ISTCs & the NHS

Treatment Centres

Capacity and Change

Dr. Thomas Mann
Commercial Directorate

Stand alone schemes

•*27+M*

Chain ISTCs

•*47*

*NHS **TCs***

NHS

Capacity through
Systems Redesign

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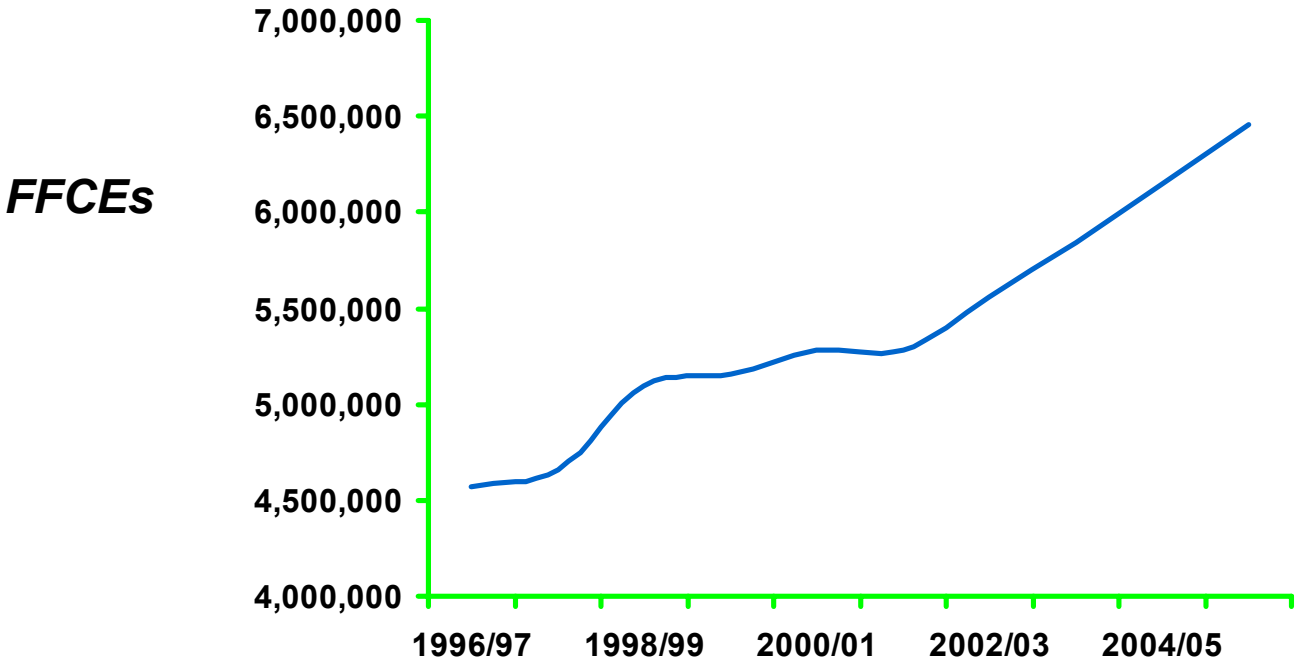
Capacity growth needed to deliver service targets



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2002

- *Survey of NHS*
- *Gap analysis*
- *Gaps grouped*

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December 15th 2002

OJEC

- *11 local schemes*
- *8 national chains*

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January - Mid Feb 2003

- *Speciality numbers analysed*
- *Procedure volumes*

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January - May 2003

Changes to programme

- *Activity transfer*
- *NHS facilities*
- *Transferred staff*
- *GP & PCT direct access*
- *Diagnostic activity*
- *Changes in activity from OJEC and 02 gap analysis*

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Target for day surgery

75% of all elective surgery

Day surgery is not vulnerable to emergency bed pressures

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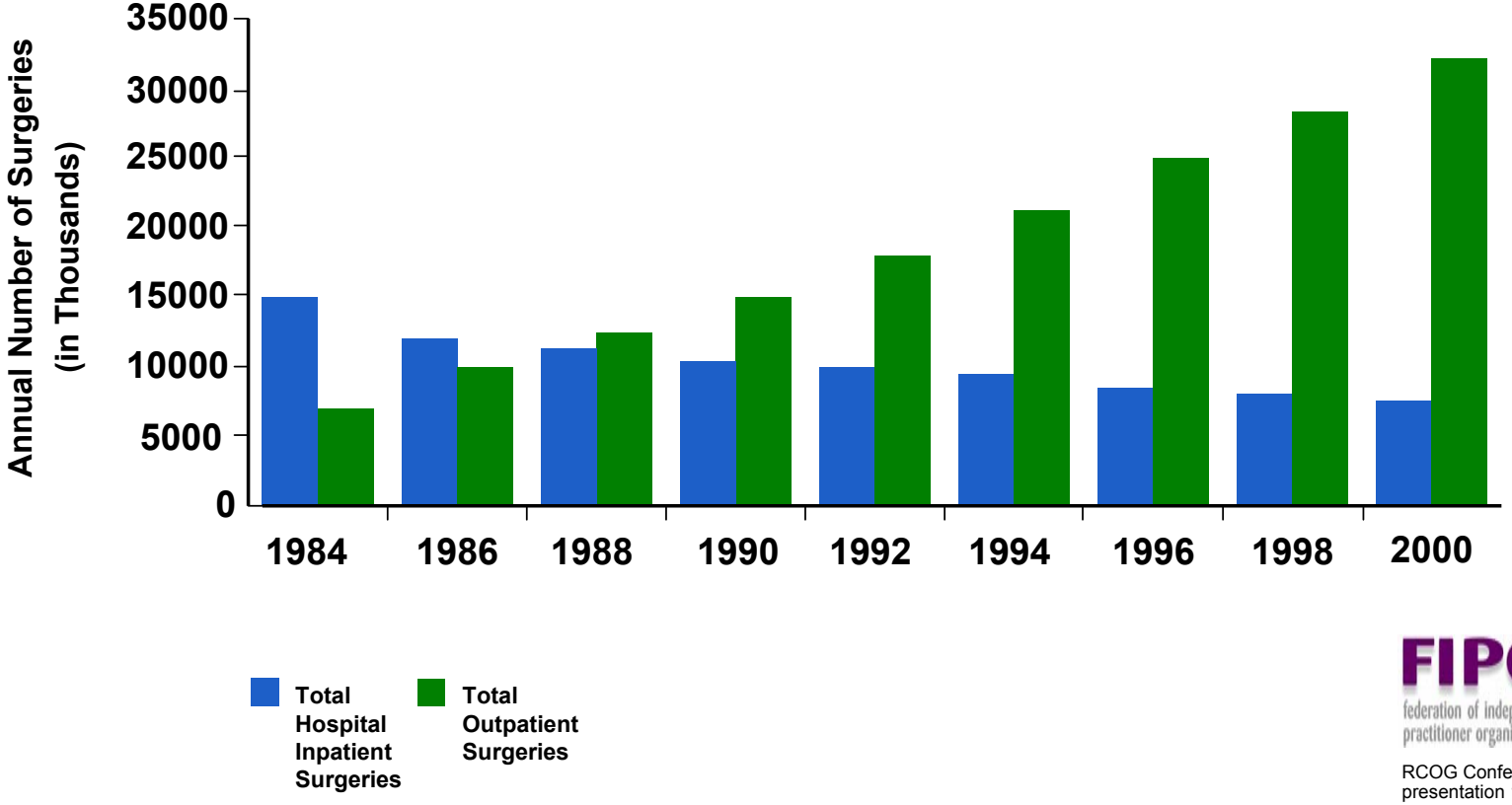
Status of US Industry: Shift from Inpatient to Outpatient



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Types of Services

- *Surgicentres*
- *Specific specialties*
- *Orthopaedics*
- *Mobile Cataracts*
- *Parallel work on CHD, Gyn*
- *Diagnostic / Primary Care*

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Doctors

(per 100,000 population)

UK	***164***
France	*303*
Germany	*350*
USA	*279*

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Nurses

(per 100,000 population)

UK	***497***
France	*497*
Germany	*957*
USA	*972*

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Hospital Beds

(per 1,000 population)

UK	***2.4***
France	*4.3*
Germany	*7.0*

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Others

	Pharmacists	*Dentists*
UK	***58***	***40***
France	*100*	*68*
Germany	*58*	*75*
USA	*N/A*	*60*

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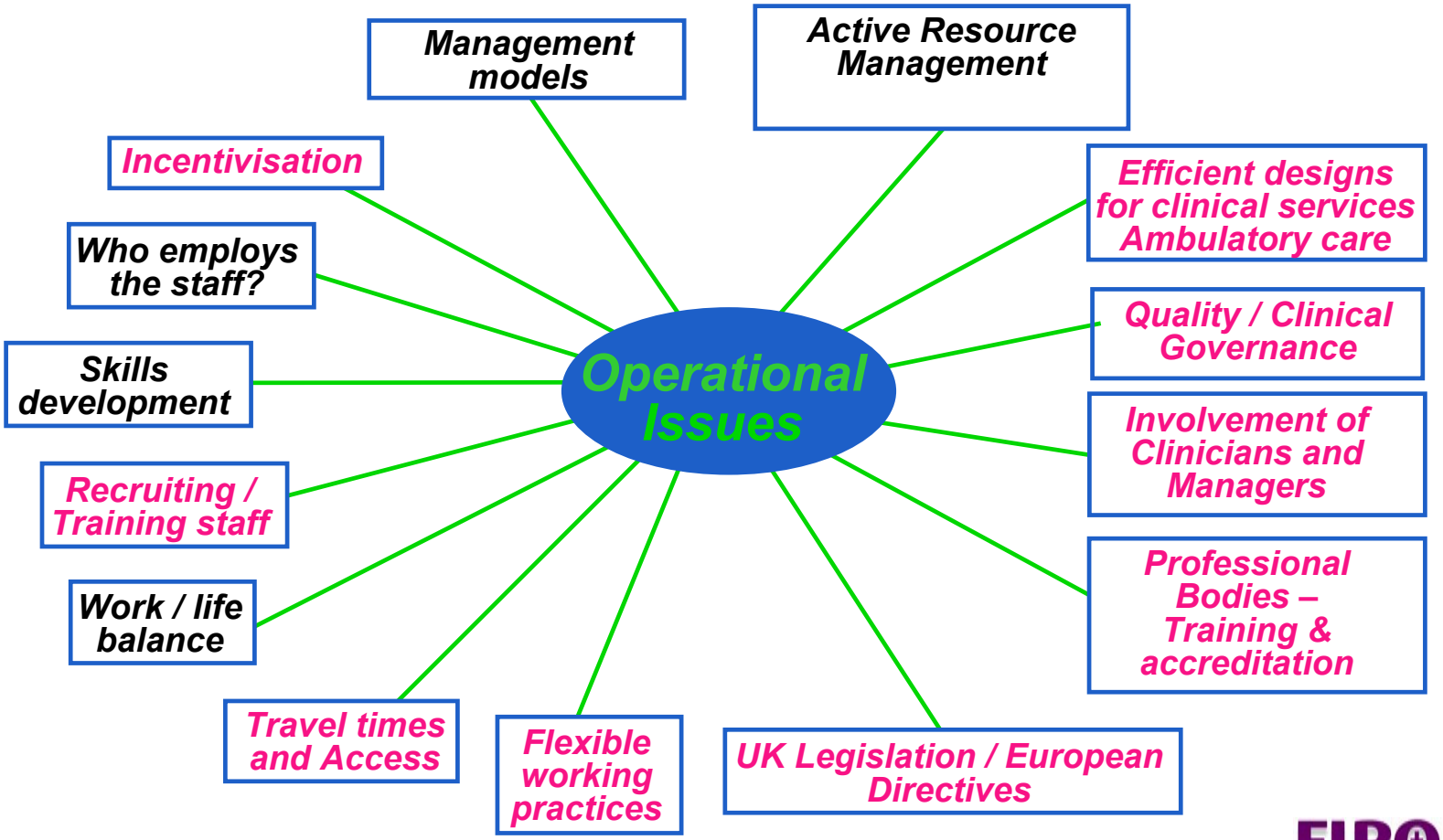

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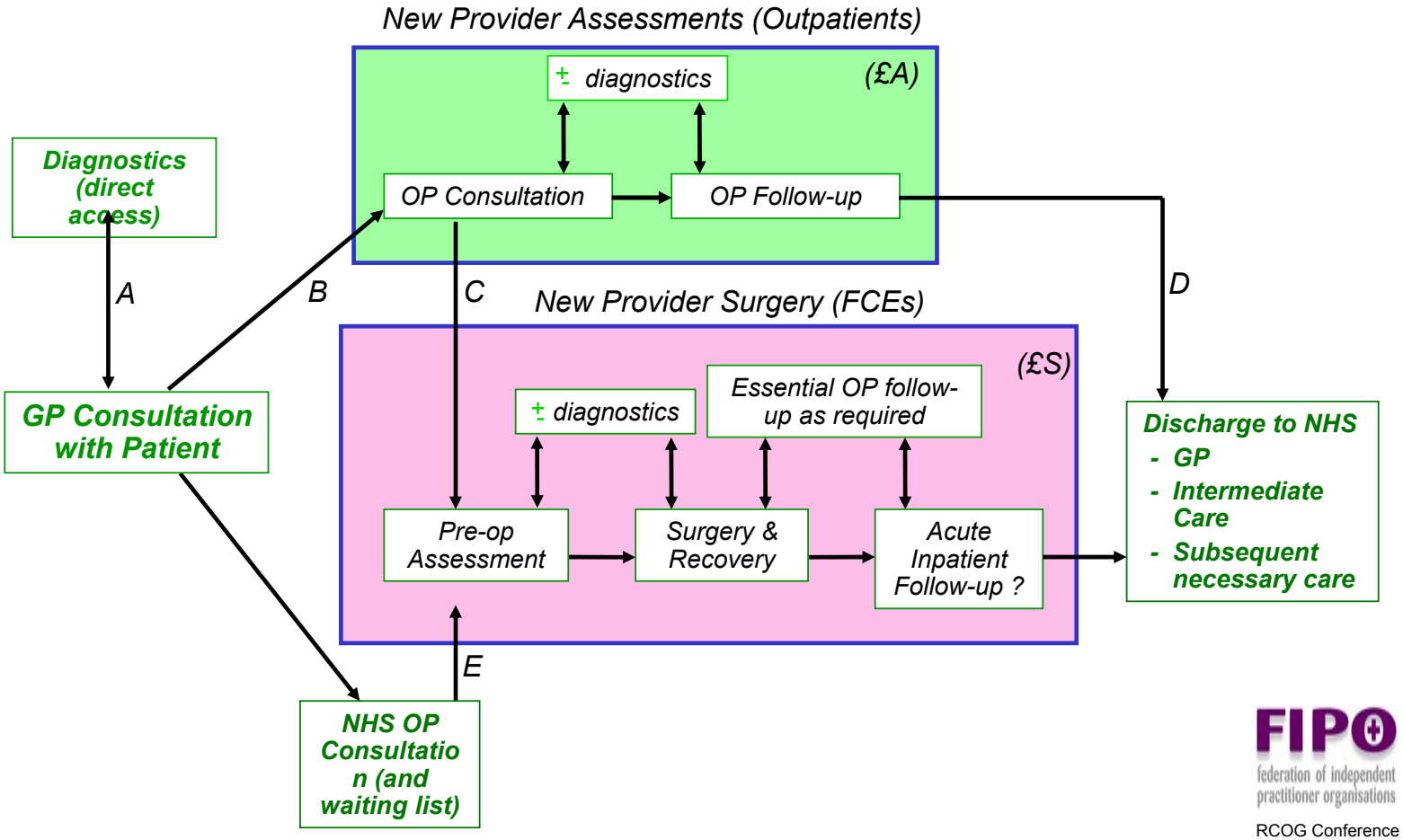
IS TC Programme

TCs Patient Flow Diagram



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15% eventually

Current elective over 6m pa

Likely to grow

This procurement about 3%

Fears

- *Contract Failure & VFM*
- *Delivery Failure :*
- *Impact on - NHS viability*
  - Private Practice: volume
  -prioritisation
- *Poor Quality*

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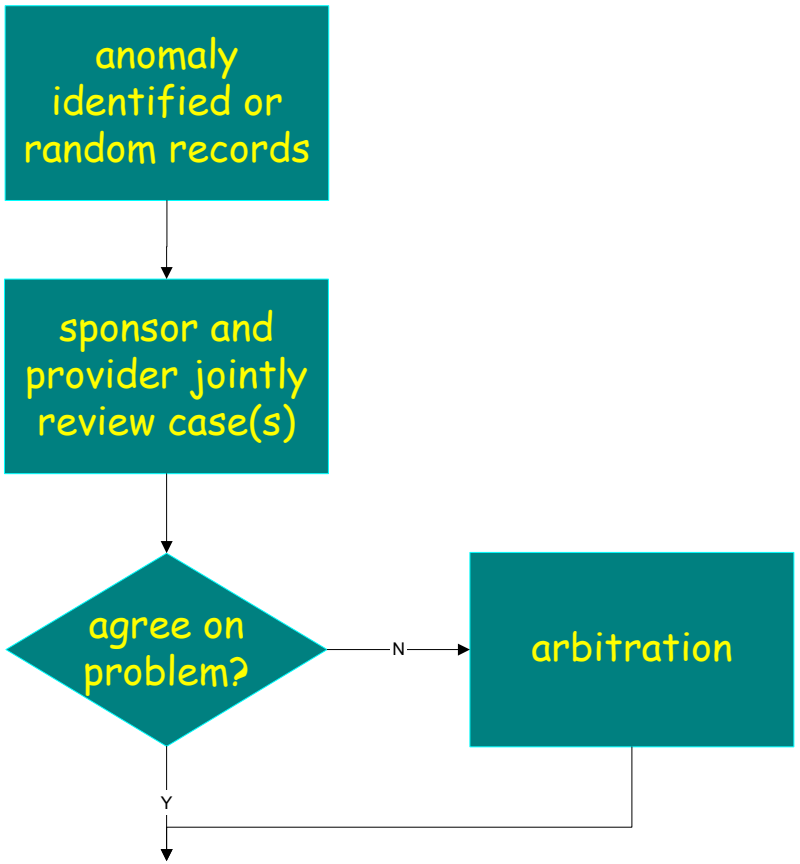
Outline of Review Process (1)



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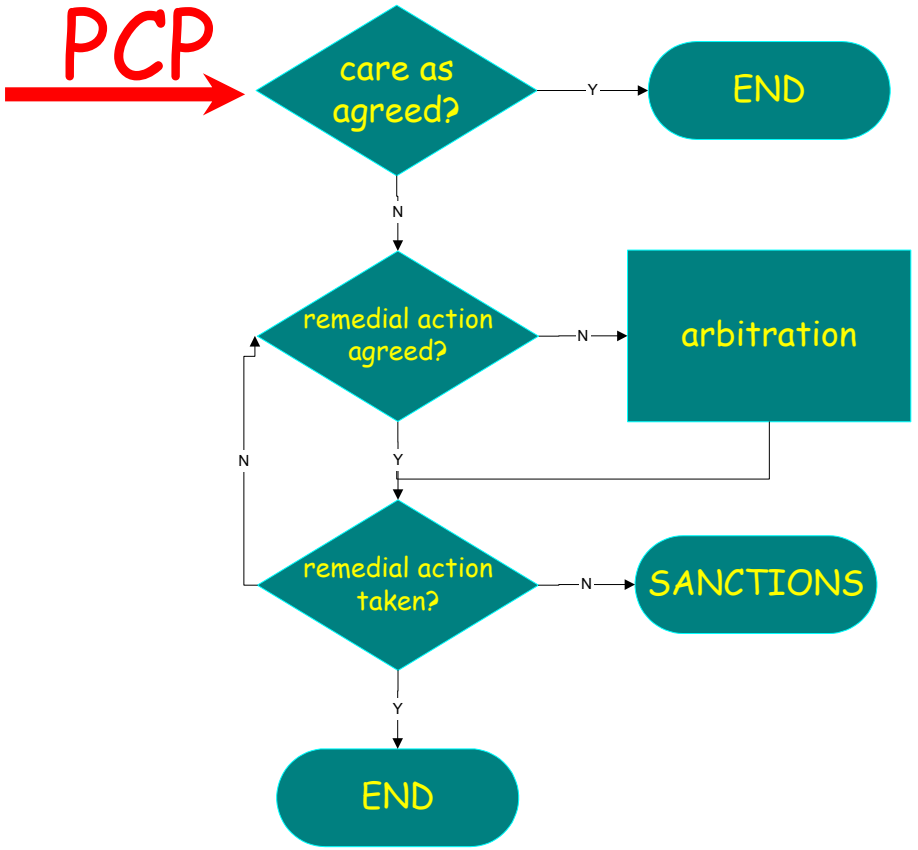
Outline of Review Process (2)



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No Wait Time	Have Wait Time
Austria	Australia
Belgium	Canada
France	Italy
Germany	Finland
Japan	Denmark
Luxembourg	Ireland
Switzerland	Netherlands
US	New Zealand
	Norway
	Spain
	Sweden
	UK

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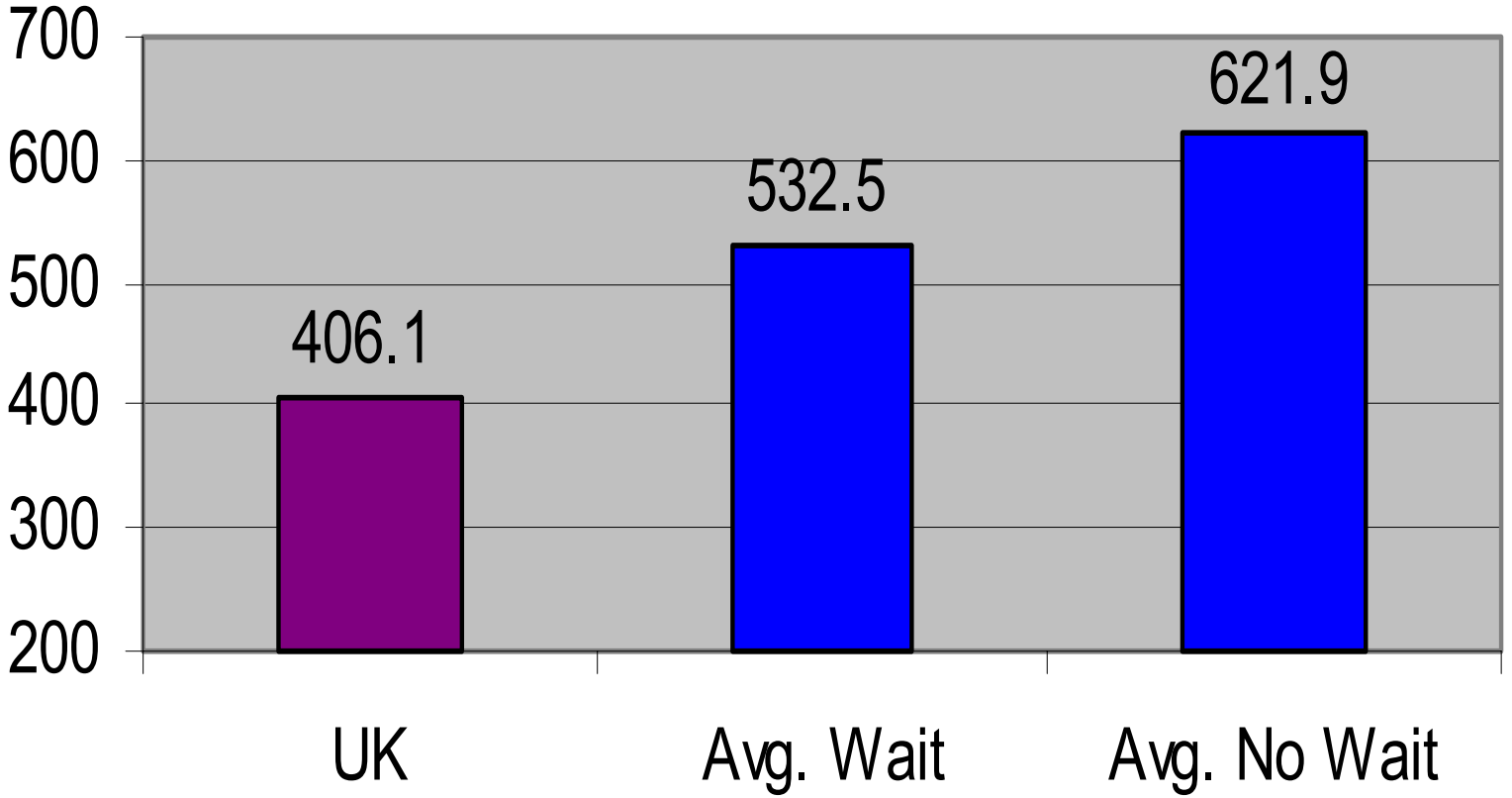
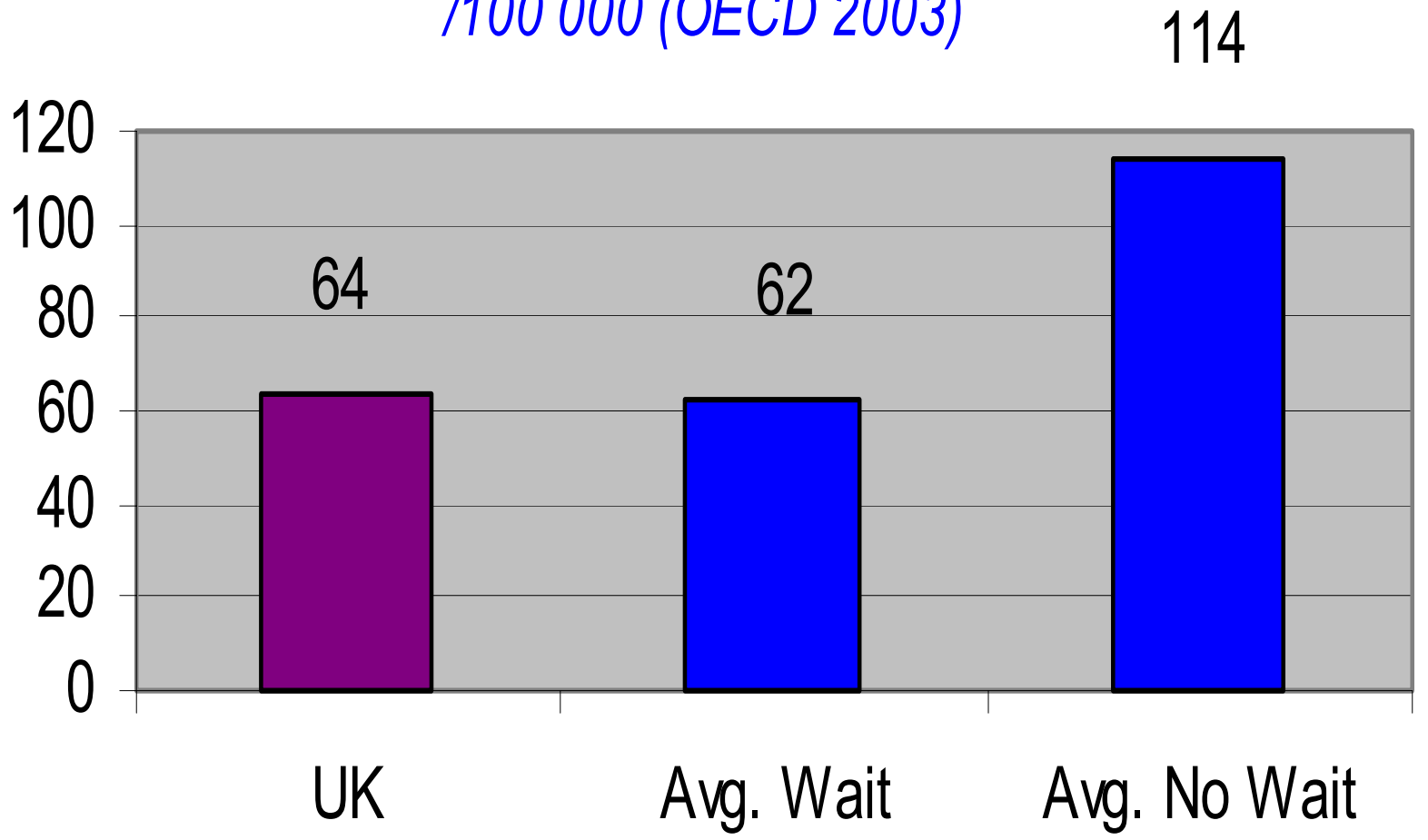
Procedure Rates: Cataract

/100 000 (OECD 2003)

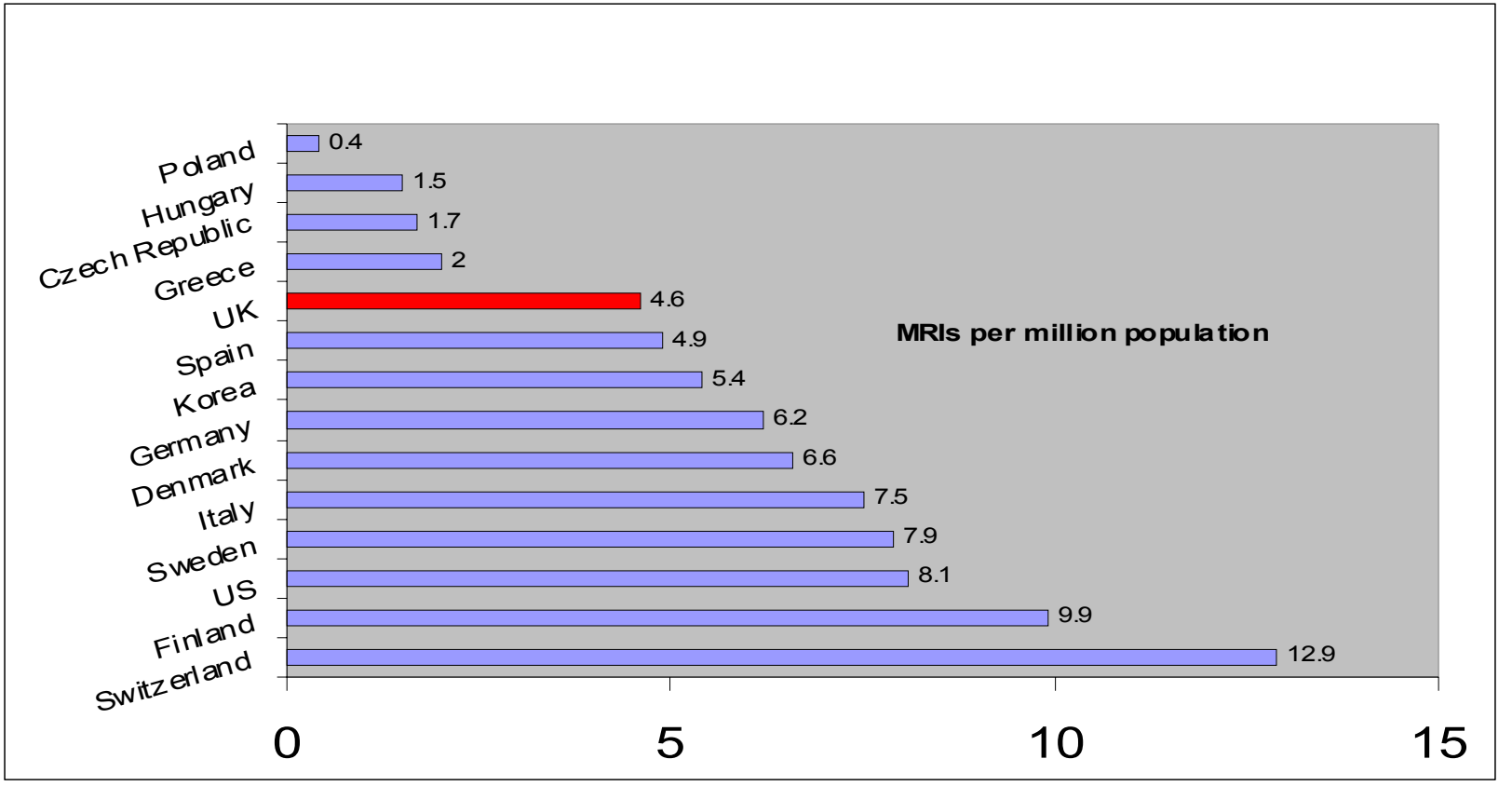


Procedure Rates: Knee

/100 000 (OECD 2003)



Diffusion of MRI Units, 2000



- *Source: OECD Health Data, 2003*

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Discussion

Dr. Thomas Mann
Commercial Directorate

- *People no longer take what is given them and are grateful. They want services that are responsive to their needs and wishes. Long gone are rigid demarcations between public, private and voluntary sectors, at least in the public's mind. They are happy to see and often require partnership between the three.*

- *The principal challenge is to shift focus from policy advice to delivery. Delivery means outcomes. It means project management. It means adapting to new situations and altering rules and practice accordingly. It means working not in traditional departmental silos. It means working naturally with partners outside of Government*

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Q1: Where will the future practice of UK consultants be?

- *It will remain within the NHS*
- *Most will be within local Trusts*
- *the entire ISTC contract is less than the amount already procured by the NHS through private hospitals*

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Q2: How long will foreign operators stay in the UK?

- *Dependant on VFM and improved outcomes*
- *We welcome them staying.*
- *Contract renewal process*

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Q3: What is the effect on stability in the NHS?

- *Hospital closure is not an option.*
- *Additional resources made available*
- *Objective is to help the local Health System to tailor its services appropriately*
- *Encourages collaboration between Acute Trusts and PCTs.*

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Q4: How will we deal with destabilising influences?

- *NIT has dealt thoroughly in the past.*
- *Willingness to visit sites/parties concerned*
- *Incidents are generally not about acute services*
- *Surgeons have always demanded protected surgical care*

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Q5: What is 'Additionality'?

- *Government policy; NCSC ruling*
- *Prevents NHS staff against poaching*
- *the 6 month rule*

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Q6: Have UK consultants breached this requirement?

- *No*
- *Issues include:*
  - *retirement*
  - *locums*
  - *movers*

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Q7: Can NHS consultants contract for ISTC work?

- *Technically they can have a separate private company*
- *Cannot as an NHS Trust*
- *They cannot breach 'additionality'*
- *Could be done as a JV*

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Q8: Can they contract for waiting list work outside of ISTC program?

- *Yes (as above), but without the Additionality complication.*

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Q9: Will consultants be directly remunerated by the ISTC of by their parent Trust?

- *Direct, by the NHS.*
- *Money from the ISTC.*

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Q10: Do NHS hospitals have to treat ISTC patients if they develop complications?

- *Yes, same as spot buying and current private practice, foreign visitors, etc.*

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- *Yes, same as spot buying and current private practice, foreign visitors, etc.*

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Q11: What about Training?

- *We are committed to training in all our facilities*
- *PPs are also willing.*
- *Issues raised:*
  - *cost*
  - *logistics*
  - *resources*
  - *insurance*

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