

## Consultant 90

31 January 2014

Dear Mr Witcomb

I write as someone who works closely with HCA. There is no doubt in my mind that HCA has brought to the Cancer Services in central London, considerably elevation of aspects of innovation, quality of treatments, entry into clinical trials and outcomes analysis.

In a high intensity malignancy and transplant unit, such as that provided by HCA here, there has been an instance of the alliance of the very highest quality teaching hospital intensive medicine with the most professionalised management. In my opinion this is an innovation. Other NHS units such as the Royal Marsden certainly supply high quality, high technology medicine alongside the NHS system, but my experience of NHS management in PPUs in that situation, which is very considerable, is that the level of the professionalization of management, strategies, and patient satisfaction is much less than that provided in the private sector. It is the alliance of high technology University hospital based medicine with service level agreements (SLAs) in associated specialities and access to intensive care, renal, cardiac support etc. Allied to professionalization in management of hotel services and organisational infrastructure, which is an innovation. This is not reproduced elsewhere in the fully private sector and allows London to attract international patients in a very competitive environment in a way previously only rivalled by New York, Boston and Houston.

There is considerable evidence that the quality is high and that does not simply relate to investment in equipment. Nursing standards are to very high levels and are constantly, competitively evaluated formally and informally against the NHS teaching hospital staff and often working in a formal group with them which contributes very significantly to quality. The HCA unit has been invited to take nurses for training by South Bank University. The provision of MDTs (multi-disciplinary team meetings) for the vast majority of patients in a University Hospital associated environment is a very high indicator of quality. The "kitemark" designation of a transplant unit by JACE is an indication of the highest quality on a pan-European standard and subject to enormous and regular detailed inspection.

It is currently acknowledged in high technology medicine and particularly in surgical procedures that considerable quantum and volume is required to produce the highest quality, experience and outcome. These units, stem cell transplant units, liver units etc require an enormous infrastructure of medical staff, nursing staff, scientific staff, statistical staff, clinic trials staff etc, in a way which is not mimicked in the private sector outside London and met in the private sector by only a few competitors in London.

The arguments which the Competition Commission quotes in relation to "outcome analysis" are specious. If a particular facility cannot demonstrate a benefit of outcomes in its private facility better than in the NHS, then the commission will have marked against it as it being unable to provide such data indicating any superiority over the NHS. However, on the other hand, if a facility demonstrates better outcomes in its private facility than occur in the NHS, as has happened in breast cancer, then the critics seem to suggest that the demographics of the population in the private sector are so different from the population in the public sector that no realistic comparison can be made. Clearly, the Competition Commission cannot have it "both ways". It goes without saying that on the whole those with private insurance do have different demographics from the population as a whole.

The Sarah Canon Clinical Trials facility, an outreach of a much larger organisation in the United States, has an enormously respected position as a contributor to clinical trials both to the ASCO meetings in cancer and the ASH meetings in haematology. This importance

cannot be underestimated. The affiliation of the Sarah Canon organisation to the cancer services of HCA is an enormous additional quality “kitemark” with the encouragement of the entry of private patients into clinical trials and making possible the availability of new drugs rapidly, and I emphasise rapidly, in the private sector in a way that offers up to the minute new treatments to patients in difficult clinical situations wherever possible.

It should be noted that the private insurers have, in general terms, not hastened themselves to facilitate the entry of their own insured population into clinical trials in cancer. HCA has conversely, as a major provider, championed this very strongly.

I believe these are useful comments in terms of HCA’s contribution to innovation, quality, outcomes analysis and clinical trials.