

LOOKING INTO THE FUTURE

What will it be like in private care in 2014?

Private practice has seen some big changes in the three years since Independent Practitioner Today was launched. As we celebrate our third birthday, we asked some key movers and shakers how they saw private practice in another three years

Keith Biddlestone, group commercial director, HCA International Ltd



The next three years will be very different from the last three. They'll be both exciting and challenging and there'll be some players who may not survive in their current form. The consequences of 'losing' will be worse than before.

Economics and politics will influence the market. Competitive intensity will be much greater. The winners will be those who focus on the human aspects of delivering care – on quality of treatment and service – not those who treat patients as mere numbers.

London will consolidate its position as a global centre of medical excellence; high net worth patients will increasingly ignore geographical boundaries and travel to find the best doctors, facilities and service. That gives us a communications and marketing challenge. Word of mouth, personal experience and especially trust will become more important.

Revenues will be bumpy and those who invest long term and concentrate on complex medicine will survive. I can't think of a better time to be in our industry.

Philip Blackburn, market analyst, Laing & Buisson

Although the market dynamics of the public and private sectors may at times seem worlds apart, the greatest quest within both sectors will be to achieve 'efficiency gains', more aptly phrased 'cost savings'.

Competition is sometimes an uncomfortable word within the very public NHS and also among private practitioners, who can be equally protectionist. It is, how-



“ Revenues will be bumpy and those who invest long term and concentrate on complex medicine will survive

■ You can also catch up on the last three years – see p30

Unfortunately, claims inflation continues to push up the value of individual claims, particularly large ones.

The MDU has long supported reforms to civil claims costs. We are optimistic the Government's proposed changes in response to the Jackson report will be implemented and claimants' solicitors will no longer be able to claim excessive costs, which have sometimes far exceeded the compensation awarded to their clients.

The next few months will tell us if the Health Secretary's plans for the NHS are going to be enacted. The Health and Social Care Act could provide opportunities for the private sector, but we are concerned the Government hasn't yet addressed the question of indemnity for GP consortia and the services they commission.

Finally, the Department of Health continues to press ahead with plans for revalidation, which will impact on doctors from all fields of medicine. While we hope the system eventually adopted will be fair and supportive, we stand ready to help our members if they struggle to meet the necessary standards and their ability to practise in their chosen field is called into question.

'efficiency gains' will not go away. 'How can we do this for less without compromising quality?' echoes through the boardrooms, and across the globe. And the answers will come ... even in three years.

Dr Matthew Lee, Medical Defence Union's director of professional services



Based on recent experience, we are not anticipating a dramatic change in the number of claims arising from independent practice, but we have observed some developing trends in claims frequency in emerging pockets of practice like bariatric surgery.

Matt James, CEO, H5 Private Hospitals Alliance



For many years, the three main partners in private healthcare – doctors, insurers and hospitals – have treated each other with a degree of suspicion and the assumption that one's loss is the other's gain. This is largely the natural product of a stagnant market. So let's change the rules.

My group has been formed to campaign for a greater role for privately funded healthcare in our wider health system, and hence to pursue a growth agenda. We can't go on ignoring the millions of patients who use private healthcare, the tens of thousands of staff who deliver it or the contribution that it could be called upon to make in a period of economic restraint when demand rises inexorably.

I think we'll be surprised how productively we can all work together if there's some growth in the environment.

The only thing that's inevitable is a period of uncertainty and instability in the NHS. I sincerely doubt that we'll see any real growth in private-sector provision of NHS services over the next few years, at least in elective care. Of course, if the waiting lists start to grow, then we may well see an increase in private self-pay, just as we saw it decline as the waits came down. It's not what we worked or wished for, but it's possibly good news for private practice.

Peter Connor, managing director, Healthcode



How fees are charged and how performance and outcomes are measured and reported will lead the private healthcare sector information technology agenda.

Most important will be the requirement for private doctors wishing to contract with the new commissioners of NHS services to present meaningful patient data. But the private sector faces a fundamental barrier before work can begin: the lack of a common and consistent terminology and classification framework.

Different clinical coding standards are used in the public and private sector, creating a bureaucratic headache for practitioners. How can medical records be reconciled when they are recorded using different codes?

Dr Jack Edmonds, private GP, chairman Independent Doctors Federation

Here is a news flash! Crowds picket Harley Street! This evening, members of Seize Control for Healthcare, many supported by Zimmers and in wheelchairs, descended in their hundreds on Harley Street.

Some private patients were forced to employ security guards wielding Tazers to make the last few yards from their Bentleys into the London Clinic. A spokesperson from Seize Control said: 'We have a legitimate right to protest against rich snobs getting all the Botox and implants, when members of my family have to suffer with faces like prunes, flat chests and cellulite. It's a crying shame when the only way the man in the street can get vital image-enhancing care is to demand pro bono treatment in Harley Street.'

Then a protester shouted: 'Liberate the Government's stocks of cosmetic medicines! Down with their latest medical care! Cosmetic surgeries for all the brothers and sisters!'

Just then, a crack team from KE VII, backed by the PGH brethren, turned up and battle lines were drawn. Where will this conflict end? Press and media had been forced to step back into previously arranged safety zones guarded by mutual militia.

As I filed this report, I could see plastic surgeons and specialist nurse advisers frantically calling for their private helicopters, their gem-encrusted mobiles glinting in the searchlight beams. We will continue to bring you the news as it breaks from the heart of private practice. Meanwhile, a word from our sponsors: Skin Deep Implants, Rio de Janeiro and Miami.



With public and private healthcare sectors speaking different languages, systems allowing involvement across both sectors are needed to help practitioners to present robust data on performance and outcome measures to providers, patients, commissioners and regulators.

Mapping and translation tools that cross-interpret data from the different code sets, negating the need for an additional layer of coding and data processing to the equation, are the only viable solution. In three years, it will be commonplace for independent practitioners to use these tools to extract information from their patient management systems.

Belinda Lawson, director, Lawson Dodd public relations



The independent practitioner who embraces change and a challenge could do extremely well. I feel an increasing number of us will be willing and wanting to pay for a service that treats us the way we want to be treated – with time, courtesy and professionalism.

People will also start to recognise that you don't have to be working within the NHS to be good, and

that an independent has, in many ways, a lot more choices that they can recommend.

But independent practitioners will have to embrace more marketing techniques. A shabby or old-fashioned waiting room will not do – even Harley Street is full of them. They symbolise outdated skills.

The ability to book an appointment more or less at your own convenience – either short-term or long-term – is a joy that not enough people know they could enjoy. Practitioners should not be afraid of pricing either; what frightens most people is not knowing, and not that a consultation will cost, say, £95.

Julie McLean, freelance practice manager



The super freelance practice manager will come of age, moving from practice to practice, setting up systems, advising on staff and workflow, filling in the gaps, offering appraisal and advice to consultants and secretaries.

An intuitive business planner and adviser, she negotiates easily with governing bodies such as the Care Quality Commission. More independent practitioners,

increasingly reluctant to commit to permanent staff due to stricter employment law, will want her.

And she can be hired for specific times of growth, when new projects are being launched, such as finding premises, taking on partners, becoming an LLP, and for six months at a time. The loyal PA may not have the business skills or the time anymore for the special projects.

Ray Stanbridge, specialist medical accountant



(adapted from a talk to consultants at HCA's headquarters, London)

There will be more elderly patients with disease, so more opportunity for enterprising consultants. The effect of the coalition's policies will be felt with a transfer of NHS business to private companies. New techniques will reach the market quicker and there will be more rewards for efficiency.

Groups will grow and become more sophisticated, more consultants will leave the NHS because they cannot foresee having such a good pension, and there will be closer working with GPs. Those serious about private practice will experience net increases in income. ■