

Access to Private Health Services

Policy Number 1.253

Policy Function Continuum of Care

Issue Date 22 March 2019

Summary This policy provides Justice Health and Forensic Mental Health Network staff with guidelines for accessing private health service providers to meet patient health requirements/needs and for the engagement of private health services at the patient's request.

Responsible Officer Executive Director, Clinical Operations (Custodial Health)

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Policy 1.253 (Jun 2012, Feb 2010 and Apr 2016)

Change Summary

- Clarity that the Network is not responsible for checking the credentialing of Medical Officers not contracted by the Network who enter the correctional environment in a private capacity.
- The Network Director of Nursing & Midwifery Services or Deputy Director of Nursing & Midwifery-Custodial Health will first approve the provision of Network Initiated or Endorsed Private Health Services in adult custodial settings.
- The provision of Network Initiated or Endorsed Private Health Services must be approved by the relevant Co-Director (clinical) and EDCO no longer required.
- Update to names and abbreviations in line with organisational changes.
- Rewording to provide better clarity.

TRIM Reference POLJH/1253

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

The role of Justice Health and Forensic Mental Health Network (the Network) is to provide health care services for patients in the custody of Corrective Services New South Wales (CSNSW)/Juvenile Justice New South Wales (JJNSW) and to patients in the Forensic Hospital. The principle is to provide evidence based clinical services according to best clinical practice in order to return healthier patients to the community. These are equivalent to publically funded health services available within the community. If the Network is unable to provide a required health service, it will arrange and facilitate the provision of the service by other providers. These may include NSW public hospital and health systems or where deemed appropriate by the Network. In selected circumstances, private providers may be engaged by the Network to provide this care.

Outside of this arrangement, patients/legal teams may at times request to engage/access their own health services, external to the Network. Patients (and their legal representatives) may do this to gain a second opinion, continue treatment with their own community provider, make their own arrangements for the treatment of a specific condition, or have a non-urgent surgical procedure undertaken. It is important for patients, legal teams and providers to note that patients in custody are unable to use Medicare Cards because the Network is funded by the State to provide/arrange all patient health care. Therefore, patients who elect to engage their own providers are responsible for all costs associated with this service, including CSNSW/JJNSW escort and transport costs.

2. Policy Content

2.1 Mandatory Requirements

Health services are provided to Network patients by the health centre, local public hospitals, Prince of Wales Hospital (POWH), and occasionally through local private providers.

- Non-urgent/elective specialist and diagnostic services can be accessed in several ways. Under the Network state-wide model for adult patients, the Integrated Care Service (ICS), Medical Appointments Unit (MAU) at Long Bay Hospital will arrange appointments for specialist services to be provided:
 - Appointments for male patients are made with the Outpatients Department, Long Bay Hospital Area 2 (LBH 2), Long Bay Complex or Prince of Wales Hospital (POWH).
 - Appointments for female patients are usually made with either Nepean Hospital or Westmead Hospital.
 - Also refer to the Network policy [1.252 Access to Local Public Hospitals](#).
- Appointments for medical imaging are also arranged by ICS, MAU either at the local hospital or via the above arrangements.
- In an emergency, transfers to Local Health District (LHD) emergency departments are managed by the Network Health Centre.

Appointments for young people detained in JJNSW are booked with the local public health service by the Health Centre.

2.2 Implementation - Roles & Responsibilities

Referrals by Network Staff to private services may only be made when the following requirements are met:

1. The request form for *Local Private Provision of Health Services* ([JUS200.040](#)) is completed and approved by the Network Director of Nursing & Midwifery Services (NDoN&MS) or Deputy Director of Nursing & Midwifery-Custodial Health (DDoN&M-CH) before the referral takes place and approved by the Co-Director Services and Programs (Clinical).
2. The Co-Director Forensic Mental Health (Clinical), in consultation with the Clinical Director Forensic and Long Bay Hospitals (CDF&LBH), must first approve all Forensic Hospital requests.
3. The Co-Director Services and Programs (Clinical) must first approve all adolescent patient requests.
4. The estimated cost of the service and reason for private health care should be provided (sometimes the total cost of the service is not known until a procedure has been completed).

3. Procedure Content

3.1 Access to and Engagement of Private Health Services at the Patient's Request

Patients/legal teams may request to engage/access private health services external to/outside of the Network arrangements. The approval for this type of access to health services by patients in custody lies entirely with CSNSW/JJNSW. These requests by patients are communicated to the local Governor or Centre Manager by the Nursing Unit Manager (NUM).

Network staff must not be involved in making recommendations or approvals for this type of access to health care. Network staff should advise CSNSW/JJNSW whether the service requested by the patient/patient advocate is available by the Network and/or the Public Health system.

Network staff have the following role in the engagement of private services at the patient's/patient advocate's request:

- Network staff should explain to the patient/patient advocate that approval for such services is determined and facilitated by CSNSW/JJNSW.
- Network staff should advise patients that the Network has no role in facilitating such services. A letter of medical referral (if deemed appropriate by the responsible Network medical officer) can be provided upon request by the patient/patient advocate. Such a referral may be issued after signed approval from the NDoN&MS/DDoN&M-CH, CSNSW Governor or JJNSW Centre Manager. These approvals are recorded on [JUS200.040](#).
- Network staff are under no obligation to provide treatments, referrals or undertake investigations recommended by independent health providers.
- Network staff will provide any treatment that is clinically appropriate according to the presenting health problem and the information available to them.
- Once a copy of the signed approval is provided by CSNSW/JJ NSW, the Health Centre NUM should arrange for a consulting room to be made available for the visiting provider.

- Network staff are not obliged to provide equipment and/or consumables for these consultations. Anything required should be negotiated by the provider with CSNSW General Manager/JJ NSW Centre Manager before the consultation.
- Any invasive procedures (including dental procedures) proposed to be performed by non-Network visiting providers cannot be undertaken within the Network's Health Centre, except in the most extraordinary circumstances, and with the signed approval of the relevant Clinical Director and the Executive Director Clinical Operations (EDCO).
- Required equipment or consumables should be discussed with CSNSW Governor or JJNSW Centre Manager prior to the visit.
- Network staff maintain a professional obligation to report any concerns of which they become aware regarding the performance or conduct of non-Network medical staff within the custodial environment. In the first instance any such concerns should be reported to the concerned staff member's immediate supervisor/manager who will escalate the concern to the appropriate Service or Clinical Director.
- If the external/private health provider requests access to the patient's Health Record, the usual privacy procedures apply (i.e. a signed patient consent form must be completed and filed in the patient's Health Record). This should be arranged in advance of the consultation, and must be documented in the patient's Health Record as per [NSW Health Privacy Manual for Health Information \(March 2015\)](#) and in accordance with Network policy [4.020 Health Records](#) and the Network policy [4.030 Requesting and Disclosing Health Information](#).
- The visiting provider should communicate the Care Plan to Health Centre staff. Staff are under no obligation to act on this plan (e.g. taking pathology specimens, ordering CT Scans, X-rays, and Ultrasounds etc.), and should discuss this at the earliest opportunity with their Service Director or Clinical Director. The Network is not responsible for the costs of any procedures and/or investigations associated with the external/private consultation.
- There will be rare occasions when Network staff are requested to assist in aspects of an external/private consultation. In these situations, staff must firstly discuss with their Service or Clinical Director, and obtain a signed approval from the EDCO.
- External providers are unable to write prescriptions for patients in custody. Recommendations made by them for certain treatments, including use of a Complementary Medicines (CAMs) will be considered by the appropriate Clinical Director according to the scientific evidence, and the Network Medication Guidelines. Prescriptions for CAMs must be accompanied by an Individual Patient Use (IPU) form and submitted to the Network Drugs and Therapeutics Committee (D&TC) for consideration/approval. Please refer to [Network Medications Guidelines](#) section 7.14 *Complementary Medications* for further information.

3.1.1 Requests by Patients at the Forensic Hospital to Access Private Health Services/External Providers

All requests by patients to access private health services must be considered on a case by case basis. All requests must be forwarded by the treating team for discussion with the CDF&LBH. Authorisation to access private health services is provided by the EDCO via the Co-Director Forensic Mental Health (Clinical).

In the Forensic Hospital, medical officers (usually psychiatrists) who are not employees of the Network may attend the Forensic Hospital to assess patients for the purpose of providing medico-legal reports to third

parties. The CDF&LBH must ensure that the visiting medical officer (VMO) is currently registered with the relevant registration authority and that the medical officer has no conditions on that registration that would prevent the person from conducting a medico-legal assessment (also see [section 3.3](#) below).

3.2 Charges and Fees

Accounts received by a Network Health Centre from a private provider must firstly be checked to ensure that the Network is liable for the service payment (rather than the referring Local Health District (LHD). When assured the cost incurred is a Network expense, the NUM signs the account and the invoice is then sent to the Finance Department for processing.

Specialist and/or diagnostic services not available at the local public hospital are sometimes arranged by the local public hospital through the private sector. The local public hospital is therefore liable for the cost of the service. This is in accordance with the Ministry [PD2018 024](#) *Health Services Act 1997 – Scale of Fees for Hospital and Other Services*. If an invoice is received by the Network as a result of a public hospital referral to a private facility, the local hospital should be notified of liability for payment. A letter should be drafted and attached to Circular 94/19 (found in [PD2018 024](#)), and forwarded with the invoice to the public hospital. A copy should also be sent to the invoice vendor. In summary:

- If Network staff directly refer a patient, including patients of the Forensic Hospital, to a private facility (including Private Medical Imaging) then the Network is liable for the cost of the service.
- If Network staff refer a patient to the local public hospital, and the local public hospital arranges a private service for the patient, the local public hospital is liable for the cost of the service.
- If a patient/patient advocate/legal team requests a private service, the patient is responsible for the cost of the service, as well as the cost of the transport and escorting officers. The patient/patient advocate must liaise with CSNSW or JJNSW in relation to these costs.
- Network staff are required by law to respond to Court Ordered requests for health care assessments and treatments, and are managed as per normal business processes.
- If a legal team requests a medical appointment or diagnostic test they should be directed to CSNSW staff at the Health Centre where the patient is housed who can facilitate a costed escort.

3.3 Credentialing of Senior Medical Staff

3.3.1 Forensic Hospital

The Forensic Hospital is a Network owned and governed mental health hospital. The Network are obliged to ensure that all medical staff providing care for patients within the hospital are appropriately credentialed consistent with [PD2019 011](#) *Credentialing & Delineating Clinical Privileges for Senior Medical Practitioners & Senior Dentists*. This includes senior medical staff directly employed or otherwise engaged by the Network.

The Network also has a responsibility to confirm the registration of any medical staff attending patients in a 'private' capacity (generally meaning patient initiated clinical reviews by non-Network senior medical staff). These medical staff will also be required to have confirmation of identification, before entering the Forensic Hospital and see any patients (as per cl 3.1.1 above). The Forensic Hospital is a high security environment and the Network has an obligation to ensure that doctors are appropriately registered, without any registration conditions that might create a risk if they accessed patients within the Forensic Hospital. For medical staff who regularly attend patients for medico-legal reasons, a system of annual checks on their registration should be undertaken by the CDF&LBH.

The Network reserves the right to refuse entry into the hospital to any medical staff deemed unsuitable for reasons of security or any other risks to patients. For further information see JH&FMHN policy [5.002 Access to the Forensic Hospital](#).

3.3.2 Corrective Services Environment (including Long Bay Hospital)

- The Network is obliged to ensure all senior medical staff employed, or otherwise engaged by the Network to provide clinical or other services to patients within correctional facilities are appropriately credentialed.
- The Network does not own or control access to the Corrective Services NSW environment and is not responsible for the credentialing of other medical practitioners who may enter the Corrective Services NSW environment. This includes medical officers who attend patients within the Corrective Services NSW environment in a private capacity to undertake clinical assessment or care at the patient's request or for medico-legal or other reasons.

4. Definitions

Must

Indicates a mandatory action required that to be complied with.

Patient Health Record

Indicates a patient has a paper-based and electronic health record.

Should

Indicates a recommended action that to be followed unless there are sound reasons for taking a different course of action.

5. Legislation and Related Documents

Legislation

[Commonwealth Privacy Act \(1988\) \(Cwlth\)](#)

[Government Information \(Public Access\) Act 2009](#)

[Health Services Act 1997](#)

[Health Records and Information Privacy Act 2002](#)

[Health Records and Information Privacy Regulation \(2012\)](#)

[State Records Act 1998](#)

Network Policies and Procedures

[1.252 Access to Local Public Health Services](#)

[2.124 Patient Trust Accounts](#)

[2.150 Purchasing](#)

[4.030 Requesting and Disclosing Health Information](#)

[5.002 Access to the Forensic Hospital](#)

[*JH&FMHN Medication Guidelines*](#)

Network Forms

[JUS200.040](#) *Local Private Provision of Health Services*

NSW Health Policy
Directives, and Guidelines

[NSW Health Privacy Manual for Health Information \(March 2015\)](#)

[PD2018_024](#) *Health Services Act 1997 – Scale of Fees for Hospital and Other Services*

[PD2019_011](#) *Credentialing & Delineating Clinical Privileges for Senior Medical Practitioners & Senior Dentists*