Bournemouth Private Clinic: FAQs

1. **How do providing private patient services at an NHS hospital improve patient choice?**

   On its website NHS Choices, NHS England describes how the NHS is working hard to make sure the care it provides meets the individual needs of its patients. To achieve this, the NHS wants to improve patient choice, allowing patients to choose - where possible and appropriate - what provider they are seen by and when.

   To help improve choice for NHS patients, the Government’s Health and Social Care Act of 2012 allowed NHS foundation trusts to increase their capacity for private patient care, so that NHS patients could choose to pay for private care at their local NHS hospital if desired.

2. **How does providing private patient services at an NHS hospital work in practice?**

   Before the NHS was formed in 1948, the majority of doctors and consultants only worked privately for those who could afford their services. When the NHS was first established, doctors and consultants retained the right to top up their income by continuing their private practice as well as working for the NHS. This is a right consultants and doctors still exercise today and many divide their time between working with the NHS and working with private patients.

   In previous years, private care and NHS care were kept separate, with medical professionals providing private patient services from separate premises. However, consultants and NHS professionals noted there were large periods of downtime in NHS hospitals, particularly at evenings and weekends, when resources such as operating theatres weren’t in use. This is because the NHS could only afford to offer non-emergency services within set working hours.

   Consequently, consultants and NHS business managers came together to explore whether free capacity could be used to generate the NHS extra income by providing private patient services when NHS resources weren’t being used.

   To do this, many foundation trusts rent NHS resources to consultants for private practice when they are not being used for NHS patients. This means rather than NHS operating theatres sitting idle during evenings and weekends, consultants are able to use them to operate on private patients. Profits generated from the rent of NHS resources are then re-invested into providing a better quality of NHS care – it also means that private patients can be removed from local NHS waiting lists, reducing waiting times for NHS patients.

3. **How does providing private patient services at an NHS hospital benefit NHS patients?**
Our Trust, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust has been able to purchase equipment and resources funded by profits from private patient income that we wouldn’t have been able to afford with NHS funds.

When private services are offered by providers that aren’t managed by the NHS, the NHS isn’t able to benefit from additional income. When private patient services are provided responsibly by NHS trusts, funds can be re-invested and managed for the greater good of all.

4. **Why is the Trust opening a new private patient unit at the Royal Bournemouth Hospital?**

Our Trust has offered private patient services since 2008, when we established Bournemouth Private Clinic (BPC). Our BPC team manages and develops our private patient services separately from the NHS Trust. The clinic’s sole purpose is to generate extra income we can use to provide resources for our NHS patients.

Until this year, BPC mainly offered private patient cardiac services in our world-renowned cardiac suite at RBH, where we rented facilities to consultants for private practice when they weren’t being used for our NHS patients.

Last year, Ward 10 at RBH became vacant after our day-case oncology patients were transferred to new facilities in our brand new, state-of-the-art Jigsaw Building. Using this empty space to expand BPC’s services, increasing our income from private patients to fund high quality care for our NHS patients, was agreed as a win-win.

5. **What will be in the new BPC private patient unit and how will it operate?**

The new private patient unit will have four private patient bedrooms in a private patient ward, two consulting rooms and a treatment room, and will operate across the week as a stand-alone service separate to the running of RBH. When cross-over services are required, such as operating theatres, the Trust will be able to generate income by renting BPC resources when they are not being used by NHS patients.

Investment in BPC and the creation of a new, stand-alone private patient ward means the clinic will now be able to offer a wider range of medical services, from cancer care to gastroenterology and eye surgery. For a full list of services, please click here.

Increased income generated from the expanded services will be used to purchase NHS equipment and resources over and above what the Trust could usually afford.

6. **When will the new unit be open?**

Many services at BPC are already operational, for a full list please click here. However, the clinic’s new private patient ward, consulting and treatment rooms will be officially launched on Tuesday 28 March, and be operational from April 2017.

7. **Is this private patient unit the first of its kind in our area?**

No, many foundation trust hospitals in Dorset and its surrounding areas also have private patient units, including Poole Hospital, University Hospital Southampton and Queen Alexandra Hospital in Portsmouth. All these hospitals have dedicated private
patient units for the purpose of generating private patient income that can be used for the benefit of NHS patients. In many ways, RBH is catching up with many other Trusts.

8. **How much has building the new unit cost?**

The cost is £800k and local companies were used to build it, like Dorset-based Westmade Ltd Building Contractors.

9. **How has the new private patient ward been funded? Has any NHS money been used to fund the build?**

As an NHS building the works were funded by RBH, who will recover the costs, and more, through the operating charges to BPC, so taxpayers will benefit.

10. **How much money will BPC make and give back to the NHS?**

Profits from BPC will be entirely dependent on how many private patients choose to have treatment there and what type of treatment they require. What is assumed is all profits will go to benefit local NHS patients.

In the past six years, BPC has reinvested more than £3m into equipment and staff resources at RBCH, including more than £1m to buy a ‘Da Vinci robot’ - an advanced machine enabling surgeons to perform delicate keyhole surgery for the treatment of prostate cancer. The clinic has also funded more than £140,000 of radiology equipment and pays for an extra member of staff to work in the Trust’s Cardiology Department.

**How many patients will BPC treat in a year compared to how many NHS patients?**

BPC has capacity to treat around 800 private in-patients per year, depending upon their requirements. This is a small number compared to RBCH, which will treat more than 80,000 elective patients in a year.

**What services will the clinic offer?**

BPC will offer a full range of treatment services, including, but not limited to:

- **Cancer care**
- **Chest medicine**
- **Diagnostic imaging services**
- **Diagnostic Vascular Imaging and Interventional Radiology**
- **Eye surgery**
- **Gastroenterology**
- **General surgery**
- **Urology**
11. How will the new private patient unit be managed and run?

BPC will be managed and run by a dedicated team of staff who work separately from RBCH teams. However, it is important to remember that BPC is working for and is a part of RBCH and therefore NHS recruitment processes and rules of working apply to all BPC staff. This ensures all legal and ethical NHS standards are met by all.

Trust staff will also have the opportunity to work extra shifts with BPC as overtime where appropriate. NHS staff will not be working in BPC to the detriment of NHS patients. BPC will be working closely with RBCH management teams to ensure there is no conflict of interest for NHS staff concerning BPC hours.

Both NHS and BPC staff will be offered the same wage to work a BPC shift as they would a normal NHS shift, to ensure ethical, balanced working practices.

12. With the well documented shortage of key groups of medical staff, such as nurses, in the UK, won't you be enticing staff away from their duties at RBCH by opening up BPC? How does that help our struggling NHS?

Both NHS and BPC staff will be offered the same wage to work a BPC shift as they would a normal NHS shift, to ensure ethical, balanced working practices.

We believe it is better to offer medical professionals the opportunity to work privately in a system that benefits the NHS rather than working at external private hospitals with no resulting benefit to NHS patients. Staff will remain free to choose if and where they work extra shifts.

13. When will the clinic operate?

Because BPC will have its own separate ward, as of Tuesday 28 March, BPC will be able to operate six days a week as a stand-alone clinic service. For operations and services requiring the use of NHS resources, for example, operating theatres, BPC will rent these from RBCH only when there is capacity. Aftercare will be provided separately in the BPC ward.

14. What about emergency and critical care services? These are already under pressure... isn't having more patients at the hospital going to increase this
pressure, and will private patients get priority if complications arise during their treatment, jumping the queue over NHS patients?

As for all RBCH patients, BPC patients will have peace of mind knowing there are emergency services just moments away should complications arise during their care. However, private patients will not be ‘jumping the queue’ ahead of NHS patients should they need urgent attention. This is because all patients, whether being treated as NHS patients, BPC patients or private patients from external hospitals, are referred back into the NHS as soon as they arrive at the Emergency Department. NHS emergency teams then prioritise patients according to their condition and treat them accordingly.

The difference for BPC customers is that they, like all RBCH patients, have the benefit of having emergency services onsite rather than an ambulance drive away as they would at external private hospitals without emergency care facilities.

15. **Can the new private patient beds be used by NHS patients if necessary?**

Yes, if RBH reaches NHS bed capacity and BPC has private beds that are not being used, RBH will be able to access the spare beds for NHS patients, subject to checking safety and transfer criteria.

16. **If you are operating in normal NHS working hours, how do you decide who gets precedent on the waiting list? Do private patients jump the queue?**

No, because BPC is part of our Trust, our teams are able to work closely together to ensure that where NHS resources are required for the treatment of a BPC patient, NHS resources are used only when our Trust has free capacity. Likewise the resources generated will allow shorter waits for NHS patients, as we reinvest the profits.

17. **How will RBCH and BPC regulate private patient care to ensure NHS patients aren’t excluded from its best treatment options?**

NHS patients at RBCH will continue to have priority for all NHS treatments and facilities provided by our Trust and commissioned by the NHS.

18. **So how is care different for BPC patients at RBCH if NHS patients still have priority?**

All inpatients at BPC receive a private room with en-suite, luxury toiletries, satellite TV, radio and a bedside telephone, as well being given access to free parking and fast Wi-Fi.

BPC patients can usually be seen quicker for non-emergency surgery and treatment in a private capacity because consultants are able to see them privately in their own time when NHS resources are available for rent.

Our Trust is encouraging consultants to use BPC as the means to provide their private patient services because any profits from income generated by the renting of NHS resources - when they are not in use for NHS patients - can be reinvested to benefit
NHS patients, creating a win-win scenario rather than NHS theatres sitting idle when they are not in use.

19. **Aren’t private NHS clinics another step in fragmenting and privatising the NHS?**

No, private patient services have always existed alongside the NHS. This is because when the NHS was first established, doctors and consultants retained the right to top up their income by continuing private practice in their own time. This is a right consultant and doctors still have today and many divide their time between working with the NHS and working with private patients.

Our Trust is encouraging consultants to use BPC as the means to provide their private patient services because any profits generated can be reinvested to the benefit of NHS patients. This creates a ‘win-win’ scenario rather than NHS resources sitting idle when they are not in use and funds being diverted to external private hospitals to the detriment of NHS patients. When profits are taken outside the NHS, this is when fragmentation occurs.

20. **Don’t private services such as BPC cream off the profitable areas of healthcare, undermining the NHS, leading to a breakdown of NHS services, contributing to the NHS’ financial deficit?**

It is important to remember that private care at BPC is provided by consultants working in their own time. Consultants may offer their services at any approved healthcare organisation in the UK, which includes separate private hospitals.

Our Trust wants to encourage consultants to practice within BPC so fees from the rent and use of NHS resources during times of free capacity can be reinvested into the care of NHS patients, providing better NHS services and helping to minimise NHS deficit, rather than funds being diverted to the profit of external private companies outside of the NHS.

21. **Doesn’t the privatisation of any NHS service prevent collaborative working because medical professionals are encouraged to compete against each other rather than working together?**

It is important to note that BPC was not a pre-existing service run by the NHS that has been privatised but a service designed by our NHS Trust with the specific purpose of generating additional income by using free capacity to treat private patients.

Our teams are able to work closely together for the benefit of all our patients. When our new unit is open, consultants working at RBCH will also be able to provide their private practices on site, so our teams will be working collaboratively because it is the same consultants leading patient care.

This can be highly beneficial for patients where NHS treatment options have been exhausted. To ensure patient safety, medicines prescribed by the NHS must meet EU and UK licensing laws. Drugs must be thoroughly trialed and researched, usually over
several years, to prove they meet extensive safety criteria before developers can apply to license a drug.

This means any trial treatments, no matter how effective, cannot always be offered to NHS patients. In these instances it is possible for patients to explore other private treatment options via BPC.

22. What is your response to the view that: “The new “business-like” aspect of foundation trusts distracts from the core business of a foundation trust, which is to treat NHS patients”?

Firstly this is not new, private work currently occurs across most NHS hospitals and has done for years; RBCH is catching up with others who are more advanced.

By having a dedicated Private Patient Unit (PPU) it actually makes it easier as beds, clinics and administration are all self-contained, providing less distraction from NHS services.

Therefore the approach we are taking allows us to further concentrate on making our very good NHS services even better.

23. Why does extra income have to be generated by private patients, can’t you use any free capacity to take on more NHS patients and get extra income from the government that way?

The NHS is a fixed budget service and therefore there is a limited amount of money to treat NHS patients. Insured and self-payment private patients are truly additional, and the profit on providing them a good service allows care for NHS patients to be greater than would otherwise be affordable to the NHS.

24. What is your response to the view that: “Trusts say that income from PPU’s (private patient units) benefit NHS patients, but there is little evidence of this, and there is some evidence that private patients are detrimental to NHS patients”

While we cannot speak on behalf of other foundation trusts, there is a lot of evidence to show NHS patients at RBCH have benefitted from the income generated by BPC.

Since 2010, BPC has allowed us to re-invest more than £3m pounds into improving care for our NHS patients. One such investment was the Trust’s ‘Da Vinci robot’ - an advanced machine enabling surgeons to perform delicate keyhole surgery for the treatment of prostate cancer. Treating patient using the robot reduces the length of time a patient has to stay in hospital and because the treatment is non-invasive the recovery
time for patients is also reduced. The robot cost more than £1m and was funded by profits raised through treating private patients at BPC.

Investment from BPC has also allowed our Trust to:

- purchase equipment so we can treat more patients in our Endoscopy Department
- recruit an extra member of staff so we can treat more patients in our Cardiology Department,
- furnish our maternity rooms in the Bournemouth Birth Centre
- refurbish our Derwent building
- furnish rooms in our Eye Department
- upgrade anaesthetic machines in theatres, x-ray and purchase endoscopy equipment quicker than the NHS was able to afford

25. Don’t government guidelines state that if I have private care, I have to receive it at a different time and place from my NHS care whenever possible? How will that work for patients at BPC?

We work to keep private patient separate, wherever possible, although sometimes the best private care is in using the NHS facilities e.g. robotic surgery.

26. How does BPC fit in with the Dorset CCG’s Clinical Service Review (CSR) plans?

RBCH is supportive of the Dorset CCG’s CSR plans. Likewise, BPC is too.

We hope you have found these FAQs useful. If you still have questions regarding BPC, please do not hesitate to contact us
by emailing enquiries@bournemoutrprivateclinic.co.uk or by calling our friendly team on 01202 720275.