

How will patients access private hospital treatment after lockdown?




As the coronavirus crisis eases, and the NHS's need for independent healthcare sector beds and capacity has reduced, elective and PMI work has begun to ramp back up, offering private patients a viable, fast-track alternative.

A highly informative webinar organised by health insurer WPA brought together two excellent speakers to discuss how patients will access private hospital treatment after lockdown, and what this 'new normal' will look like, a topic that is very contemporary to the medical insurance and private hospital industry.

- The independent healthcare sector has stood shoulder to shoulder with the NHS during the pandemic but now, as the crisis has eased, private elective procedures and treatments are picking back up.
- A backlog of deferred or postponed procedures, plus continued pressure on the NHS, may result in significant waiting lists.
- Infection control, social distancing and PPE requirements have reduced surgical and consultation efficiency, impacting on patient throughput.
- The future private patient 'journey' will look very different, including isolation pre- and post-procedures, more remote consultations, and more preventative programmes.
- There will be a need for ongoing work around patient assurance/confidence.

On March 12, the UK was more than a week off going into lockdown and, for many of us, COVID-19 was still an 'emerging' threat. But for the independent healthcare sector leaders who met NHS England chief executive Simon Stevens at the Department of Health's Skipton House in London that day, the practicalities of how the UK's private hospitals and expertise could support the NHS through the coming crisis were of very pressing concern.

So much so that, just nine days later, on March 21, the government announced it was bringing some 8,000 private hospital beds across England, more than 10,000 nurses and over 700 doctors into the NHS. It was a deal that, as David Hare, chief executive of the Independent Healthcare Providers Network, said at the time, showed independent hospitals were working "hand in hand" with the NHS during the crisis ⁽¹⁾.

However, as Chris Blackwell-Frost, chief strategy officer at Nuffield Health, and Jasper Gill, consultant surgeon and chief medical officer at WPA, explained at a recent WPA webinar, standing shoulder to shoulder with the NHS in this way has had knock-on consequences for the sector. The pandemic has also transformed the private hospital patient 'journey'.

The webinar, 'How will patients access private hospital treatment after lockdown?' attracted nearly 400 participants. Chris Blackwell-Frost first outlined how, with the crisis easing, the sector's contract with the NHS had since May transitioned into a 'de-escalation' phase.

About the event

A summary

This event was organised by the WPA Group.

This is a summary of the presentations and subsequent discussions. It is the property of WPA Group and may not be copied or reproduced without permission.

About WPA

WPA is a specialist not-for-profit health insurer. With a history dating back to 1901 they look after private individuals, families and all businesses from micro enterprises through to blue chip global brands.

WPA is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

WPA contacts

brian.goodman@wpa.org.uk

mark.southern@wpa.org.uk

01823 625000

About the author

Nic Paton

Nic Paton is one of the country's foremost journalists on workplace health, safety and wellbeing, and is editor of Occupational Health & Wellbeing magazine. He also regularly writes on the health and employee benefits and health insurance markets.

This easing of coronavirus demand has meant the gradual return of elective treatments and procedures. Nevertheless, some 650,000 PMI patient procedures have been delayed. Priority level 4 patients, or those whose surgery could be delayed three months, have been worst affected with, even now, little sense of when their procedures might go ahead, said Jasper Gill. On top of this, NHS waiting lists are expected to top ten million by the end of 2020.

A further pressure is the new virus transmission management, infection control and PPE protocols that have had to be put into place. These include patients (and their families) being required to isolate for two weeks before and after their procedure, a swab test 48-72 hours beforehand, theatre staff needing to suit up in PPE, and theatres and consulting areas having to be deep-cleaned on a regular basis. As a result, procedure volumes are running at around 60-70% compared with 80% pre-pandemic.

Despite the news that the steroid Dexamethasone can reduce mortality rates and the antiviral drug Remdesivir hospitalisation, we can't rely on a 'silver bullet' treatment or a vaccine – which could be years away, if at all – to return us to 'normality', emphasised Jasper Gill ⁽²⁾.

Assuming COVID-19 is with us for the foreseeable future, 'normality' may therefore mean long-term pressure on waits, especially if the independent sector finds itself being re-requisitioned by the NHS. Similarly, there will be pressures in terms of the capacity of hard-pressed consultants and anaesthetists to scale up their private practice work.

One thing that could make a positive difference, however, is better testing than the current swab test. "If we can get to a point where we have a test which is near 100% accurate, which gives the result in moments, and which is far more pleasant, such as a finger prick test, then we can start to move to a phase where we can start testing everybody coming into a dedicated elective unit; patients and staff alike," said Jasper Gill. This would allow for the relaxing of social distancing and PPE requirements and improve efficiency and patient throughput.

Technology, especially remote consultations, will also help. The use of remote video and phone consultations has accelerated during the weeks of lockdown and is now much more the norm for pre-operative, planning and post-operative consultations. "I can also see us developing more preventative programmes to stop people becoming ill, and non-operative interventions, especially for those in the higher risk group," Jasper Gill added.

Building trust – giving patients the confidence that coming into hospital and having a procedure or treatment was going to be safe – was also going to be critical going forward.

Many private hospitals have become centres undertaking elective work on patients who have isolated and tested negative for COVID – a message that needs to be communicated to patients who needed to be seen, said Jasper Gill.

Equally, the message for patients needed to be, yes, the 'normal' is now different – in terms of reduced volumes, changed ways of working and the overall patient experience. Yet the independent healthcare sector is now very much back in business for PMI and self-pay patients.

As Jasper Gill emphasised, even with the pressures of potentially longer waits and less flexibility, "given the relative number of patients in the private sector compared with the NHS, I think those in the independent sector are likely to have significantly lower waiting time, thereby still providing value for money for their private medical insurance."

"It genuinely has been a disruptive and challenging few months for all of us. But the surge has passed for now," agreed Chris Blackwell-Frost. "Hospitals are back doing, predominantly, elective treatment, as well as being very much focused on supporting the NHS waiting list work. And I expect that tap to turn on more forcefully as we go into July and early August."

1. 'NHS strikes major deal to expand hospital capacity to battle coronavirus NHS England', March 21, 2020, <https://www.england.nhs.uk/2020/03/nhs-strikes-major-deal-to-expand-hospital-capacity-to-battle-coronavirus/>
2. 'Coronavirus: Dexamethasone proves first life-saving drug', BBC, 16 June 2020, <https://www.bbc.co.uk/news/health-53061281>; 'Remdesivir drug to be available for selected NHS Covid-19 patients', The Guardian, 26 May, 2020, <https://www.theguardian.com/world/2020/may/26/remdesivir-drug-to-be-available-for-selected-nhs-covid-19-patients>