

Consultant 36

4 February 2014

Dear Mr Witcomb,

Re: Private Healthcare Market Investigation

I am a cardiology specialist working at The Wellington Hospital and I have been following the Competition Commission's investigation into HCA. I would like to respond to your proposal that the group divest two of its hospitals.

As a clinician who recognises the importance of multidisciplinary teams (MDTs) in providing patients with the best possible care, this news causes me great concern. For MDTs to be truly successful they need to benefit from the expertise emanating from multiple large hospitals. The Competition Commission cannot expect the HCA to divest two of its hospitals and still manage to maintain the complex and multi-faceted network of specialists that currently spans the group. As a result, patient care will undoubtedly suffer.

HCA stands out from other healthcare providers in the diversity of specialist fields it offers. In particular, no other hospital groups are able to lay claim to the level of cardiological, interventional and surgical expertise HCA nurtures or the facilities it offers. As a clinician who also practices at [redacted], I can say without hesitation that [redacted] cardiological facilities fall far short of those boasted by HCA. For this reason, I only conduct outpatient clinics at [redacted], and take all my more complex, inpatient work to The Wellington Hospital. Quite simply, HCA runs its cardiac units better than any other private hospital at which I've worked. Other hospital groups do not have the background experience necessary to take over first class hospitals such as The Princess Grace or The London Bridge.

It is for this reason that I would ask you not to force HCA to divest The Princess Grace or The London Bridge. I believe that, in doing so, you will be depriving HCA of two of its key sources of specialist expertise and, by extension, you will be depriving patients of the extensive benefits of truly world-class MDT care. Patients at The London Bridge and The Princess Grace would have to move to other HCA hospitals in order to continue to benefit from some sort of cardiac MDT, albeit a diminished and weakened variation of what is currently on offer. Put plainly, any HCA divestiture will only result in patients receiving lower quality care.