PUBLIC PRIVATE PARTNERSHIPS IN HEALTHCARE 20 YEARS OF UK EXPERIENCE

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Before PPP





BIRMINGHAM HOSPITAL 2000

Ward in 1920's



Before PPP

- ➤ Early 1990's little capital in National Health Service available circa 75 billion (RR) per annum (3% approx of revenue) – to be shared amongst 300 hospitals = incremental improvements
- ➤ Mid nineties circa 375 billion (RR) backlog maintenance problem
- ➤In cancer treatment early 2000 38% of all linear accelerators 10 years or older



Before PPP

- ➤ Public Sector Projects over budget, overrun
- ➤ Risks of construction costs, time long term maintenance borne by NHS
- ➤ Hospitals competed for access to capital
- ➤ Major change to improve patient care difficult

Previous experience (1999 Government survey)

Construction projects		
where cost to the public		
sector exceeds price agreed		
at contract		

73%

Construction projects delivered late to public sector 70%



After PPP

SWINDON HOSPTIAL 2012





BIRMINGHAM HOSPTIAL 2012



After PPP

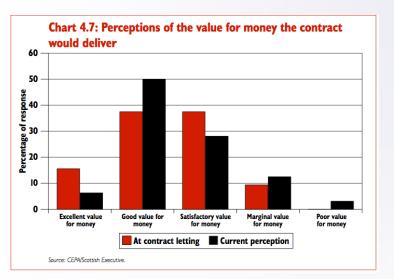
➤ Over 165 major infrastructure projects – 800 billion (RR) – transformational change!

➤ Nearly 50 projects over 4.5 billion (RR)

➤In cancer treatment increase from 433 to 690 linear accelerators by 2010 – only 13% over 10

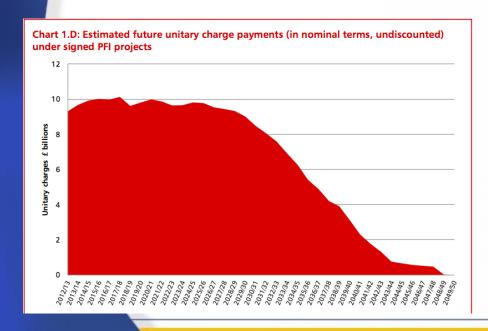
years old

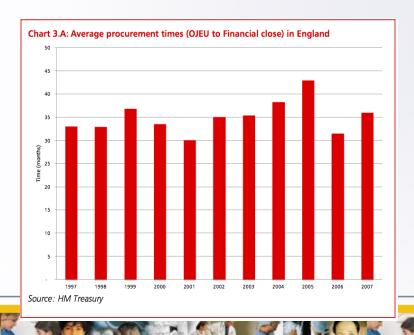
	Previous experience (1999 Government survey)	PFI experience (2002 NAO census)
Construction projects where cost to the public sector exceeds price agreed at contract	73%	22%1
Construction projects delivered late to public sector	70%	24%²



Issues still to resolve

- ➤ Public Relations transparency
- ➤ Length of time of procurement bid costs
- ➤ Risk transfer
- ➤ Poor business case assessment





Proposed Resolutions

- ➤ Publishing at every stage project information
- Limiting to 18 months from advert to award of preferred bidder regulated
- ➤ Risk transfer risk matrix to be published
- ➤ Transparency public sector to take minority equity stake (models already exist)

