



PPUs pull their weight in a crisis

Last month, Philip Housden (right) reported an upbeat growth message for private patient units. Well, how quickly things can change. Here's his round-up of the PPU's contribution to coping with the pandemic



In London, North West University Healthcare NHS Trust, based on the Central Middlesex, Ealing and Northwick Park hospitals, was one of the first to receive high numbers of coronavirus patients.

It transitioned the PPU – trust plus St Marks Private Healthcare – and allowed its staff and single ensuite rooms to be used for NHS patients.

Business development head David Osborne said: 'The unit was initially used by patients awaiting the results of Covid-19 tests prior to being transferred to the appropriate hospital ward.'

'However, the unit itself quickly

became, and currently remains, a Covid-19 positive ward. The actions taken clearly demonstrate how the PPU has quickly and effectively responded to meet the needs of patients, the NHS and the local community.'

At Royal National Orthopaedic Hospital, Stanmore, Middlesex, the private care ward became the trust's respiratory ward for Covid-19-positive patients, primarily due to the single-room layout. PPU staff have worked there, supported by the wider trust.

Private patients – who fell into one of six protected pathways, including cancer, spinal cord inju-

ries, bone infections and urgent cases – were admitted onto NHS wards, but there were no elective surgery admissions outside the protected pathways.

Head of private care Eileen Scrase said: 'In this time of uncertainty, as we all grapple with the greatest challenge of a generation, I am deeply humbled and very proud of all of the staff for the work they are doing.'

Cancer treatments

The Royal Marsden was ensuring cancer treatment continued while managing patients diagnosed with Covid-19.

Private inpatient areas at both its sites were identified as wards in which to contain Covid-19-positive cancer patients due to their layout and hospital location.

Spokesman Shams Maladwala said: 'We have also been leading a cancer surgery hub, in collaboration with University College London Hospital and Guy's and St Thomas' and private providers, to co-ordinate cancer services across London to ensure patients continue to receive the surgical treatment they require during the pandemic.'

'This will maximise available
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capacity and expertise to relieve the pressure management of the Covid-19 pandemic places in the NHS.'

Royal Free's PPU was not admitting private medical and surgical patients to the 12th floor of the hospital in Hampstead.

Some urgent and essential private outpatient activity took place in its Lyndhurst Rooms and at Hadley Wood Hospital outpatient facilities. But wards were totally utilised for Covid-19 patients.

Most PPU employees based in administrative positions were redeployed to Covid-19-based roles across the trust and also at the Nightingale Hospital at the Dockland's Excel Centre and all PPU clinical employees were caring for pandemic patients.

Across the capital, it was a similar story. At Guy's and St Thomas', all facilities had, as I write, been handed to NHS services to support the Coronavirus response and trusts gave PPU beds to NHS needs and the clinical staff for NHS patients.

The South-east

Portsmouth Hospitals Trust's 13-bed Harbour Suite PPU was originally designed as an infectious disease ward, with negative pressure single ensuite rooms – which significantly reduce the risks associated with aerosol generating procedures.

So the PPU was perfectly set up to take Covid-19 patients requiring non-invasive ventilation (NIV). The floor layout enabled an increase in beds to 20.

Private patients nurse director Steve Thomas said: 'PPU staff, due to their work with bariatric patients and the range of private



At the Royal National Orthopaedic Hospital, the private ward became the respiratory ward for Covid-19 patients

patients they would care for with extended comorbidities, are highly skilled in looking for early signs of the deteriorating patient.

'They are central to the trust response and working closely with the respiratory clinicians and nursing teams are also now based on the PPU ward and supporting 24/7.'

'Our PPU is the trust's front-line ward for NIV patients and staff have all done incredibly well and are proving to the whole trust they are an amazing team.'

Epsom and St Helier's head of private patients, Romi Appanah, said the 20-bed Northey Suite was chosen to isolate Covid-19-suspected or positive patients, so the unit stopped all private activities two months ago.

A few private inpatients not ready for discharge at the time were moved into single rooms to another 'clean' surgical ward until discharged.

PPU nursing staff remained on Northey to look after the NHS patients.

Since then, other wards were needed to contain the surge of suspected or confirmed pandemic patients and Northey ward became a low-acuity Covid-19 area before a temporary closure following a drop in A&E attendance and a nursing staff shortage.

PPU nurses worked on other wards and administrative staff

worked from home and also assisted with other admin duties around the hospital, including covering ward clerking.

East Sussex

The 16-bed Michelham Unit at Eastbourne General Hospital closed and was being used as a cohort area for potential Covid-19 patients.

West Sussex

Both the 16-bed Chichester Suite at Chichester and the five-bed Downlands Unit at Worthing Hospital closed for private patients, with resources made available for pandemic demand.

The South-west

Private manager Sarah Porter said the Parkside Unit PPU in Taunton, Somerset, was being used for surgery, mainly vascular, that was still being admitted to Musgrove Park Hospital. But all private work was closed for the foreseeable future.

Administrative staff were redeployed to Covid projects, including co-ordinating staff accommodation for those needing to isolate from family members and setting-up a pop-up shop for staff.

Gloucestershire Hospitals redeployed some staff and was still offering a limited private service including chemotherapy and urgent cardiology cases.

East Anglia

The eight-bed ward at James Paget Hospital, Great Yarmouth, was closed, but as all rooms were ensuite, it was used as a showering/ changing facility for staff. PPU staff were redeployed and equipment and stock supported the trust. Four private consulting rooms were closed and made available to the remote consultation team.

The Midlands

South Warwickshire NHS Foundation Trust's interim clinic manager Pauline Salmon said the Grafton Suite at Stratford Hospital saw its last private patient mid-March.

Treatment, ophthalmic and consulting rooms were rehousing Warwick Hospital's oncology department. This enabled a separate building at the front of the hospital to be used for Covid-19 reception.

The North

Newcastle-upon-Tyne Hospitals closed its five-bed Park Suite to private activity, with the nursing staff now supporting colleagues in other units.

Harrogate and District NHS FT in Yorkshire temporarily suspended services out of the ten-bed Harrogate Harlow unit to enable teams to support the wider trust at Harrogate District Hospital.

Private services manager Beth Barron joined the trust's incident co-ordination centre, which was supporting the set-up of the new NHS Nightingale Yorkshire and Humber hospital at Harrogate Convention Centre, officially opened on 21 April by multi-million-pound pandemic fundraiser Capt Tom Moore just before his 100th birthday.

PPUs have proved their worth to the NHS

There is much opportunity, as well as risk, to the PPU sector in the coming months.

Clearly, the 2020-21 financial forecasts are going to be missed, costing the NHS approximately £60m a month.

But many managers have shared how they expect PPU services to be different when private practice is re-instated.

As this round-up demonstrates,

these managers and their teams now have many positive examples to share with chief executives and exec teams about the valuable contribution that PPUs play.

They provide more than 1,200 beds and the revenues enable the employment of several thousand staff – capacity and skills that would not be there if PPUs made no surplus.

But only trusts with PPUs have

had the benefit of these flexible resources, able to be re-purposed for the crisis.

It is unclear when these resources will be returned to support private care. But, when they do, they will be needed, as there will be a great deal of pent-up demand for healthcare and with waiting lists and access times at all-time highs, demand for private healthcare will be strong.

The Coronavirus crisis has demonstrated the value of 24/7 critical care back-up – and this, too, may lead to a greater understanding of the patient safety benefits of private care in the NHS setting – and an expansion of PPUs into many more trusts.

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