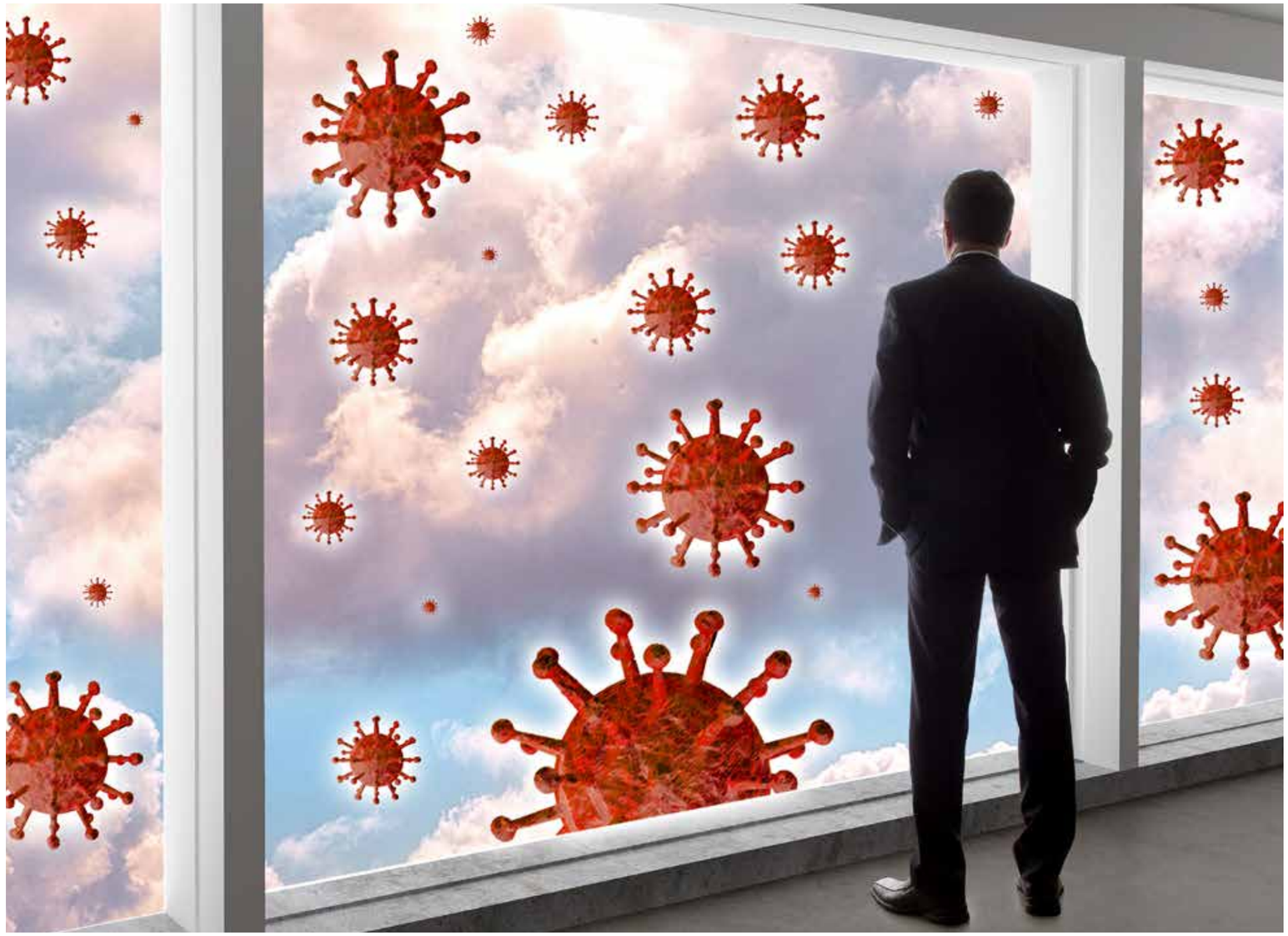
FUTURE OF PRIVATE PRACTICE

Covid chaos offers chance to revamp independent practice



Consultants must now either help evolve the changes they see in private practice, brought about by Covid-19, or look for other ways to supplement their income. **Prof Gordon Wishart** (left) and **Philip Housden** (right) analyse some interesting possibilities for the 'stayers'

AGAINST A BACKGROUND trend of increasing costs to run a private practice, and with more resources required to comply with clinical and information governance, many consultants are considering whether it is worth restarting.

Their decision may be influenced by the recent renewed rise in Coronavirus cases and the uncertainty about how long non-Covid clinical services will continue to be disrupted.

For those who perform surgery or other invasive procedures for private patients, the requirement for additional hygiene measures and PPE will result in decreased productivity that will challenge the previous level of reimbursement per unit of time in the independent sector.

With a massive backlog of NHS patients requiring diagnosis and treatment during the next few years, many consultants with a busy NHS trust post may find they have less time to devote to private practice as they struggle to balance other commitments with research, service development and their family.

For many more newly appointed consultants, and those with smaller practices, these additional restrictions and safety measures will perhaps be a step too far and they choose to discontinue their private practice.

Many will be tempted by other options – including medico-legal work or consultancy/advisory roles in pharmaceutical and healthcare companies or the regulatory healthcare bodies – to augment their earnings without the significant additional costs of private practice management.

Viable career move

This trend could lead to offers of alternative part-time contracts to work for independent sector hospital groups. We believe these could become a viable career move in England for the first time, and not just for a very few in central London.

This may appeal to more senior consultants, many of whom already take early retirement to access their pension then return to a reduced-hours NHS contract, and also to junior consultants at the beginning of their careers.

Increased opportunity from NHS contracts

Estimates predict NHS waiting lists will reach 10m patients by the end of 2020, so the service will be unable to manage the backlog without significant independent sector help.

With £10bn of NHS contracts now being let for the next four years and an overall shortage of doctors in the UK, there has never been a better time for consultants to change their working practice to take advantage of opportunities.

For private hospitals, there is now a period of guaranteed funding to allow a review of how healthcare is delivered in the independent sector.

There is an opportunity to consider whether to employ consultants directly or to employ subconsultant grades to allow consultants to focus on income generating services and – for some – to focus on increased specialisation.

For anaesthetists and consultants in specialties suited to waiting list initiatives, such as orthopaedics, general surgery or ENT, the prospect of additional work covered by crown indemnity may be more attractive than a return to their own private practice.

And, for many NHS hospitals, this may also be the time to review the present closure of private capacity and consider launching or expanding a private patient unit on their NHS campus.

For the NHS trust, this secures additional revenues at a time when budgets are less flexed with activity.

A more flexible approach to NHS and private activity within a trust contract may also be more attractive than traditional private practice for some consultants.

⇨ p46

Post-lockdown private practice

So what will be the major challenges post-lockdown for those doctors who decide to return to private practice in local independent hospitals, and how can they be mitigated?

They will have to get used to additional pre-operative assessments that may include Covid-19 antigen testing and temperature/symptom screening, and decreased productivity in the operating theatre.

Consultants may require regular testing themselves to ensure a Covid-light environment is maintained. Outpatient consultations may continue to be by phone or video for a considerable time, which will prove more difficult for certain specialties such as cancer diagnosis.

While none of us can predict when the pandemic will end, it is likely that an effect of Covid-19 will be to accelerate a change forever in the way independent healthcare is delivered.

Digital healthcare revolution

During lockdown, consultants have already been exposed to remote phone or video consultations and an increasing reliance on digital healthcare. There is now increased Government funding to accelerate this digital healthcare revolution and they will need to embrace this challenge in the independent sector.

Moreover, with the planned investment of £10bn of NHS activity with the independent sector during the next four years, many consultants could be attracted to working two to three days weekly in the NHS, with the remainder in an independent hospital group.

This would, by default, introduce an Australian-type system where a consultant's time is more evenly split between public and independent sectors.

This change, however, will require UK independent hospital groups to consider employing consultants directly, either part-time or full-time, in a similar way to London's Schoen Clinic and the planned Cleveland Clinic.

A second obstacle to a return to private practice is whether insured patients will be able to access private hospitals that may also have many NHS inpatients and outpatients.

Without that core insured business, there is likely to be a major drop in profitability that will not be compensated by a likely increase in self-funding patients.

Lack of access to private hospitals for private patients may result in a reduction in the number of patients who have private medical insurance or insurers adjusting their policies to better suit the new healthcare landscape.

It seems likely that insurers will continue to drive a policy of working with a smaller number of consultants in each specialty, or consultant partnerships who can deliver a certain level of clinical service for an agreed price, with the intention of this also driving up quality.

In fact, AXA PPP Healthcare successfully utilised these consultants and partnerships to help triage insured members to access urgent services during lockdown and this pattern seems likely to continue as insurers move towards a strategy that will deliver value-based healthcare.

So, what is value-based healthcare and what can consultants do to make their private practice more attractive to insurers?

Increased demand for audit and outcome data

Value-based healthcare is the equitable, sustainable and transparent use of available resources to achieve better outcomes and experiences for every person.

So insurers will be looking for evidence from private practitioners of better clinical outcomes by use of clinical audit, patient-reported outcome measures (PROMs) and, for cancer treatment, outcome measures such as local recurrence and survival data.

Collecting this type of data can be time-consuming and expensive for sole practitioners, which may on its own be a good reason to consider joining a partnership where these costs are shared. An alternative would be to work with a referral partner who collects audit data on behalf of consultants.

As an example, Check4Cancer manages and audits diagnostic pathways for breast, skin and prostate cancer and plans to expand the audit process to capture the final treatment summary and five-year outcome data in its breast cancer pathway.

> **it is likely that an effect of Covid-19 will be to accelerate a change forever in the way independent healthcare is delivered**

It was able to provide face-to-face consultations for patients in all three pathways throughout lockdown by close collaboration with insurers and consultants.

The increased engagement and the ability to refer patients during lockdown has led to additional consultants applying to join the breast network. But they will have to comply with rigorous criteria established by the company, including membership of the Association of Breast Surgery, running a one-stop breast clinic with a radiologist present, core biopsy-based diagnosis, pathology results within five working days and no ultrasound screening.

This type of approach, with rapid-access best practice and streamlined pathways, could be extended to other non-cancer specialities.

Partnerships and consultant investment

In recent years, development of private cancer treatment centres has provided the opportunity for surgeons and oncologists to invest in purpose-built facilities providing cancer diagnostics, radiotherapy and chemotherapy. This approach, pioneered by Cancer Partners UK, has been successfully continued by Genesis Care since acquisition.

The initial investment for consultants can seem high, but the returns can be large, and many consultants and consultant partnerships have chosen this route to increase their annual revenues from private practice by directing patients to their own centre.

Indeed, the partnership approach has been particularly successful in central London with the Fortius and One Welbeck clinics, the latter providing access to consultants in gastroenterology, endocrinology and orthopaedics.

The Covid pandemic and the healthcare system's response to it has initiated and accelerated a change in the delivery of healthcare in the UK and is likely to bring about lasting changes for consultants, UK insurers and independent sector providers.

Many of these changes will benefit patients, with increased use of video or phone consultations by private GPs and consultants, greater use of digital healthcare and AI clinical developments and access to streamlined pathways for diagnosis and treatment.

Better outcomes

Insurers will be looking to work with smaller numbers of consultants and consultant partnerships who can deliver value-based healthcare to achieve better outcomes and experiences for every person.

Consultants will therefore be expected to collect much more outcome data, PROMs and patient feedback and this will require increased administrative support and entail additional costs.

The private hospital groups can see this as an opportunity to change the way they work, with direct employment of consultants on a part-time or full-time basis and increasing subspecialisation in specific hospitals rather than trying to provide all services in every network hospital.

They will also face the challenge of balancing the management of both private and NHS patients in the foreseeable future and perhaps beyond.

What is certain, however, is that private practice is already changing from the traditional approach that has persisted for decades.

Consultants must either embrace these changes, and get involved in directing how this should evolve or look for other ways to spend their time and supplement their income. ■

Prof Gordon Wishart is chief medical officer at Check4Cancer and visiting professor of cancer surgery at Anglia Ruskin School of Medicine. Philip Housden is managing director of Housden Group healthcare consultancy