

Determining private patient charges

Earlier in the year the Department of Health and Social Security announced that from 1 April health authorities would be able to determine their charges for private patients and amenity beds or follow the department's rates (24 January, p 260). The department has now issued a guidance circular.¹ Authorities must determine their charges before 1 April for the following 12 months. They may determine their own charges one year and adopt a central list another year but they have to determine their own non-resident patient charges for any procedures or treatments that are not included in the list.

Authorities should aim to recover the full costs of treating private patients but not to make a profit. The circular sets out three other principles that should be taken into account: charges should be equitable—that is, reasonably closely related to the cost of individual treatments; administrative costs should be kept to a minimum; and the interests of National Health Service patients should not be jeopardised.

In its central list the department suggests that for a single room the daily charge to patients not paying the consultant separately should be £83 in a long stay hospital, £138 in acute and other hospitals in non-teaching districts, £238 in London post-graduate teaching hospitals, and £335 in the National Heart and Chest Hospitals and the Hospital for Sick Children, Great Ormond Street.

For non-resident patients the charge for radiotherapy treatment in any one day should be £18 or £44.50 depending on the hospital and for computed tomography scanning £96 or £115. The charge for an amenity bed in a single room should be £13 a day or £6.50 for accommodation in a small ward with two or more beds.

The department will issue a separate circular with revised charges for treating overseas visitors in the NHS.

In 1986 authorities were required to distribute the *Handbook on the Management of Private Practice in Health Service Hospitals* and to implement its contents. Amendments will be issued to the handbook to take account of the latest circular, which reminds authorities that private practice cannot be managed properly if, for example, private patient officers have not been designated at hospitals where the treatment of private patients has been authorised.

¹ Department of Health and Social Security. *Health services management. Determination of private patient charges*. London: DHSS, 1987. (HC(87)5.)

Caring for the terminally ill

Health authorities have been asked to examine their provision of services for all terminally ill patients, whatever their underlying disease or medical condition, and to develop an integrated plan to correct deficiencies.¹

Each authority will have to decide which mix of home care teams, hospital based control teams, special units in NHS hospitals, inpatient hospices, and day care facilities is most appropriate for its local needs and circumstances. The department has asked authorities to take account of the contribution that is being made by local and

national voluntary groups and to include them in the planning of services. Where a voluntary group provides an essential element in an authority's overall plans for terminal care there should be agreement about the contribution to the costs of the service. The circular says that authorities should aim to ensure that all staff—specialist and non-specialist—are trained to be aware of the special needs of terminally ill patients, to know what support is available locally, and to appreciate the principles underlying the physical management of terminal illness and the management of the psychological aspects of dying and bereavement.

¹ Department of Health and Social Security. *Health services development. Terminal care*. London: DHSS, 1987. (HC(87)4.)

GMC's professional conduct committee

At the meetings of the General Medical Council's professional conduct committee this month the names of three doctors were erased from the Register.

Dr Fayed Ibrahim Suliman Abu-Mahfouz of Portsmouth failed to report a patient's serious condition to his general practitioner or to refer him to the hospital specialist services. Dr Vinay Kumar Sharan of Derby had been convicted (after pleading guilty) on five charges of failing to maintain a register of controlled drugs and had been sentenced to 28 days' imprisonment on each charge, concurrent, and fined £200.

Dr Jennifer Colman-Archer was found guilty of serious professional misconduct for being rude and abusive to colleagues at two hospitals and for failing to give some patients the urgent attention they needed.

Dr Kashi Prasad's registration was suspended for 12 months. Dr Prasad, of east London, had failed to refer a patient to the hospital and specialist services for urgent investigation and treatment. The registration of Dr Kenneth Charles Hines of South Woodford was suspended for eight months. Dr Hines was found guilty of abusing his professional position to interfere improperly in the domestic lives of certain of his women patients when they were under emotional stress by advocating a form of treatment that comprised physical punishment. The council suspended the registration of Dr Patrick Francis Darcy of Darlington for four months for improperly demanding and accepting fees from a patient.

The registration of Dr Reginald James Douglas Gibson had been suspended for four months on two occasions because he failed to keep to his scheduled consulting hours, to make adequate arrangements to receive messages, or to maintain practice on call arrangements of an acceptable standard. This month the professional conduct committee decided to make his registration conditional for three years provided that Dr Gibson did not engage in singlehanded general practice in the National Health Service.

Two doctors were admonished. Dr Cyril Hubert Nemeth of St John's Wood, London, improperly demanded and accepted fees for professional services from a patient. Dr Rai Ahmad Sadiq Sangra of Birmingham had been convicted (after pleading guilty) on four charges of obtaining money by deception and had been sentenced to nine months' imprisonment on each charge, concurrent, suspended for two years, and ordered to pay £1367 compensation and £650 costs.

Scottish agreement on medical referees' fees

The BMA and the Convention of Scottish Local Authorities have reached an agreement on fees for medical referees at crematoria. From 1 April medical referees and deputies will be paid £2.50 for each cremation certificate. Where certification has to be carried out at weekends or on public holidays the fees will be £3.75. Doctors enjoying more favourable rates will retain them on a mark time basis until they are overtaken by the new agreement. The fees will be increased by the percentage increase to fees granted under a general award to doctors assisting local authorities. The mileage rate, where claimable, will be 33.3p a mile with no detriment for those doctors with more favourable rates.

GMC byelection in Scotland

The General Medical Council has issued the list of candidates for the election to fill the vacancy on the council caused by the retirement of Professor J O Forfar, an elected member for Scotland. The candidates are Professor Forrester Cockburn, Dr Samuel McKechnie, Dr Lalchand Prasad, Dr Richard Ernest Scorgie, Dr William Jeffrey Cullen Scott, Mr William Farquhar Walker, and Dr Helen Elizabeth Zealley. The successful candidate will serve for all or a substantial part of the remaining term of office (until 31 October 1989). Voting papers should be returned to the Electoral Reform Society by 6 April. The result will be announced on 27 April.

Increase in recommended fees

The BMA council has approved an increase in the fees that are recommended by the BMA for providing medical services outside the NHS and for which there is no agreed or statutory fee. The revised fees take effect from 1 April and members can obtain details from their regional office by quoting their current membership number and the reference FS34.

Other increases have also been agreed and details are available from regional offices: fees for emergency treatment at road traffic accidents (FS16); Employment Medical Advisory Service charges for examinations concerned with health and safety at work (FS11); fees paid by the National Society for the Prevention of Cruelty to Children (FS12); and fees for part time prison medical officers in Scotland.

Correction

Parliamentary committee's views on primary care

We regret that in the first paragraph of this article (21 February, p 524) we said that the Cumberlege report dealt with England and Wales. The review of community nursing applies only to England. Community nursing services in Wales are being reviewed by a group chaired by Mrs Noreen Edwards, chairman of Gwynedd Health Authority.