

Consultant 37

13 October 2013

Dear Sir

Private Intensive Care Medicine in London

I write as an Intensive Care Consultant of [X] years standing. I am an NHS Consultant but I also have a major private practice in Intensive Care Medicine in central London. By current turnover and duration of experience I am definitely one of the major Consultant participants in private intensive care in London. My practice is based mainly at The Wellington Hospital (HCA-owned) but I also regularly visit two significantly smaller intensive care units in other well known London independent hospitals.

[X], I hope to offer a degree of independence in the following comments.

- The only way a private hospital can provide safe, modern intensive care facilities is to have significant 'critical mass'. This requires huge investment in facilities and highly trained and experienced resident medical staff. The fact that Intensive Care beds in the UK are generally priced at more than £2000 per day to a large extent reflects this investment.
- Over the last 13 years The Wellington Hospital has excelled in investment in intensive care facilities, medical staff (2 resident intensive care fellows) and para-medical staff (physiotherapists, dieticians, Arabic interpreters etc). The other two hospitals have not been able to invest to the same degree and this impacts severely both on their ability to accept complex patients and on their safety standards.
- The Wellington Hospital often admits intensive care patients from the smaller hospital mentioned above and occasionally admits patients from other private hospitals in London.
- More than 50% of 'intensive care patient days' at The Wellington Hospital are taken up by patients who travel to London from abroad for complex medical treatment.
- These patients from abroad to some extent subsidise or at least facilitate the intensive care treatment of UK insured patients. This subsidy arises indirectly by virtue of providing volume of patients and therefore economies of scale.
- From my personal point of view the international patients subsidise the local patients as they pay a standard rate (£150 - £250 per day). The UK Insurance companies despite the often greater complexity of their patients generally only pay lower rates that are not really economical (sometimes the larger insurers refuse to pay anything after a limited time, often they might pay as little as £75 per day). It is no exaggeration to say that I would happily refuse to treat UK insurance company-backed patients if I was ethically or practically able to do so. For example, the risk (medico-legally), time at the bed-side and 24 / 7 disruption in treating a person who perhaps developed major complications after only intermediate surgery in the independent sector is huge. The small reimbursements offered by some of the big insurers don't come close to recognising the above nature of private intensive care delivery in my view. In addition, it is virtually impossible to discuss care with anyone above call-centre operator level in these large insurance companies. (Some of the smaller insurers have a more sensible approach and they seem to accept that major 'tail-risk' insurance losses do occur in medicine. For example, while treating a number of highly complex unusual patients I have on occasion been rung directly by director-level personnel of these smaller companies).
- Over the last 13 years there has been a massive improvement in intensive care management in several of the larger London private hospitals. Fifteen years ago Consultant cover was haphazard, nurses were less well trained and there were strict

limits on the complexity of care that was safely deliverable. For example, before (approximately) the year 2000, haemofiltration (ie a kidney machine) was a rare procedure fraught with practical difficulty in independent sector intensive care units. In comparison, today The Wellington Hospital might have half a dozen intensive care patients receiving this treatment. It was therefore common for private patients to be returned to the NHS in 2000 whereas today this hardly ever occurs.

In summary

Please consider in your deliberations the fact that private intensive care medicine in London, by virtue of the large number of foreign patients is a significant exporter of medical services for the UK economy.

Please also consider that without the investment and backing of a major hospital group it would be difficult, perhaps impossible to provide state-of-the-art intensive care in the UK independent sector.

Finally, please consider that the major improvement in private intensive care over the last 15 years or so has only been possible because of a huge amount of investment. Smaller hospitals and struggling larger hospitals offer significantly lower safety standards because they are unable to achieve 'critical- mass' in intensive care facilities.