SESSION

Waiting lists policies and the two-tier system within the NHS

SPEAKER

Allyson Pollock
professor emerita at Newcastle University
Honorary Professor at St Andrews University

Q&A via slido.com: #13579

SPEAKER PROFILE

Allyson Pollock

Professor Emerita, Newcastle University • Honorary Professor, University of St Andrews

A public health physician and academic scholar with extensive leadership in health policy, regulation and evidence.

Allyson trained in medicine and is a public health physician and academic scholar. She is professor emerita of public health and was director of the Institute for Health and Society and of the Newcastle University Centre of Excellence in Regulatory Science. She is an honorary professor at St Andrew's University and also at University College London. Allyson's research interests are in public private partnerships and health systems; long-term care; in access to medicines and appropriate medicines use, and pharmaceutical regulation and regulatory science; and the epidemiology of child and sports injury. She is well known for her active commitment, spanning nearly three decades, to promoting universal public health care in the UK.

ALLYSON POLLOCK

Waiting lists policies and the two-tier system within the NHS: How NHS outsourcing to the private sector is driving inequalities and shrinking NHS capacity for elective surgery in England.

Allyson M Pollock and Graham Kirkwood

Newcastle University

From Newcastle. For the world.

Aim

- Compare impact of waiting list policies for NHS funded hip and knee replacement and cataract surgery in England and Scotland 1998/99 - 2018/19 on capacity, waiting times and inequalities

Choice: we should give poorer patients…the same range of choices the rich have always enjoyed …choice enhances equity. Tony Blair (2002)

“Scotland does not, has not, and shows no particular indication that it intends to embrace the market or the mixed economy either with the same enthusiasm and certainly not with the same mechanisms that has been done South of the Border”. Scottish Government (2004)

Scotland:

Period 1: **April 1997 –** **March 2003**	**12 May 1999** - first meeting of Scottish Parliament **June 2002** - Scottish Executive buys private Health Care International hospital in Glasgow, the NHS Golden Jubilee National Hospital
Period 2: **April 2003 –** **March 2008**	**December 2003** - nationally guaranteed waiting time set at nine months **December 2006** - Scottish Regional Treatment Centre (SRTC) run by Netcare started accepting NHS referrals, total costs £18.7m **January 2010** - SRTC closed -**poor value for money**
Period 3: **April 2008 –** **March 2019**	**2012** – funding freeze (0.1% real terms increase) **December 2012** - maximum wait for inpatient treatment set at 12 weeks from decision to treat to starting treatment

England

Period 1: **April 1997 –** **March 2003**	**01 May 1997** - election of New Labour government **December 2002** - ISTC programme announced in *Growing capacity: independent sector diagnosis and treatment centres*
Period 2: **April 2003 –** **March 2008**	**2003** - NHS **awarded £1.6bn** in contracts to private sector **March 2005** - second phase of ISTCs announced; **£3bn of contracts**
Period 3: **April 2008 –** **March 2019**	**April 2008** – 39 surgical ISTCs in operation April 2009 –huge increase in outsourcing **2012** - Health and Social Care Act 2012 makes commercial contracting virtually compulsory

Government claims for benefits of using private sector

- increase capacity- admissions
- reduce waiting times
- decrease inequalities
- Innovation

England v Scotland

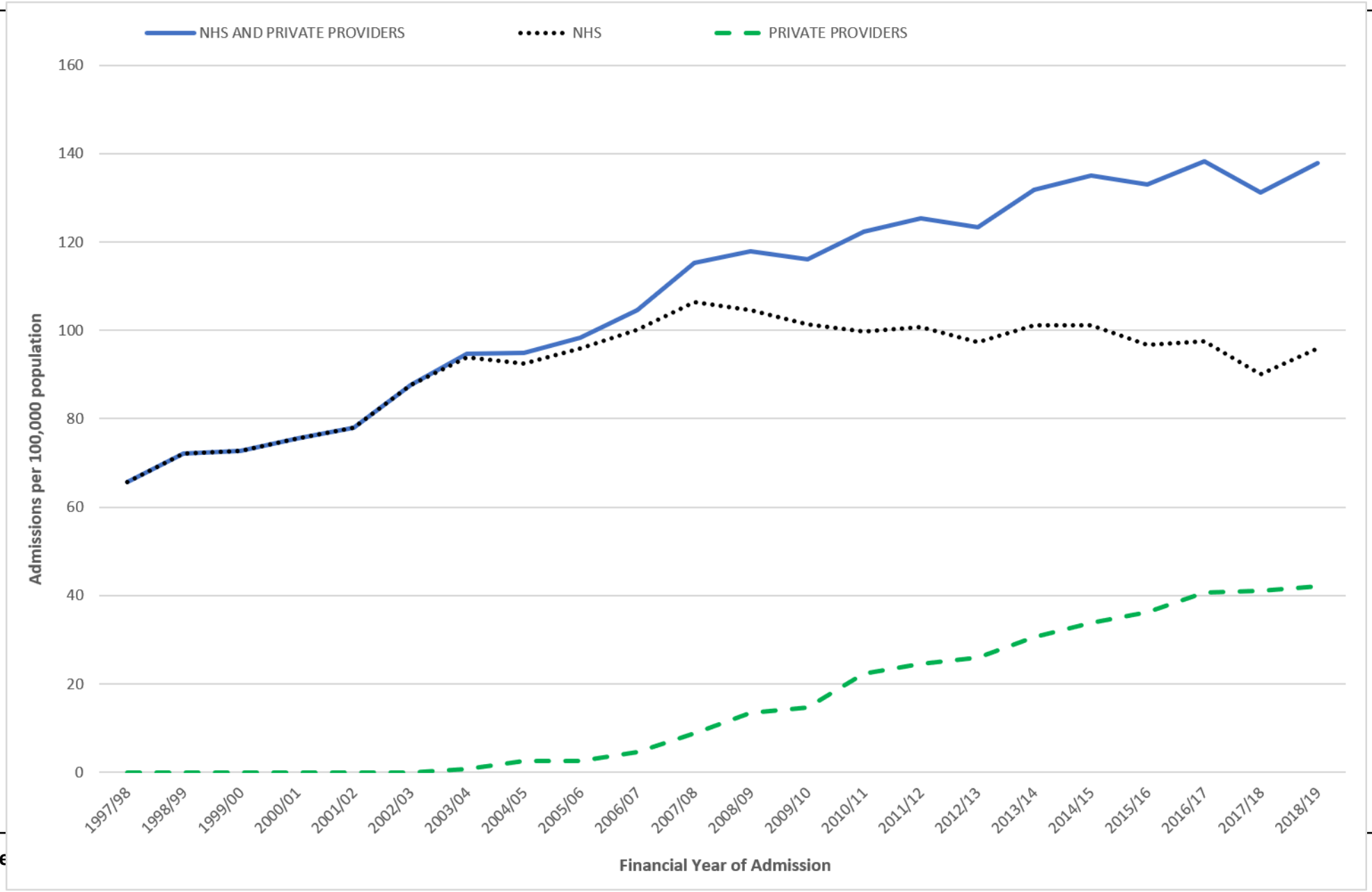
- admissions
- waiting times
- inequalities
- readmissions

Part 1: England and Scotland – admissions and capacity

https://www.sciencedirect.com/science/article/pii/S016885102600042 4?via%3Dihub

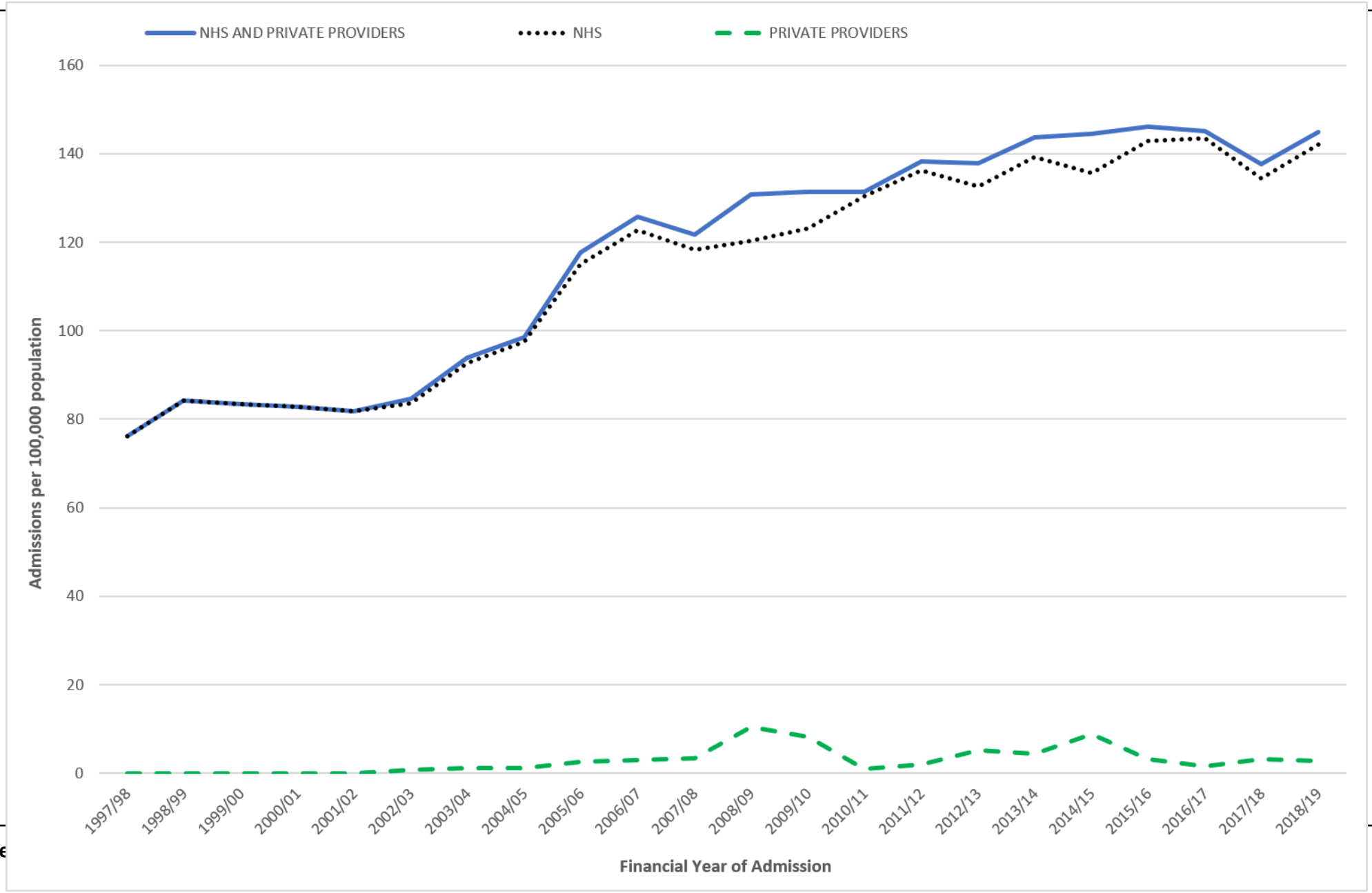
www.allysonpollock.com

Hip Replacement England



From Newcastle

Hip Replacement Scotland

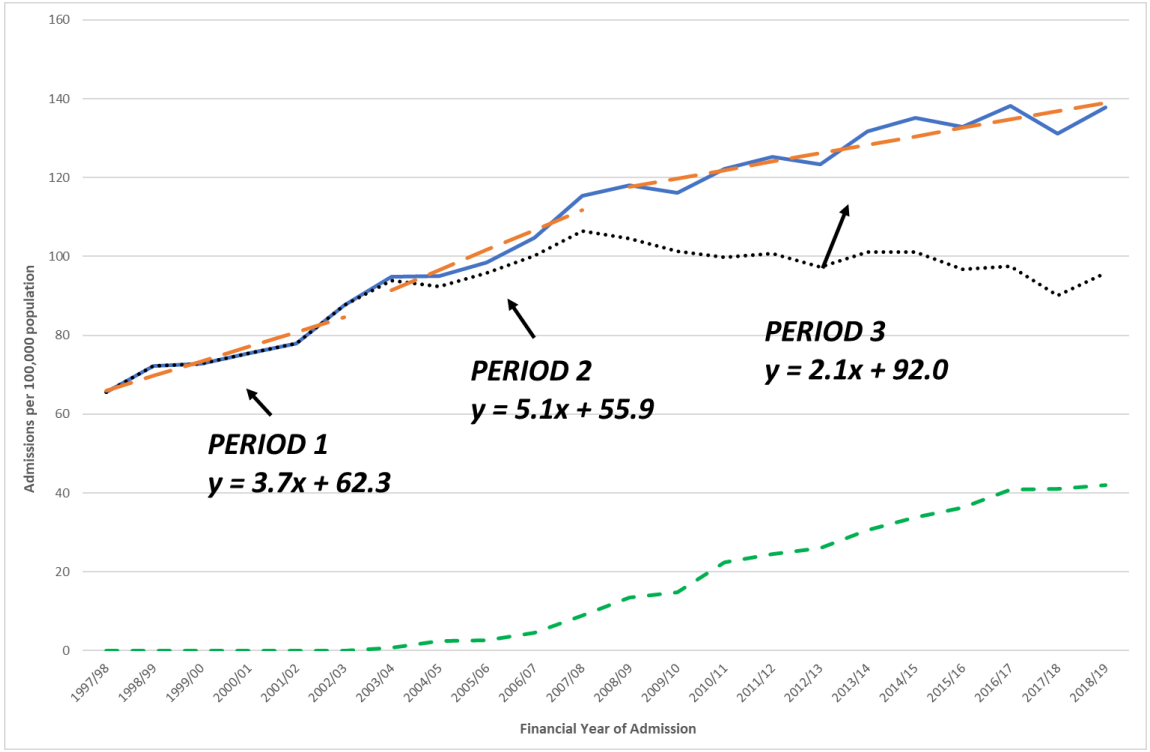


From Newcastle

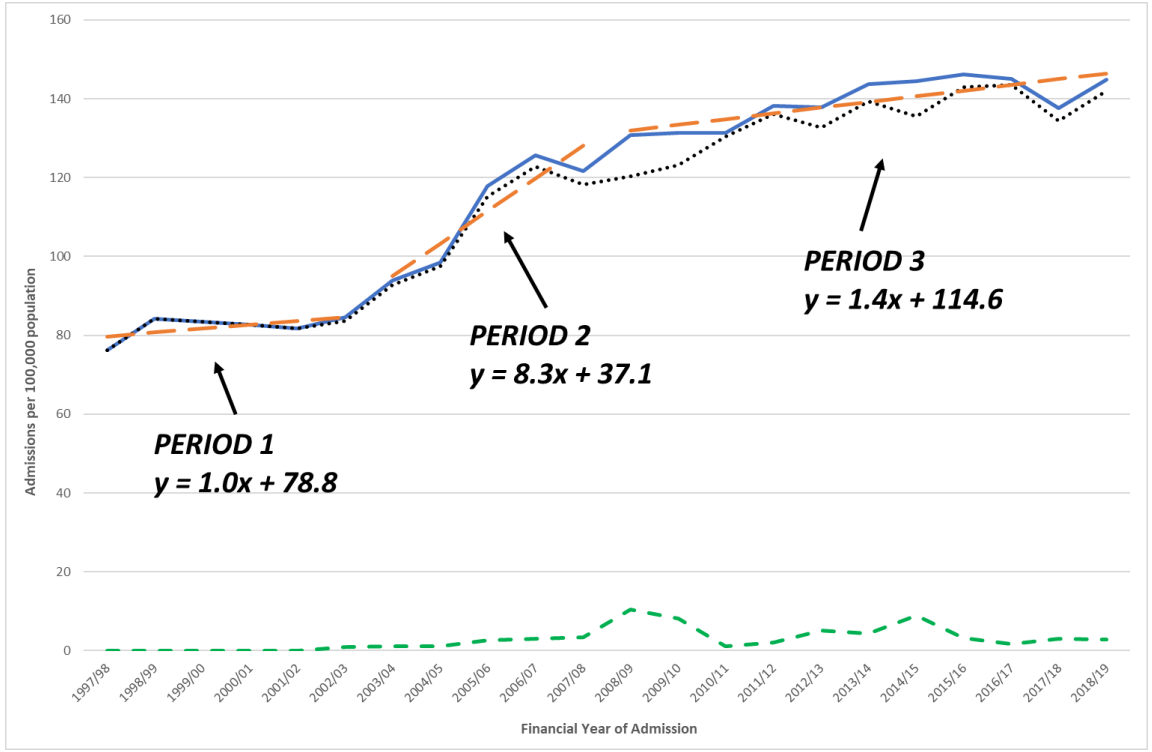
Crude hip replacement admission rates: all NHS funded (all ages per 100,000 population)

NHS AND PRIVATE PROVIDERS ····· NHS — — PRIVATE PROVIDERS

ENGLAND



SCOTLAND

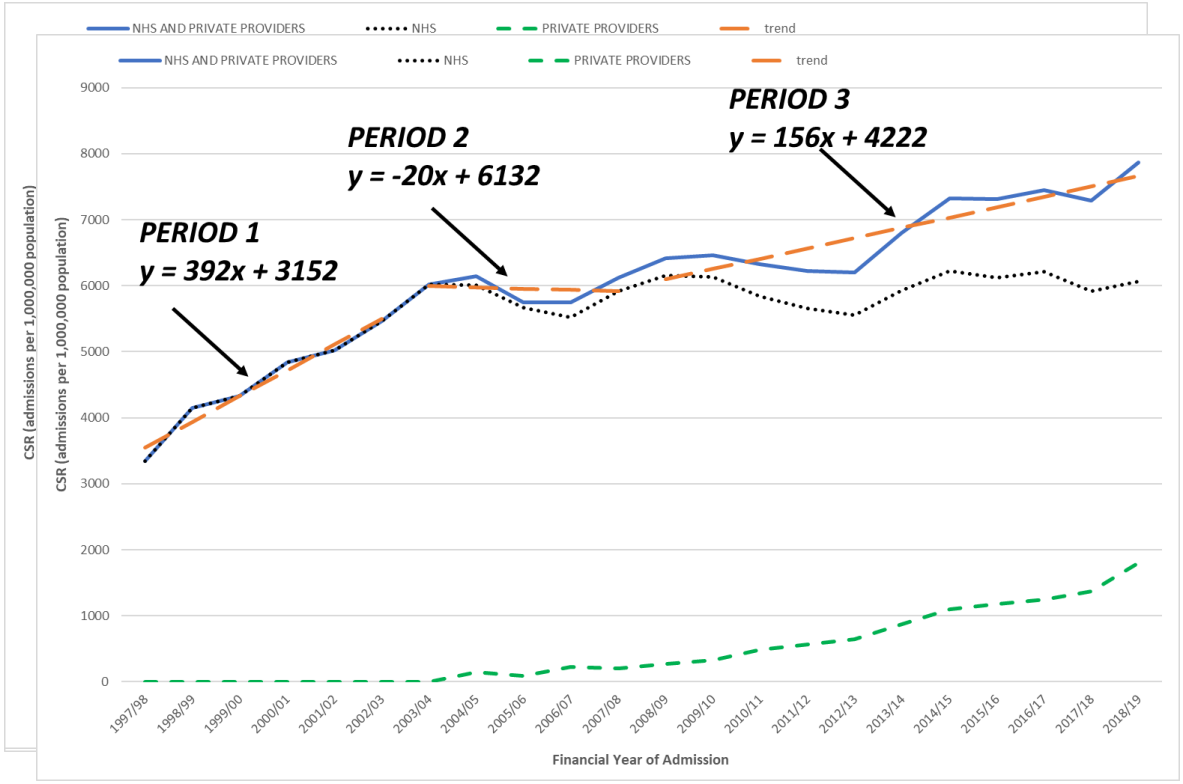


NHS England and NHS Scotland funded elective hip replacement admissions 01 April 1997 to 31 March 2019

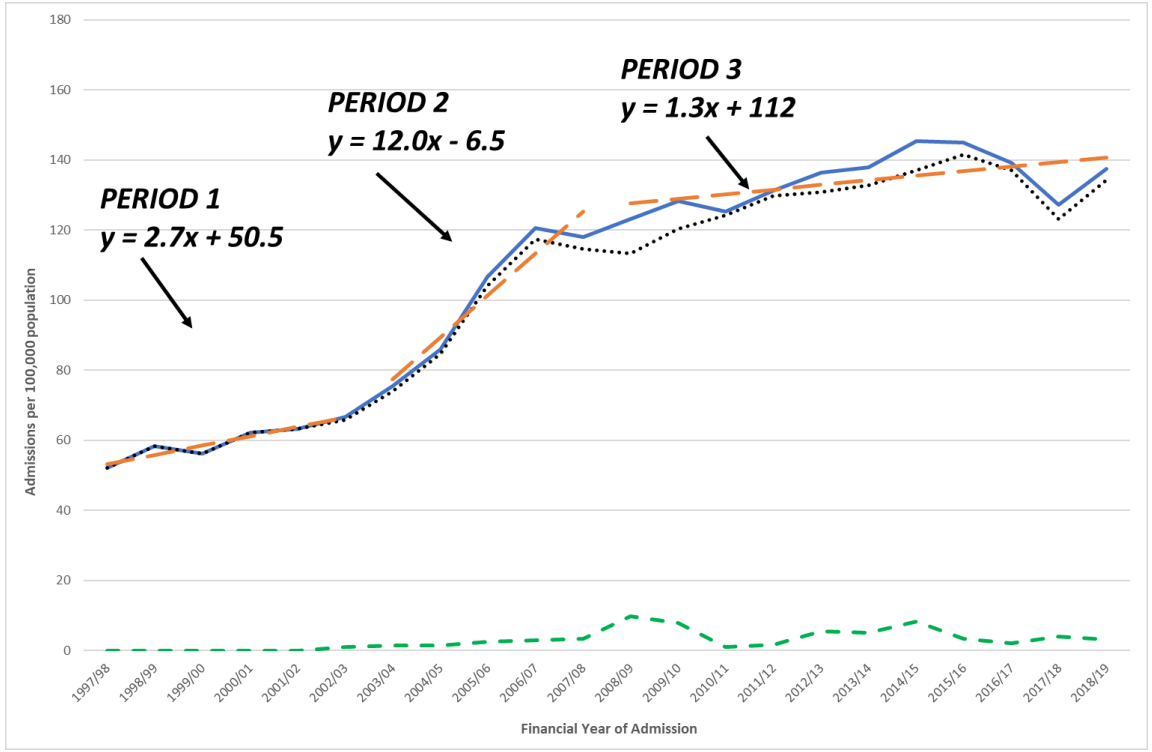
Crude knee replacement admission rates: all NHS funded (all ages per 100,000 population)

NHS AND PRIVATE PROVIDERS ····· NHS — — PRIVATE PROVIDERS

ENGLAND



SCOTLAND



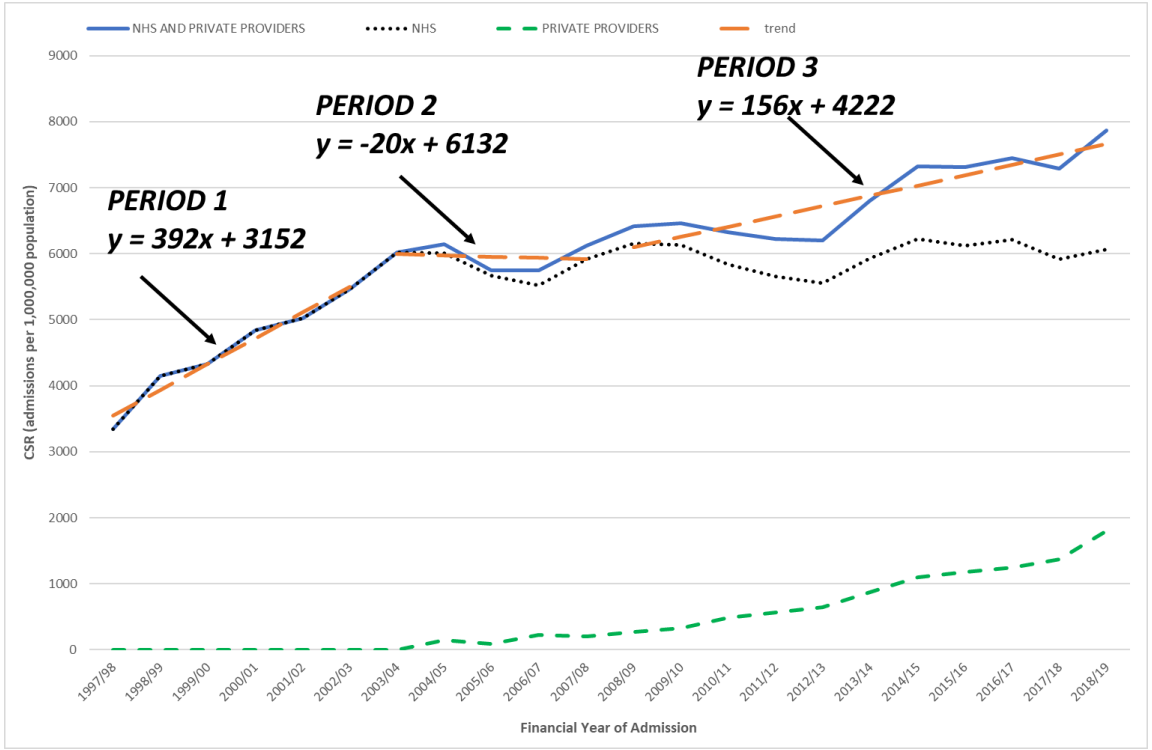
NHS England and NHS Scotland funded elective knee replacement admissions 01 April 1997 to 31 March 2019

Crude cataract surgical rates (CSRs)

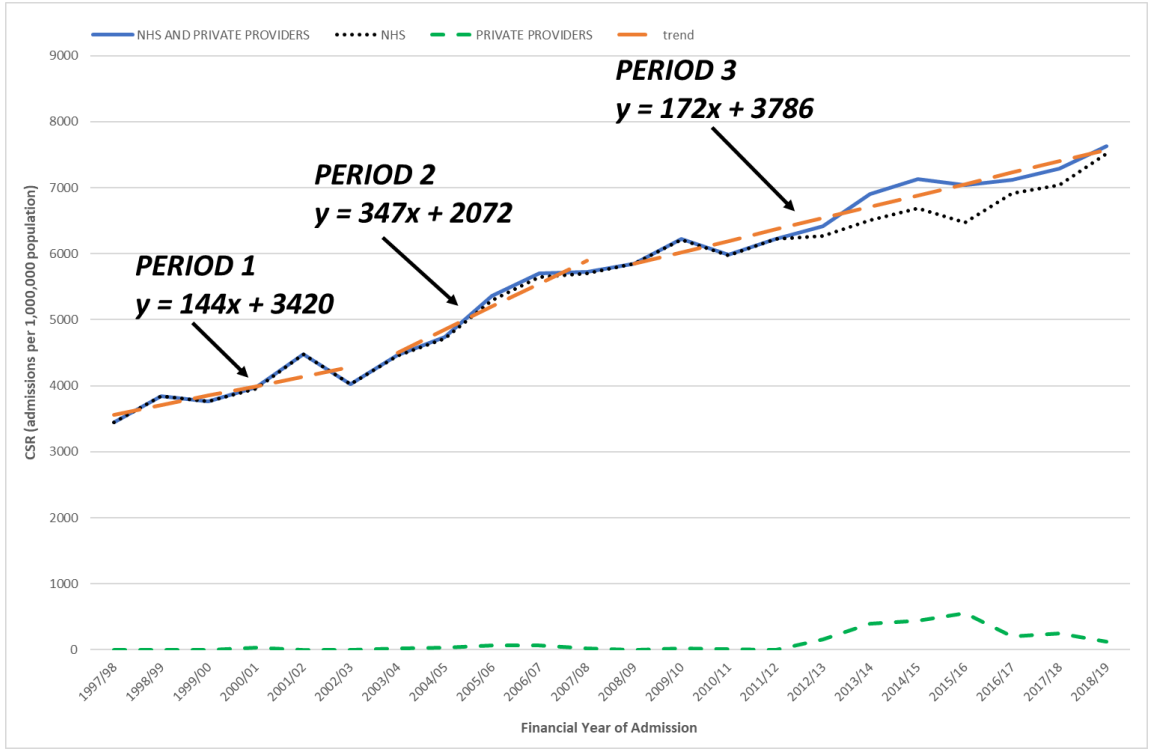
all ages admission rates per million population

NHS AND PRIVATE PROVIDERS ····· NHS PRIVATE PROVIDERS

ENGLAND



SCOTLAND



NHS England and NHS Scotland funded elective cataract operation admissions 01 April 1997 to 31 March 2019

England and Scotland – admissions

Admission rates more than doubled and trebled for hip and knee replacements and cataracts, between 1997/98 and 2018/19

England

- Admission rates within the NHS **fell** after 2008 (period 3) while admission rates to the private sector continued to **rise** –private sector substituting
- by 2018/19 almost a third of NHS funded hip, knee and cataracts provided privately

Scotland

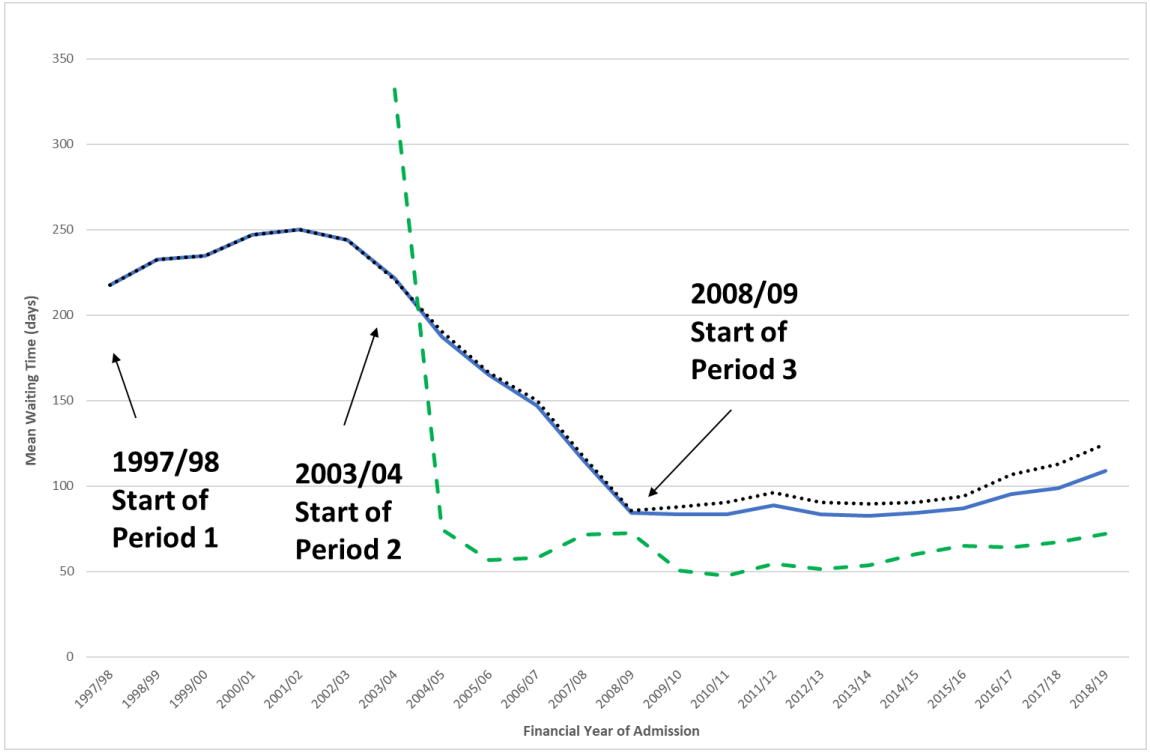
admission rate started from much higher base line in 1997 for hips
did not use private sector to increase capacity

Part 2: waiting times

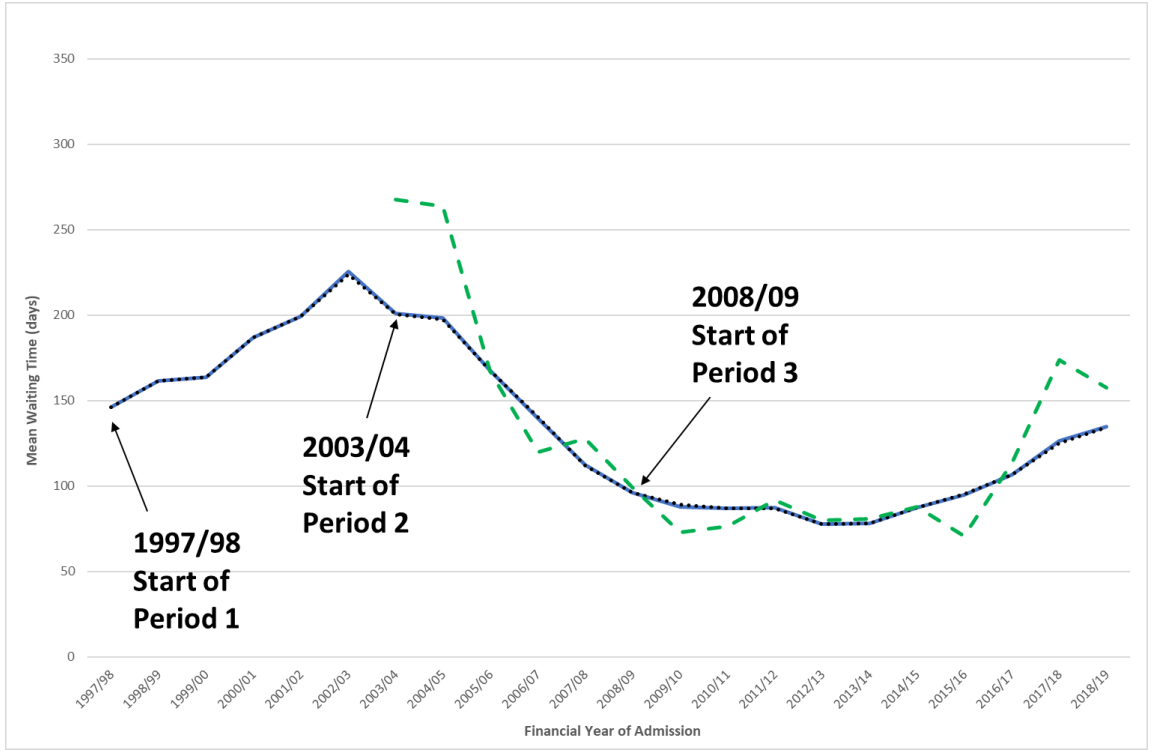
Hip replacement waiting times

NHS AND PRIVATE PROVIDERS NHS PRIVATE PROVIDERS

ENGLAND



SCOTLAND



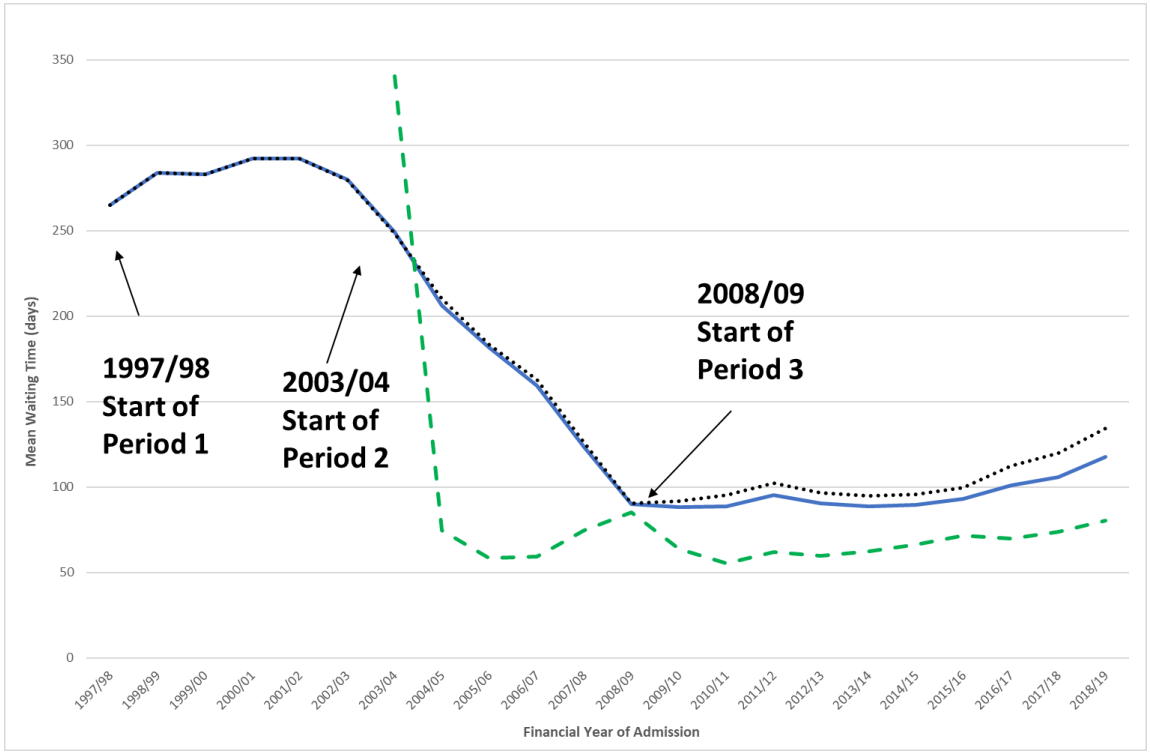
NHS England and NHS Scotland funded elective hip replacement admissions 01 April 1997 to 31 March 2019

Knee replacement waiting times

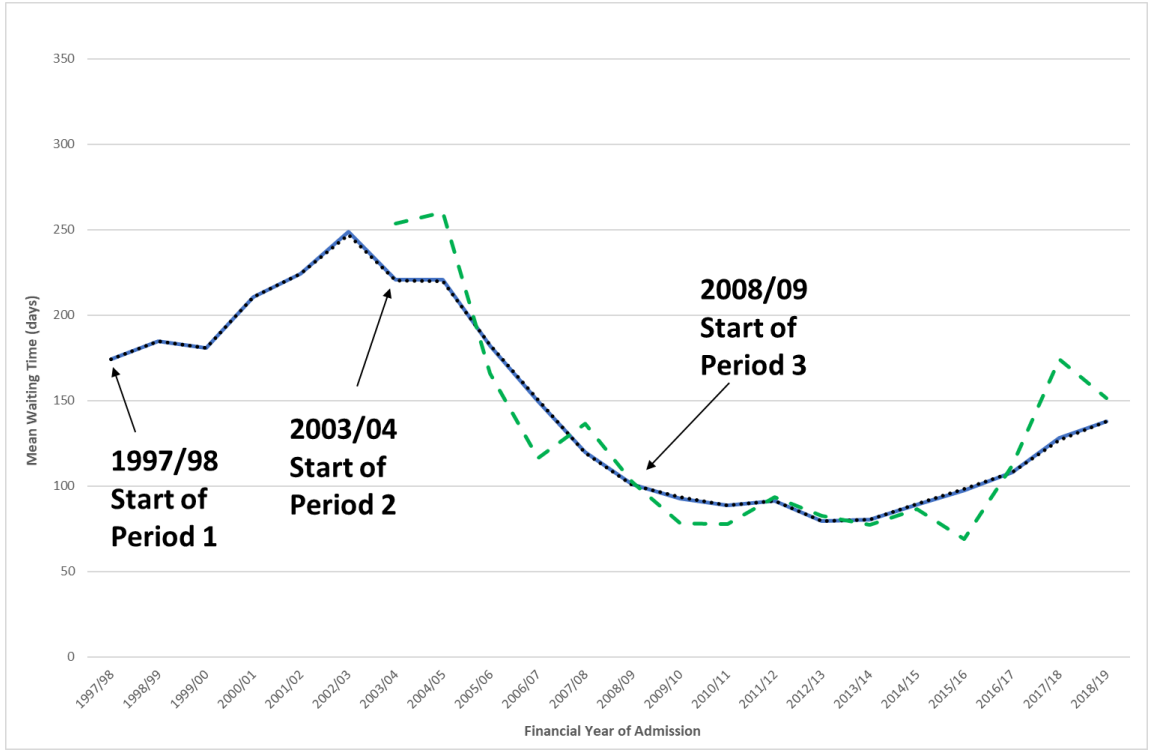
Newcastle University

NHS AND PRIVATE PROVIDERS ····· NHS — — PRIVATE PROVIDERS

ENGLAND



SCOTLAND

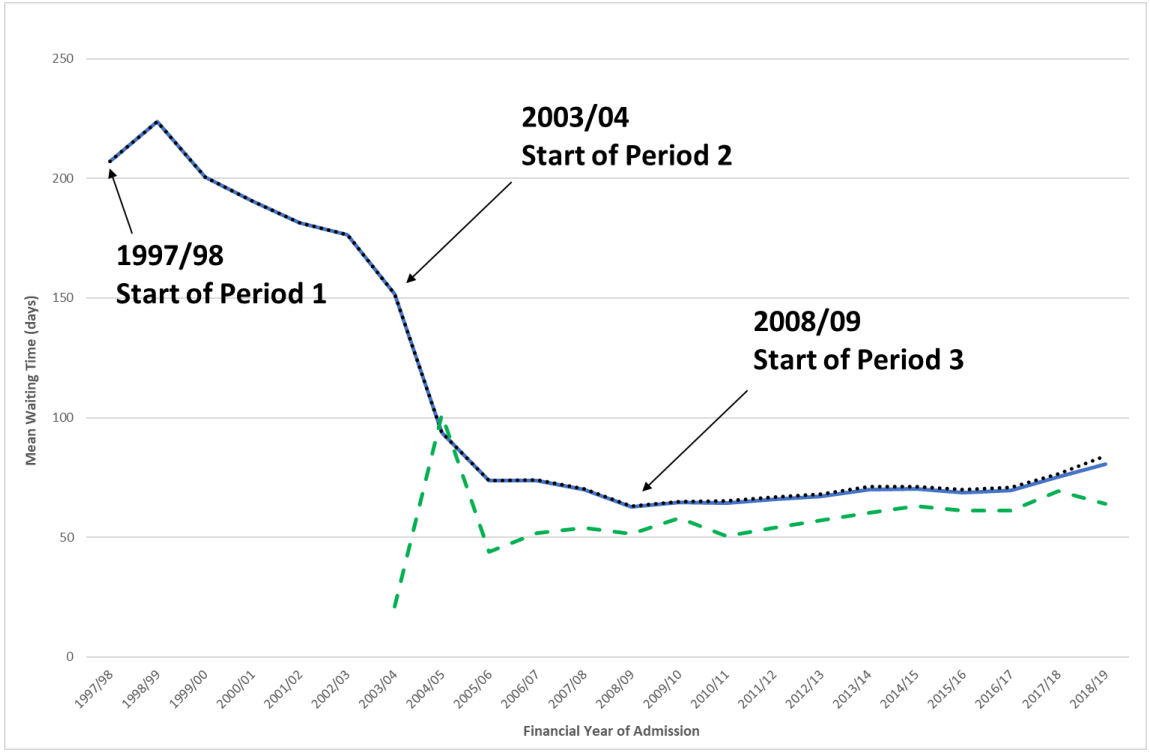


NHS England and NHS Scotland funded elective knee replacement admissions 01 April 1997 to 31 March 2019

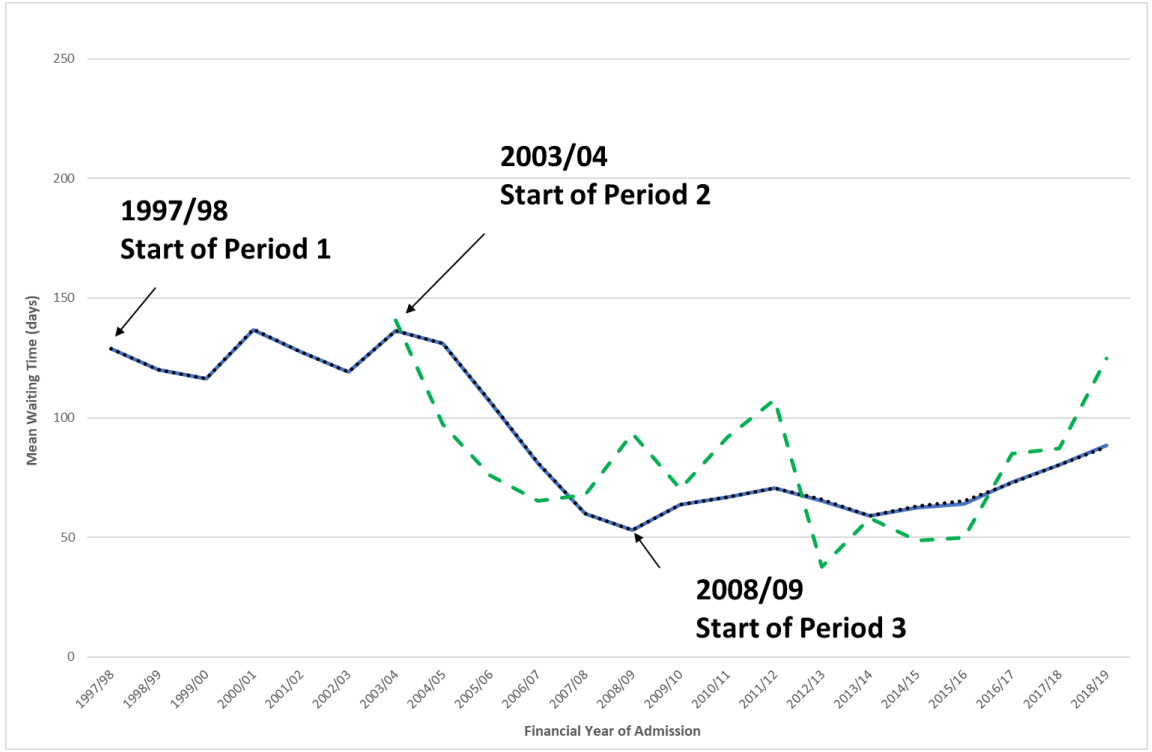
Cataract operation waiting times

NHS AND PRIVATE PROVIDERS NHS PRIVATE PROVIDERS

ENGLAND



SCOTLAND



NHS England and NHS Scotland funded elective cataract operation admissions 01 April 1997 to 31 March 2019

Hips, knees and cataracts waiting times

England

- between 2003 and 2008 (period 2), when few patients were treated in the private sector, admissions to the NHS increased and waiting times more than halved
- after 2008 (period 3)- austerity and expansion in use of private providers by the NHS, NHS admission rates fell and
  - **waiting times rose for all patients**

There was little difference in waiting times between Scotland and England in periods 2 and 3

Waiting times in England

Newcastle University

increasing levels of outsourcing are associated with higher waiting time for all NHS patients

For every one percent increase in outsourcing, overall waiting times increased by

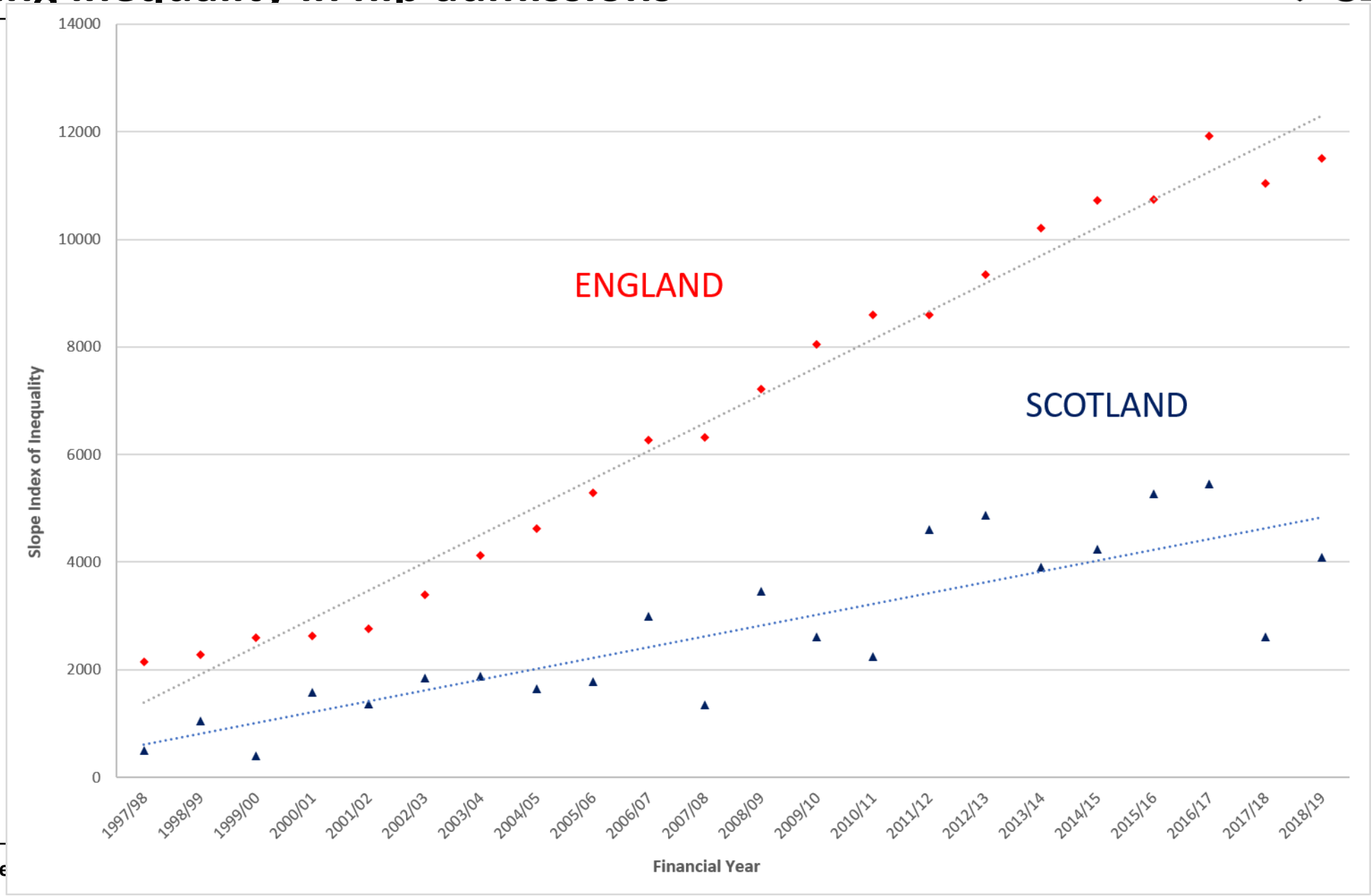
Hip Replacement	Knee Replacement	Cataract Surgery
1.9%	1.4%	2.0%

Part 3: inequalities

- Parliament imposed statutory duties on the government and NHS in England aimed at reducing health inequalities in 2012 and 2022

- how did policies that require the NHS in England to outsource elective surgery to the private sector impact inequalities?

Changing inequality in hip admissions



From Newcastle

Inequalities - hips and knees

- inequality in admissions increased in England at two and a half times the rate of Scotland, with the private sector the main driver
- socio-economic inequalities for hip and knee replacement have widened as outsourcing of NHS treatment to the private sector has increased
  - in 1997/98 for every 10 patients admitted for hip and knee surgery from the most deprived quintile, 13 and 9, respectively, were admitted from the least deprived
  - by 2018/19 for every ten patients admitted for hip and knee surgery from the most deprived quintile, 19 and 15, respectively, were admitted from least deprived
- inequality grew to the detriment of the most

Inequalities – cataracts

- **Since 2009 age adjusted admission rates have fallen across all deprivation quintiles in the NHS**
-
- England increasingly pro-rich
- Scotland increasingly pro-poor

Where do they go?

Readmissions: hip, knee and cataract surgery readmissions – 2003/4-2018/19

of the 217,859 NHS funded readmissions

- private sector readmitted 48 hips (0.09%), 77 knees (0.13%) and 46 cataracts (0.04%) patients
- 99.9% of all readmissions went to the NHS in-house
- readmissions from private sector had longer length of stay than those readmitted from NHS
- in 2018/19, 20% of readmissions to the NHS were from the private sector, displacing around 11,000 patients waiting for hip, knee, and cataract operations in the NHS that year (

most bed days on readmission were for

mechanical complications and infections for hip and knee replacement

hip fracture for cataract readmissions

- the considerable costs of readmissions place the financial and logistical burden on NHS in-house providers, compounding existing inequalities by further reducing in-house capacity for the most deprived

- is the NHS being paid for readmissions from the private sector?

Why are inequalities rising across the NHS?

- those with co-morbidity are treated in-house and more likely to come from deprived areas
- decrease in in-house NHS capacity
- readmissions from the private sector into the NHS are further reducing in-house capacity

Hips and Knees -summary

Between 2008 and 2019 as England outsourced..

- Scotland achieved the increase in admission rates and decrease in waiting times without recourse to the private sector
- Scotland increased in-house NHS provision by 18 % for both surgeries
- England NHS in-house capacity fell by 8 % and 18 % respectively, with the private sector substituting for direct NHS provision
- England, NHS funded private providers increased seven-fold to 155

Conclusion

- a two-tier system for hip and knee replacement has been operating in favour of the rich within the NHS in England since 2003, with NHS patients treated in the private sector experiencing lower waiting times
- for every one percent increase in outsourcing overall waiting times increased by 2%
- the poorest 20% waited longer than the richest 20% overall
- England, inequality in admissions increased at two and a half times the rate of Scotland, with the private sector the main driver

The introduction of private providers into the NHS in England is associated with

- a dramatic reduction of in-house NHS provision exacerbated by readmissions from private sector
- increasing waiting times for all patients
- increasing inequalities
- a two-tier system within the NHS operating in favour of the rich

Conclusion

- the private sector is **substituting for rather than adding to** NHS capacity in England
- inequalities in admissions and waiting times are increasing driven by outsourcing to the private sector
- NHS in-house capacity is increasingly used for readmissions from the private sector
- there should be a moratorium on all further outsourcing in England
- the NHS must rebuild in-house capacity and provision instead of outsourcing care in England

The end

By 2022: over 50% of hips and knees and 60% of cataracts were being undertaken in the private sector in England