

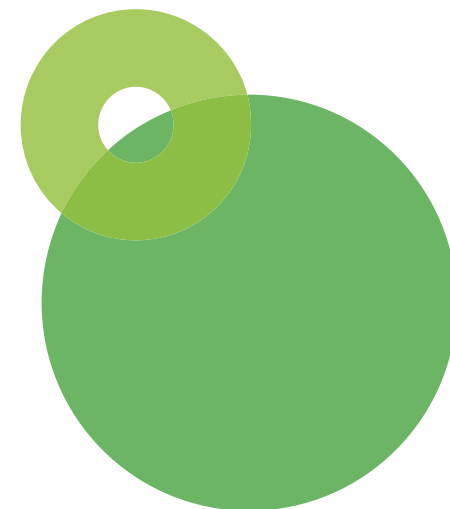


Independent sector providers caring for NHS patients

Comparative performance indicators

Oct 2018

Edition 41



New in this edition

Datasets updated in this edition continue to show strong comparative performance by independent providers in the context of increasing pressures across the whole system. Datasets updated this month include:

- FFT
- CQC
- Infection control
- RTT
- Diagnostic waiting times
- Monthly referral and activity levels

All the graphs and charts in this document are derived directly from data provided by independent sources including NHS England, NHS Digital and the Care Quality Commission. The relevant source, including links, are given by each visualisation.

If organisations wish to refer to specific visualisations contained within this data, we would recommend that the relevant source data, together with the relevant explanatory notes as published in this document, are included in any citations.

For more information about the data underlying the visualisations in this presentation, please contact mail@grahamkendall.com

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Independent sector performance

The NHS Partners Network (NHSPN) is the representative body for independent sector healthcare providers of services ranging through acute, primary, community, clinical home healthcare, diagnostics and dental.

This document gives an overview of the performance of independent sector providers of care to NHS patients. It focuses on care sectors represented by NHSPN members and the indicators available cover five broad domains of quality:

- Patient experience
- Clinical quality
- Patient outcomes and safety
- Efficiency indicators
- The contribution of the sector shown by numbers of patients treated

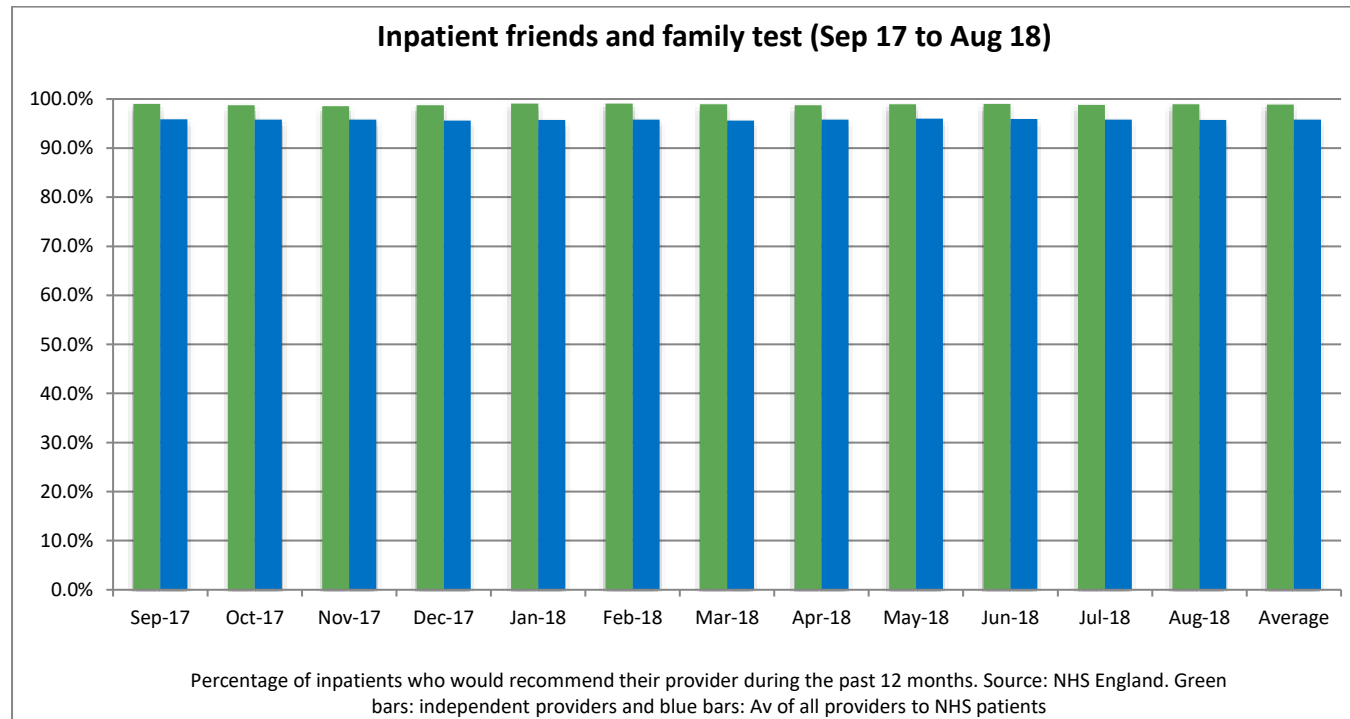
All the visualisations shown in this document are based on publicly available data published by organisations such as NHS England, Public Health England, NHS Digital and the Care Quality Commission.

Not all data collected for traditional NHS organisations and independent sector providers can be compared easily. Historic differences in the way NHS and independent sector providers have been regulated have often required independent providers to collect different information from their NHS counterparts. As the range of information is increasingly harmonised, we hope to be able to produce more comparative information published by third parties such as the organisations listed above.

Patient experience

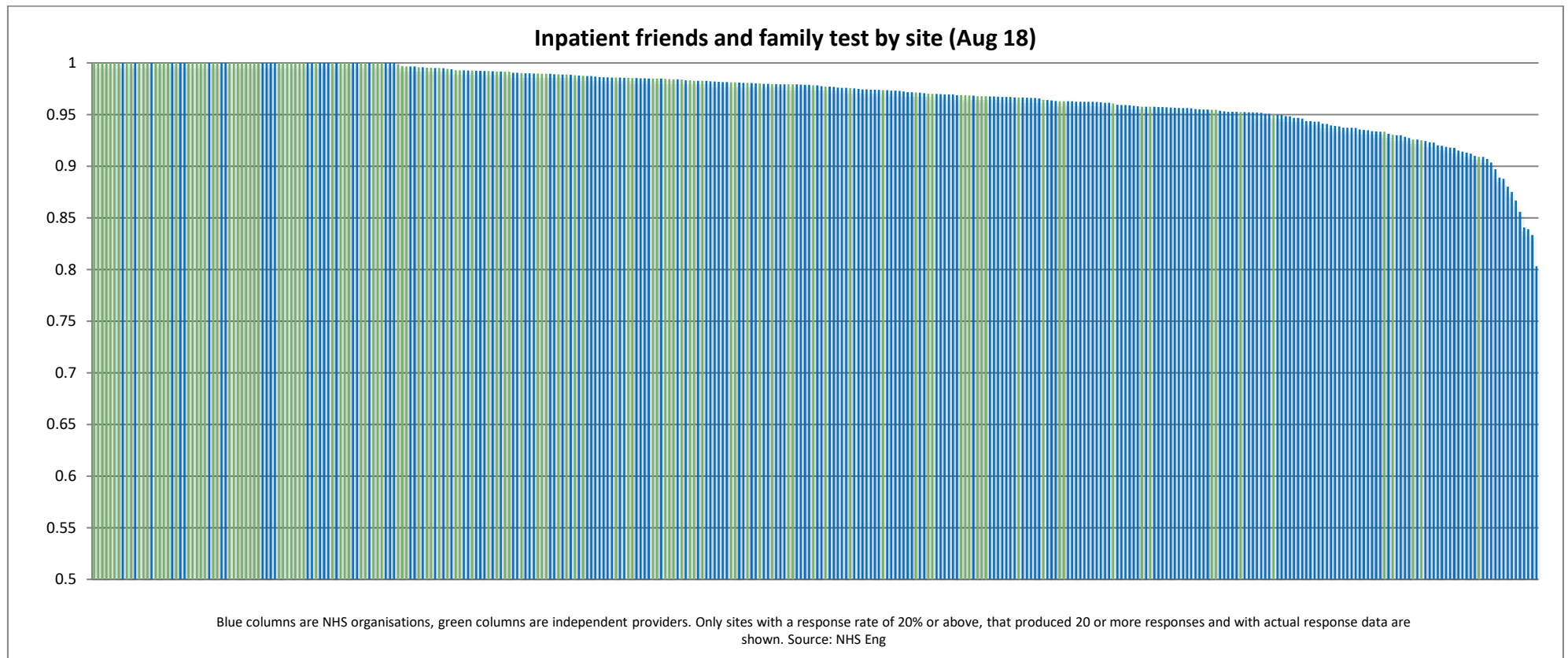
Friends and family test performance

The Government's preferred measure of patient satisfaction, the Friends and Family Test (FFT), applies equally to traditional NHS and the independent sector. Collected monthly since April 2013, around 99% of patients would be 'extremely likely' or 'likely' to recommend independent providers compared with a national average of around 96%.



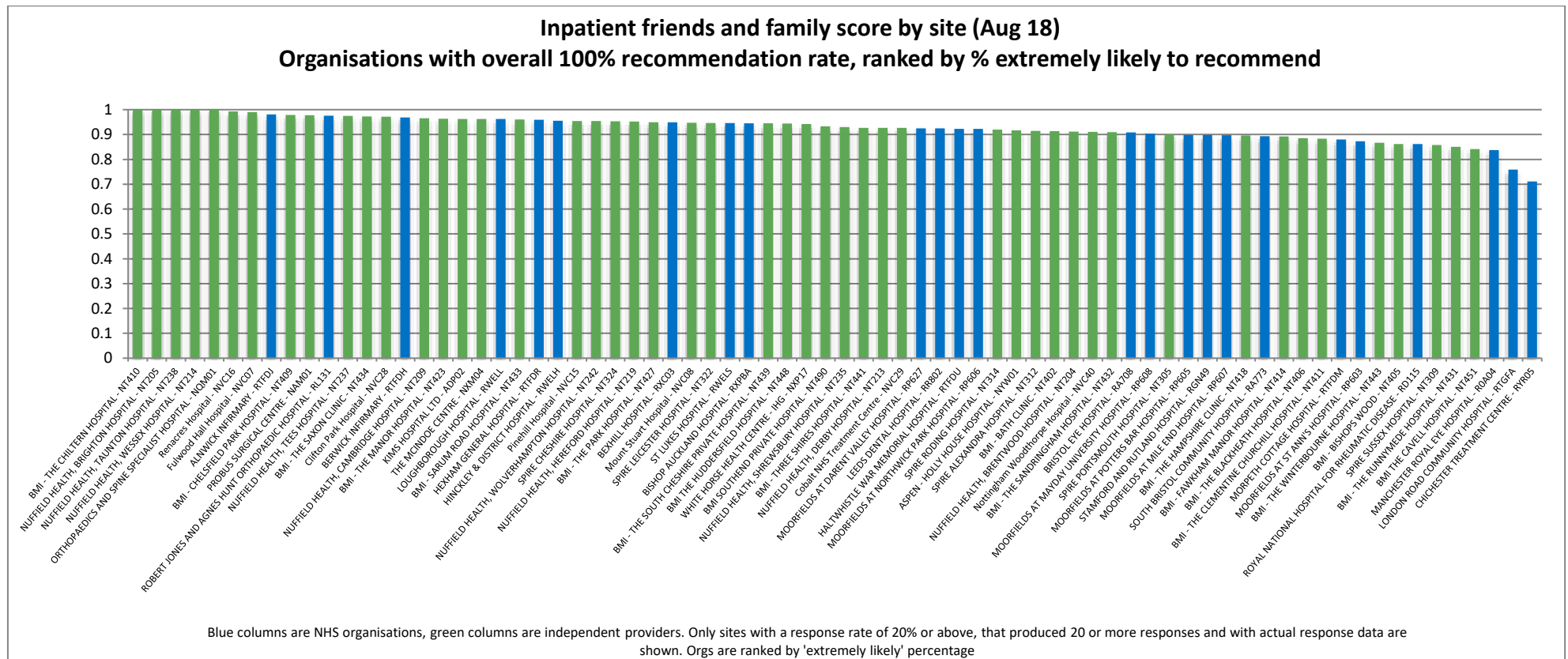
Friends and family test – performance of all providers

Independent providers cluster at the ‘high end’ of performance. The graph below shows the performance of all providers that collect the FFT for inpatient acute care and which produce a minimum response rate of 20% amounting to at least 20 patients per month. Green bars represent independent organisations and blue bars show NHS hospitals.



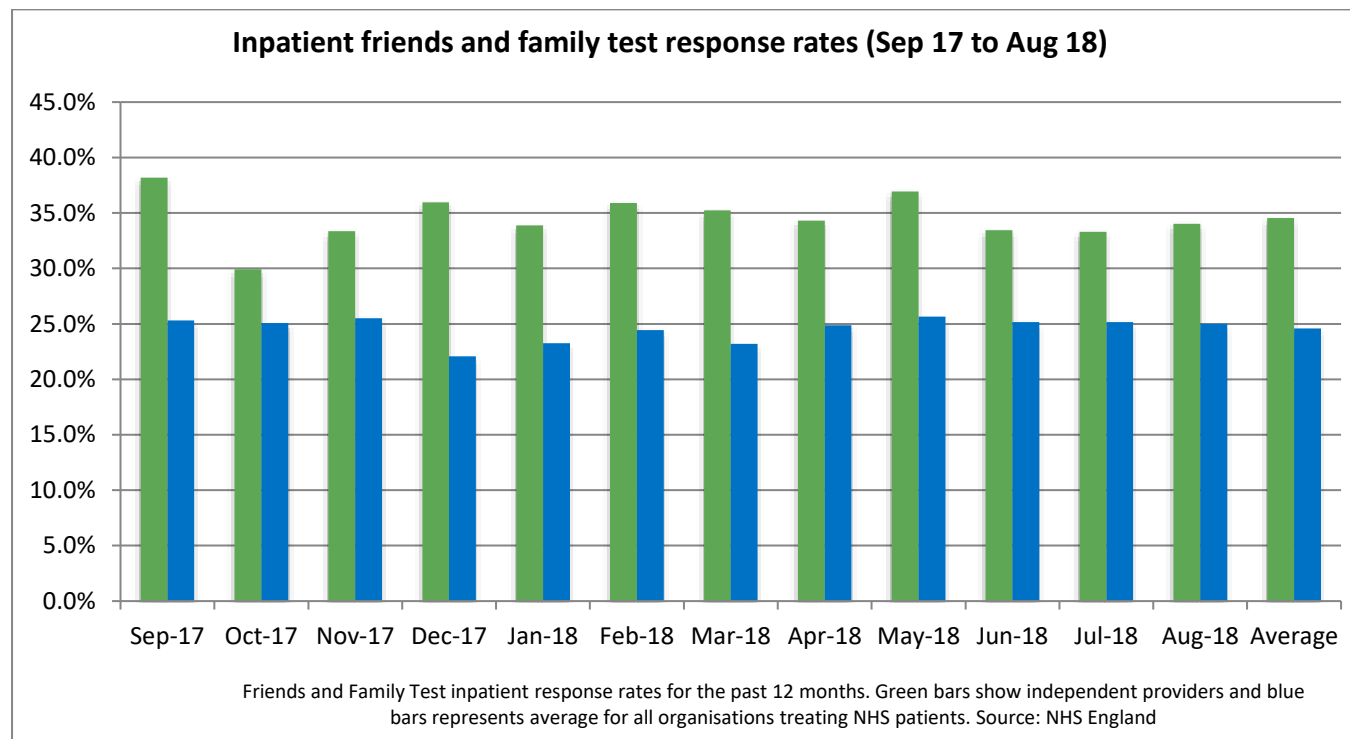
Friends and family test – the top performers

The graph below shows all those hospitals that scored a 100% recommendation rate (extremely likely and likely to recommend) as measured by patients in their response to the FFT for acute inpatient care. Within this group, organisations are ordered by those with the highest proportion of patients ‘extremely likely’ to recommend their providers (highest on left, lowest on right). NB some providers with an overall percentage recommendation rate below 100% may have achieved higher rates of patients ‘extremely likely’ to recommend them than those shown on this graph.



Friends and family test response rates

Response rates to the FFT are used by the CQC to measure NHS Trusts' reporting culture. On average independent providers manage response rates of above 35% compared with an England average of around 25%.



The data that underpins all the FFT graphs above is available at: <http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/>

Clinical quality

CQC ratings

The graphs that follow show how independent healthcare organisations compare to NHS healthcare organisations, using the CQC's data and definitions¹.

The CQC has completed its first round of inspections all independent hospitals following the introduction of its new approach in 2014-15. Almost all reports covering independent non-specialist acute hospitals have now been published as have those covering NHS hospitals.

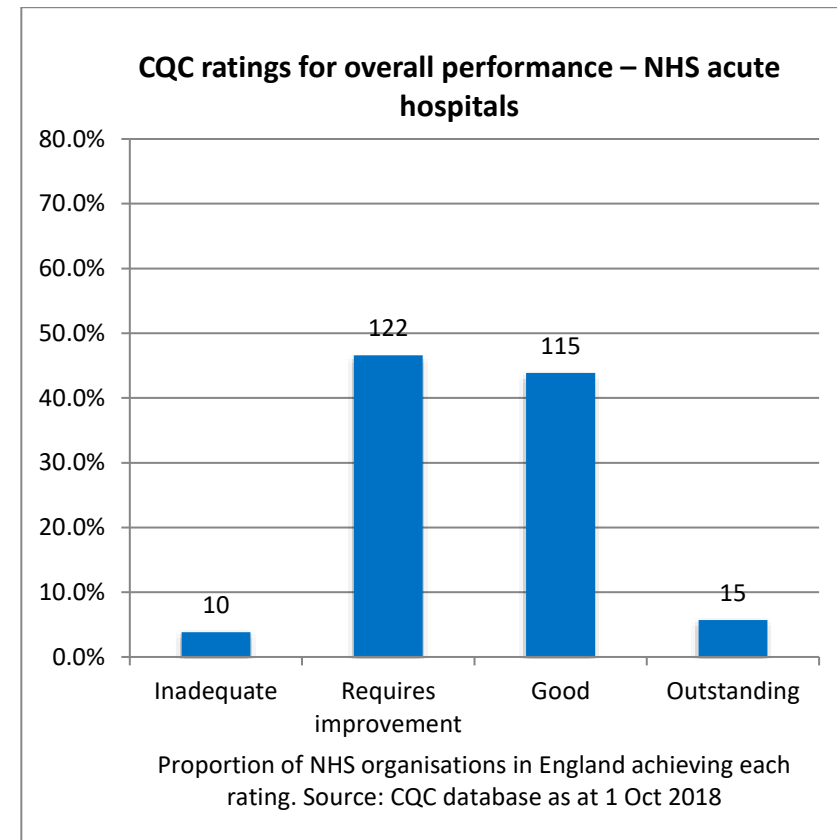
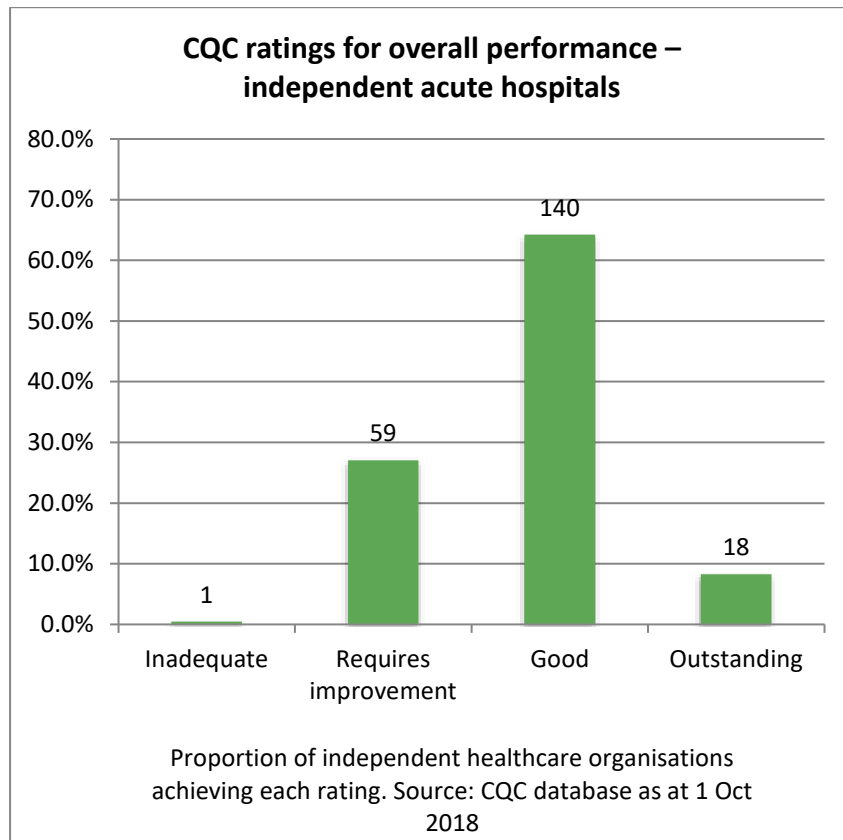
Overall ratings for NHS and independent acute hospitals (non-specialist hospitals):

Organisation type	Rating	Total	Inadequate	Requires improvement	Good	Outstanding
Acute hospital - Independent non-specialist	Overall	218	1	59	140	18
Acute hospital - NHS non-specialist	Overall	262	10	122	115	15

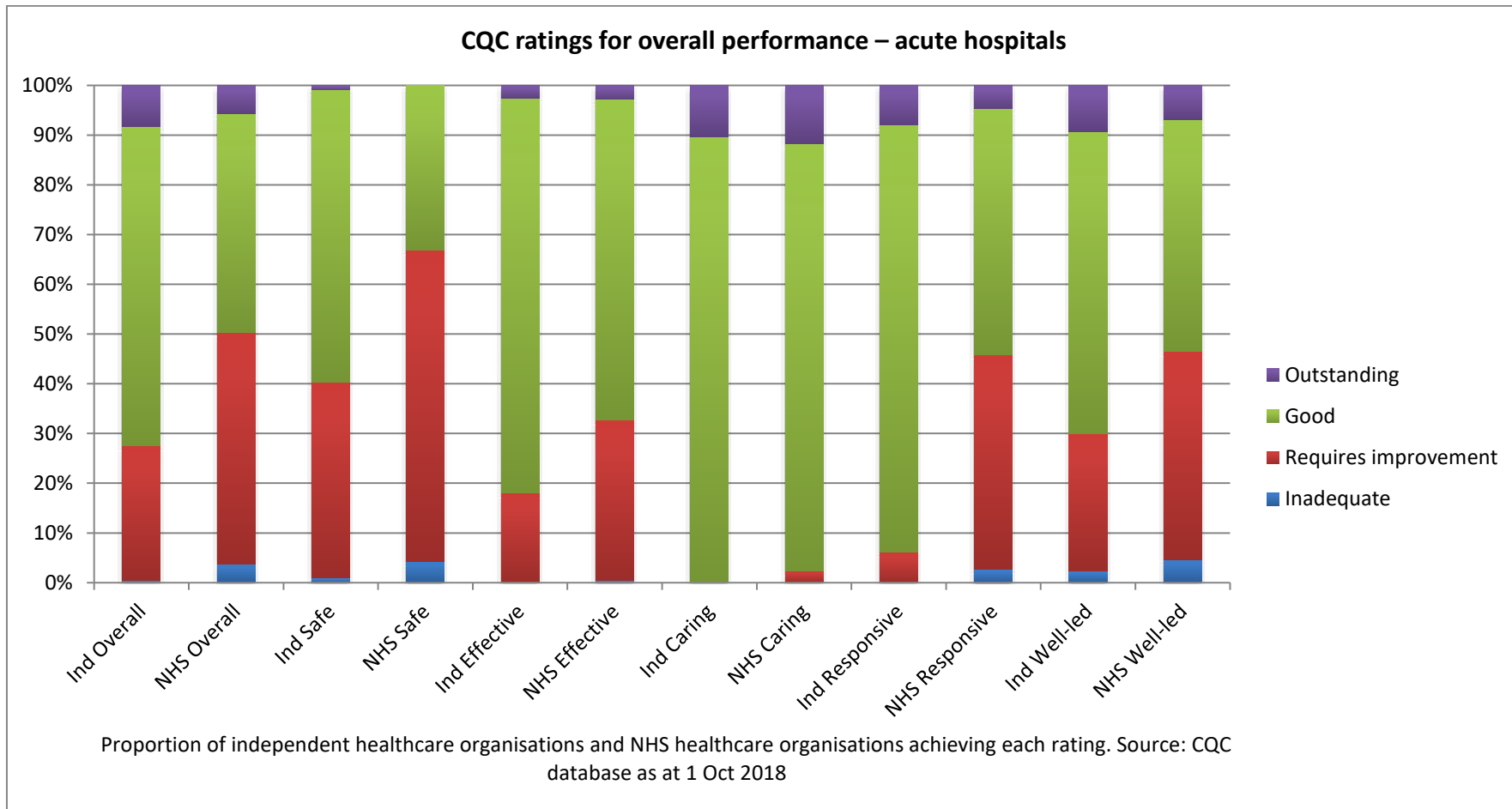
¹ <http://www.cqc.org.uk/content/how-get-and-re-use-cqc-information-and-data>

Overall ratings for NHS and independent acute hospitals

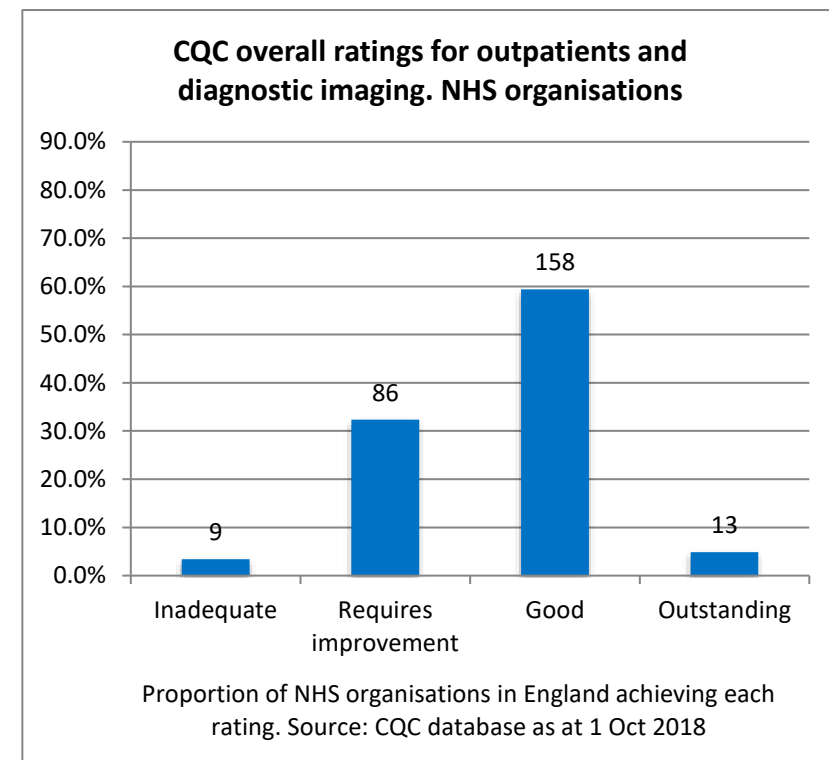
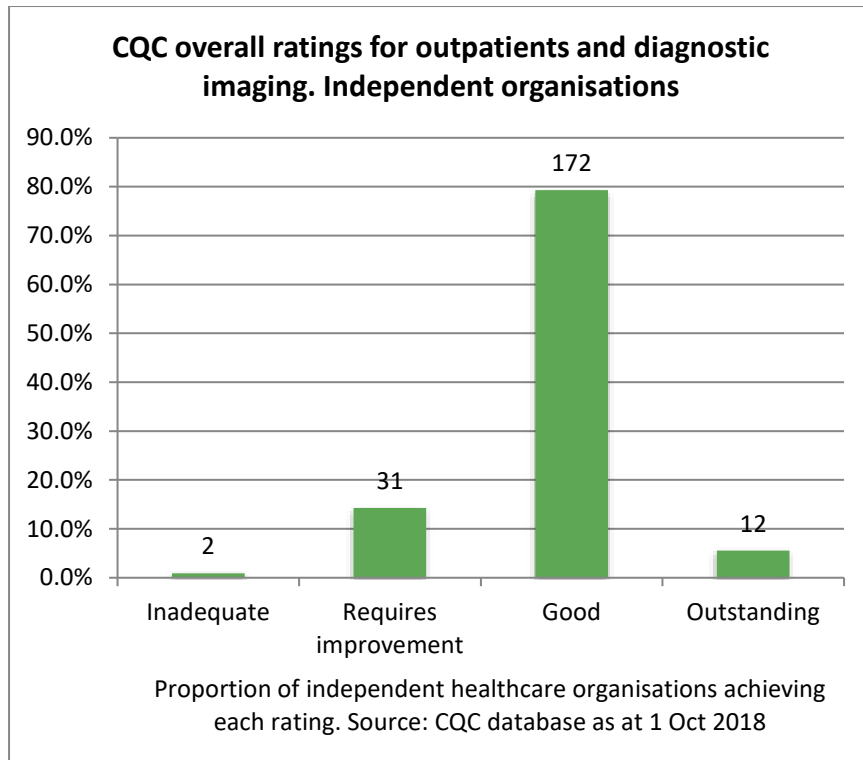
Non-specialist acute hospitals



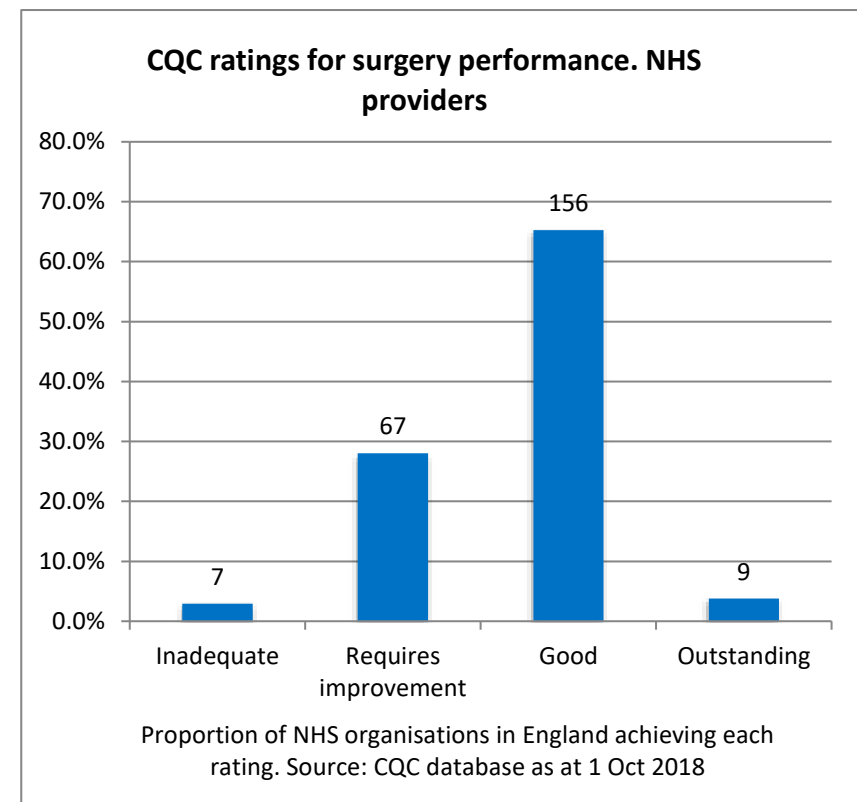
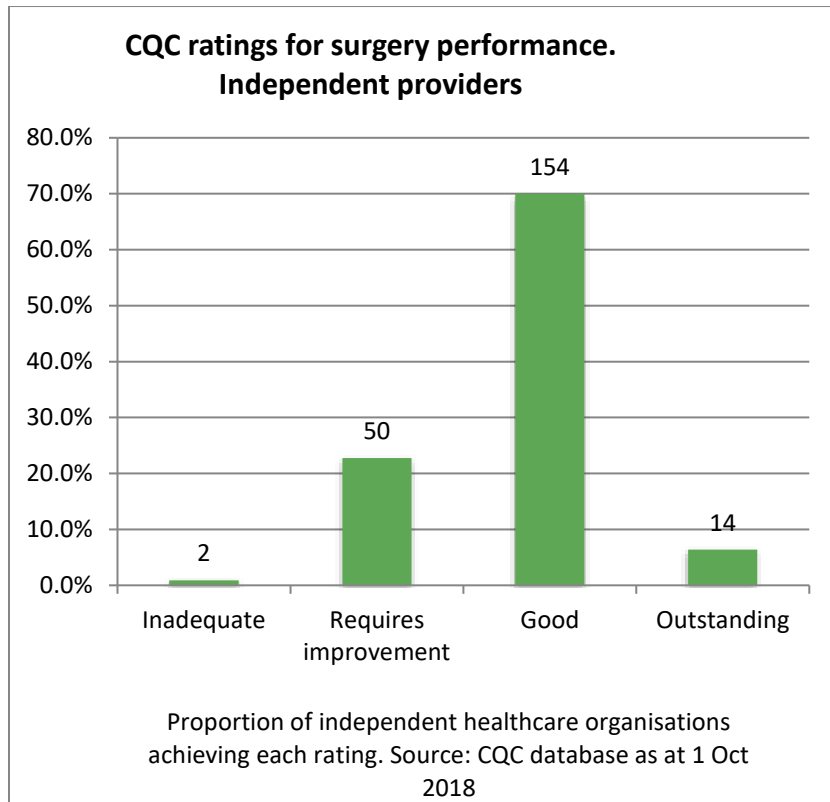
CQC ratings for overall performance by Key Line of Enquiry (KLOE)



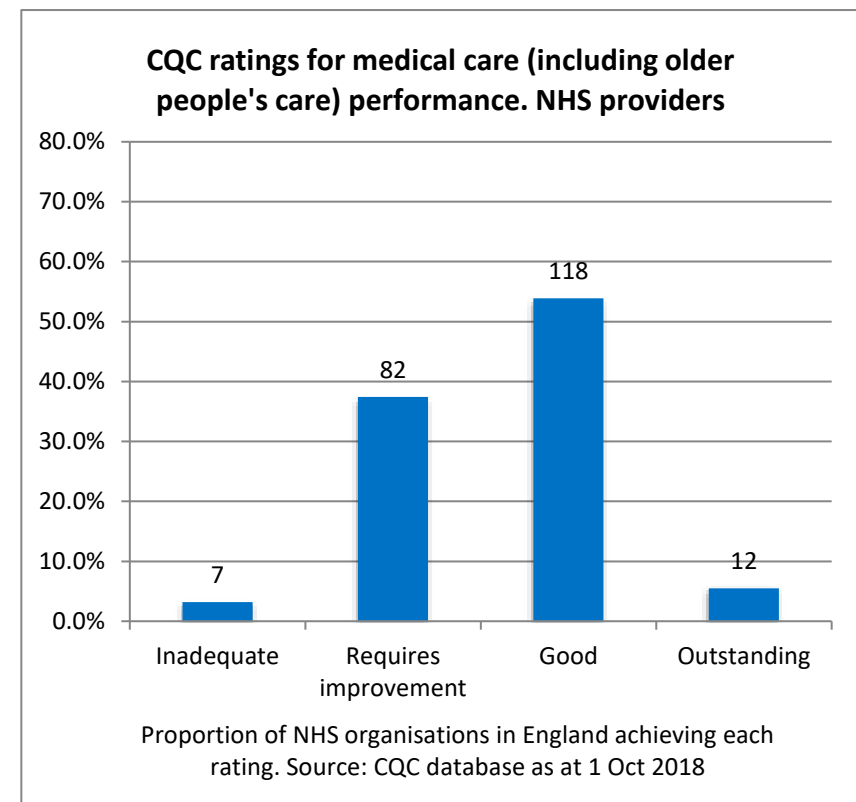
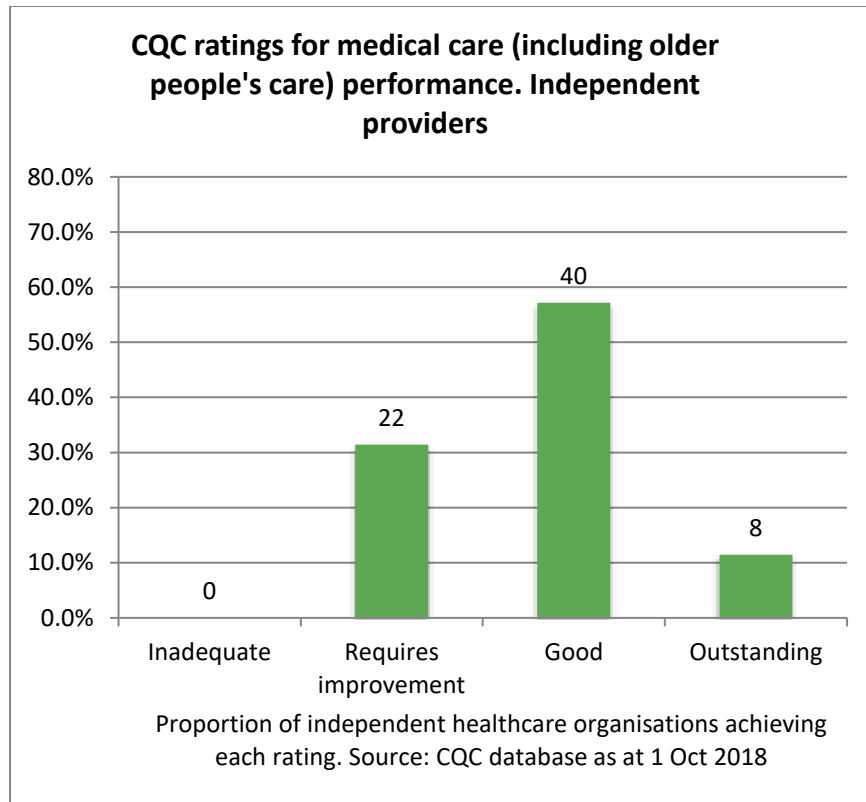
CQC ratings – Outpatients and diagnostic imaging



CQC ratings – Surgery



CQC ratings – Medical care (Including older people's care)



Patient outcomes and safety

Patient outcomes and safety

Indicators that relate to outcomes and safety for which it is reasonable to make comparisons between independent sector organisations and their NHS counterparts include:

- Patient Reported Outcome Measures (PROMs); and
- Rate of assessment for VTE (blood clots)

Infection control information is also an important indicator. Because Public Health England analyses information collected for the independent sector and the NHS organisations on a different basis, its view is that like-for-like comparison should not be made. For completeness, we have published rates for independent sector providers in the pages that follow. These show that independent providers have very low rates of healthcare-acquired infections.

Patient Reported Outcome Measures (PROMs)

Patient Reported Outcome Measures (PROMs) are collected by NHS Digital for hip and knee replacements.

NHS Digital publishes casemix-adjusted health gain by provider each quarter. The graphs that follow are based on the most recently available 12-month period (April 2017 to March 2018, August 2018 release).

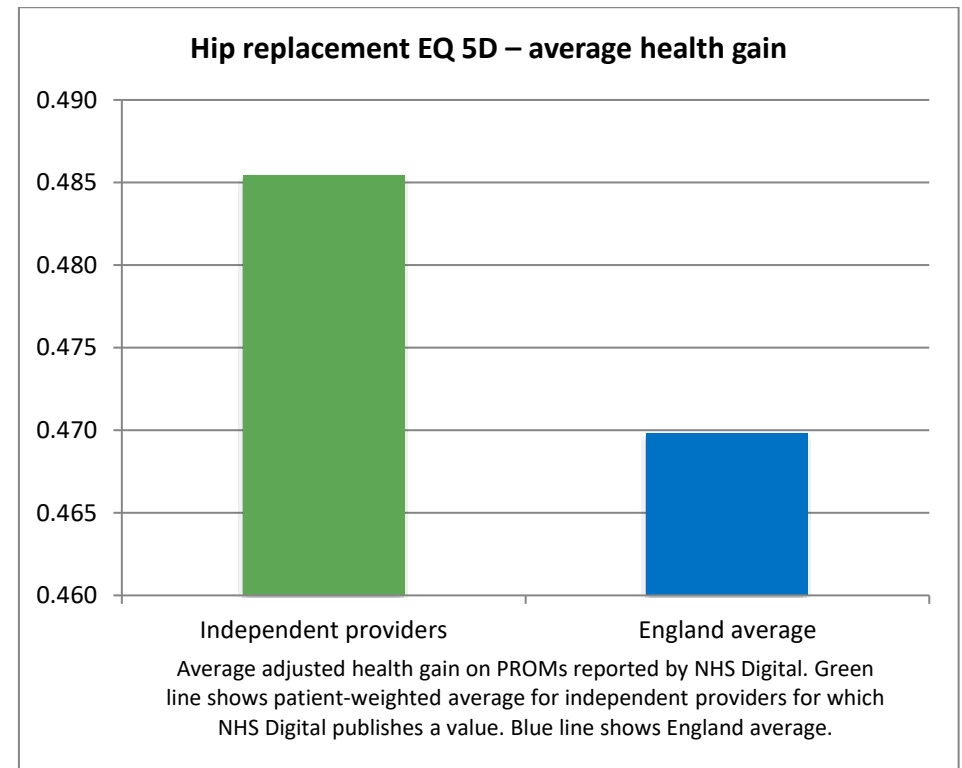
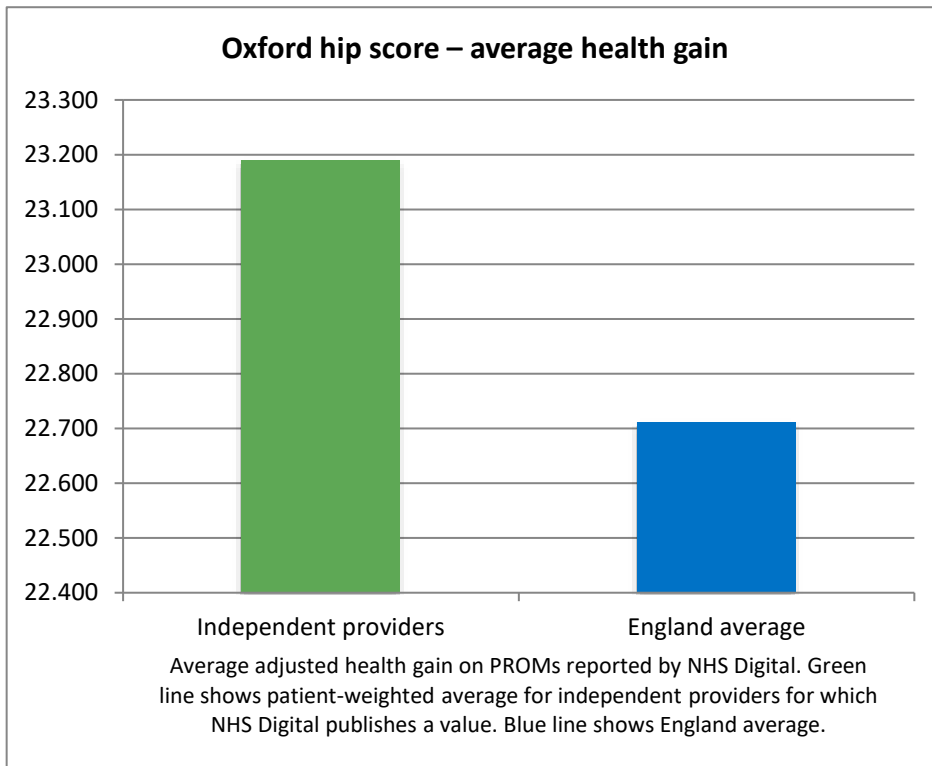
PROMs data is not published for all organisations that submit completed PROMs questionnaires. NHS Digital collects data from every organisation that offers these types of surgery as it is a national requirement that all organisations should offer PROMs questionnaires to patients eligible to participate. However, it is voluntary for patients to complete these forms and NHS Digital only publishes adjusted data for organisations that have a representative number of completed records.

The pages that follow use data from NHS Digital (<https://digital.nhs.uk/data-and-information/publications/statistical/patient-reported-outcome-measures-proms/hip-and-knee-replacement-procedures-april-2016-to-march-2017>) for two different types of PROMs scores for primary knee and hip replacements. These graphs show adjusted health gain. The original source files provided by NHS Digital should be used to identify positive and negative statistical outliers.

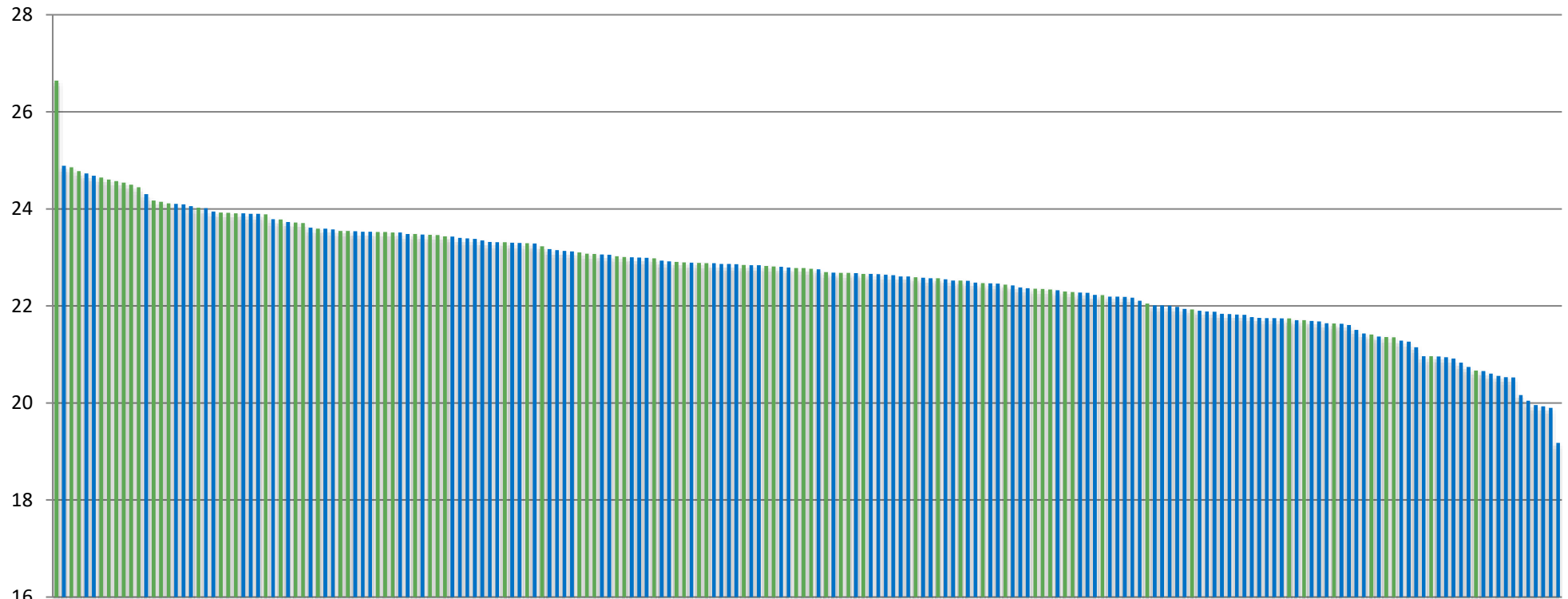
The Oxford Scores focus on joint function and pain and include questions about patients' mobility and factors such as ability to navigate stairs and use transport specifically affected by the hip or knee. More information about these measures is available at <http://www.isis-innovation.com/outcomes/orthopaedic/>. The EQ-5D™ score, developed by the EuroQol Group, is a standardised instrument for use as a measure of health outcome and has a broader base than the Oxford scores. Its questions relate to mobility, self-care, usual life activities, pain/discomfort and anxiety/depression. More information about the EQ-5D is available at <http://www.euroqol.org>. NHS Digital also provides an informative guide to PROMs methodology used by the Centre, available at <http://content.digital.nhs.uk/article/3843/Background-information-about-PROMs>.

PROMs – primary hip replacement

The tables below show average adjusted health gain on PROMs reported by NHS Digital for independent providers compared to the national average.

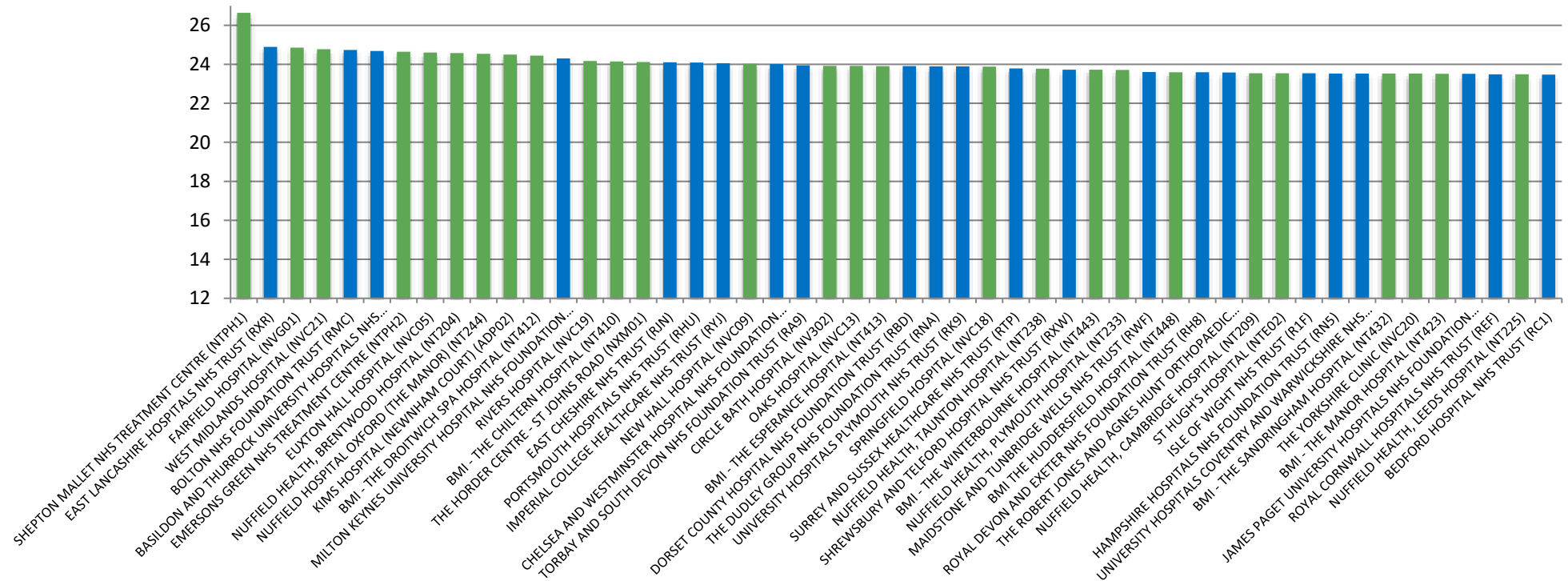


**PROMs adjusted average health gain primary hip replacement
Oxford Hip Score Apr 2017 to Mar 2018**



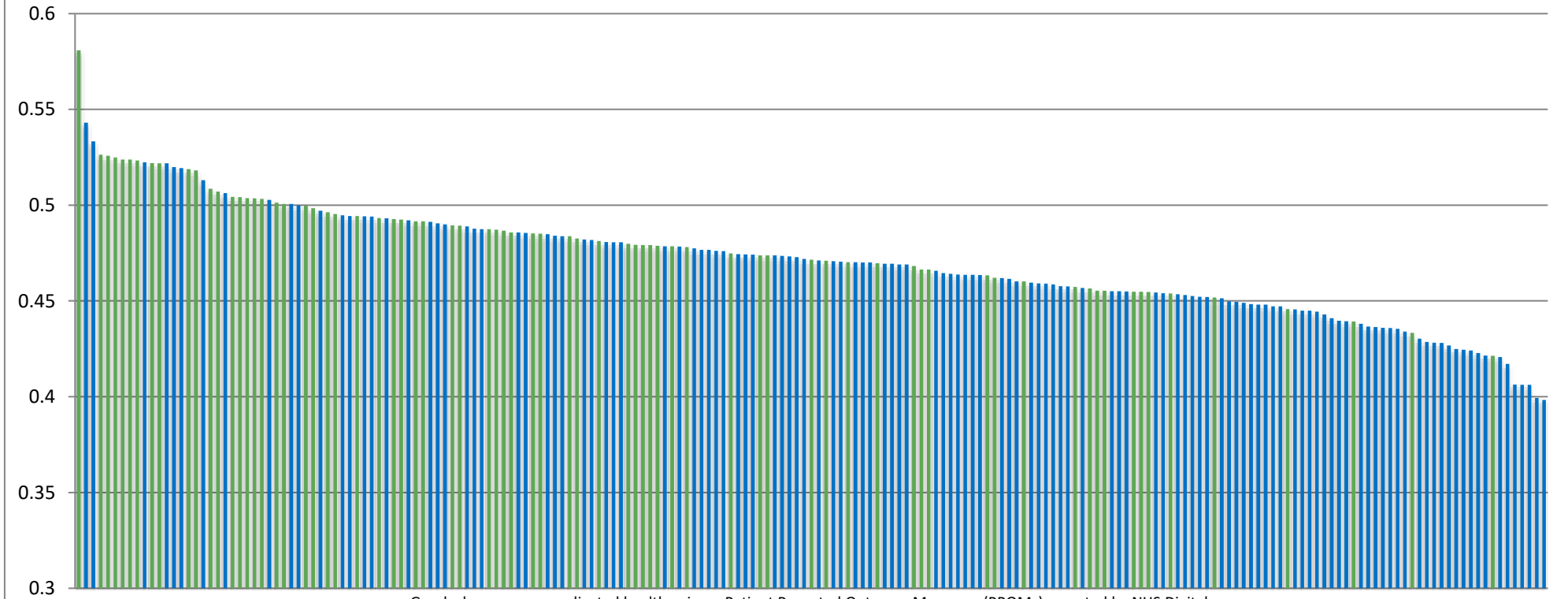
Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by NHS Digital.
Green lines relate to independent providers and blue bars treated by NHS organisations

PROMs adjusted average health gain primary hip replacement
Oxford Hip Score Apr 2017 to Mar 2018 (top 50 providers)



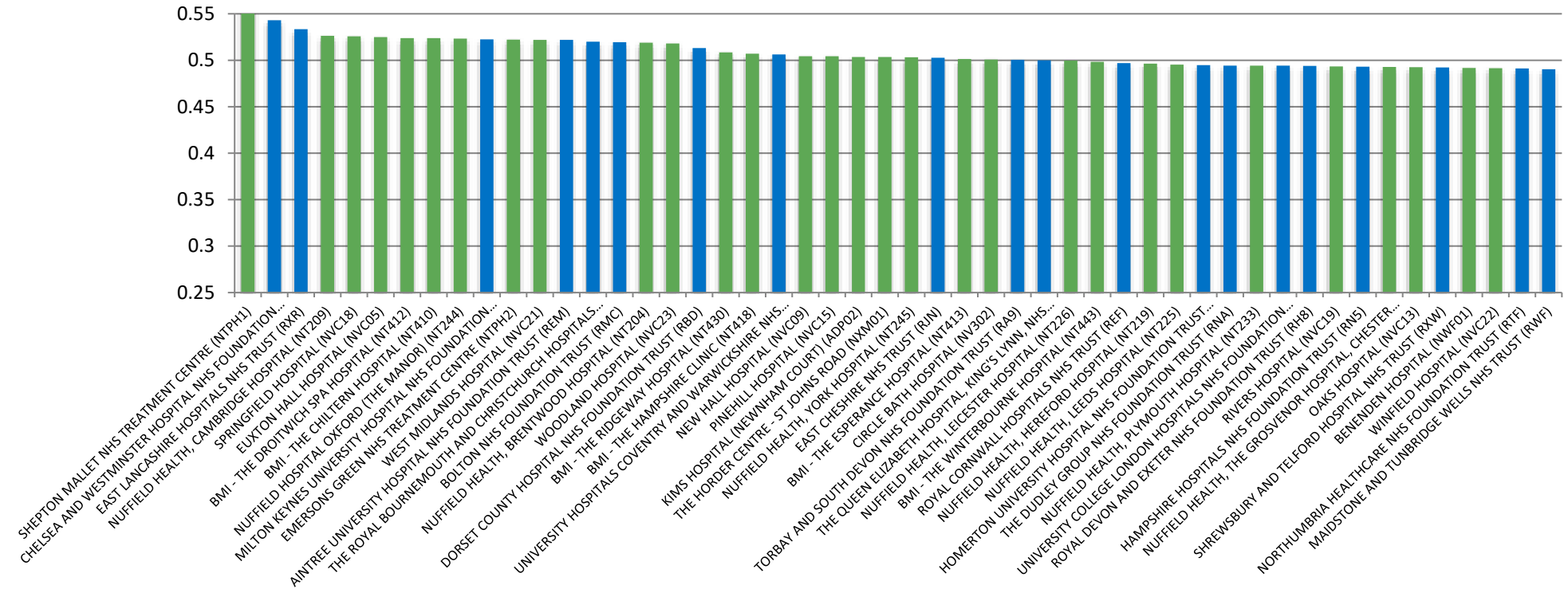
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**PROMs adjusted average health gain primary hip replacement
EQ-5D Score Apr 2017 to Mar 2018**



Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by NHS Digital.
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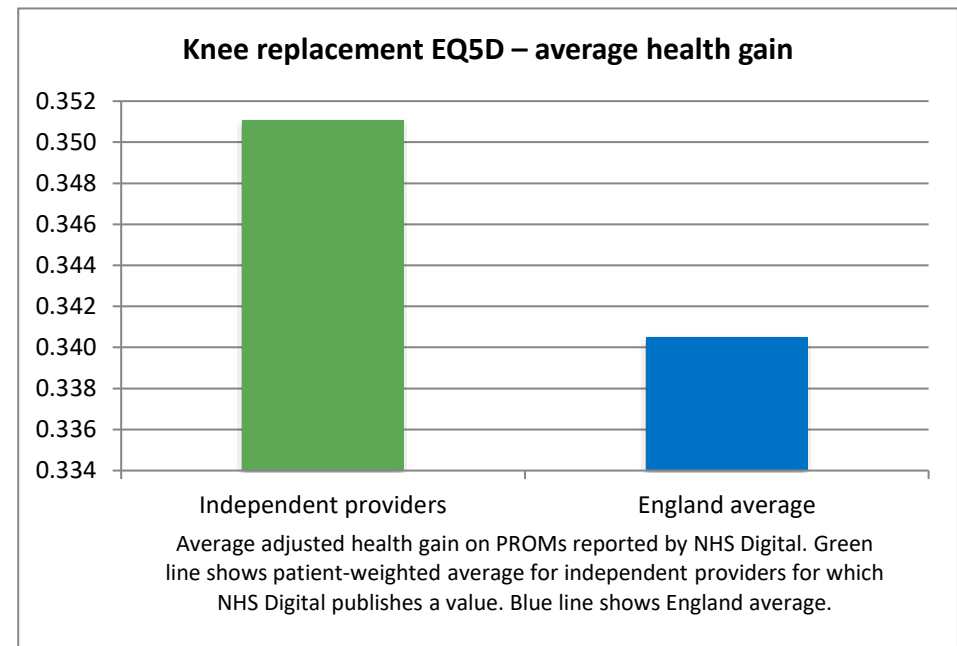
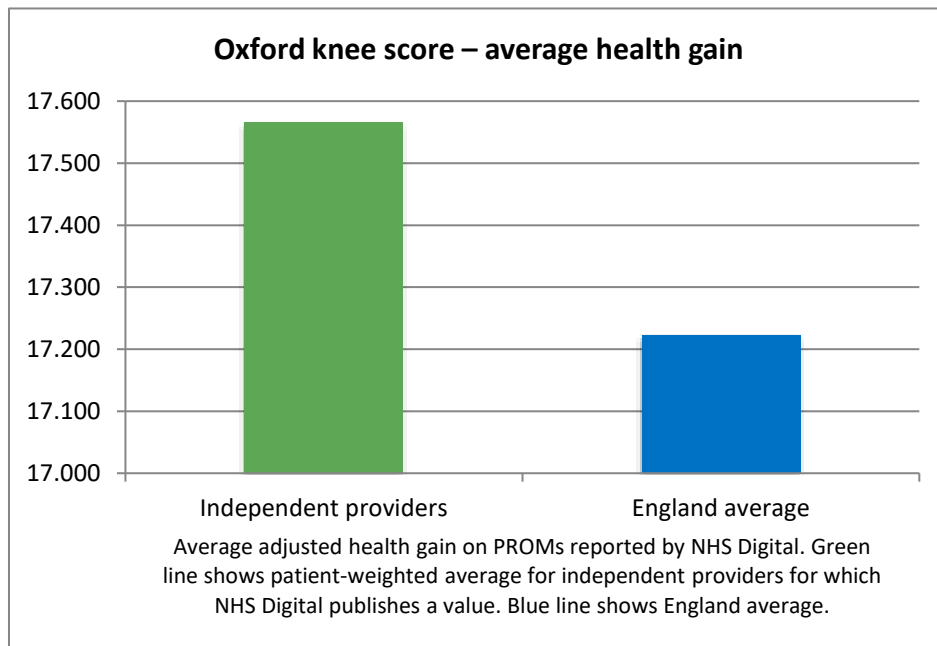
PROMs adjusted average health gain primary hip replacement
EQ-5D Score Apr 2017 to Mar 2018 (top 50 providers)



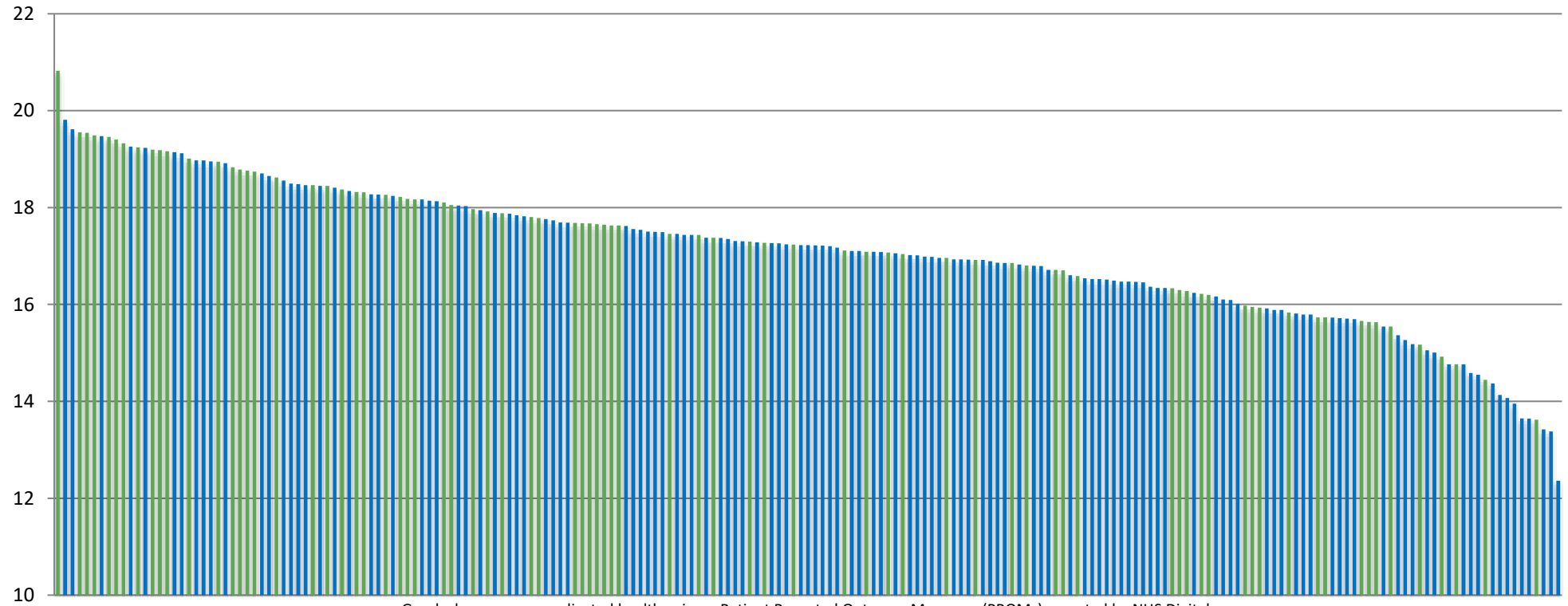
Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by NHS Digital. Green lines relate to independent providers and blue bars treated by NHS organisations

PROMs – primary knee replacement

The tables below show average adjusted health gain on PROMs reported by NHS Digital for independent providers compared to the national average.

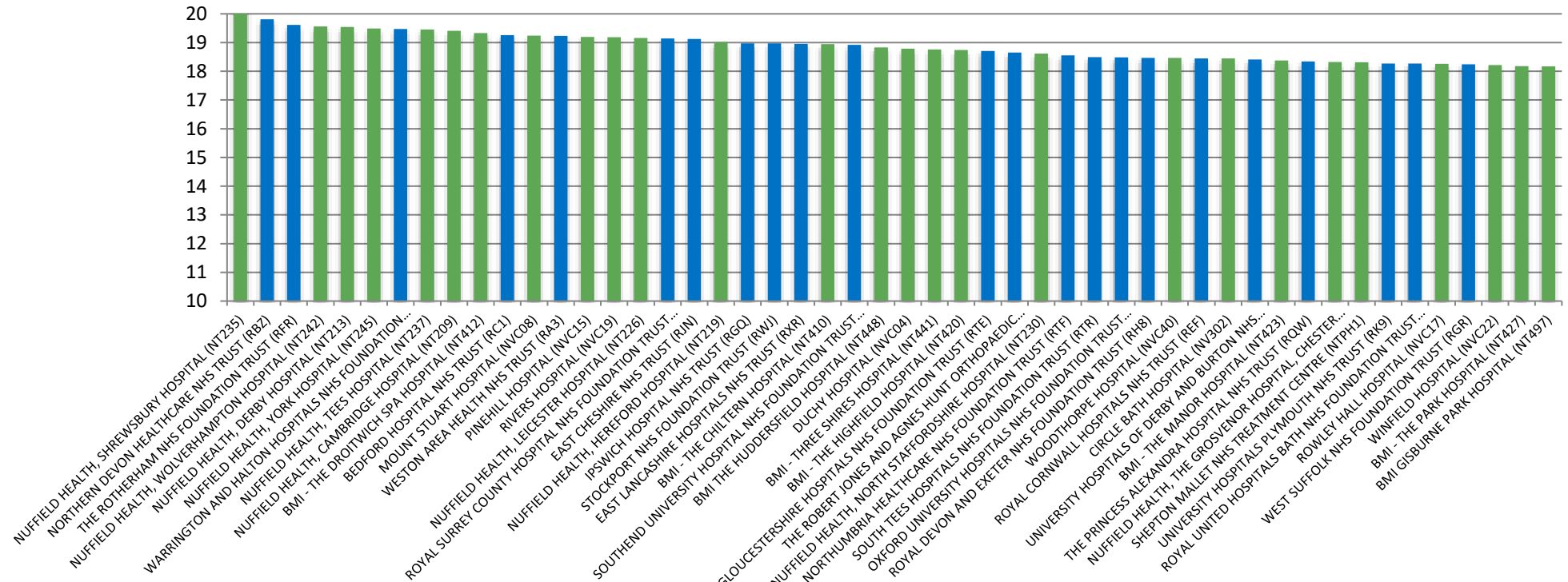


**PROMs adjusted average health gain primary knee replacement
Oxford knee Score Apr 2017 to Mar 2018**



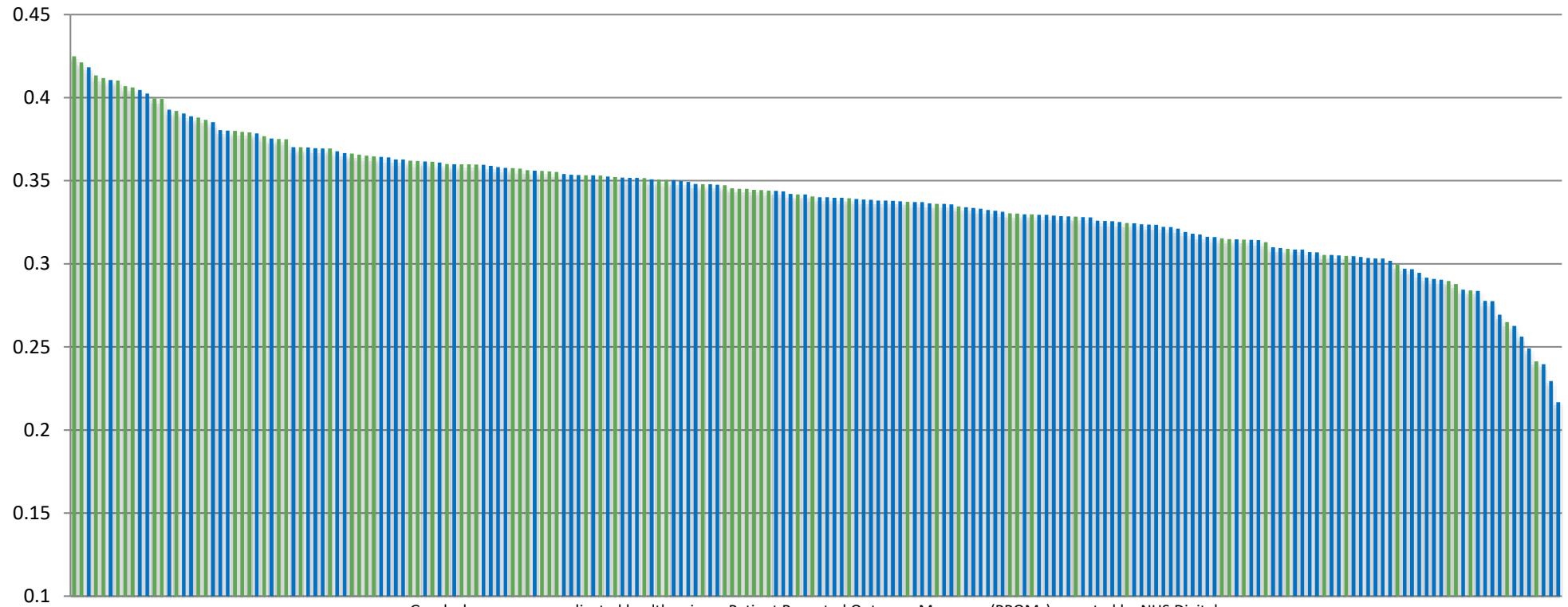
Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by NHS Digital.
Green lines relate to independent providers and blue bars treated by NHS organisations

**PROMs adjusted average health gain primary knee replacement
Oxford knee Score Apr 2017 to Mar 2018 (top 50 providers)**



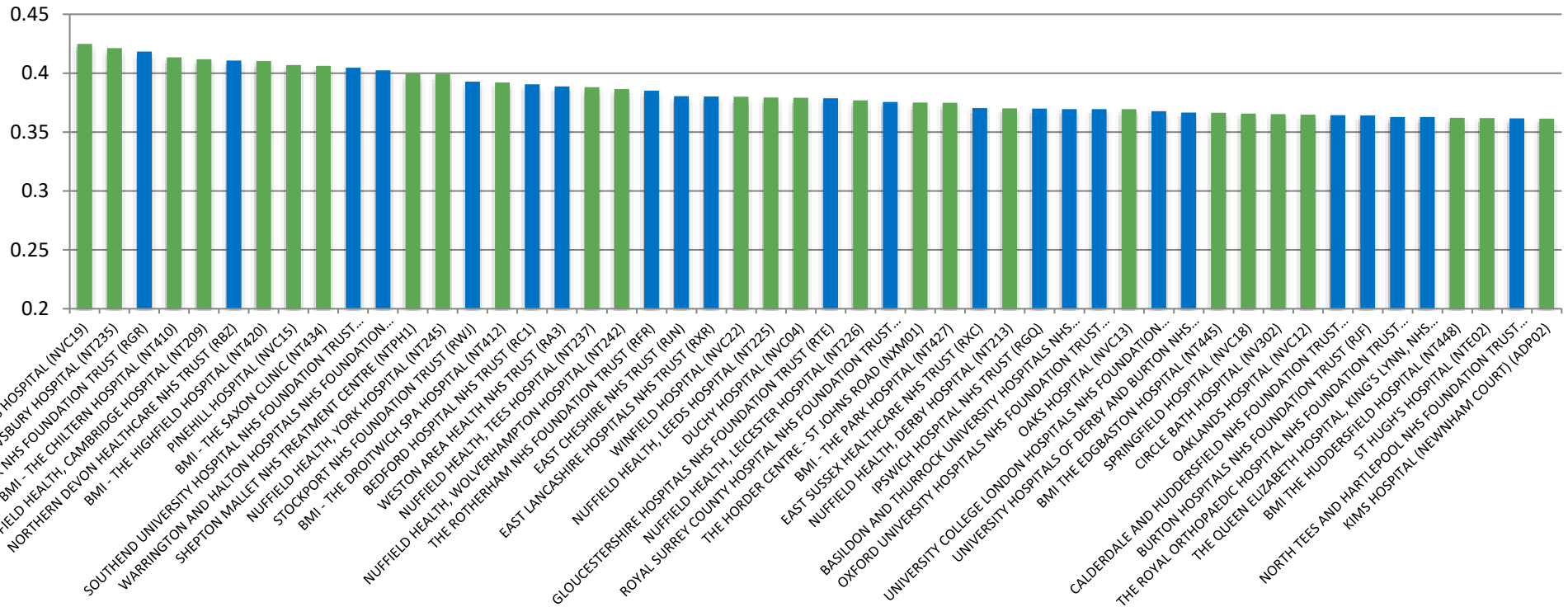
Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by NHS Digital. Green lines relate to independent providers and blue bars treated by NHS organisations

**PROMs adjusted average health gain primary knee replacement
EQ-5D Score Apr 2017 to Mar 2018**



Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by NHS Digital.
Green lines relate to independent providers and blue bars treated by NHS organisations

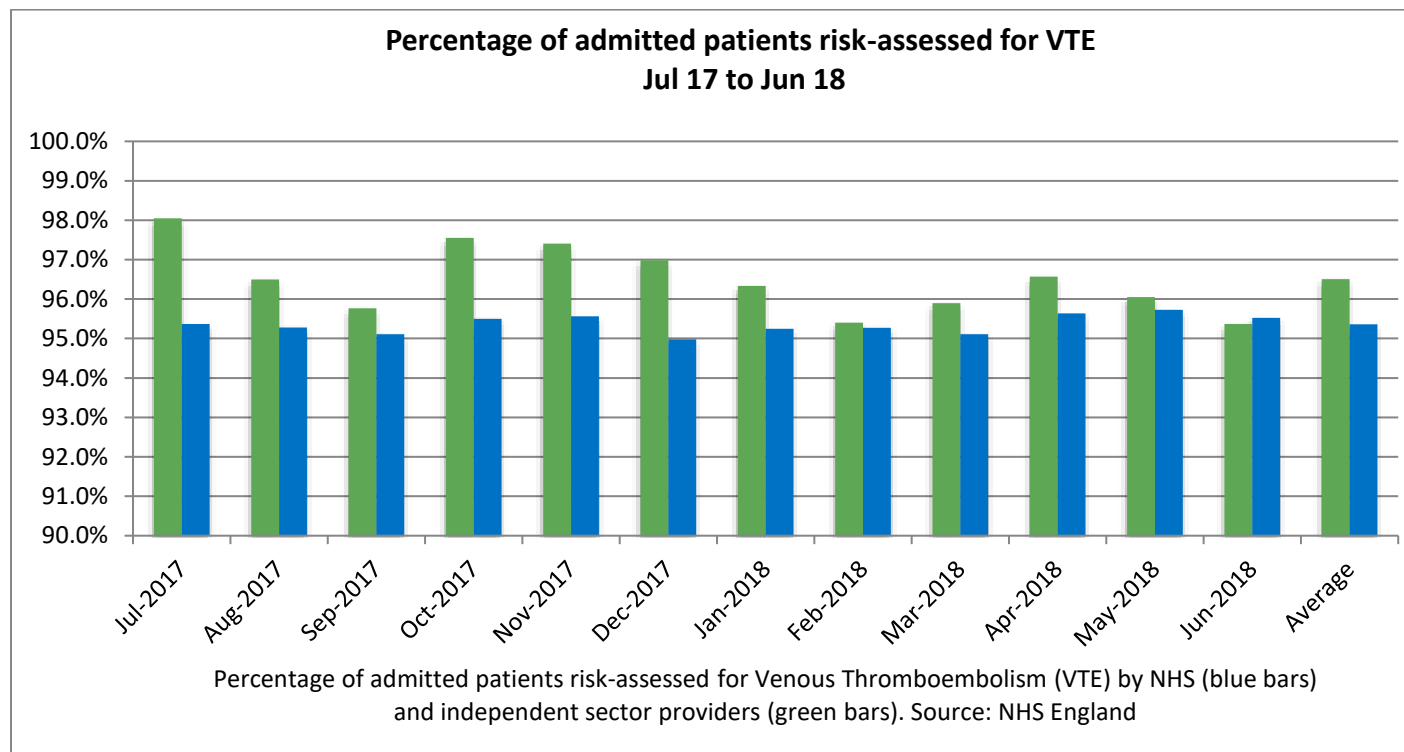
**PROMs adjusted average health gain primary knee replacement
EQ-5D Score Apr 2017 to Mar 2018 (top 50 providers)**



Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by NHS Digital.
Green lines relate to independent providers and blue bars treated by NHS organisations

Rate of assessment for VTE (blood clots)

All providers of acute adult inpatient care are required to provide information on the percentage of admitted patients who are risk-assessed for venous thromboembolism (blood clots). The graph below shows data for the past year. The average rate for independent providers is 96.5% compared with a national average of 95.4%.



Source: <http://www.england.nhs.uk/statistics/statistical-work-areas/vte>

Infection control data

Infection control information that allows direct comparisons between the NHS and independent sector is not available. In 2009, the Health Protection Agency, now part of Public Health England, which has responsibility for collecting infection-control data, published its rationale for this approach [here](#). This is summarised on page 1 of the commentary linked below.

Despite this lack of comparative information, Public Health England data makes it clear that there are very low healthcare acquired infection rates in the independent sector.

During the twelve months between April 2017 and March 2018, the total number of reported infections across the entire independent estate (NHS-funded and privately funded care) was just:

	No of cases	Rate per 100,000
MRSA bacteraemia	7	0.3
C difficile infection	90	4.4
MSSA bacteraemia	46	2.2
E. coli bacteraemia	143	6.8
Klebsiella spp bacteraemia	62	3.4
P aeruginosa bacteraemia	40	2.1

The number of modified bed-days² published by Public Health England for this twelve-month period was 1,728,323.

Source: Public Health England (<https://www.gov.uk/government/statistics/mrsa-mssa-and-e-coli-bacteraemia-and-clostridium-difficile-infection-annual-data-for-independent-sector-healthcare-organisations>)

² Modified bed-days are calculated as the number of bed-days plus the number of discharges.

Efficiency indicators

Referral to treatment times

Referral to treatment times show that patients are generally treated earlier by independent sector providers compared with those treated by NHS organisations. Waiting times are an important indicator of organisational efficiency and for patients deciding where to choose treatment.

There are three ways of measuring waiting times:

- Those currently waiting for treatment (the incomplete pathway)
- How long outpatients who have been treated spent waiting in total (the non-admitted pathway)
- How long inpatients who have begun their treatment spent waiting in total (the admitted adjusted pathway)

In June 2015, NHS England announced that only the incomplete standard would be enforced. However, data will still be collected on all three measurements.

The incomplete standard states that 92% of patients on incomplete pathways should have been waiting no more than 18 weeks from referral.

The graphs below show that across almost all specialties, patients spend less time waiting when treated by independent providers.

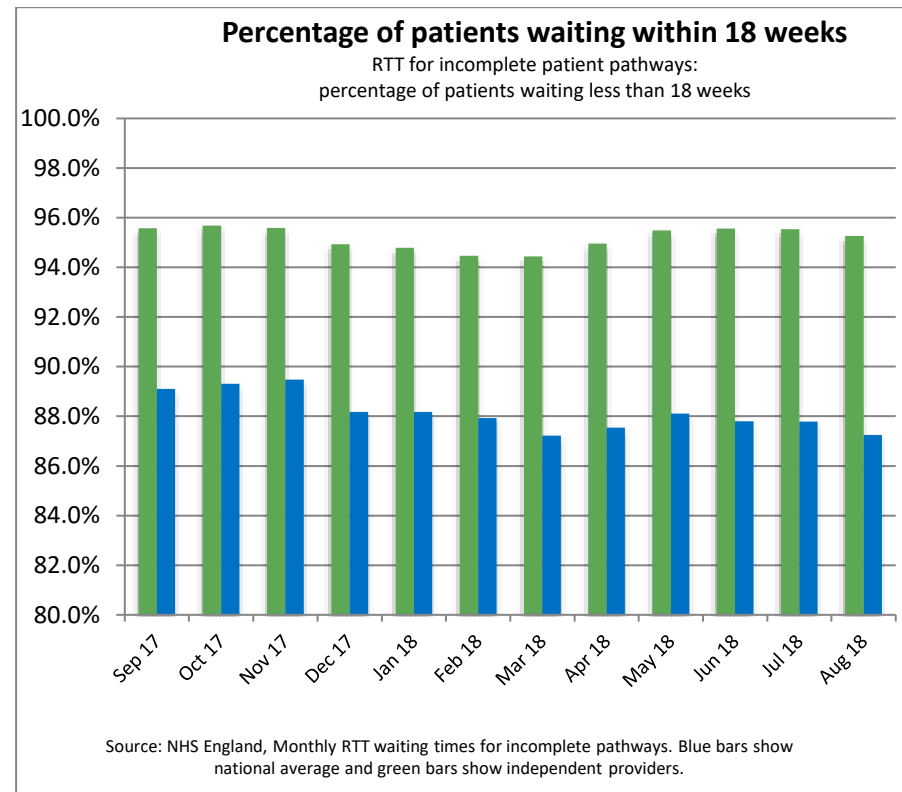
Mean* and median waiting times are generally shorter across most specialties for outpatients treated by independent providers compared with their NHS peers. Although the median waiting time is now broadly similar for inpatients treated by independent and NHS providers, a greater proportion of inpatients are treated within 18 weeks by independent providers compared to the national average.

<http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>

* NB Means have been inferred from data published by NHS England. This data shows numbers of patients waiting between 1 and 2 weeks, 2 and 3 weeks, etc. up to 52+ weeks for RTT times and 13+ weeks for diagnostic waiting times. Mean values have been calculated on the assumption that patients who have been waiting between 1 and 2 weeks have waited an average of 1.5 weeks etc. Also, for those patients waiting longer than 52 weeks (RTT) or 13 weeks (diagnostics), we have used values of 52.5 (RTT) and 13.5 weeks (diagnostics) which is likely to be an underestimate. As we are looking at national trends rather than specific provider-level performance we have counted all patients when calculating means rather than excluding organisations with low volumes.

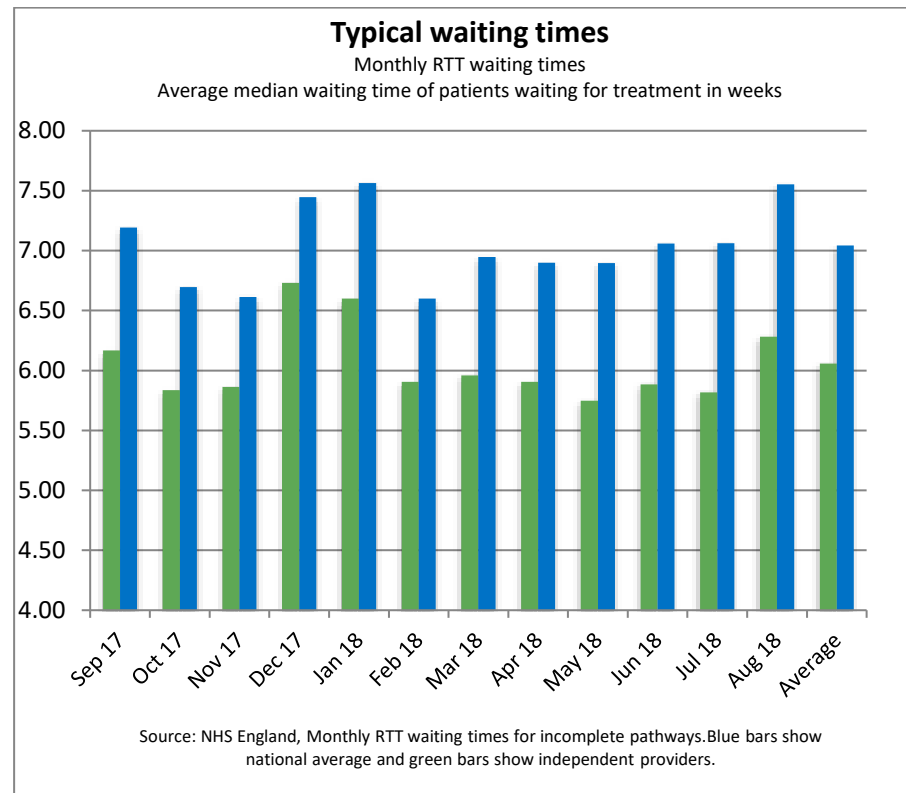
Percentage of patients waiting less than 18 weeks for treatment

The incomplete waiting time shows the number of patients currently waiting. The graph below shows the proportion of inpatients and outpatients currently waiting for less than 18 weeks.

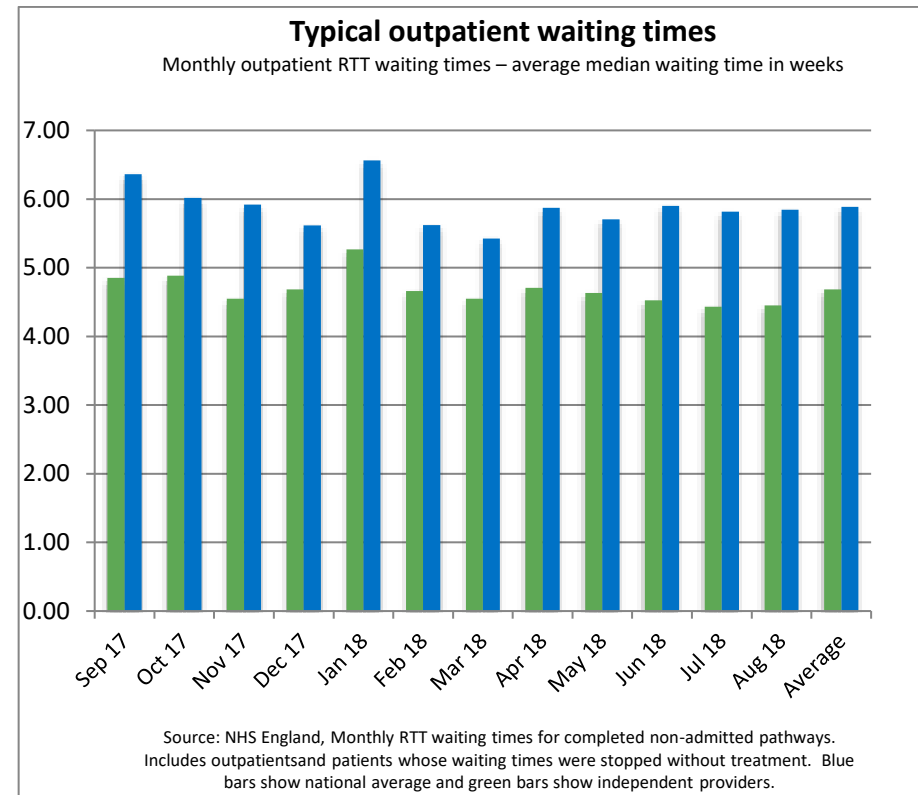
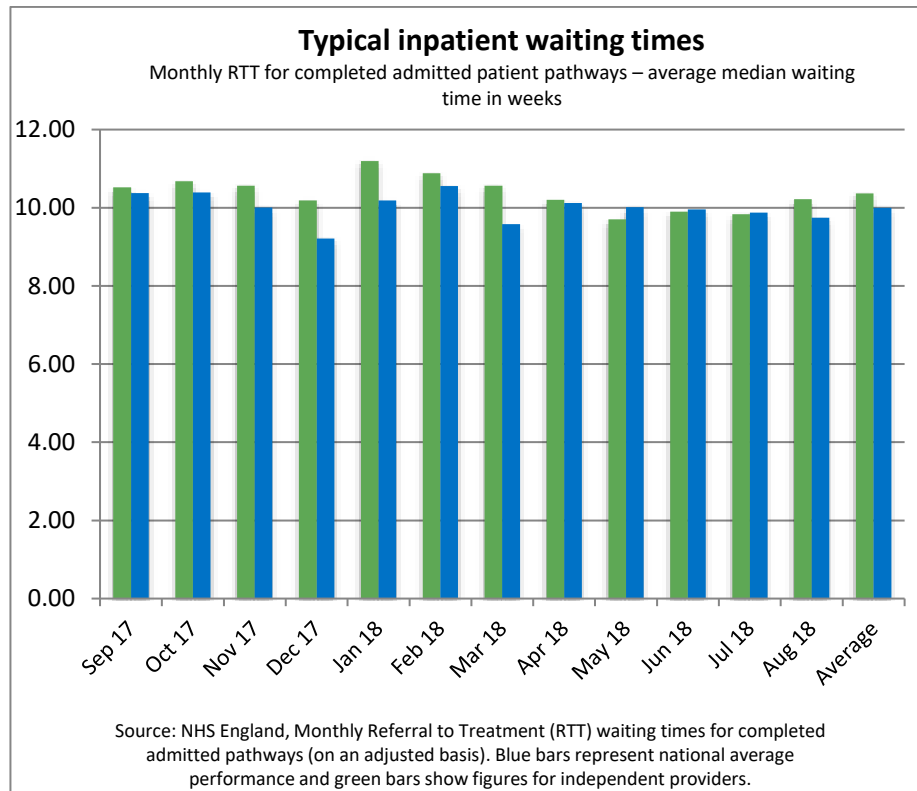


Typical waiting times

Median waiting times illustrate the typical experience of most patients when waiting for care. The graph below shows how long each person typically had spent waiting for treatment who was still on the waiting list in each month (the incomplete median waiting time).

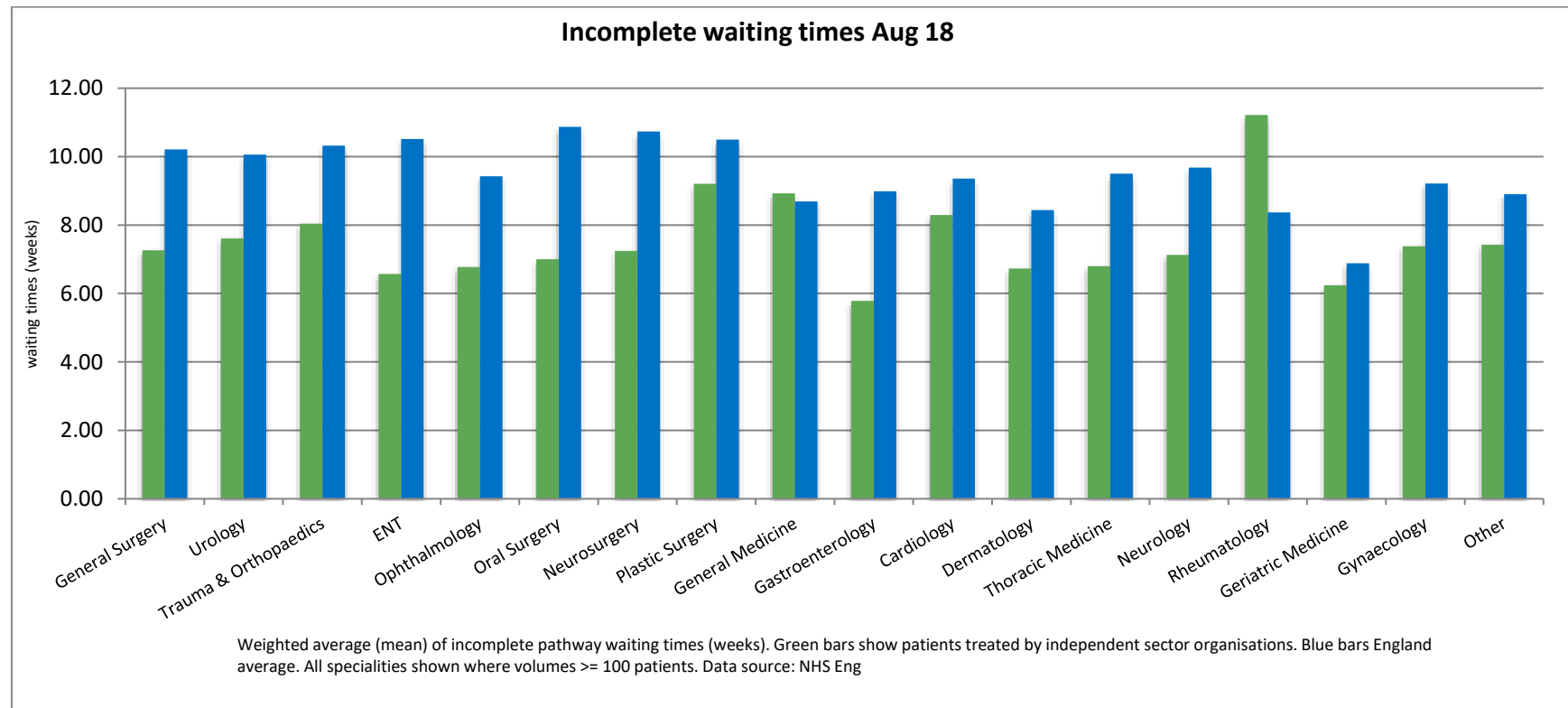


The graphs below show typical time spent waiting in total for treatment (median).

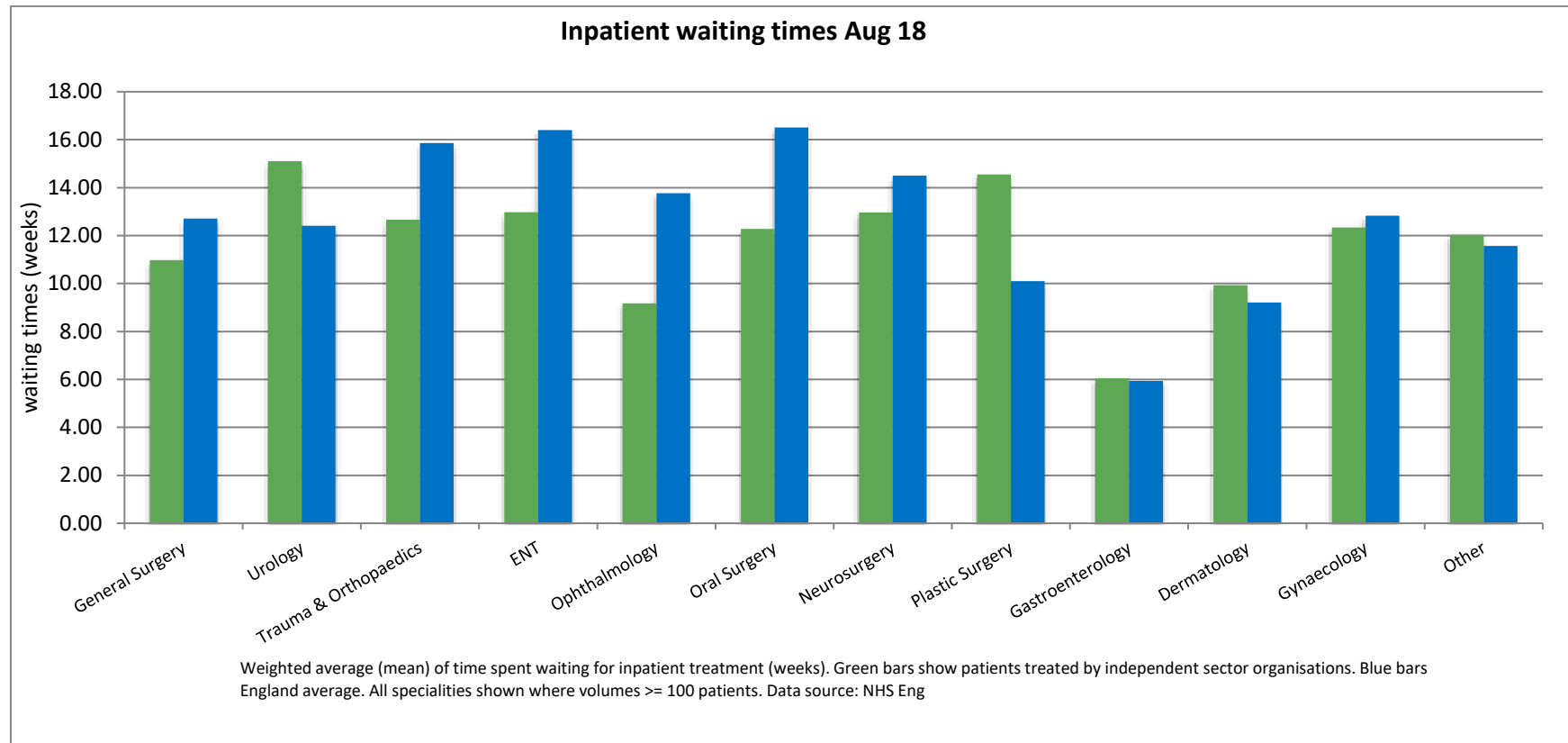


Average waiting times by specialty

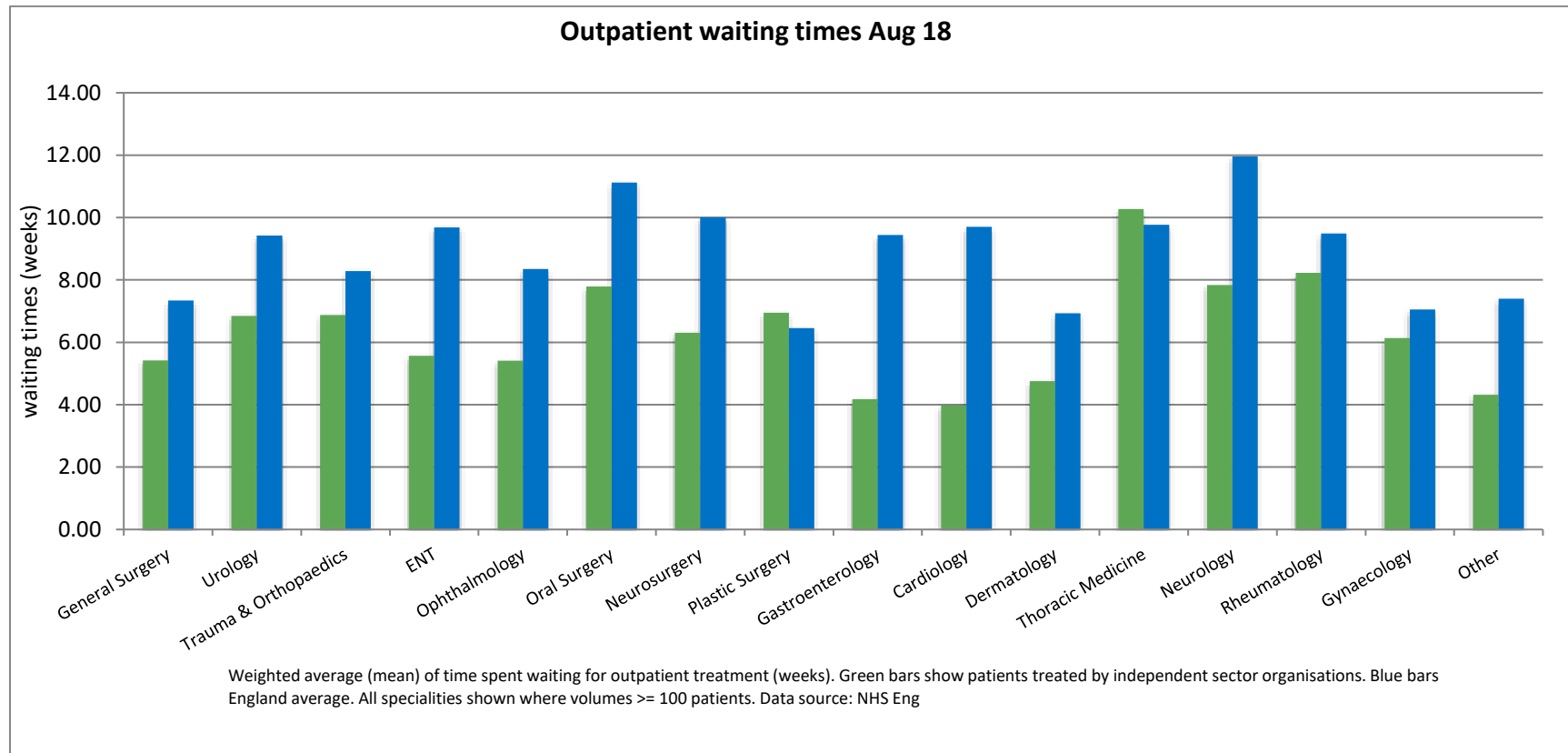
The graphs below show a weighted average of inpatient and outpatient waiting times by specialty. This graph shows how long patients still waiting for treatment had already spent on the waiting list.



This graph shows total expected waiting time for inpatients before treatment begins.

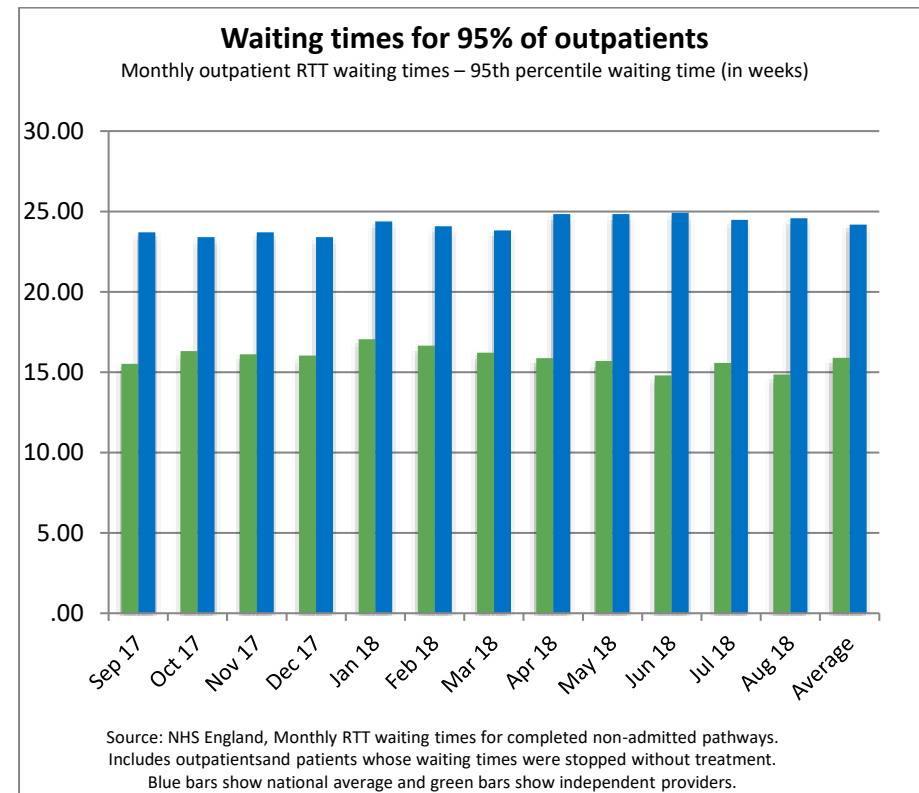
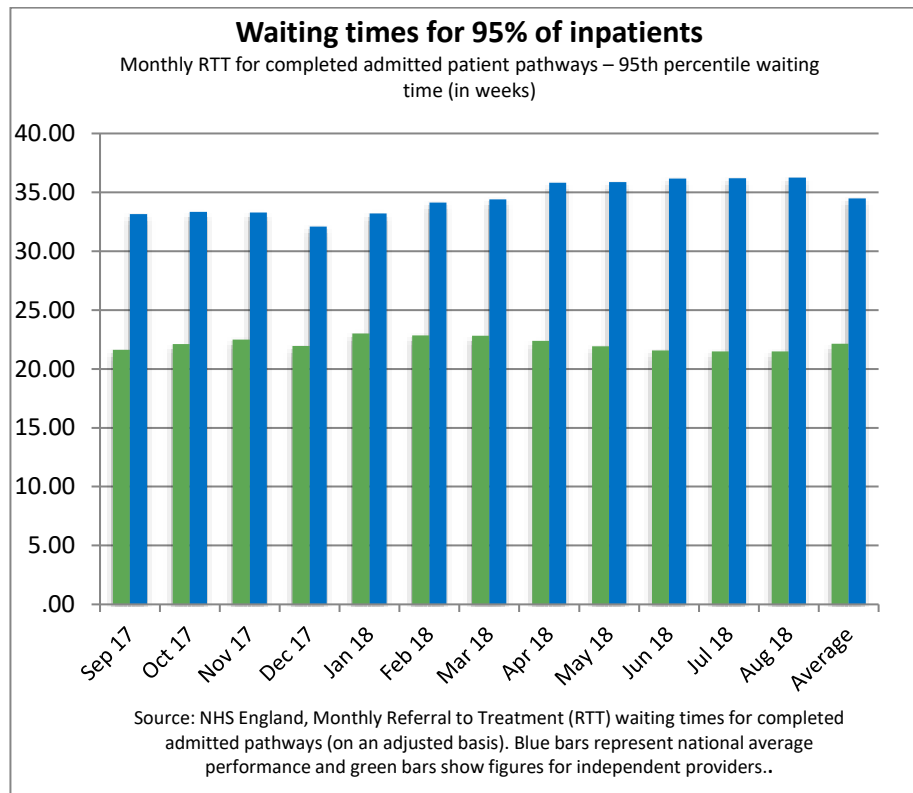


This graph shows typical how long outpatients typically wait before treatment.



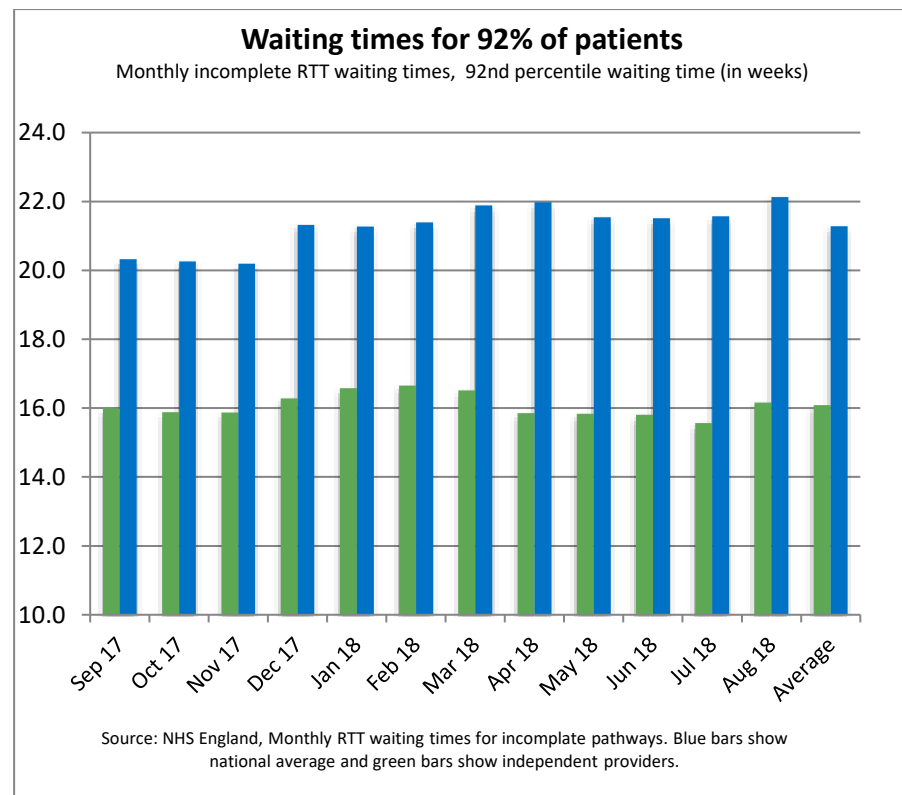
Waiting times for most patients

There will be a small number of patients for whom beginning treatment takes significantly longer than normal. The graphs below show the maximum waiting time for 95% of patients, i.e. the longest period that most patients can reasonably expect to have to wait.



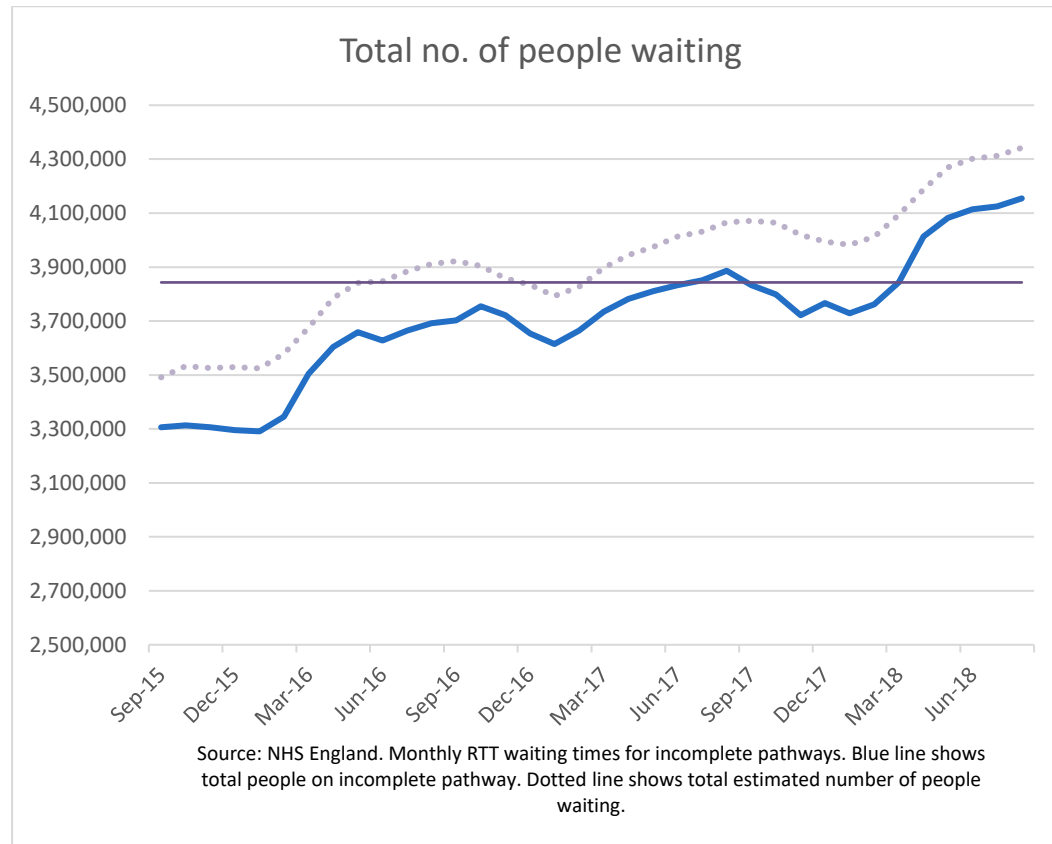
The incomplete waiting time standard

The graph below shows the length of time within which all but 8% of patients had begun their treatment. The incomplete waiting time standard states that 92% of patients should begin treatment within 18 weeks.



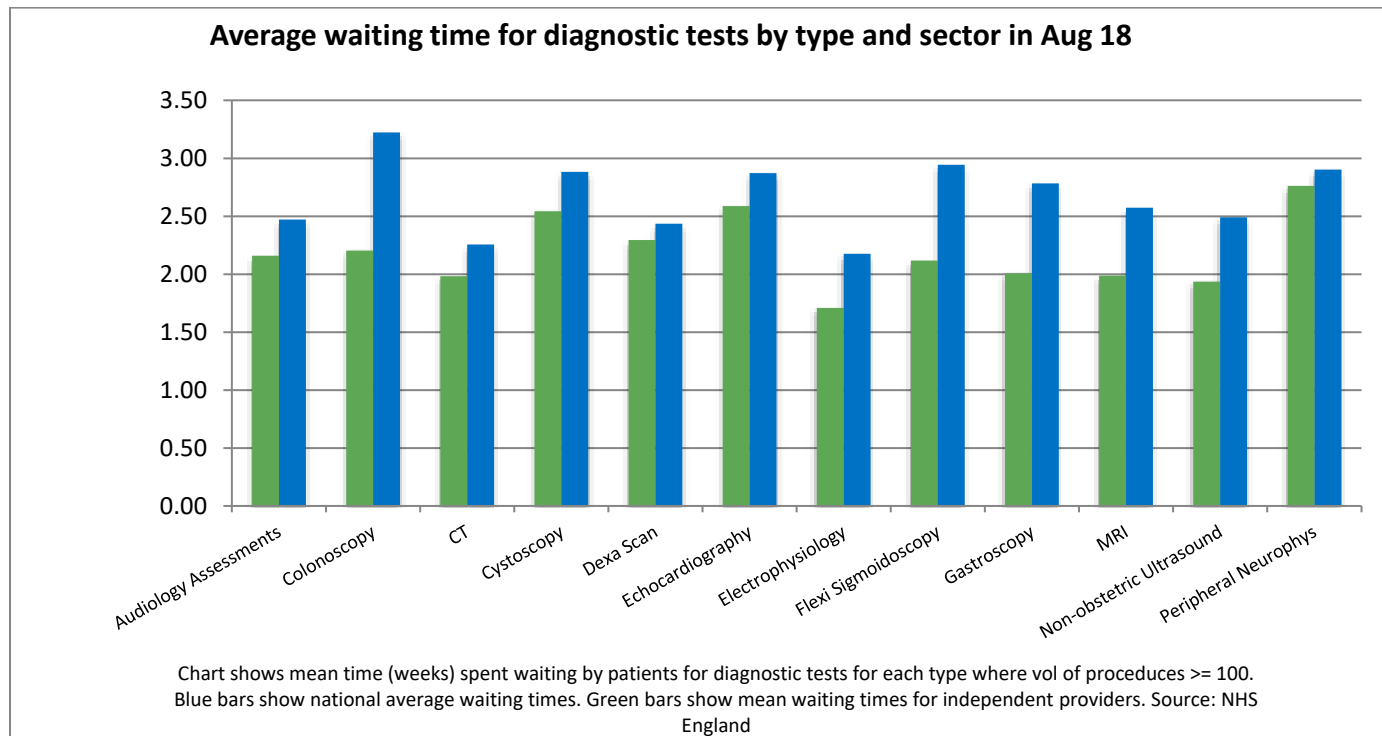
Number of people waiting

The graph below shows the total number of people waiting for treatment. The dotted line shows the total estimated number of people waiting, including those at NHS trusts that do not publish their waiting data.



Diagnostic waiting times

The graph below shows mean waiting times for 15 key diagnostic tests. MRI scans and non-obstetric-ultrasound are the most frequently provided diagnostic tests by independent organisations.



Source: <http://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity>

NB see note in section on referral to treatment times about the calculation of mean waiting time values

Cancelled elective operations

Operations that are cancelled on the day of surgery for non-clinical reasons are disruptive and distressing for patients. Cancellations are also a good indicator of an organisation's system-wide efficiency.

NHS England does not publish the total number of elective operations alongside its cancellations data so it is not possible to make a precise calculation of comparative cancellation rates, however, the data published at www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations reveals that NHS patients treated by independent sector providers experience far fewer cancellations on the day than those treated by traditional NHS organisations.

Less than 0.2% of non-clinical cancellations occur at independent providers. Also, of that small number of patients who do experience a cancellation at an independent provider, hardly any wait longer than a further 28 days for their treatment (just 10 patients during the last 12 months, in the context of 5,842 patients in England).

Cancelled Operations (elective only)

Period	NHS provider non-clinical cancellations (percentage of all cancellations)	Independent provider non-clinical cancellations (percentage of all cancellations)	Percentage of all patients still waiting for treatment after 28 days following last minute elective cancellation (NHS organisations)	Percentage of all patients still waiting for treatment after 28 days following last minute elective cancellation (Independent providers)
Quarter 2, 2017-18 (July to September 2017)	99.91%	0.09%	99.92%	0.08%
Quarter 3, 2017-18 (October to December 2017)	99.85%	0.15%	99.50%	0.50%
Quarter 4, 2017-18 (January to March 2018)	99.88%	0.12%	99.83%	0.17%
Quarter 1, 2018-19 (April to June 2018)	99.90%	0.10%	99.75%	0.25%
Average	99.89%	0.11%	99.75%	0.25%

Number of patients treated

Number of patients treated by independent providers

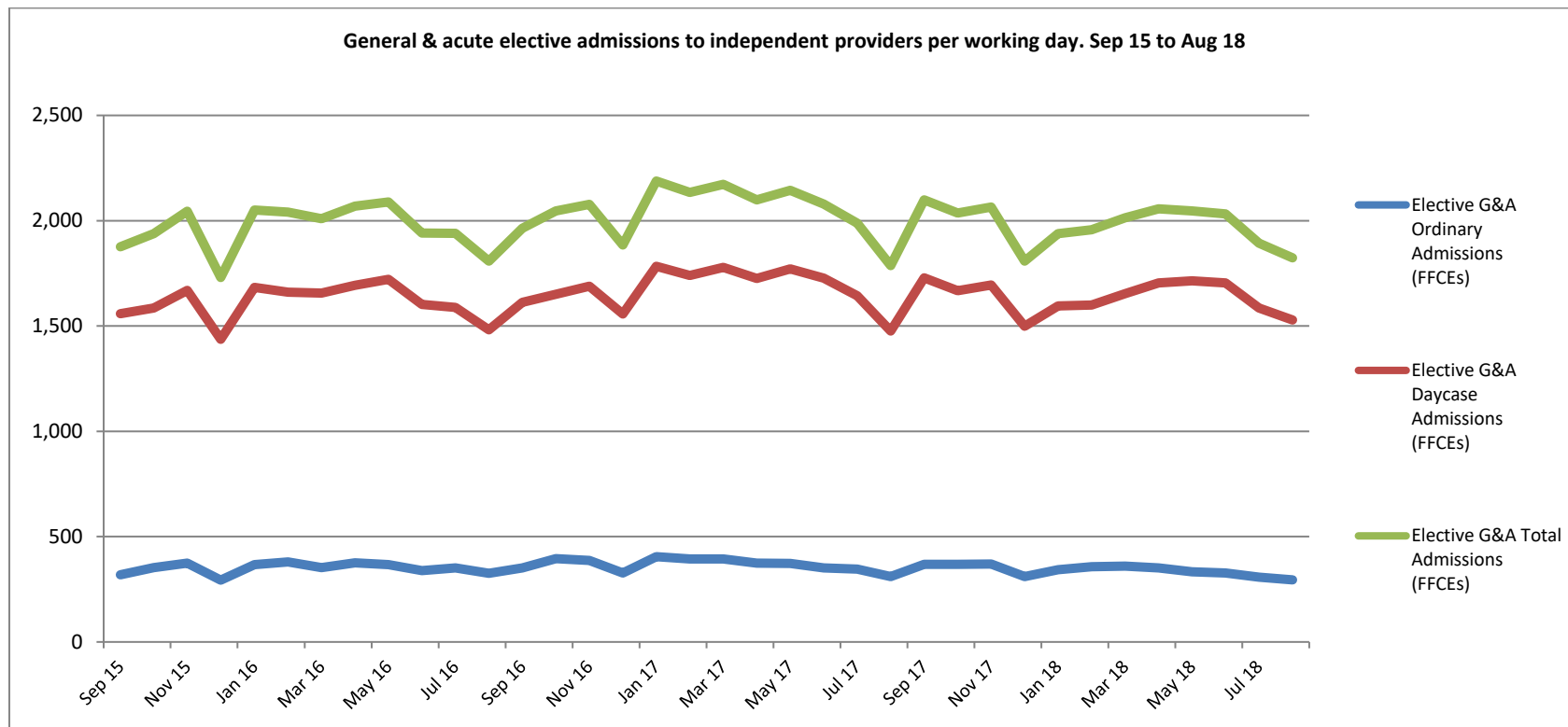
Elective care is critically dependent on independent sector provision.

On average, around 6% of elective admissions for NHS patients are now made to independent providers.

As well as NHS patients, many independent sector providers also treat large numbers of privately-funded patients as well.

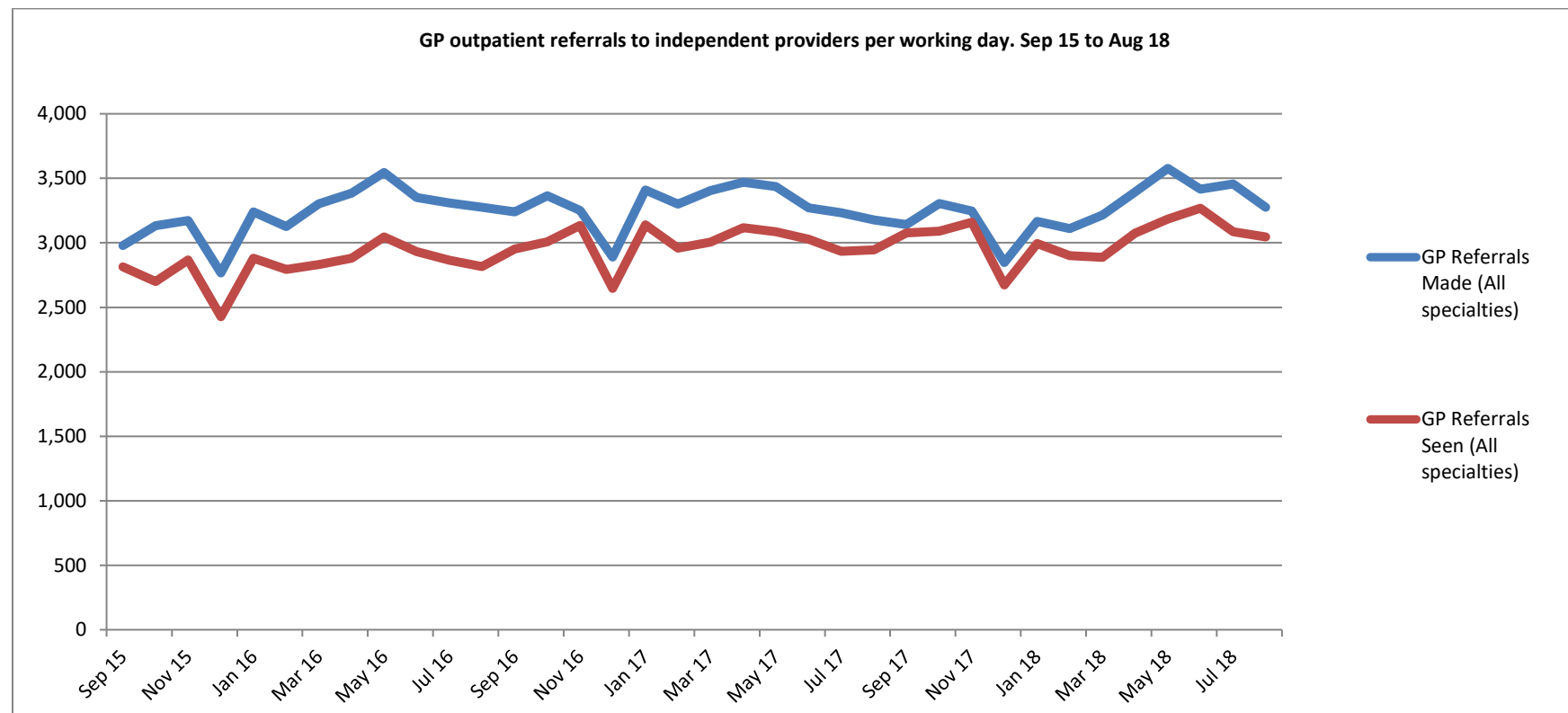
General and acute admissions

The graph below shows the average number of patients treated per working day during each month (<http://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/>).



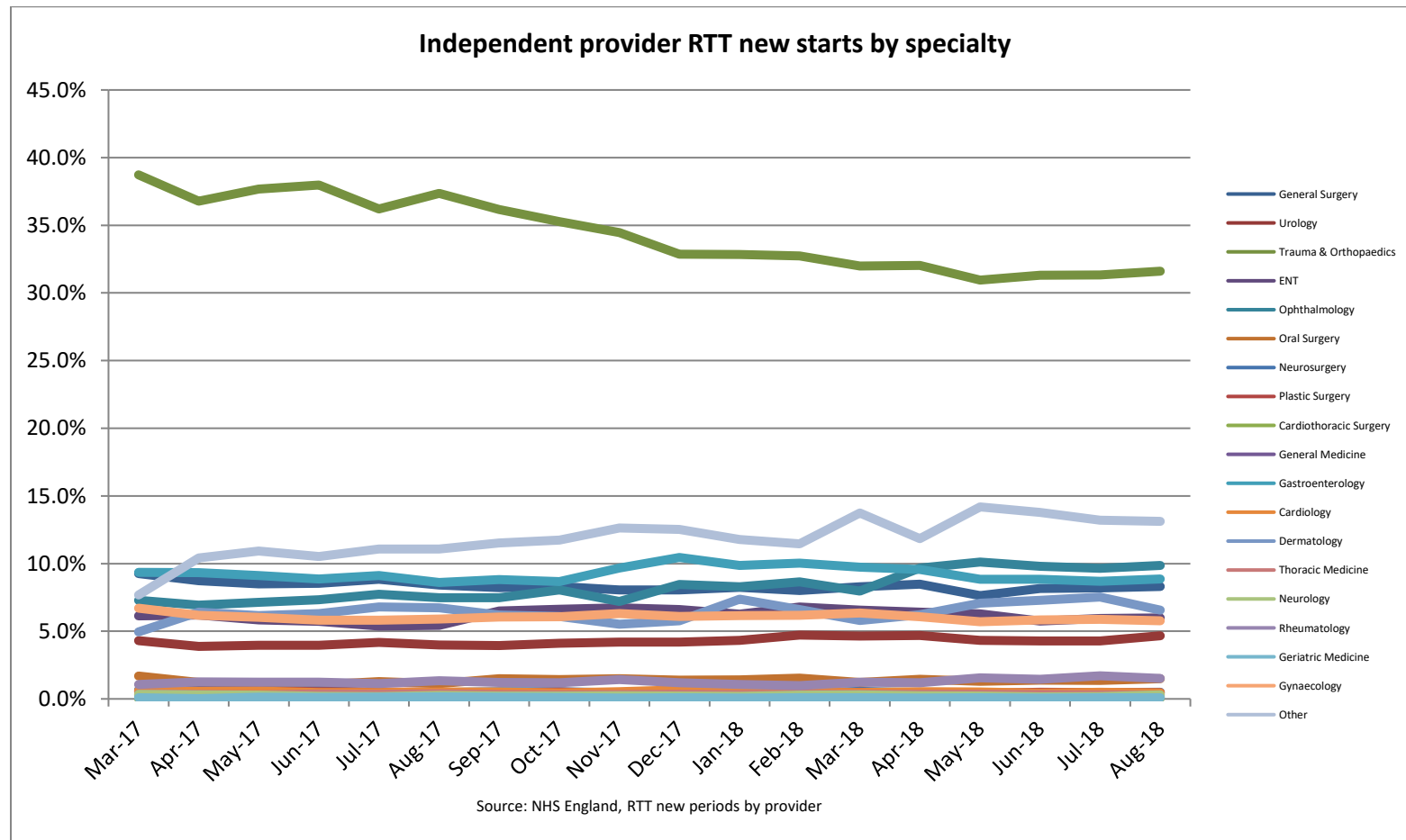
GP outpatient referrals

The graph below (<http://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/>) shows changes in the level of GP referrals to independent sector outpatients appointments.



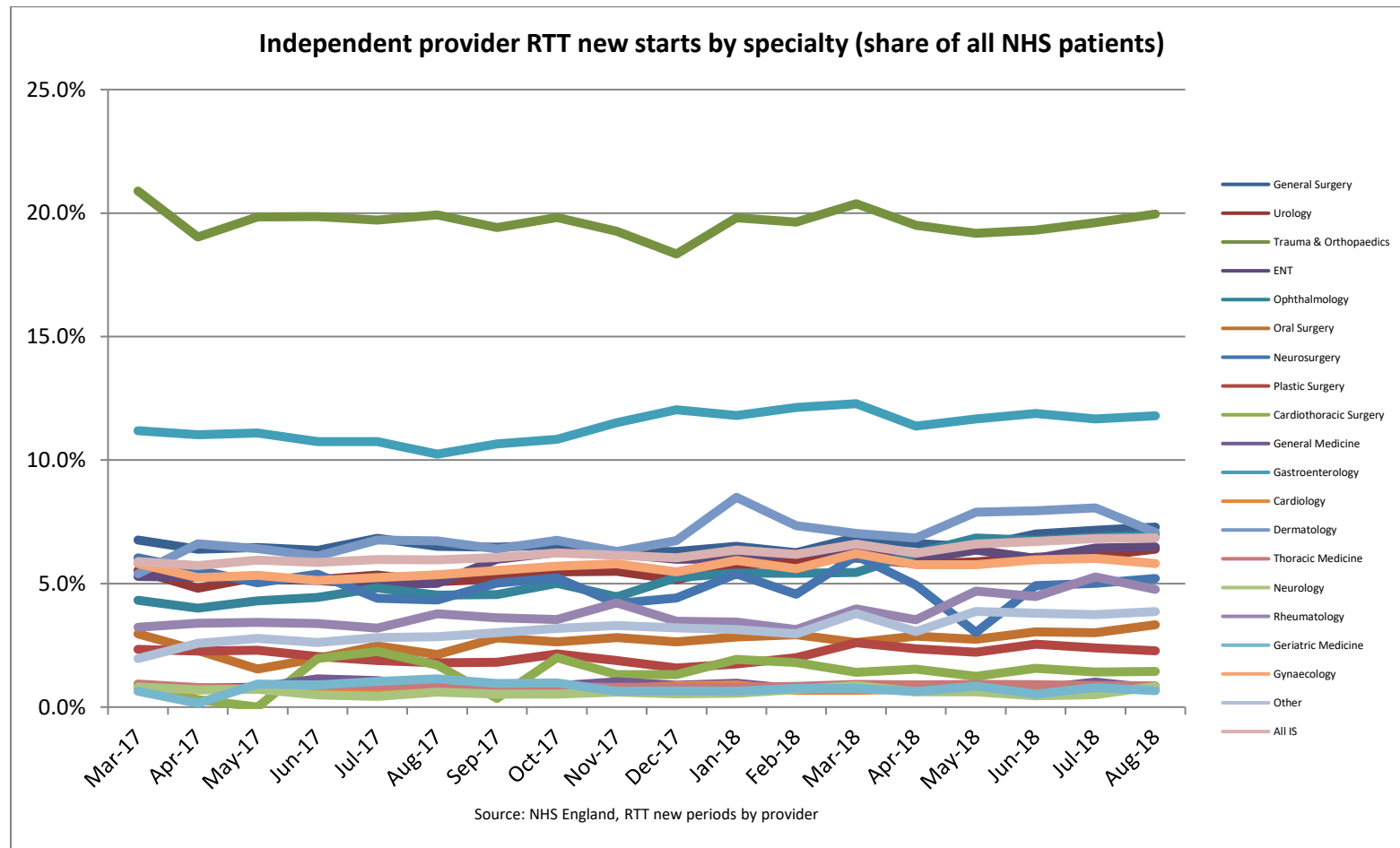
Acute care specialties – mix of independent sector specialties on RTT pathway

The graph below shows the different specialties of NHS patients beginning their referral-to-treatment pathways with independent providers over time. 100% equals all NHS patients beginning their pathway to be treated by independent providers in any given month.



Acute care specialties – share of all NHS patients on RTT pathway by specialty

This graph also shows the different specialties of beginning their referral-to-treatment pathways with independent providers over time, but the percentages represent the proportion of all NHS patients beginning to wait for treatment by independent providers in any given month.



Diagnostic tests carried out by independent sector by modality

The pie chart below shows the distribution of key diagnostic tests provided by independent sector organisations.

