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Circular 5/91

To: Chief Executive Officer of each Health Board/
Chief Executive Officer or Secretary-Manager of each
Voluntary or Joint Board Hospital

IMPLEMENTATION OF NEW ELIGIBILITY ARRANGEMENTS

I am directed by the Minister for Health to refer to Circular 1/91 of 17 May 1991 on the above subject. Since the issue of the Circular, this Department has dealt with a number of queries from health boards and hospitals on the interpretation of certain aspects of the new arrangements. Since some of the queries raised are likely to arise in other areas over the course of the implementation period, it has been decided to issue a supplementary Circular drawing together the relevant information. You are requested to ensure that this is circulated to relevant personnel.

1. IN-PATIENT ADMISSION FOLLOWING PRIVATE CONSULTATION

Circular 1/91 states that referrals for admission arising from a private out-patient consultation will be "presumed" to be private unless the patient specifies otherwise and this is confirmed by the consultant. This does not alter the fact that the patient's status must be formally identified and recorded. Where there are waiting-lists, or admission is "booked" in advance, this identification of status must take place at the outset.

To ensure that such persons understand that they are being regarded as private patients, those referred following private consultations should be presented with a form for signature which accepts the financial implications of admission as a private patient. It remains open to such patients to specify that they wish to be regarded as public patients. In the latter event, hospitals should have a procedure for confirming with the relevant consultant that the patient is now going on the public waiting-list or being admitted as a public patient and will not be a private in-patient of the consultant.

2. OPTING FOR PUBLIC IN-PATIENT CARE AFTER PRIVATE CONSULTATION

Circular 1/91 makes it clear that, following a private out-patient consultation, a patient may opt for public in-patient care, but must go on the public waiting-list. The Minister stated, during the Dail Committee Stage of the Health (Amendment) Bill, that he intended that such patients should not gain an advantage over those having public out-patient consultations. He intended that hospitals, in placing such patients on the public waiting-list, would ensure that they would not move up the list until the date was reached on which they would have entered the list had they been referred from the public clinic.

Referrals from the public clinic should therefore be placed above such patients until the normal waiting-period for an out-patient consultation has elapsed - subject to the normal qualification that a patient whose condition necessitates immediate treatment will be given priority regardless of public or private status.

3. IN-PATIENT ADMISSION AS PART OF PROGRAMME OF CARE (E.G. OBSTETRICS

The arrangements described in Paragraphs 1 and 2 apply where, followin a private out-patient consultation, a patient ceases to be a private patient of the consultant and follows the normal procedures for arranging admission as a public patient. However, where a patient remains private to the consultant for the out-patient element of a programme of care which includes both out-patient and in-patient treatment (e.g. obstetrics) the patient is not entitled to opt for public status as an in-patient.

4. IDENTIFICATION OF STATUS AT OUT-PATIENTS

It is required, under the new system, to identify and record the publi or private status of every patient in whose case there is any consulta involvement, and to have this information available to the consultants concerned. This requirement applies to out-patient services (including G.P. referrals and casualty attendances) as well as to in-patients. Any person requiring out-patient care may opt to be private to the consultants concerned.

A patient being referred for further out-patient services (e.g. tests, X-rays) arising from a private out-patient consultation is automatically private to the consultants concerned.

It may arise that a public hospital is providing tests or other out-patient services for the in-patient of another hospital. If the patient is receiving in-patient care as the private patient of a consultant, he is automatically private to the consultants providing out-patient services in such circumstances.

It should be noted that, under the Regulations, a referral for out-patient services is automatically private to the consultants concerned (i.e. the patient does not have the option of public care) only where the referral is of a consultant's private patient. For example, the Regulations do not affect non-consultant referrals from company health schemes, sports injury clinics etc.

5. WAITING-LISTS FOR OUT-PATIENT TREATMENT

Where there is a waiting-list for out-patient treatment there can be r question of patients being given preferential access to public clinic on the basis that they are private to the consultant. A consultant's private out-patients may be treated in a public hospital either

(i) at a public clinic in accordance with their place on the overall waiting list for that clinic; or

(ii) at a time agreed with the hospital authority, outside of the consultant's public commitment.

A patient whose condition necessitates immediate treatment should of course receive priority regardless of public or private status.

6. SERVICES OUTSIDE OF HEALTH ACT

Out-patient services which have traditionally been regarded as outside the scope of the Health Act (e.g. medical examinations for insurance, employment or emigration purposes) are not affected by the new arrangements and continue to be provided on a private basis.

J A Enright
Assistant Secretary