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Competition Commission  
Victoria House  
Southampton Row  
London WC1 B 4AD

19 February 2014

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Dear [X]

### **HCA / Private Healthcare inquiry**

We mentioned at yesterday's hearing that many of HCA's consultants have expressed concerns about the implications of the CC's proposed divestiture remedy for clinical quality and patient care. We understand that several consultants have now written to the CC, and we have seen copies of a number of these letters, written in the period January-February 2014. These include senior, eminent practitioners from across HCA's network of hospitals.

The letters provide the CC with specific evidence about:

- the network benefits which are derived from HCA's network of six central London facilities;
- the higher quality of HCA's clinical infrastructure, and the higher quality of care and clinical outcomes in HCA's hospitals relative to that of other central London competitors;
- the impact which the proposed divestiture of the two hospitals will have on quality and clinical outcomes in these consultants' practices.

These provide specific illustrations of the way in which the break-up of HCA's network would disrupt clinical pathways and adversely affect the consultants' ability to maintain the same levels of high quality. These letters include specific instances of how there would be a loss of quality in many different types of clinical service lines (including cancer, but also in many other areas of practice).

We have highlighted in the attached document extracts from some of these letters and we draw your attention to the evidence which these letters provide. This is only a selection of the letters we have seen, and there are others which also attest to the higher quality of HCA's clinical environment.

They highlight the network benefits which arise from:

- the use of multi-disciplinary clinical teams from across HCA's network to provide the highest possible care to seriously ill patients;
- the seamless transfer of patients between HCA facilities to access specialist clinical services right across its network;
- HCA's ability to invest in more advanced, specialised services and equipment because of higher patient volumes;
- higher levels of clinical governance, knowledge-sharing and collaboration by utilising the resources of the network as a whole;
- the higher levels of sub-specialisation which can be developed within HCA's network.

They provide further evidence that the CC's comments in the PDR about HCA's network synergies (see e.g. paragraphs 121-141 of Appendix 2.1 of the PDR) are misconceived. They also demonstrate that the CC is wrong in claiming that network benefits can be replicated post-divestiture.

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These letters are written by independent consultants with practising privileges at HCA's hospitals. They are not employees or members of HCA's management team. We have previously provided the CC with a quality report, using six case studies providing concrete evidence of how a break-up would interfere with clinical pathways and give rise to poorer quality. These letters provide further evidence about the impact of divestiture on quality and innovation across a broad range of clinical areas.

HCA maintains that the CC has failed: (i) to have regard to the relevant customer benefits which its network currently provides; and (ii) to take properly into account, as part of the assessment of the proportionality of the remedy, the adverse consequences and costs which would flow from a divestiture of HCA's hospitals.

The evidence which is submitted in these letters is from named, independent and highly respected clinicians. They are all available to be contacted if the CC wishes to take further evidence from them. HCA has already expressed its concern that the CC has failed so far to obtain professional, clinical advice on the implications of a divestiture remedy. We cannot see how the CC can be in a position to comment on the impact on clinical quality without obtaining professional advice

Yours sincerely

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cc: [✂] - Competition Commission