

Outsourcing Day Care  
for  
Public Patients in the U.K.



Victoria Museum:  
Australian convicts  
arriving in  
New South Wales

Outsourcing Day Surgery

for

Public Patients in the UK

# Plurality of Provision

WHY ? To ↓ waiting lists

To ↓ waiting times

HOW ? By ↑ competition

By ↑ capacity

# Independent Sector Treatment Centres (ISTC's)

Private sector

First tenders 2002

1<sup>st</sup> wave - income guaranteed  
- additionality

2<sup>nd</sup> wave - much reduced financial guarantees  
- additionality rules removed

# Patient Choice 2006

- Choice of 4-5 facilities for treatment
- One of these must be a private unit

Day surgery may be outsourced to:-

- ISTC's
- Private Hospitals
- Private day units

Consultants working in private facilities may be:-

- Individual self employed private practitioners
- Members of a LLP
- Full time employees of the private facility

NHS owned facilities outsource the  
provision of consultants

# Limited Liability Partnerships (LLP's)

- Uni or multi- speciality
- Deal only with NHS work or NHS + private work
- Local or national

# Southern Medical Partners LLP

- Multi speciality
- Only contracted out NHS work
- North West London for day surgery
- All U.K. for endoscopy

What are the benefits and problems of  
outsourcing NHS day surgery work?

# N.H.S.

## FOR

- Introduces competition
- Increases available facilities
- Increases patient choice
- Increases consultant time with no on-costs
- Decreases waiting lists
- Costs within tariff

# N.H.S.

## AGAINST

- May decrease viability of DGH's
- Training problems for junior doctors

# Patients

## FOR

- Increased choice
- Shortened waiting lists
- Tight regulation of private facilities

## AGAINST

- Local DGH may become non-viable
- Management of complications may not be as seamless as in NHS

# Consultants

FOR

- More independence
- Increased income for NHS work
- Fee for service
- Self employed tax advantages

# Consultants

## AGAINST

- No pension provision
- No income during holidays or off sick
- Problems training juniors
- Possible multi-centre working
- Relationship with GP's may not be as good

# What are the underlying political aims?

- To separate funding and provision of surgical services
- Increased competition
- To remove facility costs from the Public Borrowing Requirement (PBR) and to stop expensive Private Finance Initiative (PFI) projects

# The Future

- NHS (day surgery) patients will be funded at tariff rates wherever they are treated
- All (day surgery) providers will be private or charities (i.e. no government owned facilities)
- All consultants will be self employed (individual or partnership) and will contract with facilities for all elective and emergency work

# CONCLUSION

These changes if handled properly,  
in particular the training issues,  
can only benefit  
the NHS, patients and consultants

