Welcome to Barlborough NHS Treatment Centre

Wednesday 21st September 2005

Partnership Health Group

Dr Sushil Jathanna
Managing Director, Care UK Clinical Care Services

Glen Merryweather
Acting Managing Director, Partnership Health Group

Partnership Health Group

CARE UK

- New acute services provider formed in 2003
- Joint venture between Care UK and Life Healthcare
- Preferred bidder for 4 first wave schemes

PHG
Partnership Health Group

Partnership Health Group

CARE UK

- Contracts signed for 3 schemes
- Operational in Trent since April 2004
- Over 5000 procedures performed to date
- Plymouth operational April 2005
- Barlborough (Trent) operational July 2005

PHG
Partnership Health Group

Care UK

- Specialists in Health & Social Care
  - Residential Care
  - Home Care
  - Specialist Care
  - Clinical Care

- Expertise – Public Service Contracting

- Aberdeenshire to Devon

Life Healthcare

- Operational expertise
- Track record
- 63 hospitals
- 13 same day centres
- 7,500 Acute beds
- IM&T Systems
- Staffing and Training

Partnership Health Group

- Formed to build and manage ISTCs to assist the NHS with their waiting lists
- Patients referred from waiting lists
  - Outpatients
  - Procedure
  - Follow up
- So far
  - Trent project (Barlborough)
  - Plymouth project (Peninsula)
  - Interims in Trent
- The future
  - North-east London
  - Maidstone
  - Wave 2

From the start until now…

- Ilkeston
  - April 2004 - mid July 2005
- Bassetlaw
  - July 2004 - mid July 2005
- Lincolnshire
- Interim difficulties
- Peninsula NHS Treatment Centre
  - 3rd May 2005
- Barlborough NHS Treatment Centre
  - 12th July 2005
- Lincolnshire
  - Boston
  - Louth
  - Lincoln

Minimum take and facilities

	Theatre cases pa	Beds	Theatres
Peninsula	3,300	40	2
Barlborough	4,400	46	3
	7,700		

All orthopaedic

Mix of hip and knee replacements and ‘minor’ orthopaedic cases

Achieved to date

CARE UK

Interims	3,500	cases
Barlborough	800	cases
Plymouth	1,100	cases
Total	5,400	

Length of stay

Hips	5	days
Knees	4-5	days
Minors	1	day

Innovations and successes

- Blood conservation
- One stop outpatients
- Management of pathway
- No MRSA
- Very few incidents and re-admissions
- Very high patient satisfaction

Today at Barlborough

CARE UK

- Reception and outpatients
- Diagnostic partnerships
- Pharmacy
- Day ward
- In patient ward
- Theatres
- Gymnasium for physiotherapy
- Hospitality facilities

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Clinical Care Services

Dr Sushil Jathanna
Managing Director

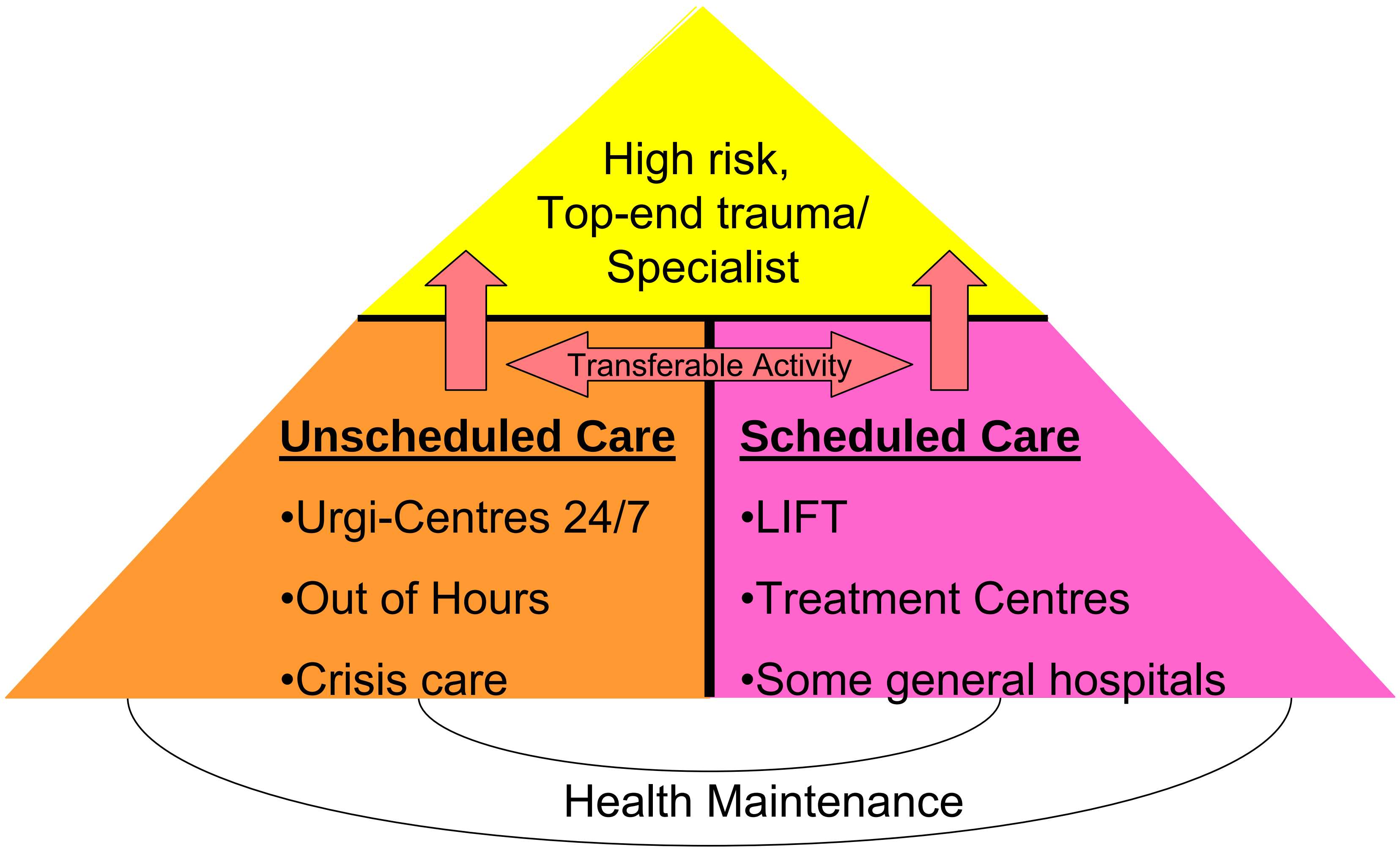
Health and social care – Key drivers

- Demography
  - Ageing population, social change, tax based funding system
- Technology
  - Lack of investment, fragmented and poor use, poor infrastructure
- Public expectations
  - Increasing demand, greater flexibility requirement, consumerism
- Burden of disease
  - Increased prevalence of Long Term Conditions and the cost of
  - management
- NHS Reforms
  - Plurality of provision, Choice (choose & book), PBR, PBC,
  - Foundation Trusts, NpFIT, Primary Care White Paper, Regulation

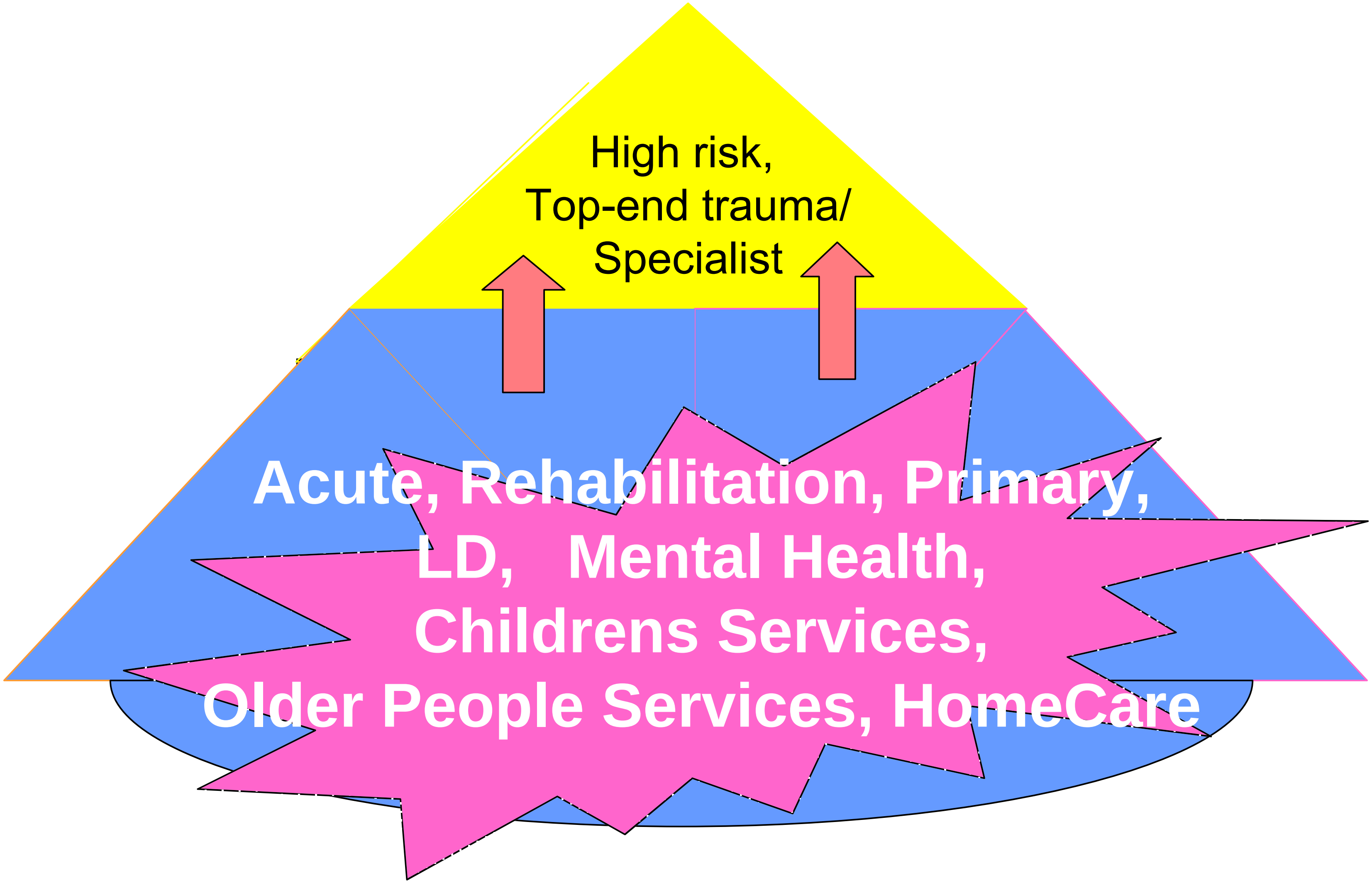
Acute and primary care – Market dynamics

- Primary Care Market valued at £9bn (IS >£500m)
  - But evolving procurements will increase values
- Diagnostics - £13bn (IS c£1.2bn)
- Govt policy for acute service outsourcing
  - Current estimated spend in IS > £1bn
- Govt health spend increasing to 2008 = £92bn
  - But capped and potentially reducing thereafter
- Need to improve capacity and productivity
- Traditional private sector still not growing

NHS strategy-
The new vision



NHS strategy-
Care UK - longer term vision



Wave 2 elective surgery

- 24 projects across England
- Total value c£2bn over 5 years
- Full ‘pathway’ approach
- Some transfer of activity (and staff and premises)
- Mix of surgery across 8 specialities
- Mix of In, Day and Outpatients
- Contribution into choice agenda sought

Wave 2 diagnostics

CARE UK

- 7 Regional contracts
- 1 National PET/CT project
- Full range of imaging modalities
- (MRI, CT, X-ray, Ultrasound, Diagnostic scopes and Physiological testing)
- Focus on direct access to primary care
- Value c£1bn over 5 years
- Care UK minority consortium partner

Primary care opportunities

CARE UK

- APMS
- OOH
- Walk in Centres
- LTC
- Prison Health
- LIFT
- Provider functions of PCTs

Clinical Care - summary

CARE UK

- Significant public sector procurement
  - Radical agenda for the NHS
  - Political pragmatism controlling the pace of change
  - Aligned to Care UK's strengths
- Substantial opportunity

Specialist Care Services

John Turk
Managing Director

Children's services market

- Currently 60,800 looked after children
- Level of family breakdowns increasing
- Increased Government Funding
  - (£3.1bn 2004 to £4.4bn in 2005)
- Continued move from public to private provision
- Fragmented market
  - numerous sub-scale residential players of which dozen recognised
  - over 150 Independent Foster Providers
- National shortage of foster carers (estimated 10,000)

Children's services
Business model & strategy

- Corvedale Care
  - 2 bed residential children's homes clustered around special day school
  - supported by Crisis Care Centre
- Fostering Support Group
  - Superior support to carers delivers better outcomes for children
- Overall Summary
  - Both well established with positive customer perception
  - Strong accreditations & professional recognition
  - Sound operational procedures
  - Positive price/quality mix
- Strategy
  - Expansion into other regions and urban areas
  - Judicious acquisition and organic investment

Learning disability market

- £4bn market with moderate growth
- More severe learning disabilities of longer duration
- Move from residential towards supported living and enablement
- 3 tiers of competition:
  - 3 “big” national players - > 1,000 places with Turnover > £70m – residential based
  - Other “national” > 300 places with Turnover > £15m
  - Local < 200 places with Turnover < £10m
- Consolidation to continue with fewer larger suppliers:
  - increasing regulation
  - approved provider lists
  - “best value” contracting
  - presence of market consolidators

Learning disability services
Business model & strategy

CARE UK

- Range of services from
  - residential to supported living
  - mild to severe learning disabilities
- Primarily in Essex, Surrey, Newcastle, Lancashire, and Scotland
- Overall Summary
  - Established expertise and contracting capability
  - flexible & collaborative partnership approach to new services
  - accreditations & increasing reputation with national experience across a range of services
- Strategy
  - Compete for contract growth in supported living and enablement
  - Expand portfolio by acquiring skills in autistic spectrum

Mental health market

CARE UK

- Closure of asylums led to proliferation of private providers
- Private sector accounts for 20% of bed provision worth £0.5bn
- 6 key players account for 50% of private sector
- Care UK currently have approx. 2.5% market share
- Whilst uncertainty in market place currently exists, PCT Commissioners are key and they have a desire to see:
  - better strategic commissioning
  - more primary care
  - rehabilitation in community setting

Mental health
Business model & strategy

CARE UK

- Care UK
  - Range of 20 low secure rehabilitation and continuing care centres
- Althea Park Services
  - Female only:
    - 8 bed adolescent eating disorder unit
    - 7 bed adult eating disorder unit
    - 5 bed adolescent self harm unit
- Overall Summary
  - Wide ranging portfolio in terms of services and geography
  - 70% of profits from 30% of homes
- Strategy
  - focus the business around Care UK rehabilitation ‘pathway’
  - create independent sector community based solutions

Key business dimension

- Contracts relate to the individual
  - Carry occupancy risk
  - Highly geared model
- High degree of marketing orientation
  - Established customer databases
  - Key communication messages
  - Telephone marketing
  - Personal follow-up
  - Customer relationships are key

Community Care Services

Roger Booker
Managing Director

Demand issues

CARE UK

- Advances in medicine reduces demand for long term residential care
- Advances in medicine extends life expectancy without reducing dependency in later years
- Healthy life expectancy increasing, but not as fast as total life expectancy, meaning that people can expect to live more years in poor health (Health Statistics Quarterly Autumn 2002)
- 16.2% of population aged 65+ in 2005, to 25.0% in 2036

Market

- 3.1 million hours purchased or provided
- £2.5 billion market size. Informal care est’d at £6 billion
- £2 billion CSSR (Council’s with Social Services responsibilities)

  provided, independent sector share £1.3 billion
- Care UK £37 million: 2.8% market share
- Involvement of health commissioners (PCTs)
- Polarising market into providers of CSSR homecare & providers to self-funders
- Independent sector: 66% in England

  22% in Scotland

  38% in Wales

Competitors

CARE UK

- Nestor – 79 healthcare staffing branches, 120 social care branches, 120 Carewatch franchises.
- Allied Healthcare – 96 branches (36% social care)
- Careforce – 23 branches, rapid growth
- Community Careline – 21 owned and 50 franchises. Declining ‘old mentality’ business
- Nfps : Anchor Care 19 branches; Housing 21 small number of independent branches handling large contracts; Leonard Cheshire 46 schemes
- Specialist niche providers, e.g. Complete Case Management, Healthcare at Home, Clinovia

Growth strategy and service development

- Continued expansion through contract wins and acquisitions
- New service developments
  - Outcome based service
  - Intermediate Care/step-down
  - Crisis management, local response teams
  - Long term conditions, high-tech home health care
  - Extra care
  - Ethnic minority focus

Care UK strengths

CARE UK

- Experience of volume contracts
- Tender submission quality
- Service-led / quality emphasis
- In-house training
- Management structure and rigour
- Systems
- Margin control
- Contract wins

Residential Care Services

Extracts from a typical bid presentation

Tony Hosking
Managing Director

Outline of proposal

CARE UK

- 120 bed Integrated Care Centre
- Residential and Nursing Care
- Substantial additional capacity
- Integration with Extra Care Housing
- Special ‘Link’ Features
- Future Flexibility (Beds/Extra Care)

Benefits of proposal

CARE UK

- High accommodation standards
- Very high functional content
- High degree of built in flexibility
- Provider commitment to service development
- Focus on enablement and activity
- Contribution to the Regeneration of the area
- Offers Value for Money (VFM)

The long term relationship

- Mutually beneficial to both parties
- Personal relationships and trust
- A relationship that adds value
- Puts the interests of the service users first
- Services change/Flexibility of Approach
- Project Advisory Board

Service quality

CARE UK

- Clinical Governance Team
- Care Management System
- Residential Support Team
- User Involvement
- Practice Development Unit Programme
- Independent Quality Assessment

Culturally appropriate services

CARE UK

- Communication – Use of interpreters and translation services
- Recruitment of staff from local communities
- Close working relationships with BME community groups and organisations
- Involvement in the design and development of services

Culturally appropriate services

CARE UK

- Provision of privacy for prayer
- Adherence to religious practices
- Meeting dietary requirements
- Appropriate furnishings
- Provision of appropriate cooking facilities
- Family involvement in care delivery
- Direct care needs – staff gender; washing and bathing

Activities and technology

CARE UK

- Beyond a dependency culture
- Activity lead care – Care UK’s Project
- Technology as an enabler
- Future developments with technology


WEXHAM ROAD - SLOUGH
CARE HOME & EXTRA CARE APARTMENTS
SITE \ GROUND FLOOR 1:400 @ A3
WEXHAM ROAD
SITE ACCESS
PARKING FOR 20 APARTMENTS USE
PARKING FOR 16 CARE HOME USE
PARKING FOR10 STAFF PLACES
10 BED REHAB
15 BED CARE WING
15 BED CARE WING
EXTRA CARE APARTMENTS
EXTRA CARE APARTMENTS SET DOWN
CARE HOME MAIN ENTRANCE
CARE HOME REHAB ENTRANCE
SCREENED KITCHEN ACCESS

WEXHAM ROAD - SLOUGH

CARE HOME & EXTRA CARE APARTMENTS

FIRST FLOOR 1:400 @ A3


WEXHAM ROAD - SLOUGH
CARE HOME & EXTRA CARE APARTMENTS
PART GROUND FLOOR - CARE HOME 1:200 @ A3
PARKING FOR10 STAFF PLACES
10 BED REHAB
15 BED CARE WING
CARE HOME REHAB ENTRANCE
CARE HOME MAIN ENTRANCE
PLANT
STORE
REST AREA
CHANGE
CHANGE
POOL
HYDRO THERAPY SUITE
OFFICE
R BEDROOM 5
R BEDROOM 4
R BEDROOM 3
R BEDROOM 2
R BEDROOM 1
R BEDROOM 6
R BEDROOM 7
R BEDROOM 8
R BEDROOM 9
R BEDROOM 10
SITTING AREA
ESCAPE STAIR
CARE DESK
DRUG ROOM
ASSIST BATH
STORE
REHAB DAY ROOM 1
REHAB DAY ROOM 2
REHAB THERAPY SUITE
OFFICE
STORE
REHAB UNIT FOYER
RECEPTION
LOBBY
LIFT
STAFF ACCESS
OFFICE
WHEEL CHAIR STORE
LOUNGE
CARE HOME FOYER
CARE DESK
HAND OVER OFFICE
DRUG ROOM
TEA BAR
DINING ROOM
WHEELCHAIR STORE & EL CHARGE
LIFT
LIFT
ST
LAUNDRY
HAIRDRESS \ THERAPY
LIFT LOBBY
ASSIST WC
CLR ST
ST
BULK STORE
SERVERY
TEA BAR
DINING ROOM
WHEEL CHAIR STORE
ST.
BEDROOM 1/1
BEDROOM 1/2
BEDROOM 1/3
BEDROOM 1/5
BEDROOM 1/7
BEDROOM 1/9
OPEN SITTING ROOM
LINEN
ASSIST WC
ASSIST WC
ST.
ESCAPE STAIR
BEDROOM 1/4
BEDROOM 1/6
BEDROOM 1/8
STORE
SLUICE
ASSIST BATH
BEDROOM 1/10
BEDROOM 1/11
BEDROOM 1/12
BEDROOM 1/13
BEDROOM 1/14
BEDROOM 1/15
ESCAPE

Project and risk management

CARE UK

- A large and complex project
- Construction of a 120 bed care home and 50 flat Extra Care Sheltered Housing Scheme
- Activities and Risks
  - Design
  - Construction
  - Commissioning
  - Operation

Risk management methods

- Resources
  - Designated project resource
  - Robust selection process
  - Clear Matrix structure
  - Role specification (responsibility & accountability)
  - Regular review process
  - Early engaging of professional team
- Introduction of a comprehensive project management framework facilitating
  - Joint project process
  - Project methodology
  - Common process (continuity)
  - Safeguards, protocols and discipline

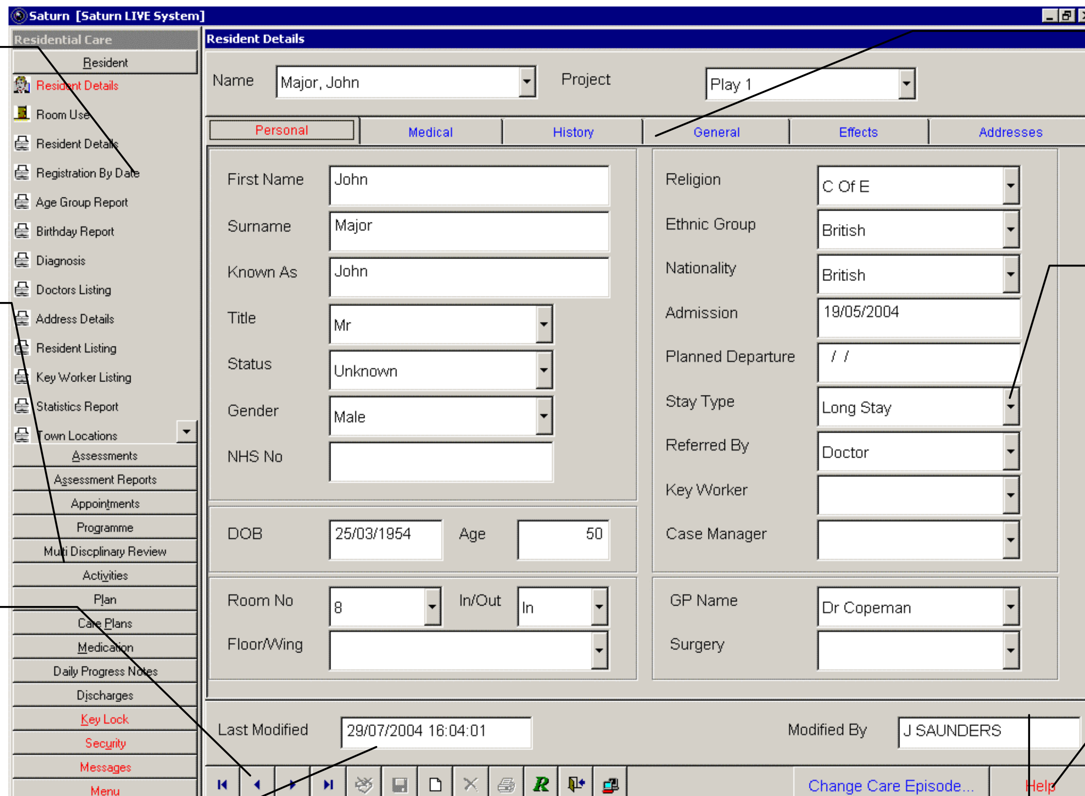
System features

Similar in look and feel to Outlook

Easy one click action

Simple navigation

All entries date and timed stamped



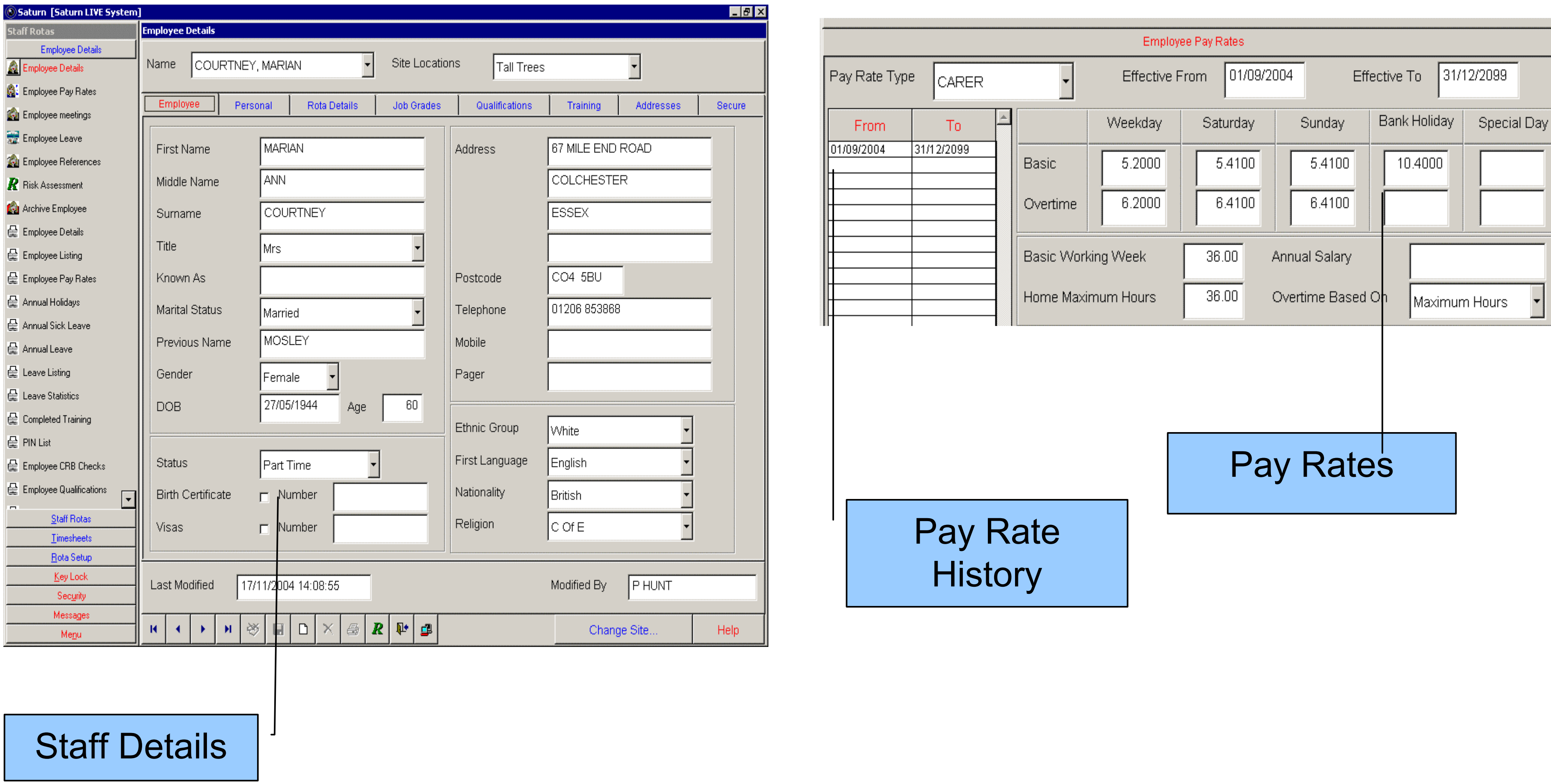
Clear easy to use headings

Drop down lists for ease of use

On Line Help

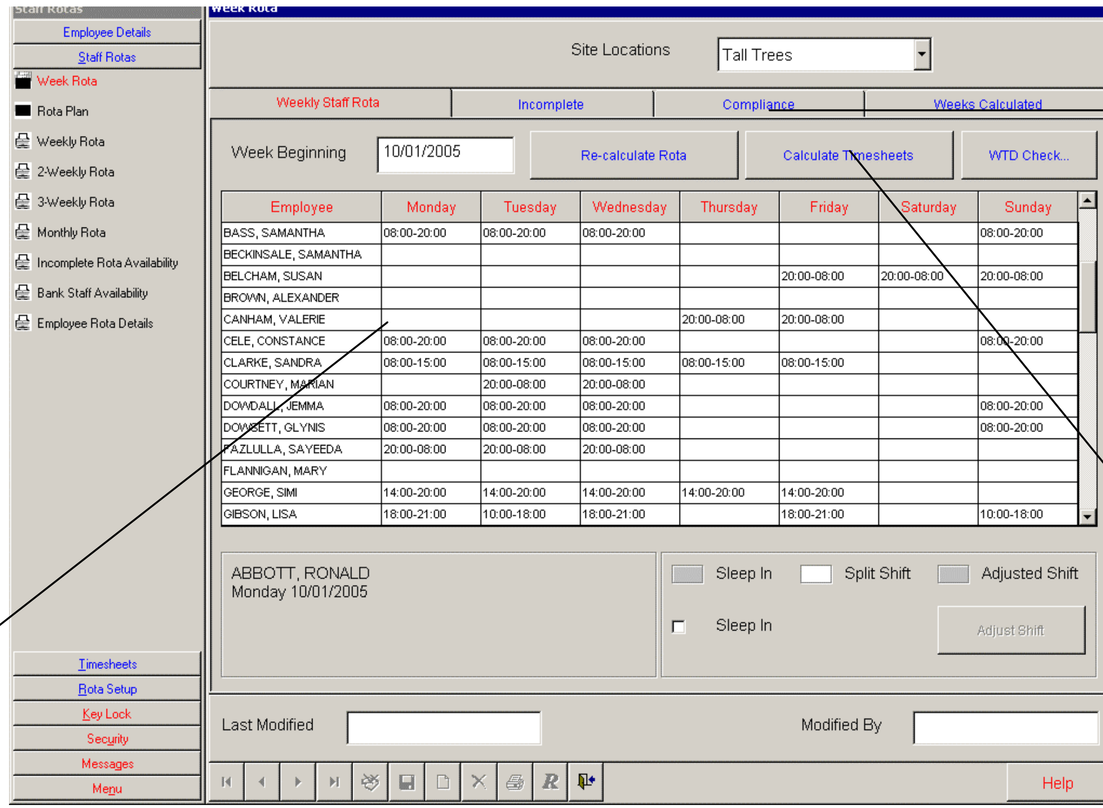
Fully auditable user details

Personnel and payroll



Staff rostering

CARE UK



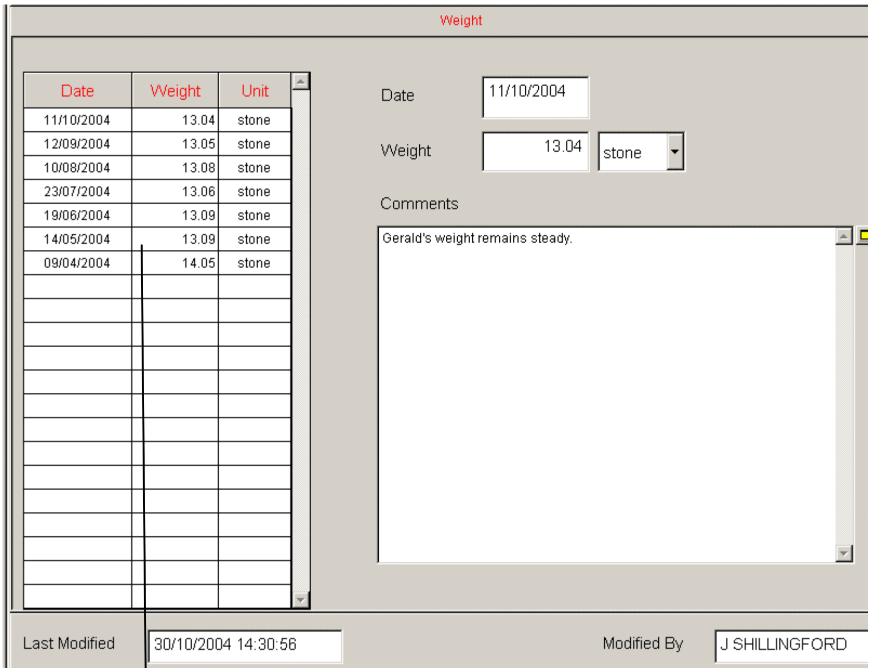
Employee	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
BASS, SAMANTHA	08:00-20:00	08:00-20:00	08:00-20:00				08:00-20:00
BECKINSALE, SAMANTHA							
BELCHAM, SUSAN					20:00-08:00	20:00-08:00	20:00-08:00
BROWN, ALEXANDER							
CANHAM, VALERIE				20:00-08:00	20:00-08:00		
CELE, CONSTANCE	08:00-20:00	08:00-20:00	08:00-20:00				08:00-20:00
CLARKE, SANDRA	08:00-15:00	08:00-15:00	08:00-15:00	08:00-15:00	08:00-15:00		
COURTNEY, MARIAN		20:00-08:00	20:00-08:00				
DOWDALL, JEMMA	08:00-20:00	08:00-20:00	08:00-20:00				08:00-20:00
DOWSETT, GLYNIS	08:00-20:00	08:00-20:00	08:00-20:00				08:00-20:00
FAZLULLA, SAYEEDA	20:00-08:00	20:00-08:00	20:00-08:00				
FLANNIGAN, MARY							
GEORGE, SIMI	14:00-20:00	14:00-20:00	14:00-20:00	14:00-20:00	14:00-20:00		
GIBSON, LISA	18:00-21:00	10:00-18:00	18:00-21:00		18:00-21:00		10:00-18:00

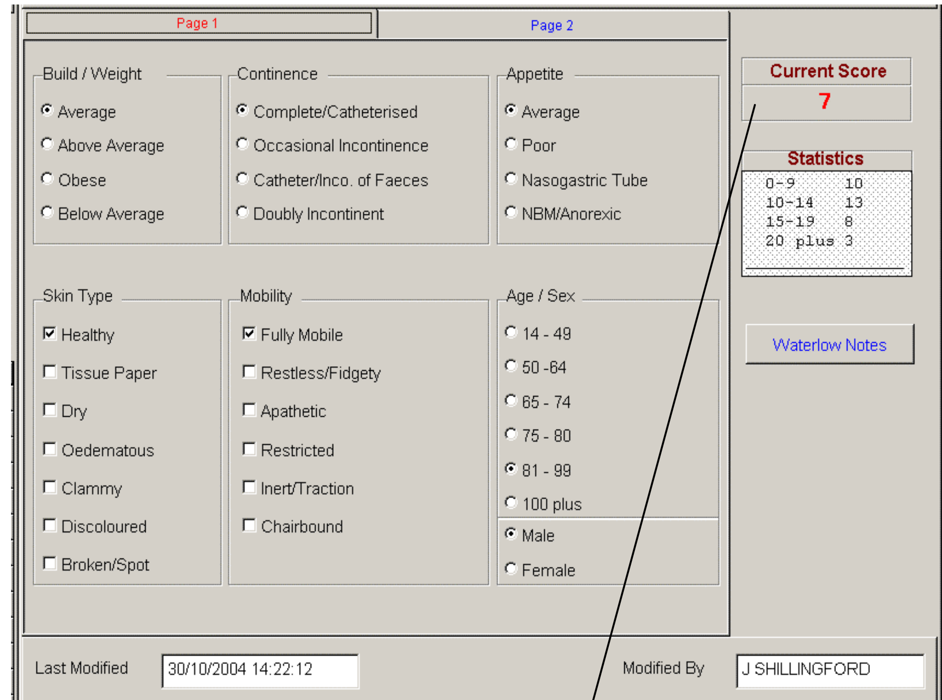
Staff Compliance

Create Timesheets

Shift Detail

Care assessments





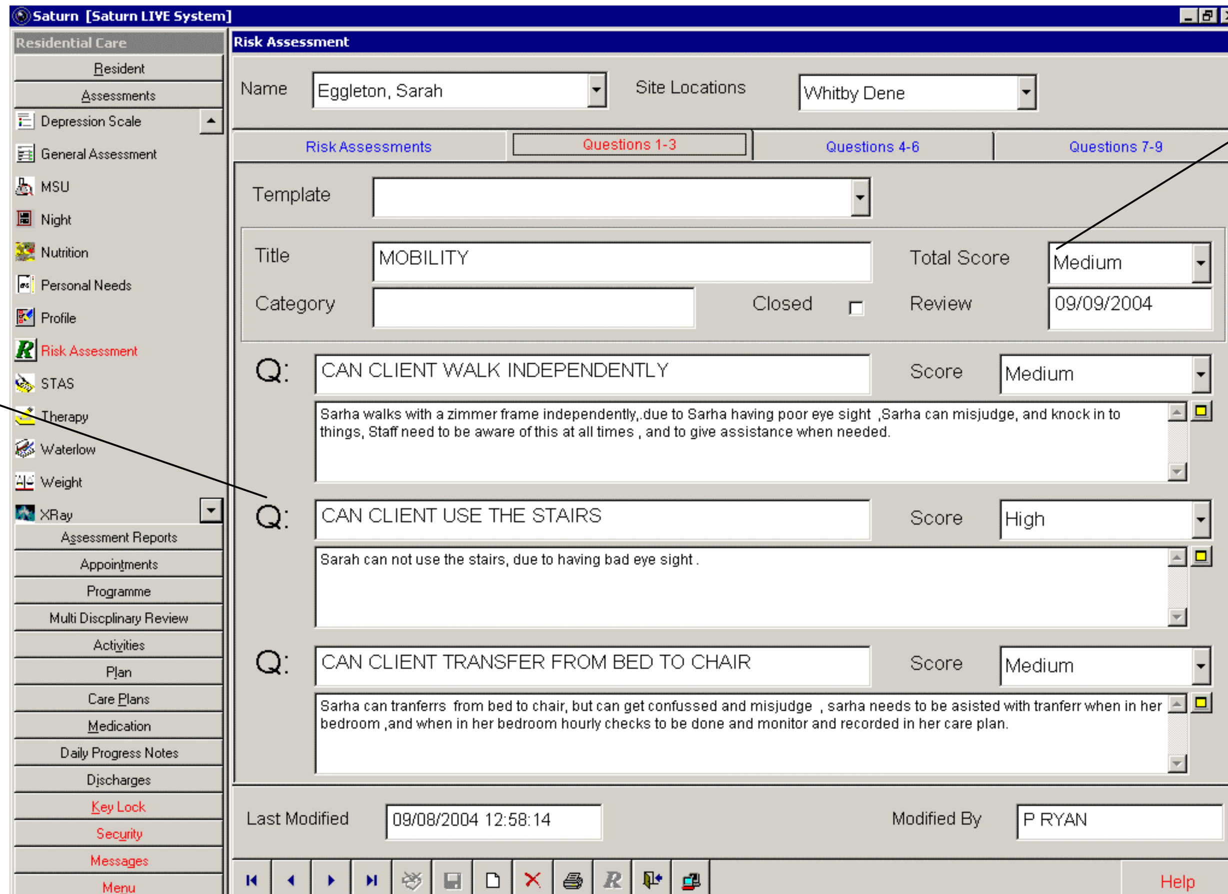
Assessment History

Clear Scoring

Risk assessments

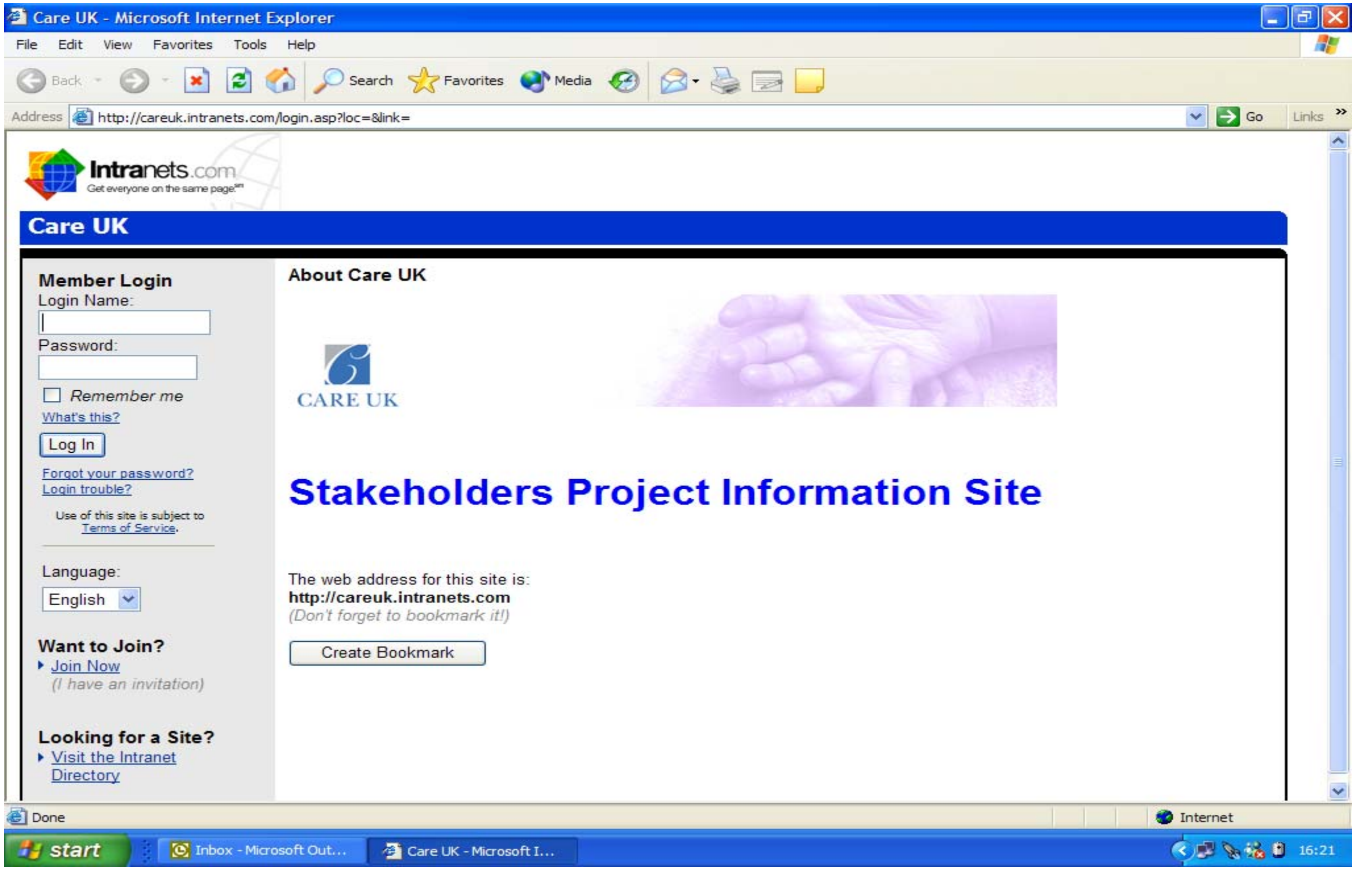
Score

Care UK Populated questions



Project information & communication

CARE UK

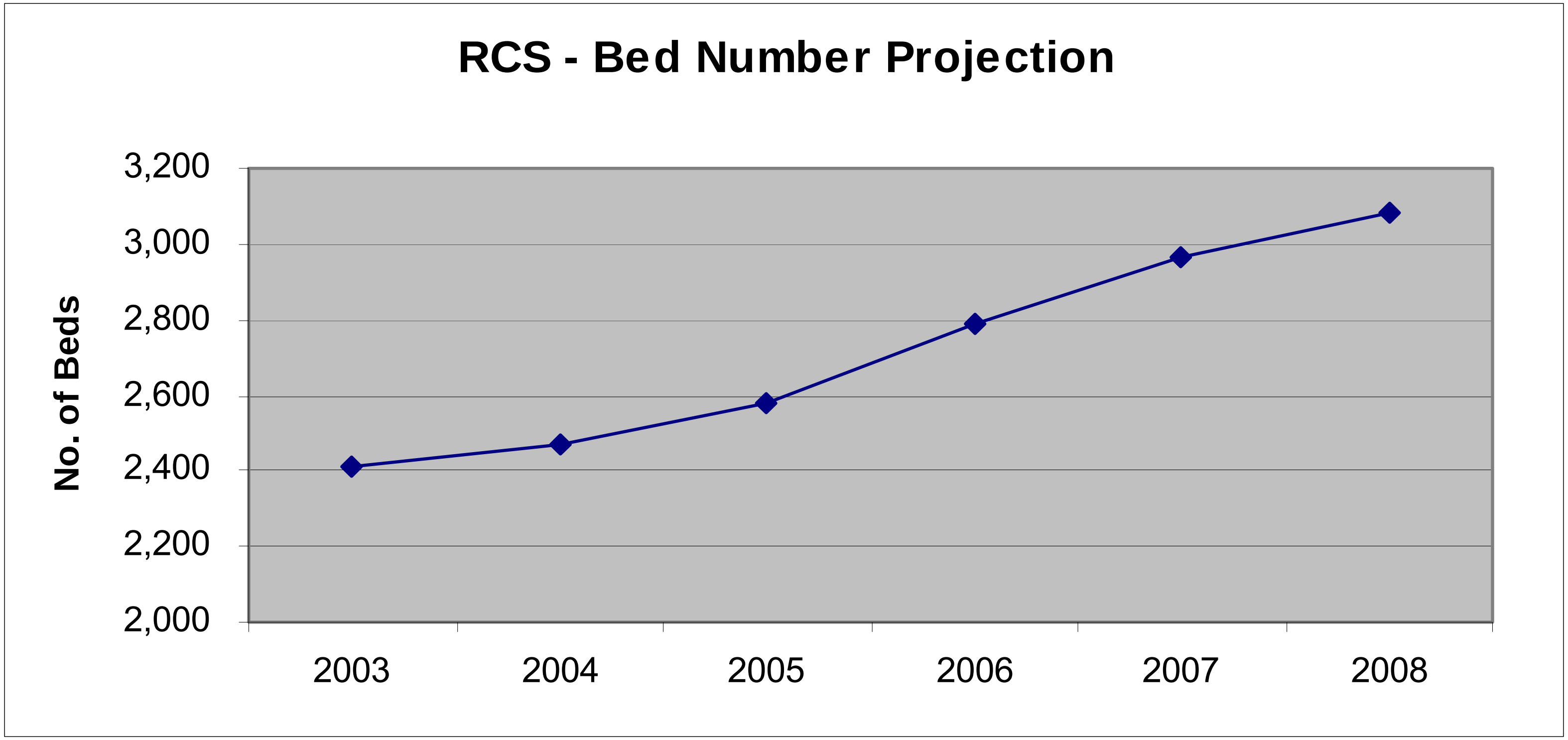


Residential Care Services

CARE UK

- To provide complex value add solutions focussed on the more highly dependent service users, focus on rehabilitation and integration with community based care
- To maintain a high proportion of long term contracted income by the public sector – likely to reduce from current level
- Favourable demographic trends, proportion of over 85 year olds to double
- Local Authorities or PCTs fund 66% of all beds and are seeking more sophisticated solutions that avoid or reduce hospital and nursing home admissions and lengths of stay
- Local Authorities still own and manage 38,000 nursing home beds many of which require investment and re-modelled service design

Potential growth – new contracts and extensions



Summary

Mike Parish

Chief Executive

Summary strategy and targeted growth

CARE UK

Care UK Group	***To be the UK's leading provider of a range of health and social care solutions to the NHS and Social Services***
Residential Care Total market size £10.4bn Local Authority in-house £0.8bn	***Win at least one new contract each year (typically out of 3 targeted opportunities) and improve yield on existing portfolio, equivalent to 10%+ growth per annum***
Community Care Total market size £5.4bn Homecare £1.3bn, plus Local Authority in-house £0.7bn	***Annual growth of 10% organic and 5% acquisition***
Specialist Care Total market size £12.4bn Psychiatric £4.0bn, Learning Disabilities £4.0bn, Children £4.4bn	***Mix of acquisition and organic growth equivalent to 15%+ growth per annum***
Clinical Care Market size for secondary acute care £35bn Wave one ISTC £0.5bn (some projects yet to be placed) Wave two ISTC £0.6bn Primary Care c£9bn, c5% GP out of hours	***Maintain 15% ISTC market share*** ***Attain market leader status for primary care solutions as nascent market emerges, through contract wins and by selective acquisition***