

## MPs give independent treatment centres a poor report

Andrew Cole *London*

The government's attempt to boost healthcare capacity by establishing a network of independent sector treatment centres offers no clear advantages over doing the same work in the NHS. This is the conclusion of the influential House of Commons health select committee.

And the committee warns that if the £5bn (£7.3bn; \$9.2bn) programme continues to be rolled out as planned it could destabilise some local trusts and result in the closure of a number of hospitals.

The first wave of independent sector treatment centres—private clinics that do a range of NHS elective procedures—was launched in 2003 with the aim of increasing capacity in the NHS, cutting waiting lists, and raising standards through greater competition. The gov-

ernment now plans to expand the number of centres from 29 to 46, with the aim of taking on 10% of all elective work in the next five years.

But having heard the views of a range of expert witnesses the Health Committee concludes that there is little evidence that “the benefits gained from contracting out operations to ISTCs [independent sector treatment centres] are greater than if they were done within the NHS.” And the NHS would probably do it more effectively and cheaply, it says.

The committee accepts that the centres have embodied good practice as well as driving down prices and increasing choice for patients. But it believes that the big decline in waiting lists is more likely to be the result of extra money pumped into the service

than the effect of the centres.

It criticises the Department of Health's failure to assess the effects of the treatment centres systematically and calls on the National Audit Commission to investigate the “wider benefits and costs” of the programme.

The committee goes on to warn that further expansion of the programme could destabilise some local trusts, particularly those with financial deficits.

The health department has indicated that the independent centres will be used to “assist reconfiguration.”

“To put it more bluntly,” the committee says, “major NHS hospitals will be closed, and a proportion of elective services they provide will be performed by ISTCs.”

It recommends that in future independent treatment centres

should be built only where there is local need and after consultation with the local community.

It calls for any future centres to be built close to existing NHS sites and to be better integrated with the health service. This should include greater training opportunities and more secondment of NHS staff to the centres.

The chairman of the BMA's consultants' committee, Paul Miller, said the report echoed many of the BMA's longstanding concerns.

But the health minister Norman Warner insisted that independent treatment centres had “increased choice, offered earlier treatments, and driven down prices.” □

*Independent Sector Treatment Centres: Fourth Report of Session 2005-06* is at [www.parliament.uk](http://www.parliament.uk).

## Number of *C difficile* cases rises

Mark Gould *London*

The number of infections of *Clostridium difficile* in hospitals in England has risen sharply, new figures from the Health Protection Agency show. In particular, the number of reported cases in patients aged over 65 years rose by 17% last year—from 44 107 in 2004 to 51 690.

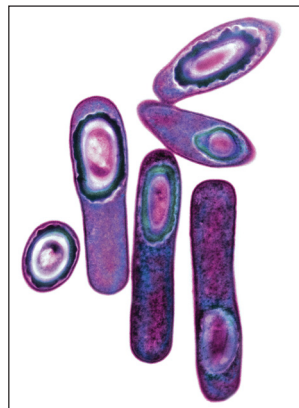
The agency said the increase was partly due to better reporting—all 169 NHS trusts submitted returns last year. But Georgia Duckworth, head of the agency's department for healthcare associated infections, was “encouraged” by a slight downturn in the number of cases of methicillin resistant *Staphylococcus aureus* (MRSA) bacteraemia: from 7250 cases in 2004-5 to 7087 in 2005-6. Six trusts reported no cases, and major decreases were reported at large

acute trusts in London and Yorkshire.

Some two thirds of cases of MRSA and three quarters of cases of *C difficile* were in people aged over 65. Length of stay in hospital increased the risk of infection, but around a quarter of patients were already infected when they were admitted.

Peter Borriello, director of the agency's Centre for Infections, reiterated the need for good infection control and agreed that mandatory surveillance and reporting of infections could be extended to nursing homes.

“The public has a right to expect hospitals to be squeaky clean and smelling of disinfectant and carbolic,” he said. “The exhortation ‘do no harm’ in the Hippocratic oath could be extended to all areas in which



*Clostridium difficile*

BIOMEDICAL IMAGING UNITS/SOUTHAMPTON GENERAL HOSPITAL/USPL

number of MRSA infections by 2008 might not be met.

The figures were released on the same day as the Healthcare Commission issued a highly critical report concerning what the health minister Andy Burnham called “inexcusable” failings by senior managers at Stoke Mandeville Hospital, where two outbreaks of *C difficile* affected 334 patients, killing at least 33.

Anna Walker, the commission's chief executive, said that senior managers at Buckinghamshire Hospitals NHS Trust, which runs Stoke Mandeville, were too preoccupied with targets on reducing waiting time for emergency care. ▶

health care is given. You would not be reassured if you were in a restaurant where the tablecloths were mucky but the waiter told you the kitchen was spotless.”

He stressed that even the most rigorous regime would not eradicate all infections and intimated that the Department of Health's target of halving the

*Mandatory Surveillance of Healthcare Associated Infections: Report 2006* is available at [www.hpa.org.uk](http://www.hpa.org.uk). *Investigation into Outbreaks of Clostridium difficile at Stoke Mandeville Hospital, Buckinghamshire Hospitals NHS Trust* is at [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk).