Independent sector providers caring for NHS patients

Comparative performance indicators

November 2014
Edition 10
New in this edition

New data
• Elective cancellation data for the past 18 months

Updated data this month
• New CQC compliance data covering 2013–14
• FFT figures up to September 2014. NB NHSE has phased out its reporting of the net promoter score and is now leading on the percentage of patients who are ‘likely’ or ‘extremely likely’ to recommend their provider. We have updated the graphs in this report to reflect that change
• Updated infection control data covering the twelve month period from April 2013 to March 2014
• Updated VTE assessment figures to August 2014
• Updated waiting time statistics for inpatients, outpatients and diagnostics to September 2014
• Diagnostic waiting time data to September 2014

For more information about the data underlying the visualisations in this presentation, please contact mail@grahamkendall.com
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Independent sector performance

The NHS Partners Network is the trade association representing the widest range of independent sector providers of NHS clinical services ranging through acute, diagnostic, primary and community care, as well as dental services. Our members are drawn from both the “for profit” and “not for profit” sectors and include large international hospital groups and small specialist providers. All are committed to working in partnership with the NHS and to the values set out in the NHS Constitution.

This document gives an overview of the performance of independent sector providers of care to NHS patients. It focuses on care sectors represented by NHSPN members and the indicators available cover five broad domains of quality:

- Patient experience
- Clinical quality
- Patient outcomes and safety
- Efficiency indicators
- The contribution of the sector shown by numbers of patients treated

All the visualisations shown in this document are based on publicly available data published by organisations such as NHS England, Public Health England, the Health and Social Care Information Centre and the Care Quality Commission.

Not all data collected for traditional NHS organisations and independent sector providers can be compared easily. Historic differences in the way NHS and independent sector providers have been regulated have often required independent providers to collect different information from their NHS counterparts. As the range of information is increasingly harmonised, we hope to be able to produce more comparative information published by third parties such as the organisations listed above.
Patient experience
Friends and family test performance

The Government’s preferred measure of patient satisfaction, the Friends and Family Test (FFT), applies equally to traditional NHS and the independent sector. Collected monthly since April 2013, around 99% of patients would be ‘extremely likely’ or ‘likely’ to recommend independent providers compared with just under 94% for NHS organisations. At present, acute inpatient care is the only area where the FFT is collected by both independent and NHS providers however NHS England is in the process of rolling out the FFT across all NHS care by April 2015.

![Friends and Family Test scores (inpatients)](chart)

Percentage of inpatients who would recommend their provider for each of the past 12 months. There is approximately a one-month lag between the end of the month of collection and publication by NHS England. Green bars show independent providers and blue bars NHS organisations.

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Friends and family test – performance of all providers

Independent providers cluster at the ‘high end’ of performance. The graph below shows the performance of all providers that collect the FFT for inpatient acute care and which produce a minimum response rate of 20% amounting to at least 20 patients per month. Green bars represent independent organisations and blue bars show NHS hospitals.
Friends and family test – the top performers

The graph below shows those hospitals that scored a 100% recommendation rate (extremely likely and likely to recommend) as measured by patients in their response to the FFT for acute inpatient care. Within this group, organisations are ordered on the basis of those with the highest proportion of patients ‘extremely likely’ to recommend their providers (highest on left, lowest on right).
Friends and family test response rates

Response rates to the FFT are used by the CQC to measure NHS Trusts’ report culture. On average NHS organisations and independent providers share a similar response rate.

Clinical quality
CQC standards 2013–14

The CQC is currently introducing a new approach to regulating independent and NHS organisations. This will go live across all areas of care from April 2015. We hope that this will allow a fair and appropriate comparison between all providers of health and social care.

The existing regime is based on compliance with a set of standards defined by the CQC. The CQC has assessed all providers against these outcome measures for the past three years. In general the IS complies with more outcome measures than its NHS peers. The graphs that follow show the rate at which independent and NHS organisations comply with CQC standards. We have shown all relevant standards for the care areas covered by NHS Partners Network members, i.e.:

- hospital care standards
- community healthcare standards
- independent ambulances

The graph below is adapted from figure 1.2 in the CQC’s latest annual State of Care report to highlight compliance rates for comparable categories of independent and NHS organisations. We have asked the CQC for more granular detail so that we can produce more detailed visualisations.

Source: [http://www.cqc.org.uk/content/state-care-2013-14](http://www.cqc.org.uk/content/state-care-2013-14)
CQC compliance rates – hospital, community and ambulance provision

PERFORMANCE AGAINST QUALITY STANDARDS, ALL SECTORS, 2013/14 ('OLD-STYLE' CQC INSPECTIONS)

% judgements compliant

- Respect and dignity
- Care and welfare
- Suitability of staffing
- Safeguarding and safety
- Monitoring quality

Source: CQC compliance data, 2013/14
Patient outcomes and safety
Patient outcomes and safety

Indicators that relate to outcomes and safety for which it is reasonable to make comparisons between independent sector organisations and their NHS counterparts include:

- Patient Reported Outcome Measures (PROMs); and
- Rate of assessment for VTE (blood clots)

Infection control information is also an important indicator. Because Public Health England analyses information collected for the independent sector and the NHS organisations on a different basis, its view is that like-for-like comparison should not be made. For completeness, we have published rates for independent sector providers in the pages that follow. These show that independent providers have very low rates of healthcare-acquired infections.


**Patient Reported Outcome Measures (PROMs)**

Patient Reported Outcome Measures (PROMs) are collected by the Health and Social Care Information Centre for a range of elective procedures: hip and knee replacements, groin hernias and varicose vein treatment.

The Health and Social Care Information Centre (HSCIC) publishes casemix-adjusted health gain by provider each quarter. The graphs that follow are based on the most recently available 12-month period (April 2013 to March 2014, provisional data).

PROMs data is not published for all organisations that submit completed PROMs questionnaires. The HSCIC collects data from every organisation that offers these types of surgery as it is a national requirement that all organisations should offer PROMs questionnaires to patients eligible to participate. However, it is voluntary for patients to complete these forms and the HSCIC only publishes adjusted data for organisations that have a representative number of completed records.

The pages that follow use funnel plot data from [http://www.hscic.gov.uk/catalogue/PUB14575](http://www.hscic.gov.uk/catalogue/PUB14575) for two different types of PROMs scores for primary knee and hip replacements. These graphs show adjusted health gain. The original source files provided by the HSCIC should be used to identify positive and negative statistical outliers.

The Oxford Scores focus on joint function and pain and include questions about patients’ mobility and factors such as ability to navigate stairs and use transport specifically affected by the hip or knee. More information about these measures is available at [http://www.isis-innovation.com/outcomes/orthopaedic/](http://www.isis-innovation.com/outcomes/orthopaedic/). The EQ-5D™ score, developed by the EuroQol Group, is a standardised instrument for use as a measure of health outcome and has a broader base than the Oxford scores. Its questions relate to mobility, self-care, usual life activities, pain/discomfort and anxiety/depression. More information about the EQ-5D is available at [http://www.euroqol.org](http://www.euroqol.org). The Health and Social Care Information Centre also provides an informative guide to PROMs methodology used by the Centre, available at [http://www.hscic.gov.uk/article/3843/Background-information-about-PROMs](http://www.hscic.gov.uk/article/3843/Background-information-about-PROMs).
PROMs adjusted average health gain primary hip replacement
Oxford Hip Score March 2013 to Apr 2014

Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by the Health and Social Care Information Centre. Green lines relate to independent providers and blue bars treated by NHS organisations.
PROMs adjusted average health gain primary hip replacement
Oxford Hip Score March 2013 to Apr 2014 (top 50 providers)

Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by the Health and Social Care Information Centre. Green lines relate to independent providers and blue bars treated by NHS organisations.
PROMs adjusted average health gain – primary hip replacement
EQ-5D Score March 2013 to Apr 2014

Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by the Health and Social Care Information Centre.
Green lines relate to independent providers and blue bars treated by NHS organizations.
PROMs adjusted average health gain – primary hip replacement
EQ-5D Score March 2013 to Apr 2014 top 50 providers

Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by the Health and Social Care Information Centre. Green lines relate to independent providers and blue bars treated by NHS organisations.
PROMs adjusted average health gain – primary knee replacement
Oxford Knee Score March 2013 to Apr 2014

Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by the Health and Social Care Information Centre. Green lines relate to independent providers and blue bars treated by NHS organisations.
PROMs adjusted average – health gain primary knee replacement
Oxford Knee Score March 2013 to Apr 2014 (top 50 providers)

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Green lines relate to independent providers and blue bars treated by NHS organisations.
PROMs adjusted average health gain – primary knee replacement
EQ-5D Score March 2013 to Apr 2014

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Green lines relate to independent providers and blue bars treated by NHS organisations.
PROMs adjusted average – health gain primary knee replacement

EQ-5D Score March 2013 to Apr 2014 (top 50 providers)

Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by the Health and Social Care Information Centre. Green lines relate to independent providers and blue bars treated by NHS organisations.
Rate of assessment for VTE (blood clots)

All providers of acute adult inpatient care are required to provide information on the percentage of admitted patients who are risk-assessed for venous thromboembolism (blood clots). The graph below shows data for the past year. The average rate for independent providers is 98.4% compared with 95.9% of NHS organisations.

Infection control data

Infection control information that allows direct comparisons between the NHS and independent sector is not available. In 2009, the Health Protection Agency, now part of Public Health England, which has responsibility for collecting infection-control data, published its rationale for this approach [here](#). This is summarised on page 1 of the commentary linked below.

Despite this lack of comparative information, Public Health England data makes it clear that there are very low healthcare acquired infection rates in the independent sector.

During the twelve months between Apr 2013 and March 2014, the total number of reported infections across the entire independent estate (NHS-funded and privately funded care) was just:

<table>
<thead>
<tr>
<th></th>
<th>No of cases</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA bacteraemia</td>
<td>11</td>
<td>0.48</td>
</tr>
<tr>
<td>C difficile infection</td>
<td>71</td>
<td>3.12</td>
</tr>
<tr>
<td>MSSA bacteraemia</td>
<td>32</td>
<td>1.40</td>
</tr>
<tr>
<td>E. coli bacteraemia</td>
<td>147</td>
<td>6.45</td>
</tr>
</tbody>
</table>

The number of modified bed-days published by Public Health England for this twelve-month period was 2,277,796.

Efficiency indicators
Referral to treatment times

Referral to treatment times show that patients are treated earlier by independent sector providers compared with those treated by NHS organisations. Waiting times are an important indicator of organisational efficiency and for patients deciding where to choose treatment.

Mean* and median waiting times are generally shorter across most specialties for both inpatients and outpatients treated by independent providers compared with their NHS peers.

- Outpatients treated in September by independent providers had on average (mean) waited for 5.6 weeks, i.e. 11.5 fewer days than patients treated by NHS organisations
- Inpatients treated by independent providers during September waited an average (mean) of 9.7 weeks: 10.6 fewer days than those treated by NHS organisations
- Median waiting times were similarly lower for patients treated by independent providers
- 95% of outpatients treated by independent sector organisations were treated within 12.8 weeks, with NHS organisations taking 16.7 weeks to treat the same proportion of outpatients
- 95% of inpatients treated by independent sector organisations were treated within 15.9 weeks, with NHS organisations taking 24.6 weeks to treat the same proportion of outpatients – almost seven weeks above the 18 week commitment.


* NB Means have been inferred from data published by NHS England. This data shows numbers of patients waiting between 1 and 2 weeks, 2 and 3 weeks, etc up to 52+ weeks for RTT times and 13+ weeks for diagnostic waiting times. Mean values have been calculated on the assumption that patients who have been waiting between 1 and 2 weeks have waited an average of 1.5 weeks etc. Also, for those patients waiting longer than 52 weeks (RTT) or 13 weeks (diagnostics), we have taken a value of 13.5 weeks which is likely to be an underestimate. As we are looking at national trends rather than specific provider-level performance we have counted all patients when calculating means rather than excluding organisations with low volumes.
The graphs below show the proportion of patients seen within the 18-week referral to treatment commitment enshrined within the NHS constitution.
Typical waiting times

Median waiting times illustrate the typical experience of most patients when waiting for care.
Average waiting times by specialty

The graphs below show a weighted average of inpatient and outpatient waiting times by specialty.

Inpatient waiting times September 2014

Outpatient waiting times September 2014

Weighted average of admitted patient waiting times. Green bars show patients treated by independent sector organisations. Blue bars show those treated by NHS providers. All specialties shown where volumes ≥ 100 patients. Data source: NHS England.
Waiting times for 95% of patients

It is likely that there will be a small number of patients for whom treatment takes a significantly longer than expected amount of time. The graphs below show the maximum waiting time for 95% of patients, i.e. the longest period that most patients can reasonably expect to have to wait.

**Waiting times for 95% of inpatients**
Monthly RTT for completed admitted patient pathways – 95th percentile waiting time (in weeks)

**Waiting times for 95% of outpatients**
Monthly outpatient RTT waiting times – 95th percentile waiting time (in weeks)
Diagnostic waiting times

The graph below shows mean waiting times for diagnostic tests by modality. MRI scans and non-obstetric-ultrasound are the most frequently provided diagnostic tests by independent organisations.


NB see note in section on referral to treatment times about the calculation of mean waiting time values
Cancelled elective operations

Operations that are cancelled on the day of surgery for non-clinical reasons are disruptive and distressing for patients. Cancellations are also a good indicator of an organisation’s system-wide efficiency.

NHS England does not publish the total number of elective operations alongside its cancellations data so it is not possible to make a precise calculation of comparative cancellation rates, however, the data published at [www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations](http://www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations) reveals that NHS patients treated by independent sector providers experience far fewer cancellations on the day than those treated by traditional NHS organisations.

Cancelled Operations (elective only)
The number of last minute cancelled elective operations by quarter for non-clinical reasons, NHS provider organisations in England

<table>
<thead>
<tr>
<th>Period</th>
<th>NHS provider non-clinical cancellations (percentage of all cancellations)</th>
<th>Independent provider non-clinical cancellations (percentage of all cancellations)</th>
<th>Percentage of patients not treated within 28 days of last minute elective cancellation (NHS organisations)</th>
<th>Percentage of patients not treated within 28 days of last minute elective cancellation (independent providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1, 2013-14 (April - June 2013)</td>
<td>98.75%</td>
<td>1.25%</td>
<td>99.72%</td>
<td>0.28%</td>
</tr>
<tr>
<td>Quarter 2, 2013-14 (July - September 2013)</td>
<td>99.38%</td>
<td>0.62%</td>
<td>99.82%</td>
<td>0.18%</td>
</tr>
<tr>
<td>Quarter 3, 2013-14 (October - December 2013)</td>
<td>99.38%</td>
<td>0.62%</td>
<td>99.85%</td>
<td>0.15%</td>
</tr>
<tr>
<td>Quarter 4, 2013-14 (January - March 2014)</td>
<td>99.52%</td>
<td>0.48%</td>
<td>99.76%</td>
<td>0.24%</td>
</tr>
<tr>
<td>Quarter 1, 2014-15 (April to June 2014)</td>
<td>99.20%</td>
<td>0.80%</td>
<td>99.88%</td>
<td>0.12%</td>
</tr>
<tr>
<td>Quarter 2, 2014-15 (July to September 2014)</td>
<td>99.66%</td>
<td>0.34%</td>
<td>99.85%</td>
<td>0.15%</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>99.31%</strong></td>
<td><strong>0.69%</strong></td>
<td><strong>99.81%</strong></td>
<td><strong>0.19%</strong></td>
</tr>
</tbody>
</table>
Numbers of patients treated
Numbers of patients treated by independent providers

Elective care is critically dependent on independent sector provision.

Around 19% of all hip and knee replacements are now carried out by the independent sector and in some areas of the country this figure is far higher.

Health outcomes and safety are closely linked to experience treating significant volumes of patients. As well as NHS patients many independent sector providers also treat large numbers of privately-funded patients as well.

The graphs in the section that follows show a steady increase in the number and proportion of procedures carried out by independent providers since 2011 when easily comparable statistics were first published. However, the overall number of NHS patients treated by independent organisations remains a small fraction of total NHS volumes.
Elective admissions and GP referrals (1)

Analysis of quarterly hospital activity data (http://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/quarterly-hospital-activity/) shows that the number of patients treated by the independent sector is steadily growing.
Elective admissions and GP referrals (2)

Despite the growth in independent sector provision, it is clear that traditional NHS providers still dominate overall provision for NHS patients.
Elective admissions and GP referrals (3)

The overall percentage of patients treated by the independent sector has grown in accordance with the increasing number of patients choosing independent providers.
Acute elective patients treated by independent sector and NHS organisations

For most specialties, independent sector provision represents a small proportion of overall care. However, in some specialties, notably trauma & orthopaedics and ophthalmology, the proportion of care provided by independent organisations has reach significant levels.
Patients treated by the independent sector by specialty

The pie charts below show the proportion of all independent sector care by specialty.
Diagnostic tests carried out by independent sector by modality

The pie chart below shows the range of diagnostic tests provided by independent sector organisations.