

4 THE PATTERN OF WORK IN INDEPENDENT HOSPITALS AND COMPARISONS WITH THE NHS

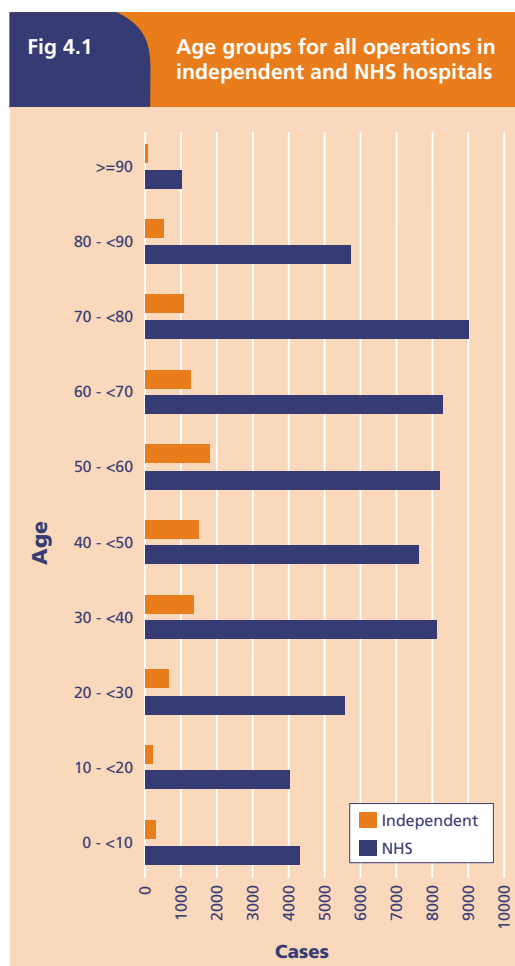
INTRODUCTION

This section looks at the general characteristics of all the operations in independent hospitals, with comparisons with NHS hospitals as appropriate. There were 8,834 operations reported from independent hospitals and 63,509 from NHS hospitals.

THE AGE AND PHYSICAL STATUS OF PATIENTS

Patients in independent hospitals had a different distribution of age and ASA statuses than NHS patients.

Figure 4.1 illustrates the number of operations occurring in different age groups in independent and NHS hospitals.



The age distributions were different. In independent hospitals the largest group of patients was aged between 50 and 59 years, whereas in NHS hospitals, the largest group was aged between 70 and 79. In independent hospitals there were relatively small numbers of patients at the extremes of age, in contrast to the more even spread of the age of patients in the NHS.

Table 4.1 shows the number of patients recorded for each ASA status, for patients in both independent and NHS hospitals.

ASA status	Independent (%) n=8834	NHS (%) n=63509
1	4946 (56.0)	21747 (34.2)
2	1576 (17.8)	13477 (21.2)
3	313 (3.5)	5516 (8.7)
4	19 (0.2)	881 (1.4)
5	5 (0.1)	146 (0.2)
6	3 (<0.1)	32 (0.1)
Blank	1972 (22.3)	21710 (34.2)

Allowance has to be made for the large number of patients for whom no ASA status was reported, but there was a definite trend for patients in independent hospitals to have a better ASA rating. Independent and NHS hospitals have different proportions of non-elective operations (Table 4.3). If the figures are re-calculated for elective operations only, the pattern is unchanged.

SURGICAL SPECIALTY AND ELECTIVE OPERATIONS

There were very few non-elective operations in independent hospitals.

The data have been analysed to examine whether the surgical specialties are represented differently in the two sectors.

Table 4.2 shows the number of patients under the care of the different surgical specialties. A greater proportion of the work in independent hospitals came from orthopaedic surgeons than in the NHS. Very few paediatric surgical operations were performed in the independent sector.

Table 4.2 Surgical specialty of operation

Surgical specialty	Independent (%) n=8834		NHS (%) n=63509	
Accident and Emergency	0	(0.0)	87	(0.1)
Cardiac/Thoracic/Cardiothoracic	165	(1.9)	1020	(1.6)
General	1369	(15.5)	10117	(15.9)
Gynaecology/Obstetrics	954	(10.8)	7639	(12.0)
Neurosurgery	81	(0.9)	608	(1.0)
Ophthalmology	781	(8.8)	6456	(10.2)
Oral & Maxillofacial	303	(3.4)	2206	(3.5)
Orthopaedic & Trauma	2062	(23.3)	10847	(17.1)
Other	274	(3.1)	1367	(2.2)
Otorhinolaryngology	689	(7.8)	4785	(7.5)
Paediatrics	25	(0.3)	771	(1.2)
Plastic	465	(5.3)	2652	(4.2)
Transplantation	0	(0.0)	96	(0.2)
Urology	727	(8.2)	5000	(7.9)
Vascular	181	(2.0)	1322	(2.1)
Blank	758	(8.6)	8536	(13.4)

Table 4.3 Proportion of operations that were non-elective by specialty

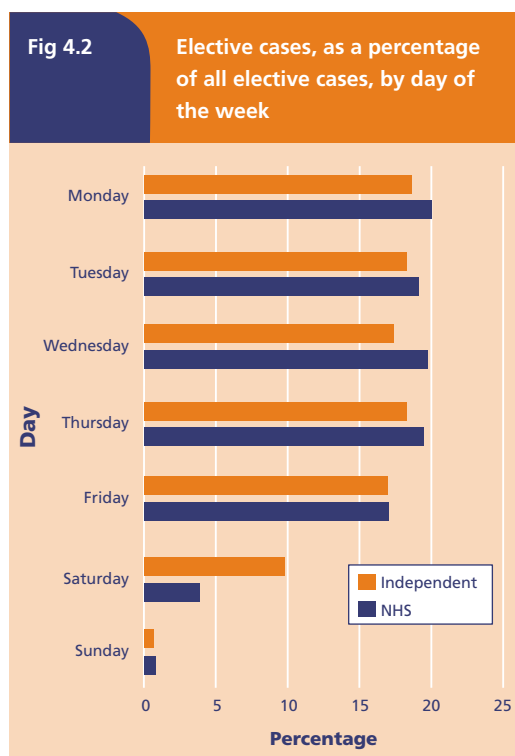
Surgical specialty	Independent			NHS		
	Elective n=8355	Non-elective (%) n=121		Elective n=49195	Non-elective (%) n=9210	
Accident and Emergency	0	0	(0)	65	10	(13.3)
Cardiac/Thoracic/Cardiothoracic	160	4	(2.4)	802	165	(17.1)
General	1304	28	(2.1)	7470	2008	(21.2)
Gynaecology	910	23	(2.5)	6172	921	(13.0)
Neurosurgery	79	0	(0.0)	390	165	(29.7)
Ophthalmology	761	3	(0.4)	5984	165	(2.7)
Oral & Maxillofacial	292	4	(1.4)	1899	179	(8.6)
Orthopaedic & Trauma	1977	27	(1.3)	7547	2632	(25.9)
Other	249	2	(0.8)	1054	148	(12.3)
Otorhinolaryngology	669	6	(0.9)	4209	221	(5.0)
Paediatrics	19	0	(0.0)	558	191	(25.5)
Plastic	448	10	(2.2)	1841	627	(25.4)
Transplantation	0	0	(0.0)	66	25	(27.5)
Urology	694	5	(0.7)	4493	188	(4.0)
Vascular	173	4	(2.3)	962	291	(23.2)
Blank	620	5	(0.8)	5683	1274	(18.3)

Table 4.3 shows the orientation of independent hospitals towards elective surgery.

WHEN WERE ELECTIVE OPERATIONS PERFORMED?

Independent hospitals worked a more extended week for elective patients than NHS hospitals.

Figure 4.2 shows the distribution of elective operations across the days of the week (for each sector the percentage bars add up to 100%).



The numbers of operations done in independent hospitals were approximately the same for each weekday. In the NHS fewer operations were done on a Friday than on other weekdays. Further analysis showed that the reduction was more marked in the afternoon than the morning. The chart also shows that proportionately more operations were done on a Saturday in independent hospitals than was the case in NHS hospitals.

Table 4.4 Time of day operations were performed

	Independent (%) n=8355		NHS (%) n=49195	
Day	7355	(88.0)	47976	(97.5)
Evening	842	(10.1)	405	(0.8)
Night	116	(1.4)	86	(0.2)
Blank	42	(0.5)	728	(1.5)

10% of elective operations in independent hospitals commenced in the evening compared with 1% in NHS hospitals (Table 4.4).

The working day for elective operations now extends beyond office hours on weekdays for both the private and public sectors. The pattern of a greater extension of the working day in independent hospitals substantiates the common perception that much private operating takes place once consultants have finished their NHS work, in periods when they might otherwise be pursuing recreational activities. There are tight controls on the working hours of trainee doctors in the NHS who are relatively youthful. There are no controls over consultants' hours of work.

FATIGUE

There is a concern that fatigue amongst doctors may lead to medical errors. Attention is usually directed at the impact of lack of sleep, but there may be an effect from working long daytime shifts. Multiple studies [11,12,13,14,15] have documented the impact of fatigue on medical personnel performance. However, these studies have been limited by poor study designs or outcomes that may not correlate well with medical error. Similarly, there are conflicting studies as to whether or not limiting the hours of trainee doctors leads to more errors because of less continuity of patient care. There have also been concerns that doctors may be more likely to be involved in road accidents when driving if deprived of sleep.

Perhaps a more detailed analysis of the risks and benefits associated with limiting working hours should be undertaken, particularly in relation to the deleterious effects on doctors' performance caused by fatigue against the disturbance of continuity of patient care.