Consultant 27

5 February 2014

Dear Mr Witcomb,

Re Private Healthcare Market investigation

I am writing in response to the recent competition commission report. I am a clinician with admitting privileges to The Princess Grace Hospital (PG) and at others. I was both disappointed and frankly amazed at the content of the report with regard the conclusion that the PG should be sold. This will have a huge negative impact on the clinicians who potentially will have to relocate to another institution. They will find it hard to gain access to such a high quality facility as the PG as there are only so many opportunities in central London. This is depriving clinicians of choice.

Far more importantly, it will cause immense distress to the patients who inevitably will be midway through treatment programmes. This will not only be very difficult for them and their families from an emotional standpoint, but may fundamentally affect the quality of their treatment and clinical outcome. Where this relates to cancer care, I find the possible implications of this extremely worrying. Just one patient having the quality of their life and its duration affected by such a scenario is unacceptable. This will not be remedied even by sale of the hospital to another medical company continuing to run the complex as a medical institution. There is always restructuring when such a change occurs and certain services may be discontinued, all to the detriment of the patients. This is depriving the patients of choice.

The PG is a leader in several clinical areas. It is the only central London hospital that offers an urgent care centre. This is now under threat. The patients will have no other option. The PG has established working units such as the London Orthopaedic Clinic, offering clinicians the chance to come together, to bring a co-ordinated approach to care. No other local facility has this vision and ethos. In other hospitals practitioners continue to work independently, which is perfectly acceptable, but, in my experience is not so effective in maintaining continuity and effective patient management. Perhaps this helpful PG innovation will ultimately be adopted by others.

The PG has put a great deal of effort upgrading its facilities to the highest levels. The Intensive Care Unit is superb, with a consultant led service. This allows more complex surgery to be performed with full and appropriate aftercare. The patient experience, as they report to me, is excellent both from a medical and holistic point of view. It would for me be very sad to see this threatened or removed. Clearly, not all patients need to be treated at the PG. The only real local competition is provided by The King Edward VII (KE VII) hospital and The London Clinic (TLC). These too are excellent facilities, but offer a different brand of care, that is more old-school and creates an atmosphere as such. Many patients enjoy the experience at these hospitals just as much, but it is simply different. Removing the PG from the equation, deprives those who prefer a more modern attitude. This simply reflects the diversity of the patients and their preferences, often on an intangible level. Many clinicians agree to treat their patients at different hospitals even within the small geographical area of Marylebone, myself included. This is driven by patient preference and the different clinical facilities offered. As an example, only KE VII and TLC offer hydrotherapy services.

Finally, I fail to see the rational of putting the PG and the diversity it brings under threat. The Portland Hospital is the only central London facility that offers integrated paediatric and obstetric services. It is possible to view this as an institution operating a 'monopoly'. There is no competition and therefore surely this is unacceptable? Perhaps it would be best to close

The Portland to remove this monopoly which is restrictive of patient choice? But of course the patients would then have no choice.

This letter is written in utter sincerity. I feel very strongly that the decisions outlined in the report need to be re-evaluated. Should the commission not reverse its position, then I am extremely worried that even the transition of the PG to another medical company will threaten patient care and choice on many levels. I would therefore respectfully ask that some further consideration be given to the implications of the report.