New providers: new solutions

The independent sector partnering with the NHS
The NHS Confederation is the only independent membership body for the full range of organisations that make up today’s NHS.

We represent over 95 per cent of NHS organisations as well as a growing number of independent healthcare providers.

Our ambition is a health system that delivers first-class services and improved health for all. We work with our members to ensure that we are an independent driving force for positive change by:

- influencing policy, implementation and the public debate
- supporting leaders through networking, sharing information and learning
- promoting excellence in employment.

All of our work is underpinned by our core values:

- ensuring we are member driven
- putting patients and the public first
- providing independent challenge
- creating dialogue and consensus.
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Today the NHS faces huge social and economic challenges alongside rising patient expectations. In the aftermath of Lord Darzi’s *NHS Next Stage Review* report the pressure is on to drive up quality and put it at the heart of the NHS, and above all at the heart of the patient experience.

There is recognition within the NHS that every available route must be pursued to ensure that patients are given the quality of treatment and care they are entitled to expect. And, with the advent of patient choice, patients themselves are increasingly able to tell us where we are succeeding and where we are failing.

Achieving this level of quality and patient satisfaction means making full use of the strengths of the independent sector, where these complement or add to what traditional NHS providers contribute. The two sectors will need to work alongside each other as part of a ‘rules-based’ system which is dedicated to securing the best for patients above all else.

We embraced independent sector providers as full Confederation members and as part of the new NHS family at our 2007 annual conference and exhibition. We applaud the significant and wide-ranging contribution the sector is making to the progressive improvement of public healthcare.

The NHS Confederation now represents a range of independent sector providers, offering NHS primary, secondary and acute care including patient support services, diagnostics and care homes.

Lord Darzi’s review last year highlighted key improvement areas for providers and commissioners of healthcare services. While quality is top of the agenda, innovation, working with local communities and clinical leadership are also vital to future success.

The independent sector is committed to these priorities for improvement. As independent sector providers play a greater role in the NHS, it becomes increasingly clear how they can help the NHS as a whole achieve these objectives.

This report highlights examples of how our independent sector members are now helping the NHS to improve quality, to innovate and to enhance the patient experience across a wide range of services within local communities.


Foreword

Steve Barnett, Chief Executive
The NHS Confederation
The emerging market

Primary and acute services

Since the Confederation last reviewed the role being played by independent sector providers in its 2006 showcase report Independent providers... making a difference in the NHS, the picture has changed significantly. There are now nearly 200 independent sector acute facilities spread across England, according to the Department of Health. They range from relatively small, locally-focused independent sector treatment centres to large private hospitals forming part of national or international hospital groups. They encompass not-for-profit and for-profit businesses.

The availability of all these facilities within the NHS free choice model gives substance to the principle of free choice, which became enshrined as part of the new NHS philosophy in the spring of 2008. But even in 2007 between 250,000 and 300,000 NHS patients in England availed themselves of the right to choose an independent provider for their NHS funded treatment. The strengthening of the choice policy can only lead to further increases in this figure in the years to come.

Some clear trends are emerging from this growing experience of independent sector participation in NHS delivery. These include exceptionally high levels of patient satisfaction, exceptionally low levels of hospital acquired infections, and a conviction borne out of experience that the independent sector works best when it integrates successfully into local health economies. Integration allows the benefits of collaboration to be added to those of competition, diversity and innovation.

Industry statistics for the acute sector show that the importance of NHS purchased care has grown significantly as a proportion of all independent sector acute services. The value of the sector is now put at £4,274 million of which NHS purchased care now amounts to £615 million (more than 14 per cent). NHS contracts have grown from being almost insignificant five years ago to 19 per cent of revenue for some major independent sector hospital groups in the last financial year. 1

The picture in the acute and elective fields is therefore one of steady growth and consolidation as the market develops and the system rules are clarified. In the primary care market, development is at an earlier stage. Nevertheless, the switch of emphasis by the Government to diversity and choice in primary care is starting to show real change there as well.

Recent work by the University of Birmingham Health Services Management Centre (HSMC) reports significant growth in the number of GP-led companies in the primary care market. At the same time a number of different types of independent sector providers have entered the market. 2 The HSMC work identifies over 100 such entrants ranging from corporate entities through to local social enterprises. As one would expect, one of the early key components of success seems to be finding a business model that harnesses the full participation and support of GPs.

“In 2007 between 250,000 and 300,000 NHS patients in England availed themselves of the right to choose an independent provider for their NHS funded treatment.”
Mental health services

The economic impact of poor mental health is estimated to be in the order of £77 billion. Mental health services represent 14 per cent of NHS spend. This expenditure underlines the Government’s commitment to continued improvement of these services. The services delivered by providers need to be high quality and ‘person-centred’ to ensure that the level of service continues to improve.

Independent sector providers have a history of driving innovation in the delivery of mental health services. The independent sector will continue to make a significant contribution to the way the NHS responds to mental health illnesses.

It is important to realise that the independent sector is already making that contribution and helping to improve mental health services in the NHS. Third sector organisations currently account for 21 per cent of NHS spend on mental health services.

Mental health hospitals have been one of the fastest growing segments of the independent healthcare sector in recent years, driven by NHS outsourcing. In 2007, the NHS accounted for 84 per cent of independent mental health hospital revenue. In 2007, 18.7 per cent of acute, secure and rehabilitation beds for mental health were publicly financed and independently supplied.

The independent sector is a major player in the contribution of mental health services to the NHS. The partnerships that have been developed between independent sector providers and the NHS is helping to drive quality and improve care for service users.

“The independent sector will continue to make a significant contribution to the way the NHS responds to mental health illnesses.”
Quality

Monitoring quality and improving outcomes for patients

The NHS Next Stage Review set the NHS the task of raising the quality of healthcare in the UK to world-class standards. The review report, *High Quality Care For All*, outlined a vision for all providers of NHS funded care and sets out the quality criteria by which services should be commissioned and evaluated.

Independent sector providers are dedicated to this vision and to helping to drive the quality agenda within the NHS. Indeed, it is the quality of care they provide that has been partly responsible for an increase in independent sector provision within the NHS.

Competition and choice have begun to advance the quality agenda as healthcare provision has opened up and NHS patients can choose the best care from the best provider. Increased information on quality outcomes and patient experiences is essential so that patients can make informed decisions on where they can receive the best treatment.

The independent sector has engaged with NHS Choices to ensure that directly comparable information about its services appears on the NHS Choices website. This is helping patients exercise the right to free choice which is now open to them.

"It is the quality of care they provide that has been partly responsible for an increase in independent sector provision within the NHS."

Independent sector providers operate stringent quality assurance systems and monitoring processes which help to ensure and enhance the quality of care patients receive. Striving for top quality, clinical care at each stage of the care pathway and exceptional levels of patient satisfaction is at the heart of the independent sector’s ethos.

Improved clinical engagement

Clinical engagement was one of the key themes stressed in Lord Darzi’s report and is vital as the NHS moves towards the provision of world-class healthcare services. Doctors, nurses and other staff must be involved and engaged at every stage of the care pathway.

Independent sector providers are constantly looking to improve clinical engagement. Research has shown that many staff in the independent sector value the opportunities to get involved in the improvement of quality, shape the way care is delivered and devote more time to patients.

The independent sector has a culture of engaging staff, listening to them, giving them freedom to implement good ideas and developing their skills. Bringing this culture to the treatment of NHS patients will help drive quality throughout the service.
Ramsay Health Care UK

Ramsay Health Care UK is an independent healthcare group that has been providing care to NHS patients since 2004. An independent sector treatment centre run by Ramsay Health Care is helping to train the NHS consultants of the future.

Clifton Park NHS Treatment Centre in York was opened in January 2006. It aims to increase the choices available to patients and reduce waiting times, especially for orthopaedic patients. Like most treatment centres, it concentrates on elective surgery.

Clifton Park always intended to become an integral part of the NHS community. It started taking on junior doctor trainees in April 2006.

Ian Whitaker, consultant orthopaedic surgeon, Clifton Park and neighbouring York District Hospital, explains: “The consultants at York were involved in the development of the new treatment centre from the start. We were insistent that Clifton Park would be able to offer new opportunities for junior practitioners, as well as for patients.”

The benefits for the junior doctors, who are all specialist registrar grade or above, are clear, as Ian describes: “Because of the defined case mix of the treatment centre, our trainees have found that they are involved in 30 to 40 per cent more cases than they were at the district hospital. This provides valuable, hands-on training for the clinicians of the future.”

Debbie Craven, general manager at Clifton Park, has found the training agreement beneficial for the treatment centre staff as well as the trainees. Her comment above emphasises the success of the agreement.

Clifton Park has exceeded expectations, treating even more NHS patients than anticipated and achieving a consistently high level of patient satisfaction.

“Having trainees at a hospital helps to facilitate a learning environment. The team really enjoys working with the junior doctors, student nurses and student physios. Importantly, the agreement enables NHS trainees to experience working within the independent sector.”
Debbie Craven, general manager, Clifton Park
Effective workforce sourcing

Cygnet Health Care

Cygnet Health Care is one of Britain’s leading independent providers of psychiatric care, offering a personalised service to patients with psychological, emotional and addiction problems.

Filling bank shifts with well-qualified, enthusiastic staff is a challenge for all hospitals, whether in the NHS or independent sector. A well-run bank system can save organisations money and help ensure high standards of patient care.

Cygnet Central has introduced an innovative approach to centrally sourcing bank personnel for all 15 hospitals across the group.

The service, Cygnet Internal Nursing Agency (CINA), was introduced in May 2005, originally to help control the spiralling costs and over-reliance on agency staff across many of Cygnet’s hospitals. The service was trialled with three of its London hospitals (Beckton, Blackheath and Ealing). Over a three-month period reductions were seen in both agency usage and spend.

Following this success, the service has expanded to incorporate all existing and new Cygnet hospitals. CINA started as a telephone-based operation but has developed into an internet-based service. It is available remotely to bank personnel, ward managers and call handlers.

Both email and texting are used to contact bank personnel about shift availability, which they can then apply for online. It also keeps ward managers informed of the outstanding needs of their wards.

A major advantage of CINA is that it offers bank personnel the option to register at one hospital while at the same time providing the opportunity to work at other Cygnet units. This allows for cross-fertilisation of personnel across the group.

The database has been designed to control working hours for personnel who are restricted due to the European Working Time Directive. The service also prevents bank personnel from working back-to-back shifts.

Currently CINA has over 900 registered bank personnel and receives over 1,200 shift requests each month. CINA is an exciting addition to Cygnet Central’s existing portfolio of services which it provides to both its internal and external customers.
bpas

bpas (British Pregnancy Advisory Service) is the leading not-for-profit provider of abortion services in the UK with a national network of consultation centres and clinics.

bpas has worked with Greenwich Primary Care Trust to ensure that women get access to abortions as soon as possible and that the primary care trust (PCT) meets the Government target of 70 per cent of abortions taking place before ten weeks of gestation.

bpas, which has 40 years’ experience of working with the NHS to break down barriers to access to care, was able to introduce a Central Booking Service (CBS) for abortions across the PCT’s area.

In 2006, Greenwich PCT sexual health commissioner, David Pinson had identified that, although they had achieved choice of provider, adherence to the ‘ten weeks’ target was poor at 59 per cent. David decided to implement a CBS. bpas was awarded the contract by the PCT due to its proven track record of successfully providing a CBS for other PCTs.

“Commissioning bpas to implement a CBS for abortion has driven up the quality of the service. Putting providers next to each other as a choice for the patient has created a competitive environment.”

David Pinson, sexual health commissioner, Greenwich PCT

The use of a CBS is proven to facilitate earlier access to treatment for patients. It also helps PCTs meet the Government targets and can help to keep costs down. This is because later abortions are more expensive.

The service is a call centre where the operator has access to all provider appointments. The patient is offered the first appointment appropriate to their needs, regardless of who the provider is.

Other appropriate options are discussed during the call so the patient can choose to go to a different provider, but is aware this may mean a slightly longer wait. This allows the patient to choose a provider but avoids some of the potential confusion and delay which can result from this, as all the information is immediately available to the patient.

Following implementation of the CBS during 2007, the PCT’s adherence to the ‘ten weeks’ target rose to 72 per cent. Greenwich PCT’s implementation of the CBS, for abortion, means that the service is more cost effective and transparent. More importantly, patient needs can be identified and satisfied.
Innovation through patient involvement

Understanding patient needs and aspirations is crucial to the delivery of quality services. This encompasses more than just the type of care the patient requires and needs to continue throughout the patient pathway.

Independent sector providers have a consumer-focused mindset which enables them to respond effectively and sensitively to patients. In conjunction with local healthcare providers and commissioners, independent providers develop services that closely reflect patient experiences and aspirations.

Appreciating the distinctive needs of different patient groups means that proven and effective methods of improving services can then spread beyond the original provider.

Technology and service delivery

The independent sector has helped advance the level of innovation across the healthcare sector. When independent sector providers enter a healthcare market, changes that they make are amplified across other service providers in the area. These can contribute to improved productivity, efficiency and quality among all providers.

The independent sector spans a wide range of different types of providers. Some larger organisations bring experience of working overseas, or of serving different types of commissioner. Others are smaller, more flexible and more swift in making innovative change in the way they deliver their services. Embracing change and experimenting with new processes, while keeping patient outcomes at the heart of innovation, has helped the independent sector establish its position as a high quality, innovative provider of care within the NHS.

“Innovation has helped the independent sector establish its position as a high quality, innovative provider of care within the NHS.”
Volunteers aid cognitive behaviour therapy

Making Space

Making Space was formed in 1982 and today continues to raise the standard in mental health and learning disability services. Mental health service users are being offered valuable voluntary work and a chance to help others through Making Space.

Volunteers work with people using the Beating the Blues™ computerised cognitive behavioural therapy (CCBT) programme. Beating the Blues™ is recommended by the National Institute for Health and Clinical Excellence (NICE) as a treatment option for those with depression and anxiety.

Making Space delivers CCBT across Cheshire and Lancashire. It uses the scheme to offer voluntary work which could be a route back to work for some of those who take part. Making Space is committed to volunteering as a way of engaging local communities, enhancing life options and pathways to work for people with mental health needs.

Volunteers are required to commit for a number of hours each week. It is also necessary for the volunteers to attend an induction course and additional training. They also have monthly supervision and support sessions. The experience of volunteering can help them develop new skills and to grow in confidence.

Making Space establishes effective partnerships within local communities to help ensure long-term sustainability of the service. Maintaining effective partnership working with local primary care services is essential in maintaining the high standards of service.

The CCBT service also supports the Government’s commitment to improving access to psychological therapies and delivery of services.

The Making Space CCBT service will help PCTs save money through the programme by volunteer time. The number of hours provided by these volunteers can add to and help support the services currently provided by PCTs.

One patient commented on the service provided by Making Space “I appreciated being given the opportunity to progress at my own pace without feeling pressure to proceed. Help and guidance were always at hand.”

“Making Space is committed to volunteering as a way of engaging local communities, enhancing life options and pathways to work for people with mental health needs.”
Helping to provide cleaner, safer hospitals

Spire Healthcare

Spire Healthcare is one of the leading private hospital providers in the UK. It has a 25-year heritage of customer service and clinical excellence. Spire’s mission is to be the best independent provider of quality healthcare in the UK.

Spire Bristol Hospital has recently worked with one of its surgeons, Mr John Hardy, on the P3 Lavage Tray. The tray is the result of research to provide cleaner hospitals, safety for staff, reduce the risks of surgical site infection and allow the measurement of patient blood loss. Mr Hardy is a consultant in orthopaedics and trauma.

Body fluid exposure during operative procedures increases the risk of cross infection to medical staff of blood born viruses. The P3 Lavage Tray safely removes spilt body fluids and infected lavage material from the site of surgery. The tray reduces the risk of surgical site infection in patients by safely channelling lavage fluids into sealed containers to prevent the soaking of sterile drapes and gowns. Soaked drapes are known to allow the ingress of bacteria into the sterile surgical field. The tray also allows the anaesthetist to measure fluid loss more accurately during long surgical procedures. Undetected blood loss during an operation can put the patient at higher risk of post operative complications like infection and heart problems. The tray collects all lost fluids during the operation, allowing volume to be replaced.

The P3 Lavage Tray collects spillages during surgery, reducing the risk of infection

The P3 Lavage Tray will allow more efficient use of theatres through the expected shortening of the turn around time after vascular, cardiothoracic, plastic and orthopaedic surgery. An estimated 20 to 30 per cent cost saving in turnaround and early discharge of patients is anticipated. There will also be savings in the reduction of costs in managing the complication of surgical site infections during operations.

The tray is manufactured in an ultraclean facility in Bristol. It will initially be used in Spire hospitals and then NHS trusts across the country. One of the first NHS units to trial the P3 Lavage Tray is the Royal Centre for Defence Medicine in Birmingham. The tray will be used for the management of soldiers with limb injuries needing complex reconstruction or amputation.

“An estimated 20 to 30 per cent cost saving in turnaround and early discharge of patients is anticipated.”
Patients

The independent sector has long recognised that patients’ overall experiences are often as important to them as high quality clinical outcomes. Many independent sector providers have been carrying out patient surveys for years in order to improve the quality of their customer service and enrich the overall patient experience. Patient surveys and engagement provide information that instigates change and improvement.

Choice

Independent sector providers have played an important role in helping the NHS deliver its choice agenda. Local health services are enhanced when patients can choose alternative providers which offer diverse experiences and allow patients to receive customised care that is tailored to their needs and expectations. Since April 2008 more patients have been exercising their right to choose and have been receiving NHS care in independent facilities.

Customer service

Excellent customer service and an enhanced patient experience are hallmarks of independent sector healthcare provision. Providers consistently score very well on patient satisfaction surveys.

“Since April 2008 more patients have been exercising their right to choose and have been receiving NHS care in independent facilities.”

Personalised care

Independent providers are leaders in offering personalised, responsive care. They work with the NHS to develop integrated health solutions that respond to the health needs of local populations while improving individual patient experiences.
A patient-centric care pathway

Bupa Home Healthcare

Bupa Home Healthcare (formerly Clinovia Ltd) is one of Britain’s most experienced home healthcare providers. It supports strategic health authorities, primary care and NHS hospital trusts by providing high quality, tailored home healthcare services.

GPs in Somerset have worked with Bupa Home Healthcare to improve the lives of patients with chronic obstructive pulmonary disease (COPD).

The county’s practice-based commissioning group wanted to commission, through the PCT, patient-centric pathways for people with long-term conditions, such as COPD. These patients were particularly keen to see community-based services which they could access close to home.

A service specification was developed with the support of the local clinical advisory network. Members of this network include the COPD GP lead and medical and nursing advice from respiratory specialists employed by the acute trusts, Somerset PCT and community specialist services.

The Somerset integrated COPD service is being run by Bupa Home Healthcare in partnership with Avanaula Systems, a GP consortium. This relationship brings together local clinical leadership and extensive community care experience to ensure that this new service will significantly improve care for people with COPD.

The work to create an innovative care pathway for a fully integrated specialist community COPD service evolved as a result of listening to what the patients wanted through a local patient forum called the Breathability Group.

The service currently operates from 12 sites that are predominantly community hospitals or GP surgeries. These locations offer the core services of first assessment, oxygen assessment and nebuliser assessment. The service also runs programmes of pulmonary rehabilitation from venues such as sports halls and community centres.

In addition to these routine services, unscheduled response for patients experiencing acute exacerbation is also provided via our on-call service. This is a 24/7 patient helpline. The helpline provides specialist support and general advice. All patients receive a tailored education and self management plan during their first assessment which is then reviewed with the patient on each contact with the service.
Health and social care services in the home

Marie Curie Cancer Care

Marie Curie Cancer Care is one of the UK’s largest charities. It was established in 1948, the same year as the NHS.

Marie Curie and the NHS in Leeds are providing better care to terminally ill patients by breaking down barriers between health and social care. A major obstacle to caring for patients at home is the separation of healthcare and social care. While healthcare assistants will assist with personal hygiene care, social care workers usually offer practical help to patients and their carers around the home.

Marie Curie is keen to see much closer working relationships between the two services, helping to ensure the patient receives a high level of co-ordinated care.

The introduction of the Complex and Palliative Continuing Care Service (CAPCCS) in Leeds, as part of the Marie Curie Delivering Choice Programme, aims to improve the quality of care by integrating both health and social care into a single service.

This city-wide service is provided by a new category of professionals known as health and personal care assistants, who undertake both social and healthcare duties.

CAPCCS offers invaluable support to patients and their families, providing a flexible, responsive service. The service helps patients return home from hospital at the earliest possible opportunity. It also provides the best possible quality of life and prevents inappropriate hospital admissions.

The service is beneficial to patients with reduced mobility or patients living alone without a carer. It also helps elderly or working carers who can only provide limited care.

The service is an integral part of community services in Leeds managed by the PCT and accessed through the district nursing service. The service works in conjunction with the service delivery framework in Leeds for palliative care patients. While staff are employed by the PCT, employment costs are currently split equally between Marie Curie Cancer Care and the PCT.

“Without the help and support given by the Marie Curie carers, especially the visits to prepare meals and give medication, I don’t think we would have been able to cope as a family.”

A patient’s daughter
The Stroke Health Promotion Service

The Stroke Association

The Stroke Association is the only UK-wide charity solely concerned with combating stroke in people of all ages. Stroke is the leading cause of severe long-term disability in the UK. Reducing the number of strokes in England each year would have enormous benefits for individuals and the NHS. Around 40 per cent of strokes are preventable. Preventing just one in twenty of these would yield £37 million in savings on health and social care.

The Stroke Association’s Health Promotion Service is designed to reduce the expected number of strokes in the community. Stroke Association teams work with individuals and families who have been identified as being at risk of stroke. On referral, individuals and their families receive one-on-one assessment by a qualified and experienced member of the Stroke Association team. This process allows the team to develop tailored programmes taking into account the individual’s circumstances.

Stroke prevention advisors work intensively with those at risk providing information, advice and support. This enables them to make the necessary lifestyle changes that reduce their chances of stroke such as changing their diet.

The Stroke Health Promotion Service was developed following a two-year project run by the Stroke Association with funding from Hull Social Services. It can now be commissioned by PCTs across England.

The Stroke Association is committed to delivering quality services that meet the needs of people affected by stroke. Services are regularly evaluated and improved, taking into account the changing needs of people affected by stroke.

The Stroke Health Promotion Service is part of a range of rehabilitation and support services developed to meet the needs of people affected by stroke, their carers and family.

“Promoting healthy living is very important in helping to prevent stroke, particularly in disadvantaged areas and groups.”
National Stroke Strategy, Department of Health, 2007

A member of the Stroke Association team at work
Partnerships

Co-operation between the NHS and independent sector providers is driving positive changes in healthcare. Providers are working together to serve NHS patients in innovative ways across a range of delivery models and service agreements. Each provider brings unique skills to a partnership where the patient benefits from the combined expertise.

In response to changing healthcare needs and expectations, independent providers are partnering with the NHS to respond to the specific needs of local populations. New programmes that move care into the community, target hard-to-reach groups and offer preventative health services, are being developed by independent sector providers in conjunction with local NHS providers and commissioners. These partnerships are having a meaningful impact on local health communities. As experience of working with a pluralist system grows, it is becoming easier to identify effective models for improving seamless patient pathways as well as offering choice and diversity of provision.

Independent sector involvement often means that local health economies can gain access to the latest technological advancements. Independent providers are pioneering new technology, ranging from imaging procedures and mobile diagnostic units to telemedicine. Partnerships with the NHS mean these new breakthroughs are available to NHS patients and are having a meaningful impact on local health communities.

Independent sector providers are deeply committed to developing and training staff at all levels. To this end, independent providers partner with the NHS and local training programmes to encourage staff development and on-the-job training opportunities. Acknowledging that the skills required for a successful healthcare service are required across the sectors, independent providers now participate in partnership training and education to ensure a high quality, highly-skilled workforce.

“Independent sector involvement often means that local health economies can gain access to the latest technological advancements.”
Preventing avoidable admissions

Age Concern

Age Concern is the UK’s largest charity working for and with older people.

Reducing avoidable admissions to hospitals is high on the agenda for many PCTs. In Northamptonshire, the PCT has worked with Age Concern Northamptonshire to target elderly people at risk of repeated admissions. Age Concern was commissioned to provide a low intensity support service to patients at risk of re-admission. The service aims to create a more sustainable situation, avoiding unnecessary admissions and to provide patients with a contact point other than professional health staff.

Selected patients receive an initial telephone call to identify their needs. From then on, Age Concern staff make regular visits to ensure patients are taking their prescribed medication. Staff can also accompany patients on GP visits, collect prescriptions and help with practical tasks such as shopping.

Age Concern staff also concentrate on improving health and well-being. They promote social inclusion of older people within their communities and encourage healthy lifestyles, including opportunities to increase exercise.

The benefits to patients are clear. Age Concern has seen increased levels of independence and opportunities for social inclusion. The promotion of self-management has helped to achieve a reduction in the levels of anxiety and depression amongst patients.

The avoidable admissions scheme has dramatically helped relieve the pressure on hospital services by reducing the number of hospital admissions within this group of patients. It has also seen a reduced number of ambulance call-outs.

One particular patient who received this service was previously being admitted to hospital on a fortnightly basis. He was unable to manage finances and other household and personal responsibilities. This was making his poor level of health worse and led to increased anxiety and depression.

Age Concern staff were able to support him by delivering the help he needed. Household cleaning services were provided and financial advice was offered. Age Concern staff also actively encouraged the patient to take part in social activities, leading to greater confidence.

This patient has now significantly reduced the number of visits he makes to his local hospital for treatment.

“The benefits to patients are clear. Age Concern has seen increased levels of independence and opportunities for social inclusion.”
Adolescent inpatient services

Priory Healthcare

The Priory Group is one of Europe’s leading independent providers of acute mental health services, secure and step-down services, specialist education, complex care and neuro-rehabilitation services.

Priory was approached by a consortium of north west London PCTs to take on a tier four adolescent service. As a first step, Priory was immediately able to transfer the care of the young people to its adolescent units in north London and Ticehurst House, East Sussex, to ensure their safety.

But placements in East Sussex were too far from home to be a permanent solution. Priory developed a new 14-bedded unit at its hospital in Roehampton for young people from the south west of the area. This was set up and open to the first admission within four months. Young people now go to their nearest Priory unit.

The Roehampton unit has so far served 68 patients, with diagnoses including bipolar disorder, psychosis, obsessive compulsive disorder, autistic spectrum disorder and depression. The unit meets all Healthcare Commission standards for inpatient adolescent units and is a part of the Quality Network for Inpatient Child and Adolescent Mental Health Services (CAMHS) run by the Royal College of Psychiatrists.

Priory provides a service development manager to liaise with the consortium lead commissioner, and local CAMHS teams to ensure the smooth running of the contract. This has led to greater management efficiency.

Systematic engagement between the Priory tier four service and community CAMHS teams across the boroughs was initiated. These regular clinician-to-clinician meetings enhance collaborative working.

“Priory has developed a service model that shows a flexibility to meet patient needs. They have worked hard to improve partnerships with primary and secondary care, commissioners and other partners, particularly local CAMHS clinicians.” Julia Shaw, commissioner for children and young people, Hammersmith and Fulham PCT
Our independent sector members

The NHS Confederation’s independent sector members provide a range of acute, primary and mental health services directly to patients on behalf of the NHS. Our current list of independent sector members is listed below.

Find out more about how our independent sector members are helping to improve services to NHS patients. You can read further examples of how our independent sector members are helping to deliver quality, healthcare services to NHS patients across England, on our website at www.nhsconfed.org/newssolutions

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*Case studies from these organisations are included in this publication.*
NHS Confederation Independent Sector Membership

We have represented our independent sector members since they became full members of the NHS Confederation in June 2007.

We provide networking opportunities with our NHS members and key stakeholders for our independent sector members on a regional and national level. These events provide a platform for independent sector members to have their say on the key issues that affect them and the services they provide to patients.

NHS Partners Network

The NHS Partners Network (NHSPN) was established in 2005 and incorporated into the NHS Confederation in June 2007.

NHSPN is an alliance of independent (commercial and not-for-profit) healthcare providers involved in all aspects of NHS care at primary, secondary or acute level, including diagnostic and specialist treatment centres.

We aim to help independent sector providers become a fully accepted part of a mixed economy NHS that seeks to offer greater patient choice and value for money for patients and taxpayers.

David Worskett is the director of the NHS Partners Network.

Mental Health Network

The Mental Health Network was established as part of the NHS Confederation to provide a distinct voice for mental health and learning disability service providers.

We aim to improve the system for the public, patients and staff by raising the profile of mental health issues and increasing the influence of mental health and disability providers.

Steve Shrubb is the director of the Mental Health Network.

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Footnotes

3 The Economic and Social Costs of Mental Illness Report, Sainsbury Centre for Mental Health, June 2003.
The case studies within this report were selected by asking our independent sector provider members themselves to vote for those which stood out and which best reflected the range of services the sector now provides to the NHS.
New providers: new solutions
The independent sector partnering with the NHS

This report highlights examples of how our independent sector members are now helping the NHS to improve quality, to innovate, and to enhance the patient experience across a wide range of services within local communities.

Today the NHS faces huge social and economic challenges alongside rising patient expectations. In the aftermath of Lord Darzi’s NHS Next Stage Review report the pressure is on to drive up quality and put it at the heart of the NHS, and above all at the heart of the patient experience.

“Independent sector providers play an increasingly important role in the delivery of healthcare services to NHS patients. Primary care trusts as commissioners welcome the opportunity to work with the independent sector, alongside traditional NHS providers, to help deliver innovation and drive up standards of care for NHS patients. This report showcases some excellent practice, delivering improvement at a local level.”

David Stout, Director
Primary Care Trust Network