NHS0016

Written evidence submitted by Spire Healthcare

Summary

The pandemic demonstrated the ability and commitment of Spire Healthcare and others in the independent sector to come to the assistance of the NHS in addressing healthcare crises. Spire Healthcare provided treatment and diagnosis for over 260,000 NHS patients whose care would otherwise have been delayed or cancelled.

Spire Healthcare stands ready to help the NHS in addressing the next healthcare crisis; growing waiting lists. However, our capacity to support is currently being under-utilised. In order to enable Spire Healthcare and others to play the maximum possible contribution, to plan and to invest to secure the best outcomes for patients, contracts of at least 3-5 years are needed, underpinned by ringfenced funding, which include the provision of high acuity care, and reward providers which deliver the highest quality care.

These contracts should sit within a long term strategy to address waiting lists, based on fostering integration between all providers; public, private and voluntary, where all sectors are regarded as fully signed-up, trusted partners in the delivery.

We look forward to the Government's impending elective recovery strategy and hope that some of these issues are addressed in that.

Introduction

1. Spire Healthcare is pleased to submit evidence to the Inquiry on the backlog caused by the pandemic.

2. Spire Healthcare is a leading independent hospital group, operating in England, Wales and Scotland. We have 40 hospitals and eight clinics, which encompass five critical care units, have 14,200 staff, and work in partnership with almost 7,500 consultants.

Contract between the NHS and the independent sector during the pandemic

3. Between March 2020 and March 2021, Spire Healthcare, together with the rest of the independent sector, made its staff, facilities, services and equipment available to the NHS. During this period, we provided care for over 260,000 patients in our hospitals. These are people who would otherwise have seen their treatment or diagnosis delayed or cancelled, and many were people suffering from critical or even life-threatening conditions.

4. Our support contributed to ensuring that the healthcare system as a whole had sufficient capacity to cope with the surge of patients, helping to keep cancer services going and stopping the waiting list from rising even more than it did.

5. We note the NAO's observation that the NHS national contract provided for independent sector support that went beyond the normal sending of NHS patients to independent sector hospitals for treatment. This was definitely our experience, and in addition to carrying out tests, scans and operations for NHS patients in our hospitals, we also:

    - Made available equipment to be transferred for use in NHS hospitals. This included around 50 ventilators, each of which is estimated to have saved around 20 lives
    - Transferred whole teams of colleagues to work in NHS hospitals
    - Made arrangements for entire NHS services, including the clinicians involved in operating them, to be transferred into our hospitals, such as Manchester's service for cystic fibrosis patients
    - Became the local hub for cancer care in nine areas of the country.

6. We forged relationships with NHS colleagues at both national and local level, in some places building on existing partnerships but elsewhere, creating links from scratch. Many NHS partners were previously unaware of the range of services we could offer and our capability to support and were very appreciative of the help we provided.

7. We are proud of the support we provided during the pandemic and are committed to playing our part in clearing the backlog.

Framework agreement

8. In autumn 2020, NHS England announced a new Increasing Capacity Framework under which local NHS organisations could procure services from independent sector providers to help tackle backlogs in their area. Spire Healthcare was successful in its application to join the framework.

9. The framework went live for Spire Healthcare in April 2021. We have, to date, concluded agreements with CCGs / ICSs in all English localities where we have hospitals and many acute trusts to provide certain services around the country under the framework.

10. These agreements are enabling us to make small inroads into cutting the waiting lists. However, use of the framework by local health systems, primarily acute trusts, is limited and consequently not all of our available capacity has been utilised. This is partly because the rules of the framework and contracting within it are complex, and there is no clear visibility of central funding to underpin local contracts, which means that local commissioners and trusts are not inclined to use the framework. The other dampening factor is that informed patient choice is not being effectively offered in a number of health systems.

11. In addition, contracts which can be let under the framework are in the main limited to 18 months, which constrains what can be achieved and reduces our confidence to invest and build sustainable capacity.

12. Further, NHS leaders are putting pressure on us to treat the longest waiting patients. While we recognise the pressure to manage long waiters, particularly those who have been waiting more than 52 weeks, the best use of our capacity would be for us to manage high volumes of low complexity activity, allowing trusts to manage the longest waiting patients. This would maximise the possibility of containing rising waiting lists.

An alternative basis for utilising the independent sector

13. We believe that an alternative approach would be better in utilising the independent sector and maximising its contribution towards reducing the backlog. This would seem particularly important, in view of the NAO's conclusion that waiting lists could get longer in the years to come, rather than shorter, as "missing" people who did not come forward for treatment during the peak of the pandemic, now present for care.

Long term strategy

14. The Government's impending elective recovery plan must be a long term, 5-10 year overall strategy for clearing the backlog, which is agreed by all key stakeholders in the sector, including ICSs, acute trusts, independent sector and community providers.

15. The strategy can only work if it fosters integration between all providers. As part of this, independent sector providers should be acknowledged as long term partners and have a relevant and proportionate place within ICS governance systems. The pandemic demonstrated the role that the sector can play in supporting the healthcare system as a whole (see paras 3-7 above) and broke down barriers between the NHS and the sector. There is no place for a return of ingrained hostile or inward-looking attitudes towards the sector which existed among some NHS leaders in the past. In addition, integration and collaboration ensure providers' capabilities are clearly understood, patient pathways and information exchange are smooth, and maximise the possibility for patients to receive treatment in the facility best suited to their needs.

Longer contracts underpinned by secure funding

16. Contracts with the independent sector should be at least 3-5 years in duration. This would provide the platform and confidence to enable independent sector providers to invest, which in turn would guarantee the best outcomes for patients. Spire Healthcare would, in particular, be able to invest further in the latest technology, such as robotic-assisted surgery in orthopaedics, urology and general surgery, to benefit NHS patients.

17. Moreover, longer term contracts allow providers to plan capacity and recruit to meet workforce requirements, which is more efficient and cost effective for all.

18. The contracts should be underpinned by guarantees around the activity levels required from providers or volumes of patients to be treated, in order to help providers to plan for the duration of the contract and ensure the best clinical outcomes for patients. In the past, local NHS commissioners are trusts have booked sessions in our hospitals, but have then failed to send patients to us to fill up these slots; this has led to inefficiency and is not economically sustainable.

19. The right of patients to choose their provider of choice should be maintained through the NHS Constitution, as a legal right, included as an formal obligation within the contracts, monitored as a performance indicator and enabled with the existing, proven NHS e-Referral Service.

20. Contracts should reward those providers with the strongest track record in quality, utilising metrics from the Getting it Right First Time initiative, Care Quality Commission ratings and local operational contract indicators such as waiting times and patient satisfaction.

21. Contracts should also reward those providers with a strong and sustained track record on workforce matters. Spire Healthcare welcomes junior doctors to carry out placements as part of their training, with up to 900 doctors in training working in our hospitals in 2020. We have also recently launched one of the largest nurse apprenticeship programmes in the country, with around 165 apprentices having recently completed their induction, and the potential for expansion. These new recruits will benefit the entire healthcare system as they could go on to work in the NHS, either at the end of their apprenticeship or a later part of their career.

22. Notwithstanding the point made in para 12 about complexity, given that the backlog in treatment covers cancer and other critical conditions requiring specialist care as well as procedures seen as more routine, such as orthopaedics, the contracts should include cancer and complex/high acuity care such as cardiac or neurosurgery. We and other providers demonstrated our credentials in delivering urgent and complex care during the pandemic (see para 3 above).

23. The contracts should be underpinned with ringfenced funding held for spend in the independent sector. We would advocate a ringfenced fund for routine elective care and a separate fund for more complex specialist and cancer care, as each area is commissioned differently and will have different drivers such as clinical prioritisation and waiting time challenges. Pricing should reflect the complexities of delivering care in a COVID-secure environment.

24. 7-10 year contracts should be available for capital projects. This would enable independent sector providers to invest in additional capacity, such as expanding hospitals with additional theatres and wards, development of new hospitals and treatment centres and opening new community diagnostic centres.

25. Principles and priorities underpinning the contracts should be clearly defined from the centre but there should be flexibility for interpretation to allow for local needs-based delivery.

26. We have put forward proposals, setting out what a possible new contracting framework could look like and covering the points above.

27. We hope that many of these issues are addressed in the Government's elective recovery strategy, publication of which is imminent.

Increasing demand for private healthcare

28. In addition to its support for the NHS, Spire Healthcare is seeing unprecedented demand from self-paying patients, many of whom have not used private healthcare before. Our services contribute towards clearing the backlog, because every patient who chooses to come to us represents one fewer potential patient on the NHS waiting list.

Conclusion

29. Spire Healthcare is keen to play a full role in reducing the backlog. However, existing contractual mechanisms stand in the way of it maximising its contribution.

30. We would be happy to provide further information or discuss our views with the Committee.

December 2021