



Health and Social Care Committee

House of Commons London SW1A 0AA

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From Dr Sarah Wollaston MP, Chair

The Rt Hon Jeremy Hunt MP
Secretary of State for Health and Social Care

22 February 2018

Dear Jeremy,

I am concerned about the issues raised in the following correspondence from Dr Margaret McCartney on the subject of private screening companies. I would be grateful in the first instance for your formal response to the points made by Dr McCartney.

Please find the correspondence below:

Yours sincerely,

A handwritten signature in black ink that reads "Sarah Wollaston".

Dr Sarah Wollaston MP
Chair of the Committee

29 January 2018

Dear Dr Wollaston...

I have had a long standing concern that the impact of private screening companies in the UK are harmful to both individual patients and to the NHS.

I gave evidence on this several years ago to the Science Committee. They recommended in 2014

"that the Government clarifies, in its response to this report, where responsibility rests for ensuring that the information materials and advertisements produced by private providers of health screening are held to the same evidential standards as those produced by the NHS and that they enable people to make an informed choice about participating" <https://publications.parliament.uk/pa/cm201415/cmselect/cmsctech/244/24407.htm#a17>

This has not occurred. There are multiple companies, some of which advertise aggressively using direct mail shots and the appearance of a limited service which the person may believe they have been specially selected for. The screening costs anywhere from 100 upwards and comprises either things that the NHS already does (cardiovascular risk screening) or things it does not (peripheral arterial disease screening) - but because it is ineffective as judged by the UK National Screening Committee.

Over the years I have been successful in challenging the adverts from Lifeline, Bluecrest, Preventicum and several other companies. However I believe that that ASA are not able to insist on the balanced information which would reach Montgomery standard. The adverts these companies use do not make it clear, for example, that the tests they offer which are not done in the NHS are not done because they are ineffective. They do not explain false positives clearly. And they do not explain the lack of evidence of impact on mortality or morbidity.

Further, the patient is usually sent a large package of results which they are encouraged to take to their NHS GP. This is unfair: the NHS should not be expected to mop up the management of the inevitable false positives and the anxiety they bring.

I would suggest that these companies are made to pay insurance for follow up of all tests to be done in the private sector, and for this to be made clear to people at the point of purchase (e.g., by order of the NHS Executive, 'the NHS will not deal with any abnormalities found as a result of these tests and this will be done in the private sector paid for by us').

The NHS is under such strain that the cries for charging patients/blaming immigrants are louder and more frequent. However we rarely hear anything about dealing with some of the avoidable pressures produced by private companies who have long since profited and walked away. There is currently no legislation which ensures fairness of how these companies operate and I do not think the ASA's framework is fit for judging what advertising is informed consent.

In summary I would be grateful for your help in addressing:

1) the fact that the NHS has to deal with the consequences of tests, done in the private sector for profit, that it does not recommend, wasting NHS resources. Is statute required to deal with this and insist that follow up is done privately, or charged for by the NHS to these companies?

2) the fact that the advertising for these procedures is dealt with through the ASA, who though very hard working, do not hold these companies up to the standard of informed consent required by Montgomery, and who are unable to force compliance. Does advertising for medical tests require a higher standard which should be judged and corrected prior to publishing?

3) the regulation of owners of these clinics, who may not be medically qualified or registered but who are offering non evidence based services. The CQC does not judge services on the evidence for their interventions, and applies only in England. Does there need to be a clear customer clause that must be brought to the customers' attention which states whether the services on offer are judged effective by the NHS?

many thanks

Margaret McCartney (Dr)



Department
of Health &
Social Care

From the Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

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Dr Sarah Wollaston MP
Chair of the Health and Social Care Committee
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21 AUG 2018

Thank you for raising the concerns that you and Dr Margaret McCartney have about the impact private screening companies in the UK have on individuals and the NHS with my predecessor. I apologise for the lengthy delay in replying.

I welcome and respect your and Dr Margaret McCartney's efforts in suggesting improvements to provision in the private sector.

I can assure you the Government recognises it is essential that individuals get the right information and support whoever the provider may be. I must also recognise that the independent sector can play a useful role in adding capacity, promoting innovation and offering individuals choice.

You have expressed the following concerns in particular:

- "the fact that the NHS has to deal with the consequences of tests, done in the private sector for profit, that it does not recommend, wasting NHS resources. Is statute required to deal with this and insist that follow up is done privately, or charged for by the NHS to these companies?"
- "the fact that the advertising for these procedures is dealt with through the ASA, who though very hard working, do not hold these companies up to the standard of informed consent required by Montgomery, and who are unable to force compliance. Does advertising for medical tests require a higher standard which should be judged and corrected prior to publishing?"
- "the regulation of owners of these clinics, who may not be medically qualified or registered but who are offering non-evidence based services. The Care Quality Commission (CQC) does not judge services on the evidence for their interventions, and applies only in England. Does there need to be a clear customer

clause that must be brought to the customers' attention which states whether the services on offer are judged effective by the NHS?"

In response I can say that the Health and Social Care Act 2008 requires all providers of regulated activities, including NHS and independent providers, to register with Care Quality Commission (CQC) and follow a set of fundamental standards of safety and quality. The Act (Regulated Activities) Regulations 2014 define aspects of the quality of care to be regulated (for example Need for Consent; Dignity and Respect; Staffing).

The CQC carries out inspections of registered providers and, in the majority of cases, attributes an assessment rating ranging from Inadequate, Requires Improvement to Good, and Outstanding in respect of the quality of services provided.

In 2015, the Department introduced legislation requiring providers to display at their premises the rating that the CQC has given their services. Individuals who choose to access such services may wish to ask providers to provide details of any regulatory or professional standards that they are required to comply with.

I do understand your concerns about regulatory oversight; however, the existing regulatory regime operates by setting fundamental standards which registered providers must comply with when carrying on activities as set out above. Those requirements are broad, for example, that treatment which is provided must be appropriate and provided in a safe way. I am conscious that introducing additional regulations may not bring about the outcomes you would like to see.

In addition, in order to bring additional elements of private providers into CQC's scope of regulation, the Department of Health and Social Care (DHSC) would need to undertake a regulatory change process through Parliament and would need to consult with providers and the public on any changes they are proposing. However, DHSC (along with all other government departments) is currently being asked to review proposing any secondary legislation because of EU exit legislation and pressures on the parliamentary timetable.

I thank you again for bringing this to my attention and I think we agree that it is essential that individuals get the right information and support whoever the provider may be.

Yours ever,



MATT HANCOCK



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From Dr Sarah Wollaston MP, Chair

Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

Letter by email

31 August 2018

Dear Matt

Thank you for your reply to my letter of 23 February, enclosing correspondence from Dr Margaret McCartney concerning the effect of the activities of private screening companies on the NHS.

Essentially, your reply comes down to two points:

- introducing additional regulation “may not bring about the outcomes you wish to see”
- in any case, it is not possible to introduce additional regulation because all available Government and Parliamentary resource is currently taken up with Brexit.

While I understand (though regret) both points, neither address the substantive issue which Dr McCartney has raised. I would be grateful for your response to the following specific questions raised by Dr McCartney’s correspondence:

- What is your assessment of the extent of the additional costs to the NHS arising from unnecessary and ineffective tests done in the private sector, and do you consider that there is a case in principle for transferring the burden of those costs to the providers of such tests?
- Is there a case for subjecting advertising for such tests to a higher standard than is achieved under current advertising regulation?
- Is there a case for requiring the providers of such tests to bring to their customers’ attention information on whether the test being offered is judged effective by the UK National Screening Committee?

I am copying this letter to Dr McCartney. I will also be inviting the Health and Social Care Committee to publish the correspondence so far, including this letter.

Yours sincerely,

A handwritten signature in black ink that reads "Sarah Wollaston". The signature is written in a cursive, flowing style.

Dr Sarah Wollaston MP
Chair of the Committee