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BMJ CHRISTMAS APPEAL 2013

Help the charity Doctors of the World bring medical care to the typhoon battered Philippines —and others in need worldwide

Dr Letlet, the full time doctor at the roofless and ruined San Pablo health centre in a remote village on the island of Leyte, told the *BMJ*, “We are paralysed, full of sorrow, without hope.” In early November typhoon Haiyan destroyed scores of hospitals and health clinics in cities and villages in the Philippines, just when they were needed most. Millions of survivors, many with severe fractures and the health consequences of suddenly becoming homeless, are managing largely without medical support.

“People with injuries from the storm have not been treated, and many are starting to suffer from fever, flu, and coughs,” Letlet explains. Along with the threat of cholera, there is concern that the population is at risk of a measles epidemic, resulting from low vaccination rates before the typhoon. “With no budget, no electricity, and so many other repairs that need doing, we don’t know where to start.”

Yet there is some hope for this battered population, including support from the international charity Doctors of the World. Within hours, the

charity had organised the immediate dispatch of 50 tonnes of medical supplies as well as moving an experienced team of 19 volunteers—doctors, nurses, and midwives, and health visitors

The ambitious aim now is to mobilise and equip the skilled local Filipino health workforce to provide care for bereft communities in five cities and 30 remote villages in northern Leyte, the island that took the greatest battering from Haiyan. The charity will operate from a base in Ormoc, a city that lost four of its five hospitals.

On 22 November Manuel de Lara, a French public health specialist and the charity’s medical coordinator in the disaster area, received the charity’s first shipment, which included 10 “disaster kits.” The kits cost about £3000 and contain drugs for common chronic disorders, vaccinations, and children’s vitamins, to meet the everyday health-care needs of 1000 people for three months.

Doctors of the World has a 30 year record of organising teams of unpaid medical volunteers to respond immediately to humanitarian emergencies. Its aim is to support the most vulnerable people affected by natural disasters as well as war,

disease, hunger, or poverty by mobilising, equipping, and, where necessary, training the local health workforce.

The charity has 3000 volunteer doctors, surgeons, nurses, managers, and health workers who are working in more than 300 programmes, many of which are long term, in 70 countries of the developed and developing world. “At times of disaster, the priority is to bring about normality in the health service, particularly for pregnant women and children under 5,” de Lara said. So volunteers also supervise the provision of psychosocial support, sexual and reproductive health services, and community care for women and children.

The charity’s achievements rely on donations, explained Leigh Daynes, its executive director in London. “Meeting immediate medical needs in the Philippines is a sprint; rebuilding the country’s health system will be a marathon. Every penny you donate will be spent wisely. Please give generously this Christmas.”

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Is there a healthy market in the NHS?

At least £6bn worth of work is out to tender in England's NHS. But in the "arms race" between commercial providers vying for NHS contracts, there is much secrecy around how these contracts are awarded and how they're really performing, reports **Jane Deith**



In Cambridgeshire the biggest ever NHS contract is up for grabs: an £800m (€960m; \$1.3bn) five year deal to provide services for older people, including palliative care. Nine bidders—from NHS foundation trusts to outsourcing giants Serco, Virgin, and Circle—are through to the final round of the competition.

Patient groups in Cambridgeshire know that the clinical commissioning group is under pretty strict instructions to select the provider who is "best value for money." They want to scrutinise the tender from start to finish, by which time the process will have cost £800,000. What exactly are the commissioners including in the tender? What are their criteria for success?

But ask to see the tender specification and you'll be disappointed. "Because we are in a procurement process it makes it difficult to release information. Previously a specification would have been produced and put out. What we are doing is testing the ideas from all these bidders to bring into a spec which will be a tangible document. That will come out through the procurement process," says Neil Modha, a general practitioner and member of the Cambridgeshire and Peterborough Clinical Commissioning Group.

So nothing's written down on paper. For now it seems we just have to trust the commissioners to get this contract right.

Freedom of information?

NHS history tells us that with a commercial contract comes commercial confidentiality. When the contract to run community health in Suffolk was put out to tender, it went to Serco. But NHS Suffolk, which awarded the three year contract, refused to reveal how low Serco had bid, citing "commercial confidentiality."

The figure was leaked anyway. Serco said it could run the service for £140m—£10m less than the former NHS trust's best price. So Suffolk Community Healthcare was born.

Suffolk's two clinical commissioning groups admit that it looks as though Serco managed to gain a foothold in community nursing by significantly underbidding.

Patient has waited five months for a response

Under the Serco system patient referrals are through a new care coordination centre in Ipswich. The phones are staffed 24 hours a day.

But figures from an October performance report, which was never published, reveal that the community intervention teams' nurses and therapists were failing to hit urgent four hour response targets to reach patients at home. Serco was also failing to meet non-emergency 72 hour targets.

This is no surprise to one community nurse I spoke to. The nurse, who asked not to be named, says some teams have half the number of staff under Serco.

"In some cases, there is nobody to cover a shift, for instance during the night, so a patient with a blocked catheter would have to go to accident and emergency. Or it could be palliative patients that need some emergency pain relief in the night; it means somebody from an adjacent team will have to travel across and that can mean 50-100 miles.

"It's probably impossible for any team, whether it had been Serco or another foundation trust that took over, to run it at the level that Serco came in with their bid," said the community nurse.

When asked if staffing was at half or three quarters strength, Sharon Colcough, director of community services at Serco, said she didn't have immediate access to the figures. She admitted there were vacancies in community teams, "Some who have more than others," and that those teams were being given additional support.

It is not easy to work out how the Serco contract is really running. Some performance reports have

been put on the commissioning groups' websites—although you'd need detailed directions to find them—and the language of "key performance indicators" is difficult to decipher.

The latest report, published in November, confirms that Serco is still failing on response times. According to the report, one patient who contacted the community team has been waiting five months for a response.

The East and West Suffolk commissioning groups have raised an official contract query with Serco. The company has until the end of the year to meet several targets or face fines.

Although it's never been publicised, the groups are also carrying out a quality review into the Serco service. Initially I was told the review was "commercially sensitive" but was assured that it didn't concern patient safety. Yet later in an interview, Julian Herbert, chief officer of Ipswich and East Suffolk Clinical Commissioning Group, revealed

that the quality review

is looking at "potential patient safety issues" including training, staff capacity, and workloads.

"Some of Serco's speed of response is not as we'd like. There are areas where the staff levels aren't as we'd like them to be. Serco is looking to resolve those. If they aren't put right, we then get to the point where we start financially penalising them, by taking money away from them if they don't deliver."

Serco insists it's delivering a high level of care to all patients. Colcough admits there are some staff vacancies and is surprisingly frank about the company's financial performance in Suffolk. "We are definitely not making a profit. And looking forward to the next two years, I can't see that we would make a profit. What we're more concerned with is making sure we're a safe service, so regardless of whether we bid right or underbid, we have this contract and Serco deliver on their promises,"

Nothing's written down on paper—we just have to trust the commissioners to get this right



Harriet Connides (left) was due to have gamma knife radiosurgery at the National Hospital for Neurology and Neurosurgery, London, when NHS England switched the contract to two private providers: Bupa's Cromwell Hospital and the Healthcare Corporation of America at Barts Hospital. Connides was left looking at up to a year on a new waiting list. Only after a long series of negotiations did her treatment eventually go ahead at the National Hospital.



John Bercow, speaker of the House of Commons, opens the £3m Gamma Knife Centre at the National Hospital, London. NHS England has since switched the contract to services run by two private providers

ELEKTA'S LEIKSELL GAMMA KNIFE PERFECTION RADIOSURGERY SYSTEM

she said. That financial candour only causes some to worry even more about what's happening behind the scenes. There have been calls for the Freedom of Information Act to apply to private healthcare companies so we can get at the detail of contracts—to see, for example, what percentage is staff costs and what percentage is profit.

But knowledge is not necessarily power. Contracts, even when they're broken, are not easy to get out of. It's only thanks to whistleblowers that we learnt that Serco's out of hours GP contract in Cornwall was short staffed and that some staff were falsifying response times.

But Serco was not stripped of the contract. Kernow Clinical Commissioning Group has allowed the company to hang on to the £32m deal.

Serco tried to subcontract the service, approaching a group of GPs called Devon Doctors. But Devon Doctors said it would need more money to run the service properly. Kernow Clinical Commissioning Group has admitted that the idea to subcontract was ditched partly because it carried a "financial implication."

The CCG has been criticised for not showing Serco the door. But if there are no other takers the commissioners are stuck with the Serco contract whether they like it or not.

NHS England investigated by the regulator

You'd think private companies would love this new competition driven NHS. But in some cases they are complaining that the new style commissioning is anticompetitive. A row has blown up in which NHS England is accused of ignoring the new rules on offering work on the open market.

NHS England is still in control of commissioning of £12bn of specialist services. In Sheffield and London it is being investigated for breaking the rules on competition by failing to put gamma knife radiotherapy treatment out to tender.

For years, BMI Healthcare has been offering NHS patients gamma knife treatment at the

private Thornbury Hospital in Sheffield. But in May NHS England's South Yorkshire and Bassetlaw Area Team told Thornbury that there wasn't a need for its services. The work would go to another private provider, Nova Healthcare in Leeds, and the NHS Royal Hallamshire Hospital.

Yet Thornbury had been treating NHS patients precisely because the Royal Hallamshire couldn't treat all those referred to it. All three hospitals charged the standard NHS tariff. So why did the NHS England team drop Thornbury?

The regulator, Monitor, is investigating and has already said that NHS England doesn't seem to have advertised a contract for the work. After Thornbury complained the South Yorkshire and Bassetlaw team decided to award the hospital a contract after all. But Monitor is still investigating.

South Yorkshire and Bassetlaw Area Team is one of 27 divisions of NHS England. It is spending a lot of public money, but the teams don't have websites and meetings are for managers only and are held in private.

Calum Paton, a professor at Keele University's school of public policy, studies NHS reforms and says this isn't the localism that the public was sold. "The issue with the commissioning by the NHS England area teams is accountability and legitimacy. These bodies are literally unheard of by the public and some specialists as well. While it might be appropriate to commission centrally and regionally, it's surely inappropriate to do so without transparency, accountability, or even awareness by the public of these meetings. It's hardly the devolved patient friendly NHS we were told about."

NHS England is also being investigated over gamma knife contracts in London. The National Hospital for Neurology and Neurosurgery, part of University College London Hospitals NHS Foundation Trust, has treated around 100 NHS patients since it took delivery of the UK's newest

gamma knife machine last year. But now the £3m machine is barely used. NHS England has switched the contract to services run by Bupa's Cromwell Hospital and by the Healthcare Corporation of America at Barts Hospital.

NHS England says the national hospital's patient numbers were very low and has confirmed that there was no new tender for the work the hospital has lost. It says it has "rolled forward" existing contracts with Barts and Cromwell, but "the value of the contracts is commercial information and therefore in confidence."

NHS England is now holding a national review into radiotherapy services. Nine patients that had been due to have gamma knife treatment at the national hospital are still waiting.

After a brain haemorrhage Harriet Connides was told the gamma knife treatment she was due to have within weeks was cancelled and she would go on a waiting list at Cromwell or Barts.

"I was looking at another year. I've been basically kicked off a waiting list when I was about to have treatment. It just felt like NHS England were saying, we don't care about you, go away and die for all we care."

What's clear is that the new style clinical commissioning is far from simple. Some, including private providers, are beginning to doubt whether competitive tendering is really transparent and whether the winners are ever really accountable. And the body overseeing the whole commissioning revolution—NHS England itself—is under pressure to prove it's practising the free market procurement it preaches.

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