



HEALTHCARE SAFETY  
INVESTIGATION BRANCH

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## Interim bulletin

# Surgical care of NHS patients in independent hospitals

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This interim bulletin contains facts which have been determined up to the time of issue. It is published to inform the NHS and the public of the general circumstances of events and incidents and should be regarded as tentative and subject to alteration and correction if additional evidence becomes available.



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## Notification of event and decision to investigate

Independent healthcare services are those provided by organisations other than the National Health Service (NHS). For many years, in addition to private patient practice, independent healthcare has delivered services to some NHS patients, funded by the NHS. From March 2020 several independent hospital providers enhanced their partnering with the NHS to provide increased capacity and services as part of the national response to the COVID-19 pandemic.

HSIB received a referral from a member of the public describing concerns about the capability of independent hospitals to manage patients who would have previously only been managed within an NHS hospital.

Following a preliminary investigation, the Chief Investigator authorised a full investigation as the risk met the following criteria:

### **Outcome impact – what was, or is, the impact of the safety issue on people and services across the healthcare system?**

- The NHS provides a range of surgical operations and also funds certain operations in independent hospitals for NHS patients. Patients undergoing these operations have varying needs and associated medical conditions. Each operation and patient has specialist requirements that must be met to ensure the best outcome.



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- Where independent hospitals are asked to deliver more complex care, or care to more complex patients, this may be challenging with the available facilities, equipment and capabilities of staff. Staff faced with unfamiliar situations, without the appropriate skills, may not be able to respond to patient needs and may experience anxiety.

### **Systemic risk – how widespread and how common a safety issue is this across the healthcare system?**

- Across the healthcare system, complications following surgery are well recognised, common and sometimes unavoidable. For example, following bowel surgery, patients may develop bleeding, infections, leaks from the bowel and blood clots.
- Prior to and during COVID-19, independent hospitals have been delivering more surgical services to NHS-funded patients. This has resulted in more complex or unwell patients being operated on in some independent hospitals.
- HSIB has heard from some independent hospitals that the increased complexity of patients has resulted in staff being required to manage more complications following surgery.

### **Learning potential – what is the potential for an HSIB investigation to lead to positive changes and improvements to patient safety across the healthcare system?**

- Levels of NHS-funded patients in independent hospitals have increased rapidly as a result of COVID-19. The need for continuing independent sector support will likely continue after the pandemic as waiting lists remain long.



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- This investigation will explore how independent hospitals and NHS organisations can be supported to deliver safe and effective care. This is the first time HSIB has investigated NHS-funded care within the independent sector. Learning from the investigation will help support future working relationships between independent hospitals and the NHS.

## Reference event

The patient in the reference event was a 58 year-old man with no known past medical history. He was diagnosed with bowel cancer and plans were made for him to undergo an anterior resection (surgery to remove part of the bowel and/or rectum). He was listed for laparoscopic (keyhole) surgery in an NHS hospital.

The patient underwent an NHS assessment before his operation where his fitness for surgery was assessed. His body mass index (a measure of body fat based on height and weight) was 17 kg/m<sup>2</sup> meaning he was underweight. His blood tests also showed some abnormalities with his liver.

The patient's initial surgery date was cancelled and he was rebooked for surgery five days later at a nearby independent hospital. This change was the result of the local NHS cancer surgery being transferred to the local independent hospital in response to a national agreement to build capacity in the NHS to respond to COVID-19. A memorandum of understanding was developed between the NHS and independent hospitals with joint responsibility for the clinical care of a patient.



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The patient was asked to provide consent for open bowel surgery on the day of his operation at the independent hospital. The change to open surgery was the result of guidance at the time around the risk of COVID-19 infection transmission with laparoscopic surgery (Intercollegiate guidance, 2020). The surgery lasted less than two hours and there was minimal blood loss. The cancerous part of the patient's bowel was removed and the bowel joined back together. The time between the patient's initial referral for suspected cancer and the operation was six weeks.

Following surgery, the patient made a slow recovery. He had periods of poor urine output and low blood pressure. He also struggled with vomiting and was reluctant to eat. On day three following surgery he was diagnosed with ileus (slowing of the gastrointestinal tract), a recognised complication.

Overnight into day eight after surgery, the patient deteriorated rapidly with a falling blood pressure, abdominal bloating and no urine output. It was decided that due to his deterioration, urgent transfer was required to the local NHS hospital for critical care support as this was not available at the independent hospital. The patient also required an urgent scan of his abdomen to look for complications of the surgery.

The patient was transferred by ambulance and on arrival at the NHS hospital was very unwell. He underwent surgery following a scan of his abdomen that found a small leak in the bowel where it had been reconnected at the previous



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surgery. This leak had likely led to sepsis which caused multi-organ failure and the patient's death. A post-mortem examination commented that he had a frail physical state meaning that his ability to cope with the infection would have been poor.

## National context

Independent hospitals have a significant role in the delivery of NHS-funded care. Prior to COVID-19 over 500,000 NHS elective surgical procedures were carried out per year at independent healthcare sites, accounting for 21% of all NHS gastroenterology, trauma and orthopaedic patients (Independent Healthcare Providers Network, 2019). The NHS Long Term Plan demonstrates the increasing need to make use of independent healthcare capacity to provide patients with a choice of where and how quickly they would like to receive their elective care (NHS, 2019).

COVID-19 has prompted a rapid increase in the utilisation of independent healthcare for NHS patients following agreements between NHS England and NHS Improvement and several independent hospital providers in March 2020 (NHS England and NHS Improvement, 2020). How independent hospitals have been utilised by the NHS has varied across England during COVID-19. Examples include the NHS taking staff and equipment from independent hospitals, movement of certain NHS operations into independent hospitals, and complete transfer of NHS services into independent hospitals.



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## Identified safety issues

Multiple examples of rapid and effective implementation of NHS-funded surgical care in independent hospitals during COVID-19 have been discovered by the investigation. Where these have been successful, there have been close and often pre-existing relationships between the independent and NHS hospitals. The relationships have allowed the formation of clear decision making processes for the selection of suitable patients for surgery in a particular independent hospital based on the available facilities and capabilities.

During investigation of the reference event HSIB identified safety issues that will be explored within a national investigation. They are shared here for consideration by independent and NHS hospitals when planning, implementing and delivering surgical services. HSIB acknowledge that the COVID-19 pandemic was unprecedented and required a rapid reaction. The pandemic resulted in reduced NHS theatre and critical care capacity, and increased risks of hospital-acquired transmission of COVID-19. As many patients continued to require urgent surgery, the consideration of clinical risk to NHS patients meant the need to utilise independent hospitals where there may have been more limited support services.

- As a result of COVID-19, some independent hospitals have been asked to operate on NHS patients who were not previously part of their routine care provision. These patients may have had more complex medical conditions and/or required more complex surgery. These complexities may have not been anticipated



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when transferring care and may be outside of the experience and available resources of certain independent hospitals.

- The planning and implementation of surgical services for NHS-funded care in independent hospitals has varied across the country. In some places planning has not included consideration of who/which organisation is responsible and accountable for different parts of the patient pathway, or the additional care needs required by patients undergoing operations that are new for the particular independent hospital. Examples include specialist nurse support and critical care input.
- There is variation in how independent and NHS hospitals collaborate to undertake preoperative assessments for NHS-funded patients who are to be operated on in independent hospitals. The variety includes the depth and quality of the assessment, perception of suitability, awareness of independent sector resources, and risk assessment tools used. The use of virtual assessments, which have become more common during COVID-19, is also varied.
- Preoperative assessment across healthcare has limited tools to sensitively identify and prompt intervention for non-elderly people (under 65 years old) who are undernourished or have frail physical states. This increases the risks to patients who may be undergoing surgery without prior preparation to improve their condition.



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## Patient suitability assessment

The investigation has heard accounts of where NHS and independent hospital preoperative assessment processes have not fully considered the capability of the independent hospital in which the patient is to have their operation. This has resulted in cancelled operations and has created challenges when managing some postoperative complications. Based on findings to date, HSIB makes the following safety observation.

### **Safety observation O/2021/104:**

It would be beneficial for NHS and independent hospitals to ensure processes for identifying suitable NHS patients for surgery in independent hospitals include effective assessment as to whether the independent hospital has the facilities, resources and capabilities to manage each specific patient.

## Next steps

This bulletin is based on the investigation's findings to date. The investigation will continue to explore the identified safety issues in more depth and welcomes further information that may be relevant, from any source. The investigation will include:

- engagement with national bodies and local provider organisations to explore the factors that support and challenge implementation of new NHS surgical services in independent hospitals, particularly in light of COVID-19



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- observation and exploration of various independent and NHS pathways for the preoperative assessment of patients to assess anaesthetic risk and patient suitability for operations at hospital sites that may have limited access to support services such as critical care or specialist nursing
- engagement with organisations and national bodies to explore work considering assessment of anaesthetic/surgical risk and preoperative frailty in the under 65 years-old population
- making safety recommendations to national bodies in support of improving the areas of focus.

HSIB will report any significant developments as the investigation progresses.



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## References

Independent Healthcare Providers Network (2019) The sector: An overview, Independent Healthcare Providers Network [Online]. Available at <https://www.ihpn.org.uk/wp-content/uploads/2018/03/IHPN-infographic-2019.pdf> (Accessed 16 February 2021).

Intercollegiate guidance (2020): Intercollegiate General Surgery Guidance on COVID-19 27 March 2020 [Online]. Available at <https://www.rcsed.ac.uk/news-public-affairs/news/2020/march/intercollegiate-general-surgery-guidance-on-covid-19-update> (Accessed 1 December 2020).

NHS (2019) The NHS Long Term Plan [Online]. Available at <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> (Accessed 1 December 2020).

NHS England and NHS Improvement (2020) Revised arrangements for NHS contracting and payment during the COVID-19 pandemic, NHS England and NHS Improvement Publications approval reference: 001559 [Online]. Available at [https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19\\_NHS-contracting-and-payment\\_26-March.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19_NHS-contracting-and-payment_26-March.pdf) (Accessed 21 December 2020).