

Healthcare Market News

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Shopping around

I recently heard one of the major PMI providers say that if private healthcare was food, Harrods food halls would be popping up in every town in the country. Its an interesting analogy and alludes to the fact that this is an imperfect market, where for the most part the people who are consuming the services are not directly involved in paying for them.

The idea, I assume, is that if we could pay a fixed monthly premium to cover all our grocery shopping, we would all be shunning the high street supermarket in favour of Fortnum & Masons. Few could argue with the logic here, and whatever you think of insurer initiatives to keep healthcare consumption in check, the fact is that they are coming under increasing pressure to rein in costs.

Bupa has just announced plans to tender for physiotherapy services after identifying variation of as much as 200% in prices (page 51). Many other insurers are looking at similar ways to manage their costs in a market where ever-more sophisticated and expensive treatment threatens to fuel unprecedented demand. But there is a fine balance to be struck between maintaining the value of PMI and keeping down premiums.

The problem is that in the UK where we have an NHS largely free at the point of use, private healthcare, like Harrods food hall, is still viewed by many as a luxury. Imagine instead that the NHS was Asda but that everything was free at the checkout? So we might have to queue for hours but in these troubled times how many of us would still be prepared to part with our cash if it only meant we could shop in Tesco?

Maria Davies, Editor

CCP will be influential in shaping market says chairman Lord Carter

As the Competition and Co-operation Panel awaits its first formal case, independent sector providers are watching closely to see whether it really can deliver a level playing field in the NHS market. But as its chair Lord Carter of Coles tells Robert Potter, its role will extend well beyond the purely punitive

Before it has even heard its first case, the Competition and Co-operation Panel (CCP) has been accused of lacking the power to resolve disputes. Just months after the CCP was officially launched in January, shadow health secretary Andrew Lansley claimed that its lack of legal authority to impose penalties on those found guilty of stifling competition effectively made it 'toothless'.

However, CCP chair Lord Carter of Coles believes that to view the body as purely punitive overlooks its important advisory role which, he says, could prove significant in shaping the market and influencing how future competition will work within the NHS.

Lord Carter does not have an easy job on his hands. Not only does he have to reconcile the ideas of co-operation and competition – terms which have not always sat comfortably together when it comes to NHS commissioning – but he also has the unenviable task of meeting rather great expectations.

When the CCP was first announced at the end of 2007, it was against the backdrop of mounting crisis in the NHS market. Large swathes of wave two independent sector treatment centre (ISTC) procurement had just been cancelled and providers were questioning not just the government's commitment to the independent sector, but the political will of local NHS agencies to pick up the baton of its market based reforms. For the Department of Health then, the creation of the CCP acted both as a much-needed olive branch and a firm foundation on which to build its new systems rules. And as such, independent providers will be watching closely to see if it really can deliver the level playing field promised.

Despite the fact that for many independent sector providers the concepts of co-operation and competition remain poles apart, the new economic regulator will seek to strike a fine balance between these seemingly odd bedfellows by

Continues on page 50

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editorial

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