

# South London Healthcare

NHS Trust

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Dear Mr

Further to the questions you raised at the Bromley HOSC meetings in July and September 2010, I respond as follows:

**“Is this Committee aware that some patients are being outsourced to a Private company and many patients have been sent a letter which informed them that their treatment will be delayed if they don't agree to this option? What about patient choice and creating a patient led NHS?”**

The Trust is committed to meeting patient access targets. Unfortunately in some circumstances the demand for services is larger than the capacity that the Trust can deliver in house. In these circumstances the Trust will offer patients the opportunity to have their treatment in the private sector. This has been the case for several years. In June this year the Trust expanded the number of providers to ensure adequate competition and to drive value for money.

All patients still have patient choice and do not have to accept this outsourced option. They are able to have their operation with their desired surgeon but are being given another choice if they wish to accept.

**“Was outsourcing to Rapid Surgical Solutions subject to competitive tendering- if not what was the reason for not doing so?”**

A one-year contract was awarded following submissions by a number of external providers which were reviewed on the basis of price, efficiency and availability of

immediate capacity for the specialties required. Patient safety and quality of care for outsourced patients was underpinned within the contract by the Care Standards Act 2000 compliance requirements.

The use of Rapid Surgical Solutions is part of a range of solutions the Trust uses to ensure patient waiting times and ensure a quality service.

**“Is this committee aware that some SLHT orthopaedic patients have been advised by RSS that the treatment agreed with their SLHT surgeon could be changed. For example instead of a partial knee replacement they are being offered full knee replacement. Patients chose to see a particular surgeon at the PRUH and instead are being outsourced to a surgeon they have never met. How does this comply with the 2 agendas of Patient Choice and creating a patient led NHS?”**

As mentioned above, the Trust is committed to meeting patient access targets. Unfortunately in some circumstances the demand for services is larger than the capacity that the Trust can deliver in house. In these circumstances the Trust will offer patients the opportunity to have their treatment in the private sector. This has been the case for several years. In June this year the Trust expanded the number of providers to ensure adequate competition and to drive value for money. On two occasions patients requiring a partial knee replacement rather than a total knee replacement were offered surgery with RSS; this was an error and the patients were immediately brought back to SLHT for treatment.

All patients still have patient choice and do not have to accept this outsourced option. They are able to have their operation with their desired surgeon but are being given another choice if they wish to accept.

**“How did RSS become aware that SLHT was looking to outsource, on what date did they submit their tender, whose decision was it to allocate the contract to them and on what date was the first patient referred to them for treatment?”**

The first formal conversations with RSS took place on 4th February 2010, with the contract commencing from 26th May 2010. The first patients were treated on 14th June 2010. The company approached the division directly on a speculative basis.

As mentioned above, a one-year contract was awarded following submissions by a number of external providers which were reviewed on the basis of price, efficiency and availability of immediate capacity for the specialties required. Patient safety and quality of care for outsourced patients was underpinned within the contract by the Care Standards Act 2000 compliance requirements.

The use of Rapid Surgical Solutions is part of a range of solutions the Trust uses to ensure patient waiting times and ensure a quality service.

This involved discussions with some senior clinicians and senior managers about the options for outsourcing to Rapid Surgical Solutions in order to meet access targets and treat patients in a timely way. Rapid Surgical Solutions were the cheapest of several options. The decision has ensured competition amongst providers and has led to lower charges from other providers.

**“Having personally spoken with RSS I am informed that SLHT is their sole client. Does this committee not think it questionable that SLHT orthopaedic patients are being referred to for their surgery to an orthopaedic surgeon who co-incidentally has the same surname as a Director of RSS?”**

With small companies it is likely that the Director of the company may be the person carrying out the work. There is no conflict of interest here as the orthopaedic surgeon is not the one referring the patients to the company to be treated. A conflict of interests may occur if the surgeon worked for SLHT and then referred patients to his/ her own company.

The use of RSS has actually improved any conflict of interest as it uses consultants that do not work for SLHT. The Trust is satisfied that there is clear segregation of duties.

**“What date did the RSS contract commence, when does it terminate, will it be extended and who vetted them to ensure that they were a fit and proper company to treat SLHT patients particularly as the company only came into being in February of this year?”**

The first formal conversations with RSS took place on 4th February 2010, with the contract commencing from 26th May 2010 (reviewed annually). The first patients were treated on 14th June 2010. The company approached the division directly on a speculative basis.

As mentioned above a one-year contract was awarded following submissions by a number of external providers which were reviewed on the basis of price, efficiency and availability of immediate capacity for the specialties required. Patient safety and quality of care for outsourced patients was underpinned within the contract by the Care Standards Act 2000 compliance requirements.

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Yours sincerely

**Jennie Hall**  
**Director of Nursing, Governance & Patient Experience**