



IHPN response to Health & Social Care Select Committee inquiry - Delivering Core NHS and Care Services during the Pandemic and Beyond

The independent sector has played a significant role in supporting the NHS across all parts of the healthcare system in responding to covid19. The relationship between the two sectors has radically changed during this period and it is important to 'lock-in' these changes for the next phase of the pandemic response and once service provision normalises.

How the independent sector has supported the NHS to deliver "core service" during covid19

There is no doubt that the whole of the independent healthcare sector has swung behind the covid19 response, including those delivering acute, primary, community, and diagnostics care, with providers going above and beyond and responding flexibly to deliver the services patients need.

At the end of March, NHS England announced a partnership agreement which resulted in over 25 independent hospital groups (representing almost 200 individual sites) being effectively block-booked by the NHS and deployed as it sees fit in both treating covid-19 patients and those needing urgent NHS treatment. This includes the almost 8,000 hospital beds, 1200 ventilators, and more than 10,000 nurses, 700 doctors and 8,000 other clinical staff in the independent hospital sector, which have been made available to the NHS "at cost" meaning no profit will be made. The agreement will last for 14 weeks (from the end of March) initially but the sector have committed to supporting the NHS for as long as is required.

A similar deal has been made with independent sector diagnostics providers whereby all CT scanning capacity in the sector has been made available to the NHS including to help both diagnose covid19 as well as monitor progression of the virus. In total 33 scanners and over 300 radiographers and clinical assistants have been made available with the scanners running 24 hours a day, 7 days a week.

As a result of these partnerships, thousands of NHS patients have been able access treatment for cancer and other urgent needs that they would not have been able to otherwise due to NHS hospitals being deployed for COVID19 related treatment.

Examples of this partnership working include Spire Southampton which has been working with staff at University Hospitals Southampton NHS Trust to transfer Oncology and Haematology services to Spire. Since mid-March, more than 850 NHS cancer patients have been treated at

the hospital, and around 100 patients are now receiving care every day for cancer, with time-critical Cardiac and Lung surgery for NHS patients also being made available.

Nuffield Health's Plymouth Hospital has also been supporting University Hospitals Plymouth NHS Trust and Derriford NHS Hospital by hosting its oncology department and treating NHS patients undergoing cancer treatment. The Trust's oncology department moved into the Nuffield Health's Plymouth Hospital on Monday 6th April after an intensive, fast-paced relocation project which saw Nuffield Health's Hospital set-up with the essential medical equipment, pharmaceuticals, IT network capabilities and clinical governance collaboration implemented. Before the move took place, Nuffield Health's staff received essential oncology training within a week to ensure all staff were upskilled appropriately and which was provided through a unique collaboration between Nuffield Health, UHP, Mustard Tree Macmillan Centre and St Luke's Hospice Plymouth.

In London, hospitals in the HCA Healthcare group including the Wellington, London Bridge and Princess Grace Hospital as well as the Bupa Cromwell Hospital are part of the London Cancer Hub, led by The Royal Marsden, University College London Hospitals and Guy's and St Thomas' Hospitals to ensure NHS cancer patients can still access the treatment they need across the capital.

Other critical and urgent NHS treatment being provided in independent hospitals during this time includes maternity services - Portland Hospital for Women and Children in central London, the only private hospital in the UK dedicated to the healthcare of women and children, has been working with NHS partners in North London to provide maternity and urgent gynaecology services with almost 100 "NHS" babies already born there.

Ramsay's Oaklands Hospital have worked with Salford Royal NHS FT and are now hosting their Intestinal Failure Service, one of only two designated centres for the treatment of complex intestinal failure patients in the country.

Independent primary and community providers have also quickly adapted to treating patients during covid19, for example switching from face-to-face to virtual consultations in community MSK care or repurposing their services to help support the NHS.

For example, InHealth Group has repurposed their 120-seat Patient Referral Centre in Rochdale to support London Ambulance Service in handling covid19 calls to NHS111 which now operates 16 hours a day, seven days per week. Equally, their breast screening service in Surrey has been repurposed to now provide a diagnostic service for women in that region with breast cancer symptoms to allow the clinical pathway for those women to continue.

One Medical Group, a primary care provider, has liaised closely with their local NHS providers to help support patients and share best practice. For example, in Sheffield, the Minor Injuries Unit co-located within the acute NHS hospital was closing so staff could be deployed into the main hospital to support with Covid-19 demand. OneMedicalGroup delivers a walk-in centre in the city centre and liaised with the acute hospital and CCG and offered to staff the MIU so it could remain open and reduce pressure on the emergency department. This offer was accepted and plans were mobilised in 24 hours.

Independent providers have played a particularly key role in providing “cold” or “clean” sites for patient care. For example, St Michael’s Clinic – a specialist dermatology unit in Shrewsbury which forms part of The Dermatology Partnership – has turned into a super cold centre to provide blood tests for ‘at risk’ people advised to shield themselves during the covid19 pandemic, many of whom have continuing health needs and could face wider health risks if vital blood tests are missed.

Strategic challenges for the health service post covid19

The response to covid19 has undoubtedly shown the strength of the health system as a whole when all parts work together. It is therefore important that a future health policy framework recognises that the whole provider landscape works as one system and does not create any artificial divide between NHS and non-NHS providers.

Evolving clinical and commissioning models of care

Once the peak of the pandemic has passed, there is no doubt there will be a significant backlog of patients needing care due to cancelled and delayed NHS treatment, particularly elective surgery and diagnostics testing. There will also be a need to treat those patients who have not been accessing care in the community due to social isolating. NHS waiting times for routine surgery, for example, were already at record highs prior to the covid19 pandemic with waiting lists expected to rise to almost 6 million by 2024, with diagnostics access targets having also not been met since the beginning of the last decade.

Independent healthcare providers will undoubtedly need to be part of the solution in dealing with this backlog.

There are a number of factors that need to be considered as all providers including NHS and independent start treating non-urgent NHS patients. This includes the need for enough Personal Protective Equipment (PPE) for staff in both sectors; for timing and accurate covid19 testing to be available; for sufficient anaesthetist cover for planned procedures given that many are still committed to treating ITU/COVID-19 positive patients; sufficient ITU back up which is required in more complex planned surgical procedures; the availability of anaesthetic and controlled drugs; as well as workforce screening. Significant efforts will also need to be made to reassure patients that it is safe to be treated in hospital for non-covid related care and to encourage them to present to their GPs in the first instance.

We believe that all of these issues are manageable but they need to be considered as part of returning the NHS to delivering non-urgent elective care.

For independent community providers specifically, many of these organisations faced huge financial challenges due to being on activity based/PBR funding models, despite having long standing relationships with their NHS partners. Further thought would therefore be welcome to ensure that all providers who deliver vital primary and community care can be supported going forward, with work done to ensure that the payment/commissioning model they are currently on doesn’t impede their ability longer term to deliver high quality and innovative care to patients.

Embedding innovation and change in the health service

While responding to covid19 has undoubtedly been a huge challenge, it has also been one of significant innovation and change, particularly around the use of digital tech, which should not be lost once the pandemic has passed.

This positive change can be seen most evidently in the primary and community sector where independent providers make up a significant proportion of all providers. Care UK's MSK Integrated Care Service, for example, provided all their care face to face pre-covid. However in just a few short weeks they are now delivering 100% of their services via telephone or video consultation, using the latest technology to allow them to 'observe' and assess patient movements, show patients x-ray results, and demonstrate exercise prescription, thereby allowing patients to manage their conditions at home.

Examples such as this are replicated across the country and demonstrates the independent sector's drive to do the right thing and ensure patients can still get the care they need during the pandemic.

Going forward it is therefore important that this contribution, along with other non-NHS providers such as charities and social enterprises, is recognised and that the mixed model of healthcare provision in the sector is retained.

The Independent Healthcare Providers Network (IHPN) is the representative body for independent sector healthcare providers of services ranging through acute, primary, community, clinical home healthcare, and diagnostics.