

Written evidence submitted by Ramsay Health Care UK (CBP0031)

Ramsay Health Care is a global healthcare organisation, operating across 10 countries with over 500 facilities and employing over 80,000 staff. Our commitment to providing clinical quality and safety has resulted in Ramsay being a leader in healthcare services across the globe.

Ramsay Health Care UK operates 40 facilities across England including Hospitals, Neurological Rehabilitation Centres, Decontamination Hubs and a Mobile MRI and CT Diagnostic Fleet. Employing over 7,000 staff and partnering with over 3,000 doctors, we work hard to ensure we can provide outstanding care and quality services to our patients whilst leading the way in elective care provision in the UK private health sector.

The culture within Ramsay, known as 'The Ramsay Way', recognises that people – our teams and doctors – are Ramsay Health Care's most important asset and this has been central to the organisation's ongoing success. Our teams work in this spirit, always seeking to ensure that our motto 'People Caring for People' is the guiding principle of the care we provide to our patients and our wider stakeholders every single day.

Support to the NHS during the pandemic under the national contract

In the UK, Ramsay is the leading independent provider of NHS services in the private sector. Throughout the pandemic, we have strengthened existing relationships with NHS colleagues whilst forging new partnerships with NHS providers across England, enhancing our role as a valued local healthcare provider. Our willingness to help, adaptability and positive approach enabled previous barriers to collaboration to be overcome to maximise capacity utilisation for the benefit of patients.

Working alongside colleagues in the NHS, up to March 2021 Ramsay UK provided:

- Care to over **650,000** NHS patients for outpatient appointments, diagnostics and surgery including urgent services such as cancer, trauma and acute care.
- Over **16,000** patient treatments were provided for critically required cancer surgery including breast and colorectal surgery, and for chemotherapy treatment, maintaining the patient pathway and ongoing provision of vitally needed services.
- Over **20** NHS services were hosted within our facilities.
- **130,000** MRI and CT scans delivered during the pandemic to patients.
- Ramsay hospitals supported local communities with PPE training and care home swabbing.
- Over **900** Doctors have worked with Ramsay to deliver services under emergency practising privileges, which included over **500** Junior Doctors.
- Over **4,000** shifts equating to over **37,800** hours were carried out by **210** Ramsay team members to support NHS teams in local Trusts
- Over **500** items of equipment, ventilators and PPE provided to NHS Trusts.
- **25** IT connections made between Ramsay and NHS Trust systems.

- **13** new diagnostic imaging modalities (MRI / CT / 3D Mammography) purchased to support the NHS.

Key Summary

Ramsay Health Care UK is calling on the UK Government, Department of Health and NHS England to reconsider its service delivery model in order to meet the sustained and growing demand upon the public health system.

Five fundamental areas need to be addressed in order to 'move the dial' and make a real impact. In the same partnership style championed during the pandemic, all parts of the UK health system must pull together to clear the significant backlog in demand which has been built up during the COVID pandemic in a consistent, coordinated approach.

1. eRS and Patient Choice.

In order to ensure real choice is available to all patients, waiting times must be easily available and accessible to GPs and patients, to avoid exacerbating the existing waiting list issues and to allow supply and demand to drive productivity in local systems.

2. Access.

Immediate action to open up access for long waiters is necessary but a longer term plan is needed to properly address and drive down waiting lists utilising full capacity in the UK health sector.

3. Reporting and Productivity.

Accurate reporting of waiting to show aggregate performance across the NHS and Independent Sector and hold providers accountable to system performance.

4. Contracting.

Contracting should remain at a local level, but additional funding must be reconciled against productivity and waiting list targets.

5. Partnership.

In the same positive partnership style adopted during COVID, the NHS and independent sector must work together in a consistent, coordinated approach to fully utilise capacity in the system and avoid inequality in access and health outcomes.

Introduction

While there is still much uncertainty about many aspects of how the economy, society and the health systems will recover from the pandemic phase, it is becoming increasingly clear that as we enter the endemic phase of COVID-19 one of the immediate priorities in the UK will be to tackle the 5.5m¹ patients now waiting for planned healthcare.

Each month the problem continues to gradually reveal itself, but the scale of challenge is still not fully understood with reports of a potential further 7.4 million ‘hidden waiters’ expected to re-enter the system over the coming months. This was highlighted by the Health Secretary in July 2021², who commented as many as 13 million patients could be the true size of the NHS backlog.

COVID-19 is going to be with us in some form or other for years to come. It is likely that there will be geographically specific spikes from time to time especially as new variants emerge. So called “long COVID” will continue to be a problem and will put increasing strain and demand on the health system. The likelihood of further pandemic events or even of severe regional spikes related to the current pandemic will necessitate increased surge capacity in the health system for years to come.

A number of innovations in delivery of healthcare that have been accelerated in the pandemic crisis are likely to persist. These include accelerated delivery of eHealth including tele consultations. These changes should be embraced and continued to be used to assist in faster access and consultations for patients.

A major concern coming out of the pandemic is the effect on the health workforce. It has become obvious that it will be impossible for wealthy countries to continue to depend on overseas workers for a significant part of their health workforce. A more immediate effect of the pandemic in countries heavily exposed to COVID is the issue of burnout. Key staff have been working long hours over many months. They have been exposed to a level of death and emotional pain beyond that most would encounter in their lifetimes. Information indicates a number of key workers are thinking of a change of career. Whether this turns out to be as high as the 20% figure projected in some surveys or a much lower level as things settle down remains to be seen, but it is undoubtedly another stress factor. Staffing was an issue pre-COVID and being unable to retain experienced staff will make dealing with the waiting list issues more challenging in the months ahead.

In recognition of the need for a renewed focus on the growing backlog, Ramsay UK is delighted to have sponsored the recent report, [‘A Wait on Your Mind’](#) by Policy Exchange. The report sets out a series of proposals to help tackle the growing elective care backlog in the NHS.

Speaking about the report, Dr Andy Jones, CEO said, *“Ensuring access to high quality care for patients at the right place and right time is the responsibility of the whole healthcare community not just the NHS, and efficient management of our waiting lists unlocks benefits across all parts of the health system. The scale of the problem is vast and requires immediate action, this report helps to provide realistic proposals for how to tackle the backlog and ensure that the patient is always kept at the centre of the decisions made.”*

¹ [June 2021 NHS RTT Waiting Time Data](#)

² <https://www.bbc.co.uk/news/uk-57793122>

A failure to address waiting lists has quantifiable consequences for health outcomes. Extended waiting for treatment is not acceptable and has significant consequence of delayed diagnosis, advanced disease at the point of treatment, comorbidity complexity and poorer outcomes. A reduced but significant waiting list is not a performance metric of a global leader in health service delivery.

Recommendations

It is a fundamental responsibility of the UK government to be bold in helping the NHS gain a firm grasp of the backlog to make a meaningful inroad into driving down the waiting lists across all specialities, and ensure patients can access healthcare when and where they need it within reasonable timeframes. All parts of the healthcare community must be utilised to achieve this, learning best practice and maximising capacity for the benefit of patients. Whilst the prioritisation of patients is undoubtedly important, this is not addressing the fundamental problem and will not achieve a significant reduction in the overall numbers of patients waiting for elective care.

Ramsay is proud to be the leading independent provider of NHS services in the UK. Analysis based on 2019/20 NHS data for elective admissions demonstrates that Ramsay delivered the highest volumes of elective care across the NHS and private sector with almost 150,000 elective admissions in the period. In addition, Ramsay receives the highest volume of eRS referrals from primary care each month. Our experience and collaboration with NHS colleagues during the pandemic and otherwise has informed our understanding of the potential to achieve quality services and outstanding patient care through efficiencies in patient management, staffing and theatre utilisation.

RANK	ORGANISATION	# ADMISSIONS	REL_FREQ	CUM_FRE Q
1	Ramsay Health Care UK	146286	2.5%	2.5%
2	Circle/BMI	121412	2.1%	4.6%
3	UNIVERSITY HOSPITALS BIRMINGHAM NHS FT	106068	1.8%	6.4%
4	MANCHESTER UNIVERSITY NHS FT	105778	1.8%	8.3%
5	SHEFFIELD TEACHING HOSPITALS NHS FT	105300	1.8%	10.1%
6	THE NEWCASTLE UPON TYNE HOSPITALS NHS FT	90342	1.6%	11.6%
7	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	90304	1.6%	13.2%
8	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	89843	1.5%	14.7%
9	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FT	86168	1.5%	16.2%
10	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	84177	1.5%	17.7%
11	OXFORD UNIVERSITY HOSPITALS NHS FT	82169	1.4%	19.1%
12	Spire Healthcare	78205	1.3%	20.4%
13	BARTS HEALTH NHS TRUST	75844	1.3%	21.7%
14	KING'S COLLEGE HOSPITAL NHS FT	72990	1.3%	23.0%
15	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	71897	1.2%	24.2%

Our recommendations are set out in 5 key areas for focus.

eRS and Patient Choice

Choice has to be re-established as a fundamental pillar of NHS performance, with eRS fully enabled and utilised across the England. Economically speaking, allowing supply and demand is the most effective way of driving productivity.

Patient choice can only be fully effective when access to waiting time data is freely available to GPs and patients to prevent further exacerbation of the situation as patients are blindly added to the back of the queue and not fairly distributed within the local health system.

Access

Recovery is driven by productivity with further capacity in the system. Prioritisation of long waiters and redistribution of lists resolves the immediate issue but does not address the fundamental problem of extended wait times to access treatment, increasing the likelihood of negative outcomes in areas of routine care. Furthermore, a sporadic approach to entire system capacity utilisation across regions will lead to a mismatch of experience, creating a postcode lottery and subsequent inequality of access and outcomes. All actions taken by the government must add up to a concerted effort to 'move the dial'.

Data Transparency, Capacity Utilisation and Productivity

Patients should have the right to choose to change clinician and/or provider if stranded on a waiting list for >26 weeks, with the funding following the patient dictated by choice and transparency of local performance data. Patients should not be penalised or held on waiting lists with no visibility of their position in the queue or realistic indication of when they will access treatment required.

The independent sector, and Ramsay specifically, has the ability, record and intent to invest capital into the UK healthcare infrastructure. Building and opening two brand new hospitals during COVID-19 and purchasing 13 new diagnostic modalities – including MRI and CT scanners – created more capacity in the system. Partnership working with local NHS Trusts has supported business case justification to make investment for the benefit of patients. Consideration is required to a procurement programmes to assist adding capacity into the system, echoing the Independent Sector Treatment Centres of 2007.

A more ambitious and robust plan is required to drive bold targets including the lifting and shifting of waiting lists and their risks to the Independent Sector who is proven in efficiently managing high volumes of elective surgery on streamlined pathways in quality health environments.

Contracting

Additional health funding required to deal with the backlog should be partnered with productivity and volume targets, with a mandated partnership with the Independent Sector to utilise and drive volumes in all areas of healthcare capacity.

Explicit political targets within NHS contracts linked to patient delivery require to be agreed and set out with regular reporting including the re-establishment of the RTT 18-week and 62-day cancer targets.

Positive Partnership between Healthcare Providers

System reform is required to address the issue of long waiting, with a renewed focus on the partnership with the independent sector through local contracting performance and added safeguards for patients.

Open communication between providers, reduced bureaucracy and a shared common purpose in the national response during COVID accelerated partnership working between the NHS and Ramsay, with a direct impact on patient access and care.

Adopting this positive management spirit going forward to unbundle pathways and create a smooth flow of patients is a critical path required to have an impact on the backlog. The independent sector has proven its ability to manage and successfully deliver new services with the support of the NHS. As we head into the winter months there is an anticipated and inevitable slowdown of elective services in the NHS as the system responds to winter pressures, flu vaccine rollout and the COVID virus still prevalent in society. The independent sector is able to continue to efficiently and safely treat large volumes of patients with the support of the diverted NHS services such as kit, staff and doctors to maintain momentum of services and mitigate added pressure and build up in the system.

Conclusion

Positive performance indicated through transparent data management and strong levels of productivity, underpinned with positive health outcomes, would enable the NHS to define itself as a world leading healthcare provider.

- Elective waiting lists to be moved into the independent sector to be managed efficiently and at pace, utilising maximum capacity and delivering immediate support in targeted areas.
- Inclusion of the independent sector into local system planning to ensure ongoing use of capacity, underpinned by collaborative working for the benefit of the entire local health system.
- Longer term partnerships for longer term benefits, including improved population health management and restoration of system performance.

Sept 2021