

# FIPO newsletter

Summer 2020

*NHSE terminates contract with most London Private Hospital Providers and eight in other areas effective from 8<sup>th</sup> September.*

More below.

## Dear Colleague,

As we reflect on how the world has changed since March – when the coronavirus causing COVID-19 forced itself into our lives – who would have imagined the situation in which we find ourselves?

We have had the first peak in cases, and sadly deaths, and as was only right, the independent sector has played its part in freeing up beds to assist the NHS cope with the surge of sick patients. Private Practice almost ceased entirely, but now we are in Phase 2 so-called *de-escalation*.

There will be challenges to re-establish the provision of private care as we move through the rest of the year. FIPO has been acting on your behalf to gather information from relevant bodies, like the Independent Healthcare Providers Network (IHPN) to alert the press as to our concerns about the underutilisation of the beds in the independent sector and for Written Questions to be posed to the government in the House of Lords.

We are in unprecedented times and no-one can know what will happen in the autumn and winter with COVID-19, but as you will see below, there should be a recovery in private practice – albeit possibly slower than we would all like.

## Dates for the diary

2020

**01.09.2020:** Sapien Care Group's interactive webinar with Stafford Lightman (<https://sapiencaregroup.com/webinar/covid-the-mental-health-toll-to-society/>)

**08.09.2020:** NHS England's termination of contracts

**FIPO**   
federation of independent  
practitioner organisations

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## Independent Healthcare Providers Network (IHPN) –

The IHPN is the representative body for the independent sector healthcare providers. Richard Packard, Chair of FIPO was pleased to establish regular update meetings with David Hare, CEO of IHPN. The meetings are also attended by Dr Mark Vanderpump, Chair of our sister organisation, the London Consultants' Association and Howard Freeman, Medical Director of the IHPN.

During the pandemic as the sector continued to develop its relationship with the NHS to support the national effort, it was felt that a professional voice to advocate for private patients and their doctors would be beneficial. As you will have seen (*Health Insurance worthless if patients can't access treatment, The Times July 13<sup>th</sup> 2020*) there was, thankfully, underusage of the sector's capabilities, but our members had reported difficulties in getting their private patients admitted to utilise spare capacity due to the terms of the contracts and other operational difficulties.

These fortnightly meetings have proved very useful in identifying these issues and ensuring that the needs of private patients are recognised in any ongoing contractual relationship. FIPO is sure that many of you have seen the letter issued on August 1<sup>st</sup> from the NHS to the regions in England which states:

*'To further support the recovery and restoration of elective services a modified national contract will be in place giving access to most independent hospital capacity until March 2021. The current arrangements are being adjusted to take account of expected usage and by October/November it will be replaced with a re-procured national framework agreement within which local contracting will resume..... To ensure good value for money for taxpayers systems must produce week-by-week independent sector usage plans from August and will then be held directly accountable for delivering against them'*

FIPO was concerned that the terms of this variation to the contract meant that IS hospitals will continue to be run by and for NHS patients only and that the needs of private patients would not be met. David Hare was able to assure us that from November the IS will take over management of their hospitals again which should free up 30% more space for private patients. In addition, the NHS must post their lists in time for unused capacity to be utilised for private work. It will be up to local management to juggle the requirements of NHS and private patients in the most efficient manner.

However, since this letter it has been announced (7<sup>th</sup> August) that NHS England have now terminated the NHS support arrangements with the majority of the Central London hospital providers and eight in areas outside London. It remains to be seen how the NHS will utilise the space available at the hospitals that remain in contract with NHSE.

We have pointed out to the IHPN that re-starting private practice will not be like flicking a switch and the hospital providers will need to support this for both consultants and patients by any means at their disposal.

FIPO latest in *The Times* - Monday 13th July 2020

FIPO's Chairman, Mr Richard Packard, spoke recently with Mr Andrew Elson about the underutilisation of beds during this COVID-19 pandemic. Please read further for the full article.



waiting lists.

Medical insurance risks becoming worthless because of the difficulties policyholders face getting treatment since the NHS took over the running of private hospitals, a consultants group has warned.

The Federation of Independent Practitioners says the transfer of more than 8,000 private hospital beds to the public sector in March to help to tackle the coronavirus pandemic risks backfiring if the four million people who have private cover turn to the health service for treatment, burdening taxpayers and adding to

FIPO Chairman, Richard Packard, featured in *The Times*, 13<sup>th</sup> July 2020

<https://fipo.org/index.php/2020/07/15/health-insurance-worthless-if-patients-cant-access-treatment/>

## Private Hospital Information Network (PHIN) –

Much of PHIN's activity has ceased for obvious reasons during the national emergency. FIPO is a member of PHIN and attended their Members General meeting at the end of July. As the relationship between the NHS and private sector grows closer there was much talk of a merging of information streams between the sectors. FIPO had made an extensive response to the Acute Data Alignment (ADEPT) consultation and they have made reference to a number of the issues we raised including:

- Recognition in disparity of attribution of NHS records to NHS consultants (team rather than individual)
- Retention of the ability of consultants to sign off their own data
- Recognition that coding systems will need to be aligned

The latter point is of considerable significance as it would mean that the sector could move away from the PMI's CCSD coding and bundling towards universal adoption of OPCS procedure coding in line with the NHS.

Professor Tim Briggs (Chair of GIRFT) has now also been appointed to a new role of National Director of Clinical Improvement for the NHS. His aim is to use PHIN and NHS data to generate a 'one model health system' which will allow for timely and localised responsiveness to health issues.

PHIN still aim to publish 'never' events at hospital level in September. In a major concession to the data protection challenge FIPO made to them last year they acknowledged that Consultants' interests as data subjects must be considered.

PHIN was appointed as the information organisation for the sector by the CMA for one purpose only and that was to provide information to patients to allow them choice on cost and quality. So far, they have not been able to deliver this for a number of reasons. PHIN have spoken of a Data Asset value of around £10M which they now hold, and we are concerned that there might be an attempt to monetise this information. FIPO will continue to provide robust input to their activities to ensure that they remain on message

At this annual meeting Matt James, CEO of PHIN, suggested that PHIN's future alignment will move away from the PMIs and more towards the NHS. PMIs in the audience challenged that there now seems to be no consensus about PHIN's purpose.

PHIN will be generating a new strategic plan to be launched in December and we hope that FIPO will be able to influence their agenda and move back towards the purpose for which they were established.



### An announcement from PHIN -

FIPO is here to update consultants on news in the sector, particularly during times like these where individual consultants need support from their member organisations.

The CMA have agreed to allow PHIN to postpone the publication of website measures for the next quarter in recognition of the current situation. Data submitted for the current data period of 1 October 2018 to 30 September 2019 will continue to be displayed on the PHIN website.

You may read the full post on  
FIPO's website >

<https://fipo.org/index.php/2020/05/04/phin-news/>

## Industry updates –

### New Research Proposal

FIPO has been working to outline a proposal examining the health economics of Public and Private Healthcare in the post-COVID-19 era.

The programme of work would look at regulatory reform options and consider some of the stakeholder dynamics like the actions of PMIs, which were previously ignored by the CMA investigation.

We believe that this programme could have a profound effect on future professional integrity and quality of care for private patients.

In order to ensure that this programme is funded, we have been approaching the hospital providers; both individually and via the IHPN, to secure this.

We will keep you informed.

### Private Medical Insurers

FIPO called a meeting of the PMI medical directors in June. It was attended by Bupa, Axa PPP, Vitality, Aviva and the WPA – as well as the MDs, there were several commercial directors present too, including the London Consultants' Association's Chair, Dr Mark Vanderpump.

The meeting had been called to discuss the potential existential threat to the continuation of private practice and of course the PMIs business. There seemed to be overall little concern professed by the PMIs as to the threat to their future and a reluctance to engage with FIPO to try to bring pressure together to try to minimise the threat to private practice.

The CMA have asked for comments on the proposed acquisition of CS Healthcare by Bupa. FIPO will be submitting our views that further limiting of patient choice in PMIs reflects the general trend to limit choice of consultant and hospital in more and more restrictive policy options.

**For further information about latest features and updates, please visit the FIPO website:**

[www.fipo.org](http://www.fipo.org)



## A few words from the FIPO Board

FIPO will continue to work for you as we hopefully start to recover.

If the research that is mentioned above comes to fruition, we plan a number of surveys with which we hope you and your patients will be able to assist.

Enjoy the rest of your summer and stay safe.

Best wishes,

The FIPO Executive



**Christopher Khoo**

FIPO Vice Chair

**Richard Packard**

FIPO Chair

**Ian McDermott**

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