



*Treatment Centres:
Delivering Faster,
Quality Care and Choice
for NHS Patients*

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Preface from the Secretary of State

In the last five years, the NHS has received unprecedented investment allowing it to make significant improvements to patient services. This has been achieved both by increasing capacity and by changing the way care is delivered to offer patients faster access to treatment.

The Treatment Centre programme was established in April 2002 and there are now 29 NHS Treatment Centres providing services to NHS patients. Over 106,000 patients have been treated in these NHS Treatment Centres.

Independent Sector Treatment Centres are also providing additional capacity for NHS patients. Since September 2003, there have been over 16,000 NHS patients treated by these Independent Sector providers. Earlier this year, the programme launched a number of innovative mobile units offering ophthalmology services. In December 2004, the 10,000th ophthalmology patient was treated.

By the end of 2005, it is planned that there will be 80 Treatment Centres open across England. As well as expanding capacity for the NHS, there are significant benefits for patients, including an improved patient experience and more streamlined service. For example, many Treatment Centres already offer appointments booked by the patient.

The Treatment Centre programme has a key role in delivering the Department of Health's commitment, outlined in the NHS Improvement Plan, to offer patients increased choice. From December 2005, patients in England will be offered a choice of four to five providers at the point that their GP decides treatment is necessary. From December 2008, this choice will be expanded offering patients a free choice of providers which will include Treatment Centres.

I've been impressed by the commitment and enthusiasm of staff in my visits to Treatment Centres across the country. As well as delivering high quality, patient centred care with robust clinical outcomes, Treatment Centres enable clinician time and facilities to be used more efficiently.

Looking to the future, the Treatment Centre programme will continue to make a valuable contribution to improving access to NHS services and delivering better patient care by drawing on international models of best practice. Last month, I was very pleased to announce the development of five NHS Centres of Training and Innovation in Short Stay Elective Care. These centres will showcase the latest advances in short stay elective care and share these developments across the NHS. In the meantime, I am delighted to share this report that outlines the progress made by the Treatment Centre programme to date.

A handwritten signature in black ink, appearing to read 'John Reid', with a long horizontal flourish underneath.

Rt. Hon John Reid MP
Secretary of State for Health
January 2005

Introduction

1. In April 2002, the Government announced unprecedented investment in the NHS in England in order to refocus health services on the needs of the patient and dramatically reduce the time that patients wait for treatment.
2. One of the ways in which these objectives are being met is through new Treatment Centres, some run by the NHS and some by Independent Sector (IS) providers. This report:
 - takes stock of achievements to date; and
 - sets out the further impact that Treatment Centres are expected to have over the next year and beyond, as the NHS introduces patient choice for hospital treatment and moves closer to making waiting lists a thing of the past.
3. Treatment Centres are streamlined units that provide safe, fast pre-booked surgery and diagnostic tests for patients. They often, though not exclusively, concentrate on procedures with the highest historic waiting times for treatment, for instance in orthopaedics and ophthalmology.
4. The aims of the Treatment Centre programme are to:
 - help provide the extra capacity needed to deliver swift access to treatment for NHS patients;
 - spearhead diversity and choice in clinical services for NHS patients;
 - stimulate innovative models of service delivery and drive up productivity.



Progress

5. The NHS-run Treatment Centre programme grew out of the pioneering work of the Central Middlesex Ambulatory Care and Diagnosis (ACAD) centre in North West London that was established in July 1999. Since 2003, a further 28 NHS-run Treatment Centres have opened, spread across England as illustrated in the map on the opposite page.



Central Middlesex ACAD, North West London

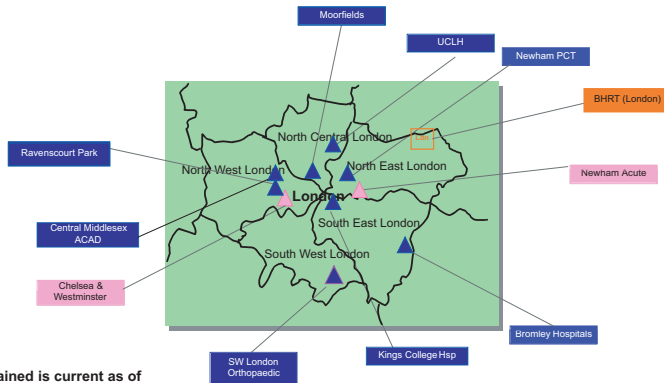
6. Another 17 NHS-run Treatment Centres are in development, most of which will be open by the summer of 2005.
7. In December 2002, the Department invited expressions of interest from the independent sector to run a series of Treatment Centres, in order to enable yet more NHS patients to benefit from faster access to surgery and offer patients more choices on where, how and from whom they receive their treatment.
8. In September 2003, the Department announced preferred bidders for the majority of IS Treatment Centres. Contracts were subsequently awarded on the basis that bidders meet the core clinical standards required by the NHS, provide high standards of patient access, offer genuine additional staffing capacity, and offer good value for money to NHS commissioners. As of October 2004, one fixed and two mobile IS Treatment Centres are fully operational, with interim services being provided on three further sites. We expect there to be a total of 34 IS schemes with the majority being fully operational during 2005 across England.
9. In addition to the main IS Treatment Centre activity, in May 2004, the Department announced two supplementary contracts with the private sector to focus on mainly orthopaedic procedures. These contracts make use of existing spare capacity in independent hospitals in England and to date over 9,000 patients have been treated under this programme.

NHS & IS TC Schemes



KEY

NHS Schemes	Numbers
Scheme In Development	17
Doors Open	8
Scheme Fully Operational	21
There are 46 NHS Run TC Schemes (excludes BUPA Redwood).	
Independent Sector Schemes	Numbers
Local Projects	9
General Chains (Spine, QMC, Cheshire & Merseyside, Worcester, Maidstone, Southend, London, South East, Beds & Herts)	8
Cataract Chain	1



The information contained is current as of December 2004 and is subject to future development.

Activity and staffing

10. Since April 2003, when patients started being treated in the Treatment Centre programme, over 106,000 patients have been treated in NHS-run Treatment Centres and over 16,000 in Independent Sector Treatment Centres. This means that over 122,000 patients have now received treatment in the centres and with the supplementary contracts.

11. Treatment Centres now employ over one thousand staff. This includes an additional 260 staff working in the operational IS schemes and interim service facilities, all of whom are additional to existing NHS clinical staff numbers. Where IS Treatment Centres are handling additional procedures, additional staff are employed, many of them from overseas, to ensure that there is no depletion of the existing NHS workforce.

12. IS Treatment Centres also handle some activity that has been transferred at the request of the local NHS to free up capacity in existing facilities for other important clinical activity. In these cases, existing NHS staff can operate in the units on a structured secondment basis to ensure there is no dilution of existing NHS staff and resources. This enables the NHS to learn from innovative approaches from the independent sector while retaining and transferring the strengths of the NHS and protecting the high standards of care that have been developed in NHS hospitals.



Benefits

Improving access

13. Treatment Centres have already played an important role in speeding up access to surgery and other elective care for NHS patients. In the time that the programme has been treating patients, between April 2003 and October 2004, NHS waiting lists reduced by around 144,000 and the numbers of patients waiting over six months for inpatient or day case treatment fell by around 126,000. These reductions reflect improvements in capacity and efficiency throughout the NHS, but the 110,000 procedures in Treatment Centres during the same period have clearly been a significant part of this success story.
14. In Daventry, in the words of the local Primary Care Trust:

Waiting lists have come down. The target locally is to get them down to three months. We know from the latest contract review that from the point of invitation to come and be treated in this surgery unit it's about 56 days...I think we will move to a situation in the future where waiting lists become a thing of the past...If you are worried about it, come and look at where it works. Come and see figures which we have, they're robust and very clear to demonstrate that this is a safe and efficient service. And most of all, come and talk to the patients.

15. The Treatment Centre at Goole is currently treating patients referred from a number of waiting list initiatives from PCTs but they have also developed a screening tool to enable GPs to make direct referrals to the Treatment Centre. At Goole, surgery is performed within three weeks from the decision to operate, giving patients a quick and efficient service. The Treatment Centre has a patient satisfaction survey which shows a very high rate of patient satisfaction and some self referral requests from patients from a wide catchment area.



South West London Elective Orthopaedic Centre

Spearheading diversity and choice

16. Treatment Centres are helping to lay the foundations for a fundamental change in the choice offered to NHS patients when they need hospital treatment. From December 2005, NHS patients will be able to choose from four or five different providers when their GP decides that they need hospital treatment. As well as NHS Treatment Centres, this choice will typically include at least one IS provider.
17. A choice of at least two providers will be introduced for cataract operations from January 2005, building on the success of the Treatment Centre programme in building new capacity in ophthalmology. The Independent Sector Treatment Centre programme includes two ophthalmology mobile units operating throughout England, and a fixed site at Daventry.
18. The choice of being treated by an alternative provider is already being offered to those patients waiting over six months for elective surgery. The 'Choice at 6 Months' programme was introduced on a phased basis from April 2004 and became fully operational in September 2004. So far, over 24,300 patients have taken up offers of faster treatment at an alternative provider, often in Treatment Centres.



Innovation

19. Treatment Centres are in many areas spearheading the NHS drive to modernise and improve patient care, drawing on international best practice to introduce innovative ways of working.
20. Treatment Centres are working in partnership with acute Trusts, Primary Care Trusts, Ambulance Trusts, social services and patient representatives across local health economies to build new treatment pathways around the individual needs of NHS patients:
 - In the Nuffield Orthopaedic Centre, for instance, the Hip and Knee care pathways were written with primary care involvement resulting in a reduction in the length of stay from a range of twelve to fourteen days to just five days.
 - In Aintree, the introduction of nurse-led, one-stop pre-assessment services, combined with direct booking onto theatre lists, has resulted in a waiting list on which less than five per cent of patients need their operation postponed and rebooked because they were not fit (for instance due to high blood pressure or a cold). Aintree is able to achieve this low rate because, in their new system, patients are assessed early enough in the process to address other illnesses. Ninety-two per cent of day case patients are booked for theatre at the same time as their pre-assessment.
 - In Goole, average lengths of stay in orthopaedics have reduced from twelve days to five and a half days for major hip operations and about six days for knee operations as a result of new pre-operative assessment processes (including rehabilitation advice and liaison with community equipment services) followed by use of step-down intermediate care services to support direct discharge to the patient's home.

Patient experience

21. Early evidence suggests that patient satisfaction levels in Treatment Centres are very high. In a recent patient survey at Central Middlesex ACAD, 91 per cent rated their overall confidence in the care provided by staff as "Excellent" and 96 per cent rated the cleanliness and appearance of the centre as "Excellent". Some quotes from patients at the Treatment Centre include:

"Marvellous service... A credit to NHS... Excellent. Please pass on my thanks to all the staff – the Queen couldn't have been looked after any better!"

"Try to get centres like ACAD in all the hospitals – it should not be rare, it should be the norm. The centre is a leader, not a follower, in the NHS"

"I would certainly recommend to friends"

"From start to finish it was so quick, everything went smoothly"

"Astounded by such care and attention". (November 2004)

22. Across the Treatment Centre programme, patients are benefiting from features such as improved pre-operative assessment, booked appointments, refurbished admission lounges, theatres and endoscopy suites, and supported discharge schemes with step-down facilities and home support after surgery. The hallmark of these services is treatment that is delivered on time and designed around the needs and preferences of individual patients.



Patient Lounge at ACAD, North West London

Innovative workforce approaches



23. Treatment Centres are pioneering new approaches that make the most effective use of staff skills, free up senior clinicians' time to spend more time with patients, and break down traditional boundaries between professions. The new roles in development include peri-operative specialist practitioners, advanced nurse practitioners/advisers and health care assistant (HCA) technicians in radiology, ophthalmology and surgery.
24. For instance, at Ravenscourt Park Treatment Centre, in London, they have been designing roles around the patient pathway. Their biggest success has been in training nursing staff in physiotherapy competencies which means that any delays in discharge are avoided.
25. A number of Treatment Centres are now part of the 32 NHS organisations piloting new forms of 'fee for service' to reward and incentivise consultants and other staff who deliver the biggest improvements in efficiency and access to care.

Productivity

26. In the IS Treatment Centre programme, each of the mobile cataract units is performing an average of 39 cataract removals per day during their visits to selected parts of the NHS. Both the mobile units and the fixed site at Daventry use 'state of the art' equipment and surgical techniques to maximise output, whilst ensuring the highest standards of patient safety and convenience.
27. In 2002-03, the NHS in England carried out more than 270,000 cataract removals in 141 different providers. This equates to about five cataract removals per provider per day, which contrasts with the 39 cataract removals per day in the mobile cataract units. This higher rate is achievable because the units are able to concentrate on a single procedure in a modern, purpose built unit.
28. Examples of productivity gains from the NHS-run programme include:
 - a new patient pathway for hernia treatment that has eliminated the need for an outpatient appointment before surgery;
 - reduced lengths of stay for many common orthopaedic operations through more focused pre-assessment and improved follow-up care;
 - process improvements that reduce cancellations and increase operating theatre productivity (e.g. an increase from twelve to sixteen cataract patients for each operating list in Goole).



Theatre at Moorfields Eye Hospital, London

The future

29. By the end of 2005, we expect there to be a total of 80 NHS and IS Treatment Centres open, continuing to expand capacity, reduce waiting times and provide patient choice.
30. The Department is also establishing five Centres of Innovation and Training in Short Stay Elective Care. These will be set up across England in units where innovation can be pushed further and 'on the job' learning provided to others. The centres will cover areas such as:
 - incentivisation and productivity;
 - new workforce models;
 - innovative surgical practice, in particular pushing the boundaries of day surgery;
 - new approaches to surgical training in a Treatment Centre environment.
31. During 2005, a network of about 13 Treatment Centres will come together under the umbrella of NHS Elect to share information about improved services for patients.
32. NHS Elect was set up at the start of 2003 as a way of sharing best practice in optimising patients' outcomes and experience in short stay elective care. The four treatment centres that were part of the initial network of NHS Elect are ACAD and Ravenscourt Park in North West London, Weston in Weston-super-Mare and Kidderminster in Worcestershire.
33. NHS Elect will provide comprehensive support to the wider group of 13 Treatment Centres to enable them to improve both clinical quality and patient experience and offer a consistently high standard of care. These Treatment Centres will be key sites for innovation, change and policy development, working closely with the Centres of Training and Innovation and being 'early adopters' of successful innovation.
34. Beyond 2005, this network could be extended to other appropriate NHS units – other Treatment Centres, day surgery units or cold elective units within multi-site Trusts.
35. These developments will form part of a wider programme of work aimed at helping take the leading edge practice developed in Treatment Centres and embed it in other parts of the NHS. This will play an important part in:
 - optimising patients' outcomes and experience of short-stay elective care; and
 - delivering the new target announced in The NHS Improvement Plan of ensuring that by 2008 NHS patients wait no longer than 18 weeks from GP referral to treatment.





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