NHS Partners Network
NHS CONFEDERATION

NHS Partners Network

15 Years of Concordat: reflection and renewal

June 2015

NHS Partners Network

The NHS Partners Network (NHSPN) is the trade association representing the broadest range of independent sector providers of NHS clinical services, including acute, primary, community, homecare, diagnostics, dental and medical products. Its members are drawn from both the 'for profit' and the 'not for profit' sectors and include large international hospital groups and small specialist providers. All are committed to working in partnership with the NHS and to the values set out in the NHS Constitution.

For more information about our work,
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Foreword

Since 1948, the independent sector has worked in partnership with the NHS to deliver high quality care for NHS patients that is free at the point of use.

Over the years, governments of all political persuasions have sought to make greater use of the independent sector to help make cash-releasing savings and ensure NHS patients can get the care they need, when they need it.

The independent sector's long-standing partnership with the NHS means it has now grown to a role where it not only takes on the kind of care which does not need the full range of support services, but directly delivers some of the more complex care in the NHS; from treatment through to rehabilitation and supporting those with mental health issues.

The NHS is today entering a period of immense financial uncertainty. To rise to the challenge, the NHS needs to call on the contribution that can be made by all of its partners – in traditional NHS services, the voluntary sector and the private sector. NHS England's *Five Year Forward View* calls for both disruptive innovation in care and transformational funding to support it. As we set out in this report, the independent sector has unique characteristics – including the ability to raise investment, the freedom to test new innovations, and the space to "double-run" old service models with new – which will be needed if we are to help turn the *Five Year Forward View's* aspirations into a reality.

The next few years will raise profound questions over what is expected of our healthcare services. The development of health apps, genetic testing and other technologies which everyone can access without the oversight of a healthcare professional – and their incorporation into mainstream healthcare services – will stretch the boundary of where we understand the 'comprehensive health service' begins and ends. These are questions for politicians to answer, but we stand ready and willing as a sector to engage with that process.

Fifteen years ago the independent sector signed a historic concordat with the NHS. This has been a success story and it is right that we celebrate the benefit to patients that it has helped to facilitate. As the NHS faces up to the challenges and opportunities of the next five years it is also important that we revisit and refresh the way in which the independent sector partners with and supports the NHS. We want to help the NHS meet three key challenges:

1. Managing immediate operational pressures, by providing additional capacity to ensure that patients receive treatment in a timely fashion

2. Delivering service transformation, by providing additional expertise and investment required to create shared new models of care

3. Providing more responsive services, contributing to seven day working and enabling patient choice

We are calling for high level discussions with the Department of Health, NHS England and other system leaders to identify how we can best work together to make this happen, delivering for patients, healthcare professionals and taxpayers.

This is the start of a conversation and in the coming months we look forward to working with ministers, policy-makers and the NHS leadership at national and local levels to agree a new approach for how we can work together in the long-term interests of patients and taxpayers.

David Mobbs,
Group Chief Executive of Nuffield Health

Section 1: Introduction

Since 1948, patients in England have been able to access healthcare services through a publicly funded health system. The aim of the NHS has been to provide care that is based on patient need (rather than ability to pay), that is comprehensive, and is free at the 'point of delivery'.

The creation of the NHS consolidated services provided by over 3,000 existing independent clinics, care homes and hospitals into a new model of healthcare, which established full coverage and guaranteed access to care irrespective of individual financial circumstances.

Funded mainly through general taxation, the NHS today provides health services for those living in the UK, with the largest providers of healthcare services being NHS trusts and foundation trusts which deliver the majority of acute, ambulatory, community and mental healthcare.[1] Independent providers have however continued to make a significant contribution to care provision since the consolidation of services under the NHS.

The role of the independent sector in health provision in England

Providers in the independent sector are highly varied and have a range of organisational forms. The sector comprises private corporations, charities, social enterprises, voluntary and faith organisations, amongst others. While there is no formalised definition for the independent sector in healthcare, the Royal College of Nursing has referred to the independent sector as:[2]

"encompassing individuals, employers, and organisations contributing to needs assessment, design, planning, commissioning and delivery of a broad spectrum of health and social care, who are wholly or partly independent of the public sector."

Independent providers have supported the NHS in the delivery of patient services since its inception in 1948. For example, general practice, dentistry, optometry and pharmacy services in particular have a long history of being provided by independent contractors to the NHS. More recently, the independent sector has moved to delivering a greater share of acute, community, and mental health services to NHS patients, increasing overall provider capacity, helping to reduce waiting times, and offering a greater choice of providers to patients.[3] Throughout this period of provision there has been an absolute commitment to the founding principles of the NHS and, in particular, care free at the point of need.

A recent poll[4] found that the public were more likely to be supportive of the role of the independent sector in the NHS, as long as it meets NHS standards, the cost to the NHS is the same or lower, and services remain free at the point of use to patients.

In contrast to healthcare, social care services have always fallen outside the boundary of the NHS with public sector commissioning being undertaken by local authorities and provision has always been by a mix of the public and independent sectors. The independent sector has recently begun to add to the public social care offering, widening the choice of providers available to patients and people in need of services.[5]

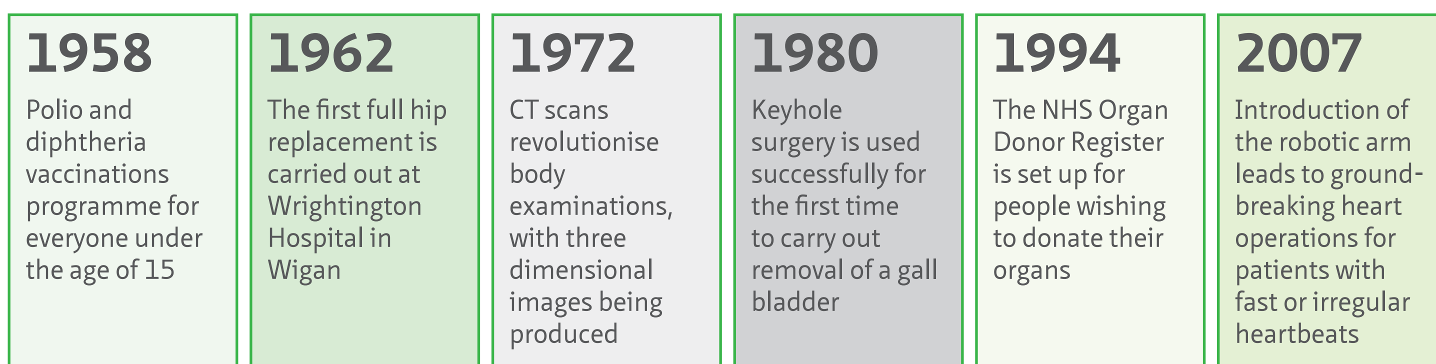
> Two in three people (67 per cent) responded that they did not mind if health services were provided by a private company or the NHS as long as they remained free of charge.
>
> Source: ComRes Poll, June 2014

Challenges facing healthcare systems, including the English NHS

The NHS in England has achieved significant milestones since its inception (Figure 1.1). However, the service is currently facing some of the largest challenges since its foundation. Many of these are also shared internationally across other countries providing full-healthcare coverage:

- **An ageing and growing population is increasing the demand for health services.** A House of Lords Select Committee report projected that England will see a 51 per cent rise in those aged 65+ and a 101 per cent rise in those aged 85+ from 2010 to 2030.[6] Rising longevity will drive an increase in the population (while fertility rates remain below replacement levels) but also a shift in the demographic profile of the UK, with a greater proportion of elderly people in the population. The two effects together are already creating significant additional demand for health and social care services.

Figure 1.1: Examples of NHS milestones



- **A changing disease profile is altering the nature of demand.** While the NHS was designed to tackle infectious disease and poor public health in post-war Britain, the disease profile has evolved with long-term diseases, multiple co-morbidities, and non-communicable diseases placing ever increasing strain on the NHS. In 2012 the most frequent cause of death for women in the UK was Alzheimer's disease and other forms of dementia.[7] While non-communicable diseases can be considered as 'life-shortening' rather than life-threatening, progression of the illness often puts additional strain on healthcare services, which may not be well equipped to respond to the new type of demand. Ageing will also result in more patients with co-morbidities and multiple long-term conditions associated with aging that will require revised models of care.
- **Rising quality and safety standards put increasing pressure on providers.** The quality and safety standards set by the Care Quality Commission (CQC) as well as patient expectations are evolving. Yet parts of the NHS are already struggling to meet existing quality and care targets. Several high-profile quality failures have led to healthcare professionals being placed under an unprecedented degree of scrutiny.
- **Economic and social deprivation continues to be a challenge for the NHS.** Health inequalities between populations in different areas continue to pose challenges both for the funding and the delivery of care in the NHS.
- **Pressure on public finances is increasing efficiency requirements for providers.** Given the increase in demand for services and pressure on public finances, the NHS is expected to face a £30 billion funding gap by 2021. Governmental action has constrained NHS spending with no or very minimal real terms increases in funding (other departments have faced severe cuts) and a report by the Institute for Fiscal Studies (IFS) shows that a significant effort will be required to meet even current financial targets set for the NHS. Work by the Health Foundation highlights that the funding challenge facing the NHS does not disappear beyond the 2015 election,[8] even if the NHS succeeds in implementing the vision set out in the *Five Year Forward View* (5YFV) published by NHS England.[9]
- **Advancements in technology are changing the way in which care can be delivered.** The transformative potential of digital in the next decade is immense including the use of mobile apps to assist people in taking greater control of their health needs. The time it takes to go from technological innovation to mass market application is rapidly reducing and re-shaping the economy at the same time. NHS England has committed in the 5YFV to expanding the number of NHS accredited health and care apps and other digital services for patients to use.

There is wide agreement that a significant shift in the underlying care model is necessary to respond to these challenges. Half of all NHS leaders believe that the NHS needs to make large-scale changes to maintain current levels of care.[10] Four out of five MPs believe their local NHS needs to change to meet the need of patients in the future. The Lords Committee *Ready for Ageing*? report emphasises that the current NHS model is unable to adequately manage the needs of the existing elderly population, or the elderly population of the future, and will need to change.[11]

The view going forward

Several publications have documented the challenges facing the NHS, including reports from the National Audit Office, The King's Fund, The Health Foundation and the Nuffield Trust.

Recognising the scale of these challenges, NHS England, in cooperation with the leaders of the other national NHS organisations, published its 5YFV in October 2014. This articulated the case for change for the NHS, the future vision for care models, and how local health systems supported by national organisations could achieve transformation. At the heart of the proposals is a view that greater integration between providers is needed to meet the changing needs of patients and to shift the focus from treatment to prevention. The 5YFV also recognises the need for stronger relationships and better co-working between the health service, local authorities, communities, and patients, to achieve change. The document also suggests that £22bn of the expected £30bn gap in NHS finances by 2020 could be addressed through productivity gains of 2 per cent or 3 per cent a year between now and 2020. This has however been described as "a heroic assumption"[12] and a recent survey by the Kings' Fund suggests that directors of finance in the NHS are dubious that this can be achieved.

Separate to the 5YFV, the Dalton Review (published in December 2014) drew on UK and international evidence to set out options for providers of NHS services to respond to key challenges. The Review identified the need to forge new partnerships between providers, actively considering sources of economies of scale and scope, and reducing duplication to improve efficiency. In particular, the Review recognised a shift in organisational form as an opportunity to increase the quality and efficiency of NHS services.

The Dalton Review highlighted examples from other health systems able to develop new delivery and organisational models through collaboration with the independent sector (and within the framework of competition and procurement law). For example, German hospital group AMEOS successfully provides a significant proportion of publicly funded healthcare in Germany, while Ribera Salud Grupo,[13] a public-private partnership, operates an accountable care organisation model in Spain treating 20 per cent of the population in Valencia under a capitated budget. In general, international evidence tends to suggest that pluralist health systems that support partnerships and integration between providers with a focus on patient outcomes achieve a higher quality of patient care.[14]

Over 70 per cent of NHS finance leads consider achieving the 5YFV £22bn efficiency savings is either a high or very high risk.

Sixty-nine of 93 NHS trust directors of finance questioned said there was either a high or very high risk of the NHS in England failing to achieve the £22bn efficiency savings identified in the 5YFV. Six thought there was very little or little risk of failure, while 18 put it at 50/50.

Twenty seven clinical commissioning group (CCG) chief finance officers indicated there was either a high or very high risk of the NHS in England failing to achieve the £22bn efficiency savings and 13 put it at 50/50.

Source: The King's Fund Quarterly Monitoring Report (15) April 2015

The purpose of this report

Opinion polls continue to show the importance that people assign to the core principles embodied by the NHS. However, the acute challenges faced by health systems striving to offer full coverage of services to patients necessitate a radical change in current models of care and types of partnership working with the NHS.

This report explores how redefining the current partnership between the NHS and the independent sector in England could contribute to developing new models of care and act as a catalyst for transformation to support future NHS sustainability. The independent sector has made a long standing contribution to the health system, and is well placed to work alongside the NHS to explore the next steps identified in the 5YFV as well as the Dalton Review. For example, many of the options considered in the Dalton Review, including federations and networks, joint ventures and service level chains, have already been adopted by a number of independent sector organisations and hence they have valuable experience to bring to bear.

The report aims to inform the debate on the role of the independent sector and make the case for a recalibration of the type of partnership working with the NHS to improve outcomes for patients and remodel care to support quality and sustainability.

Methodological approach

The NHS Partners Network (NHSPN) represents the broadest range of independent sector providers of NHS clinical services. Members are drawn from a diverse spectrum of healthcare sectors including acute, primary, community, homecare, diagnostics, and dental services. Members include both for profit and not-for-profit organisations and range from international hospital groups to small specialist providers.

To support research into the range of services delivered by the independent sector, the NHSPN contacted its members, as well as the wider independent sector, with a request to complete a base information return (BIR) regarding key activities and services. 20 organisations completed a return (Appendix A), demonstrating through examples how they contribute and add value to the NHS. A panel coordinated and chaired by the NHSPN (Appendix B) reviewed the returns and invited a number of organisations to interview for further discussion on their role and experiences.[15] In this process care was taken to select providers from a range of specialties and service areas. In total, 26 organisations provided some form of input to the research undertaken.

The structure of this report

The remaining sections of this report are structured as follows:

- **Section 2** offers more context on the role of the independent sector in the NHS
- **Section 3** explores the contribution of the independent sector today in the NHS, based on the information returns received from participating organisations
- **Section 4** offers a vision for the contribution of the independent sector going forward
- **Section 5** summarises a call for a new partnership with the NHS and independent sector

Section 2: Context

The changing landscape of public and independent healthcare provision

The role of the independent sector in providing health services to patients has evolved in response to changes in the wider health system. The last two decades in particular have seen a series of reforms of the NHS that have influenced how the independent sector contributes to care provision in England (Figure 2.1).

Figure 2.1: Examples of NHS reforms

- **The NHS and Community Care Act of 1990** introduced the internal market for NHS services, creating competition among (newly formed) NHS trusts. On becoming NHS trusts, providers were offered more freedom to manage their organisations. It was felt this would enable them to be more innovative, efficient and respond to patients needs and choices.
- The policy goals set out in The NHS Plan[16] were substantiated in October 2000 when the NHS entered into a **'concordat' with private and voluntary providers of care**, allowing commissioners of NHS care to negotiate and contract with private providers for the delivery of NHS services. The concordat led to increased independent sector provision of primary care and elective surgery (for example, hernia care) with the aim of utilising the strengths of both the NHS and the independent sector to improve care standards for the whole population.

The opening sentence of the 2000 Concordat marked a significant shift in Government policy:

"There should be no organisational or ideological barriers to the delivery of high quality healthcare free at the point of delivery to those who need it, when they need it".

The NHS Plan also indicated that the Concordat was intended to be:

"The start not the end of a more constructive relationship with the independent sector".

- In October 2002, the DH published *Reforming NHS Financial Flows*, outlining plans to introduce **payment by results (PbR)** – a new funding system for work done by the NHS in England. At the heart of the proposals lay a move for hospitals to charge for all work according to nationally set prices that reflected the complexity of individual cases on the basis of HRGs. PbR was a mechanism intended to drive up activity and thereby help ease waiting lists but also support that money followed the patient.
- The introduction of **independent sector treatment centres (ISTCs)** in 2003 had the aim of increasing capacity and reducing waiting times for NHS treatments. ISTCs have since provided a range of common elective surgery, diagnostic procedures and tests, often co-locating with NHS trusts to support their services.
- Choice of elective activity was progressively opened up (including both NHS and private providers) by 2006 **patients were offered a choice** of four providers when referred to hospital. This included foundation trusts, ISTCs and other independent sector providers in the Extended Choice Network. The opportunity for independent sector involvement was made explicit with the **'any willing provider' initiative** (more recently rebranded as 'any qualified provider') introduced for elective care services in 2008 and subsequently applied throughout the public sector. Another dimension to patient choice was implementation of personal budgets in social care and the three year pilot programme as of 2009.
- The **Health and Social Care Act of 2012** reformed the NHS commissioning landscape and promoted integration among providers, while maintaining an emphasis on choice and competition in health. The Act re-emphasised the concept of **'any qualified provider'** offering care to patients, particularly in the context of community services.

Figure 2.2 illustrates the key provider types across the NHS and where independent sector organisations generally contribute, as well as examples of the organisations contributing to this report and the types of NHS care they play a part in providing.

Figure 2.2: The NHS provider landscape and independent sector provision

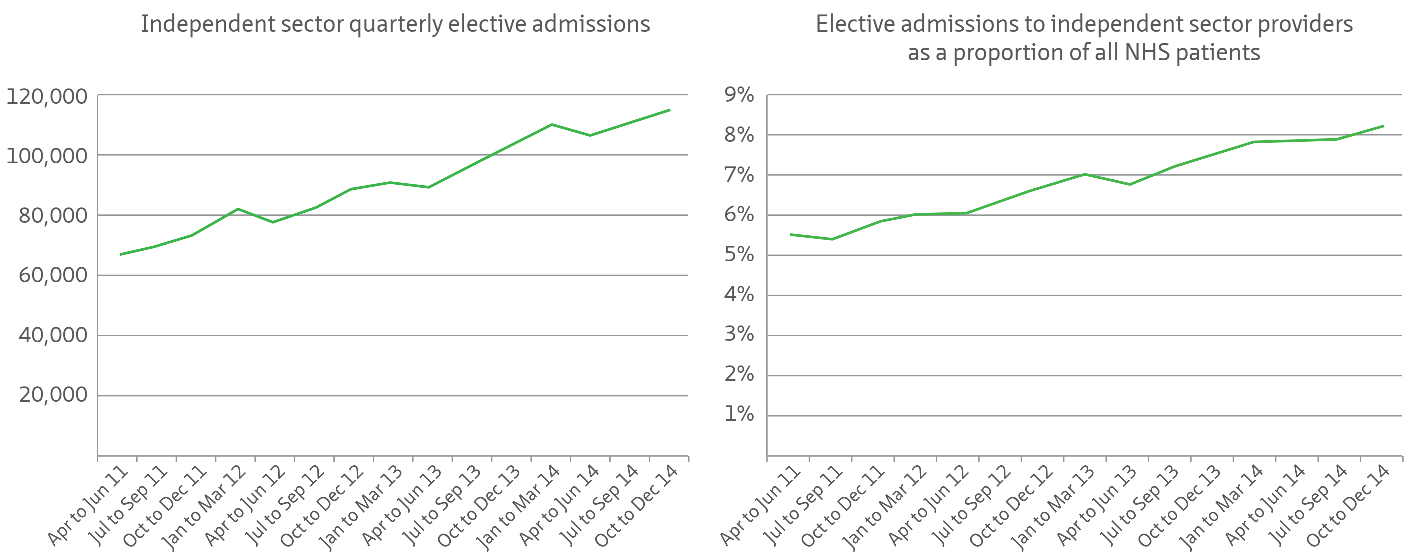
Type of service	Public provision	Type of provision by the Independent sector	Independent sector providers involved in this project
Primary care	• NHS primary care trusts (until 2012) • NHS community trusts (since 2012)	• General practice (mainly self-employed, surgeries and clinics) • Dentistry (mainly self-employed, surgeries and clinics) • Optometry (self-employed, private companies) • Pharmacy (self-employed, private companies)	• The Practice Group • Eyecare Medical Ltd • Oasis Healthcare • Horizon Health Choices Ltd • Care UK • LloydsPharmacy Online Doctor
Secondary care	• NHS acute trusts	• Private hospitals (routine elective) • Independent sector treatment centres (ISTCs)	• Ramsay Health Care • BMI Healthcare • Spire Healthcare • Nuffield Health
Tertiary and specialist care	• NHS acute trusts (subset)	• Specialist care	• Trinity Hospice • Fresenius Medical Care Renal Services Ltd
Urgent & Emergency care	• NHS ambulance services • NHS acute trusts (via urgent care centres, A&E departments, and non-elective offering)	• Urgent care centres	• Greenbrook Healthcare • Care UK
Mental healthcare	• NHS mental health trusts	• Mental health services	• The Priory • Together • Care UK
Community care	• NHS care trusts (previously primary care trusts)	• Community care services	• Care UK • Virgin Care • ORLA Healthcare Ltd • Advantage Healthcare Group • Healthcare at Home • Independent Clinical Services Group
Social care	• NHS care trusts • Local authorities	• Social care services	• Virgin Care • Care UK • Advantage Healthcare Group • Healthcare at Home
Pharmaceuticals, devices/Pharmacy	• NHS acute trusts • GP surgeries	• A range of prescription services	• LloydsPharmacy Online Doctor
Wellbeing and prevention	• Public Health England • NHS care trusts • Local authorities	• Health risk assessments, prevention and rehabilitation services • Exercise, fitness and dietary services • Digital fitness proposition	• Nuffield Health • LloydsPharmacy Online Doctor
Diagnostics and scanning services	• NHS acute trusts • Some GP surgeries	• MRI scans • Ultrasound • Pathology testing • Vascular testing	• Alliance Medical Ltd • InHealth • Viapath LLP • Independent Vascular Services (IVS) • Horizon Health Choices Ltd • Cobalt

Activity trends in the independent sector

The on-going role of the independent sector in terms of partnership working alongside the NHS is reflected in an analysis of the number and proportion of patients treated by the sector since 2011 (when comparable statistics were first available – Figure 2.3). The independent sector admitted 440,193 NHS patients for elective treatments for the calendar year 2014 amounting to 7.94 per cent of all elective admissions for NHS patients. The proportion of independent sector admissions (as a proportion of all NHS admissions) has also been generally rising. Specialties where independent providers make the largest contribution to treating NHS patients include trauma & orthopaedics, gastroenterology, general surgery, gastroenterology and ophthalmology.

A proportion of admissions to independent sector providers are 'choice admissions', where patients specifically request or choose an independent sector provider for their treatment. Research conducted by the NHSPN has suggested that greater use of independent sector providers tends to be correlated with lower waiting times for patients.

Figure 2.3: Elective admissions to independent sector providers as a proportion of all NHS patients



Source: NHS England (http://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/quarterly-hospital-activity/)

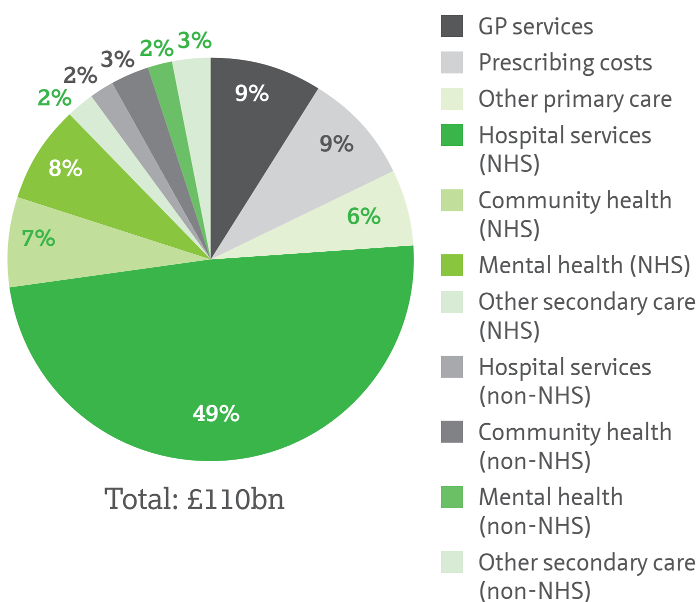
NHS spending on the independent sector

2013/14 percentage of NHS spend on the independent sector was 6.1 per cent, while in 2012/13 total expenditure on services delivered by what is traditionally considered to be non-NHS providers was approximately 8 per cent[17] (Figure 2.4). Historically this has been directed towards private providers and ISTCs which delivered the majority of independently provided elective care. More recently, expansion of patient choice and initiatives such as Any Qualified Provider and Transforming Community Services[18] have led to an increase in NHS spending on independent sector providers of community and mental health services.

It is worth noting that when the spend on independent contractors to the NHS such as GPs, pharmacists and dentists and prescribing costs are included under the umbrella of independent provision, the percentage spent directly on independent providers and private contractors of care is more in the region of 34 per cent (£31bn – see Figure 2.5).

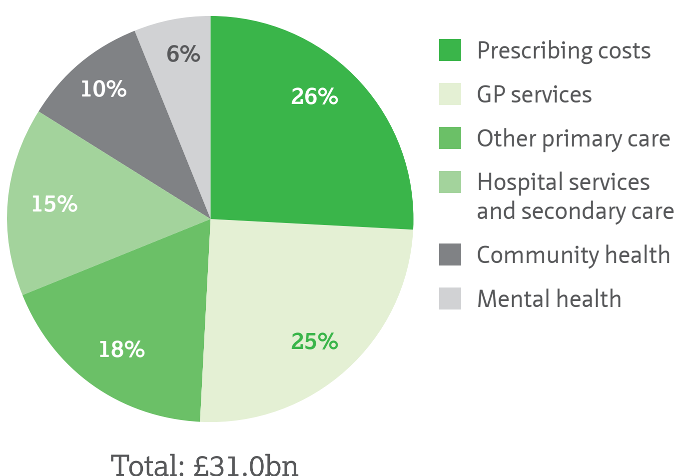
Substantive components of this are GP services and other primary care. Spending on independently provided hospital and other secondary care was £4.8bn in 2012/13, with community and mental health spending of £3.0bn and £1.7bn respectively. This does not include purchases from non-NHS providers by NHS trusts, which amounts to a further indirect spend on independent provision. Figure 2.5 presents an analysis of the £31bn by type of spend.

Figure 2.4: Figure 2.4: Breakdown of commissioner spending in England (2012/13)



Source: Nuffield Trust (2014) *Into the Red?* Based on data from the Department of Health (2014).

Figure 2.5: Analysis of NHS spending on the independent sector, inclusive of private contractors to the NHS (2012/13)



Source: Nuffield Trust (2014) *Into the Red?* Based on data from the Department of Health (2014).

Performance of independent providers

A variety of statistics are collected on NHS funded care, from both the public and independent sectors. These allow comparisons to be made in a number of areas, which include:

- **The Friends and Family Test (FFT).** Collected initially for acute inpatient care as of April 2015 it has been extended to NHS dental practices, ambulance services, patient transport, day-case and outpatient services. The FFT measures how likely patients are to recommend a care provider to friends and family.
- **Patient reported outcomes measures (PROMS).** PROMs are collected by the Health and Social Care Information Centre (HSCIC) for hip and knee replacements, groin hernias and varicose veins. These procedures are provided by the independent sector as well as the NHS.
- **Waiting times.** Independent providers consistently outperform the national average on all available waiting time measures, including far fewer breaches of the 18 week limit and significantly lower mean and median waiting times. On average both outpatients and inpatients treated by independent providers benefit from shorter waiting times.
- **CQC quality standards.** The most recent *State of Care* report by the CQC included information about providers' compliance with its essential standards across five domains (respect and dignity, care and welfare, suitability of staffing, safeguarding and safety and monitoring quality). The independent sector has had consistently higher compliance rates against all five domains (data was obtained from an FOI request).

In terms of the quality of care provided, the independent sector performs well on a range of indicators collected. Figure 2.6 summarises the most comparable key performance indicators for the independent sector and the NHS.

The NHS collects and reports a much wider range of indicators than just those presented in Figure 2.6 (although in terms of community health and mental health services data collection and indicators of outcome are not as robust), reflecting the greater scale and complexity of work undertaken across the entire NHS.

Figure 2.6: Examples of performance indicators (2014)

Indicator type	Independent sector average	NHS average
Friends and family test percentage recommended[19]	99%	94%
Mean compliance with Hospital Care Standards (range across domains)[20]	88–99%	46–84%
Mean compliance with Community Care Standards (range across domains)[21]	86–98%	59–96%
Patient Reported Outcome Measures (PROMs) average adjusted health gain[22]		
• **Hip replacement EQ5D**	0.46	0.44
• **Knee replacement EQ5D**	0.33	0.32
• **Groin hernia EQ5D**[23]	0.09	0.08
Mean waiting times for elective admission (weeks)[24]	9.32	10.35

Evolving perceptions of the independent sector

The public rightly hold the NHS in high regard, with a recent survey from Ipsos Mori finding that nearly seven in ten Britons think that *"the NHS is a symbol of what is great about Great Britain and we must do everything we can to maintain it"*.[25]

There is a growing body of evidence to show that the public accept the role that the independent sector plays in supporting traditional NHS service delivery. Polling carried out by ComRes in June 2014 found two in three people did not mind if NHS healthcare was provided by a private company.

The Health Foundation also found that 43 per cent of people do not have a preference for any particular provider (although of those who express a preference most will prefer NHS services).[26] Younger generations in particular are less likely to have a preference of the type of provider when receiving NHS funded care, compared to the wartime generation or baby boomers.

The next section of this report explores a number of the contributions of independent providers in healthcare in more detail, with case studies highlighting the focus of such organisations and how their various services impact on patients as well as the wider NHS (Appendix C also provides summary examples of contributions to the NHS from organisations who partook in this work).

The independent sector is a diverse and credible group of partners making an increasingly important contribution to the delivery of mainstream NHS services

Summary:

- The independent sector has a long history of partnership working to support delivery of NHS services.
- Its contribution to the direct provision of care evolved from 1990s market style reforms through to public sector reform agenda of the 2000s.
- Although remaining a small proportion of total NHS expenditure, independent sector partners now play an essential role in the provision of mainstream NHS clinical services.
- Independent sector partners offer the NHS greater capacity and patients a wider choice of provider, faster access to care and high quality outcomes.
- Partners provide a diverse and wide-range of contributions – extending across the entire NHS landscape; from diagnosis, to treatment, to rehabilitation – from physical healthcare to mental healthcare, from acute to elective, from primary to secondary to community and so-on.
- Performance indicators across a range of metrics demonstrate that independent sector is providing high quality care for patients and a positive patient experience.
- The diversity and range of the independent sector contribution to the NHS is not widely recognised – although there is a growing acknowledgement by the public of the need for greater partnership working between the independent sector and the NHS to meet future challenges.

Section 3: Today's contribution to the NHS

Introduction – how the independent sector contributes today to the NHS

The independent sector draws on years of experience, the ability to generate funding for investment, extensive facilities and qualified staff to meet the care needs of patients. To explore and better understand the contribution of the independent sector, we have gathered a series of case studies from a number of independent sector providers.

20 independent sector organisations responded to a call for information for this report.[27] The majority had been providing NHS services for five years or more, and several had been offering provision to NHS patients for over 25 years. Across the organisations a wide range of services are offered from independent hospital care, to community services and primary care, and to specialised services. Contributors also varied in their scale and staff employed, as illustrated in Figure 3.1.

Several of the organisations deliver services for both NHS and private patients and often in partnership with the NHS. A recent study suggested that 54 per cent of NHS leaders felt that the area where most benefit could come from partnerships was in the delivery of clinical services.[28] In such partnerships, the independent sector can benefit from access to NHS knowledge, expertise and networks, while NHS partners can access particular skills and technologies, and additional capital for investment in technology or infrastructure through the independent sector.

Based on over 20 case studies, we have identified three key themes regarding the contribution of the independent sector (across all different types of care, including acute, primary, community and mental health services):

- working in partnership to deliver additional capacity
- working in partnership to deliver an improved patient experience
- working in partnership to drive innovation

Delivering additional capacity

Over 80 per cent of the organisations we talked with saw one of the three key areas where they added value as being increasing capacity in the system. This is perhaps unsurprising given the history of independent sector care in England, whereby a large motivation in the introduction of ISTCs was to increase capacity in an overstretched system and reduce the amount of time patients would have to spend waiting for treatment.

Figure 3.1: Organisations who responded to our call for information

ISTCs were introduced in England in 2003, by the then Labour Government, primarily to help the NHS reduce waiting times for planned operations and diagnostic tests. Although the NHS has used services provided by the independent sector throughout its history, the introduction of ISTCs was distinctive in two ways:

1. ISTCs were created as a deliberate policy of central government and although privately owned, ISTCs provide services only to NHS patients.

2. ISTCs therefore represented a new form of independent sector involvement in public healthcare.

There are several factors which help the independent sector to be an effective partner in tackling capacity challenges. Where new services are established, the NHS can face cash-flow problems; pressures to keep double running to a minimum and a lack of available cash to pay for transition between old and new services can present a substantial challenge to a system which needs to be agile to respond to changing demands. Independent sector providers are often better placed to invest in changes which might demand, in the short term, an injection of funds. For example to support improved use of technology as well as interoperability.

Use of the independent sector for capacity purposes assists the NHS by not having to commit to additional fixed costs or capital investment to secure such capacity but by commissioning on the basis of NHS tariff rates.

However, our case studies illustrate that increased capacity is not limited to elective care (Case Study A) and diagnostics (Case Studies B and C).

Case Study A: BMI Healthcare, Nuffield Health, Ramsay Health Care & Spire Healthcare

Overview:

- BMI, Nuffield Health, Ramsay and Spire were all forerunners with providing capacity and resources to reduce waiting times for NHS patients as part of the ISTC programme, providing day and inpatient treatment centres.
- This included support on both Wave 1 and Wave 2 elective contracts as part of the ISTC programme – Wave 2 being wider in scope, covering services provided over multiple sites rather than a single centre.
- All of these providers have a network of hospitals, outpatient services and treatment centres and continue to provide treatment for patients privately as well as providing additional capacity to a number of NHS trusts and CCGs.

Impact on patients

- Supporting patients to be seen in a timely manner with a strong emphasis on gathering feedback – all patients asked to complete a questionnaire, giving their opinion of performance and experience.
- Closer to home consultations and follow-ups in outreach locations on a hub and spoke basis.
- Across these organisations they regularly appear in the top scoring of NHS and independent sector providers for friends and family test results.

Wider impact

- Additional capacity and ongoing support to trusts to address waiting times and attainment of the 18 week target.
- Minimisation of cancellations and deterioration of patients' conditions.

Case Study B: Alliance Medical Limited (AML)

Overview:

- AML operates over 50 static imaging sites across the UK ranging from MRI units to multi–modality stand-alone imaging centres. The static sites offer X-ray, MRI, CT, PET/CT, interventional radiology, ultrasound and DEXA scanning. AML also operates one of the largest fleets of mobile MRI, CT, PET/CT, X-ray, DEXA and portable ultrasound scanners.

Impact on patients

- Introduction of new technology at static sites has allowed a wider range and complexity of scans; as well as higher quality scans which assist with speedier patient diagnoses.

Wider impact

- Across the 20 NHS static imaging centres run by AML, 14 operate seven days a week for at least 10 hours a day, supporting improved capacity.

Case Study C: InHealth

Overview:

- InHealth is a provider of diagnostic scans, tests and examinations to over 800,000 patients per annum in both hospital and community settings. InHealth delivers services from over 350 locations and employs 1,400 staff, the majority of whom are patient facing every day.

Specific Example:

- InHealth has been involved in the design, implementation and on-going delivery of diagnostic services across London for more than nine years and currently works in Direct Access Diagnostics with 29 of the 32 London CCGs, with over 100,000 patients per annum scanned, tested or examined through these services.
- InHealth is responsible for patient bookings and the clinical pathway from GP referral through to report. It provides fast access, offering patients a local appointment within a maximum 13 days from referral at a choice of time and location, 7 days per week. A full radiology report is made available directly to their GP within 48 hours of appointment. The reporting task alone requires the electronic interface with over 6,000 GPs in London.
- Direct GP access to diagnostic services rather than consultant referral has enhanced the speed of the patient pathway and InHealth data indicates that 70 per cent of patients remain under primary care treatment pathways, thus avoiding more expensive interventions in secondary care.

Impact on patients

- Treatment of majority of patients close to home.
- Local access and choice of 7 day per week times for patients. The average distance and time travelled by patients throughout London to independent diagnostic centres are 4.87 miles and 17 mins respectively.
- Leading high quality equipment and environment.
- Positive patient experience – *"very efficient and such a quick turnaround time from referral to my appointment."*

Wider impact

- Ease of end to end service for GPs and Practice Managers.
- Streamlined referral management.
- Early access to diagnostics, new capital invested in high quality local clinics, cost savings for CCGs.
- Releases hospital capacity.

The following demonstrate provision of capacity by the independent sector for dental services, minor illnesses and injuries:

- Oasis Healthcare, a leading provider of dental treatment, has established a group of over 30 practices in the UK and worked to provide dental capacity in the North West of England to help address a waiting list of over 43,000 patients (Case Study D).

Case Study D: Oasis Healthcare

Overview:

- Oasis is a leading provider in the UK of NHS and private dental treatment. It was launched in 1996 and has managed to build a group of more than 300 dental practices across the UK.
- Oasis provides a range of services, including general dentistry, orthodontics and specialist care.

Specific Example:

- Oasis Healthcare has worked to provide dental capacity in a county in North West England to help address a waiting list of 43,000 patients waiting for dental care.
- Oasis put in place a programme to support accessing dental care and within 14 months, the waiting list had been cleared. Improvements in capacity are supported by innovation in terms of online booking and operating services seven days a week, eight until eight where needed.
- Oasis also open a 365 day a year 8am to 8pm service in Northampton as well as a number of other examples across the UK.

Impact on patients

- In 2014, 98 per cent of Oasis patients surveyed said 'they felt involved in all decisions about their care' and 98 per cent indicated that 'the quality of their treatment was good'.
- In addition, 99 per cent said they 'would recommend Oasis to a friend or family member' – setting a trend for early, late and weekend opening across the UK.

Wider impact

- Oasis is working with the government to assist in designing new ways of working in dentistry, including new contracts and involvement in the management of dental training.
- Oasis's scale enables them to leverage capital in order to support the build of new dental sites, especially important in rural areas.

- Over the last few years, there has been an increasing role for the IS in delivering GP services and operating walk in centres and urgent care centres (Case Study E).

Promoting patient experience

Successive governments have sought to strengthen the NHS's role in promoting patient experience and an individual's involvement in decisions about their care. This has followed an expansion of mechanisms and levers within the NHS architecture to measure a patient's experience of care, including through patient experience surveys, the friends and family test, and patient reported outcome measures.

The Francis Report (Robert Francis's report into the failings at the Mid Staffordshire foundation trust was published in February 2013) has moved to drive a culture change where the experience of patients is at the forefront of the work of the NHS. It highlighted the importance of staff empowerment in this culture change and that all who work for the NHS must adopt and demonstrate a shared culture in which the patient is the priority in everything done.

Case Study E: Greenbrook Healthcare

Overview:

- Greenbrook Healthcare is a leading provider of urgent care to the NHS in London, treating 400,000 patients a year across five urgent care centres. It also cares for NHS patients in GP practices, walk-in centres and hospital admissions avoidance services.

Impact on patients

- Average time in Greenbrook Healthcare UCCs is one to one and half hours, significantly shorter than the wait for A&E for the same group of patients. Over 99.5 per cent of patients are seen and discharged within four hours, against the overall A&E target of 95 per cent.
- Expert clinician first – in urgent care centres, Greenbrook Healthcare only employs GPs and specialist urgent care nurses, so that the first clinician a patient sees is able to make a definitive decision about their care, supporting an improved patient experience.

Wider impact

- Greenbrook Healthcare urgent care centre costs are normally 25 – 50 per cent lower than A&E costs for treating the same group of patients.
- Dual use of infrastructure – in a number of cases Greenbrook has been able to use their urgent care centres as a local base for GP out-of-hours services, supporting rationalisation of resources.

In the wake of the inquiry into the quality failings at Mid-Staffordshire, patient experience is shifting to become synonymous with quality, strengthened by its inclusion with national performance frameworks, including the NHS Outcomes Framework. Good patient experience has begun to embed itself as an essential part of good leadership and intrinsic to providing care (Case Studies F,G and H).

There is evidence to support that independent sector organisations are, as a group, providing high quality of care. The CQC states that 'in 2013/14, independent acute hospitals continued their good performance against the quality standards' while 'independent ambulance services continued the good progress they made in 2012/13'.[29]

Case Study F: Healthcare at Home (HaH)

Overview:

- Healthcare at Home have been working with the NHS for over 20 years. Originally with a focus on dispensing and delivering prescribed medication, currently they are working in partnership with 18 NHS acute trusts to leverage their clinical, technological and logistical knowledge to support patients to receive their clinical care at home on "virtual wards".
- In 2014 HaH's virtual ward services enabled over 12,000 patients to receive their clinical care at home. This helped save the NHS over 130,000 bed nights, which is the equivalent to the capacity of a district general hospital.
- These services, which free up valuable hospital capacity and support patient flow, can be approximately 15–20 per cent cheaper than the bed night cost of hospital provision.

Impact on patients

- Allows patients to return to their own homes sooner but still under the clinical supervision of their consultant.
- The provision of a Care Bureau offers a personalised support and clinical triage service for patients.
- Combination of home visits by clinicians and IT and digital technology to provide virtual ward rounds with real time info to monitor patients.

Wider impact

- Enables the most complex patients to receive their treatment in hospital, whilst clinically stable patients can be treated in the comfort of their own home.
- Supports patient flow within NHS acute trusts.
- Supports bed and service reconfiguration.
- Efficiencies gained from virtual ward cost can be invested in future service provision.

Case Study G: Together

Overview:

- Together is the UK's oldest community mental health charity. It operates across England and works with in the region of 5,000 service users a month.
- Over the years it has transformed its services so that service users have an even greater voice in the way services are run. Together has registered residential care homes and supported accommodation which it has renovated and rebuilt in line with their vision that every resident should have their 'own front door'.
- Together has also developed a new model: 'Your Way', for person-centred services for people in the community; and they also plan to grow their work in the criminal justice system and the delivery of advocacy services.

Impact on patients

- Service user led approach adopted for example through 'Your Way' which is one to one flexible support in the community. The development of this was influenced by personal budgets and it supports service users to design the services that will best meet their needs.

Wider impact

- Focus of Together's work is recovery and independence from the outset. This is supported by looking at the whole pathway and working to support and facilitate service users to move along the pathway and minimise repeat hospital attendance.

Case Study H: Virgin Care

Overview:

- Virgin Care operates over 230 NHS and social care services throughout the country across three broad service types: primary care, intermediate care and community care.
- Since 2006, they have treated more than four million people and patient experience of care is central to how they structure and deliver care.

Specific Example:

- Virgin Care was the first provider commissioned by the NHS to seek feedback from patients on their experience of care based on whether they would recommend the care they received to a friend or family member. In 2014, 1,200 changes were made to their services nationwide, directly linked to patient feedback.
- Staff feedback also contributes to improving patient experience; the response of staff to an internal study of their community nursing teams showed that in some cases just one third of the day was spent with patients (as the remainder was taken up by travel and admin requirements). This led to a service redesign focussed on increased face-to-face time with patients, reduced travel time and improvements in record sharing, which has been facilitated through investment in a mobile working solution.

Impact on patients

- Patients engage with Virgin Care's approach to feedback, with 80 per cent of those providing feedback in 2013/14, scoring either 9 or 10 out of 10 for their experience of care.

Wider impact

- Developed a mobile working clinical management solution including first of its kind functionality – important in rural areas and supporting nursing staff in more effective risk management of their patients.

An area of care where patient, family and carer experience is vitally important is palliative care. Independent sector organisations such as hospices play a pivotal role in providing this care and whilst a degree of NHS funding may be available to them, more routinely they are dependent for the majority of their resources from a mix of charitable donations and fundraising activities.

The vast majority of people would prefer to die at home (around 70 per cent according to the National Council for Palliative Care) and to have had conversations about choices and preferences with trained staff about whether they want to remain in their home or be in a hospice environment during these difficult times, can be a real comfort. As Case Study I demonstrates organisations such as Trinity Hospice play an immeasurable role in the support of choice and experience in these instances.

Case Study I: Trinity Hospice

Overview:

- Trinity Hospice is the oldest hospice in England (established in 1891), it is a charity specialising in provision of palliative care in central and south west London. It receives one third of its funding from national health contracts, relying on charitable donations, legacies and fundraising activities for the remainder of its funds. In addition to specialist medical and nursing care, Trinity offers physio and occupational therapies, social work and counselling and spiritual psychosocial support, complementary and arts therapies, welfare advice, volunteer befriending, bereavement services, and education and training to other healthcare professionals.

Specific Example:

- Patient experience is paramount for Trinity and through the organisation of its services; it is able to be much more flexible than the NHS in the way that it provides care to patients. For example there are no visiting hours for its inpatient unit – patients' families and friends can come whenever they want, and can stay at the hospice. Staffing ratios mean that nurses and other clinical staff have more time to spend with patients and families. Patients can also choose what they want to eat and when they eat it, rather than be regimented by strict mealtimes.

Impact on patients

- As the model of care is integrated and holistic, patients are assessed for all their needs and so can also be offered 'other' support such as psychological and emotional support as well as spiritual care.
- Over the first 6 months of 2014, 85 per cent of Trinity's patients who passed away, died in the place they wanted to.

Wider impact

- Trinity Hospice also provides support to families and carers whether it be emotional or psychosocial as well as welfare rights advice, recognising the impact that illness can have on patient's families and carers.

Innovation

With the increasing demographic demands and financial pressures facing the NHS, doing things more efficiently and better is no longer enough, radical transformation is required and more than ever innovation needs to become the core business of the NHS.

Amongst the IS organisations we spoke with, there were three broad approaches to innovation: (1) those who were being innovative through research and development, (2) innovative around investment in technology, and (3) those who were being innovative in their models of care.

For example, research and development undertaken by Cobalt to support people with dementia, especially those younger patients with an early onset dementia diagnosis is summarised in Case Study J.

Case Study J: Cobalt

Overview:

- Cobalt is a medical charity that historically has been primarily focussed on oncology and imaging however more recently it has recognised the need to support dementia and other life-limiting conditions. Its focus is to help with disease prevention, research, treatment and diagnosis.

Specific Example:

- Cobalt uses imaging solutions including ultra-high field MRI, high-field open MRI, and PET/CT to participate in local and national research.
- Colbalt provide funding for research for various oncology and dementia projects and participate in/contribute towards research projects on a local, national and international basis. In the past this has included projects such as the South West Mesothelioma and Pemetrexed (SWAMP) trial for patients with Asbestosis (a form of lung cancer); and an on-going study involving 'Young Onset Dementia' (YOD) patients.

Impact on patients

- Providing a seamless integrated service within the patient pathway.
- Provide advanced medical imaging to enable more accurately targeted patient treatment.

Wider impact

- Assist the NHS with additional diagnostic imaging capabilities, using flexible mobile solutions and static site facilities.
- Developed a partnership with a local mental health trust to provide an integrated diagnostic pathway for dementia patients.

Independent Vascular Services investment in information and technology means results are reported within 5 – 10 minutes of examination, supporting more efficient scheduling and diagnosis (Case Study K).

Case Study K: Independent Vascular Services (IVS)

Overview:

- IVS specialises in the provision of vascular services to the NHS and private sector, particularly in vascular ultrasound. They specialise in diagnosis through scanning and investigation, and are the largest specialist provider of vascular ultrasound services.
- IVS have also trained approximately 17 per cent of UK accredited vascular scientists.
- 9 NHS vascular laboratories perform over 60,000 ultrasound investigations per year.
- In June 2014, IVS vascular ultrasound departments became the first in the UK to receive national accreditation by UKAS.

Specific Example:

- IVS has invested in a bespoke database and reporting system which is compatible with NHS PACS for automated transfer of reports. The system produces bespoke patient invitation letters and an explanation of what the patient may expect and any special pre-scan requirement. A full history of all patient vascular ultrasound results performed by IVS and a record of any interventional vascular procedures previously performed through IVS are also listed.
- Reports are issued within 5–10 minutes of completion of the examination (dependent on complexity of the scan).
- The system also allows extensive audit and will facilitate daily, monthly or annual reports of waiting times, did not attend (DNA) rates, cancellation rates, scan outcomes and activity listed by referrer, site of investigation, ethnic category etc.

Impact on patients

- Through the use of one stop clinics, 87 per cent of patients are seen on the same date as referral.
- The data collected from scans can be issued as reports in a range of formats to allow easy access for other clinicians or patients to diagnostics.

Wider impact

- Over the nine years that IVS have been working, they have tripled the number of scans done annually, increasing capacity.
- IVS has a close relationship with many academic centres and has provided technical support to several research projects.

The Practice developed and ran a new model of integration for care homes, this preceded NHSE's 5YFV focus on new care models of enhanced health in care homes (Case Study L).

Case Study L: The Practice

Overview:

- An independent sector provider of primary and community based care to the NHS, running GP practices and walk in centres with 142,000 registered patients and 13,000 walk in patients a month.
- Largest independent sector provider of community based ophthalmology services also provides ENT and dermatology services in the community.

Specific Example:

- The Practice conducted a six month pilot scheme across seven care homes to improve integration with primary care for the residents of care homes, aiming to reduce the number of patients unnecessarily admitted to hospital, particularly towards the end of life. The pilot focused on an integrated GP and medicine management service which provided care planning, routine visits and out of hours urgent care support, amongst other things. This innovative way of working resulted in a 40 per cent reduction in hospital admissions across the period, a 17 per cent reduction in general prescribing, with 89 per cent of residents who died while the pilot was running doing so in their place of choosing.
- The success of the scheme was reliant on a federated model, rather than the traditional GP model involving autonomous GP practices.

Impact on patients

- Through ophthalmology services they provide care closer to home for patients and on a timelier basis.
- First to follow up rate for ophthalmology half of that of the traditional hospital eye service.

Wider impact

- Community based ophthalmology programme can undertake 80 per cent of activity currently completed in the acute sector.
- Reduced hospital admissions from the care home sector frees up hospital capacity for other patients.

Spire Healthcare (Case Study M) through multi organisation and team working has developed a unique coordinated service provision for morbidly obese patients in community and hospital settings, as well as interfacing with support services.

Overall the contribution of the independent sector to the NHS is currently characterised by services that support choosing the date and time of appointments to be booked, the provision of some outsourced community contracts and imaging and diagnostics services amongst others. These services are assisting with day to day NHS delivery and meeting the needs of the current service.

Case Study M: Spire Healthcare

Overview:

- Spire Southampton Hospital has developed a unique coordinated service provision for morbidly obese patients across their region; providing a tiered bariatric service linking local authority, CCG and NHS commissioned care in a community and hospital setting and interfacing with on-going support services.
- The service comprises offering a Tier 3 service for GPs to refer into once patients has been through the Tier 1 and Tier 2 weight loss services and are deemed to require additional specialist input, or be prepared for possible bariatric surgery. The Tier 3 service has a multi-disciplinary team comprising of health adviser, therapist, physical activity specialist and dietician who guide patients through a 6 month programme. The team work hard to attract referrals from areas of deprivation to ensure patients from all areas can access the service. The patient is referred back to their GP who can then decide whether to refer into surgery or continue to support the patient within primary care in managing their weight.
- The surgical Tier 4 service is also multi-disciplinary with surgeons, anaesthetists, dietician, specialist nurses and therapists working together to assess patients suitability for surgery, ensuring a smooth pre admission and surgical pathway and then following up patients for as long as is needed to support on-going weight loss (Spire is still in touch with some patients 10 years post-surgery). The Tier 4 service now finds that patients are better prepared for the lifestyle changes that are required to make surgery a success following their Tier 3 experience.

Impact on patients

- Supporting patients to be seen in the community to address diet, health and lifestyle issues as a means of tackling obesity.
- Services delivered in the community close to home and across the region on a hub and spoke basis.
- Seamless integration with expert hospital care when bariatric surgery is required.
- Excellent and sustained outcomes as evidenced by average weight loss achieved by surgical patients being well above the national average.

Wider impact

- New coordinated capacity with a tiered service structure providing GP with right care in the right locations for their patients.
- Better value for local authorities and NHS England as commissioning driven by improved patient outcomes.
- The surgical service is also part of a research study directed quantifying the outcomes and benefits of bariatric surgery.

Going forward the independent sector has an important role to play in developing new models of care building on existing examples that are covered in the next section of this report (some of these have been referred to in this section and more are explored in the next section). In reflecting with independent sector providers on opportunities to engender far reaching change, a number of factors for consideration were highlighted:

1. Improving clinical engagement in relation to learning and adapting lessons from elsewhere and redesign of services to support the implementation of new technologies;
2. An imbalance between focus and spend on hospital services versus out of hospital services;
3. Availability of robust information on the NHS cost base to inform strategic planning;
4. Examples of fragmented commissioning arrangements;
5. Availability of skills and expertise to deliver out of hospital services on a larger scale;
6. Approaches to risk and benefit sharing;
7. Perceived views of the public about the role of the independent sector in delivering healthcare; and
8. The independent sector tending to adopt a passive role in responding to NHS policy and commissioning requirements around existing models of care provision.

These factors are not exclusive to the independent sector and the majority (apart from number 7) apply to NHS providers as well. Addressing these will help convert the small scale innovation currently happening into more of an industrial scale level and better support effective partnering by both NHS providers and the independent sector.

Independent sector partners make a vibrant contribution to the NHS; there is substantial evidence supporting the positive impact to increase NHS capacity, improve patient experience and drive innovation

Summary:

- The independent sector contributes much more than the traditional view around the provision of capital or facilities to increase capacity in the acute sector – it provides the agile partner to help accelerate improvements or crystallise change across the NHS.
- Blended alongside the NHS values and ethos of public service the independent sector partnership brings its own intellectual property – ranging from the financial disciplines to drive efficiency, to the commercial focus to enhance customer experience, to the operational skills to support effective network operations and the efficient deployment of multi-site services.
- The diversity of the independent sector is matched by the diversity of its contribution to the NHS. Examples of real and sustainable innovation are peppered across the NHS – covering increased efficiency, improved customer experience, improved patient outcomes and new services.
- It is fair to conclude that the contribution by independent sector partners is focused mainly around the current configuration of services and existing models of care – to help the NHS meet the challenge of a change in the shape of health demand and a projected funding gap independent sector partnerships will need to be more catalytic and on a much wider scale.

Section 4: What tomorrow holds

Introduction- what tomorrow holds for the health of people in England and the independent sector

The 5YFV has laid out the challenges facing the NHS over the coming Parliament and why the way care is delivered needs to change if it is to meet the demands of a 21st century health system. At the heart of the change is greater collaboration and creativity in the delivery of services, in the interests of both patients and taxpayers.

According to the Commonwealth Fund's annual comparison of health systems, the UK has the best health system in the world. In 12 of the 15 measures, it comes top; in two more it comes in the top three. However, for the final measure, 'Healthy Lives', the UK comes tenth out of eleven countries.[30] In terms of mental wellbeing the UK recently ranked 20th out of 27 EU countries.[31] Poor management of wellbeing has an economic impact; sick pay and associated costs have been estimated to cost employers £9 billion a year, and the state £13 billion[32] a year. However, there is increasingly a requirement for better integration between health and wellbeing services and for a blurring of the boundaries between public health and primary care. The 5YFV also calls for a radical upgrade in prevention and public health and identifies how twelve years ago Derek Wanless' health review warned that unless the country took prevention seriously we would be faced with a sharply rising burden of avoidable illness. The 5YFV suggests that this warning has not been heeded and as a result, the NHS is on the hook for the consequences.

In going forward priority areas for development and partnership working therefore include prevention and wellbeing, as well as the digital agenda and research and development (R&D) which are explored through some case study examples in the remainder of this section. This is not however a comprehensive synopsis as many independent providers are currently working through what their future focus may need and should be, as they have previously tended to respond to NHS service needs as opposed to driving new developments. As a result what is presented in this section is an indication of some of the future activities and opportunities that could be further built upon and expanded.

- Prevention and wellbeing – increasingly recognised as being a core part of the national agenda for the transformation of health services in England. Patients, employers, GPs, community nurses, community pharmacists, and a host of other professionals and community members have a responsibility to maintain health and prevent illness as much as to care and to cure. Also as identified by the Commonwealth Fund the costs of not promoting wellbeing has not only repercussions' for individuals and their families but an economic impact for employers as well as placing an increasing strain on existing service models.

- The digital agenda – has started to have an impact and will continue to be critical in supporting wellbeing and providing patients with the ability to better manage their own healthcare. In addition it is fundamental to empowering healthcare staff to better plan and deliver their day-to-day tasks. Digital health is considered a key enabler to the organisational change set out in the 5YFV.

> The National Information Board will publish a set of 'road maps' laying out who will do what to transform digital care. Key elements will include:
>
> An expanding set of NHS accredited health apps that patients will be able to use to organise and manage their own health and care; and the development of partnerships with the voluntary sector and industry to support digital inclusion.
>
> Source: NHSE Five Year Forward View, October 2014

The new National Information Board (NIB) brings national health and care organisations together with clinical leaders, local government and civil society. It produced in Autumn 2014, Personalised Health and Care 2020, a shared narrative across health and care on digital health priorities and setting out how using data and technology more effectively can transform outcomes for patients. The paper also considers what the health and care system can learn from other industries to exploit the potential of using data and technology – with the aim of making England a leading digital healthcare economy.

- R&D – alongside a focus on prevention and digital, continued research to help improve diagnosis and treatment of rare diseases is needed. Programmes like the 100,000 genomes initiative are putting this country at the forefront of global health research and leading to better, earlier diagnosis and personalised care, for cancer, rare diseases and infectious diseases.

Prevention and wellbeing

Commissioners need to be bold in order to commission for prevention as services are currently skewed towards treatment rather than prevention. The evidence in favour of prevention is nascent but growing and the work of Nuffield Health (Case Study N) and The Priory (Case Study O) is helping establish the importance of such a focus on wellbeing at all stages of life.

Case Study N: Nuffield Health

Overview:

- Nuffield Health is not-for-profit, providing services to help people avoid ill-health and stay well, to diagnose illness quickly, and to provide high quality treatment.
- Nuffield has also launched innovative patient pathways to extend post-operative rehabilitation into wellbeing and has developed a digital app 'healthscore' that is data and device agnostic and provides a dynamic daily assessment to help monitor and improve lifestyle health.
- It operates 31 hospitals, 75 Fitness & Wellbeing Centres, 41 medical centres (both integrated and standalone) and over 200 wellness programmes provided on-site to employers.

Specific Example:

- In terms of ill-health prevention and educational services, Nuffield's approach is about health risk assessment, leading to programmes to improve fitness, nutrition, sleep and reduce stress. It encourages corporate responsibility for the health & wellbeing of staff and educating younger members of the population to lead healthy and active lifestyles from an early age.
- Nuffield has 19 facilities located in schools around the country, with the intention to provide access to the best equipment for students and staff, as well as the wider community, and to provide opportunities to work with experts in health and fitness. These facilities also provide services for the local community, allowing people to access services to improve their health, and their understanding of health.

Impact on patients

- Nuffield's data shows that 75 per cent of people who use their services improve at least one aspect of their health, such as reducing cholesterol or BMI.

Wider impact

- The UK's largest provider of corporate wellbeing services, working with more than 1600 employers (circa 50 per cent of FTSE 250), benefitting 104,000 employees.
- Circa 150,000 health risk assessments every year (Europe's largest provider).

Case Study O: The Priory

Overview:

- The Priory Group has a nationwide network of over 300 sites across the country, treating over 70 conditions.
- The Priory is dedicated to helping people to improve their health and wellbeing by understanding that in order for people to achieve high quality clinical and educational outcomes they need individually tailored programmes, suiting their specific needs.
- In the last 12 months, Priory has supported the NHS by helping over 2,300 individuals who required an emergency inpatient mental health bed.

Specific Example:

- There is a growing demand for mental health and wellbeing services within the workforce, recent evidence from the Canada Life Group has shown that 75 per cent of Londoners said stress was a significant barrier to being productive at their jobs, and the most recent ONS figures show that 15 million days were lost in 2013 due to stress.
- Priory is developing a series of programmes with large corporates to help with improving employee access to mental wellbeing services and is currently providing mental health and wellbeing support for over 500,000 employees (many organisations do not offer this support as standard).

Impact on patients

- Supporting patient experience as not accessing treatment in a timely manner means individuals can go on to exhibit more serious conditions, causing more distress and requiring further complex interventions.

Wider impact

- Performance of business as sickness absence related to stress, depression and anxiety is currently at an all-time high (serious mental health issues doubling as a reason for sickness absence in the last four years) impacting negatively on business productivity.

Digital

One of the biggest opportunities for change is in the realm of technology and digital. Currently health is largely an analogue business which is swiftly becoming a notable anachronism. Disruption is happening now, with apps and wearable technology increasingly being adopted. Although, as noted in PwC's research 'Health wearables: Early days' (summer 2014), individuals have not yet embraced health wearable technology in large numbers, but they are interested.

As identified in Case Study P, investment in technology enables patients to be empowered to manage their own care and track their diagnosis and results.

To support the focus on out of hospital service provision that the NHS is pursuing, good clinical decision making will be a fundamental and the ability to support this in ways of community working. Mental health team members for example, need to be well informed at all times to enable them to manage the risks associated with mental health, such as self-harm, effective communication can prevent admission and facilitate early discharge from hospital. It is clear to see then how good clinical decision making requires timely access to and entry of clinical records across a number of settings. Implementing electronic patient records combined with mobile working is imperative and hence new technologies have a vital role to play in this transition for example remote monitoring.

As mobile technologies evolve, so does the potential for widening channels of communication. The revolution in information and communications technologies is providing patients with much more control over treatment options and engagement in

Case Study P: Fresenius Medical Care Renal Services

Overview:

- Provider of partnership dialysis units to the NHS. Service includes the design and build of facilities and fully managing the service including nursing care.
- Fresenius provides these services to 17 per cent of NHS haemodialysis patients in England and Wales.

Impact on patients

- Work with patients to empower them to be able to manage their own care, through undertaking some of their own dialysis tasks and learning how to manage chronic kidney conditions.
- Investment in technology provides good data analytics to help track patients and assist patients to track their results.
- Increased capacity in the system to reduce both waiting times and traveling times for patients – particularly important for patients receiving dialysis multiple times in a week.

Wider impact

- Currently work with 27 different NHS trusts and internationally – share best practice across the entire network to help ensure innovation is effectively shared.
- Care of the patients is based on a joint partnership whereby patients remain under the care of NHS physicians but Fresenius manage the facility and provide the dialysis nursing care. Supports clinical time being totally devoted to the needs of the patient.

managing their own care. It is also empowering staff with tools, technologies and apps to do their jobs better especially when they are mobile (Case Study Q), as well as providing patients with a better overall experience. Traditionally IT has been considered to be about back office functions, the development of basic hardware and apps however means IT is increasingly about front office tasks and functions.

As most recently identified in a report on Expert Patients by Reform (February 2015), patient engagement will positively contribute to the achievement of savings as there is an evidence base to show that patient empowerment can improve both outcomes and use of resources.

Case Study Q: Oxford Health NHS foundation trust

Overview:

- Oxford Health foundation trust is implementing an Electronic Patient Care Support System (ePCSS) supported by the iOS platform and as part of this process a number of benefits have been identified and mechanisms put in place to track and measure these. Examples of some of the benefits to be realised once the ePCSS solution has been fully deployed on iOS solutions are provided below (the process is currently part underway).

Specific Example:

- *Community staff time efficiency gains* – the new ePCSS iOS app is accessed at the point of care. In addition, iPads are provisioned with access to core network infrastructure (e.g. email, calendar, browser-based apps, etc.). This means that circa 3,000 community staff are/will be enabled to change working practice in planning and delivering care to patients, such as: no need to start/end the day at a trust site; a reduced need to travel to base between appointments; time looking for parking at trust sites avoided and overall productivity gains.
- *Reduction in clinical time spent accessing/entering data* – the ePCSS solution, including the iOS app is configured in a way that significantly reduces the amount of time that clinicians have to spend accessing and entering data. This is achieved through a combination of ensuring that the solution reflects what's needed to support care delivery, as well as interfacing/integrating the core solution with other applications so as to remove the need for duplicated data entry.

Impact on patients

- Staff spending less time on travel and administration of data supports more time for direct patient care.
- Ready access to a number of apps that are helpful in providing explanations to patients on their conditions and treatment programmes.

Wider impact

- Productivity gains of circa 40 mins per day for community staff through the use of iPads and the ePCSS app – level of productivity gain supported by the findings of staff surveys and should equate to circa £8.5m (3,000 x 220 days x £12.89 no. staff by days worked per annum by cost of 40 mins of a band 5).
- Productivity gains of 20 mins per days for clinical staff (due to reduction in clinical time spent on data admin) releasing this time for more patient focused care delivery – should equate to circa £4.2m (3,000 x 220 days x £6.45 no. staff by days worked per annum by cost of 20 mins of a band 5).

> “This report estimates that stronger patient engagement could lead to savings of nearly £2 billion by 2020–21, i.e. around 10 per cent of the NHS England target saving.
>
> The savings would comprise more self-care, improved public health, and greater patient contribution to their care, such as a diabetic measuring their own blood sugar levels.”
>
> Source: Reform Expert Patients, February 2015

Technology advancements are also supporting with improved data collation and analytics that target treatments to individuals and predict needs in populations, based on the use of ‘big data’. However, there has been limited progress with ‘big data’ in health and in terms of wellbeing. For example health data has not routinely been linked to wellbeing data in any robust manner to date. Compliance, data security and information governance are likely to have acted as barriers although progress to address such concerns does seem to be occurring.

Social networking sites are also providing patients with a forum to give feedback on services, learn from others and track their own condition. Provision of online services such as LloydsPharmacy Online (Case Study R) and apps such as Babylon are also starting to give patients access to a form of ‘virtual’ primary care; these disruptions will likely help the expert patient to emerge.

The number of healthcare apps in existence is rapidly multiplying covering a plethora of areas and can be used to support accessing medical education, nursing information, medical imaging, clinical referencing and electronic medical record information on a real time basis.

In addition developments such as Health Kit enable apps that provide health and fitness services to share individual data with each other and to share it with GPs and other care providers. A user’s health information is stored in a centralized and secure location and the user by providing consent, decides which data can be shared and with whom.

Case Study R: LloydsPharmacy Online Doctor

Overview:

- LloydsPharmacy Online Doctor provide prescription-only treatments online without needing to see a doctor face to face for a raft of services including contraception, asthma, hay fever, malaria, and many others.
- Sophisticated clinical algorithms, authored by the doctors, present information to the doctors in such a way as to make the orders of magnitude more efficient in their clinical decisions (‘hyper-efficient primary care’) and it has huge potential to transform the management of low-acuity conditions.

Impact on patients

- Providing alternative and accessible prescription treatments for patients especially for sexual health concerns.
- Many patients use the service for conditions they have ignored for a while and find it uncomfortable to discuss face-to-face preferring an online interaction.

Wider impact

- Future development will build on the community pharmacy dimension, linking remote doctors to pharmacists and other clinicians to provide a range of local, convenient, cost-effective healthcare services, and bringing ‘hyper-efficient primary care’ across the NHS.

The next steps in digital healthcare will likely automate, simplify, standardise and digitise both patient facing (care delivery and care management) and internal systems (care logistics) on a more comprehensive basis (Figure 4.1). This will blur boundaries between traditional physically provided services and digital health services and in turn the lines between what are deemed traditional NHS provision and non-traditional and/or independent sector provision.

Figure 4.1: Next steps in digital healthcare – automating care delivery, management and logistics

Research and development

There is a revolution in genome sequencing to monitor cancer and deliver personalised treatments, and to transform the detection, diagnosis and treatment of infectious diseases. The NHS is harnessing and leading this but there is much more to be done and time is of the essence. The potential is huge for genome sequencing to enable new scientific discoveries and medical insights to bring benefits to patients. Case Study S demonstrates, a partly NHS owned organisation is leading on not only pathology delivery but in the arena of genome sequencing.

Case Study S: Viapath LLP

Overview:

- Provider of pathology services jointly owned by Guy's and St Thomas' NHS foundation trust, King's College Hospital NHS foundation trust and Serco. Two thirds owned by the NHS and working in partnership with a number of NHS acute trusts, Viapath employs around 1,000 people and processes more than 24 million tests per annum.
- Full service pathology provider managing the main pathology laboratories at Guy's & St Thomas' NHS foundation trust; King's College Hospital NHS foundation trust and Bedford Hospital NHS trust.
- A leading pathology provider in the UK, delivering pathology and testing services from over 60 routine and specialist laboratories.

Impact on patients

- Earlier diagnosis due to establishment of a gene panel for Glycogen Storage Disorders.
- Improved patient experience in terms of reduced serial testing.
- Improved patient experience due to reduction in unnecessary clinical intervention.
- Estimated to save the NHS over £3k per patient, or £237k per annum.

Wider impact

- The technology has now been used to develop Whole Exome Sequencing in collaboration with Guy's & St Thomas' NHS foundation trust.
- This will enable the analysis of all genes in the human genome simultaneously, replacing many individual assays.
- Many more patients will receive first test diagnosis, avoiding expensive serial testing and other clinical interventions.

The independent sector is already investing and innovating to address some of the longer-term challenges facing the health system – this provides ready-made partnership opportunities to scale-up for the NHS and bring about catalytic change

Summary:

- Looking to the future and planning for what will be needed is not always straightforward. This often requires investment and commercial risk-taking and is at the heart of the independent sector model. There are some key examples of how the sector is beginning to respond to support proactive care. These are still evolving and could be scaled-up in partnership with the NHS as part of a population health management approach.
- The independent sector is playing an important role to innovate and develop new health models to address ill-health prevention and wellbeing. This is about the health issues that relate to lifestyle and is where the traditional patient model of health gives way to a new hybrid consumer and retail model of health.
- The digital agenda is providing multiple opportunities for not just the independent sector and the NHS but patients themselves to self-manage. This is to be welcomed as there is evidence that patients who are more active and engaged in their own self-care experience better health outcomes.[33]
- There are examples of unique partnerships of clinical, scientific and operational expertise between the independent sector and the NHS which are at the cutting edge of, for example, genome sequencing and have the potential to transform therapeutic interventions.
- It is becoming increasingly clear that as the pace of innovation increases to address the longer-term health system challenges – the old boundaries will blur – and the current distinction between independent sector and NHS, or traditional healthcare provision and digital services and patient and consumer, will become increasingly irrelevant. This change of mind-set should be encouraged as it will release the potential for the catalytic change required to support a sustainable health system.

Section 5: A call to 'push the boundaries'

Introduction- a call to 'push the boundaries' for independent sector and NHS partnering

In 2000, the NHS entered into a concordat with the independent sector which aimed to set out the parameters for a partnership between the NHS and private and voluntary healthcare providers. The initial focus on elective care, critical care and intermediate care within care homes has since helped millions of NHS patients and brought different providers closer together in the interests of patients. As the NHS embarks on its journey towards delivering the ambitions of the 5YFV, the time is now opportune to once again define the role of the independent sector as a partner for the NHS to deliver care that patients need, and to the standards they expect.

A new relationship between the public and private sectors offers a real chance of creating a framework for change (Figure 5.1). It also supports in making the most of the skills and potential of the independent sector to unlock benefits for patients in the planning and delivery of services.

This report is not calling for changes in legislation or additional funding but rather tangible actions to show there is real commitment to supporting the sustainability of the NHS through partnership working. The independent sector is ready to acknowledge it needs to take and share both risks and benefits with the NHS and collaborate sooner, and is committed to doing this.

Figure 5.1: A refreshed NHS and independent sector concordat responding to current and future challenges

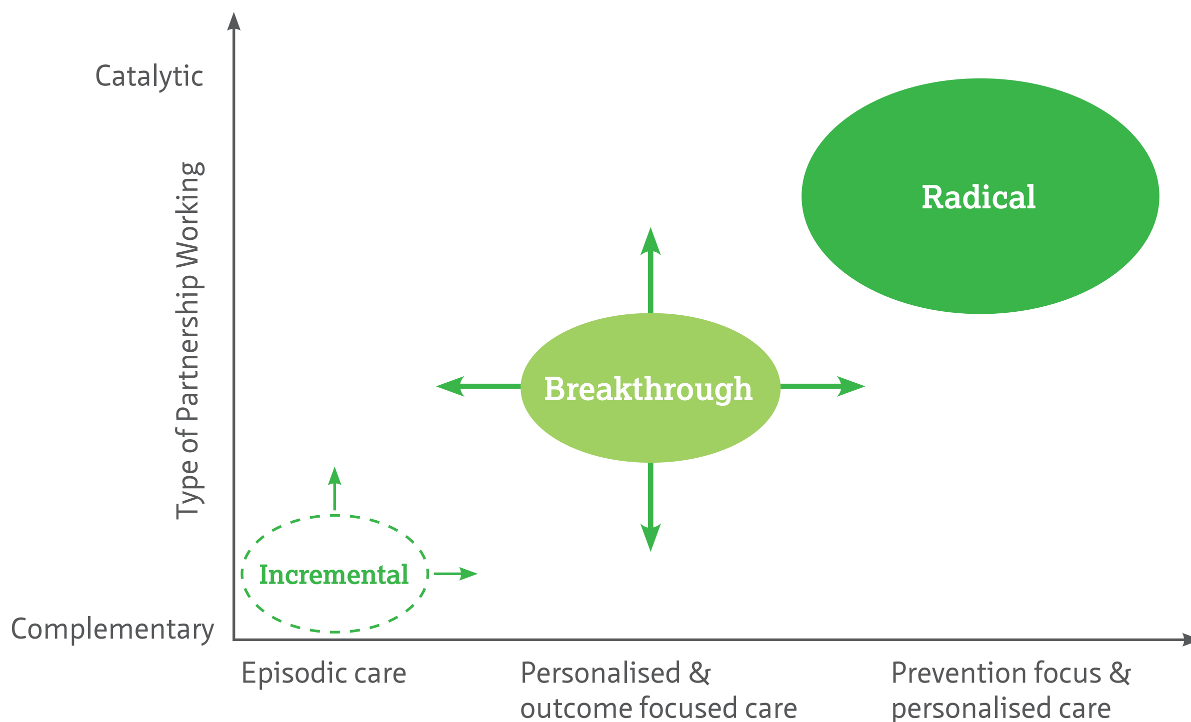
Within this report we have presented the evidence base for how the independent sector is:

- A diverse and credible group of partners making a vibrant contribution to the NHS; there is substantial proof supporting the positive impact to increase NHS capacity, improve patient experience and drive innovation.
- Already investing and innovating to address some of the longer-term challenges facing the health system in England – this provides ready-made partnership opportunities to scale-up for the NHS and bring about catalytic change.
- Implementing a commercial focus to enhance patient experience, driving efficiencies and applying operational skills to support effective network operations, as well as the efficient deployment of multi-site services.

Looking to the original aims of the 2000 concordat and combining the potential of the NHS and independent sector in long term partnership working, provides the prospect to achieve breakthroughs such as the implementation of long talked about out of hospital strategies and whole healthcare economy transformation.

On this basis over the next ten years the breakthrough and radical change set out in Figure 5.2 could actually become a reality. This means moving from the current largely complementary way of working and supporting existing care model delivery to co-creating new solutions with the NHS, investing funding, taking risk and contracting on a different basis. There is already increasing convergence between the NHS and independent sector around measures for financial sustainability and the ability to generate funding for investment as well as performance, quality and patient related metrics; and a refreshed concordat further supports improving delivery of these.

Figure 5.2: Contribution to the NHS – catalytic and complementary partnership working between the independent sector and the NHS



What next?

The success of this refreshed concordat will require a 'pushing of the boundaries' and a new way of partnership working between the independent sector and the NHS. This should build on the intentions of the original concordat in 2000, which stated:

"A desire for a shift towards long term and continuing relationships between the NHS and the independent sector"

In addition both the NHS and independent sector will need the space and freedom to test and learn from different ways of collaborating amongst themselves and with each other. We believe a refreshed concordat will support the NHS to meet the ambitions of the 5YFV and act as a catalyst for the development of new models of care. These new models of care should focus on our shared goals of prevention and wellbeing, and improving the quality of care for patients. Over the coming months we look forward to discussing with Government and NHS England the future role of the independent sector within the NHS and how we can best work together in the interests of patients.

Appendix A

Organisations who contributed to the report:

Organisation	Member of NHSPN	Submitted Information Return	Partook in Interview
1. Alliance Medical Limited	Yes	Yes	Yes
2. Nuffield Health	Yes	Yes	Yes
3. Independent Clinical Services Group	No	Yes	No
4. ORLA Healthcare Limited	No	Yes	No
5. Fresenius Medical Care Renal Services Ltd	No	Yes	Yes
6. Ramsay Health Care	Yes	Yes	Yes
7. Greenbrook Healthcare	No	Yes	Yes
8. Horizon Health Choices Limited	No	Yes	No
9. Independent Vascular Services Ltd	No	Yes	Yes
10. The Practice Group	Yes	Yes	Yes
11. Cobalt	No	Yes	No
12. Eyecare Medical Limited	No	Yes	No
13. Advantage Healthcare Group	No	Yes	Yes
14. Viapath LLP	No	Yes	Yes
15. Healthcare at Home	Yes	Yes	Yes
16. Spire Healthcare	Yes	Yes	Yes
17. Oasis Healthcare	Yes	Yes	Yes
18. Virgin Care	Yes	Yes	Yes
19. Care UK	Yes	Yes	Yes
20. Trinity Hospice	No	Yes	No
21. The Priory	No	Yes*	No
22. InHealth	Yes	Yes*	No
23. Together	No	No	Yes
24. BMI Healthcare	Yes	No	Yes
25. LloydsPharmacy Online Doctor	No	No	Yes
26. Oxford Health NHS foundation trust	No	Yes*	No

*The Priory, InHealth and Oxford Health NHS foundation trust provided some examples of case studies of their work, this was not in the same format as information returns completed by the 20 other organisations who contributed.

Appendix B

NHS Partner's Panel Membership:

1. David Mobbs, Group Chief Executive, Nuffield Health
2. David Hare, Chief Executive, NHS Partners Network
3. Richard Murray, Head of Policy, The King's Fund
4. Dr Chris Exeter, Director of Policy and Research, Optum Global
5. Dean Arnold, Partner, PwC

Appendix C

Further detail on a number of the independent sector organisations contributing to the NHS

	Organisation	Member of NHSPN
1.	**Advantage Healthcare Group**	• Key services Advantage Healthcare Group provide are complex healthcare to people in their own homes and social home care. • They deliver in the range of 800 complex packages of care on a daily basis to those with a range of needs including: Brain Injury Rehabilitation, Head and Spinal Injury Rehabilitation, Home Ventilation and Respiratory Support, Renal Care, Palliative Care and 24 Hour Care.
2.	**Care UK**	• Care UK's secondary care services are providing same day cataract operations, in which patients can have their eye operation on the same day as their first outpatient appointment. • In their primary care services patients can now choose to have an online or telephone appointment with a GP 24 hours a day 7 days a week, and 60 per cent of them are choosing to do that.
3.	**ORLA Healthcare**	• ORLA Healthcare is pioneering a new approach to high acuity hospital at home services for NHS patients who would otherwise require admission to an acute NHS bed. • ORLA operates a unique but proven consultant led service model, with 24/7 cover, 365 days per year, taking full medical responsibility for patients as a fully managed service. Innovative technology and telehealth are used to help facilitate safe and efficient patient treatment at home. • The ORLA service model treated safely and effectively over 725 NHS patients transferred to ORLA's "virtual ward" from emergency departments and wards in its first year of operation, with 95 per cent of patient respondents either highly or likely to recommend the ORLA service as asked by the NHS family and friends test. This saved over 6,380 bed days for the NHS trust.
4.	**Horizon Health Choices Ltd**	• Horizon Health Choices supports the NHS in delivering patient services across North Bedfordshire. • Approximately 400 referrals are received from GPs each month with waiting times, on average, two weeks (compared with hospital wait of four to six weeks). 100 per cent of ultrasound reports sent within three working days.
5.	**Eyecare Medical**	• Eyecare Medical provides community based independent NHS Age-related macula degeneration (AMD) services. There are currently 400 active AMD patients having treatment. • All patients are given an appointment from referral within 1 day and seen within 5 days, with all treated within 2 weeks of initial referral.
6.	**BMI Healthcare**	• 6,500 consultant specialists work for BMI across 59 hospitals and clinics and 115 different specialities and services. BMI has approximately 2,700 beds, with 1.5 million outpatient visits per year and 276,000 inpatient and day case visits per year (on basis of 2014 records). • In terms of patient feedback for BMI (Jan – Dec 2014 c69,500 respondents) 98 per cent of patients rated their overall quality of care as very good or excellent. 98 per cent also indicated that the care had met or exceeded their expectations and 98 per cent said they would recommend to others.
7.	**Ramsay Health Care**	• Ramsay has 36 facilities in the UK including a network of 23 acute inpatient hospitals, 6 diagnostic and day surgery centres, 3 neuro-rehabilitation units. These provide a wide and comprehensive range of clinical specialties from orthopaedics and general surgery, to cardiac surgery and eye surgery. • 96 per cent of patients were 'satisfied overall' across Ramsay with their experience (June 2014), with 6 facilities scoring 100 per cent.

Appendix D

Glossary of Terms

Abbreviation	Term
NHS	National Health Service
CQC	Care Quality Commission
IFS	Institute of Fiscal Studies
5YFV	Five Year Forward View
CCG	Clinical Commissioning Group
NHSPN	NHS Partners Network
BIR	Base Information Return
PbR	Payment by Results
FOI	Freedom of Information
HRGs	Healthcare Resource Groups
ISTCs	Independent Sector Treatment Centres
GP	General Practice/Practitioner
HaH	Healthcare at Home
IVS	Independent Vascular Services
FFT	Friends and Family Test
UKAS	United Kingdom Accreditation Service
PROMs	Patient Reported Outcomes Measures
HSCIC	Health and Social Care Information Centre
AML	Alliance Medical Limited
AMD	Age-related Macula Degeneration
IS	Independent Sector
UCCs	Urgent Care Centres
SWAMP	South West Mesothelioma and Pemetrexed
YOD	Young Onset Dementia
DNA	Did Not Attend
ENT	Ears, Nose and Throat
R&D	Research and Development
NIB	National Information Board
ONS	Office of National Statistics
FTs	Foundation Trusts
ePCSS	Electronic Patient Care Support System

References

1 A report by the Nuffield Trust found that NHS spending on NHS providers of acute, community, mental health and other services was £60.6bn in 2012/13, compared to a spend of £21.4bn on primary care and £9.5bn on secondary care provided by the independent sector (Nuffield Trust Into the Red? The state of NHS finances. 2013).
2 RCN Policy and International Department Policy Briefing 31/13. The Independent Sector: History and Role in England (December 2013)
3 Pauline Allen and Lorelei Jones, 'Diversity of health care providers', In Nicholas Mays, Understanding New Labour's Market Reforms of the English NHS, King's Fund, 2011, p.16
4 The People, the Parties and the NHS, January 2015
5 RCN Policy and International Department Policy Briefing 31/13 December 2013 The Independent Sector: History and Role in England
6 House of Lords Select Committee on Public Service and Demographic Change, Report of Session 2012–13: Ready for Ageing?', available at: http://www.publications.parliament.uk/pa/ld201213/ldselect/ldpublic/140/140.pdf
7 Office for National Statistics, What are the top causes of death by age and gender?, available at: http://www.ons.gov.uk/ons/rel/vsob1/mortality-statistics--deaths-registered-in-england-and-wales--series-dr-/2012/sty-causes-of-death.html
8 The Health Foundation January 2015 Briefing - NHS Finances: The challenge all political parties need to face
9 The Health Foundation has estimated that even with unprecedented productivity improvements of over 2% a year, by 2030/31 these pressures would be £48bn more than inflation. The Health Foundation using central estimates has suggested that funding pressures could increase to £65bn over and above inflation in 2030/31.
10 NHS Confederation, 'The challenges facing the NHS'
11 House of Lords Select Committee on Public Service and Demographic Change, Report of Session 2012–13: Ready for Ageing?', available at: http://www.publications.parliament.uk/pa/ld201213/ldselect/ldpublic/140/140.pdf
12 http://www.theguardian.com/society/2015/apr/23/nhs-miss-22bn-efficiency-target
13 Ribera Salud Grupo is a member of the NHS Partners Network
14 A Stitch in Time – The Future is Integration, NHS Partners, NHS Confederation, 2011
15 The NHSPN notes that some organisations were unable to complete a BIR due to the timescales for completion, but were able to attend a panel interview. Where the panel felt interviews would add to the information gathered from other organisations, interviews were set up and completed. See Appendix A for further detail.
16 The NHS Plan was published in 2000 and set out a vision of a health service designed around the patient: a new delivery system for the NHS as well as changes between health and social services, changes for NHS doctors, for nurses, midwives, therapists and other NHS staff, for patients and in the relationship between the NHS and the private sector.
17 NHS Partners Network Response to the Health Select Committee Inquire into Public Expenditure in Health and Social Care (October 2014) – using Department of Health Report and Accounts 2013-14 (July 2014) and Nuffield Trust Public Payment and Private Provision (May 2013).
18 Kings Fund The NHS under the coalition government (February 2015).
19 The average FFT recommendation rate for all inpatients treated by the independent sector, source: NHS England
20 Per cent of inspections that were compliant with CQC essential standards in 2013–14, source FOI request
21 Per cent of inspections that were compliant with CQC essential standards in 2013–14, source FOI request
22 Refers to average adjusted health gain (patient weighted) - Patient Reported Outcome Measures (PROMs) are principally questionnaires, which measure different aspects of health and quality of life from the patient's perspective. PROMs usually take the form of short questionnaires, reflecting the broad nature of health status, disease, or injury, which are most often summed to give a total score.
23 The EQ-5DTM score, developed by the EuroQol Group, is a standardised instrument for use as a measure of health outcome and has a broader base than the Oxford scores. Its questions relate to mobility, self-care, usual life activities, pain/discomfort and anxiety/depression. More information about the EQ-5D is available at http://www.euroqol.org. The Health and Social Care Information Centre also provides an informative guide to PROMs methodology used by the Centre, available at http://www.hscic.gov.uk/article/3843/Background-information-about-PROMs.
24 Means have been inferred from data published by NHS England. This data shows numbers of patients waiting between 1 and 2 weeks, 2 and 3 weeks, etc. up to 52+ weeks for RTT times. Mean values have been calculated on the assumption that patients who have been waiting between 1 and 2 weeks have waited an average of 1.5 weeks etc. Also, for those patients waiting longer than 52 weeks (RTT) we have taken a value of 52.5 weeks which is likely to be an underestimate. As we are looking at national trends rather than specific provider-level performance we have counted all patients when calculating means rather than excluding organisations with low volumes.
25 Ipsos Mori Political Monitor January 2015.
26 The Health Foundation, Public attitudes to the NHS. February 2015.
27 All 20 organisations represent the independent sector; although not all were members of the NHS Partners Network and a further 5 to 6 organisations took part in an interview with NHSPN or provided supporting information.
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33 When Patient Activation Levels Change, Health Outcomes And Costs Change, Too http://itunes.apple.com/us/app/health-affairs/id481266247?mt-8

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