, from certain supermarkets and pharmacies. The GP would need to advise the patient that they would need to pay for the vaccination when obtained from those outlets.

The GP cannot:

- Use NHS supply of flu vaccinations for patients who do not meet the eligible criteria.
- Obtain a private supply of flu vaccinations to treat their NHS patients.
- Charge their NHS patients for a flu vaccination.

The GP can:

- Offer, and charge for, a private flu vaccination to any private patients (who are not on their NHS patient list).

Travel advice

“Can I charge a patient for providing in-depth advice in relation to travel abroad?”

The GPC advises that, as part of the provision of travel vaccinations, it is good practice to:

- Advise on the efficacy/value of the vaccine
- Inform the patient of any other protection that may be advisable
- Discuss relevant side-effects or concerns that patient may have

The GPC advises GPs not to charge a separate fee for travel advice when providing patients with a travel vaccination.

GPs and Fees for Private Services
Appendix 1

Schedule 5 - Regulation 24

Regulation 24 of The National Health Service (General Medical Services Contracts) Regulations 2004 states:

- Fees and charges

The contractor shall not, either itself or through any other person, demand or accept from any patient of its a fee or other remuneration, for its own or another’s benefits, for –

(a) the provision of any treatment whether under the contract or otherwise;

(b) any prescription or repeatable prescription for any drug, medicine, or appliance, except in the circumstances set out in schedule 5.1

1. The contractor may demand or accept a fee or other remuneration –

(a) from any statutory body for services rendered for the purposes of that body’s statutory functions;

(b) from any body, employer or school for a routine medical examination of persons for whose welfare the body, employer or school is responsible, or an examination of such persons for the purpose of advising the body, employer or school of any administrative action they might take;

(c) for treatment which is not primary medical services or otherwise required to be provided under the contract and which is given -

(i) pursuant to the provisions of section 65 of the Act (accommodation and services for private patients), or

(ii) in a registered nursing home which is not providing services under that Act,

If, in either case, the person administering the treatment is serving on the staff of a hospital providing services under the Act as a specialist providing treatment of the kind the patient requires and if, within 7 days of giving the treatment, the contractor or the person providing the treatment supplies the Primary Care Trust, on a form provided by it for the purpose, with such information about the treatment as it may require;

(d) under section 158 of the Road Traffic Act 1988 (payment for emergency treatment of traffic casualties);

(e) when it treats a patient under regulation 24(3), in which case it shall be entitled to demand and accept a reasonable fee (recoverable in certain circumstances under regulation 24(4)) for any treatment given, if it gives the patient a receipt;

(f) for attending and examining (but not otherwise treating) a patient -

(i) at his request at a police station in connection with possible criminal proceedings against him,

(ii) at the request of a commercial, educational or not-for-profit organisation for the purpose of creating a medical report or certificate,

(iii) for the purpose of creating a medical report required in connection with an actual or potential claim for compensation by the patient;

(g) for treatment consisting of an immunisation for which no remuneration is payable by the Primary Care Trust and which is requested in connection with travel abroad;

(h) for prescribing or providing drugs, medicines or appliances (including a collection of such drugs, medicines or appliances in the form of a travel kit) which a patient requires to have in his possession solely in anticipation of the onset of an ailment or occurrence of an injury while he is outside the United Kingdom but for which he is not requiring treatment when the medicine is prescribed;

(i) for a medical examination -

(i) to enable a decision to be made whether or not it is advisable on medical grounds for a person to wear a seat belt, or

(ii) for the purpose of creating a report -

(aa) relating to a road traffic accident or criminal assault, or

(bb) that offers an opinion as to whether a patient is fit to travel;

(j) for testing the sight of a person to whom none of paragraphs (a), (b) or (c) of section 38(1) of the Act (arrangements for general ophthalmic services) applies (including by reason of regulations under section 38(8) of that Act)

(k) for prescribing or providing drugs or medicines for malaria chemoprophylaxis.

Appendix 2

Excerpt from “Good Medical Practice: Providing and publishing information about your services”12

“60. If you publish information about your medical services, you must make sure the information is factual and verifiable.

61. You must not make unjustifiable claims about the quality or other remuneration of your services in any information you provide to patients. It must not offer guarantees of cures, nor exploit patients’ vulnerability or lack of medical knowledge.

62. You must not put pressure on people to use a service, for example by arousing ill-founded fears for their future health.”

Appendix 3

Abatement of rent for private practice

A GP practice using their practice premises for private work may earn up to 10% of its gross income from non-NHS services without any abatement of rent reimbursement. If the earnings are more than 10% for the provision of medical services to private patients, rent reimbursement by the PCT will be adjusted, as outlined in the table below.2

<table>
<thead>
<tr>
<th>Appropriate Abatement Percentage</th>
<th>Private Income Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>Up to 10%</td>
</tr>
<tr>
<td>10%</td>
<td>Between 10 and 20%</td>
</tr>
<tr>
<td>20%</td>
<td>Between 20 and 30%</td>
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<tr>
<td>30%</td>
<td>Between 30 and 40%</td>
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<tr>
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<tr>
<td>70%</td>
<td>Between 70 and 80%</td>
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<tr>
<td>80%</td>
<td>Between 80 and 90%</td>
</tr>
<tr>
<td>90%</td>
<td>Above 90%</td>
</tr>
</tbody>
</table>

References


If you would like to provide feedback, require further information or additional copies of this brieflet, please contact us:

Nottinghamshire Local Medical Committee Ltd, Duncan Macmillan House, Porchester Road, Nottingham NG3 6AA.
Telephone: 0115 955 5440 • Fax: 0115 955 5441 • Email: office@nottslmc.co.uk

www.nottinghamshirelmc.co.uk

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