Independent Healthcare Providers Network

IHPN briefing
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Working together during the pandemic and beyond: NHS and independent providers collaboration on patient safety and quality of care

The NHS and independent sector have collaborated to an unprecedented degree throughout the phases of the COVID-19 pandemic and underpinning this joint working was a commitment from both sectors to patient safety and the quality of care they provided to patients. There have been numerous examples of independent sector and NHS collaboration that have allowed patients to continue to be safely and effectively treated despite the immense pressures put on health services by COVID-19. This can be seen particularly through the national NHS/independent hospital contract, whereby the sector made available its 8,000 beds, 20,000 staff and 1,200 ventilators to the NHS to be used as part of the covid response[1].

It is clear that the health service will continue to grapple with the repercussions of the pandemic for many years to come, not least in clearing the backlog of treatments that have built up across the whole of the healthcare system. Independent providers are committed to supporting patients and the NHS to build on the partnership working developed during the pandemic, ensuring that patients can access the quality of care that they need in their local communities in a timely way. Indeed, the success of these ongoing partnerships have already been highlighted by the CQC in a recent report on the NHS recovery.

This short paper looks at five areas that should be considered to support patient safety and quality of care as regions and integrated care systems look to work with the independent providers in their local communities.

1. National support and guidance

During the pandemic, enabling the independent sector to come together (at medical director and lead nurse level) resulted in collaboration across the whole healthcare system on patient safety and quality of care (such as infection control and PPE). Smaller and larger providers were able to share information in a way that would not have been possible before the pandemic. In addition, it exposed both independent sector and NHS senior managers and clinicians to each other's culture and ensured they could successfully collaborate.

National system-wide sharing of information and guidance on patient safety and quality of care should continue as the health service recovers. National initiatives, such as "doctors in training" working in the independent sector, facilitated collaboration and these ongoing innovations will encourage collaboration to continue. Where safety and quality regulations do not support collaboration at a national level, these should be reviewed to make the system more conducive to partnership.

2. Development of local systems architecture

The pandemic prompted the NHS and independent sector to work together at a scale and pace never seen before, notably through the national NHS/independent hospital contract which resulted in the delivery of over three million NHS operations, consultations, scans and tests, and chemotherapy sessions, including over 160,000 cancer and cardiology treatments. This successful partnership working was underpinned by national organisations coming together to support NHS/independent sector collaboration, for example through the introduction of the CQC's fast-tracked practising privileges policy.

[1] Independent Healthcare Providers Network. Working together during covid 19. NHS and independent hospital partnerships one year on from the start of the pandemic. 2021.

As the NHS and independent sector move forward from the pandemic, the importance of having local systems architecture in place for new partnerships has never been more important, particularly as independent providers work closely with the NHS to help clear the growing elective care backlog. Indeed, this was highlighted in the Healthcare Safety Investigations Branch's (HSIB) recent report on surgical care in the independent sector. The report found that whilst there was some variation across the country in terms of the NHS' understanding of what the independent sector's capacity and capabilities were, places where established partnerships between the NHS and independent sector already existed were found to have better communication channels and understanding of each other's roles and responsibilities.

Throughout the pandemic, systems which had strong pre-existing relationships with their local independent providers meant that NHS patients continued their treatment in a seamless way and spare capacity was well used. Looking forward therefore, defining local systems architecture ahead of time will allow regions and integrated care systems to ensure that best use is made of the independent sector in their areas.

This could include, for example, buddying of neighbouring independent sector hospitals and NHS acute trusts, and defining governance arrangements ahead of time, which will enable patient safety and care quality to be considered from the onset of partnership arrangements. Communication between the sectors and, in particular, at a clinical level is essential in defining any arrangements. Key issues for local areas to consider include: transport arrangements from NHS to independent providers; how to mitigate the risks of transferring patients if IT systems are not joined up to share patient notes; medicines reconciliation systems; and local arrangements linked to bed availability such as how NHS patients requiring social care on discharge from an independent provider access that service

3. 'Coal face' clinical engagement in both sectors

Many of the issues around quality of care and patient safety surface at the "coal face", and putting in place local governance arrangements for any partnership is crucial. Hospital doctors and directors of clinical services need to understand the capacity and competencies of all local organisations. Collaboration during the pandemic allowed NHS clinicians to understand the range of services independent providers in their locality are able to deliver. For example, the availability of high dependency units in independent providers, or staff with the competencies to manage end of life care.

Clinical teams also need to define local governance arrangements, for example whose policies are being followed, how to share information (in particular patients notes), where incidents are reported, which IT systems to use etc. Whilst governance is broadly similar in NHS and independent providers, regulations can differ, for example independent providers are currently unable to prescribe portable oxygen. Further information on this can be found in IHPN's recent animation on "What to expect from independent healthcare"

4.Nurture local relationships and partnerships

At a national level, much of the success of the NHS/independent sector covid partnership was driven by people coming together around the table and looking for solutions for patients. These national relationships need to continue as the health service recovers and we have seen good evidence from NHS England and others at the centre that this is understood, with structures in place to assist with the NHS' recovery phase. This national work was and has been replicated locally where relationships were built and were most

successful, and where the collaboration was seen as a true partnership with joint governance. The NHS shared a problem and independent providers owned it as a joint partner. All of this required communication and commitment.

Where relationships already existed between the independent provider and the NHS organisation this was easier, and in particular, where there was a good level of clinical understanding across the organisations.

Whilst some areas managed to build these relationships over the pandemic, for example through regular hospital director meetings, in other areas this proved more challenging. Going forward, the priority for the NHS and the independent sector as the heath service returns to a "new normal" must therefore be to nurture these local relationships - enabling innovation and partnership to continue in a way that benefits patients.

One way in which understanding and collaboration between the sectors has been fostered is by enabling staff to rotate through both sectors in a system. Supporting "doctors in training" in the independent sector is one area where this has and continues to happen, and in some other areas, other clinical and/or admin staff moved between the sectors during the pandemic. Maintaining this will enable a greater mutual understanding of the capacity across the whole local healthcare system and ensure local relationships can thrive in the long term.

5. Engage with patients and the public

As local partnerships continue to develop, the independent sector should be seen as a key part of the healthcare system that supports the delivery of NHS care and the wider efforts to tackle the elective backlog. It's therefore important that local integrated care systems open up a dialogue with patients and the public on this to ensure they fully understand how the NHS and independent providers work together to deliver safe, effective care in their local area.