

# An evidence-free policy

Independent sector treatment centres were meant to improve the quality of patient care, inspire innovation and deliver value for money. But the BMA is concerned that their actual legacy has been poorer health outcomes, inferior care, rising bureaucracy, fragmented services, lost training opportunities and big private sector profits

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**T**HE GOVERNMENT argued that treatment centres were created for a clear reason: to provide extra capacity in specialties with long waiting times, and to support the NHS in meeting targets.

The treatment centre model allows a separation of elective/planned and non-elective/emergency care, which means scheduled operations are much less likely to be cancelled. The concept was first developed in the NHS and — along with other NHS-led innovations, such as day-surgery units and five-day wards — was set to make a valuable contribution to reducing waiting lists and waiting times.

But rather than supporting the NHS to build and create more treatment centres, the government has put in place plans to pay the private sector more than £5bn to set up ISTCs (independent sector treatment centres).

When these plans were introduced, the government claimed ISTCs would improve quality, provide better value for money and offer a better deal for patients. Five years later, many of the first ISTC contracts are nearing their end. The BMA does not believe the numbers add up.

The association has asked the government to provide the evidence that shows the proven benefits of ISTCs to the NHS.

One of the BMA's major concerns has been about the difficulty of getting access to information that might reveal the standard of care that NHS patients are receiving in ISTCs. The 2007 Healthcare Commission report *Independent Sector Treatment Centres: A Review of the Quality of Care* refers to 'the lack of high-quality, routinely available, systematically collected data on individual patients that is essential for the assessment of the processes and outcomes of care'. Only this year has the private sector agreed to begin to develop more reliable information on its performance, but it is not clear who will be allowed to see it.

## Inability to manage complications

There has also been concern about the impact on care of ISTCs' use of doctors trained abroad and unused to NHS processes and techniques, and an inability to manage complications because of staffing mix and insufficient facilities.

The BMA believes the ISTC programme has led to valuable time and money being used poorly, and that the government has seemingly ignored the potential of its reforms to destabilise the NHS and undermine the spirit of cooperation that is central to its success.

The report, *Impact of Treatment Centres on the Local Health Economy in England*, says more than half of these respondents said treatment centres had negatively effected the facilities and services provided by their NHS trusts.

Clinical directors highlighted a distortion of the case mix experienced by local NHS services as a result of ISTCs' cherry-picking simpler, more straightforward elective procedures. This practice reduces complexity and risk for ISTCs, but leaves local services with the burden of difficult cases and accommodating longer in-patient stays.

In addition to benefiting from a simple case-mix and guaranteed referrals, ISTCs are also able to rely on NHS support services if post-operative difficulties arise, which again results in a shifting of financial burden. Up until now, they have also benefited from improved tariffs, but in July the DH announced that in future they would have to deliver services at NHS prices.

Fragmentation of patient care is another concern. The Healthcare Commission review of ISTCs says 'pathways of care are not always well integrated', and the BMA report says only a quarter of the clinical directors who responded were always able to discuss ISTC cases with the clinicians involved.

**CASE-MIX DISTORTIONS: ISTCs are accused of cherry-picking the easiest and most profitable procedures and leaving NHS trusts with the financial burden of more complex care**



DIGITAL VISION

It has asked the government to show how ISTCs have improved quality, inspired innovation and delivered value for money. The BMA has asked for proof that ISTCs have provided better care for patients than the NHS could have delivered with the same large sums of money. It has asked why the private sector was favoured over the public sector. But the evidence and the answers are not there, just more dogma.

The BMA is concerned because the evidence that does exist suggests that when patients' care is bought and sold, and when hospitals, doctors, nurses and carers have to compete with one another like businesses, we find poorer health outcomes for patients, lower quality care, rising bureaucracy, and the erosion of relationships as a result of cooperation being replaced by competition.

NHS hospitals are now having to compete with ISTCs while at the same time having to provide NHS staff to work in those centres in order to make them viable. The NHS has been left to pay companies for work it could do more cheaply itself: the Department of Health admits that the cost of work carried out by the first 20 or so ISTCs is 12 per cent more expensive than that of equivalent work undertaken in the NHS. And the NHS has been forced to pay for work that many ISTCs are now unlikely to carry out; it will not get its money back.

Early evidence from a 2005 BMA study of clinical directors shows that where a treatment centre is in operation, most respondents report some impact on either their trusts as a whole (69 per cent) or on their clinical directorates (80 per cent).

**'The NHS has been forced to pay for work that many ISTCs are now unlikely to carry out; it will not get its money back'**

Fragmenting NHS care also threatens to undermine the quality of the NHS workforce. The BMA has particular concerns about junior doctors' training because procedures most suited to training are often transferred to ISTCs.

## Parliamentary criticism

The report of the Commons health select committee's 2006 inquiry into ISTCs says concerns about the centres being poorly integrated into the NHS and adversely impacting upon training are 'well-founded'. One member of the committee, Staffordshire Moorlands Labour MP Charlotte Atkins, has said ISTCs seem to be an 'evidence-free policy zone'.

To conclude, ISTCs have led to the fragmentation of the NHS rather than better integration, and NHS organisations operating in an environment where competition — not cooperation — is encouraged. And, by operating under the cover of commercial confidentiality, they have undermined transparency and prevented public scrutiny. The evidence that is available, however, suggests ISTCs have resulted in taxpayers' money being wasted and patients' care being compromised.

● This article is based on a paper written by the BMA health policy and economic research unit on the Look after our NHS website, see <http://lookafterournhs.org.uk/>