

BRIDGING THE GAP BETWEEN THE PUBLIC AND PRIVATE SECTOR



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Ultrasound Private Sector: Who?

- Independent Sonographers/ Midwives
- Obstetricians
- Ultrasound Companies : direct owned or franchise
- Private Clinics or Hospitals



The Patient Journey; From where?

- Self referral
- Private Insurer
- NHS outsourcing





Why a demand?

EXTENDING THE PROVISION OF ULTRASOUND SERVICES IN THE UK September 2003 BMUS Document Stated 'This increase in scan requests has not been matched by resources'

Increasing demand: ChatGPT says:

For the most current and accurate information, I recommend checking with official healthcare organizations or government agencies in the UK. They may publish reports or studies that include statistics on private ultrasound scans.



Why do women want private pregnancy scans? Lets ask ChatGPT...



___rly Detection and Confirmation of Pregnancy: Private scans can be scheduled earlier than NHS scans, providing an earlier confirmation of pregnancy.

Reassurance: Private scans can offer reassurance to expectant parents, especially if they have previously experienced complications in pregnancy or have concerns about the health of the baby.

Additional Information: Private scans might provide more detailed information about the pregnancy, including the baby's development, growth, and overall health.

Gender Reveal: Some parents choose to have a private scan to find out the gender of their baby earlier than what might be offered through standard NHS scans.



Bonding with the Baby: Seeing the baby on an ultrasound screen can be an emotional and bonding experience for expectant parents.

More Time and Attention: Private scans may offer longer appointment times and more personalized attention from the sonographer or healthcare professional.

Convenience and Flexibility: Private scans can often be scheduled at times that are more convenient for the parents, including evenings and weekends.

Additional Scans: Some parents might want extra scans beyond what is offered as part of routine NHS care.



Peace of Mind: Private scans can provide a sense of control and peace of mind for expectant parents who may be anxious or worried about their pregnancy.

Multiple Pregnancies: In cases of multiple pregnancies (such as twins or triplets), private scans can offer more detailed and personalized care.



Private Scans

Private scans: Minimum of 500,000 year in Ultrasound Companies alone for Obstetrics

NHS England statistics 21-22 10 million Diagnostic Ultrasounds

Sonographer Sonographer





What is causing 'THE GAP'?

1. Concerns about standards / Qualifications

CQC Regulator

'I asked one of our operational managers and looked at our guidance and there is not really anything I can send you. We use current national guidance from a range of bodies including the BMUS, and the Health and Social Care Act to determine if a service is compliant or not. CQC's focus is the same regardless of which sector a service operates in. All providers must ensure they can demonstrate their competence, skills and qualifications to undertake their roles.'



What is causing 'THE GAP'?

2. Inappropriate referrals

After a scan with a negative result what is the pathway?

No specific recommendations in BMUS or NICE NICE Guidance 2016

1.2.3 Early pregnancy assessment services should accept self-referrals from women who have had recurrent miscarriage or a previous ectopic or molar pregnancy. Although additional care for women with recurrent miscarriage is not included in the scope of the guideline, the Guideline Development Group recognised that it is common clinical practice to allow these women to self-refer to an early pregnancy assessment service and wished this to remain the case. All other women with pain and/or bleeding should be assessed by a healthcare professional (such as a GP, accident and emergency [A&E] doctor, midwife or nurse) before referral to an early pregnancy assessment service.



Patient referral pathways: Survey of Private scan companies

75% said they have a contact in secondary care

25% said communication does not work well

38% experience difficulties: refusal to accept, negative feedback etc

75% said having a contact improves patient care

75% said they did not receive any feedback or results after a referral

If no contact, majority of patients are referred to GP/Midwife



How to bridge 'THE GAP'?

- Demand rising; Private sector scanning will not go away
- CQC; Non-committal position on regulation
- NICE; No position
- BMUS to lead the way!
- Guidance on referral pathways
- Statement on private practice : qualifications, experience, scope etc







THANK YOU

Any questions?