



Oxfordshire Keep Our NHS Public

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The slow killing of the NHS by salami-slice

The private sector in Oxfordshire NHS - Performance and patient testimony

The number of private companies that run parts of the NHS in Oxfordshire is growing. In each contract, a provider agrees to deliver, for a certain number of years, a particular service within a "performance framework". Some of these contracts are with the local Clinical Commissioning Group, some with NHS England, some with NHS hospital trusts (Oxford hospitals, and mental and community health). These contracts are by their nature rather inflexible. And, since they are held by private companies, they are not easy to change during the lifetime of the contract.

Contracts are awarded on the basis that they fulfil certain targets. But in the contracts with private companies that we have looked at, a number of targets were not met. We've also found that problems highlighted in patient testimonials are not covered by the performance framework. So, complaints, in these cases, are ineffective.

Health services must be flexible - episodes and epidemics are not predictable. They need staff, wards, A&E, operating theatres that can work as professionally and compassionately as possible, where problems and hold-ups can be quickly addressed. This requires services run by professionals confident in their staff, their back-up, their buildings and equipment.

This report, based on performance during 2018-19 of some of the main private contractors, shows that contracts with the private sector hinder rather than help this to happen. For instance, the NHS main website awards one of them, HealthShare, 1.5 stars out of 5. InHealth (which provides diagnostics) was awarded 2 stars out of 5.

Where is the evidence on the local private sector in Oxfordshire? That is a question we are often asked in KONP. The evidence comes from official monitoring reports received by the Clinical Commissioning Group and from patient testimony.

I. Background

In Oxfordshire, the Clinical Commissioning Group has a number of contracts with private providers. These include:

- **HealthShare** (physiotherapy and all things musculo-skeletal)
- **InHealth** (endoscopy, colonoscopy, echocardiogram)
- **Physiological Measurements Ltd** (diagnostic services)
- **Boehringer–Ingelheim** (a pilot joint specialist community team for those with respiratory problems). The funding is joint. BI say they have no clinical input.
- **Specsavers, Scrivens and The Outside Clinic** (audiology services)
- **Other smaller contracts and grants related to other areas outside of planned care.** This includes provision of diagnostic services for autism, work with the third sector to deliver falls-prevention programmes, several services delivered by individual GP practices such as skin cancer monitoring and minor surgery, a company called Ingeus to deliver a diabetes prevention programme locally, and Oxon GP Federation provision of access hubs for primary care, Hospital at Home services, out of hours, and some specialist clinics.

In addition to private companies commissioned by the CCG, there are some commissioned by NHS England. These include:

- **Healthcare@Home** (follow-on cancer care at home)
- **Alliance Medical** (diagnostics)

All this adds up to a very complex environment for GPs, hospital consultants, and the general public. There are likely to be problems in the following areas:

- **Access.** Will the clinic be easy to find? Properly indicated? Pleasant to use? Not far from home?
- **Communication.** Will the private provider send information back to the GP quickly? Will the GP be able to ask ancillary questions?
- **Getting changes to service.** If the reports from patients are bad and the service is not good, how easy is it to get changes? What kind of complaints procedure or monitoring opportunities are there?

II. Problems with the contracts

The second area of difficulty is the contract. How is it monitored? What are the criteria for measuring success or failure? What happens if things go wrong? Can a contract be ended?

1. How can a rigid contract respond to illness?

The most obvious issue is that these contracts are for a tightly specified service. There may be a little flexibility built in but, on the whole, they are for a number of events or episodes, over a particular timescale, delivered, and reported on. This specification regime hinders the kind of flow and responsiveness needed in the care of illness. This is unpredictable and requires huge flexibility to deal with emergencies, epidemics, and so on. A health system which is made up of dozens of adjacent services, delivering small slices of the total service, inevitably struggles to be efficient.

2. What about the Cinderella services that the private sector isn't interested in?

Some slices are more profitable than others. Since the private sector's focus is on profit margins, it cherry picks the more profitable and leaves the expensive, less predictable areas. This leaves a very unequal playing field when it comes to demonstrating public sector efficiency. The public sector is left with more complex and expensive services and, at the same time, has to pay the agreed contract sums to the private sector.

3. Where does the private sector get its trained staff?

The training and update training of staff is done in the NHS by the NHS. The private sector takes advantage of this, as it takes trained staff from the NHS but does not provide the same amount of training. In addition, if certain procedures and specialisms are taken away from the public sector, training in those procedures and specialisms itself becomes problematic.

4. Who picks up the pieces when things go wrong?

If anything goes wrong with the patient in private sector care, for instance, the patient needs emergency treatment, the public sector bears the cost, not the private sector.

III. How successful are these contracts in Oxfordshire?

We have two main sources of evidence: the performance monitoring framework and testimony from patients or their GP or consultant. We have been able to obtain monitoring reports for only three of the providers. But they do contain some interesting information.

(1) InHealth (endoscopy, colonoscopy, echocardiogram)

According to the targets in the contract:

- Referrals within 6 weeks, agreed threshold 95%. Result: average 80.35%, lowest in one month 45%.
- Referrals within 2 weeks for suspected heart failure, agreed threshold 95%. Result: average 92.7%; in 2 months only 50%.
- Seen within 30 minutes of the time given for appointment, agreed threshold 90%. Result: 100%
- Patients offered appointment within 5 days, agreed threshold 98%. Result: 100%.
- Urgent findings processed on day of scan, agreed threshold 100%. Result: 99%; in 2 months only 93%.

The agreed threshold, therefore, allows for a failure rate of around 5% routinely on most measures. This in itself is not acceptable to the public. The actual reported performance shows some frankly unacceptable deviations from even this agreed threshold. If these services were in house, problems could be dealt with quickly. As it is, these private contractor problems interfere with the patient journey, causing holdups. They also interfere with NHS performance data and thus contribute to headline failure ratings for CCGs and NHS trusts.

Echocardiogram

The patient experience of InHealth echocardiogram services shows some other concerns that are not included in the performance schedule.

Patient experience

Banbury, April 2019

The patient had an exhaustion episode about a month before and felt knackered for several days. When they went to see the duty GP, he organised an ECG and blood tests. Their own GP (a locum, of course) said he thought they might have had a slight heart attack and referred them to cardiology. An appointment was set for 10 May.

They were told they would be hearing from InHealth Ltd, which would be doing the echocardiogram. A text arrived from InHealth giving a link to make an appointment. The link didn't work, neither did the phone number. In protest at this inadequate system, the patient sent an email to the online contact stating they were not pleased about InHealth's service.

*The patient received no email or phone call or apology from InHealth. They merely got another text some days later, on 25 April, and the patient called the number to make the appointment. The first available appointment was on 23 May and the next on 31 May, two and three weeks **after** the 10 May cardiology appointment. They also said it would take an extra five days for the report to get to cardiology. They said the holdup was because the CCG hadn't let them have enough 'spaces' (they must mean clinic spaces?).*

The patient called the Oxford University Hospitals Trust cardiology secretary, who was very nice, and said this was unacceptable. The secretary said it was possible for the cardiologist to see them without the report but this was less than ideal - a specialist can judge a lot more with all the available information. When told about the 5 days for reports to reach cardiology, the secretary said, "rubbish". But she offered to go to InHealth to find out if they could juggle things around. A call came from InHealth that very afternoon (25 April) and guess what? They offered a slot the next day, 26 April. This person was asked to fill in a questionnaire about their experiences with InHealth which would be sent to them by a company called Simplicity ...

Endoscopy, urgent cancer referral: performance indicators

- "2 week wait" patients (referred urgently by their GP or clinician). Target: 98%, result: 67.6% (April 2018 to March 2019)
- "1-day referral" ("booked within one day"): target: 98%, result: 43.9%

The indicator for how quickly people are booked in for cancer diagnosis in urgent referral cases is clearly crucial. It appears in InHealth's performance framework as "% 2-week wait patients booked within 5 days of referral". From April 2018 to March 2019 the success rate was 67.6%. This cannot be seen as acceptable. Yet because this is a service in the private sector, the patient, the GP, and the consultant are powerless to act. They can complain, get the service investigated, and report to the CCG that the target of 98% has not been met this year - but that is all. There is another slightly mysterious indicator in the framework

for "non e-referrals". One could surmise that this was a route for the very urgent cases, where the GP rings up InHealth saying please fit this one in asap because the target - still 98% - is "booked within one day". But here the report contains the even more disturbing news - only 43.9% of referrals were actually booked within the one-day slot.

Patient experience

Bicester: April 2019

On 8 April, a patient received a call from InHealth claiming that they needed to make an appointment for her. Since she was bewildered by this phone call and was not expecting to need an appointment, the patient asked what the call was in relation to. The call handler said he could not answer that question without the patient answering security questions because of data protection. The patient was not offered the opportunity to find out more about InHealth or to contact her GP for an explanation as to why she were being contacted. The logical step would have been to offer a number to call back, but that was not done. In the event, but only because she had heard of InHealth (albeit in such a negative context), she did respond to the personal questions and proceeded with making the appointment.

On the following Thursday, 11 April, she received through the post a letter dated 5 April saying that she should expect to receive a call to make an appointment. That letter still did not state for what medical condition her GP had made a referral. If she had received the letter before the phone call, she could have contacted her GP surgery for an explanation. The patient complained to InHealth regarding the inefficiency of the InHealth process for advising patients that they are to be contacted to make an appointment. Also, the letter did not include any information about how to make a complaint: the patient found out how to obtain the information from the InHealth website by asking the receptionist at the treatment centre when she attended.

She was told over the phone and sent an e-mail confirmation that the appointment was at Bicester Community Health Centre. That designation is very confusing, since Bicester Community Hospital, which also provides diagnostic services, is signposted from the main road and is very close to what eventually turned out to be a building with InHealth written on its window. There was no sign saying Bicester Community Health Centre. The patient found this very confusing. Patients should be told clearly to look for a shop front with the name InHealth. She appreciates that the centre making the appointment is based in Manchester (the person who made the phone call revealed this), but she feels that InHealth should work to improve its knowledge of the area local to any of its facilities.

The patient has now sent a complaint to InHealth, which was acknowledged in 2 days. The reply says a response will be made within 20 days.

Patient experience

Witney

My GP referred me for an endoscopy in Witney without telling me it was InHealth, or that it was private. When I got to the appointment I realised it wasn't NHS, although I think they may have been using an NHS logo (my memory is hazy on this). I think I was asked whether I wanted it under general anaesthetic, which I declined. I was quite nervous but the nurse was supportive and held my hand when I asked her to. She coached me to breathe slowly through it.

Afterwards the doctor gave me the results and information about what to do. I thought he seemed good, experienced and professional. I was satisfied with the experience and have no complaints about it, other than that I would have preferred it to be part of the NHS rather than outsourced.

(2) Alliance Medical Diagnostics

Alliance Medical is a South African firm with a contract for MRI scanning at the Churchill Hospital (the contract we think is held by NHS England, though it is not easy to find out).

Patient experience

Oxford, April 2019

My GP referred me to the JR for an MRI scan. I received an appointment by letter within a month. It was for a date about 4-6 weeks later, 23 April. I was received at the MRI department by NHS staff, then after a 30-minute wait was asked by a man in pale blue uniform to follow him. We went outside to a long hut on wheels in the corner of a yard which I was shocked to see marked Alliance Medical, and up some steps (no accessibility!) in through a door in the middle.

In front, on entering, were 2 staff at a desk or table, one or both of them in front of computer monitors. I had no contact with them. To the right was a cubbyhole where I was asked to take off my jacket and metal objects which were then stored in a locker over the head of one of the people at the table/desk. It was all cramped. The man and I then went through to the other end of the hut where the scanner was. He asked me the same questions about metal plates or pins in my body that I had already answered in a form accompanying my appointment notice.

I was asked to put in earplugs and don head muffs as it would be 'noisy'. There was no other explanation or description of what was about to happen. I had to ask how long it would take. I think the answer was 20-30 minutes. A bulb on a lead was placed in my hand and I was told to press it if necessary. I asked if that meant if I panicked and I think he nodded. I was told he would be in contact with me via the earphones during the scan. (He did not speak to me once.)

The scan was quite scary because apart from the confinement, the machine shook a lot and banged quite loudly. He had mentioned noise but not bangs and shaking. Then there was a

quieter spell, then it banged and juddered again, then the quieter phase again. When it was over, I was invited to put on my jacket and there were no other exchanges. I found this abrupt and disconcerting. Back in the NHS MRI waiting room, I filled out a comment form and made three complaints:

- 1. The scan should be provided by the NHS and not a profit-making company.*
- 2. It was cramped and the machine was scarily noisy.*
- 3. There was no proper explanation/induction provided.*

(3) Healthshare

Healthshare, which took over all Oxfordshire's muscular-skeletal services a couple of years ago, has been subject to continuous scrutiny after a poor report reached Oxfordshire's Joint Health Overview and Scrutiny Committee last year. The performance framework HealthShare agreed with the CCG shows no target for length of time from referral to treatment. It simply said that patients should be offered "first or second choice of MATT (musculoskeletal assessment, triage, and treatment) within 10 working days". Within 10 working days of what? The target HealthShare had agreed to, which may have helped win them the contract, was 95% and was apparently exceeded – 100%. In fact their indicator targets were mostly exceeded, except for the "patient discharge letter to GP within 3 working days": target 95%, actual 92%. Not bad. On the indicator for onward referral for potential knee, hip, or back surgery, there is one indicator: "Patients referred to secondary care, offered a choice of providers". This has a target of 100% but a record over the year of 99%. Not bad, but there is no indicator for length of time from HealthShare consultation to treatment.

Compare this with the frontline patient experiences we have gathered on HealthShare:

Patient experience

Oxford, September 2019

In January this year I was referred by my GP to MSK clinic in Manzil Way to explore whether I needed a hip replacement. When I eventually got an appointment in April, I was seen by the physiotherapist and I opted for a conservative approach, starting with a sequence of exercise classes that began in early May. On 19 July, in a further appointment with the physiotherapist and following another consultation with my GP, I decided it was time to move towards surgery. The physiotherapist agreed that she would initiate a referral to the JR. I know that it takes some time to get a confirmed appointment, but I assumed that I would get an early response from the JR even though the appointment offered would be likely to be well in the future.

Since then, I have heard nothing, so today I called Manzil Way to find out what was going on. I was astonished to be told that the referral had never been made and I was offered no explanation other than that it had somehow slipped through the system. In other words, the referral which I requested again today is being made almost two months later than it should have been. I have no evidence that the fault lies with the physiotherapist, so this is

not a complaint against her. But I think they need to investigate which part of the system failed and I expect a full explanation of this.

This patient, months after filing a complaint, finally received a letter from Healthshare suggesting the problem was not their end – they had completed paperwork correctly but

"Unfortunately, onward referral has to be a two-part process as the patient administration system and the onward referral system are separate, however we are investigating the use of software that will allow the two systems to integrate."

In other words, one of the results of signing away one part of the NHS patient journey to a private provider is that the connections don't work (incompatible IT systems). And patients fall through the cracks.

Patient experience

Oxford April 2019

I was referred to MSK (Manzil Way, East Oxford) on 4th April for physio for my damaged leg. After 7 weeks, I had heard nothing so I walked round there and first I was told, "we wait 8 weeks before we send out appointments". Then they immediately offered me several options for the next week.

Where is the agreement about waiting 8 weeks before sending out appointments? Is that part of the contract? It's not in the performance indicators.

IV. Conclusion

Private firms contracted to perform functions along the patient journey are shown in this report to

1. create barriers to communication
2. create problems for access
3. fail to enhance patient experience
4. provide problems for patients and clinicians.

When these contractors, awarded on indicators of performance as well as cost, fail to fulfil the targets they set out, there is no easy way to change the terms of the contract.

Contracts themselves provide problems within a national health service context, since a national health service must retain professional responsiveness to health events. Private firms rely on the NHS for staff and response to emergencies – therefore any apparent low cost in a contract with private company hides costs shouldered by the NHS.

This report documents the direct effect that shortcomings in private company performance can have on the NHS's own performance - effectively drilling holes in the NHS from the inside, at the same time as reaping profit from an often poor service.

V. Recommendation

Healthcare commissioners and elected bodies responsible for scrutiny of healthcare provision should note this report and move to cease outsourcing healthcare to private companies and to take outsourced healthcare services back in house.

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