

*From the Office of the President
Dr Jane Barrett BSc FRCP PRCR*

19th July 2012

Ms Julie Hawes
Inquiry Coordinator
Competition Commission
Victoria House
Southampton Row
London
WC1B 4AD

Dear Ms Hawes

Private Healthcare Market Investigation

Thank you for your letter of 22nd June inviting comment on the above investigation.

We understand from the statement of issues published by the Competition Commission on 22nd June that "...healthcare services funded by the NHS whether carried out in NHS facilities or in privately-operated hospitals are outside the terms of reference" of your investigation. However we consider that when reviewing the operation of the market within the private healthcare sector, the effect of the practices of the sector on the NHS should be part of the picture.

We would wish to refer to the types of examination or procedure generally offered by the private health sector, to issues of appraisal and revalidation of medical practitioners and to training.

There are some private providers that are only able to function by using the resources of the NHS, but often in return make no direct contribution to those services. This applies to emergency referrals, referrals to intensive treatment units or transfer to the local NHS services when they themselves have no service available. This also applies in imaging where consultations take place in the private sector then require urgent NHS imaging referrals, before the follow-up reverts to the private sector.

There may be an issue of a cross over with NHS funding where initiatives to reduce NHS waiting lists are outsourced to a private sector provider that may employ and therefore reimburse NHS consultants for their private work.

Some operators within the private healthcare sector may be carrying out more x-ray examinations of patients than are warranted or indeed safe in terms of radiation protection. The patients' general practitioners may not be advised of follow-up recommendations or procedures which impact upon their decisions regarding the future care of their patients. There are also schemes which advertise direct access to health check tests which may lead to an increased burden on the NHS by way of having to deal with equivocal results.


Whilst noting that some private healthcare providers are following the NHS model for revalidation in developing their own, we wonder what safeguards are in place generally across the private healthcare sector. Patients must have confidence in the competence of practitioners. The burden is also placed on the NHS employee who works in both the public and private sector but has no account taken of the private element of their practice in the current appraisal and revalidation system.

Most of the training of the majority of consultants and general practitioners who practice in the United Kingdom is provided by the NHS as noted under paragraph 14 of the Statement of Issues. When reviewing the private healthcare market, we hope the Competition Commission will review the economic benefits which this bestows upon the private sector and how the NHS might be compensated for this.

The RCR also has concerns that training opportunities, for instance in imaging, become limited in the NHS where the straightforward and cost effective radiological examinations are being undertaken by the private sector, leaving the more complex and expensive tertiary care and interventional procedures to the NHS. Apart from skewing the financial implications for the NHS, this also removes the opportunity for training in routine examinations and practices. This may lead to generations of doctors who have gaps in their basic training with NHS departments being destabilised in consequence.

The RCR considers that when undertaking its investigation of the supply of privately-funded healthcare services in the UK, the effect of the operation of the private market on local and national NHS services should not be ignored.

Yours sincerely



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