Independent sector providers caring for NHS patients

Comparative performance indicators

Aug 2016
Edition 22
New in this edition

Updated data
Most datasets have been updated in this edition. These include information covering:

- Patient experience (inpatient friends and family test)
- CQC data
- PROMs covering Apr 2015–Mar 2016 for the first time
- Referral to treatment times
- Diagnostic waiting time data
- Monthly general and acute patients treated by independent providers

The visualisations for VTE, infection control and quarterly activity data have not been updated because they no new data has been published since the last edition.

All the graphs and charts in this document are derived directly from data provided by independent sources including NHS England, the Health and Social Care Information Centre and the Care Quality Commission. The relevant source, including links, are given by each visualisation.

If organisations wish to refer to specific visualisations contained within this data, we would recommend that the relevant source data, together with the relevant explanatory notes as published in this document, are included in any citations.

For more information about the data underlying the visualisations in this presentation, please contact mail@grahamkendall.com
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 a national average of around 95%. Since April, the data shown below includes results from day case patients.

Inpatient friends and family test (Jul 15 to Jun 16)

Percentage of inpatients who would recommend their provider during the past 12 months. Source: NHS England. Green bars: independent providers and blue bars: Av of all providers to NHS patients
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.

Inpatient friends and family score by site (Jun 2016)

Blue columns are NHS organisations, green columns are independent providers. Only sites with a response rate of 20% or above, that produced 20 or more responses and with actual response data are shown. Source: NHS Eng
Friends and family test – the top performers

The graph below shows all 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). NB some providers with an overall percentage recommendation rate below 100% may have achieved higher rates of patients ‘extremely likely’ to recommend them than those shown on this graph.
Friends and family test response rates

Response rates to the FFT are used by the CQC to measure NHS Trusts’ reporting culture. On average independent providers manage response rates of above 40% compared with an England average of around 25%.

Clinical quality
CQC ratings since April 2015

In April 2015, the CQC began to introduce a new approach to regulating providers of healthcare.

The graphs that follow show how independent healthcare organisations compare to NHS healthcare organisations, using the CQC’s data and definitions¹.

Although the CQC began inspecting NHS organisations during 2014-15, it is still rolling out its inspections of independent providers under the new system. Consequently, a smaller proportion of independent providers have been rated compared to NHS organisations under the new system. We have therefore provided this information to members for information but would caution against using this more widely until more ratings are available.

Figures for overall ratings:

<table>
<thead>
<tr>
<th>Organisation type</th>
<th>Rating</th>
<th>Total</th>
<th>Inadequate</th>
<th>Requires improvement</th>
<th>Good</th>
<th>Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Healthcare Org</td>
<td>Overall</td>
<td>300</td>
<td>9</td>
<td>66</td>
<td>198</td>
<td>27</td>
</tr>
<tr>
<td>NHS Healthcare Organisation</td>
<td>Overall</td>
<td>294</td>
<td>18</td>
<td>143</td>
<td>119</td>
<td>14</td>
</tr>
</tbody>
</table>

¹ [http://www.cqc.org.uk/content/how-get-and-re-use-cqc-information-and-data](http://www.cqc.org.uk/content/how-get-and-re-use-cqc-information-and-data)
CQC ratings – overall ratings compared

Graph shows proportion of independent healthcare organisations (green) and NHS healthcare organisations (blue) achieving each rating. Source: CQC database at 2nd August 2016
CQC ratings – overall ratings compared

Graph shows proportion of independent healthcare organisations and NHS healthcare organisations achieving each rating. Source: CQC database at 2nd August 2016
CQC ratings – providers of acute services with overnight beds

Graph shows proportion of independent healthcare organisations (green) and NHS healthcare organisations (blue) achieving each rating. Source: CQC database at 2nd August 2016
CQC ratings – Outpatients and diagnostic imaging

Graph shows proportion of independent healthcare organisations (green) and NHS healthcare organisations (blue) achieving each rating. Source: CQC database at 2nd August 2016
CQC ratings – Surgery

Graph shows proportion of independent healthcare organisations (green) and NHS healthcare organisations (blue) achieving each rating. Source: CQC database at 2nd August 2016
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 2015 to March 2016, August 2016 release).

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 (http://digital.nhs.uk/catalogue/PUB21190) 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/. 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. 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.
PROMs – primary hip replacement

The tables below show average adjusted health gain on PROMs reported by the Health and Social Care Information for independent providers compared to the national average.

Oxford hip score – average health gain

Average adjusted health gain on PROMs reported by the Health and Social Care Information Centre. Green line shows patient-weighted average for independent providers for which HSCIC publishes a value. Blue line shows England average.

Hip replacement EQ 5D – average health gain

Average adjusted health gain on PROMs reported by the Health and Social Care Information Centre. Green line shows patient-weighted average for independent providers for which HSCIC publishes a value. Blue line shows England average.
Graph shows average adjusted health gain on Patient Reported Outcome Measures (PROMs) reported by the Health and Social Care Information Centre.

PROMs adjusted average health gain primary hip replacement

Green lines relate to independent providers and blue bars treated by NHS organisations.
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.
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 Apr 2015 to Mar 2016
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 – primary knee replacement

The tables below show average adjusted health gain on PROMs reported by the Health and Social Care Information Centre compared to the national average.

**Oxford knee score – average health gain**

<table>
<thead>
<tr>
<th></th>
<th>Independent providers</th>
<th>England average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health gain</td>
<td>16.100</td>
<td>16.300</td>
</tr>
</tbody>
</table>

**Knee replacement EQ5D – average health gain**

<table>
<thead>
<tr>
<th></th>
<th>Independent providers</th>
<th>England average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health gain</td>
<td>0.314</td>
<td>0.328</td>
</tr>
</tbody>
</table>

Average adjusted health gain on PROMs reported by the Health and Social Care Information Centre. Green line shows patient-weighted average for independent providers for which HSCIC publishes a value. Blue line shows England average.
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.
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PROMs – groin hernia

The tables below show average adjusted health gain on PROMs reported by the Health and Social Care Information for independent providers compared to the national average.

![Groin hernia EQ5D – average health gain](image)

Average adjusted health gain on PROMs reported by the Health and Social Care Information Centre. Green line shows patient-weighted average for independent providers for which HSCIC publishes a value. Blue line shows England average.
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.
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 98.7% compared with a national average of 95.7%.

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](https://www.gov.uk/government/statistics/mrsa-mssa-and-e-coli-bacteraemia-and-clostridium-difficile-infection-annual-data-for-independent-sector-healthcare-organisations). 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 2014 and March 2015, 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>3</td>
<td>0.27</td>
</tr>
<tr>
<td>C difficile infection</td>
<td>90</td>
<td>8.00</td>
</tr>
<tr>
<td>MSSA bacteraemia</td>
<td>39</td>
<td>3.47</td>
</tr>
<tr>
<td>E. coli bacteraemia</td>
<td>155</td>
<td>13.79</td>
</tr>
</tbody>
</table>

The number of modified bed-days² published by Public Health England for this twelve-month period was 1,124,347.


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² Modified bed-days are calculated as the number of bed-days plus the number of discharges.
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.

There are three ways of measuring waiting times:

- Those currently waiting for treatment (the incomplete pathway)
- How long outpatients who have been treated spent waiting in total (the non-admitted pathway)
- How long inpatients who have begun their treatment spent waiting in total (the admitted adjusted pathway)

In June 2015, NHS England announced that only the incomplete standard would be enforced. However, data will still be collected on all three measurements.

The incomplete standard states that 92% of patients on incomplete pathways should have been waiting no more than 18 weeks from referral.

The graphs below show that across almost all specialties, patients spend less time waiting when treated by independent providers.

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.


* 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 used values of 52.5 (RTT) and 13.5 weeks (diagnostics) 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.
Percentage of patients waiting less than 18 weeks for treatment

The incomplete waiting time shows the number of patients currently waiting. The graph below shows the proportion of inpatients and outpatients currently waiting for less than 18 weeks.

Source: NHS England, Monthly RTT waiting times for incomplete pathways. Blue bars show national average and green bars show independent providers.
Typical waiting times

Median waiting times illustrate the typical experience of most patients when waiting for care. The graph below shows how long each person typically had spent waiting for treatment who was still on the waiting list in each month (the incomplete median waiting time).

![Graph showing typical waiting times]

Source: NHS England, Monthly RTT waiting times for incomplete pathways. Blue bars show national average and green bars show independent providers.
The graphs below show typical time spent waiting in total for treatment (median).

**Typical inpatient waiting times**
Monthly RTT for completed admitted patient pathways – average median waiting time in weeks

Source: NHS England, Monthly Referral to Treatment (RTT) waiting times for completed admitted pathways (on an adjusted basis). Blue bars represent national average performance and green bars show figures for independent providers.

**Typical outpatient waiting times**
Monthly outpatient RTT waiting times – average median waiting time in weeks

Source: NHS England, Monthly RTT waiting times for completed non-admitted pathways. Includes outpatients and patients whose waiting times were stopped without treatment. Blue bars show national average and green bars show independent providers.
The graphs below show a weighted average of inpatient and outpatient waiting times by specialty. This graph shows how long patients still waiting for treatment had already spent on the waiting list.

**Incomplete waiting times June 2016**

Weighted average (mean) of incomplete pathway waiting times (weeks). Green bars show patients treated by independent sector organisations. Blue bars England average. All specialities shown where volumes ≥ 100 patients. Data source: NHS Eng
This graph shows total expected waiting time for inpatients before treatment begins.

Inpatient waiting times June 2016

Weighted average (mean) of time spent waiting for inpatient treatment (weeks). Green bars show patients treated by independent sector organisations. Blue bars England average. All specialities shown where volumes >= 100 patients. Data source: NHS Eng
This graph shows typical how long outpatients typically wait before treatment.

Outpatient waiting times June 2016

Weighted average (mean) of time spent waiting for outpatient treatment (weeks). Green bars show patients treated by independent sector organisations. Blue bars England average. All specialities 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)

Source: NHS England, Monthly Referral to Treatment (RTT) waiting times for completed admitted pathways (on an adjusted basis). Blue bars represent national average performance and green bars show figures for independent providers.

**Waiting times for 95% of outpatients**

Monthly outpatient RTT waiting times – 95th percentile waiting time (in weeks)

Source: NHS England, Monthly RTT waiting times for completed non-admitted pathways. Includes outpatients and patients whose waiting times were stopped without treatment. Blue bars show national average and green bars show independent providers.
The graph below shows the length of time within which all but 5% of patients had been treated.

Waiting times for 95% of patients
Monthly incomplete RTT waiting times – 95th percentile waiting time (in weeks)

Source: NHS England, Monthly RTT waiting times for incomplete pathways. Blue bars show national average and green bars show independent providers.
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.

Less than 0.4% of non-clinical cancellations occur at independent providers. Also, of that small number of patients who do experience a cancellation at an independent provider, hardly any wait longer than a further 28 days for their treatment (just eight patients during the last 12 months, in the context of 5,501 patients in England).

### Cancelled Operations (elective only)

<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 all patients still waiting for treatment after 28 days following last minute elective cancellation (NHS organisations)</th>
<th>Percentage of all patients still waiting for treatment after 28 days following last minute elective cancellation (Independent providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 2, 2015-16 (July to September 2015)</td>
<td>99.64%</td>
<td>0.36%</td>
<td>100.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Quarter 3, 2015-16 (October to December 2015)</td>
<td>99.73%</td>
<td>0.27%</td>
<td>99.64%</td>
<td>0.36%</td>
</tr>
<tr>
<td>Quarter 4, 2015-16 (January to March 2016)</td>
<td>99.66%</td>
<td>0.34%</td>
<td>99.89%</td>
<td>0.11%</td>
</tr>
<tr>
<td>Quarter 1, 2016-17 (April to June 2016)</td>
<td>99.56%</td>
<td>0.44%</td>
<td>99.87%</td>
<td>0.13%</td>
</tr>
<tr>
<td>Average</td>
<td>99.65%</td>
<td>0.35%</td>
<td>99.85%</td>
<td>0.15%</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 20% of all elective gastroenterology procedures and hip and knee replacements are now carried out by the independent sector. In some areas of the country this figure is far higher.

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.
General and acute admissions

GP outpatient referrals admissions


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.
Diagnostic tests carried out by independent sector by modality

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