

## Consultant 86

6 February 2014

Dear Mr Witcomb

### Re Private Healthcare Market Investigation

I am a Congenital Heart surgeon [REDACTED]

I started to work at the Harley Street Clinic in [REDACTED] and [REDACTED].

I was greatly dismayed by your recent publication of provisional remedies including the Competition Commission's proposal to compel HCA to sell two of its hospitals, the London Bridge Hospital and the Princess Grace Hospital.

I am aware that the implementation of this proposal would not directly affect the care delivery of paediatric cardiac surgery at the Harley Street Clinic but would lose the opportunity for the other hospitals to benefit from the paediatric cardiac unit experience. I believe that the paediatric cardiac services have become a flagship of HCA, not only in the UK but worldwide.

This success is the result of huge investments and the relentless efforts of visionary people.

The following are only a few examples of what has contributed to this success story.

1. HCA has been excellent at developing partnerships with doctors, losing the old distinction between facility, providers and users.
2. The creation of multidisciplinary teams of consultants working together rather than in competition (surgeons, cardiologists, intensivists) which have created a new patient centred ethos amongst the health professionals.
3. Junior staff cover 24 hours a day, fulfilling the working hours' regulations of the European Community.
4. The appointment of specialised nurses such as paediatric intensive care nurses with opportunities to benefit from educational programmes.
5. Huge investment in outcome analyses. The report of the Competition Commission seems to concentrate on benchmarking with other private institutions in the UK. This is in my view not good enough. What the aim of each unit should be is to compete with the best unit, be it National Health Service, Private, in the UK or worldwide. I am pleased to say that the Paediatric Cardiac Unit at HCA compares very favourably with the best units worldwide. Nationally the Paediatric Cardiac Unit at the Harley Street Clinic is reporting its results to the Central Cardiac Audit Database (CCAD) and there again it is among the best units.

All those innovations have been possible through judicious investments including the creation of unit offices and unit managers and secretaries, administrative facilities for consultants, space for multidisciplinary meetings, office for database, etc. Those are coming under the heading of incentives in the Competition Commission's report. Those incentives are not perks but indispensable tools to create genuine units providing excellence in healthcare.

In summary HCA has been more adept than other private operators at setting up multidisciplinary teams to mirror National Health Service practice and governance. This started at the Harley Street Clinic 35 years ago in paediatric cardiac surgery and has since extended to sub-speciality services such as oncology, paediatric oncology, neurosciences.

With time a wide range of other services such as those delivered by the London Bridge and the Princess Grace Hospitals will benefit from those innovations.

We believe that HCA should not be punished for its size and its ambitions or for competing robustly with the National Health Service. Competition either domestic or international is a force for patient good. HCA should always seek to compare itself to the leaders in the field, be that the National Health Service for some specialties or international measures for others. HCA could certainly not be paralysed by using best in class as a benchmark. The Competition Commission's proposal may have the right intentions but its effects can be the reverse. It will simply reduce the quality of competition in Central London and to the great disadvantage of patients.