

Exclusive: NHS England spends millions to send patients private over winter

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By [Annabelle Collins](#) 15 January 2020

NHS England and Improvement have allocated millions of pounds to outsource elective and diagnostic work to the independent sector, in an attempt to keep waiting lists down during the winter, HSJ has learned.

NHSE confirmed around £22m had been allocated this winter to support orthopaedic, paediatric, cardiology and gynaecology departments.

The national commissioner said money had been given to 44 areas to increase elective capacity, and in 22 areas to increase diagnostic capacity.

NHSE said the money was given where it judged that the main hospital trust had a record of delivering itself, and already had plans in place to allow for extra activity.

The national agency indicated that, in some cases, the funding was earmarked for “insourcing” — as in, carrying out work in the NHS rather than in the independent sector — rather than vice-versa.

There was no specific winter funding pot announced for the NHS for 2019-20, although [HSJ reported](#) late last year that NHSE/I were scrambling to provide funding to some hospitals to mitigate a performance crisis.

Elective waiting lists typically grow more quickly during the winter as NHS capacity becomes focused on emergency care, [with trusts often opting to cancel some planned operations and scans](#).

An NHSE spokesman told HSJ: “Targeted investment in additional capacity this winter will mean that more people get their planned test or treatment more promptly, over what we know is a busy period for frontline teams.

“While the NHS has opened more beds this winter than last, helping teams to carry on doing elective tests and treatments, the continued increase in demand for care means the government’s commitment to increase the number of nurses by 50,000 and invest in new and expanded facilities will be crucial over the coming years.”

[Quarterly official beds data has not yet been published](#) covering this winter, and any uplift is likely to be modest, following on from a reduction of about 10,000 beds over the past 10 years.

Local targets

Nottingham University Hospitals confirmed to HSJ it had been allocated £447,000 to outsource orthopaedics cases over the winter, with a target of 30 patients to be treated by the end of this month.

“An orthopaedic ward has been handed over to medicine to deal with expected growth in respiratory demand as part of our winter plan — the transfer of patients to the private sector will help us to treat patients more quickly during this period and prevent further backlog growth,” a trust spokeswoman said.

She said the trust believed the target of 30 patients to be treated by the end of January was achievable and stressed it was working closely with private sector providers to identify capacity and transfer patients.

A local source said some of the orthopaedic work would be completed at private providers Spire and BMI.

Manchester University Hospitals Foundation Trust reported in a [recent board paper](#) that additional funding had been secured to undertake independent sector activity in quarter four of this year to “reduce the number of longest waits” and “maintain the waiting list size trajectory given the risk of winter pressures”.

A spokesman said: “MFT has received £350k from NHSI for elective work in quarter 4 — numbers are currently being finalised.”

Not a long-term fix

David Williams, senior policy adviser at NHS Providers, warned taking income away from trusts would only “entrench the financial problems that the long-term plan has committed to resolving”.

“However, where waiting lists are growing due to unforeseen levels of demand, it is a reasonable short-term fix to provide targeted support via the independent sector to minimise waiting times for patients,” he said.

“The NHS has long worked in partnership with the independent sector to secure the additional capacity needed to meet the needs of patients in a timely way, but this is not a long-term solution.

“To ensure the NHS can continue to meet all the requirements asked of it year-round, we need to see proper investment in the beds, staff and facilities needed.”

David Hare, chief executive of the Independent Healthcare Providers Network, added: “In addition to treating patients that choose to go to the independent sector at the point of referral, independent providers are routinely asked by NHS trusts to help manage long waiting lists.”

Source

Information supplied to HSJ/NHS England

Source Date

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