Shaping the Future *NHS*

Long Term Planning For Hospitals And Related Services

BUPA's response to the Department of Health Consultation Document on the Findings of the National Beds Inquiry

May 2000

BUPA

Contents

Foreword by the Group Chief Executive

BUPA welcomes the opportunity to contribute to this important consultation. The consultation documents provide an excellent basis on which to respond.

BUPA Hospitals and BUPA Care Services already make a significant contribution to the provision of publicly funded health and social care services in the UK.

BUPA would welcome a shift in NHS policy that would bring care "closer to home". In all three scenarios outlined, we believe we can meet the challenge of providing the NHS with high quality services that offer value for public money.

In our submission we have highlighted opportunities which can be readily implemented. We have also suggested a number of areas where further dialogue might lead to fruitful collaboration and partnership in the medium term.

We hope Ministers and officials will find our submission a useful contribution to the consultation.

Val Gooding

Executive Summary

BUPA would welcome a shift in NHS policy towards the pattern of service envisaged in the "care closer to home" scenario.

BUPA believes that it can meet the challenge of providing the NHS with high quality services that offer value for public money.

BUPA envisages six potential areas of partnership in the provision of NHS services arising from the Government's strategic review of the NHS:

- Elective Acute Care
- Clinical Support Services
- Intermediate Care
- International recruitment of clinical staff
- Modernisation of NHS infrastructure including Information Technology
- Primary Care

BUPA would be prepared to consider a national protocol for contracting NHS elective workload if that would be helpful

BUPA would like to explore with DH the potential for developing facilities, especially day-case facilities, for NHS acute elective surgery.

BUPA would like to explore with DH the possibility of establishing dedicated intermediate care facilities and services for adult or elderly NHS patients.

BUPA would encourage Ministers to consider publishing the profile of each Health Authority and/or NHS Trust by the "cluster variables".

BUPA believe that it would be helpful if in future "International Comparisons" (Chapter 5 of the Supporting Analysis) include analysis of Scotland, Wales and Northern Ireland.
It would be most helpful if NHS Priorities and Planning Guidance for 2001/2002 stated clearly that NHS purchasers and providers are encouraged to enter into such partnership arrangements where they can provide good value and high quality services needed by NHS patients.

Introduction

This consultation seeks views on **what** hospital and related services the NHS should provide and **how** such services should be provided.

It is noted that the consultation has an especial, but not exclusive, focus on inpatient services for the elderly; and also on services for children and the mentally ill.

This submission follows the broad structure of the Consultation Response Pro-Forma, and the specific questions raised are addressed at the end of each section.

The submission concentrates on issues and NHS services to which BUPA might contribute, although a number of more general comments are offered in the following section.

The submission has been prepared on behalf of all of BUPA's UK businesses by BUPA Group Strategy and Development, in conjunction with BUPA Hospitals and BUPA Care Services. A list of contacts for further dialogue can be found at **Annex A**.

General Comments

Aims and Objectives

BUPA supports the Government's NHS and social services aims and objectives for older people (as set out in Chapter 7 of the Supporting Analysis) and thinks that these can be best delivered within a mixed market of provision oriented to high quality and best value public purchasing criteria.

Cluster Analysis

BUPA found the "Cluster Analysis" (summarised in Chapter 4 of the Supporting Analysis) very helpful. Comparison of clusters C & D suggests a possible tension between **accessibility** and good **outcomes** in NHS facilities.

BUPA would encourage Ministers to consider publishing the profile of each Health Authority and/or NHS Trust by the "cluster variables". This information could be of considerable help in the development of local Health Improvement Plans; and help partner organisations, such as BUPA, better understand the needs of local NHS managers and clinicians.

Preferred scenario

BUPA thinks that the "cluster analysis" tends to support the case for a shift in policy towards the profile of the "care closer to home" scenario and the consequent case for the development of a range of "intermediate care" services.

International Comparisons

BUPA think that it would be helpful if future "International Comparisons (Chapter 5 of the Supporting Analysis) include analysis of Scotland, Wales and Northern Ireland.

Partnership Domains Envisaged

BUPA envisages five areas of partnership in the provision of NHS services arising out of the Government's strategic review of NHS services:

- **Elective Acute Care**
- **Clinical Support Services**
- **Intermediate Care**
- **International recruitment of clinical staff**
- **Modernisation of NHS infrastructure including Information Technology**

BUPA would also be interested to explore with Government whether **Primary Care** might also be domain for potential collaboration. BUPA Wellness already provides private primary care services in the City of London. BUPA might also provide management support to NHS Primary Care Trusts.

Managing Demand

Dimensions of Demand Management The definition of "demand" sets the parameters of the challenges which the NHS will face in the coming years. Demand management can encompass:

- The **prevention** of disease
- The **early identification** and arrest of latent disease
- The **effective and efficient treatment** of manifest disease

There are various strategies for preventing disease: notably clinical, lifestyle, environmental and inter-sectoral. Appropriate and timely **social care** and **health and care advice** can make a crucial contribution to lifestyle strategies, especially for older people and children.

BUPA's Range of UK Services

BUPA presently provides a wide range of health and care services in the UK in its own facilities, to both publicly and privately funded patients. These services encompass all the demand management dimensions outlined above and include:

- Telephone Helplines
- Inoculation and Vaccination
- Occupational Health Services
- Screening Services
- Acute Hospital Services
- Domiciliary Care Services
- Care Home Services

Improving Demand Management in the NHS

BUPA has the following suggestions:

1. **Better planned use of existing spare inpatient capacity in the independent acute hospital sector.**

BUPA would like to explore the potential benefits of closer collaboration on planning workloads:

- At national level between the NHS Waiting List Tsar and BUPA Hospitals Operations Director
- At a regional level between BUPA Hospitals Regional Directors and NHS Regional Offices

Overall in the UK up to some 4000 beds in the sector may be available for planned NHS elective work.

Better planned use of independent sector capacity would be building on established practice. In 1999 over 75% of BUPA Hospitals did some NHS purchased acute elective work.

BUPA would be prepared to consider a National protocol for contracting NHS elective workload if that would be helpful.

The advantages of using BUPA Hospitals for planned NHS waiting list work are:

- Good process management - all BUPA Hospitals are externally accredited (ISO 9002 or HQS)
- Good clinical quality assurance - BUPA Hospitals are a signatory of the Academy of Royal Medical Colleges Private Practice Framework and have well developed care pathways for their fifty top procedures
- Measurement of outcomes-BUPA uses SF36 to measure patient perceptions of functional outcome.
- Reliability of output - admissions are not delayed by emergency caseloads.

2. **BUPA would like to explore with DH the potential for developing facilities for NHS acute elective surgical work.**

In all of the Scenarios presented NHS acute and maternity daycase activity is set to rise to 4.8 Million cases per annum in 2003/4 and 8.9 Million in 2019/20.

BUPA now has considerable experience and expertise in the delivery of acute (inpatient and daycase) services. BUPA Hospitals Operations Director would be pleased to explore with the DH/NHS Executive a range of options. These would include a full range of service and location options but BUPA would be looking for contracting periods that are commensurate with the scale of capital employed.

3. Clinical Support and Outpatient Services

Hospitals already has several examples of innovative collaboration with NHS Trusts to improve the timely diagnosis of serious illness.

At BUPA Cambridge Lea Hospital, Addenbrokes NHS Hospitals Trust staff and manage an MRI scanning service as an income generation activity. This allows private patients immediate access to an excellent service, but it also allows the NHS Trust to generate income and to treat NHS patients in a first class facility. It is also understood that the service is very popular with NHS patients.

Dunedin Hospital at Reading provides a fortnightly rectal bleeding clinic, specialising in flexible sigmoidoscopy, for the Reading Thames Primary Care Group. The clinic is staffed by BUPA nurses and a specially trained GP. The clinic has reduced the waiting time for the diagnosis of colo-rectal cancer from an average of three months to a maximum of three weeks.

Considerable scope exists to expand such local collaboration and partnership.

It would be most helpful if NHS Priorities and Planning Guidance for 2001/2002 stated clearly that NHS purchasers and providers are encouraged to enter into such partnership arrangements where they can provide good value and high quality services needed by NHS patients.

4. **In relation to the development of intermediate care, BUPA would like to explore with DH the possibility of establishing a national network of rehabilitation facilities for the "step up" and "step down" care of adult or elderly NHS patients.**

BUPA Care Services estimate that during winter 1999/2000 they provided up to 200 "intermediate care" beds to NHS purchasers on a variety of bases:

- Full service
- Partnership contract, where the NHS provided medical and therapy inputs and BUPA the nursing inputs
- Facilities contract, where all clinical inputs were provided by the NHS

The largest of these contracts was an 80 bed contract with Liverpool HA to relieve bed blocking during the winter period.

BUPA Care Services would be happy to discuss providing a wide range of "intermediate care" services with DH/NHS officials and other health and social care purchasers.

BUPA will consider service bases and locations to suit local circumstances and would like to discuss opportunities to to convert of existing nursing home units and to provide new build facilities.

BUPA has a number of facilities in its existing Care Services estate it would like to reposition. These facilities will generally form part of larger nursing and residential facilities; which creates the opportunity for further co-located "step down" services.

They were built on a flexible "shell" basis and can therefore be adapted and refurbished very readily; i.e before the next winter BUPA could provide 150 beds utilising spare capacity; within the next 12 months BUPA could provide a total of 500 beds. In the longer term BUPA could provide additional new build units.

Many of the existing facilities are located in areas where there is considerable under supply of dedicated NHS rehabilitation services e.g. South East London, the West Midlands and the North West. The scope to undertake more such opportunities may however be restricted if increased regulation squeezes spare capacity from the residential care sector.

BUPA Care Homes, totalling some 16,000 places in 233 homes, presently have a 92% occupancy level. BUPA is happy to discuss with HA's entering into contracts to build and mange purpose built facilities either on our sites or on HA sites.

BUPA Care Services Southern Regional Director would welcome the opportunity to make a fuller presentation about these possibilities.

Such services will require an intensive range of therapy inputs, particularly from physiotherapists and occupational therapists. Fees for the service will depend upon service specification, occupancy guarantees, length of contract and specialist building requirements.

To ensure that pricing is fair to both provider and purchaser, its is suggested that the way forward is to progress on an "open book" approach with the objective of the provider realising a satisfactory return on capital and the purchaser obtaining best value.

5. Other intermediate care opportunities

BUPA already has contracts in Bedfordshire and Powys to manage local authority residential and nursing homes. Such management contracts can help maximise the number of beds available to receive discharged NHS patients.

BUPA also has public contracts in Frimley Park and Ashford to provide home-care services to recently discharged NHS patients. This is business which BUPA would like to expand.

BUPA Care Services thinks that health services for the elderly would be enhanced if the GP GMS contract were revised to provide greater specific incentives for the care of the elderly. At present GP's responsible for elderly patients in residential homes frequently rotate and many GP practices require retainers for looking after care home residents properly.

BUPA also believe that the domiciliary care of the elderly might be enhanced by training and paying carers to provide supplementary basic care to relatives, neighbours and friends.

Specific Questions

1. "How can we best contain inappropriate emergency hospital admission rates, particularly for older people?"

By good social care services, timely and appropriate health services for the primary and secondary prevention of disease (including intermediate "step up" facilities); and the timely admission of patients to good elective acute services.

2. "What scope is there to use alternatives to emergency admissions while securing as good outcomes as hospital-based care? What are the obstacles to such a move?"

Alternatives should be used only if they are more appropriate; but not if the patient actually requires an emergency hospital admission.

It must not be forgotten that emergency hospital admission, even when appropriate, can worsen aspects of a patient's health especially if discharge is delayed.

3. " In elective care, what scope is there for the further transfer of in-patient cases to day case or ambulatory care? What are the obstacles?"

BUPA Hospitals think that there will continue to be scope to transfer further elective cases onto a day case basis. Care pathways are making practice more consistent in this regard, and outcomes analysis will better enable hospitals to gauge and exploit the most appropriate pace of further change enabled by new technologies.

BUPA Hospitals would be prepared to share its day case rates by procedure group with DH if that would be helpful.

The obstacles are investment, lack of clear care pathways and the support of clinicians.

Improving Performance

Managing Performance

Balanced and well ordered investment in **people, systems and facilities** is central to BUPA's approach to managing and improving performance. BUPA has used a variety of commercial strategic management techniques to achieve this.

The funding, commissioning and delivery of health and social care are unusually complex and dynamic activities and systems for managing and improving performance must be a state of constant evolution.

Improving performance in the NHS

BUPA offers five suggestions as to how it might contribute to and support efforts to improve performance in the NHS:

2. **Helping to recruit clinical and other healthcare staff to the NHS from overseas**

BUPA has established healthcare provision businesses within the European Union in Ireland and Spain. BUPA also operates in the Middle East, Far East and Indian Sub Continent. BUPA International has service contracts in place in over 160 countries.

BUPA already has a medical and nurse recruitment agencies in the UK and overseas and it already has experience of recruiting clinical staff for its UK businesses from overseas.

BUPA is probably uniquely placed in the UK to use its established business networks to expand its healthcare recruitment activities rapidly.

3. **Working with the NHS to provide integrated information solutions**

BUPA was delighted to work collaboratively with the NHS Information Authority and its predecessors to help solve "Millennium Bug" issues. More generally BUPA has made a sustained contribution to the setting of technical healthcare information standards at UK and EU levels.

As a substantial integrated health and care purchaser and provider, working closely with a wide array of public and private organisations, BUPA has a clear interest in promoting common data standards and protocols and high levels on interactivity between public and private information systems. **BUPA also thinks that such integration and interactivity is in the public interest.**

Indeed BUPA's view is that IT systems interactivity would yield four specific benefits to the NHS:

- **It would reduce unnecessary duplication of activities; particularly in diagnostics**
- **It would be in the patients interest for all care providers to have access to a full electronic health and social care record**

- It would reduce transaction times and costs between health and social care commissioners and providers
- would enable DH to compile and analyse accurate statistics about all health care activities in the UK; enabling epidemiologists, for the first time, to undertake unbiased outcomes analysis.

Overall BUPA wishes to strengthen existing collaboration the DH and NHS on IT activities of parallel or common interest e.g. security, electronic healthcare records, training and communications infrastructure.

4. Expanding NHS Direct

BUPA's "Healthline" service won the European Call Centre of the Year Award 1998. BUPA has the capacity and capability at its Salford Quays Centre to manage high volumes of incoming calls on a multi task basis. The Centre has fast "state of the art" software that automatically leads the Centres highly trained staff to relevant online data and information sources.

The Centre also has project management monitoring and evaluation capabilities that have already been used to run the Capital Hip Care Centre for 3M Healthcare, in a successful collaborative project involving 3M, DH, BUPA and the Royal College of Surgeons Clinical Effectiveness Unit. More information about this work can be obtained from Dr Val Day, Health Services Directorate, NHS Executive Headquarters.

5. Project Management and Consultancy

BUPA has distinctive commercial competencies in finance, law, marketing and communication. It also have particular strengths in health and social care business analysis, information management, purchasing and estates management.

The BUPA Group Medical Team is also of high calibre and has driven forward our work on care pathways, clinical governance and the measurement of functional outcomes.

BUPA does not have a dedicated consulting service at present but the potential for responding to selective opportunities exists.

All of BUPA's senior management team are experienced in project management and "matrix" working.

6. Primary Care

BUPA would be very interested in developing roles both in the provision of primary care services for the NHS and in the management support of Primary Care Trusts.

BUPA can envisage a variety of bases in which it might contribute to the development and delivery of NHS primary care, ranging from a large scale involvement in a "full service"

model down to more limited, modest and local contributions. BUPA would be prepared to consider marketing and branding such services on a separate basis if Ministers considered this desirable.

BUPA has considerable experience of managing " a constructive tension" between its commissioning and provision responsibilities for both individual patients and larger "populations". It has corporate protocols to ensure that the prime objective of "putting the patient first" can always be reconciled with wider responsibilities.

Specific Questions

4. **"What measures would most improve the ability of the NHS to respond to peaks and troughs in demand over the year?"**

- "Ringfencing" elective workloads, including use of independent sector hospitals
- Tighter operational management of planned operating sessions
- Avoiding acute admissions by early use of intermediate care
- Facilitating early discharge from acute facilities by use of intermediate care
- Improvements in the quality and timeliness of primary care

5. **"Is there further scope to reduce the average length of hospital stay by improving the organisation of care...?"**

Yes, at least in relation to elective surgical care. BUPA's experience is that the development of agreed "care Pathways" and sharing consultants' comparative service profiles with them can help them think critically and constructively about their practice. BUPA frequently uses the "white listing" technique where clinicians are given "casemix" adjusted information about their practice together with information about the range and distribution of comparable practice.

It is important to distinguish overall ALOS with ALOS for any particular procedure which one would expect clinicians to refine over its "lifetime".

6. **"Are there good reasons for the large variations between Health Authorities in patterns of service delivery?"**

Yes and no. Significant variations in population density, health status, resources and even culture will affect patterns of service delivery. The issue is the appropriateness of services offered and overall cost effectiveness.

The NHS Quality Framework should, however, help reduce unjustifiable variations in clinical practice. This is dependent on giving organisations the time to identify and implement good practice both in primary and secondary care.

7. **"Do levels of higher and lower bed availability deliver significantly different outcomes?"**

The true answer to this question will not be obtained until all resources and inputs across both the public and independent health care sectors are included in the analysis.

8. "What proportion of patients treated in acute hospital beds can and should be safely and cost effectively treated in other settings? What are the obstacles?"

It should be possible to treat all patients for whom an acute hospital setting is inappropriate (i.e. too intensive and/or institutional) safely and cost effectively in daycase, intermediate or community settings, for acute inpatient care is a comparatively expensive care model.

Lack of alignment between NHS and local authority priorities remains an obstacle.

Future Scenarios

General Comments

As previously stated BUPA supports the case for a shift in policy, especially for services provided to elderly people, towards the profile of the "care closer to home" scenario.

Specific Questions

9. **"Do the three scenarios identified for the future development of services for older people cover the main service options?"**

Yes.

- **"Are these scenarios equally relevant to other patient groups?"**

Yes, probably to adults requiring medical and surgical services. It is less clear that the scenario is applicable to children, mental health patients and maternity patients but others have more experience in these latter services than BUPA.

10. **"What balance of hospital and other services would be most effective and cost - effective in achieving the Government's service objectives for older people?"**

BUPA think the answer to this question needs to be found by adaptation and innovation within a clear service philosophy. To this end BUPA think that an increased emphasis on active rehabilitation should be an early priority.

11. **"What steps should the NHS and partner agencies take in the short, medium and longer term to bring about the scenarios?"**

In the short term: increase intermediate care; make planned use of independent sector provision for elective work; establish clear policies for the funding of social care for the elderly and promote common data standards between all health and social care sectors.

In the medium term: fundamentally review arrangements for the provision of primary care; strengthen NHS IT systems and strengthen their integration with independent sector systems; build PFI initiatives until NHS services are provided according to sustainable "best value and highest quality" criteria; increase the supply of clinical staff through improved education, training, recruitment and retention strategies.

In the longer term consider how to integrate public and supplementary health and social care entitlements more seamlessly without eroding equity.

12. **"Are the service assumptions used to illustrate each future scenario realistic? Do the resulting projections capture the most probable service futures?"**

Yes, although additional acute bed capacity might well be planned on a significantly different service model to the "traditional" District General Hospital.

Managing Change

Specific Questions

13. **"What are likely to be key workforce implications of the scenarios? In particular, what scope is there for using new types of worker, in what key staff groups might there be barriers or shortages and how might these best be tackled?"**

BUPA envisage that in the medium term the NHS may wish to make increased use of PAM's and specialist nurse practitioners in both primary, intermediate and hospital care settings. This would enable doctors to reduce their working hours, improve their continuous education, evaluate their work and spend more time with patients when their particular expertise can add most value.

BUPA would welcome the introduction of a grade of registered social care specialists with high competence in basic care and nursing skills; but the training and labour cost implications would be significant and would require funding.

14. **"What other changes will be needed to achieve the changes envisaged in the scenarios?"**

Sustained and strong, but pragmatic and open minded, political will.

15. **"Given the uncertain future, how do we ensure the NHS retains as much flexibility as possible?"**

By focusing on the core objectives of policy formulation, implementation and evaluation; and opening up opportunities to contribute, innovate and excel as widely as possible.

Research

Specific Question

16. **"What should be the priorities for further research on the optimal balance of care for all population groups?"**

There appears to be a very large degree of uncertainty of the future levels of mental health services required for adults and older people; and difficulties translating strategic policy intentions into action. These appear to be important areas for further research and action.

Next Steps

BUPA would very much welcome the opportunity to discuss the ideas and opportunities suggested in this submission; in the first instance with relevant officials.

Should officials wish to take up this invitation it is suggested that they make initial contact with the BUPA senior mantagers listed in **Annex A**.

Annex A

Contact Details for Further Dialogue

Unless otherwise indicated initial enquiries should be to:

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Annex B

Case Studies

Case study:

BUPA Hospital Hull and East Riding

BUPA Hospital Hull & East Riding, has for a number of years carried out a significant amount of NHS work. This business has been a result of excellent working relationships with General Practitioners and local NHS Trusts.

During 1999 and in the first quarter of 2000, the hospital has worked closely with the local NHS Trust to help enable them to achieve their waiting list targets. The hospital discharged 84 NHS orthopaedic patients (72 in-patients and 12 day cases). This has been achieved by the Trust contracting a significant amount of elective orthopaedic business to BUPA Hull and East Riding Hospital, recognising the track record of excellence, which the hospital has in undertaking such work. The waiting list work has been undertaken with the full support of the local Consultant Body, who have recognised the arrangement as a cost effective solution to the problem of long waiting times due to a lack of elective capacity locally.

During 2000, BUPA Hospital Hull and East Riding has strengthened the relationship with the NHS by forming a working group with the Trust to ensure regular dialogue and effective communication. This has enhanced selection and pre-assessment criteria and ensured that effective arrangements are in place for the transportation of clinical notes in an accurate and timely fashion. Patients, without exception, have commented on the excellent standards of care provided to them, in particular the fact that fact that they have had a Consultant both to anaesthetise and undertake the surgery.

The hospital has been able to offer the NHS a particularly cost effective solution to the waiting list problem, by negotiating the contract with sufficient flexibility to ensure that maximum use is made of the capacity which exists at quieter periods.

At the completion of the current work, both parties will reflect upon the success of the venture. Discussions have also occurred with senior Trust staff with a view to identifying how on-going working relationships can be formed as opposed to simply performing waiting list initiatives on an ad-hoc basis.

The key areas that have been the key to success have been close working links with the NHS, which have been clearly supported by Consultant medical staff as advocates to NHS managers of the quality provided by BUPA Hull and East Ridings Hospital. The willingness to enter a partnership are also testimony to both providers in the desire to seek the ultimate goal - excellence in patient care.

Case Study

BUPA Chalybeate

The BUPA Chalybeate Hospital, Southampton is an established private cardiac hospital, performing approximately 280 cardiac surgical procedures, including Coronary Artery Bypass Grafts (CABG), per year.

During 1998, the hospital entered a partnership with the local NHS Trust to provide a six-month contract for cardiac services to allow local waiting list pressures to be quickly and cost effectively tackled. During the period, a total of 60 CABG operations were successfully performed at the BUPA Chalybeate Hospital, which played an essential role in supporting the local trust's ability to locally manage it's cardiac waiting list, without needing to refer patients further afield.

The contract highlighted the need for the hospital to ensure the optimum clinical outcome for patients undergoing cardiac surgery. With the careful selection of suitable patients, the support of a fully equipped cardiac intensive care unit and a dedicated, highly skilled nursing and medical team this was undoubtedly achieved, with excellent feedback from a group of highly satisfied patients.

The success of this contract has resulted in further work being carried out at the hospital in support of local waiting list initiatives and current negotiations are taking place for a medium term contract over the next 2-3 years.

Case study

BUPA Manchester - Specialist paediatric work

BUPA Hospital Manchester worked with Royal Manchester Children's Hospital, to plan and deliver a large waiting list initiative to help reduce a massive waiting list problem for the Trust.

It was agreed that the hospital could provide care for 340 children with a variety of problems ranging from minor ENT to more complex general surgery, all within a 3 month period.

In order for the Trust to be satisfied that the staff at BUPA Hospital Manchester met their criteria, all staff involved with the initiative were police checked and over 30 received advanced paediatric life support training. Work commenced at the start of 2000 and lists were scheduled over for every day of the week to gain maximum flexibility for the patients, consultants and the hospital.

Special goody bags were made up to give to the children, including BUPA T shirts, which the children went to theatre in and later took home.

Many of the parents commented that they were apprehensive about coming to the independent sector but felt they had really received first class care.

As a result of the success, it has just been confirmed that the RMCH Trust now want us to perform a further 500 cases over the coming year.

Case study*:*

Cardiff NHS Case Study

Throughout the past 15 years, BUPA Hospital Cardiff has worked with the NHS in South Wales to support waiting list initiatives. During the first quarter of 1999, for example, 140 patients were treated. The surgery provided included plastic surgery, general surgery and orthopaedics. The work was carried out to the highest standard of quality within the timescales prescribed by the contract and within budget.

During the first quarter of the year 2000 no such work has been undertaken by the private sector in Wales. Waiting lists, especially for elective orthopaedic work, have increased steadily over the past 18 months with few short term solutions in place to address a growing problem. The growing list has occurred at a time of significant NHS re-configuration in greater Cardiff, which has seen overall acute capacity reduce.

Against this backdrop, BUPA Hospital Cardiff contacted Ms Jane Hutt (AM), Welsh Assembly Health and Social Services Secretary, to discuss ways in which the private sector could support the NHS in Wales over the long term. As a result, BUPA Hospital Cardiff has been nominated to feed into an all Wales waiting list strategy working group, led by the Welsh Institute of Health and Social Services.

An initial meeting has already been held and a second meeting is planned with a representative from BUPA Group Strategy to discuss the help and support BUPA could give Wales in supporting and shaping the future of healthcare for the citizens of the Principality. This vision will be incorporated into a document to be debated by the Assembly in June 2000.

Ultimately, we believe that this may identify the opportunity for BUPA Hospital Cardiff to enter a long-term partnership, providing elective surgery support to the NHS in South Wales.

Case study:

Direct Access Rectal Bleeding Clinic BUPA Dunedin Hospital (Reading)

BUPA Dunedin hospital has worked with Thames Reading Primary Care Group to set up a Direct Access Rectal Bleeding Clinic. The clinic takes place once a fortnight, and is staffed by BUPA nurses working with a trained GP.

In the past, patients attending their GP with rectal bleeding had to be referred to a consultant for an outpatient appointment, and wait for up to 8 weeks. The consultant could carry out a rigid scope and, if required, would see the patient again on another occasion to carry out a flexible-sigmoidoscopy. There would then be a further delay while the results of the investigations were returned to the patient's GP.

Now the patient's GP telephones the BUPA Dunedin Hospital and makes an appointment for the patient to have their flexible sigmoidoscope at the next session - never more than a fortnight away. Immediately the scope has been carried out, the clinic faxes the results to the patient's GP, so that the most appropriate onward referral can be made.

Taking two or three months out of the diagnosis process reduces the worry for patients, and also increases the chances of detecting colo-rectal cancers at an early stage. This significantly improves the patient's prognosis and which makes them easier and cheaper to treat for the NHS, and also provides the PCG with a cost-effective service.

Up to 150 patients will benefit from this service each year, with more than 50 having already been seen. The hospital is able to charge for these screens at a marginal rate of £90 per screen, which includes the medical fee payable to the scooping GP. The service has the full support of the consultant colo-rectal surgeons, because of the benefits it offers to patients in the NHS, and because of the links they can build with the GPs who are involved.

In the medium term, significant scope and interests exists to roll the service out to other PCGs in the Reading area.

Case study

A unique public private partnership: Addenbrookes MRI at BUPA Cambridge Lea Hospital

The Addenbrookes Hospital department undertook all the MRI scans in Cambridge (private & NHS) on two scanners. All the private income was retained in the department and invested in upgrades to equipment and research.

Addenbrookes had no plans to work with the private sector but knew their income stream was at risk from another scanner in the city. A number of competitors had capital to invest in a scanner and could have achieved a crucial competitive advantage by buying a modern scanner, jeopardising Addenbrookes position.

The proposal was that Addenbrookes should lease a third scanner on the Cambridge Lea site that would secure their existing private income stream for several years, while releasing additional capacity for NHS patients and research on the Addenbrookes site. The Cambridge Lea scanner would be run as a satellite of the Addenbrookes department. The project would move from inception to service delivery in under one year.

All the income would go to Addenbrookes, although BUPA would house the scanner and charge an inflation-linked rental for the facility. The benefit for BUPA was to have an MRI scanner on site years ahead of a full ownership proposal, thus also improving accessibility to the scanner for private patients.

All the Addenbrookes private scanning now takes place at BUPA Cambridge Lea, although two thirds was generated from other sites. High margin specialities (orthopaedics and neurosurgery) have grown at the Cambridge Lea, with Addenbrookes also benefiting from this growth.

Although it is still less than a year since the unit opened, BUPA Cambridge Lea, Addenbrookes Hospital NHS Trust and Patients have benefited from the state of the art facilities which now exist locally. The door has truly been opened to the possibility of further mutually beneficial joint ventures with the NHS.

The first patient was scanned less than a year from the project being agreed and Addenbrookes have grown a secure income stream and increased the capacity for NHS work on the Addenbrookes site. This has been achieved without the need for Addenbrookes to access scarce NHS capital.

Case study

How care pathways have changed clinical practice at BUPA North Cheshire Hospital

Integrated care pathways offer a system of multi-disciplinary care planning, recording and analysis, based on the knowledge that most patients admitted for elective surgery will follow a predictable course throughout their stay. The pathway is a researched based, locally agreed plan of care, that if performed as described is expected to produce the most desirable outcomes.

BUPA North Cheshire Hospital wrote and used its first Care Pathway over 5 years ago. The hospital has now 115 in current use. Staff have seen a number of significant changes in clinical and working practice over the years in response to the successful implementation of care pathways.

1. Use of clinical documentation

Pre care pathways, we saw much duplication of documentation. Separate records were kept by each discipline, with little or no time to share or make use of the information collected. Nursing staff wrote excessive amounts of information in nursing notes backed up by complex individual care plans meaning little anyone other than the author and nothing to other members of the clinical team or the patient themselves. Through the use of care pathways duplication of documentation is greatly reduced. All staff use a pre-printed record of care which is outcome based and where detailed text is only used to record variances and remedial action required.

2. Improved multi disciplinary team working

All care pathways were written and implemented using staff from different clinical disciplines. This work encouraged and developed a multi disciplinary team approach to patient care. We have seen a great change in the way we now work. There is much more communication and collaboration within the Multi disciplinary team, particularly between nursing and Physiotherapy. As a result, we now provide a seamless and higher quality service to the patient. When variances are documented and patients require an individual plan of care, this now is planned from a multidisciplinary approach, not only from a nursing or medical view.

3. Improved communciation

Clinical pathways make patient care more predictable for all care givers. The essential components of care are ''blue printed' and therefore can never be forgotten or not done on time by the appropriate discipline. Pathways have changed the way staff hand-over

care to colleagues. All Care Pathways and patient documentation is now kept within the patient's room. The pathway is used as part of the nurse handover. This process ensures that no care outcomes are missed, highlights any variances and the need for changes in the care process early, therefore minimising risk and managing the care more effectively. Pathways have heightened patient awareness of and involvement in their care.

4. Reduction in practice variation

Input from many Consultant users often leads to a variety of treatment methods. During the writing of specific care pathways, the collaboration with our medical colleagues allowed us to attempt to reduce many of the major variations in practice. This has led to less confusion and more effective improved patient outcomes.

The use of pathways has also standardised patient care practices within the nursing field. Care is now based on agreed outcomes and is not dependent on the expertise of each care given.

Care Pathways have formed a valuable part of ward staff induction and education programs. They also allow us to compare and benchmark our care with other Hospitals.

5. Shorter length of stay

The most significant effect on our working practice has been the reduction in patient length of stay. Post Pathway, the majority of major surgical cases are discharged quicker, seeing a more rapid patient turnover rate. The most significant has been our orthopaedic cases.

Pre-pathway Length of Stay for Hip replacement = 14 days
Length of stay now = 7 days

Pre-Pathway Length of Stay for Knee replacement = 14 days
Length of Stay now = 5/6 days

HDU stay following major abdominal surgery Pre-pathway = 72+ hours
Now = 42 hours.

Some Orthopaedic and Ophthalmic cases now performed as day cases.

These changes are due to improved care management, better and earlier discharge planning, earlier detection of clinical problems through variance documentation, improved communication and multi-disciplinary working with greater patient involvement.

6. Staff involvement in audit

Ward staff now have an active role in the audit of all Care Pathways throughout the year. With the care management nurse, they identify areas for improvement and within the multi-disciplinary team, re-write and update the pathways. Staff therefore keep up to date with areas of best practice and researched based care.

Case Studies of existing working examples of Intermediate Care presently provided by BUPA Care Services

Location	Scheme Details	Customer	AVLOS	Comments
Birmingham	Block contract ten beds, hospital discharge scheme since 1997, for frail elderly	NHS Trust	To six weeks	Medical input from Trust Consultant
Peterborough	GP rapid response scheme, contract until 2003 for three beds to prevent hospital admissions	NHS Trust	A few days	Referred to in Nursing Times in 1999
Romford	Six bed residential rehabilitation, block booked for six months rolling contract since 1997. Includes kitchen/therapy area in special designated area.	London Borough of Barking, but Health Authority refers falls, strokes, fractures etc	To eight weeks	Barking Health Authority provide all therapist input and consultant input.
Bristol	Ten beds block contract for hospital early discharge. Trust provided Consultant input, special equipment, therapists	United Bristol Health Trust		Worked well, Consultant input very important
Thamesmead	30 bed unit, facilities only, let to Health Authority who do "intermediate care" and provide all care and medical inputs	Bexley & Greenwich Health Authority	19 days up to maximum four weeks	Average age 70+
Liverpool	68 block and spot up to 90 intermediate care beds for direct GP admissions, early hospital discharges. Health Authority provided	Liverpool Health Authority and North Mersey Community Trust	Two/three weeks	RN levels higher plus carer required for out of hours admissions

	GP cover at extra cost, part time OT and social worker.			