Self funding: the thin end of the wedge?

Several trusts are now offering NHS patients the choice of self funding treatments and services that are not approved by primary care trusts or have long waiting times. **Adrian O'Dowd** reports

It's simple—the NHS is free at the point of delivery. Or is it? Prescriptions, eye tests, and dental treatments have long been removed from the guarantee of NHS funding, but it is now becoming apparent that other areas of healthcare are being added with the advent of the "self funding" NHS patient.

A recent investigation found that several trusts are offering patients the choice of paying for treatment or services themselves if these are either not approved for NHS funding by primary care trusts (PCTs) or have long waiting times.[1]

In vitro fertilisation (IVF), bone scans, cancer surgery, and screening for hereditary diseases are all areas where patients may be given the opportunity to self fund. How patients are classified varies between trusts, with some describing them as NHS patients merely taking the opportunity to pay for something themselves and others as private patients being seen on NHS premises.

The main concern is what effect this has on the founding principle of the NHS. Shadow health minister Jamie Reed wrote in a recent letter to health minister Simon Burns: "The Health and Social Care Act established an unprecedented change within NHS hospitals, with an increased private patient cap now allowing hospitals to devote 49% of their beds, procedures and services to private patients.

"The government's PPI [private patient income] cap and successive NHS budget cuts have simultaneously given hospitals the freedom and incentive to open up a private market within the NHS."

The *BMJ* spoke to some of the trusts identified in the investigation and found a range of attitudes and approaches to this practice, but all believe they are not doing anything inappropriate.

In vitro fertilisation

The fertility centre at Homerton University Hospital NHS Foundation Trust in London offers IVF for people described on its website as "self funding NHS patients."[2]

Its website says: "Self funding NHS patients are those patients who have to pay us for their treatment costs by cash or credit card prior to starting the treatment. The price list is attached on the following pages and is very competitive in comparison to the private treatment option.

"This option allows you to have your treatment when you are not eligible for the NHS funded treatment. You will still remain as an NHS patient and will be seen by the fertility team members just as any other NHS patients." (The National Institute for Health and Clinical Excellence (NICE) currently recommends that three free courses of IVF be offered to women aged 23 to 39 who have an identified cause for their fertility problems or who have had infertility problems for at least three years.)

"If a woman (who is referred to our trust) is not eligible to receive IVF under the PCT's criteria, they will be offered the opportunity to self fund the treatment—ie, pay for it themselves"

John Coakley, trust medical director, says: "These patients are seen in NHS time. They are NHS patients entitled to NHS care. They are seen in NHS premises. They are not private patients. The nurses and staff who deal with them are NHS staff.

"I see no grey area at all. Many aspects of fertility treatment are provided free by the NHS, but IVF has some restrictions. We use solely clinical criteria—can this couple benefit? We don't impose arbitrary rules. That some commissioning bits of the NHS won't pay shouldn't disadvantage patients who can benefit."

It is highly unlikely, he believes, that a private insurance company would pay for infertility treatment, and when asked to comment on this, BUPA declined to comment.

Asked whether trusts are, in effect, introducing a cut price private health system within NHS hospitals, Coakley rejects this, saying: "Our self funding patients are diminishing as a proportion of the total. It's a shrinking market at present, but who knows what might happen in the future?"

Around five years ago, about half of the patients at the trust's fertility unit were self funded, but currently around 80% of the work is NHS paid, with only 20% self funded.

"This is entirely done to help patients who some other body has decided don't fit the bill," says Coakley.

A similar approach is taken at Epsom and St Helier University Hospitals NHS Trust in Surrey. Its website says: "You may wish to fund your own treatment if your PCT does not fund IVF, or you do not wish to wait for funding, or you are not eligible for NHS funding."[3]

Carolyn Croucher, a consultant obstetrician and gynaecologist at the trust, says: "The care patients receive from our hospitals is paid for by PCTs. For certain types of treatment, PCTs will only fund the care if the patient meets specific criteria. For IVF, this may include the woman's age or the number of children she has had previously.

"If a woman (who is referred to our trust) is not eligible to receive IVF under the PCT's criteria, they will be offered the opportunity to self fund the treatment—ie, pay for it themselves. It is important to note that this is not a new service and that it is offered by many other hospitals.

"Our trust only offers self funding for IVF, and the amount paid by the patient covers only the cost of providing the service. We do not make a profit (as a private hospital might). In addition, the money they pay is channelled back directly into our service."

Croucher stresses that women who self fund are not seen any quicker than other women (who are funded for IVF by their PCT) and they receive exactly the same care.

"Self funding patients are not private patients. As such, they are seen on NHS premises and charged by the NHS."

These self funding patients would pay around half the amount they would pay if they received this treatment from a private provider, she says, adding: "I think the trust is being very altruistic and providing a cost effective, high quality service for patients who would otherwise not be able to have children."

TRUSTS OFFERING SOME FORM OF SELF FUNDING TREATMENT

- Homerton University Hospital NHS Foundation Trust—offers IVF to "self funding NHS patients"
- Epsom and St Helier University Hospitals NHS Trust—offers self funded treatment for IVF
- Kingston Hospital NHS Trust Assisted Conception Unit—offers IVF services for NHS funded treatment, a "NHS eligible self-funded package," and self funded treatment[7]
- University Hospitals Bristol NHS Foundation Trust—offers a specialist "self funding" DEXA scanning
- East and North Hertfordshire NHS Trust—offers CyberKnife radiotherapy to patients funded by the NHS, themselves, or a private insurance provider
- University College London Hospitals NHS Foundation Trust—offers a "self funded interim ovarian cancer screening service"

Cancer care

At University Hospitals Bristol NHS Foundation Trust, oncology patients are offered dual energy x ray absorptiometry (DEXA) bone scanning at a cost of £72 per scan.[4]

The trust says that the majority of its scans are carried out in line with NICE guidelines and in accordance with the policy of its local commissioners—that is, postmenopausal women or men aged 50 or over who have a raised clinical risk of fracture or have had a low impact fracture.

A trust spokeswoman says: "There is a demand for DEXA scans from a very small proportion (3%) of patients who do not qualify for the scan under the NICE criteria and the trust provides this service as required."

However, these patients are considered to be private and not NHS, as the spokeswoman adds: "Care that is funded directly by the patient or their healthcare insurance provider is considered private healthcare and is delivered in line with the trust's policies and procedures for private practice which are compliant with NHS guidance and legislation."

Stereotactic radiotherapy, often know as CyberKnife after the brand name of one of the machines, is offered by East and North Hertfordshire NHS Trust to cancer patients whose primary care trust is not willing to fund it.[5]

A trust spokesman says: "At our hospitals, we have two types of patients—the vast majority get their care on the NHS, with a very small minority being treated on a private basis.

"We do not have a separate classification of self funders as we do not promote NHS services for payment."

Patients choosing to be treated privately, either by paying themselves or through a health insurer, is nothing new, argues the trust. "Many NHS hospitals have offered some element of private work for a very long time. The vast majority of our work is on the NHS, with a tiny percentage being for those who choose to become private patients. The latter is a decision taken by the patient, uninfluenced by the trust," says a spokesman.

Blurred boundaries

Questions have arisen over situations when a trust seems to be offering a service or treatment that is not recommended by national bodies such as NICE or the UK National Screening Committee.

Since May of this year, University College London Hospitals NHS Foundation Trust has been offering a self funded interim ovarian cancer screening service,[6] which offers ultrasound scans and serum CA125 tests for £330 a year to women who are considered to be at high risk of developing this form of cancer.

Until June 2011 patients could opt to join the UK Familial Ovarian Cancer Study, which has now closed. The self funded screening service since then, says a trust spokesman, is an "interim" arrangement until the situation is reassessed after the study reports back, possibly next year.

The trust says the UK National Screening Committee will not support ovarian cancer screening being carried out on the NHS until the study results are available.

A spokeswoman for the screening committee says it "is responsible for systematic population level screening and does not make recommendations for screening of individuals already identified as high risk. As such, the service offered by UCLH to identify ovarian cancer in high risk groups is outside our remit.

"I worry that this will lead to more marketing of potentially unnecessary services to patients"

"We review the evidence for screening for conditions against strict criteria on a regular basis. Population screening for ovarian cancer is due to be considered again in 2015-16."

A spokeswoman for NICE says: "NICE is asked by the Department of Health to develop guidance on specific topics. It is inevitable that there are some aspects of healthcare that are not covered by NICE guidance. In these situations, local providers are expected to make their own decisions as to what treatments and services they will provide."

Definitions and approaches to the reality of self funding, therefore, exist in the NHS, but despite trusts' upfront defence of this practice, which they are adamant is appropriate, not everyone agrees.

Observers from the United States say there is a legitimate concern here. Lisa Schwartz, professor of medicine at The Dartmouth Institute for Health Policy and Clinical Practice in New Hampshire, says self funding patients are, in her opinion, private patients.

"It seems to contradict a basic tenet of [the] NHS—that care is free at the point of service," says Schwartz.

"If self funding is to be allowed, it should be carefully regulated to ensure that it is not abused (that is, promoting useless or harmful services). Self funding seems like it would open the door to the worst of the for-profit side of American healthcare.

"This should be an explicit national policy—not one developed on an individual basis driven by the financial needs of individual trusts or hospitals." She adds: "I worry that this will lead to more marketing of potentially unnecessary services to patients.

"Unfortunately, financial incentives all too often encourage doing more to patients— regardless of whether it is in their best interest. The NHS should do what it can to prevent increased marketing of medicine to drive patient demand—not encourage it."

The government does not believe there is a problem here, but says it will take action against any trusts that are shown to be refusing to treat patients on the basis of cost alone.

Health minister Simon Burns says: "NHS care is and will remain free at the point of delivery. If NHS treatment is available, patients must not be charged.

"However, NHS hospitals can provide services to private patients—income from this goes back into the NHS and supports the services that NHS patients receive free of charge."

A clear distinction on the nature and future of self funders remains elusive

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WHAT DO NHS STAFF THINK ABOUT THE NHS?

The government put out some upbeat survey results about NHS staff attitudes towards the health service. But, asks **John Appleby**, do the figures suggest a growing pessimism about the future?

The publication last month of the NHS satisfaction results from the 2011 British Social Attitudes survey (with questions on healthcare sponsored by the King's Fund) caused a good deal of comment.[1] The survey of 1096 people showed that satisfaction with the NHS overall had fallen by 12 percentage points—from 70% (based on a sample of 3297) to 58%—between 2010 and 2011. This is a statistically significant drop, and the biggest in one year since the survey began in 1983. It was therefore perhaps unsurprising that the survey attracted a lot of attention—and some criticism—not least from the Department of Health.

A key criticism was that the survey did not reflect any real change in the actual performance of the NHS because it was a survey of the public and not patients. The implication was that the public—not having had intimate contact with the NHS—would know nothing of the NHS and so the opinions were in effect worthless (at least in telling us anything about the NHS).

Of course, many people who participated in the British Social Attitudes survey will have had recent contact with the NHS. Leaving aside the fact that the point of the survey is precisely to find out about people's attitudes (as it says on the tin), part of the Department of Health's response to the survey was to bring forward publication of two of its own commissioned surveys: one on public perceptions of the NHS[2] and the other on NHS staff attitudes.[3]

Both these surveys to some extent contradicted the British Social Attitudes survey results. The department's public poll of 1001 people showed satisfaction with the running of the NHS at 70% in December 2011—exactly the same proportion as in the previous year. And the survey of 1130 NHS staff showed that in winter 2011 the proportion of staff satisfied with the way the NHS delivers care in their local area to be 76% (fig 1). This was down a statistically insignificant three percentage points on the previous year, but was still significantly higher than the British Social Attitudes survey's measly looking 58% satisfaction with the NHS.

The differences between the three polls will be down to a combination of factors, including sample size, question wording, the sample (public, NHS staff), the sampling frame methods (how people were recruited), the context of the polls (the British Social Attitudes health questions are part of a much larger non-health questions survey), and timing of the fieldwork.

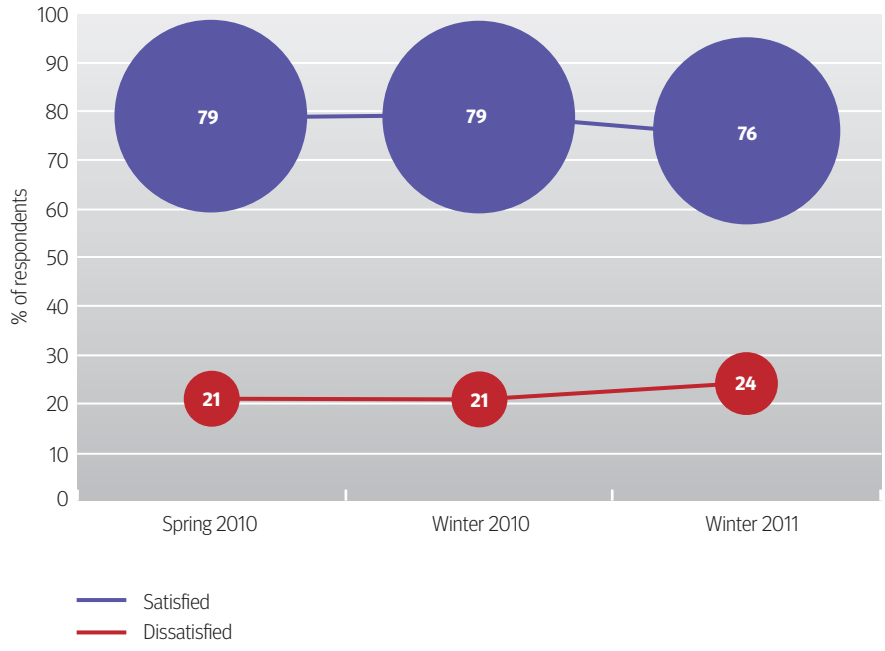

Fig 1 | Response to NHS staff survey question: "How satisfied or dissatisfied would you say you are with the service the NHS currently delivers to patients in your local area?" (All NHS staff groups: sample sizes for spring 2010, winter 2010, and winter 2011 were 1124, 1001, and 1130 respectively)[3]

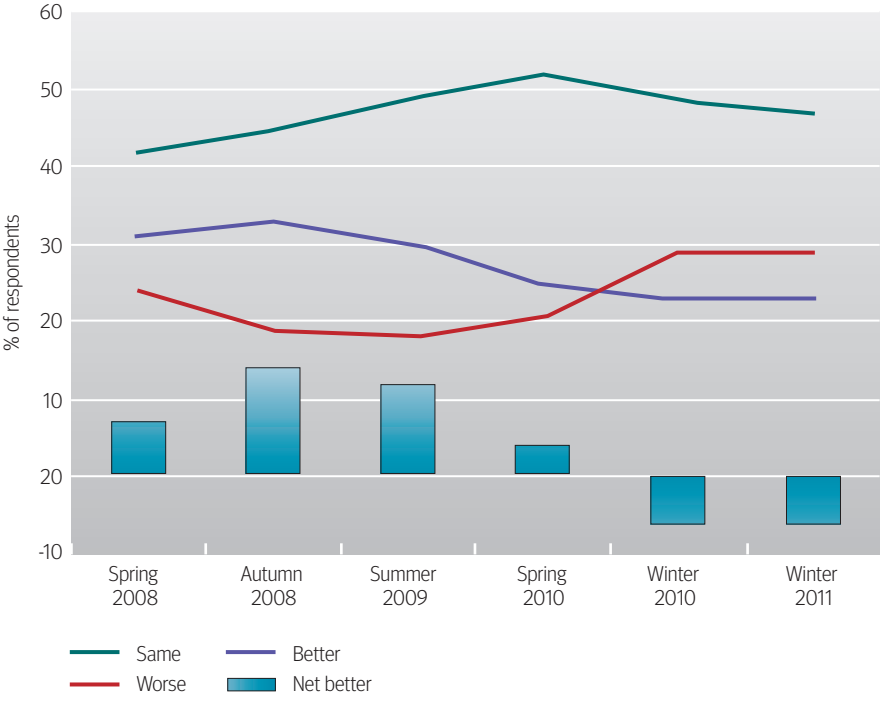

Fig 2 | Response to NHS staff survey question: "And still thinking about the NHS in your local area, in the past 12 months, do you think it has got better, got worse or stayed the same in terms of patient care?"[3] Sample sizes for each survey from spring 2008 onwards were 908, 934, 1113, 1124, 1001, and 1130 respectively

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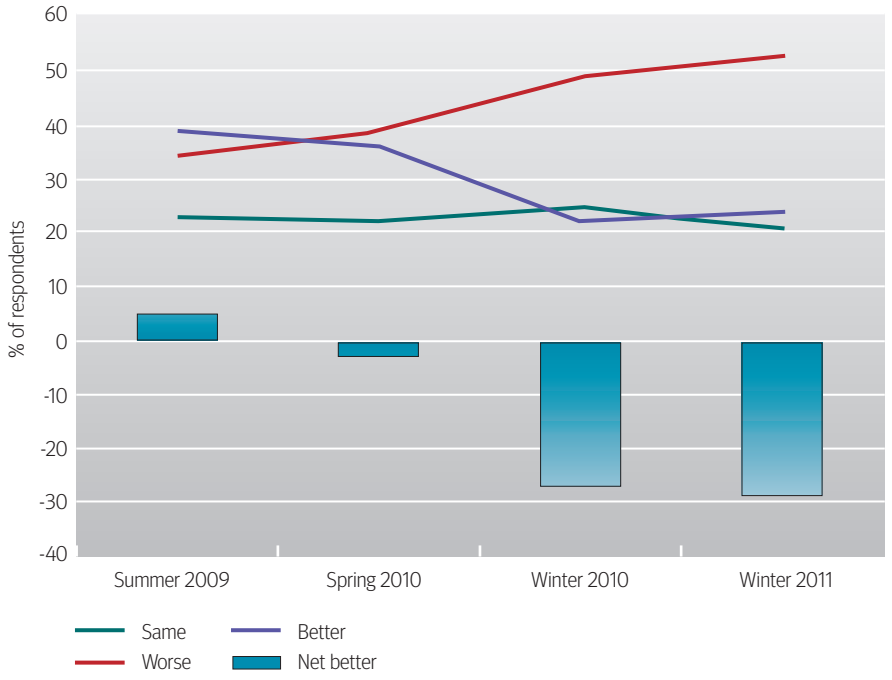

Fig 3 | Response to NHS staff survey question: "Thinking about the care the NHS delivers to patients: over the next few years do you expect it to get better, worse or stay about the same?"[3] Sample sizes for each survey from spring 2008 onwards were 908, 934, 1113, 1124, 1001, and 1130 respectively

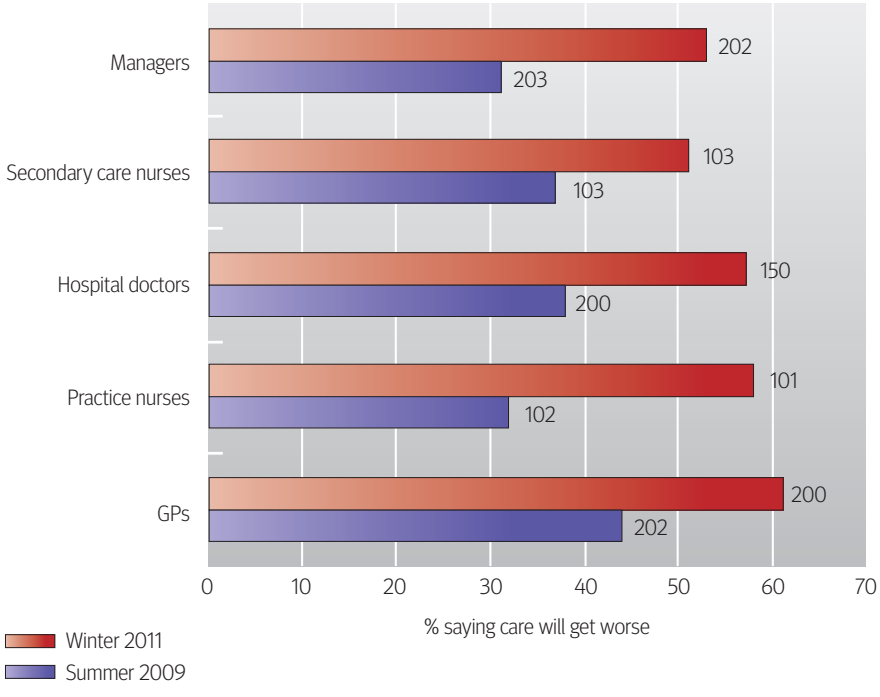

Fig 4 | Response to NHS staff survey question: "Thinking about the care the NHS delivers to patients: over the next few years do you expect it to get better, worse, or stay about the same?"[3] Total sample size for each group at end of each bar

Without a specially constructed controlled trial we cannot quantify the relative contributions of these factors to differences in the results.

But did the British Social Attitudes survey produce a particularly pessimistic view of the NHS? Perhaps not. From the NHS staff attitudes survey, it is interesting that NHS managers—which, as the survey noted, traditionally tend to be the group most positive about the NHS—saw their satisfaction fall 10 percentage points from 87% (n=212) in the spring of 2010 to 77% (n=201) in the winter of 2011. This change was significant at P=0.05, as are all the differences between years quoted from this survey.

Other questions from the NHS staff survey suggest that they may also hold rather pessimistic views. For example, asked whether they thought that their local NHS services had got better, worse, or stayed the same in the last 12 months, 29% said services had got worse—the same as in the winter of 2010, but as figure 2 shows, a 10 point increase on the autumn 2009 result.

Among general practitioners there was a 30 point increase (from 17% (n=200) to 47% (n=200)) between the summer of 2009 and winter 2011 in those stating things had got worse; and there was a 15 point increase (to 31%, n=200) among hospital doctors and a 13 point increase (to 21%, n=200) among managers.

Another question in the NHS staff survey asked whether services would improve over the next few years. The winter 2011 results show that, for the first time, a majority of staff (53%, n=1130) felt things would get worse; the net "better" (that is, better minus worse) reached its largest negative gap of 29 percentage points (fig 3).

Again, the results for this question for individual staff groups suggest a growing pessimism about the future. In 2011, 61% (n=200) of GPs thought services would get worse over the next few years—up 17 points on the summer of 2009—and over half (53%, n=202) of managers surveyed agreed—up by 22 points on their views in 2009 (fig 4).

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