Dear Professor Powis

We would like to follow up a letter we sent you in mid-March 2021 on behalf of the British Medical Association’s Private practice committee (PPC), which considers and reports on matters in the field of private general and consulting practice.

In our letter, we noted the plight of many of our private practitioner members who were not included in formalising the initial national agreement in which private hospitals were given over to treating NHS patients during the first few months of the pandemic and which resulted in many of these hospitals standing empty while private sector waiting lists grew and patients’ conditions deteriorated.

Additionally, we were informed on 10 January, that NHS England and NHS Improvement (NHSEI), under direction from the Secretary of State, has agreed a new national contract with multiple independent sector providers (ISP). As you are aware, this national contract, which the NHS’s own Chief Executive has raised significant concerns over, will be in place from Monday 10 January 2022 until 31 March 2022.

While we understand the desire to secure additional capacity if Covid threatens the NHS’s ability to provide urgent care, an unintended consequence of that the previous agreement, was that many of our members were unable to treat their patients. This happened without notice nor consultation with the PPC which could have helped avoid such a negative outcome for patients. Patients were unable to continue care, including those needing cancer operations and on immunosuppressives.

This did not just mean a lack of value for money for the NHS, harm to private sector patients but also had a significant impact on our members. Despite this agreement being struck with the independent sector our members were offered no support from their hospitals, faced mounting pressure from their patients who rightly demanded to be seen and experienced a significant
reduction in their income – indeed some doctors reported an 80% reduction in their income. The private hospitals were bailed out, not the doctors who could not be furloughed.

Since the consultants working in the independent sector are not employed by these private hospitals, the Private Practice Committee predicted that this agreement would not fulfil its intention of boosting NHS capacity and therefore be the best use of our taxpayer’s money.

These are exactly the kind of concerns that the NHS’s own Chief Executive, Amanda Pritchard, has now set out in her letter to the Secretary of State about the new deal struck earlier this week.

In a recent survey of doctors engaged in private practice, we gathered evidence about the impact of the pandemic on private practice. The results clearly showed that the pandemic severely affected private practice with around 6 in 10 of the 1,113 respondents reporting they were unable to provide any care at all during the first lockdown, and around one-quarter reporting some of their patients presented later than they should as a result. The main reason given, by around 6 in 10 doctors, was that the private hospital group contract with the NHS meant no private practice was possible.

Our members have expressed their disappointment not only at the lack of prior consultation with them but also the way in which the protection of existing private practice and the effect of any changes on doctors working in the private sector were overlooked. We had hoped to be called upon to help with future agreements, should they have been required as per our letter sent in March 2021 – unfortunately this has again not been the case. If we had been consulted, we would have expressed similar concerns as the NHS’s own Chief Executive.

We would welcome the opportunity to meet you to discuss these issues and would be most grateful if you could please contact Reena Zapata, Senior policy advisor to the PPC on 0207 383 6042 or email rzapata@bma.org.uk to arrange a meeting.

We look forward to hearing from you.

Yours sincerely

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Co-chair
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