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EQUITY AND NHS REFORMS

What about independent sector treatment centres?

Cooper and colleagues have ignored the government's £5 billion independent sector treatment centre (ISTC) programme in explaining the narrowing of the gap in waiting times across social classes.¹⁻³ Patients attending such centres are routine and straightforward elective cases—that is, without complications and co-morbidities—and will have shorter waiting times. Compared with the rest of the NHS, ISTCs also treat fewer patients in lower socioeconomic groups.⁴

Lack of data and incomplete and poor quality data returns are hallmarks of the ISTC programme, in which cataract surgery, knee and hip replacement, and other treatments are delivered

to NHS patients by for-profit companies in mainly private facilities. Although all ISTCs are required to submit hospital episode statistics on all NHS patients treated, the Healthcare Commission found that during 2005-6 fewer than half of them returned any data.⁴ Of the data returned, 43.4% were missing primary procedure codes and 7.6% had invalid primary procedure codes.⁵ For 2006-7, 18.8% of episodes were missing primary procedure codes and 1.3% were invalid.⁵

Lack of data returns and incomplete data will seem to reduce the social class gradient in waiting times since ISTCs treat more patients from higher social classes with shorter waiting times. As a result, Cooper and colleagues cannot rule out data artefact as a critical explanation for the apparent improvements in equity.

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