

Expert opinions on private sector partnerships in the nhs

MAY 2014



What people
think, feel
and do.



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This research has been commissioned by Synergy Health plc.



About Synergy Health plc

Synergy Health delivers a range of specialised outsourced services to healthcare providers and other clients concerned with health management. These services are aimed at supporting our customers to improve the quality and efficiency of their activities, while reducing risks to their patients and clients.

1. INTRODUCTION

This research report is based on findings from a quantitative online survey amongst UK surgeons and in-depth phone interviews with NHS Financial Directors.

The topic of our conversation with these health professionals with different specialisation was the developing concept of partnerships in health delivery in the United Kingdom, with a focus on one particular area of service provision – the decontamination of reusable surgical instruments.

Surgeons are at the forefront of the most advanced, most challenging service delivery by the NHS – life-saving and life-changing surgery, thereby representing one of the key audiences of senior decision makers in need of smooth-running, efficient services.

Complementing the quantitative online research amongst 150 surgeons, five Financial Directors were consulted

via the phone on their view of the perceived benefits and drawbacks, drivers and barriers to NHS outsourcing.

The participants in our research are comprised of senior staff from hospitals across the country, thereby acting as representatives for the wider health community which is confronted with the challenge of wanting to deliver outstanding service under the increasing cost pressures that the NHS faces. More information on the two audiences and the sample can be found in the Appendix to this document.

With this report we aim to shed light on how better public services outcomes can be achieved from a partnership approach and what the challenges are to achieving more successful partnerships.

2. EXECUTIVE SUMMARY

Our report aims to shed light on how better public services outcomes can be achieved from a partnership approach and what the challenges are to achieving more successful partnerships.

The challenges of rising demand and treatment costs, need for improvement and need for meeting lower budgets has implications across all units and wards of UK hospitals and certainly does not spare the operating theatre from change.

Overall, the vast majority of surgeons who took part in our survey – 95 per cent – had experienced some form of partnership between the NHS and private service providers within their hospital.

To explore issues around healthcare partnerships with a sample of surgeons we focused on issues surrounding the Sterile Services Department (SSD) and the decontamination of reusable surgical instruments.

Seven out of 10 surgeons in our survey had experienced a situation which resulted in the cancellation of scheduled surgery due to a problem with the surgical instruments. Furthermore, 86 per cent said they had heard of “Never Events” in relations to UK hospitals. Out of those 86 per cent who had heard of “Never Events”, the events which most surgeons were aware of their institution being involved with were wrong site surgery (65%), Retained foreign object post-procedure (64%) and Misplaced nasogastric tube (37%).

Considering the large share of surgeons who have experienced problems with the timely supply, decontamination or delivery of their surgical instruments as well as the vast majority which are aware of their hospital having been involved in a “Never Event” it is worth exploring what possible improvements they might see addressing such incidents.

When we asked surgeons to outline their thoughts on how to guarantee proper decontamination of surgical instruments – an open-ended question – many referred to the benefit that comes from having an internal SSD. Mentioned in particular was the higher level of accountability that could be gained from a decontamination service on site, with increased quality control.

When asked what innovation could help prevent “Never Events” – again, an open-ended question – many surgeons mentioned better use of surgical checklists, with many naming the WHO checklist. Others also referred to better internal management of instruments.

Based on this first glimpse of their concerns, our aim was to better understand their views on the potential benefits as well as drawbacks of healthcare partnerships – and, despite this early emphasis on internal service provision, to what degree challenges that public health authorities are facing can be addressed by bringing in private sector expertise.

Our research found that, generally, more health practitioners than not see potential for improvements in quality through private sector providers.

“There is a lot of potential opportunity to improve the quality of service with a strategic partner.

But there is also, I would argue, an opportunity to improve the quality of service if you managed the service properly internally as well.”

NHS Financial Director

Our research came to the conclusion that more UK surgeons than not see outsourcing as a way to improve quality.

The second aspect that we discussed with both UK surgeons and NHS Financial Directors in this context is cost, and the potential for cost reduction through external suppliers. 53 per cent agreed that a partnership approach had the potential to reduce overall cost for the NHS.

The perception is that cost savings through outsourcing are not a given and one has to look at the numbers – however more UK surgeons than not, similar to the quality aspect, see outsourcing to bear potential for a cost reduction.

Speaking to several Financial Directors about outsourcing in more detail it became clear that they perceive it to be more a solution to a managerial challenge than to a ‘people’ issue. Numerous interviewees highlighted that NHS institutions could benefit from these partnerships as it provides them with a skill set that is not naturally provided from within.

“Outsourcing is a solution to primarily a managerial problem, as changing management [internally] may take a long while.”

NHS Financial Director

In summary, outsourcing is – based on our research – considered by many to be bringing in private sector expertise and thereby helping to address challenges facing the public health authorities.

As a next step, we moved beyond general views on outsourcing and healthcare partnerships and asked the sample of surgeons about their personal preferences.

Our findings are that a generally positive view on outsourcing by NHS practitioners stands in contrast to their preferences for internal vs. external service provision across hospital units.

Not a single area except 'food/canteen' has a net positive approval for outsourced service provision.

From our research a dilemma emerges which we would suggest calling 'institutional barriers to potential efficiency gains'.

As a possible key driver for these objections to outsourcing by senior staff (institutional barriers) we identified the perception of health practitioners to be losing control of flexible solutions due to the contractual nature of the relationship in a health partnership.

As possible key factors for a potential increase in efficiency (efficiency gains) respondents firstly highlighted the private sector's tendency to embrace and adopt technology far better than the NHS, leading to productivity gains. Secondly, possible efficiency gains could be explained through the private sector's managerial capabilities, i.e. applying managerial expertise to challenges which the private sector is, in many ways, better suited to solve.



3. BACKGROUND

"The NHS is embarking on its biggest and most wide-ranging outsourcing of services so far by inviting companies to bid for £1.2bn in contracts to provide frontline cancer treatment in district hospitals and care for the terminally ill", the Financial Times reported in March 2014.

These contracts involve the use of the private sector in some of the most important and sensitive medical care provided by the health service. This stands in stark contrast to the history of outsourcing in the NHS where Trusts clearly focused on mainly contracting out those services with none or only limited touch points with the patient – support services.

The reality is that very few health practitioners are opposed to outsourcing support services which have been contracted out for years. The Health and Social Care Act from 2012 prepared the ground for a wider contracting out than ever before and outlined three main reasons for this historical shift:

1) Rising demand and treatment costs. The pressures on the NHS are increasing, in keeping with health systems across the world. Demand is growing rapidly as the population ages and long-term conditions become more common; more sophisticated and expensive treatment options are becoming available. The cost of medicines is growing by over £600m per year.

2) Need for improvement. At its best, the NHS is world-leading, but there are important areas where the NHS falls behind those of other major European countries. If the NHS had cancer survival rates at the European average, it would save 5,000 lives a year.

3) State of the public finances. Whilst the Government has protected the NHS budget, this is still among the tightest funding settlements the NHS has ever faced. Simply doing the same things in the same way will no longer be affordable in future.

"Successful outsourcing requires the right skills and capacity to succeed and continuous monitoring is essential to deliver the right outcomes."

Anne Torry, Managing Director of Zurich Municipal, (Writing in the Guardian, January 2013)

4. THE PREVALENCE OF PARTNERSHIPS IN HEALTH DELIVERY

The challenges of rising demand and treatment costs, need for improvement and need for meeting lower budgets has implications across all units and wards of UK hospitals and certainly does not spare the operating theatre from change. Operating theatres represent one of the vital organs of the NHS system – saving, improving and prolonging lives.

Overall, the vast majority of surgeons who took part in our survey had experienced some form of partnership between the NHS and private service providers within their hospital.

The term “partnership” in this report refers to any collaboration in service provision between the NHS and external providers, i.e. clinical as well as non-clinical support services.

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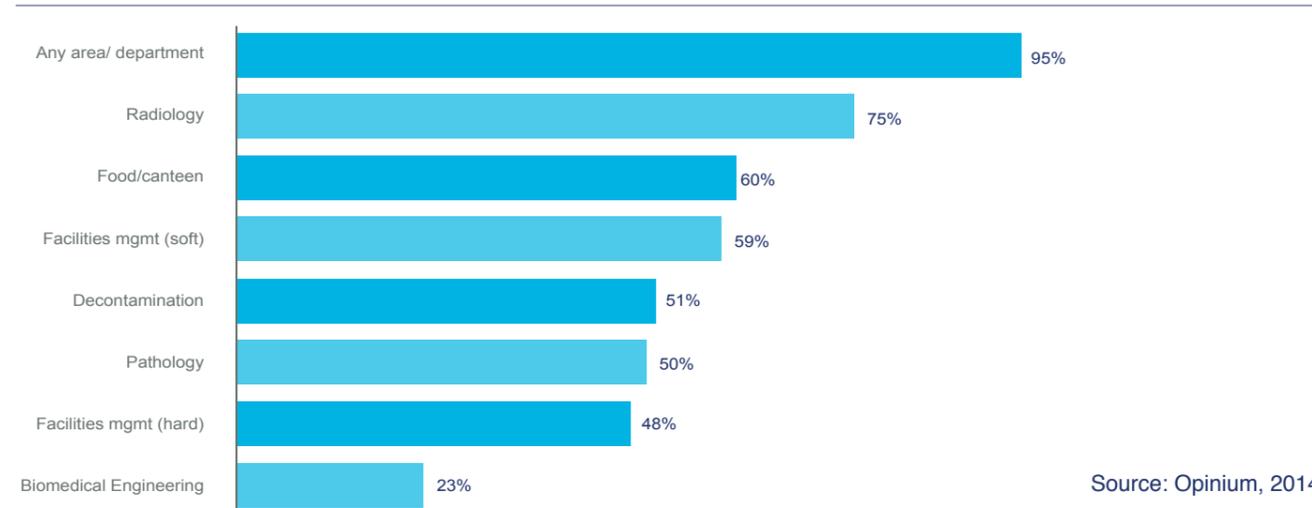
95 per cent of the health practitioners we have spoken to had experienced some form of partnership between the NHS and private service providers.

Of the areas within their hospital where private sector providers delivered services, surgeons have most encountered private providers in the area of radiology (75%). Other areas where NHS-private partnerships have been regularly encountered are:

- **Food / canteen: 60%**
- **Facilities management (soft services): 59%**
- **Decontamination of reusable surgical instruments: 51%**

The area where surgeons had least encountered private partnerships was in Biomedical engineering, where only 23 per cent had encountered it.

Figure 1: Clinical areas where partnerships have been encountered



Source: Opinium, 2014

5. STERILE SERVICES IN THE NHS

To set the scene, the next paragraphs will explore issues surrounding the Sterile Services Department (SSD) and the decontamination of reusable surgicable instruments.

More than four in 10 surgeons (42%) reported that a possible contamination of their instruments has been very/ extremely concerning to them. This compares to 38 per cent saying it has not been at all/ only slightly concerning.

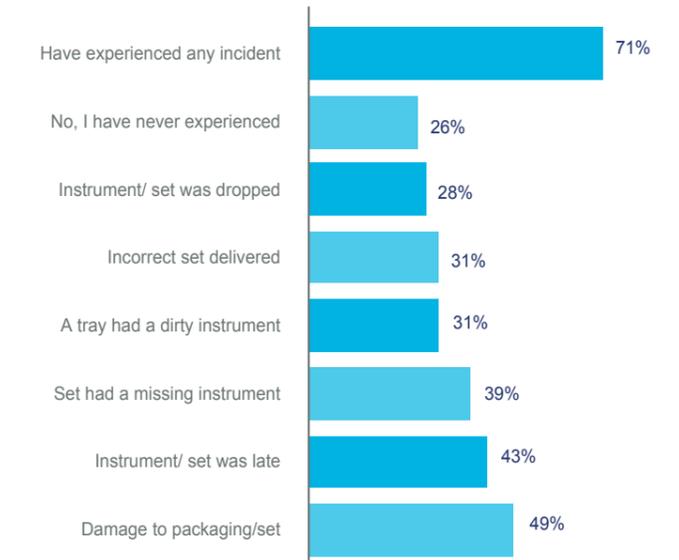
71 per cent had experienced a situation which resulted in a cancellation of a scheduled surgery due to a problem with the surgical instruments. The most reported problems were:

- **Packaging of tray or single instrument was damaged – 49%**
- **An instrument set or single instrument was late –43%**
- **A set had a missing instrument – 39%**

One in three (31%) said a tray with a dirty instrument caused the surgery to be cancelled.

Seven out of 10 surgeons in our survey had experienced a situation which resulted in a cancellation of a scheduled surgery due to a problem with the surgical instruments.

Figure 2: Situations that have resulted in a surgery cancellation
Base: 150 UK surgeons



Source: Opinium, 2014

86 per cent of respondents said they had heard of “Never Events” in relations to UK hospitals. Out of those 86 per cent who had heard of “Never Events”, the events which most surgeons were aware of their institution being involved with were:

- **Wrong site surgery – 65%**
- **Retained foreign object post-procedure – 64%**
- **Misplaced nasogastric tube – 37%**

Considering the large share of surgeons who have experienced problems with the timely supply, decontamination or delivery of their surgical instruments as well as the vast majority which are aware of their hospital having been involved in a “Never Event”, it is worth exploring what possible improvements they might see addressing such incidents. A large majority of surgeons would find innovation and improvement in numerous areas useful in their operating theatre.

In particular, 86 per cent thought better theatre scheduling would be useful, while the same number also thought improvements in theatre store management would be of use.

When we asked surgeons to outline their thoughts on how to guarantee proper decontamination of surgical instruments – an open-ended question – many referred to the benefit that comes from having an internal or in-house SSD. Mentioned in particular was the higher level of accountability that could be gained from a

decontamination service on site, with increased quality control. However, others highlighted the importance of properly trained staff regardless of whether they are from an internal or external provider.

When asked what innovation could help prevent “Never Events” – again, an open-ended question – many surgeons mentioned better use of surgical checklists,



“RFID of instruments would be potentially very helpful for preventing or limiting ‘never events’.”

Surgeon

Figure 3: ‘Word cloud’ of most frequent mentions when asked “What innovation or new feature within your working environment could prevent or limit the opportunity for reoccurrence of a ‘Never Event’?”



“It is ok to have outsourced SSD, but there needs to be good dialogue between NHS and provider so that there is a smooth passage of instruments.”

Surgeon

“In-house, I believe, allows a more flexible response to emergency or short notice scenarios.”

Surgeon

6. THE POTENTIAL FOR IMPROVED QUALITY OUTCOMES

Almost all of the surgeons that we have spoken to had experience with some form of private sector service provision within the NHS.

Our aim was to better understand their views on the potential benefits as well as drawbacks of such health partnerships – and, despite their emphasis on internal service provision, to what degree challenges that public health authorities are facing can be addressed by bringing in private sector expertise.

The next few paragraphs explore the potential quality improvement through contracting out.

While there was a considerable amount of UK surgeons saying that “a partnership approach might have a negative effect on the quality of service provision” – 45 per cent of all respondents agreed with that statement –

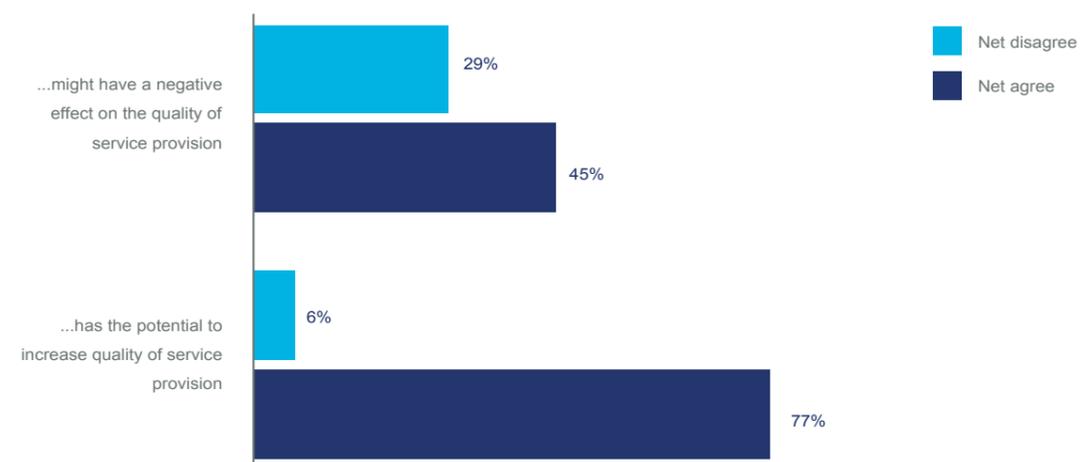
this statement also attracted considerable disagreement with 29% disagreeing, revealing the division that exists amongst health practitioners when it comes to private sector service provision generally.

More health practitioners than not see potential for improvements in quality through private sector providers.

In contrast to this negative statement a larger group of respondents agreed with the statement that “a partnership approach has the potential to increase quality of service provision” – 77 per cent or nearly 8 out of ten.

Figure 4: “A partnership approach in the area of healthcare in the UK...”

Base: 150 UK surgeons



Source: Opinium, 2014

The division and ambivalence that still exists about outsourcing in general was confirmed by Senior Finance Staff within NHS Trusts during more in-depth conversations. One Financial Director described his difficulties with the widely held perception as follows:

“I don’t think it’s as clear cut as that [...] ‘all external services are cheaper than internal services’ and ‘all internal services are better than external ones’. You have to do the numbers.”

NHS Finance Directors we spoke to for this research broadly agreed that the use of a strategic partner bears potential for improving the quality of service. However there is also, they would argue, an opportunity to improve the quality if services were managed properly internally as well.

Speaking to several Financial Directors about the perceived advantages and disadvantages of outsourcing it became clear that they perceive it to be more of a managerial challenge than a people’s issue.

One respondent made the point repeatedly of what he thinks the key problem is:

“I think outsourcing is a solution to primarily a managerial problem, as changing management [internally] may take a long while, and it may be easier to contract in with a strategic partner.”

This interviewee and others perceived managerial efficiency to be the core benefit of working with private sector providers. NHS practitioners we have spoken to agree that there is scope for improving quality of service provision through utilising external players.

Health practitioners highlighted that NHS institutions could benefit from these partnerships as it provides them with a skill set that is not naturally provided from within.

Improved quality would therefore be more a result of process efficiencies than a ‘people’ issue.

NHS institutions could benefit from these partnerships in that it provides them with a skill set that is not naturally provided from within. A NHS Financial Director outlined:

“[At my hospital] we were pioneering strategic alliances with the private sector on the basis that they have a certain skill set that we require. Taking the [internal NHS] culture to get that skill set may take an inordinate amount of time and it is easier to buy in. We pioneered a multi-contractor service, not just health services but management & marketing services – skill sets which are not traditionally within the NHS.”

“Outsourcing is a solution to primarily a managerial problem, as changing management [internally] may take a long while.”

NHS Financial Director

“My experience of managing contracts of various sizes with the private sector is that you can not only get the same but actually increased quality using an external provider.”

NHS Financial Director

One other highlighted: “If you haven’t got an efficient service then outsourcing is a way of getting around it. At the end of the day we are talking about asking people to deliver a service. If you can manage people internally then that may be all well and good. If you can’t then the management skills of a third party may be utilised.”

More UK surgeons than not see outsourcing as a way to improve quality.

One respondent pointed out how this ‘external help’ provided a solution in the face of general difficulties with ‘change from within’, or organisational change:

“Just telling people ‘We’re changing the makeup or constitution of an institution from that of a bureaucracy of the state to a commercial entity’ is not enough to bring out the transformation to compete with the third party or private sector. And the realisation of that will mean that there’s opportunity for the private sector to perform, but if management was improved then their opportunity will be less.”



“There is a lot of potential opportunity to improve the quality of service with a strategic partner. But there is also, I would argue, an opportunity to improve the quality of service if you managed the service properly internally as well.”

NHS Financial Director

7. THE POTENTIAL FOR COST SAVINGS

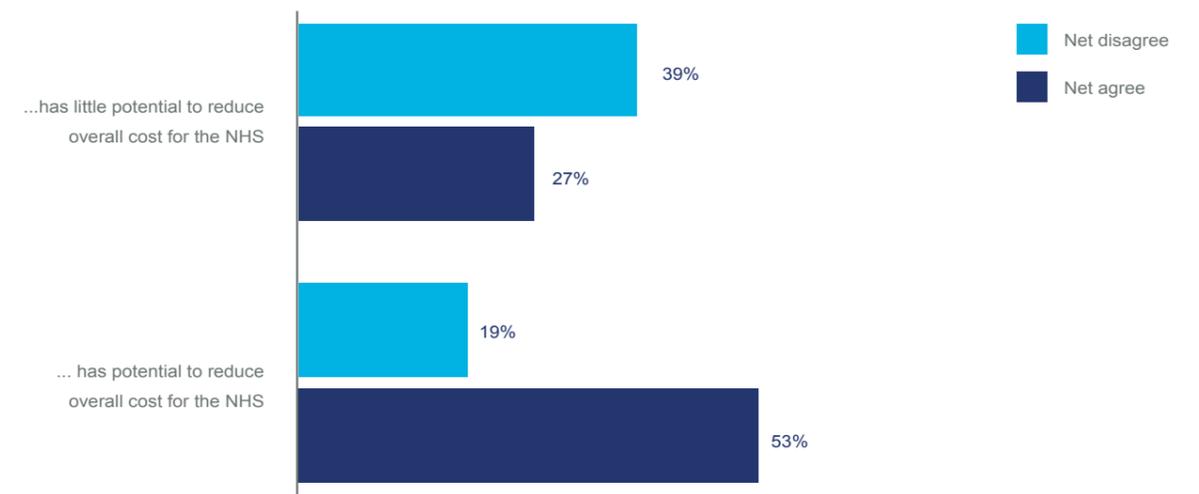
The second aspect that we discussed with both UK surgeons and NHS Financial Directors in this context is cost, and the potential for cost reduction through external suppliers. 53 per cent agreed that a partnership approach had the potential to reduce overall cost for the NHS, while 27 per cent think it has ‘little potential’ to do so.

But that comes with a risk for the flexibility they currently have. They might be able to ring up their in-house provider and say ‘Can we have this very quickly’ which they’ll get. If they do that with a private service provider they’ll feel that because the relationship is governed by a contract they will end up having to pay for that. So it’s just a fear of change and a fear of the unknown I think, more than anything.”

One Financial Director described the cost aspect as follows: “I think there is a perception that if you outsource any service to the private sector you’ll get it cheaper.

The perception is that cost savings through outsourcing are not a given and one has to look at the numbers – however the overall view is that through outsourcing there is more potential for cost savings than not.

Figure 5: “A partnership approach in the area of healthcare in the UK...”



Source: Opinium, 2014

“It’s not as clear cut as that all external services are cheaper than internal services [...]. You have to do the numbers.”

NHS Financial Director

While there were a considerable amount of UK surgeons agreeing with the statement “a partnership approach has little potential to reduce overall cost for the NHS” – 27 per cent of all respondents – this statement also attracted disagreement with nearly four out of 10 (39%) disagreeing, again underlining the ambivalence that exists amongst health practitioners when it comes to the financial aspects of outsourcing vs. in-sourcing.

In contrast a larger group of respondents agreed with the statement that “a partnership approach has the potential to reduce overall cost for the NHS” – 53 per cent or more than half of the sample agreed.

More UK surgeons than not see the potential for cost reduction as a result of outsourcing.



“The private sector isn’t bound in quite the same way as the NHS, in a whole number of ways. The private sector has tended to embrace and adopt technology far better than the NHS so there are productivity gains I have found in a number of areas when using private sector providers.”

NHS Financial Director

8. MORE UK SURGEONS THAN NOT SEE THE BENEFITS OF OUTSOURCING

Having looked at some of the shortcomings within UK hospitals and having gathered the practitioners’ views on the efficiency and potential benefits as well as drawbacks of health partnerships, we can conclude that more UK surgeons than not see outsourcing as a way to improve quality. Secondly, more practitioners than not see potential for cost reduction through outsourcing.

Outsourcing is, based on our research, considered by many to be bringing in private sector expertise and thereby helping to address challenges facing the public health authorities.

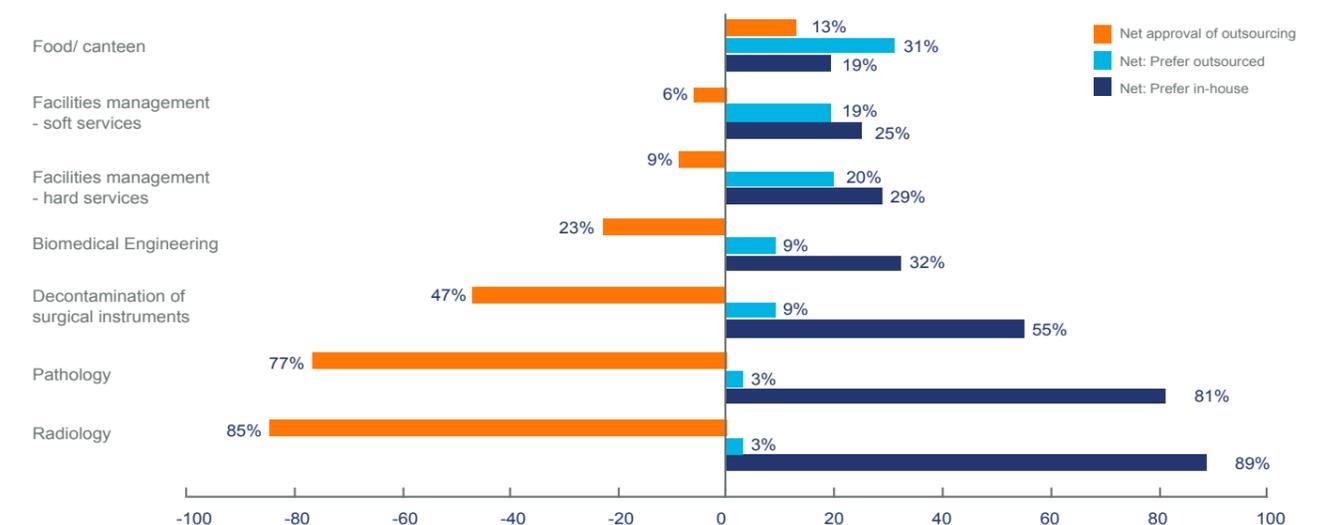
A generally positive view on outsourcing appears alongside the huge increase in NHS contracts with private sector providers. Over the last many years, the NHS has embarked on its biggest and most wide-ranging outsourcing of services so far. Tenders for private providers do not any longer involve facilities management and non-patient facing services only but also the provision of patient-facing, sensitive medical care.

This generally positive view of outsourcing by NHS practitioners who, by and large, all have experienced these partnerships in their hospital in one way or another, stands in rather stark contrast to their personal preferences for such partnerships.

Not a single area except ‘food/canteen’ has a net positive approval for outsourced service provision. Figure 6 below displays the surgeons’ preference for in-house provision and the net approval of outsourced services across all units/ areas.

A generally positive view on outsourcing by NHS practitioners stands in contrast to their preferences for internal vs. external (or on-site vs. off-site) service provision across hospital units.

Figure 6: Preference for outsourced service provision (net approval) Base: 150 UK surgeons Source: Opinium, 2014



There is an expected though 'moderate' positive correlation between the areas where UK surgeons have experienced outsourced service provision and their disapproval of outsourcing them.

Our research highlights the paradox that exists within UK public health institutions at this very moment: while more UK surgeons than not see the benefits of outsourcing this does not translate into a clear preference for contracting out of services.

Figure 6 on the previous page displays how few surgeons prefer their surgical instruments decontaminated by an external provider (9% vs. 55% who prefer in-house).

The fundamental barrier to outsourcing in such a critical area might be based on the flexibility that surgeons perceive to have when services are not contracted out, as described by one Financial Director:

"They might be able to ring up their in-house provider and say 'Can we have this very quickly' which they'll get. If they do that with a private service provider they'll feel that because the relationship is governed by a contract they will end up having to pay for that."

While more UK surgeons than not see the benefits of outsourcing it does not translate into preference for contracting out services.

"What an outsourced provision will allow for is to have – or what is at least perceived to be – a standardised service."

NHS Financial Director

The surgeons' low preference for contracted-out services has been further explained as driven by a sense of control:

"I think the surgeons view is influenced by the fact that they feel they have better control. They feel that they have more scope for influence and that [on-site] service will be more responsive and more flexible".

"The surgeons view is influenced by the fact that they feel they have better control. They feel that they have more scope for influence and that [in-house] service will be more responsive and more flexible."

NHS Financial Director

"I don't think they prefer a particular type of service over another. If you've got the right team [internally] you have better control. I think if [the purpose is more] functional they'll prefer the outsourced service [instead]."

NHS Financial Director

Furthermore, it is fair to assume that this low preference of surgeons for contracting out is because they are particularly cost-conscious.

We asked the sample of surgeons about the role cost savings play for them regarding their operating theatre. The vast majority (79%) said that the issue of cost savings within operating theatres is important to them.

While cost is a factor for surgeons, they seem to prioritise perceived flexibility and more control over any potential cost savings.

"Many contracts are also long-term in their nature with little in-built flexibility to adapt to short-term shifts in regulation or changes in community expectations."

Anne Torry, Managing Director of Zurich Municipal, (Writing in the Guardian, January 2013)



9. THE PARTNERSHIP APPROACH – IN CONTEXT

The previous chapters should have given us an understanding of how better public services outcomes can be achieved from a partnership approach.

We have outlined the view of better managerial capabilities within the private sector which can be – and potentially should be – utilised within the NHS. We have established that ‘one needs to look at the numbers’ when it comes to potential cost savings through a partnership approach. However - based on our quantitative survey amongst 150 UK surgeons – more health practitioners than not see outsourcing as a way to improve quality and more practitioners than not see potential for cost reduction through outsourcing.

Ultimately, however, the preference for one type over another seems to be down to the practitioner’s perception of how much flexibility and control remain with them.

As 95 per cent of the respondents have

had experience with partnerships we asked a selected few Financial Directors about their view on how it can be managed more successfully.

Respondents highlighted the importance of a close relationship which needs to start off on the right foot, with one Financial Director elaborating on the importance and role of the initial contract negotiations between the NHS institution and the private provider:

“The relationship is dependent on two things. First there is the quality of the working relationship. Private providers come in to these contracts with a long term investment and a long term commitment in mind.

They want the service and the relationship to succeed, meaning there is an element of goodwill there.

So if you work closely with the private provider you can usually get where you need to be. However the fall back position in the unlikely event of some sort of failure in the relationship is the contract itself. There is, to my experience, a lot of time and effort needed upfront to make sure you’ve got the right contract in place, the right protections for both sides.”

So if you work closely with the private provider you can usually get where you need to be. However the fall back position in the unlikely event of some sort of failure in the relationship is the contract itself. There is, to my experience, a lot of time and effort needed upfront to make sure you’ve got the right contract in place, the right protections for both sides.”

One NHS Financial Director described his experience with managing these kinds of contracts, putting emphasis on the protective nature of the agreement:

“The fall back position [...] is the contract itself. There is [...] a lot of time and effort needed upfront to make sure you’ve got the right contract in place, the right protections for both sides.”

NHS Financial Director

“You’re trying your best to make the service [agreement] work but at the back of my mind I know I have the protection of the contract should I need it.”

Several respondents outlined that the key issue for a successful relationship between private sector providers and the NHS is one of confidence in the relationship. One respondent outlines: “If the surgeons thought for one minute that they would get a better service [through external providers] and they were 100% confident in that, there would be no issue at all.”

At the beginning of this report (see ‘Background’ page 9) we discussed the ever increasing amount of contracts given to the private sector in some of the most important and sensitive medical care areas provided by the NHS. Having said that in many instances it is still the case that the closer you get to the patient, the more difficult it is to find external providers. Several respondents stressed that the barrier here is less a financial one and more one of confidence, too.

One Financial Director emphasised the slowly evolving landscape based on good case studies of healthcare partnerships in Trusts which can serve as examples for others:

“I think there needs to be a debate between the parties as part of the development of that relationship, as maybe part of the procurement process.

But the default position for most people is that they will say, ‘Right, where are you working, let’s go and talk to them’. It’s always very nice to be able to say ‘Well, I can

go to a similar sized Trust down the road and look at what they’re doing, yep, they’re very happy with it’.

Respondents also stressed that not in all circumstances hospitals have the choice, i.e. in some cases Trusts are forced down this route because of lack of capital investment or because a number of staff have just retired so they just can’t provide it internally.

However, as Financial Directors stressed repeatedly during our conversations, a lot of organisations do have a choice. One Director confirmed the importance for Trusts to have access to ‘case studies’ and the possibility to get references from within the NHS:

“They’re looking to see where this is working well and not well – and take a view.”

“As trusts struggle with their financial situations, I think they will look more and more at providers to provide competition and drive down costs. And if that means that they have to outsource more than I think they will do.”

NHS Financial Director

10. APPENDIX - METHODOLOGY

Opinium Online Survey:

- **Fieldwork: 6th January to 17th February 2014**
- **Sample: 150 Main Surgeons**
- **Length of interview: 10 minutes**

Opinium In-depth interviews:

- **Fieldwork: February 2014**
- **Sample: 5 Financial Directors in the NHS**
- **Length of interview: 20 minutes**



Endnotes

ⁱThe article continues: “The deals could see the private sector delivering all cancer and end-of-life treatment for children and adults across Staffordshire and Stoke on Trent. This will involve diagnosis and treatment such as radiology, radiotherapy, breast screening, chemotherapy, nursing and surgery for patients in hospitals, hospices and at home. See Financial Times, 9 March 2014, Gill Plimmer, “NHS invites bids for Staffordshire outsourcing deals worth £1.2bn”, here: <http://www.ft.com/cms/s/0/52854e68-a77b-11e3-9c7d-00144feab7de.html#axzz2xAbxIPP1>, (Retrieved: 20 March 2014)

ⁱⁱSource: Gill Plimmer, “NHS invites bids for Staffordshire outsourcing deals worth £1.2bn”, Financial Times, 9 March 2014

ⁱⁱⁱSource: The Coalition Government’s “Health and Social Care Act 2012”, here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138257/A1.-Factsheet-Overview-240412.pdf, (Retrieved: 20 March 2014)

^{iv}Hence when talking about “partnership” we are not exclusively referring to Public Private Partnerships (PPP) or Private Finance Initiatives (PFI) projects either

^vNet approval meaning the percentage share of those respondents saying to prefer an outsourced provision minus the share saying to prefer in-house provision of services

^{vi}Note on the chart: Net approval (red bar) is ‘Prefer outsourced’ (yellow bar) minus ‘Prefer in-house’ (blue bar) on unrounded figures

^{vii}There is a positive correlation of 0.4 between the preference for outsourced services and their experience with outsourcing in those areas which can be considered a moderate positive relationship. There is no rule for determining what size of correlation is considered strong, moderate or weak. The interpretation of the coefficient depends, in part, on the topic of study. When we are studying things that are difficult to measure, such as preferences or attitudes, we should expect the correlation coefficients to be lower. In these kinds of studies, we rarely see correlations above 0.6 and we generally consider correlations above 0.4 to be relatively strong; correlations between 0.2 and 0.4 are moderate, and those below 0.2 are considered weak.