

*TRANSCRIPT OF "FILE ON 4" – "A HEALTHY MARKET"*

*CURRENT AFFAIRS GROUP*

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THE ATTACHED TRANSCRIPT WAS TYPED FROM A RECORDING AND NOT COPIED FROM AN ORIGINAL SCRIPT. BECAUSE OF THE RISK OF MISHEARING AND THE DIFFICULTY IN SOME CASES OF IDENTIFYING INDIVIDUAL SPEAKERS, THE BBC CANNOT VOUCH FOR ITS COMPLETE ACCURACY.

“FILE ON 4”

Transmission: Tuesday 12<sup>th</sup> November 2013

Repeat: Sunday 17<sup>th</sup> November 2013

Producer: Ian Muir-Cochrane

Reporter: Jane Deith

Editor: David Ross

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#### ACTUALITY IN HOME WITH NURSE

NURSE: I will just listen to your chest. Say ninety-nine.

FRIEND: Ninety-nine.

NURSE: And again.

DEITH: Shelia Friend credits community nurses with keeping her out of hospital and in her own home, just outside Cambridge.

NURSE: That all sounds very good.

FRIEND: Lovely.

DEITH: But come next summer, she could be treated, not by the NHS, but by Serco. Or Virgin. Or Circle. Because in Cambridgeshire, clinical commissioners have put the biggest ever NHS contract up for grabs. Bidders are competing for an £800 million prize: a five year deal to provide health services for older people – everything from hospital emergencies to dementia treatment, even end of life care. And across England,

DEITH cont: commissioners are shopping around. But what will we know about the billions in confidential deals done with private companies? In File on 4 tonight, we look at the secrecy around how NHS contracts are awarded, and how they're really performing.

SIGNATURE TUNE

ACTUALITY WITH WEBSITE

DEITH: Are you an outsourcing company looking at new markets? Are you interested in picking up an NHS contract? Well, there are websites you can try like Supply2Health or this one, Tendersdirect.co.uk. Let's have a look on here. There's a myriad of contracts – everything from community vasectomy services in Bath or how about this one? Resuscitation services in Birmingham. There are thousands and thousands of different contracts here. The coalition Government has flung the hospital doors open even wider to new entrants:

MAZZI: At the moment, we're seeing almost an arms race around establishing yourself as the leading players in this market.

DEITH: Dr Christian Mazzi advises private providers for consulting firm Bain & Company.

MAZZI: Our analysis would suggest that at the moment there is something like £6 billion worth of live tenders, and whoever's in a position to establish themselves early will create a precedent and therefore not only create a precedent, but also gain traction and a reference as well as learn the business model that will be required to deliver on the care, so there's a real opportunity for being a fast mover, an early mover in establishing your presence early in this new and changing environment.

ACTUALITY OF PETERBOROUGH CATHEDRAL BELLS

DEITH: April's Health and Social Care Act created this moment of opportunity. It gave local doctors the power to choose who to buy from. But the GP commissioners, based here next to Peterborough Cathedral, have strict instructions to shop around on the open market, always selecting whoever's best value for money.

#### ACTUALITY OF FLOWER SELLER

FLOWER SELLER: Buy one for a pound, two for two, three for three. You do the maths, I'll take your money. Pound a bunch, any bunch ....

DEITH: Whoever's picked in Cambridgeshire will be looking after for 870,000 older people. By offering a giant contract, Cambridgeshire and Peterborough Clinical Commissioning Group has gone for competitive tendering wholesale. Why? Dr Neil Modha is the GP in charge.

MODHA: I know as a GP that my patients are often not getting the services that they want or that I'd expect, and actually by putting out to tender part of the hospital services and the community services together, it can incentivise people to really look after a patient as an individual. We felt that the best way to get the best ideas that we talked about in terms of innovative ideas was to go to the market.

DEITH: Of course not everyone's convinced about that. John Hully, a local campaigner from the National Health Action party, is suspicious – and he wants to be able to scrutinise the tender from start to finish.

HULLY: This is really cost driven and there is an assumption, I would suggest an ideological assumption, that competition between private providers and other providers will somehow magically create out of this cost cutting a wonderful solution. I am not at all convinced. Older people, you can only say that they are being used as an experiment. We need to see all the pre-bid information, we need to understand exactly the details of what they are tendering for, the precise criteria for success in the bid, then we might be able to judge how well the actual tender process worked. I think that's important.

DEITH: The privatisation debate is for another programme, but the Cambridgeshire tender will certainly cost a lot of time and money - a year and a half, and £800,000. So how do we know it's being done right? We asked the Clinical Commissioning Group if we could see the tender document.

MODHA: Because we are in a procurement process it makes it difficult to release sort of all of the information. Previously a specification would have been produced and we would have gone out to say how will you provide this specification, but what we're really testing is ideas from all of these bidders and trying to bring that then into a specification that then is a very tangible document that people could understand. But that will come out through this procurement process.

DEITH: At the moment there is nothing written down on paper – only data in a mysterious data room that only the bidders can enter. For now patients have to trust the commissioning group, although it says they will be consulted further down the line.

#### EXTRACT FROM RADIO SUFFOLK

STING: BBC Radio Suffolk. Get the latest news ....

DEITH: But when the Community Health Service was put out to tender over the border in Suffolk, there was no public consultation. Serco won the contract, promising to run the service for £140 million – that was £16 million less than the old NHS Trust had managed. Although at the time NHS Suffolk, which awarded Serco the three year contract, refused to reveal how low the company had bid, citing commercial confidentiality.

#### ACTUALITY AT SERCO CALL CENTRE

OPERATOR: Good morning, Suffolk Community Healthcare, Adam speaking, how can I help? Okay, can I just ask what GP surgery the patient's with, please?

DEITH: In the spirit of openness and transparency, Serco have invited us into their Care Coordination Centre – they won't call it a call centre. It's a CCC for short, and in this room, in the shadow of the Orwell Bridge, fifty people man the phones 24



DEITH: Originally, Serco's plan for Suffolk Community Healthcare was to cut 137 jobs. In the end it lowered that to 29. In the first staff consultation document, it promised they'd be 'empowered to provide the right care in the right place at the right time'.

JANET: If we rang somebody and, you know, they were actually safe in a safe place, they had somebody to tend to their needs - ie food and drink and they could breathe and they could go to the toilet, then we'd have to assume that they were okay.

DEITH: Janet – again that's not her real name, and we've got someone to voice her words – is a therapist who left Suffolk Community Healthcare a few months ago.

JANET: I didn't feel I could continue to work somewhere where there were so many issues with the day to day running and for patient care. I feel the increase in pressure on staff grew daily. There was always more of a demand than we could meet as a service, and being on the frontline staff, you're the ones dealing with the patients and their families every day, you're the ones breaking the bad news that you can't necessarily meet their needs because there's X amount of other people to see as well, so that was very difficult, you know ringing people and saying that you weren't able to get there and you'd have to rearrange. For some of the nursing patients, they may well have been used to seeing the nurse for about twenty minute visit and that was cut short to ten minutes, and so for that patient they can't have as good a service if they're not there long enough to do these things. Part of the caseload of our service was also to provide, you know, good end of life care for people, and I think you've only got one chance to get it right for these people, and if we can't get it right for them because of reduced staffing, well I think that's very sad because we failed that patient.

DEITH: So is Serco really doing as badly as Gillian and Janet claim? If so, are the clinical commissioners on the case? The Government said it would be simple to find out.

EXTRACT FROM ARCHIVE

CAMERON: New powers for GPs, who can join together in consortia, take control of NHS budgets and directly commission services for their patients. This freedom – and I think this is vital - this freedom does not mean a free for all without proper accountability or a focus on results. We're also going to make everything as transparent as possible. So people will not only know where the money is spent in our public services, but they're going to know how well that money is spent too on health outcomes, school results ...

DEITH: Yet File on 4 producer Ian and I have been finding out just how difficult it can be to get answers about a private NHS contract. In the minutes of one of the commissioners' meetings, we spotted mention of the fact that Serco was undergoing a quality review because it had failed eight key performance indicators. We asked what the review was about. We were told it was commercially sensitive – but:

READER IN STUDIO: None of the performance indicators concern patient safety.

DEITH: Yet a performance report on Serco which was eventually released to us confirms the quality review is looking at:

READER IN STUDIO: Potential patient safety issues.

DEITH: Including staff capacity and workloads. The truth is, Serco's been issued with a performance notice over its four hour urgent response times and delays in things like care plans for palliative patients. Julian Herbert is Chief Officer of the East and West Suffolk Clinical Commissioning Groups.

HERBERT: Some of their speed of response is not as we'd like. We've picked up areas about care lead availability so, and care plans being in place. We've got an issue around pulmonary rehabilitation being complete within twelve weeks. We've got an issue around stage two falls assessments taking place. So those are all points within the contract where we're clear we're wanting a level of service.

DEITH: Is one of the reasons for not hitting that response target a lack of staff?

HERBERT: There are areas where the staff, the staff levels aren't as we'd like them to be and/or Serco would like them to be and they are looking to resolve those. It gives Serco a chance to put things right first. If they haven't got them right, we then get to the point where we start financially penalising, sort of taking money away from Serco if they don't deliver.

COLCLOUGH: This is the most difficult time, you know we're coming out of six months of transition, we're trying to embed the changes. And I'm not saying that we have got it perfectly right and the staff will tell you the same, but we are absolutely committed to getting it right with them.

DEITH: Sharon Colclough is Serco's Director of Community Services.

COLCLOUGH: A current and a former member of staff feel that they are not delivering the quality and the time of patient care that they did before, that their assessments are rushed and that sometimes they can't get out to palliative patients.

COLCLOUGH cont: I would like to say, first and foremost, that that is absolutely not the case. Patients who need palliative care are at the top of our list and we always deliver that care. There is just absolutely no way we would not deliver that care. I don't believe that everybody is more rushed, but on an on-going basis, we shore those teams up, we are making sure that we are recruiting to those, to those posts now and we are trying to support them as much as we can.

DEITH: So how would you describe the staffing supply at the moment? Full strength, half strength, three-quarters strength?

COLCLOUGH: Erm, our, our, I haven't got those numbers on the table. I know that we have some teams who are, have some vacancies and some who have more than others and we are giving them additional support at this moment, but every service is delivering the kind of care that we expect them to. And the facts to me do not show that, that we are having those difficulties that you're talking about.

DEITH: But what about community nurse Gillian's claim that Serco underbid and underestimated the contract they were taking on? Remember Serco said it could run the service for £140 million - £10 million cheaper than the existing NHS Trust's best price. Are you anticipating making a profit at any point?

COLCLOUGH: We are definitely not making a profit. And looking forward to the next two years, I can't see when that change will come that we would make a profit. What we're more concerned with is making sure we're, we're a safe service, so regardless of whether we bid right or underbid, we have this contract and Serco deliver on their promises. We will continue to deliver the best care we possibly can.

DEITH: But presumably Serco entered into this to make a profit – it's not doing it for the good of its health. Local councillor Sarah Adams, who's on Suffolk's Health Scrutiny Committee, says commercial confidentiality around the contract and Suffolk Community Healthcare's books means she can't judge the performance of Serco or the clinical commissioners.

ADAMS: If the people who are providing care in community services to the people of Suffolk can't be held to account properly by the Health Scrutiny Committee and it's unclear what the Clinical Commissioning Group is doing to improve things, then I can't see how it is transparent, I can't see how public money is being properly spent or not, and whether or not it is possible for Serco to actually deliver the services that they were contracted to do so.

DEITH: The Clinical Commissioning Group's Julian Herbert admits he can't answer that.

HERBERT: We're working with Serco and trying to get them into a position where they are making a reasonable return on the contract and they're delivering the right level of service that they thought they could do at the beginning of the contract.

DEITH: Is it a risk that's paid off?

HERBERT: I think, I think it's slightly early, too early to say. I mean, we're one year into a three year project. The first year has gone well. There have been some teething problems which we've spoken about, so I think the, the jury is out. Come back and ask me in a year's time.

DEITH: Julian Herbert promised the quality review will be made public when it's finished and he reassured me the commissioners are 'all over' Serco's contract. But MP Grahame Morris, who sits on Parliament's Health Select Committee, says private healthcare providers should be subject to Freedom of Information laws, so that we can follow the public pound and see where it's really going.

MORRIS: I think the public has a right to know the details of those contracts – what elements are profit, what elements are staff costs, what the history of these companies and corporations are. Because if a private sector company decides they won't comply, there's no sanction. You can't fine them. If we are in the business of being transparent and open, I can't understand why there's any problem. This is an issue that should really have cross-party support, so I'm hoping over the next few months to raise this as an issue and to garner some support, not just from my party but across the political spectrum.

DEITH: And there's another question: if things are found to be going wrong, what can Clinical Commissioning Groups do about it? What sanctions do they have? In another Serco contract – for the out of hours GP service in Cornwall – commissioners failed properly to monitor a service which we know now was short staffed and substandard. In Cornwall it fell to whistleblowers - and MP Andrew George – to expose the real story. Serco staff were faking good performance by fiddling the figures.

GEORGE: The matter of greatest concern was that Serco had been falsifying their own data records in terms of whether they had met or breached their response times, especially as they were extolling the great successes that they had achieved in terms of outcomes. So that, I think, dented confidence all round in the service. There were a number of other failings in the service as well.

DEITH: Did you think that Serco would be stripped of the contract?

GEORGE: I mean, my view, I thought they should be.

DEITH: The Kernow Clinical Commissioning Group in Cornwall existed in shadow form when Serco won the work, and was involved in awarding the £32 million contract. And it's allowed Serco to hang on to it. When it looked at the saga of the Cornwall contract, the Public Accounts Committee said large private providers were better at negotiating contracts than delivering a good, value for money service. A point I put to Serco's Sharon Colclough.

COLCLOUGH: I think we're very good at managing the contracts and the delivery of services, whether, you know, overall Serco is a very profitable company, so you look at this contract within all of those.

DEITH: If we look at health contracts, in Cornwall, for example, are you making a profit there?

COLCLOUGH: No. I mean, you know we're not making a profit there. We have invested there as well in order to deliver probably one of the best services in the country at the moment.

DEITH: Really?

COLCLOUGH: Yeah.

DEITH: You were found to have lied about data in Cornwall – how can that be one of the best services in the country?

COLCLOUGH: Two years ago, there were significant issues in Cornwall. Serco Health have invested in, in turning that service around and today, and certainly I've been involved in it since January of this year, and all our efforts have been making it into an excellent service. We hit the national quality requirements and, you know, we are working together with the CCG much better than ever before and it delivers a very good service.

DEITH: In April this year managers told the Public Accounts Committee they were still failing to meet targets for patients to talk to a doctor within an hour. Things seem to have improved, but Serco still asked for help, approaching a group of GPs called Devon Doctors to join in the contract and supply the GPs out of hours. But negotiations stalled. File on 4 understands Devon Doctors said it would need more money to run the service – and it didn't trust Serco or the CCG to come up with the money.

GEORGE: If it is going so swimmingly well, then why is Serco seeking to subcontract a core part of its service when it is less than halfway through its contract? And I would like to see the CCG, you know, grab this issue by both hands and, if necessary, withdraw the contract from Serco if Serco are not prepared to hand it back.

DEITH: Andrew George MP. It seems Kernow Commissioners are unwilling, or unable, to show Serco the door. In one sense they're in a difficult position. If there are no takers for the out of hours contract, the commissioners have nowhere to go. But there's something else in their way. In the last few days they've admitted the Devon Doctors solution was binned partly because it carried a financial implication. Kernow CCG told us while Serco's performance is good, there's no immediate imperative to find an alternative – and it is being tougher with the company.

READER IN STUDIO: We are being much more stringent in our application of contract levers, so for example have not paid any bonuses since April. We are continually reviewing this contract to ensure it continues to meet local needs and we will consider any proposals for alternatives, but these must be sustainable and represent value for money.

DEITH: In Cornwall, patients haven't seen much transparency or accountability in NHS commissioning. Contracts, even when they're broken, are not easy to get out of. You'd think private companies would be loving this new, competition-driven, outsourcing-friendly NHS. But in some cases even they are complaining about the reforms. It's an interesting moment when it's private providers who're calling the new style commissioning anti-competitive.

ACTUALITY WITH GAMMA KNIFE MACHINE

WARD: So we'll have you lying down on our couch with your head towards the top. The doors of the machine will open and you'll go into about waist-depth.

DEITH: Radiographer Robert Ward talks through what happens inside the £3 million Gamma Knife radiotherapy machine at the private Thornbury Hospital in Sheffield.

WARD: Once you've gone into the machine, the treatment will start. It's pretty silent, so we can put a CD on or the radio on, if you want that to keep you company. There's a microphone, so you can speak and we can hear you, and a camera and we'll keep an eye on you. Okay?

DEITH: The Gamma Knife fires high dose precise beams of radiation at brain tumours and lesions without damaging surrounding healthy tissue. This is brain surgery without the knife. It's completely painless – in fact, many people fall asleep during the treatment.

BMI Healthcare's been treating NHS patients at the Thornbury for years. Brain cancer treatment being a specialist area, it's not commissioned by the new GP groups. A national body, NHS England, has kept control of specialist services, making decisions on £12 billion worth of care. And it's accused of breaking the new rules on competition and patient choice. In May, an outpost of NHS England, the South Yorkshire & Bassetlaw Area Team, told the Thornbury it wouldn't give it a contract to treat NHS patients, because there wasn't a need for its services. The work would go to Nova Healthcare in Leeds and the NHS hospital, the Royal Hallamshire. Consultant neurosurgeon Andras Kemeny says there was a need for the Thornbury, because the Royal Hallamshire had more patients than it could treat.

KEMENY: It's not that the private sector would cream off the work away. In any case, that should not be an argument for holding one provider down. Patients are treated under the same tariff for the NHS exactly for the same amount of money, so I can't see any reason why patients couldn't choose. They could just say, 'I would like to be treated there.'

DEITH: So how did the NHS England team make its decision on providers? BMI Healthcare and Medical Equipment Solutions, which supplies the Thornbury's Gamma Knife machine, complain NHS England's refused to tell them whether there was some

DEITH cont: new contract they weren't party to. The regulator, Monitor, is investigating whether the rules on competition and patient choice have been broken. It's already said it doesn't appear NHS England advertised a contract or invited providers to bid for the work.

So who are the South Yorkshire & Bassetlaw Area Team? Well, it's not that easy to find out. Unlike the Clinical Commissioning Groups, who have websites and reams of minutes of public meetings, there's no website for the local area team.

Professor Calum Paton of Keele University studies NHS reforms and says this isn't the localism we were sold.

PATON: The issue with the commissioning by the area teams though is the accountability and legitimacy. These bodies are, you know, virtually unheard of, literally, to the public, and indeed to some specialists as well, and I think it's what you might call cock up rather than a conspiracy, in that nice academic phrase that they are meeting in secret like this, because what happened when the NHS had its big reorganisation in the Health and Social Care Act of last year, it was only at the very late stage that they actually thought – this is the politicians and policymakers – what are we going to do with these specialist services if we're devolving everything down to the GPs? So they cobbled together, very late in the day, an arrangement whereby they would be centrally commissioned, and while it's maybe appropriate to commission them regionally or even centrally, it's surely inappropriate to do so without transparency or accountability or even awareness by the public of these meetings. It's hardly the devolved, patient-friendly NHS we were told about.

DEITH: After the Thornbury complained, the South Yorkshire & Bassetlaw NHS team decided to award the hospital a contract after all. But the investigation by Monitor still stands. And NHS England's not just facing questions over the commissioning of radiotherapy in Sheffield.

## ACTUALITY AT QUEEN'S SQUARE

DEITH: The National Hospital for Neurology and Neurosurgery is an elegant red brick building with high windows here in Queens Square. It's part of University College London Hospital. Last October it took delivery of the UK's most modern Gamma Knife machine and has treated over a hundred people, mostly NHS patients. But now

DEITH cont: the hospital's been told NHS England won't fund treatment here. Patients will be seen by two other private companies. Most of the time the £3 million Gamma Knife here will be gathering dust.

NHS England said it had decided the National's NHS work would go to the BUPA Cromwell hospital and to Healthcare Corporation of America at Barts. You might ask why should we care about private companies fighting over whose piece of the NHS cake is the biggest? Well, patients with life threatening conditions have been caught in the middle.

## ACTUALITY OF PIANO

CONNIDES: That's good, very good.

DEITH: It's half term and eight year old Constance is at home with her mum. Harriet Connides is lucky to be here.

CONNIDES: I woke up in the middle of the night. It was terrifying. I got out of bed to go to the loo and just fell on the floor. I couldn't move. I went to the National Hospital and I was told after an MRI and various investigations that I'd had a brain haemorrhage, completely out of the blue. All the neurologists keep saying to me I'm very very unlucky, I'm so unlucky, I'm so unlucky, but I think I'm probably actually quite lucky to be alive, that I didn't just die in my sleep. My hand was completely paralysed, my leg was, my left leg was completely paralysed, so it took me a long time to learn how to walk again. And I was given the choice of having surgery, neurosurgery, or the Gamma Knife. Now I'd never heard of Gamma Knife before, but it sounded the least invasive and I said please, nothing invasive, I'd rather the Gamma Knife.

DEITH: Harriet Connides' neurosurgeon, Neil Kitchen, wanted to use the Gamma Knife to seal the tiny vein which had popped and could bleed again. It was important to get on with it. Harriet was told she would have the treatment in three weeks.

CONNIDES: There was absolutely no mention of funding, absolutely no mention. As far as I knew, that was fine, I would hear round about June, July as to when the operation would take place, so I'd just be waiting for the letter really.

DEITH: And a letter did come?

CONNIDES: I opened the letter and I was absolutely flabbergasted, because it just floored me completely. It was Mr Kitchen, who was one of the surgeons at the National Hospital who was writing. You could tell from the tenor of the letter that he was not happy at all with the situation.

READER IN STUDIO: You're one of a number of patients awaiting Gamma Knife treatment. Up until April we've been routinely treating NHS patients, but since the new NHS Act, commissioning has changed radically and we have not been allowed by NHS England to treat NHS patients. Instead they've asked us to refer you to one of two other Gamma Knife units in London. I think this is very wrong in terms of continuity of care and patient choice.

CONNIDES: It just felt like NHS England, who I didn't even know who the hell they were, were just saying, we don't care about you, go away and die for all we care.

DEITH: Were there tears?

CONNIDES: Absolutely. Absolute tears of anger, frustration, fear. Absolute fear as well. I've gone to bed every night for the last year and a half not knowing if I am going to wake up in the morning. Absolutely terrified. I've got a young daughter, you know, I just felt I was being denied potentially life-saving treatment.

DEITH: Why were you so upset, because they were still offering you treatment?

CONNIDES: Instead of having it within the next three weeks, I was looking at another year. I've been basically kicked off a waiting list, that's how I see it, when I was about to have treatment. Why is this being denied to me?

DEITH: NHS England did relent and let some patients who didn't want to leave the National Hospital be treated there. After three long months, Harriet Connides had her potentially life-saving procedure a few weeks ago. The National Hospital for Neurology is baffled by NHS England's decision to cut off the funding supply. We wondered whether it's about money. Are BUPA Cromwell or Barts cheaper? Have they signed new

DEITH ccont: contracts to take the extra patients? Or is NHS England asking them to treat more people for the same price as before? NHS England refused to give us any answers in an interview. It told us, 'the value of the contracts are commercial information and therefore in confidence.' BUPA told us it wasn't aware it was getting any more patients. Healthcare Corporation of America owns the Gamma Knife machine at Barts. Its Director of Cancer Services, Neil Buckley, agreed to talk to me about NHS England's decision.

BUCKLEY: They reviewed their capacity and some of the existing units – ourselves, there's another one in London as well – and those existing units where they've got some experience I think have continued to be used and some of the units have been excluded from that.

DEITH: NHS England say that the patients who would have gone to the National Hospital for Neurology will be split between BUPA at the Cromwell Hospital and HCA at Barts. Has that involved a new contract?

BUCKLEY: No.

DEITH: People are wondering why that hasn't involved a tendering process, for example.

BUCKLEY: I don't know. I don't know how the NHS England process works.

DEITH: If things had shaken down a different way and you'd lost patients to another private provider, you'd be pretty cheesed off, wouldn't you?

BUCKLEY: I may well be cheesed off, but I don't think I'd go as far as to say it was anti-competitive.

DEITH: Aren't commissioners duty bound, under the Health and Social Care Act, to put contracts out on the competitive market with very few exceptions, and that hasn't happened here, has it?

BUCKLEY: Not that I'm aware, but I'm not sure. There's not been a tender process that I'm aware of, no. To my mind it's NHS England's prerogative to commission where they feel fit.

DEITH: NHS England refused to give us an interview, however they did send us a statement.

READER IN STUDIO: There have been no new tender decisions in London for Gamma Knife radiosurgery in the last three years. These contracts are based on rolling forward previous contracts established with Barts and BUPA Cromwell. Each patient treated at the National Hospital for Neurology at UCLH has been funded via a complicated individual funding request and the patient numbers are very low. NHS England took over the commissioning of old specialised services with a key aim of reducing variation in the way these important services were commissioned and delivered so that patients with rare conditions receive the same high level of service wherever in England they live.

DEITH: But the National Hospital for Neurology and Neurosurgery saw 121 patients in the last year. Medical Equipment Solutions, which runs the unit, has written to Monitor saying it did meet the clinical specifications. It's all very strange. NHS England say they're doing a review, but did they hold a review and then make their decision, or did they make the decision and then announce a review when people started complaining? Again, without being able to interview them, it's not clear. Their statement says:

READER IN STUDIO: NHS England has now initiated a national capacity review for radiotherapy services, including Gamma Knife, as it believes contracted volumes have been relatively stable and both existing providers in London have capacity to deal with the workload.

DEITH: Now we've learned NHS England have put off the results of their review – due last week – for another month. Nine patients who were due to be treated at the National Hospital are still waiting. Consultant neurosurgeon, Andras Kemeny – who's also President of the British Radiosurgery Society – says it's unacceptable.

KEMENY: If I were one of the consultants in London who looked after a patient for years with that condition and now come to the point of treating them with the Gamma Knife, and there is a Gamma Knife in the basement, for them to go to another hospital, to another medical team, to be re-discussed, perhaps by the time this happens the tumour has changed, I would feel that it's an unnecessary delay.

DEITH: You're saying there's a principle at stake here, that if the NHS tariffs are the same for each unit, then patients should be able to choose or the units should be able to compete freely against each other – they should all be in with a shout for the work, if you like?

KEMENY: Well, that's how I understand the Government thinks and I think it makes a lot of sense.

DEITH: £6 billion of NHS work is there to be won today. But what's clear is the new style clinical commissioning is far from simple. Some, including private providers, are beginning to doubt whether competitive tendering is really transparent and whether the winners are ever really accountable. Meanwhile the head commissioner – NHS England itself – is under pressure to prove it's practicing the free market procurement it preaches.

SIGNATURE TUNE