



## NHS Partners Network's Autumn Budget 2017 Representation

### Introduction

The NHS Partners Network is the trade association representing a wide range of independent sector providers of NHS-funded clinical services, ranging through acute, diagnostic, clinical, home healthcare, primary and community care and dentistry, in total employing or contracting over 80,000 people. Our members are drawn from both the 'for profit' and 'not for profit' sectors and all are firmly committed to working in partnership with the NHS and in line with the values set out in the NHS Constitution.

The independent sector has a long history of working with its NHS partners to deliver high quality care for NHS patients and in recent years a dynamic domestic healthcare market has developed - helping to increase overall provider capacity in the NHS; reduce waiting times; invest capital; and offer a greater choice of providers to patients. At present, independent sector providers perform or provide:

- Over 22% of all NHS gastroenterology, trauma and orthopaedics services
- Over half a million NHS elective surgical procedures per year
- Over 40% of all NHS community services
- Almost 10% of all NHS MRI scans

This contribution is a continuation of longstanding practices and reflects a broad consensus that provider ownership matters much less than the quality and efficiency of the service provided, a view reflected repeatedly in public opinion polling. Therefore the strong commitment from the Government in the **2015 Spending Review** settlement to encourage long term partnerships between the NHS and the private sector was much welcomed and we believe that enabling local areas to take advantage of the capital, capacity and capability that the independent sector can provide can play a key role in reducing the pressures on the NHS and help to put the health service on more sustainable footing.

While there has been some progress in fulfilling this Spending Review commitment with NHS Improvement (the body in charge of its implementation) beginning to demonstrate the real value in partnerships between NHS and independent providers and many areas starting to see NHS/independent collaboration as 'business as usual', we believe this work needs to be accelerated. Most notably, through improving the culture and capability around NHS/independent sector partnership working at both the central and local level with a clear focus on ensuring the NHS adopts a more outward looking and patient focussed approach to service transformation including:

- Utilising independent sector expertise to ensure the successful development and implementation of Accountable Care Systems and other new models of care
- Promoting patients' right to choose their treatment provider to reduce waiting times
- Ensuring access to independent sector investment to develop new Rapid Diagnostic and Assessment Centres and Urgent Treatment Centres, and to expand and improve NHS diagnostics facilities including via managed service solutions with specialist diagnostic operators.



### **Utilising independent sector expertise for accountable care systems**

We welcome the move towards developing more accountable care style systems (ACSS) in the NHS given their focus on providing more long term, preventative and patient-centred healthcare, supported by a modern technology platform. However this more integrated approach, involving the breakdown of organisational barriers to align incentives, pool both risk and reward, and share data between different health organisations, represents a significant change in the way NHS-funded services are delivered and there is very little experience within the health service of developing and running such integrated systems.

However both domestically and internationally, independent sector providers have considerable experience in delivering large-scale population-based healthcare models and there is a real appetite within the sector to help the NHS deliver new models of care. For example in Valencia, the Alzira model, which is a public/private partnership between the Valencia regional health ministry and Ribera Salud (who are owned by Centene) has led to a 22% reduction in the average hospital stay and a 25% reduction in health costs.

In order to overcome the often (understandable) 'local' mind-set of many NHS organisations, which can impede outside expertise and best practice being shared and utilised for the benefit for NHS patients, NHS leaders should actively encourage local areas to look outwards and build new relationships with national and international leaders in ACS management. As part of this, emerging NHS accountable care systems need to be open about the capital, capacity and capability gaps in their local area and not be afraid to look beyond the public sector to fill them – again, NHS leaders should send a clear message that local areas can and should benefit from working with independent sector providers. This will be a key way of avoiding ACSs becoming inflexible monopoly provider models which become too big to fail with a 'like it or lump it attitude' to patient care. Likewise, many independent sector organisations have real expertise in delivering high quality and efficient corporate support services, with significant potential for the NHS to work more collaboratively with those organisations providing vital back office support to improve value, in particular by reducing duplication.

### **Promoting patients right to choose their treatment provider to reduce waiting times**

Waiting times for NHS elective care have been steadily rising over the past few years and the national 18 week referral to treatment (RTT) target has not been met since February 2016. Moreover, NHS Partners Network research from earlier this year found that that the number of NHS patients waiting longer than 18 weeks for elective care is set to double to more than 800 000 by 2020 – a conservative estimate given that NHS England effectively abandoned this target at the end of March this year. Evidence show that elective care procedures such as hip and knee replacements are some of the most cost-effective interventions known and can markedly improve quality of life for often frail and elderly individuals. By relaxing the both clinically effective and popular 18 week target, the NHS is deprioritising elective care at the very time that it is needed most – in June of this year the waiting list for planned care hit the four million mark for the first time in a decade and by the end of this year alone a further half a million more patients are expected to be added to the waiting list.

We would therefore urge the Government and NHS leaders to set out a clear strategy as to how elective care waiting times can be reduced, with utilising independent sector capacity being a key part of the solution. In particular, a concerted push to increase patient awareness of their right to choose which provider they are treated by would help ensure they can access the quickest possible care. Despite this legal right being in place for over a decade, less than half the public are



actually aware of their ability to choose either an independent or NHS organisation for their NHS consultant-led care. By raising awareness amongst both GPs and patients, a better informed and more empowered public will be better able to choose the most timely and appropriate care for their needs.

Another way of helping bring down NHS waiting times is through taking decisive action at a local level to ensure that Trusts with the most entrenched waiting list challenges can access the considerable spare capacity available in the independent sector (some NHS Trusts have less than 80% of patients receiving elective care within 18 weeks – well below the 92% national target). As part of this, there needs to be a clear message that ‘block contracts’ for elective care, which allow Trusts to be paid for procedures they are increasingly unable to provide and stop funding following the patient, should be phased out.

### **Accessing independent sector investment to successfully implement 5YFV Next Steps**

NHS England’s *Five Year Forward View* next steps document published earlier this year rightly focusses on improving diagnostics care, particularly important given that the target for less than 1% of patients waiting six weeks or longer for a diagnostic test has not been met since November 2013. Specific commitments include the development of ten new multi-disciplinary Rapid Diagnostic and Assessment Centres - an area where the independent sector has significant expertise in service delivery, as well as the ability to provide the necessary capital and investment to get such large scale projects off the ground. For example by working with 90% of London’s CCGs, NHSPN member InHealth’s Direct Access Diagnostics scheme offers patients a local appointment within a maximum 13 days from referral at a choice of time and location, 7 days per week, which has resulted in 70 per cent of patients remaining under primary care treatment pathways and thus avoiding more expensive interventions in secondary care. Equally NHSPN’s Alliance Medical UK currently provides 60% of NHS PET-CT services – a public/private partnership which is providing world class cancer diagnostics testing to NHS patients. Ensuring that the development and procurement of the new Rapid Diagnostic and Assessment Centres is as open as possible and able to utilise the high quality diagnostics capital, capacity, and capability of independent sector organisations who have a strong track record of working at scale will therefore be vital.

Equally, as part of NHSE’s commitment to expand existing diagnostic capacity to ensure that its eight cancer waiting standards can be met, we would like to see a targeted approach for the worst performing Trusts in terms of diagnostics care, encouraging them to partner with independent sector organisations who can provide the much needed capital to upgrade the NHS’ rapidly ageing MRI scanners, as well as other managed service solutions in the delivery of diagnostic imaging to improve access, drive down costs and bring significant efficiencies in the patient pathway. Likewise, the 5YFV next steps commitment to rolling out new standardised Urgent Treatment Centres, which will have access to diagnostics facilities and help reduce pressure on A&E, is also an area where the independent sector has significant experience in service delivery, with Virgin Care and Care UK both current providers of NHS walk in centres and other minor injury units, with the ability to invest in more modern, accessible and personalised urgent care services.

### **Contact**

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