Transferring Psychotherapy Patients from NHS to Private Practice

We have been asked by a member to discuss this practice. The original query was framed as “a not-uncommon practice where colleagues in the service concerned transferred NHS patients to their own private practice”. At first glance, this seems a clear and self-evident conflict of interest for the treating psychotherapist. It was clear from the enquiry that the therapists were not just recommending private treatment but taking NHS patients on to their own private caseload. We are aware that in other healthcare systems, this might not be seen as an ethical dilemma at all and also that most of the debate in this area that has been about patients moving in the other direction (seen and assessed in private practice and then seen / operated on in the NHS). We therefore thought it was worth a more structured analysis.

What are the Relevant Facts?

Was the original suggestion for transfer from the patient or from the therapist? If the patient, how did they know about the patient’s private practice?

Did the recommendation arise during or at the end of therapy? If at the end of therapy, why was it considered that more therapy was needed?

If more therapy was needed, why was this not available in the NHS? Were alternative treatments / options offered?

What would constitute an appropriate decision-making process? This might involve a policy within the service about transfer of patients which had been openly discussed and agreed by the team. It might involve discussing each case with the clinical lead / manager of the service. It might involve a policy where a range of future treatment options were discussed with all patients towards the end of therapy but not right at the end of therapy.

What might the options be?

1. A clinic policy that this was always or nearly always inappropriate, represented a clear conflict of interest and should not happen.

2. A clinic policy that in certain situations, this might be appropriate but should be offered to the patient as one of a range of options, including other NHS treatment, private treatment with a different service or therapist, as well as continuing with the same therapist but in private practice.

3. A policy that, if this was in the patient’s best interests, then patient preference should be the main deciding factor.

Option 1: this would be a clear rule and would avoid any conflict of interest. It would ensure that all patients were treated equally. It would limit patient choice / preference. It might have implications for the capacity of the clinic in terms of keeping patients in treatment longer and taking on fewer new cases. It would avoid the issue of a patient making a decision about treatment whilst in a dependant and vulnerable relationship. It might not always be in the best interests of the patient.

Option 2: this would respect patient preference to some degree, it would allow some flexibility, it would mean that decisions would only be made in an open and transparent way and not by the patient-therapist dyad alone. It would mean that not all patients were treated equally.

Options 3: this would appear to be the status quo in this service. It clearly respects patient choice. It is not clear how vulnerable patients would be protected and, at its
most extreme, it could be seen as the therapist using an NHS assessment and short-term treatment facility to recruit patients for his / her private practice.

**Recommendations and Conclusions**

Clearly, patients should be allowed to choose treatment in the private sector if they wish and patients may wish to approach a therapist working in the private sector whom they have previously seen as an NHS patient. In nearly all cases, we think that there is an unacceptable conflict of interest if patients are transferred from the NHS to private treatment where the decision is made whilst the patient is having NHS treatment and where the therapist remains the same. There may be exceptional circumstances where this is in the patient’s best interests and those best interests outweigh all other factors. Such a transfer should be done with the knowledge and agreement of the therapist’s supervisor and the clinic’s service manager and there should be a clear clinical protocol setting out this process. Patients who, during therapy, make a request for private treatment should be given advice about a range of private services without any particular endorsement for one service. Therapists who work in both the NHS and private sector should keep their two parallel clinical activities quite separate and not promote their private practice within the NHS.

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