



The Office of the
Committee for
Health & Social Care

Funding the consequences of private funding of tests

This document sets out the Committee for Health and Social Care (CHSC) on private testing.

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Committee for Health and Social Care Policy**Funding the consequences of private testing**

This is a controlled document. As a controlled document, the correct version of the document is the one available on CHSC intranet and the States of Guernsey website.

Version History

Version Number	Date	Person responsible	Prepared by (title of author/reviewer)	Status	Reason for Issue
1.0	June 2017	Director of Public Health	Public Health Advisor	Agreed	

Committee for Health and Social Care Policy

Funding the consequences of private testing

G1059

1. The policy

- 1.1 This policy applies to any patient for whom the Committee for Health and Social Care has responsibility for funding defined elements of their healthcare.
- 1.2 The CHSC will not fund onward referral for advice or assessment following a test which has been funded privately but which is not available through public funding.

‘Not normally funded’ in this context means either:

- The test is one which is not funded by CHSC or by the Committee for Employment and Social Care; or
 - The test is only funded within a clearly identified care pathway, and the patient has sought to have the test outside of that care pathway.
- 1.3 The CHSC will not fund referral for advice or assessment following a test funded privately which is normally available within the public system but which has been performed privately but which has not been performed by an accredited laboratory.
 - 1.4 With specific reference to genetic testing the CHSC will not fund counselling related to a genetic testing whether this is for single gene disorders or predictive genetic testing for an individual who has paid for privately and which has not been sanctioned through prior approval by the Office for HSC.
 - 1.5 Clinicians will have discretion to consider exceptions to this policy for all tests with the exception of referral to genetic services which will need to continue to be sanctioned by HSC through the Off Island Team.

Guidance note

This policy is not aimed at situations where patients are wishing to access elements of a care pathway normally funded by the CHSC privately. For example, a patient with pain in the hip may pay for an X-Ray which may confirm severe osteoarthritis and then asked to be referred

through the contract to be seen by an orthopaedic consultant. Hip replacement is funded through the public system, and an X-Ray of the hip is part of the normal care pathway.

There are a growing number of private providers of diagnostic test which are either not available through the public sector or would not be considered appropriate for particular clinical indications. As such they are not considered part of routine clinical practice within the States of Guernsey or UK.

Following their test results patients may then ask their general practitioner to refer them for advice and investigation within the public sector. This means that third parties are driving the priorities of the public sector and pressure is put on scarce public resources inappropriately.

These tests are not part of normally commissioned care, and the CHSC will not, in most circumstances, fund subsequent assessment.

A particular growing area of concern is genetic testing. Pre- and post-genetic test counselling is an essential and integral part of any genetic test. To undertake testing without appropriate counselling is poor practice. As a result the CHSC considers that counselling before testing and counselling to advise on the interpretation of the test results should form part of any genetic testing done privately.

Privately offered genetic testing, particularly predictive genetic testing which uses a genetic test in an asymptomatic person to predict future risk of disease (the clinical utility of which is unknown) is on the increase. It is not the role of public funding to support this private activity.