

# Partnerships in independent surgical practice

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the view from a “Chambers”

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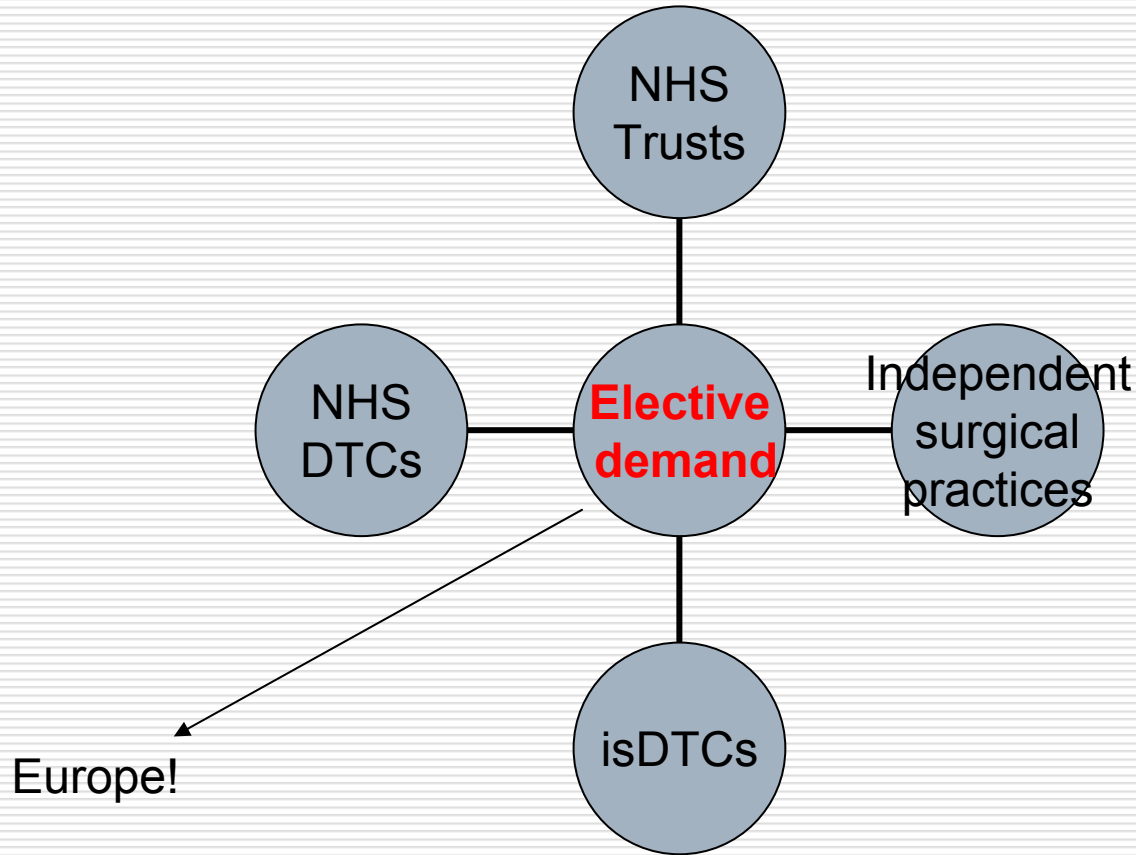
# Questions...raised by FIPO

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- What does “Chambers” mean and why should we [surgeons] change?
  - Will Chambers contract with DTCs or PCTs?
  - Will the new contract affect the issues, ie resignations from the NHS and recontracting?
  - Are consultants equipped to deal with the beaurocracy?
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# The problem as we see it....

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# Possible groupings for surgeons [trading entities]

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- o Sole trader
  - o [Ad hoc associations]
  - o **practical groupings**
    - n Conventional partnerships
    - n Limited liability partnerships
    - n Limited Company
  - o Chambers ...the Barrister's model
    - o Explicitly NOT a partnership
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# So, what are chambers?

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- A generic term covering any joint trading entity [ in this context]
  - a group of practitioners who might share practice expenses and other aspects of independent medical practice within the limits of the law
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# Drivers for groupings...

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- o Clinical governance
  - o Cancer standards
  - o Business matters / money
  - o Quality of life
  - o The future of the NHS and the EWHD
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# 1. Clinical Governance

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- The prime driver
    - at its simplest, a group practice is itself an expression of good governance
  - allows proper “quality” in independent practice
  - peer review
  - subspecialisation / best practice
  - audit /M&M etc
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# These make a group....

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- o Properly structured as independent provider of specialist services
  - o able to consider direct contracting with purchasers who expect certain quality standards
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## 2. Cancer standards

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- o A group.....
    - n ensures appropriate partner sees appropriate cancers
    - n allows membership of Network
    - n all cancers go through NHS MDT
    - n gain BUPA [and others] accreditation
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# 3. Business / money

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- o Shared costs
    - o the “Chambers” principle
  - o shared environment
  - o Price setting not price fixing
  - o staff
  - o marketing of services within GMC guidelines
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## 4. Quality of life issues..

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- o Mutual support
  - o on call cross cover
  - o lack of anxiety re competition
  - o guaranteed income for 6 months at least
    - n illness /trauma, compassionate leave etc
  - o good will on retirement
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# Quality of life issues...2

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- o excellent work environment
  - o possibility of sabbaticals
  - o the knowledge that your practice is “safe” and demonstrably so
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## 5. The future of the NHS..the very heart of todays meeting

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- o We all know the NHS will struggle after August 04 to deliver elective services within the politically set targets for waiting times
  - o ? Hence the DTC program
  - o Properly constituted surgical partnerships will at least present the purchasers with local alternatives
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# Example -our Partnership.

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- o We decided to form a cooperative group
  - o based on
    - n sub specialisation
    - n mutually supportive working
    - n trust
    - n and parity of profit share
      - n [all aspects of work contribute to the whole practice]
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# Reading Urology Partnership

Founded September 2001

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Steve Foley FRCS[Urol]

Hugh Whitfield MS FRCS

Adam Jones MD FRCS[Urol]

# Reading Urology Partnership

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- o Formal legal [conventional] Partnership
    - n Partnership Act 1890
  - o Not a Limited liability Partnership
  - o Not a Limited Company
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# staff

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- o 5 Urologists [The Partners]
    - o 3 Uro-oncologists, 1 female urologist, 1 stone surgeon
  - o 1 Urology nurse specialist
  - o 1 staff nurse
  - o 4 full time secretaries
  - o 1 receptionist
  - o 1 accountant / book keeper
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# What has this to do with Chambers ?

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- o We are a sort of “chambers”
  - o We are organised, business orientated and legally established
  - o we can justify our practice with the OFT
  - o We are in a position of strength to negotiate with Health Care Providers, PCT’s and other purchasers
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# The future.....

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- o We are able to sub contract initially for elective NHS work, to be done in private time
  - o We have opened negotiations and had meetings with our PCT / Trust CEOs about the future delivery of Urological services
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- o We could resign and work from our partnership base if ever necessary
  - o We have in place the same governance base as we have in the NHS - i.e. the QUALITY is the same
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# Conclusions

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- o We believe this is a model of practice for the future
  - o Can be established without “threatening” the NHS structure
  - o Requires an attitude shift in private practice
    - n ....all procedures are equal, i.e. time has the same value
  - o quality of life is unequivocally enhanced
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# Conclusions

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- o Time to drop the term “private” and use the word “independent”
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# Cons [to forming groupings].....!

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- o Threat from OFT ?
    - o There are clearly widely differing legal opinions
  - o Initial loss of income for the “senior” partners
  - o loss of “personal” practice
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# Cons or pros....

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- Groupings are based on trust and good relations
  - this may limit the numbers of partners
  - **there is no room for “dysfunctionality”**
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Will chambers contract with primary[PCT] or secondary purchasers [DTC/Trusts] ?

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- o We have had formal meetings with CEOs of our PCT's and Trusts [ not DTCs]
  - o looking to change the way local Urological services are delivered
  - o offering elective surgical services
  - o very positive responses from both
  - o grave practical difficulties
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# Practical difficulties

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- o Continuity of care [ cancer in particular]
  - o on call / emergency Urology
  - o costs as opposed to prices
  - o NHS pension
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# Possibilities..

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- o Allow well defined areas of Urology in the NHS to be contracted out
    - o 2 week cancer diagnostic service etc
    - o certain elective procedures
    - o Stress incontinence service
    - o Infertility
    - o Andrology etc
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# New Consultant contract

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- o I , personally, do not see this a prime driver to move into independent Chambers
  - o the issues are not the same
  - o disgruntlement with one service is not a good start when trying to negotiate with your previous employers / funders !
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# do Consultants have the ability?

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- o We tried and thought we could
  - o We agreed that professional assistance was necessary with the business case
  - o it is very time consuming
  - o NOT cheap!!
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# In conclusion....

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- o Competing with other possible providers for elective NHS surgical services is a challenge and a business opportunity for us in independent surgical groups– even as NHS employees
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