March 2016

Independent Report on Paediatric Facilities in the Private Sector

Review of Children And Young People's Private Hospital Facilities in England

Sponsored by

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1. INTRODUCTION

This report sets out research into the availability of private facilities for children and young people treated in England and evidence of the Care Quality Commission's (CQC) requirements and recommended appropriate standards.

This report is relevant to HR, brokers, managing directors and financial directors interested in the provision of health insurance services for children and young people. It does not address in detail the insurance cover available for children and young people or the range of services on offer by private hospitals. The report focuses on the type of setting (whether in an NHS trust or private hospital) that treats children and young people and the variation in provision of treatment that meet the appropriate CQC standards.[1]

In 2014, roughly 11% of the UK population has some form of private medical insurance,[2] but not all private hospitals are able to admit children and young people for private treatment; some do with age and service restrictions. For this review, children and young people are considered up to the age of 18.

There are over 15 million under 20s (Children and Young People) in England, accounting for nearly 25% of the population; of these 6% have a disability and 14% have a long-standing illness.[3] And more than 30% of 2 to 15 year olds are overweight or obese (Health Survey for England 2010).

It was commissioned by Medex Protect Limited to gain a better understanding of available, appropriate paediatric services in the private sector in the UK. It is not intended to act as point of sale material, but will invariably stimulate analysis and debate around available children services covered under Private Medical Insurance in the UK, and the respective utilisation rates, accessibility of local services and value.

This report was commissioned as a result of the analysis of the claims patterns within the Medex Medical Excess policy portfolio, where it was noted that the incidence rate of claims for children was disproportionately low (this has been substantiated by a medical insurer, who wishes to remain anonymous due to the commercial sensitivity of the data).

Whilst the report was commissioned by Medex Protect Limited, full editorial control was retained by the author alexandrapatrick Limited - an independent medical marketing agency. Medex Protect Limited has exerted no influence over the editorial content. Medex Protect Limited is working with Medicash as a strategic partner in the distribution of the Medicash Familycare Plan. Medicash have not been involved in the production of this report.

2. EXECUTIVE SUMMARY

The Association of British Insurers 'Statement of Best Practice for the Sales of Individual and Group Private Medical Insurance (September 2011)' is designed to help people make the right choice about their PMI. This extends to understanding the extent and limitations of cover under the policies for children and young people.

Private medical insurers also have a role to play to help bring about a new era of better information for patients and insurers. The Competition and Markets Authority (CMA) have pushed for better data and clearer information so children, young people and their families can exercise an informed evidence-based choice to select a local private provider for treatment and care.[4] The NHS provision for children's services is good with fast access to regional centres of excellence. Access to private hospitals is poor in comparison.

Those private hospitals without dedicated paediatric units (there are just three in the UK) should only admit children for day cases or one night surgical care.

If a child or young person goes into hospital for private care, not all will get the same treatment in the same hospital and some may even need to attend different private hospitals throughout their care pathway. The Kings Fund state: 'There is little research to guide an optimal configuration of paediatric services'.[5]

The claims episodes to treat children and young people under a Private Medical Insurance (PMI) policy are low and access is limited which questions the need for extensive PMI for children and young people. This is reflected within claims utilisation rates within Private Medical Insurance Plans. For the period 1 January 2015 to 31 December 2015 the claims incidence rate for children under the age of 18 (based on the portfolio analysed) was 1.23% (claims from children expressed as a percentage of total lives on cover). This translates to 8.03% of all claims submitted attributed to children under the age of 18. However, within a typical PMI policy the child element of cover represents circa 25% of the premium (allowing for standard multiples of 1 x Single, 2 x Married, 2.5 x Family and 1.5 x Single Parent Cover).

The low claims incidence rate observed within Private Medical Policies, plus the fast and effective service delivered for children within the NHS, with access to multi-disciplinary clinical teams also linked to specialist regional centres of excellence) would raise the question as to the appropriateness of a private hospital referral by a private medical insurer to cover paediatric treatment and specialist care as an appropriate setting.

Therefore there is currently a disconnect between the risk and premium, allowing for significant cross subsidisation within the UK PMI market.

The report concludes that a healthcare regulator such as the CQC should take a lead and provide assurance that the provision of private care for children and young people is clearly communicated across the healthcare networks. The available data needs development. The right information and intelligence can help inform decision making when selecting appropriate private medical cover.

There is a real opportunity for improvement; regulators and stakeholders in the wider health system are urged to consider and accept these findings and respond collaboratively.

3. PRIVATE HOSPITAL PROVISION

The NHS dominates the provision of healthcare in England, but the country still has a significant private sector. According to LaingBuisson, private acute medical care is valued at £6 billion annually and employs 1.7 million people.[6,7] Yet UK private hospital groups are struggling to remain relevant to patient needs, in particular for children and young people. It is argued the private hospital estate is too old and increasingly decrepit. Only 12% of private hospitals have been built since 1995.[8]

Up until 2011, non-private equity owned groups opened five new independent hospitals and clinician partnerships opened five more private hospitals.[9] Generally, people 'go private' for a combination of the choice of physician or surgeon; assurance they get a consultant; to beat NHS waiting lists; and to have their own room and better overall amenities. These reasons are not entirely relevant when choosing a private facility for a child or young person (see Best Practice Principles). The Kings Fund found the rate of admission of children under 15 grew by over 25% between 1999 and 2010 but the length of stay has dropped, with 71% of admissions lasting less than a day. In response to dwindling demand, there has been a significant reduction in the number of paediatric beds provided.

The cost of adapting facilities, recruiting and retaining the skilled nursing staff and the low volume of admissions has led many private hospitals to conclude that this is not a cost effective part of their business. It is assumed that children and young people's services in the private sector are generally of a high standard. Yet there are wide variations across the country in service provision for the care for children and young people, according to the 'Report of the Children and Young People's Health Outcomes Forum' in July 2012.

3.1 CLINICAL GUIDANCE IN PRIVATE HOSPITALS - DOES YOUR PRIVATE HOSPITAL MEET THESE REQUIREMENTS?

Recommended clinical guidance issued in October 2014 for the care of children and young people in private/independent hospitals states:[10]

- Hospitals should not allow infrequent admissions of small numbers of children (minimum of 50 paediatric procedures per year).
- All clinician and healthcare professionals need to demonstrate that they have specialist experience, knowledge, skills and competence and up to date training.
- Nursing staff need to adhere to the Royal College of Nursing's (RCN, 2012) core competencies for nursing children and young people.
- There should be at least one registered children's nurse on duty at all times and one registered children's nurse on call for day cases and inpatients under the age of 12.
- Information must be provided at every stage of their patient journey and every child must be under the care of a named consultant.
- Where possible there should be a child-friendly environment, e.g. provision of appropriate toys, books and bedding as stated by the Department of Health's 2011 document, 'You're Welcome'.
- Protocols and policies need to be in place for the care of children across the patient journey.
- All children should be admitted to a single room or to one shared with other children and must never share with an adult patient.
- Children under the age of 12 as a minimum must be supervised in their rooms at all times either by hospital staff or by their parents.
- Pre-operative fasting should be kept to a safe minimum (RCSE, 2013).
- Children should be cared for in an environment where their welfare and safety is of the utmost importance and appropriate action is taken to safeguard them.

3.2 STANDARDS FOR HOSPITAL SERVICES - DOES YOUR LOCAL PRIVATE FACILITY MEET THIS CRITERIA?

The NSF (2004),[11] set out standards for hospital services in line with the Children Act 1989 and 'Working Together to Safeguard Children 2015'.[12]

The NSF requires hospitals to ensure that:

- Facilities are secure and regularly reviewed.
- Children should not be cared for on an adult ward and not isolated in side rooms, unless clinically indicated.
- Children should be in a well suited environment to their age and stage of development.
- Hospitals should be child friendly, safe and healthy.
- It's everyone's responsibility to keep children safe.
- Children should be consulted about where they would prefer to stay in hospital and their views should be acknowledged and respected.
- They receive high quality, evidence-based care that is integrated and co-ordinated around their needs.
- They should access routine surgical and anaesthetic care at a location that is easily accessible to them and their family.[13]
- Hospital admission data should include the age of children so that hospitals can monitor whether they are being given appropriate care in appropriate wards.
- Accommodation close to the child's bed/room should be provided so a parent/carer can remain with their child in hospital (DH, 2004).[14]
- Ideally, children and young people's outpatient appointments should be held in dedicated children's outpatient sessions and separation from adult waiting areas.

However, the annual Rota Vacancies and Compliance Survey, published by the Royal College of Paediatrics and Child Health,[15] raised concerns about patient safety and recommended the need for:

- Collaborative working across a region or network.
- Multi-professional working, expanding qualified nurses and paediatric clinicians.
- Enhancing acute paediatric training for GPs.

3.3 BETTER INFORMATION FROM PRIVATE HOSPITALS

The Private Healthcare Information Network (PHIN) is helping to bring about a new era of better information for children and young people and their families. For example, there is little evidence, to guide a reasonable waiting time for non-emergency inpatient treatment for a child or young person following an initial consultation in a private hospital.[16]

Guidance from the Royal College of Paediatrics and Child Health 2011 does state however, every child or young person who is admitted to a paediatric department with an acute medical problem is seen by a consultant paediatrician (or equivalent speciality clinician) within the first 24 hours. The CMA will require that every private hospital, and every consultant in private practice, must be able to submit information for publication on both quality and fees by the end of 2016. PHIN's role will be to gather that information from across the industry, to develop and monitor information standards.

4. BEST PRACTISE PRINCIPLES

The National Service Framework for Children, Young People and Maternity Services (Department of Health, 2004) compiled recommendations for best practice.[17] Its main focus is to engender a culture that moves away from treating children as 'mini adults' and promote child and family-centred services that focus on providing age-appropriate care.

Children and young people's health needs differ from adults and should be considered by:

- Their life stage (babies, toddlers, children, young people, transition to adulthood).
- Health themes (child health, acutely sick, long term conditions, mental health etc.).
- Provision settings (specialist children's trusts, acute trusts, mental health trusts, community).
- Health services (primary and social care).
- Type of service (A&E, surgery etc.).

4.1 RECOMMENDATIONS FOR HOSPITAL SETTINGS

The National Service Framework for Children, Young People and Maternity Services (NSF) recommends that:

- All child inpatients (including A&E) have daily access to a play specialist and that play techniques should be encouraged.
- Children are given choice over aspects of treatment or care.
- Safety and well-being is key and the importance of good recordkeeping, careful history-taking and appropriate reviews for child protection cases is highlighted.
- All equipment must be age appropriate and all departments providing a service to children should have child-friendly treatment or imaging rooms and waiting areas with suitable play and recreational equipment.

5. UNDERSTANDING THE CHILDREN ACT (1989; 1995; 2004)

The Children Act(s) aims to improve the wellbeing of children and young people.[18] It states that every child can be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing.

Education, healthcare and social services have a collaborative duty to safeguard children and young people.

6. THE CQC

The CQC is the independent regulator of health and social care in England. The CQC expect children and young people's services to be safe, effective, caring, responsive and well-led in both acute and specialist trusts.[19] According to the Children and Young People's Health Outcomes Forum[20] Commissioners should aim to improve the health and wellbeing outcomes for children and young people and their families and recommend these key elements:

- Primary care with GPs and their teams are prepared and trained - approximately 75% of hospital admissions of children with asthma could have been prevented with better primary care.[21]
- Secondary care services to provide sustainable services that include:
    - Fully staffed 24 hour paediatric services.
    - 8am to late services close to home.
    - A consultant paediatrician present and available in the hospital in peak times, seven days a week.
    - Hospital play service and facilities for parents.
    - Safe general, acute and specialist surgical services with paediatric trained anaesthetist input.
    - Safe and sustainable specialist care through highly specialised services which are comprehensive and located in strategic sites.

Despite these guidelines a CQC's children and young people's inpatient survey found that 43% of 12-15 year-olds felt that they were not fully involved in decisions about their care.[22] This does not align with the NSF's requirements.

6.1 THE CQC AND PRIVATE HOSPITALS

The CQC plan to produce 'extra guidance' for independent hospitals to support its Children & Young Peoples Inspection Framework, which will address issues such as staffing, out-patients and safeguarding training requirements; it is yet to be agreed what is necessary (February 2016). The Association of Independent Healthcare Organisations (AIHO) is the trade association for independent healthcare organisations and they expect:

- A stronger inspection approach to governance and demonstrating effectiveness.
- A significant increase in the number of independent hospital inspections in the second part of 2016 (all NHS providers need to be inspected by June 2016).
- That all independent hospitals will be inspected by December 2016.

Around 60 independent hospitals had been inspected by November 2015 – the ratings of 12 providers are available on the CQC website. The AIHO maintain 'safe' and 'well-led' are two areas of concern across all hospital sectors.

It has been recommended by the 'Report to CQC by Dr Sheila Shribman' that if the CQC are not aware of which trusts provide/offer private services for children and young people then this is requested as part of the information request form to the trust.[23]

According to the AIHO, the CQC will also begin a process of engaging with commissioners (including insurers) and they will collaborate and be invited to reconvene at the end of the inspection process. There have only been five new private hospitals built in the last five years (2010-2015); it is assumed it is not cost effective for the old stock of private facilities to change the configuration of their facilities to meet the requirements of children and young people.

6.2 LIST OF CQC APPROVED CHILDREN'S HOSPITALS IN ENGLAND

There are four standalone specialist children's hospitals: Alder Hey Children's NHSFT; Birmingham Children's Hospital NHSFT; Great Ormond Street Hospital for Children NHSFT and Sheffield Children's NHSFT – and 16 large tertiary children's services in England.[24]

There are three private hospitals with specialist Paediatric Assessment Units (PAUs), able to offer a comprehensive range of services and inpatient stays exceeding one night. These include Great Ormond Street Hospital, The Portland Hospital for Women and Children and The Harley Street Clinic.

NHS Regional Specialist Children's Hospitals

Great Ormond Street Hospital NHSFT

Alder Hey Children's Hospital NHSFT

Birmingham Children's Hospital NHSFT

Sheffield Children's Hospital NHSFT

Private Full Service Hospitals

The Harley Street Clinic

The Portland Hospital for Women and Children

Great Ormond Street Hospital

NHS Large Tertiary Children's Services

Addenbrookes Hospital

Bristol Royal Hospital for Children

Evelina London Children's Hospital

Leeds Children's Hospital

Royal Manchester Children's Hospital

Great North Children's Hospital

Leicester Royal Infirmary

Nottingham Children's Hospital (part of Nottingham University Hospitals NHS Trust)

Chelsea and Westminster Hospital

Oxford Children's Hospital

The Royal London Hospital

Royal Alexandra Children's Hospital

Southampton Children's Hospital

St George's Healthcare NHS Trusts

St Mary's Hospital

Variety Children's Hospital (part of King's College hospital NHSFT)

A number private hospitals operate very limited services, including outpatient services and limited day case and inpatient services (limited to one night and limited complexity).

A definitive list does not exist in the UK currently. The CQC listings is at variance to the actual trading position of the major private hospital groups. However, information has been provided by a major insurer following a survey of providers to support this research report, the following coverage is applicable:

Private Hospital Admission Criteria - A Survey of the Leading Hospital Groups

Age Restriction	Outpatient	Daycase / Inpatient
	215	**178**
No Children	4	39
0+	52	3
3+	34	45
16+	7	12

Only three hospitals have paediatric specific facilities and are able to offer a broad range of treatments, across a range of complexities - including inpatient treatment for children under 3 years of age, or with a length of stay exceeding one night.

98.3% of the private hospitals apply restrictions linked to the complexity or type of treatment offered. Length of stay will not exceed one night. 9% of hospitals limit daycase and inpatient treatment to children aged 16 and over.

Demonstrates better availability to outpatient specialist consultations in the private sector, compared to very limited access to daycase and inpatient services

7. STANDARDS OF CARE - PRIVATE MEDICAL INSURANCE AND CHILDREN

In 2013 a Competition Commission report investigated the private healthcare market. Its findings recommended the need for: 'more clarity and transparency of information on quality and performance of private hospitals and consultants'.[25]

In 2008, 6,224,000 people were covered by either personal or corporate PMI.[26] The Association of British Insurers (ABI) endorse the requirement for customers get appropriate, quality information that can be compared with that available on the NHS so they can make informed decisions on whether what is proposed is within their insurance cover. The ABI's 'Statement of Best Practice for Sales of Individual and Group Private Medical Insurance' is designed to help people make the right choice about their PMI. This extends to understand the extent and limitations of cover under the policies for children and young people.

All of the PMI insurers cover children and young people including Bupa, AXA, Aviva, Cigna, Vitality, The Permanent Health Company, Western Provident Association and Healix. These insurers cover 95% of the market and claims costs.

Example diagram showing how a child or young person might get private treatment – paediatric care pathway.

How to get private treatment with insurance	Paediatric care pathway	NHS recommendations of care
Visit GP GP needs to refer for investigations or treatment.		GPs and their teams are engaged, prepared and specially trained.
GP refers specialist treatment Usually includes initial consultations and diagnostic tests. Contact insurance company to check that child or young person is covered for the treatment, specialist and hospital.	**Outpatient treatment**	**Fully staffed 24 hour paediatric services** 8 to late services close to home. A consultant paediatrician is present and readily available in peak times, seven days a week.
Hospital A private hospital or private facilities within an NHS hospital. **Start to Claim**	**Inpatient or Day patient treatment**	Safe general, acute and specialist surgical services with paediatric trained anaesthetist input in appropriate facilities. Children should be **separated from, and not managed directly alongside adults,** whether in the operating department (including reception and recovery areas), inpatient wards, day ward or critical care unit.[27] Children undergoing surgery should be placed on **designated children's operating lists**, ideally in a separate children's theatre area; when not possible, children should be given priority by placing them at the beginning of a mixed list to minimise fasting times.[28] All child inpatients (including A&E) have daily **access to a play specialist**.
Follow-up visit Specialist consultation and a review of treatment.	**Outpatient treatment**	

Source: Adapted from 'Are you buying private medical insurance' [29]

The range of those covered by private health care in the United Kingdom is very different to that of the NHS. NHS expenditure is concentrated heavily on childbirth and children, and on older people. In contrast, aside from a small element of privately paid-for maternity care, there is relatively little private health care expenditure on children and young people. [30]

8. LIST OF ABBREVIATIONS/DEFINITIONS

ABI	Association of British Insurers
AIHO	Association of Independent Healthcare Organisations
ASC	Action for Sick Children
CQC	Care Quality Commission
CYP	Children and Young People
GPS	General Paediatric Surgery
NHS	National Health Service
PAUs	Paediatric Assessment Units
NSF	National Service Framework for Children, Young People and Maternity
PHIN	Private Healthcare Information Network
PMI	Private Medical Insurance
Child or Young Person	'Child' or 'children' is used to refer to all children under the age of 18 years (where the context specifically relates to older children, the term 'young person' is used)
Day patient	A patient who is admitted to a hospital or day patient unit because they need a period of medically supervised recovery but does not occupy bed overnight
Diagnostic tests	Investigations, such as X-rays or blood tests, to find or to help to find the cause of your symptoms
Inpatient	A patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons
Outpatient	A patient who attends a hospital, consulting room, or outpatient clinic and is not admitted as a day patient or an inpatient
Paediatrics	The area of medicine that manages medical conditions affecting infants, vchildren and young people
Treatment	Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury

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Medex Protect

Contact Information

0800 787 9304

www.medexprotect.co.uk