



THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland

Independent Practice Committee (IPC) update Feb 2017

A brief update from the world of Independent Practice at the AAGBI

Overview

The IPC exists to represent the interests of members who conduct clinical work within the Independent Sector. We recognize that there have been significant changes since the AAGBI Independent Practice guideline was written in 2008. There has been a significant increase in the volume of NHS funded work, now accounting for over 30% of the work in the independent sector. In some areas of the country this is as high as 60%. I am keen that this area of independent practice is recognized and the issues associated addressed. Whilst 'private practice' might have been an appropriate term 9 years ago, I think that 'independent practice' more accurately reflects what anaesthetists undertake in the independent hospitals nationally currently (incorporating self pay, privately insured and NHS funded work). There are common issues across all patients, regardless of funding, but also issues specific to each group.

AAGBI guideline update

To this end the IPC has formed a Working Party to update the 2008 AAGBI guidelines:

[*Independent Practice*](#) (published April 2008) and

[*Voluntary Code of Practice for Billing Private Patients*](#) (published April 2008)

This will take time to update, re-write and publish (a joint document) but the hope is that the new document will better reflect the activities, concerns and advice relevant to all anaesthetists working clinically in the independent sector.

Survey

The 2015 membership survey suggested that 36% of respondents were engaged in some form of independent practice. Further questioning was not undertaken at this time and I plan to conduct a simple survey to find out more about the memberships activities and concerns. More about this will follow once the survey is ready.

Competition Market Authority (CMA) update

Please do refer to previous updates on the IPC website from 2015 and 2016 written by Dr Paul Barker, previous Chair of the IPC. By way of brief summary:

A brief CMA summary:

2014 – CMA investigation and report:

Main issues identified:

- Ensuring no competing interests for clinicians with regard to hospital incentives
- Providing information to patients in advance, esp fees
 - Setting up of Private Hospital Information Network (PHIN) – still in planning stage
- Addressing property portfolios and market share esp in London (HCA)

BMA summary of CMA ruling consequences:

<https://www.bma.org.uk/advice/employment/private-practice/competition-and-markets-authority>

April 2015

- Challenges to ruling via Competition Appeals Tribunal (CAT):
 - AXA PPP vs Anaesthetic groups – rejected
 - A huge relief for anaesthetic groups and a huge amount of work by the AAGBI IPC
 - HCA appeal against infrastructure changes
 - Federation of Independent Practitioner Organisations (FIPO) appeal addressing private medical insurers (PMI) fee structure and anti-competition – rejected

August 2015:

- FIPO appeal to the Court of Appeal about the CAT Tribunal decision

June 2016

- FIPO loses appeal but ongoing discussions with CMA

October 2016

- [CMA announces intention to bring into force the 'fee remedy' and new consultation process opens](#)
- The Private Healthcare Information Network (PHIN) still under construction
- FIPO write to CMA again challenging the PMI fee structure as anti-competitive
- The CMA launches a consultation process

The appeal process and implementation of findings are still ongoing.

We do appreciate that the negotiations over fees with PMI companies are an area of significant concern and difficulty for anaesthetists working in the independent sector and we continue to engage with representatives of the PMIs to represent our members.

Winter scientific meeting (WSM) 2017

The IPC held a question and answer session at the WSM. We will be repeating this session annually and would encourage members engaged in independent practice to attend. It is an excellent opportunity to put your questions to the committee members and to hear about, and learn strategies to deal with, issues that others might be dealing with in other parts of the country.

Consultation documents and responses

The IPC responds to national documents as appropriate. Our response to recent NHS England consultation on Conflicts of Interest [can be found here](#).

Membership enquiries

Some of the work of the IPC is directed by enquiries from members highlighting areas of concern. Recently raised have been difficulties engaging with PMIs over fees for pre operative assessment. Perioperative medicine and the role of more formal preoperative assessment in advance of the day of surgery will be addressed more fully in the new Independent Practice guideline.

Dr Guy Jackson

Chair of the AAGBI Independent Practice Committee