Independent providers... making a difference in the NHS
Did you know...

- In 2003/04, 99,000 operations were provided to NHS patients by independent providers.¹
- Over 250,000 NHS patients have either been treated by, or received, a diagnostic service from the independent sector with patient satisfaction running at over 94 per cent.¹
- More than 80 per cent of those who use mental health services in the independent sector are NHS patients, including all patients in low and medium secure settings.²
- Independent provision of NHS services is not new. NHS GP, ophthalmic and pharmacy services have all largely been provided by independent contractors since 1948.
- The majority of hospice care is provided by the independent sector and 35 per cent of their funding is provided by the government.³
- All services provided by the independent sector must comply with Healthcare Commission standards including quality of treatment, provision of information, management of complaints and facilities and equipment.⁴

1 Department of Health, ISTC report, February 2006
2 The Healthcare Commission’s findings relating to the independent sector in England 2004/05
3 Hospice and Palliative Care Facts and Figures 2005, hospice information
4 The Healthcare Commission’s findings relating to the independent sector in England 2004/05

What is the NHS Confederation?

The NHS Confederation brings together the full range of organisations that make up the modern NHS. We act as an independent and powerful force in the drive for better health and healthcare. We do this by:

- influencing health policy and the wider public debate
- promoting excellence in employment to improve the working lives of healthcare staff
- supporting health leaders with information-sharing, networking and tailor-made services

The NHS Confederation has hosted a group of independent sector providers of NHS services since 2004. There are now 48 affiliate members including voluntary, not-for-profit and commercial providers.
As well as representing NHS organisations, the NHS Confederation hosts a group of independent sector members including voluntary, not-for-profit and commercial providers of care to NHS patients.

Independent providers... making a difference in the NHS outlines key examples of the many ways the independent sector benefits NHS patients. I have long been impressed by the difference independent providers make and this report brings this alive. It is important because it comes at a time of significant change in the health service. It is easy to forget that all providers of care are focused on improving the lives of patients. Like their NHS colleagues, the independent sector makes significant and wide-ranging improvements to the lives of NHS patients in their care.

Independent sector treatment of NHS patients is not a new phenomenon. NHS GPs, ophthalmic and pharmacy services have all largely been provided by independent contractors since the formation of the NHS in 1948. This report brings this story up to date by illustrating the breadth and depth of NHS care provided by the independent sector in today’s NHS. Some of these achievements have been made by filling niches beyond traditional NHS provision, some through partnership working, and others have arisen as a result of new policy developments.

As we look forward, all providers of care to NHS patients face challenges as they respond to complex patient needs in a timely, cost-effective way using increasingly sophisticated ways of working in a variety of settings. These have to be achieved at the same time as responding to new organisational arrangements and policy initiatives.

Patients are of course top of our agenda as we rise to these challenges. All the case studies in this report illustrate this approach, and we should strive to continue improving all our services.

The NHS Confederation’s affiliate scheme was launched in 2004 to reflect the increasing diversity of service providers in the modern NHS. Members have the opportunity to connect with NHS leaders at our many events and join the voice of NHS leadership in influencing central policy and contributing to the public debate. A full list of our current affiliate members can be found on page 14.

Dr Gill Morgan DBE
Chief Executive, NHS Confederation
SMART assessment at the Royal Hospital for Neuro-disability

Who: Royal Hospital for Neuro-disability is an independent medical charity, which aims to meet the needs of people with complex neurological disabilities on behalf of the NHS.

The project: SMART (Sensory Modality Assessment and Rehabilitation Technique) is an assessment and treatment tool, developed at the Royal Hospital for Neuro-disability. It is used to assess awareness in adults with profound brain damage, who have been diagnosed as being in a vegetative or minimally conscious state.

The SMART tool identifies the full range of an individual’s functional and communication capabilities, by assessing the five senses plus movement, communication and wakefulness. SMART also uses the observations of the patient’s friends and family members to assist with the diagnosis.

The hospital developed the tool to provide the first accurate assessment of patients who had been diagnosed in a vegetative state. Now the hospital offers training courses in the technique to other healthcare professionals (accredited by the University of Portsmouth).

Making a difference... SMART is now used worldwide. Recent academic studies found that between 43 and 45 per cent of patients admitted to hospital who had previously been misdiagnosed were found to have higher levels of awareness than previously thought.

Your long-term condition

An estimated 17.5 million people in the UK live with long-term conditions including deafness and hearing loss, asthma, diabetes and neurological conditions. Most care for people with long-term conditions is found outside hospitals and much of it is provided by independent organisations on behalf of the NHS.

The National Service Framework (NSF) for long-term conditions aims to promote the quality of life and independence of people with long-term conditions. Independent providers are working to deliver real alternative services for people with long-term conditions, including creating additional acute capacity where it is needed, helping people to look after themselves and providing specialist care services.

Innovative services are being developed in partnership with the NHS. Healthcare at Home, for instance, delivers chemotherapy in North Yorkshire to cancer patients at home. Independent providers are also developing new technologies such as Tunstall’s Telemedicine monitor, which enables patients with long-term conditions to have 24-hour remote care.

These services, and many others, are providing alternative and modern approaches to the management of long-term conditions. The benefits to patients and the NHS include fewer visits to GPs, a reduction in hospital admissions, early supported discharge and a reduction in drug costs.

Clinical Teaching and Research Unit at St Gemma’s Hospice

Who: St Gemma’s Hospice is a charitable palliative care hospice based in Leeds.

The programme: The Clinical Teaching & Research Unit (CTRU) at St Gemma’s Hospice was established in 2003 with the purpose of facilitating knowledge transfer to improve the care of St Gemma’s patients and others locally, regionally and in the wider world.

The CTRU functions as the academic arm of the hospice, and the three principal activities are generating research, transferring knowledge through teaching, training, learning and applying knowledge in clinical practice.

Making a difference... The CTRU has been vital in spreading best practice in palliative care in Yorkshire and beyond. It has delivered teaching both at a local and national level to GPs, district nurses, social workers and medical students in Leeds and increasingly to staff in primary care trusts and at national conferences.

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Through that collaboration [with the RNID], the Department of Health learned many valuable lessons about working with the voluntary sector. It also showed the Department of Health and other departments a way of finding solutions to other difficult problems.’

Health Minister, Melanie Johnson.

‘It provides us as clinical staff with great opportunities to learn new ways of working and to demonstrate that we are providing evidence-based best practice for our patients.’

Nursing team leader, St Gemma’s Hospice.

Modernising hearing aid services

Who: RNID is the largest charity working to change the world for the UK’s nine million deaf and hard of hearing people.

The project: RNID has worked in partnership with the Department of Health and the NHS to radically change NHS hearing aid services.

In 1999, RNID launched a campaign to highlight 30 years of out-of-date technology of analogue hearing aids and the lack of adequate funding for NHS audiology services.

As a consequence of the campaign, the RNID was asked to work with the NHS on a £125 million programme to modernise all 160 audiology departments in England. This was the first time an organisation outside Government had been asked to form a management partnership to deliver modernisation in the NHS.

Making a difference...

Over five years, the programme achieved significant cost savings for the NHS and over 800,000 patients across the UK have now benefited from the fitting of digital aids. More time is also now devoted to ensuring the rehabilitative benefits of hearing aids are fully realised for patients.

RNID also worked with the NHS Purchasing and Supply Agency (PASA) and hearing aid manufacturers to reduce the cost of a digital hearing aid to the NHS from a high street price of £2,500 to an average of around £100.
Using different services from a range of organisations in the delivery of NHS mental health services has been common for many years and there is a long history of charitable hospitals providing mental health care in the UK. New services have been developed in partnership with the NHS, especially where it has not been viable for the NHS alone to provide enough capacity and specialised services.

More than 80 per cent of those who use mental health services in the independent sector are NHS patients. The amount of mental health care provided by the independent sector is set to increase as the Government encourages more diversity. The independent sector can offer expertise, extra capacity in some very specialist areas and innovative ways of providing care. In addition, it can actually save the NHS money and free up NHS beds.

Independent providers of mental health services are increasingly providing niche services for specific groups of people, including secure services and substance misuse services. Many are also providing community services especially appropriate for young people and black and minority ethnic communities who may be less likely to engage with traditional NHS services.

For example, Affinity Healthcare runs a young person’s service in the north west of England that has been developed in partnership with NHS child and adolescent psychiatrists. The service ensures a fast assessment of young people with mental health problems and makes sure they are discharged from hospital as quickly as possible with the right support in place.

**Rotherham Crisis Resolution and Home Treatment service**

**Who:** Rethink is a national mental health charity and provides a wide range of community services, on behalf of the NHS, for people with mental health problems.

**The service:** The Rotherham Crisis Resolution and Home Treatment service is an integrated, multi-agency service provided by Rethink, Doncaster and South Humber NHS Trust and Rotherham Metropolitan Borough Council. It has been operating since August 2004. The service offers treatment at home for people with mental health problems as well as rapid access to ‘crisis’ beds.

The initiative works towards meeting the Government target of providing access for patients in crisis within two hours of their referral. The partnership combines community mental health workers alongside consultants, psychiatrists, specialists in clinical nursing, social workers and mental health nurses.

The service team also has close links with the local NHS accident and emergency service and helps monitor referral patterns for people with mental health problems, as well as waiting times. The team has also provided special mental health assessment skills to the staff in the accident and emergency department.

**Making a difference...**

By providing an immediate alternative to hospital admission, the service helps minimise the effects of mental health problems. The crisis accommodation provided by Rethink is non-clinical and more relaxed than that provided by a traditional hospital and those using the service are able to feel more independent.

The service concentrates on emotional well-being and encourages people to develop recovery strategies for living with their mental health problem. It includes assessment of individuals in crisis and aims to substantially reduce hospital bed occupancy. Since it opened in August 2004, positive feedback has been received from users and the service is on target to achieve its aim of saving 3,400 bed days.
**The Acorn Programme**

**Who:** The Retreat is a not-for-profit charitable organisation based in York that provides a range of services for people experiencing mental health problems.

**The programme:** The Acorn Programme, based at The Retreat, provides an alternative service for women with complex post-traumatic stress disorder, eating disorders or borderline personality disorder.

The programme is unique as it combines a therapeutic community with a specialised therapy called dialectical behaviour therapy (a form of cognitive behavioural therapy). These therapies are designed to understand clients’ difficulties while at the same time increasing their skills, insight and involvement in their own recovery.

In the programme, service users participate in group therapy, examining and helping to modify each other’s behavioural and emotional reactions. They are expected to participate as full and equal members of the community in which they live. This involves a variety of confidence building and inter-personal activities including the recruitment of staff and voluntary work placements in the community.

**Making a difference...**

The service aims to give individuals the experience and confidence to understand their mental health problem, thereby enabling them to leave The Retreat with the ability to rely on themselves and remain safe enough to stay out of hospital. The emphasis is on self-efficacy rather than the use of the Mental Health Act and observation.

Outcome research indicates highly significant improvements with decreasing levels of self-harm and other psychological symptoms after discharge and at 12-months follow-up. Analysis of subsequent use of health services shows the programme has helped to save the NHS money largely by reducing the number of days individuals spent in hospital.

‘It’s great to work in a way which is truly collaborative. I think this is evident from our routinely involving clients currently in the programme in any teaching we offer.’

Care worker, The Retreat.
Community HIV testing

Who: Terrence Higgins Trust is the leading HIV and AIDS charity in the UK.

The project: Working in partnership with NHS genito-urinary medicine (GUM) clinics, the Terrence Higgins Trust runs 11 community HIV testing clinics across England, providing additional capacity and a range of alternatives to NHS GUM services. Terrence Higgins Trust provides HIV and sexually transmitted infection (STI) testing services in existing GUM clinics and in convenient community settings such as local leisure centres – providing a non-clinical and easy-to-access environment. These services are available for people to drop in out of hospital hours and at the weekend.

By using the latest testing kits, the services enable people to be tested non-evasively and receive their results and a prescription if necessary, within an hour. By offering alternative locations for HIV/STI testing and quick and convenient opening hours, the Terrence Higgins Trust aims to decrease the number of undiagnosed cases in at-risk communities and reduce the onward transmission of HIV and STIs.

Making a difference...
Terrence Higgins Trust is actively reducing the number of undiagnosed cases targeting those who are normally put off testing by a hospital or clinical setting. With this service, the Trust is reducing waiting times for tests and supporting NHS GUM clinics in achieving their target of 48-hour access.

In two years, the services provided by Terrence Higgins Trust have tested over 2,500 patients. Fifty-three per cent of heterosexual clients said they were less likely to have undergone testing elsewhere.

The NHS Plan, published in 2000, recognised that there wasn’t enough capacity to speed up patients’ diagnoses and their treatment. The bottleneck in waiting times for diagnosis was identified as a particular problem area.

Increasingly the independent sector has been a partner in developing diagnostic services on behalf of the NHS and extra capacity has been introduced through the development of independent sector treatment centres (ISTCs). These centres are built and run by independent organisations to carry out diagnostic testing and operations on behalf of the NHS.

There has been much political and media interest in the development of ISTCs and some criticism that they have taken on work that could have been provided by the NHS. However, there is evidence that suggests ISTCs have reduced waiting times for diagnostics. For example, Alliance Medical was awarded a contract in June 2004 to provide mobile MRI scanners that move around strategic health authority areas supplementing normal NHS provision and increasing the NHS’ scanning capacity by 16 per cent. Patients are able to choose a date and time for their scan.

The independent sector is also undertaking diagnostics on behalf of the NHS in non-traditional settings. Terrence Higgins Trust, for instance, uses a mobile van and leisure centres to take HIV and sexually-transmitted infection diagnostic testing out into the community to reach the previously undiagnosed (see over).
**St Mary’s NHS Treatment Centre**

**Who:** Mercury Health is a clinical service business which supports the NHS to provide care through a range of assessment, diagnostic and treatment services.

**The project:** Working in partnership with Portsmouth City Teaching Primary Care Trust, Mercury Health has built and now runs a community-based, multi-purpose ISTC to deliver day surgery and diagnostic care to people in the heart of Portsmouth.

The centre also includes a minor injuries unit and walk-in centre – the first to be run by the independent sector for the NHS. This involves the integration of Mercury’s services with the South East Hampshire emergency network, including the accident and emergency department at Queen Alexandra Hospital in Portsmouth. The minor injuries unit is an entirely nurse-led facility and NHS staff are seconded and rotated as part of the unique network partnership.

The centre also has a radiology department for x-rays, ultra sound and echo cardiography services. This provides a fast and convenient alternative for GPs referring patients.

**Making a difference...**

The minor injuries unit and walk-in centre provide an alternative to GP and accident and emergency services and so should take some of the pressure off both of these services.

The minor injuries unit and walk-in centre can treat up to 130 patients a day and so should decrease the high level of admissions to traditional NHS services in the Portsmouth area. Good Friday saw the record attendance so far of 148 patients.

‘The minor injuries unit and walk-in centre at St Mary’s NHS Treatment Centre provide an alternative to GP and accident and emergency services and can treat up to 130 patients a day.’

**St Mary’s NHS Treatment Centre.**
The Government’s drive to increase capacity within the NHS so that more patients can be treated more quickly has meant that increasingly the independent sector has performed operations, particularly in orthopaedics, on behalf of the NHS. The ambitious plan to bring waiting times down to six months by the end of 2005 and then to cut the time between GP referral and treatment to 18 weeks by the end of 2008 has also encouraged the use of alternative providers outside the NHS to carry out non-emergency procedures.

Moreover, the Government’s policy is to provide greater choice for patients. The move also encourages a competitive climate within the NHS to put pressure on providers to find more innovative ways of delivering services for patients.

Many operations are carried out by the independent sector in independent sector treatment centres (ISTCs). These were introduced to take on elective work, and not emergency patients, making it easier to plan surgery. By concentrating on a high volume of similar procedures there are some economies of scale and many ISTCs have demonstrated innovative ways of working such as Care UK’s blood conservation process (see over).

Other independent providers are assisting NHS patients having operations in different ways. For example, Healthcare at Home has been working with the NHS to support the early discharge of patients having hip or knee replacements at Coventry and Warwick NHS Trust. Patients have a pre-operative assessment at home and then leave hospital at least four days early to the care of the Healthcare at Home team. The service has saved the NHS 700 bed days since February 2005.

**Joint Excellence programme**

**Who:** The Horder Centre is a charitable organisation comprising a nursing home and an acute orthopaedic hospital specialising in joint replacement surgery. Some 95 per cent of their services are for NHS patients.

**The programme:** The Horder Centre’s Joint Excellence programme supports patients during all stages of their operation, from pre-admission to post-discharge. The programme involves group education and rehabilitation by providing detailed information and support using videos, daily newsletters, notebooks and groups sessions.

A key feature of Joint Excellence is the group sessions for patients undergoing similar operations such as knee and hip replacements. As a group, the patients have physiotherapy, workshops and social events.

The interaction between patients has been found to be very therapeutic and beneficial to the healing process.

**Making a difference...**

The Horder Centre’s streamlined approach to care has helped create an atmosphere of wellness as well as positively reinforcing the work of the clinical staff in the centre. The programme itself has increased the number of orthopaedic referrals to the Horder Centre and so freed up capacity within the local NHS. The Horder Centre now provides more registered orthopaedic operations than any other independent hospital in the country (National Joint Registry Annual Report 2005).
Blood Conservation Process

Who: Care UK is an independent organisation providing a range of community and acute care services. In 2003 it formed a joint venture with Life Healthcare Ltd called Partnership Health Group (PHG).

The service: PHG’s Peninsula NHS Treatment Centre provides orthopaedic surgery and care to NHS patients throughout Devon and Cornwall. The centre has introduced an innovative blood conservation service that processes and cleans a patient’s own blood during and after surgery and then re-transfuses it to the patient.

The process, known as the OrthoPat autologous cell saving system, helps patients to recover from surgery more quickly and effectively. By treating a patient’s own blood in this way, their haemoglobin levels are enhanced and so recovery time is quicker. The process also assists with wound management, reducing the possibility of a patient reacting to donated blood and eliminating the risk of infection from donated blood.

It is run entirely by specialist trained nurses, with a focus on improving patient outcomes and services. Patients are fully supported before and after their surgery. The centre has shared its experience with local blood banks and transfusion services and centre staff have spoken at national conferences.

Making a difference...
It is estimated patients recover up to three days quicker after knee and hip operations when the risks associated with donated blood are eliminated. By reducing the risk involved to patients, the blood conservation process is also decreasing the likelihood of hospital re-admission.

In addition, the Peninsula NHS Treatment Centre does not need to draw upon valuable stocks of donated blood in the local areas, thus reducing NHS costs. The centre is using on average just nine units of donated blood each month.

‘The innovative blood conservation service at the Peninsula NHS Treatment Centre helps patients recover up to three days quicker after knee and hip operations.’
Partnership Health Group.
For many years, independent providers have worked locally to provide good and accessible care services on behalf of the NHS within the community.

The recent Government white paper, *Our health, our care, our say* argues that more care should be provided in the community and promotes the need for diversity of providers: ‘We need innovative providers...who work together as part of a joined-up system. We also need to support different approaches from non-traditional providers. We will encourage the independent and voluntary sectors to bring their capabilities much more into play in developing services that respond to need’.1

Independent organisations are developing community services, building innovative partnerships and complementing NHS services. They are providing services which help patients return home quicker after operations and treat people with long-term conditions in the community, thereby reducing the number and duration of hospital admissions. Good practice internationally, such as at Kaiser Permanante in the US, suggests the number of hospital beds needed to serve the population is reduced significantly when there are appropriate community services supporting the acute setting.

Care UK, in partnership with Essex Ambulance NHS Trust, now supplies out-of-hours services in the community. Essex Ambulance Trust takes all the calls which are triaged into those requiring an ambulance and those requiring primary care, while Care UK provides the GPs, nurse practitioners and staff. The combined service offers all patients a single point of access and alleviates pressure on the local accident and emergency departments.

Examples of joint working are also developing between independent providers and social care, housing and education services. The Royal Hospital for Neuro-disability works in partnership with its local NHS, social services and housing agencies to ensure patients leaving their services are able to live independently back in the community.

Care for patients following major colo-rectal surgery

**Who:** MediHome is an independent organisation providing acute home nursing services.

**The project:** Working in partnership with St Mary’s Hospital, Paddington, MediHome’s community-based pilot service delivered high-quality home care to patients who would otherwise need to be in hospital following major colo-rectal surgery.

Working in partnership with St Mary’s clinicians over a number of years, MediHome researched, designed and implemented improved care pathways for this group of patients. They then piloted the new approach to support and care for patients in their own home after surgery. Success depended on hospital clinicians and MediHome nurses working in close partnership.

Making a difference...

Patients treated in the scheme reported a higher level of satisfaction and preference for going home from hospital sooner. There is also a significant cost saving to be realised by reducing local NHS in patient bed days. The use of MediHome Nurses at St Mary’s is now being expanded.

Length of stay in hospital for patients was reduced by nearly 40 per cent. Some 92 per cent of patients reported the service as highly satisfactory. It is estimated that the NHS can make cost savings of up to 45 per cent in comparison to equivalent cost of caring for people in hospital.

Caring for people in their own homes rather than in hospital also reduces the risk of other complications such as MRSA and deep vein thrombosis.

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1 *Our health, our care, our say*, Department of Health, 2006, page 20
**Intravenous antibiotic therapy service**

**Who:** Clinovia Ltd is an independent provider of healthcare services working with the NHS to provide tailored homecare services for patients.

**The programme:** Clinovia provides a short-term intravenous antibiotic therapy service for patients in their own home. The treatment is available for patients with cellulitis, and respiratory, diabetic and orthopaedic infections and enables them to maintain their normal lifestyle while receiving treatment.

Clinovia worked closely in partnership with Warrington Primary Care Trust to develop this new programme. Patients are referred to the service directly through their local GP – meaning they do not need to be admitted to an acute hospital for treatment.

**Making a difference...**

By reducing the number of patients arriving at the local accident and emergency department for treatment, the service is helping local trusts to meet their four-hour wait target and overcome the problem of bed blocking. In addition, treating patients at home in this way greatly decreases the risk of cross-infection.

Through 110 referral cases in 2005, Clinovia helped to save 1,211 bed days. Furthermore, 90 per cent of patients said they would definitely choose home treatment again and that the service had improved their quality of life.

‘By providing a short-term intravenous antibiotic therapy service for patients in their own home, Clinovia is helping local trusts to meet their four-hour wait target and overcome the problem of bed blocking.’

Clinovia home therapy service.
Confederation affiliate membership

The NHS Confederation has hosted a group of independent sector providers of NHS services since 2004. There are now 48 affiliate members including voluntary, not-for-profit and commercial providers. Affiliate membership is open to commercial and not-for-profit providers of frontline NHS or social services.

For further information, or if you have any queries about affiliate membership, please visit www.nhsconfed.org/affiliate or contact:
Rosie Dickinson, Membership Officer, NHS Confederation  Email rosie.dickinson@nhsconfed.org  Tel 020 7074 3242

List of NHS Confederation affiliate members 2006

Affinity Healthcare  www.affinityhealth.co.uk
Age Concern England  www.ageconcern.org.uk
Alliance Medical Ltd  www.alliancemedical.co.uk
Alpha Hospitals Limited  www.alphahospitals.co.uk
Anchor Trust  www.anchor.org.uk
Aptium Cancer Care  www.aptiumcancercare.co.uk
Barchester Healthcare  www.barchester.com
Birkdale Clinic  www.birkdaleclinic.co.uk
Breakthrough Breast Cancer  www.breakthrough.org.uk
British Red Cross  www.redcross.org.uk
BUPA  www.bupahospitals.co.uk
Capio Healthcare UK Ltd  www.capio.co.uk
Care UK  www.careuk.com
Centres of Clinical Excellence  www.clinicalexcellence.org.uk
Clinovia Limited  www.clinovia.co.uk
Cygnet Healthcare  www.cygnethealthcare.co.uk
Four Seasons Health Care  www.fshc.co.uk
GSL  www.gslglobal.com
Healthcare at Home Limited  www.healthcare-at-home.co.uk
Leonard Cheshire Foundation  www.leonard-cheshire.org
Local Care Direct  www.localcaredirect.org
Lodestone Patient Care Limited  www.lodestone.co.uk
MediHome Ltd  www.medihome.co.uk
Mental Health Concern  www.mentalhealthconcern.org
Mental Health Matters  www.mentalhealthmatters.com
Mercury Health  www.mercuryhealth.co.uk
Nations Healthcare Inc  www.nationshealthcare.com
Nestor Healthcare Group  www.nestor-healthcare.co.uk
Netcare Healthcare UK  www.netcareuk.com
Nuffield Hospitals  www.nuffieldhospitals.org.uk
OpCare Limited  www.opcare.co.uk
Partnerships In Care Limited  www.partnershipsincare.co.uk
Primary Solutions (UK) Limited  www.primary-solutions.co.uk
Priory Healthcare  www.priorygroup.com
Rethink  www.rethink.org
Retreat  www.retreat-hospital.org
RNID  www.rnid.org.uk
Royal Hospital for Neuro Disability  www.rhn.org.uk
St Andrew’s Group of Hospitals  www.stah.org
St Gemma’s Hospice, Leeds  www.st-gemma.co.uk
Stonham Housing Association  www.stonham.org.uk
Stroke Association  www.stroke.org.uk
Terrence Higgins Trust  www.tht.org.uk
The Horder Centre  www.hordercentre.co.uk
Tunstall Group Limited  www.tunstallgroup.com
Turning Point  www.turning-point.co.uk
United Healthcare Group (UnitedHealth Europe)  www.unitedhealtheurope.co.uk
United Response  www.unitedresponse.org.uk
Acknowledgement

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