



Annual
Report
2021/2022



ISCAS

INDEPENDENT SECTOR
COMPLAINTS ADJUDICATION SERVICE

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About ISCAS

ISCAS is an Appropriate Body for the management of complaints about private healthcare, recognised by regulators, including the Care Quality Commission (CQC), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW), Regulation and Quality Improvement Authority (RQIA) and other appropriate regulatory bodies, for example the Parliamentary and Health Services Ombudsman (PHSO).

ISCAS is owned by the Centre for Effective Dispute Resolution (CEDR), a charity registered with the Charity Commission. ISCAS services are free to patients.

ISCAS promotes a Code of Practice for the Management of Complaints to which subscribing organisations adhere. If, after exhausting all ways to resolve a complaint, patient and subscriber cannot agree, reference to ISCAS by either party results in an independent adjudication, the results of which are binding on both parties. This is the Independent Review. Should it raise doubts about the subscriber's effective compliance with the ISCAS Code of Practice, Information Sharing Agreements permit ISCAS to share these concerns with statutory regulators. Similarly with providers who come to notice for not providing private patients with access to a recognised independent review stage.

Our vision, mission and values frame our drive for continual improvement in complaint handling

Our vision

To create the environment in which all patients have access to a high quality independent complaints system.

Our mission

To provide access to independent adjudication and promote compliance with the ISCAS Code of Practice as the recognised industry standard for complaints handling, wherever patients are treated in independent healthcare and in NHS PPU's.

Our values

Compassionate - we are empathetic, understanding and attentive to people's concerns. We resolve concerns appropriately.

Fair - we treat people, both patients and subscribers, fairly, proportionately and according to the evidence.

Responsive - we ensure that patient concerns are addressed swiftly according to the ISCAS Code of Practice and resolution is found.

Improving - we use feedback and lessons learned from complaints in training and in updating resources to continually improve people's experience of the complaints process in the independent healthcare sector.

More information can be found at About Us on the ISCAS website: <https://iscas.cedr.com>



Introduction



Baroness Fiona Hodgson CBE
Chair of the ISCAS Advisory Board

Last year it was apparent that in order to remain an Appropriate Body, ISCAS needed to change its status and accordingly we have merged it into CEDR, and it now forms a fully owned but independently operated part of that charity.

The ISCAS Governance Advisory Board remains in being and has agreed with the Board of CEDR a Memorandum of Understanding that ensures ring-fencing of accounts and an assurance that ISCAS will continue solely to benefit all its stakeholders' interests.

ISCAS is thus now free to work with the PHSO more closely on improvement of standards and the exchange of information. I was privileged to chair the successful webinar held jointly with the PHSO to exchange views on the handling of complaints and the four key areas of the Complaints Standards Framework namely:

- Promoting a just and learning culture
- Welcoming complaints in a positive way
- Being thorough and fair
- Giving fair and accountable responses

The ambition to provide all private sector patients with access to an independent external review stage was taken forward when the Direct Entry Mediation scheme was introduced for very small providers who could not qualify for the normal scheme, with immediate take-up from over 50 small non-surgical providers. The Governance Group has discussed in addition HFEA and Fertility complaints, and whether ISCAS should provide a service for Hospices that do not have access to the PHSO.



Sally Taber
ISCAS Executive Director

The Enquiry following the Paterson verdict made a number of recommendations. ISCAS is on one of the Task and Deliver groups working with the Department of Health and the Minister Maria Caulfield MP.

Recommendation 6 included these comments:

- *"We recommend that information about the means to escalate a complaint to an independent body is communicated more effectively in both the NHS and Independent sectors."*
- *"We recommend that all private patients should have the right to mandatory independent resolution of their complaint."*

The separate ISCAS Cosmetic Surgery Providers' working group continues to address particular cosmetic issues such as introducing Service Level Agreements (SLAs) with partner organisations where a provider outside the ISCAS subscriber arranges for patients to be operated on within the host service.

We have continued discussions on information sharing with four key insurers - Bupa UK Insurance, AXA PPP Healthcare, Vitality and Aviva. It is intended to continue these as circumstances permit.

ISCAS was invited to be part of the Harley Street Business Improvement District and, in particular, the National and International Marketing Steering Group to work towards improvement of the Harley Street area.



Patients and Partners

Patient focus

From the evidence we see, patients find that the service ISCAS provides does address their concerns and they are overwhelmingly satisfied with the adjudication service. The hosting arrangement with the Centre for Effective Dispute Resolution (CEDR), who allocate adjudicators to complaints, continues to provide the necessary independence to the service.

However, some patients are still not signposted to ISCAS. Ensuring that private patients have good information on how to escalate complaints is an issue ISCAS continues to work on with the Patients Association.

The Patients Association

The business arrangement with the Patients Association recommenced in 2021.

We have worked together to update the ISCAS Code and the accompanying training tool, the Frequently Asked Questions (FAQs) and the Patients Guide. ISCAS is looking to providing training for ISCAS subscribers in conjunction with the Patients Association.



Independent Adjudicators

ISCAS has worked with four independent adjudicators during 2021/22. The adjudicators work independently of ISCAS and have a variety of backgrounds, including healthcare delivery, health policy, health professional standards, complaint handling, consumer policy, professional regulation and the law. The Facts & Figures section of this report provides the details of the issues that continue to arise at stage 3, including subscribers not following their own complaints procedures according to the ISCAS Code.

The process is that to start with, the Independent Adjudicator will review all of the correspondence and, if necessary, the clinical notes and create a chronology of events that gives the Adjudicator an overview of what has occurred. A letter is then sent out to the complainant, copied to the provider, outlining the Adjudicator's understanding of the complainant's key heads of complaint. The Adjudicator will also explain to the complainant why certain matters might be outside their remit e.g., data protection complaints should be directed to the Information Commissioner's Office; and criminal complaints to the police; and that the Adjudicator cannot require the hospital to make a refund or pay compensation or deal with clinical negligence.

The Independent Adjudicators continue to capture learning from stage 3 adjudications and address relevant matters to the subscriber's Chief Executive. ISCAS when appropriate will follow up on the recommendations.

The Independent Adjudicators have continued to work the wholly paperless system of reviewing complaints which was precipitated by the COVID-19 pandemic. Whilst this provides a more sustainable system, ISCAS is aware that online ways of working do not meet all patients' accessibility needs. ISCAS will review the lessons learned from the enforced change in approach as part of our learning from the pandemic.

An Independent Adjudicator attends the subscriber meetings to raise any themes arising from adjudication which assists providers improve the overall quality of their complaint handling.

Centre for Effective Dispute Resolution

The Centre for Effective Dispute Resolution (CEDR) brings a great deal of experience of operating a variety of alternative dispute resolution schemes, including mediation work with NHS Resolution.

The Senior Case Manager, Jordan Yates, provides the key link between CEDR and ISCAS and ensures that communication between the person complaining, the provider and the independent adjudicator are managed effectively.

During 2021/22 the Senior Case Manager has been pivotal to a number of areas of continuous improvement, including developing a Direct Entry Mediation Scheme for smaller providers where the adjudication scheme is not appropriate.

Private Healthcare Mediation Scheme

Because subscribing to ISCAS requires independent healthcare providers to adopt the ISCAS Code which mandates a strict three-stage complaints process, small independent healthcare providers and sole practitioners may not be able to operate under the Code due to limited resources and the number of personnel employed.

A mediation service has therefore been introduced as part of our menu for smaller organisations such as baby scan units and private GP online services where adjudication is not appropriate.

In order to ensure patients of these providers can access dispute resolution, CEDR established the Private Healthcare Mediation Scheme in collaboration with ISCAS. For this scheme, CEDR provides independent mediation (over the telephone) between subscribing organisations and their patients if they are unable to resolve their complaints directly through the organisation's own complaints procedure.

The scheme has been demonstrated to the CQC, HIS, HIW and RQIA who responded positively and continue to be supportive.



Subscribers and Providers

Subscribers to ISCAS

Organisations that subscribe to ISCAS fall into the broad categories of Acute General Hospital, Mental Health Hospital, NHS Private Patient Unit, Cosmetic Provider, 'Other' specialist clinic and the Independent Doctors Federation (IDF).

The list of subscribers is presented at the end of the report and shows that in 2021/22 the number and variety continued to increase. This progress reflects continuing innovation in the independent sector.

There were 22 new subscribers of which 1 was an NHS private patient unit (NHSPPU).

Whilst it is good to see more NHSPPU's subscribing to ISCAS, the pace of expansion is slow and ISCAS continues to receive complaints from private patients treated in the NHS who have no access to an Appropriate Body for complaint escalation. This has been raised with the CQC, The Department of Health, the PHSO and the Paterson Inquiry. A plan of action has been proposed.

Some subscribers to ISCAS are not members of a representative body and this can result in less consistency in their governance frameworks. This is particularly relevant to Cosmetic Providers, where those engaged in complaint handling often do not fully understand the requirements for 'practising privileges', namely, that the regulators require that the medical practitioner must be working in accordance with the hospital's policies, including the complaints procedure.


Issues with practising privileges have not only been identified by ISCAS - the recommendations in the Paterson Inquiry Report included:

"We recommend that the differences between how the care of patients in the independent sector is organised and the care of patients in the NHS is organised, is explained clearly to patients who choose to be treated privately. This should include clarification of how consultants are engaged at the private hospital, including the use of practising privileges ..."

Newsletters for ISCAS subscribers have continued on a monthly basis.

ISCAS also uses social media channels where appropriate:

 https://twitter.com/ISCAS_UK

 <https://www.linkedin.com/company/independent-sector-complaints-adjudication-service-limited>



Learning and improvement

Training in complaints handling and compliance with the ISCAS Code is delivered online. Given the on-going requirements for social distancing through the pandemic, remote training sessions have been held through 2021/22 and will continue to be the case until face-to-face events can be fully supported by subscriber representatives, speakers and sponsors.



Stakeholders and engagement

The context in which ISCAS operates results in engagement with a number of key stakeholders, including the healthcare system regulators and the ombudsman from each country within the UK, as well as organisations focused specifically on private healthcare.

In addition to these groups, covered in more detail below, ISCAS has maintained engagement with the Private Medical Insurers (PMIs) and professional regulators such as the General Medical Council (GMC) and the Nursing and Midwifery Council.

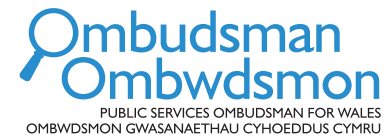
ISCAS has been working with patient groups, ombudsmen and regulators to ensure that patients can be assured of an independent adjudication process by increasing subscribers and compliance with the ISCAS Code.

Ombudsmen

ISCAS maintains good engagement with the Parliamentary and Health Service Ombudsman (PHSO) and the Welsh Ombudsman responsible for the independent review of NHS complaints across the UK. During 2021/22 this has included ensuring the signposting on the ombudsmen website is clear where they are unable to intervene in private healthcare complaints and the information about ISCAS is up to date. PHSO and ISCAS are both listed in the guidance on 'Appropriate Bodies' by the Care Quality Commission.

Throughout 2021/22, ISCAS has worked in partnership with the PHSO to build a new Complaint Standards Framework (CSF). The Framework sets out a single set of standards for staff to follow when they handle complaints. It also sets out how organisations can best capture and act on the learning from complaints.

Given the need identified in the Paterson Inquiry Report for greater consistency in complaint handling for NHS and private patients, ISCAS included the CSF within the updated ISCAS Code launched February 2022. We are also looking to build on the PHSO work on Making Complaints Matter.



System Regulators

The system regulators across the UK recognise ISCAS as an Appropriate Body for private patient complaint escalation.

During 2021/22 ISCAS has maintained Information Sharing Agreements with the Care Quality Commission (CQC - England), Health Inspectorate Wales (HIW) and Health Improvement Scotland (HIS) and these are published on the ISCAS website. The Regulatory and Quality Improvement Authority (RQIA) - Northern Ireland was signed in April 2021 and regular contact has been achieved in particular around the expected publication of the report on the Consultant Neurologist Dr Watts. Increased liaison occurs with HIS in view of their regulatory powers to deal with the external review stage of a complaint. However, in the main this is delegated to ISCAS.

The CQC Regulatory Policy Manager agreed at the January 2021 meeting to review CQC's approach to PPU inspection.



Independent Healthcare Providers Network (IHPN)

ISCAS engages regularly with the Independent Healthcare Providers Network (IHPN) and has contributed to the update of the Medical Practitioners Assurance Framework (MPAF).

Key points from the animation and the framework regarding complaints handling include:

- Medical practitioners must record and report complaints - working in line with the healthcare provider's complaint handling policy and taking an active part in investigations and sharing of learning.
- Complaints policy needs to include the internal procedures to comply with fundamental standards, and also explain when, and how, complaints should be escalated to external bodies, for example, such as ISCAS.
- Healthcare Providers need to monitor patient safety, clinical quality and encourage continuous improvement. Analysis of complaints about all staff, including self employed practitioners with practising privileges, and lessons learned should be used to continually improve performance. Providers must be open and transparent with people who use services.

ISCAS accepts that it is for the regulators to ensure that registered providers must demonstrate that service users have access to an Appropriate Body for escalating complaints. However, we would also like to see that this is supported by the IHPN through ensuring its membership provides access to patients through subscription to ISCAS.

In March 2021 IHPN produced an Impact review on the Framework and referred to ISCAS updating its Code and ensuring that the MPAF is referenced and new subscribers to ISCAS are alerted to the MPAF if there are Medical Practitioners within the organisation.

Private Healthcare Information Network (PHIN)

ISCAS has continued to engage with the Private Healthcare Information Network (PHIN). Whilst the PHIN mandate from the Competition and Markets Authority (CMA) does not specify that PHIN should publish information on complaints data, its 11 performance measures do include one relating to patient feedback. Complaints are an important measure of patient feedback as was emphasised in the Paterson Inquiry Report:

"Complaints from patients about their care offers hospitals the opportunity to examine the adequacy of the treatment and care their patients receive, to apologise when it has been found wanting and to prevent recurrence."

ISCAS considers information on complaints should be included as a measure of patient feedback and that there should be a plan to align the information with NHS datasets. Subscribers to ISCAS are now recorded on the PHIN individual subscriber page. This is a very positive action as is PHIN's move to a single source of healthcare data through the Acute Data Alignment Programme (ADAPT) with NHS Digital.

As the work with the PHSO's Complaint Standards Framework on monitoring, reporting and sharing information develops through 2021/22, ISCAS plans to look at how datasets on complaint handling can be aligned and then utilised with other information to support patient choice.



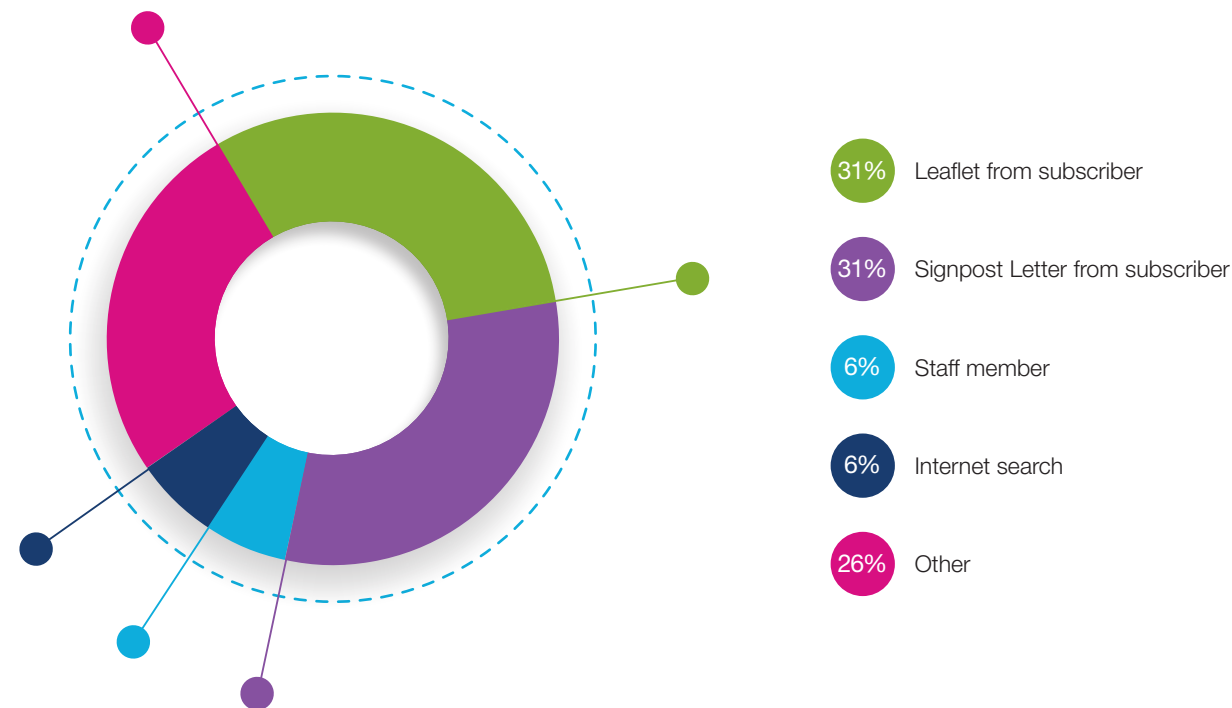


ISCAS Activity, Facts and Figures

Referrals to ISCAS

At the Independent Adjudication stage, more than half of complainants are referred to ISCAS by ISCAS subscribers, while a sizeable number of complainants hear about ISCAS by carrying out their own enquiries on the internet. The table below shows how people were signposted to ISCAS before their complaint reached independent adjudication.

How people hear about ISCAS prior to Independent Adjudication



Complaints managed by ISCAS

During this reporting period, a total of 672 complainants contacted ISCAS via telephone, email or letter with a concern. This is an increase in the number of contacts received by ISCAS from the previous reporting period (486). Of the contacts, 64% (427) related to ISCAS subscribers, which was a slight decrease in percentage of contacts relating to ISCAS subscribers in the previous reporting period. The remaining 36% of complainants whose complaints related to non-ISCAS subscribers were signposted to other organisations, where possible.

96 completed applications received relating to ISCAS subscribers were forwarded to an Independent Adjudicator, and 88 applications had their adjudication completed during the financial year; some of these cases were received in the previous financial year and had decisions issued in this current financial year.

The ISCAS Management Team has an important role in managing complainant expectations, particularly when they are considering progressing to Independent Adjudication. Some complainants have unrealistic expectations about the possible outcomes of adjudication - seeking a refund, revision surgery and/or financial compensation. These complainants are signposted to more appropriate forums.

Adjudication facts and figures

In this reporting period, 88 complainants have received a final decision from an Independent Adjudicator. Of the 88 complaints that have been adjudicated on, adjudicators identified 344 Heads of Complaint, down from 627 the previous year. This is reflected in the table below.

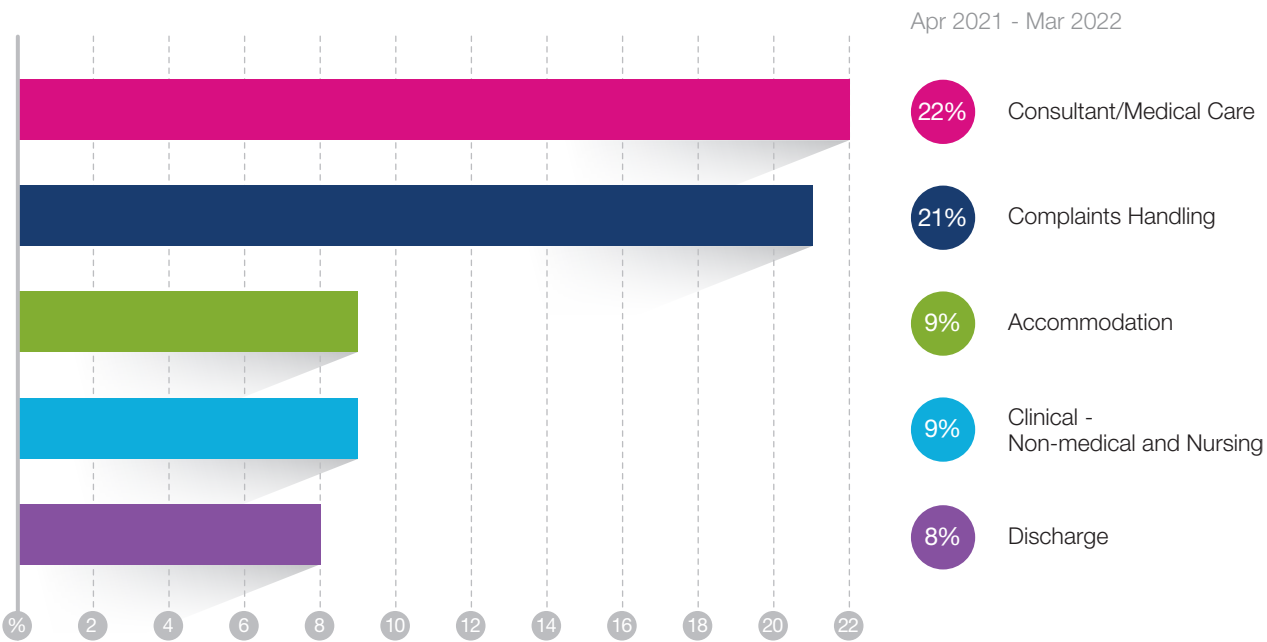
Total number of Adjudicated Complaints and Heads of Complaint

| | Apr 2017 - Mar 2018 | Apr 2018 - Mar 2019 | Apr 2019 - Mar 2020 | Apr 2020 - Mar 2021 | Apr 2021 - Mar 2022 |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|
| Total number of complaints adjudicated | 101 | 107 | 111 | 109 | 88 |
| Total heads of complaints | 279 | 275 | 348 | 624 | 344 |

The decrease in the total number of heads of complaint, back down towards 2019/20 levels might suggest that that 2020/21 was an exceptional year, with the complexity of complaints.

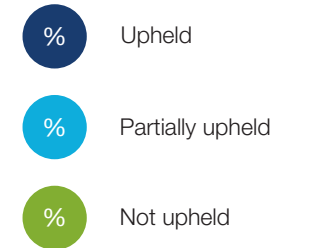
The following table shows the five largest categories of Heads of Complaint. This has slightly differed from previous years where the top 5 categories were: Complaints Handling, Consultant/Medical Care, Accommodation, Clinical - Nursing & Non-medical and Nursing.

Type of Heads of Complaint at Independent Adjudication

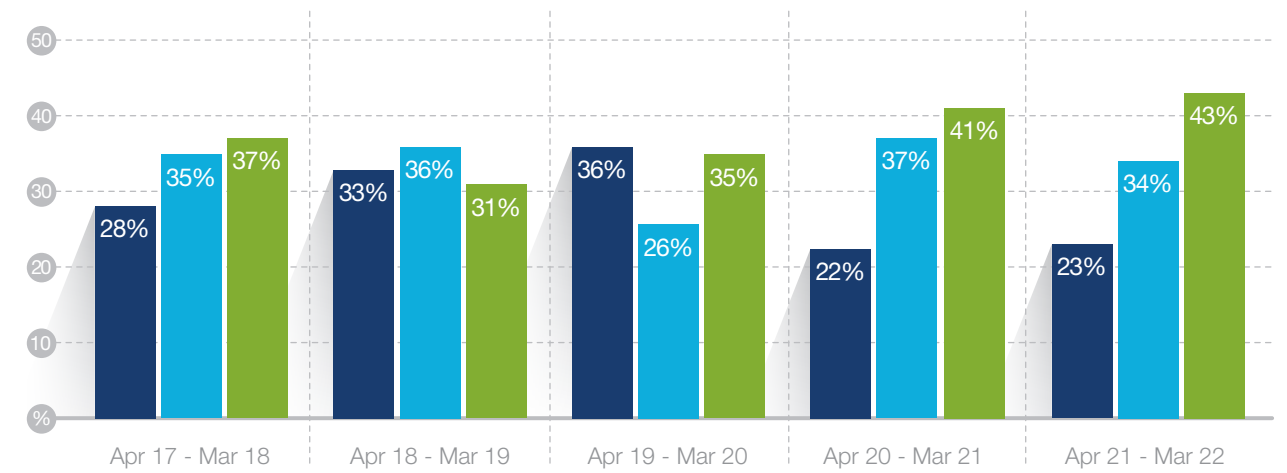


Of note, this year we saw an increase in the number of Discharge complaints. This differed from last financial year when Nursing complaints was more prominent.

In each adjudication report, adjudicators either: 'uphold', 'partially uphold' or 'do not uphold' a particular head of complaint. The following table illustrates that the majority (57%) of complaint heads are either 'upheld' or 'partially upheld' by adjudicators, which is a slight decrease in percentage of 'upheld' or 'partially upheld' complaint heads reported on in the previous year.



Heads of Complaint upheld at Independent Adjudication stage



Adjudication costs

Individual ISCAS subscribers bear the cost of adjudications. The average cost of an adjudication case in this reporting period was £1,856, which shows a 10% decrease from the previous financial year.

Overall Independent Adjudication costs

| | Apr 2020 - Mar 2021 | Apr 2021 - Mar 2022 |
|-------------------------|---------------------|---------------------|
| Adjudicator costs | £213,826 | £163,346 |
| Goodwill payment awards | £55,206 | £38,776 |
| Clinical expert costs | £30,704 | £27,633 |

Goodwill payments were made in around 77% of completed cases in this reporting period, which is a decrease of around 6% from the previous year. The average goodwill payment in those cases was £579, a slight decrease from last years £613.

Goodwill payments

| | Apr 2017 - Mar 2018 | Apr 2018 - Mar 2019 | Apr 2019 - Mar 2020 | Apr 2020 - Mar 2021 | Apr 2021 - Mar 2022 |
|---------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Cases in which payments made | 81 | 88 | 102 | 90 | 67 |
| % of cases attracting a payment | 80% | 82% | 92% | 83% | 77% |
| Total awards made | £65,815 | £66,728 | £61,683 | £55,206 | £38,776 |
| Average award | £813 | £758 | £605 | £613 | £579 |

Expert clinical advice

Independent Adjudicators may require the use of expert clinical advice to support the adjudication process. Clinical reports are made available to complainants and providers when the adjudicator issues their decision.

16% of cases required expert clinical advice in this reporting period, a decrease from the previous year's 24%, and the average cost of such advice was £1,973 per case.

Whilst the total outlay on expert costs has decreased from last year, the average cost has increased from last year and the Independent Adjudicators will use their discretion on a case-by-case basis on whether or not to engage in the services of an expert. It is likely the reason for the increase in the use of experts is due to the nature and complexity of the cases going to adjudication.

| | Apr 2017 - Mar 2018 | Apr 2018 - Mar 2019 | Apr 2019 - Mar 2020 | Apr 2020 - Mar 2021 | Apr 2021 - Mar 2022 |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|
| % of cases requiring expert clinical advice | 12% | 11% | 14% | 24% | 16% |

Complaints about ISCAS

Following the implementation of CEDR's 3 stage Complaints Procedure, we have received four complaints about ISCAS during the financial year. Of the four, two were deemed out of scope, one was upheld in full and the final one was not upheld. These complaints were resolved at stage 1 of the Complaints Procedure.

The ISCAS Team



Jordan Yates
ISCAS Senior Case Manager

Jordan is the first point of contact for patients, independent adjudicators and providers. Jordan has previously worked in a patient facing role for the NHS. She has many years of experience as a case administrator at CEDR, providing advice and assistance to consumers across a range of dispute resolution services and schemes



Graham Massie
ISCAS Director
& Company Secretary



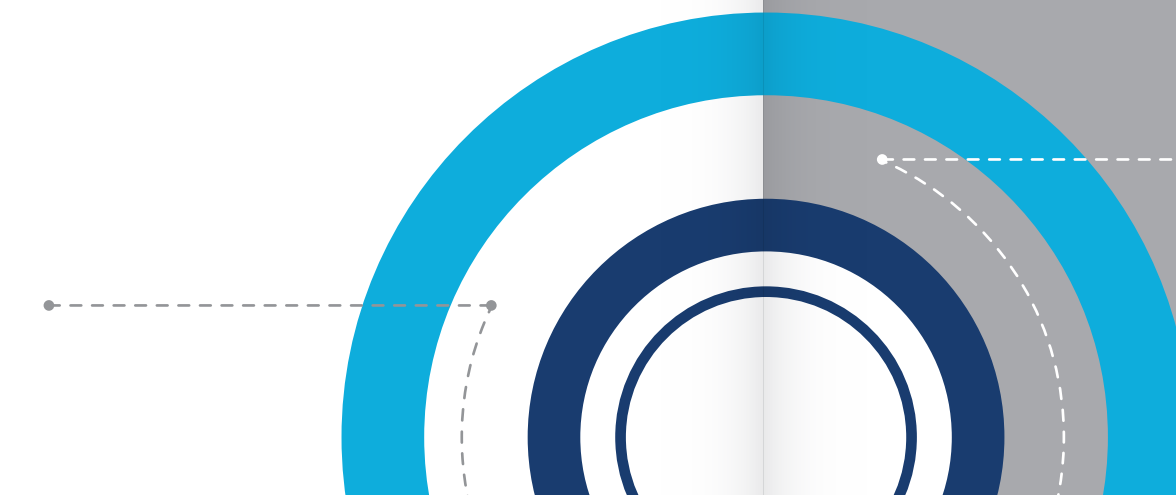
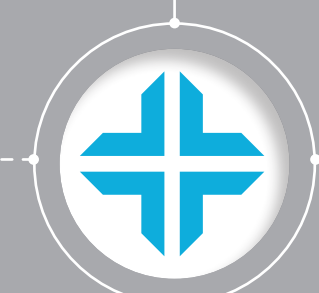
Sally Taber
ISCAS Executive
Director



John Munton
ISCAS Director
& Manager



Des Shiels
ISCAS Director



Subscribers to ISCAS

152 Harley Street

Aesthetic Beauty Centre
AI Beauty Clinic
Alliance Medical
Ascot Rehabilitation Centre
Aspen Healthcare
Auris Ear Care
Avicenna Clinic
Babylon Healthcare Services Ltd
Bella Vou
Benenden Hospital

BPAS

Brigstock Skin & Laser Centre
Bupa Cromwell Hospital
Bupa Health Clinics
Care Oncology Clinic
Castle Craig Hospital
Cavendish Clinic
CC Kat Aesthetics
Centre for Reproductive Immunology and Pregnancy
(Miscarriage Clinic)
Centre for Sight
Chase Lodge Hospital
Chelsea and Westminster Hospital
& West Middlesex Private Care
Circle Health Group (BMI Healthcare)
Clatterbridge Private Clinic
Cleveland Clinic
Clinical Partners
Cobalt Health

Coppergate Clinic

Cosmetic Surgery Partners
Coyne Medical
Custom Vision Clinic
Doctap

EA Clinic

Elanic
Epsomedical
Evolve Medical
Fairfield Independent Hospital
Fleet Street Clinic
Fortius Clinic

Genesis Cancer Care UK Ltd

Grespi Ltd

Guy's and St Thomas' Private Healthcare
(Royal Brompton & Harefield Hospitals)
Hair Science Institute
Harley Street Specialist Hospital
Harley Street Ultrasound Group
HCA Healthcare
Health Bridge Limited t/as Zava
(Superdrug Online Doctor inclusive)
HealthHero Solutions Ltd
Hearts First Ambulance Service
Heathrow Medical Services LLP
HLPO Life t/as Hooke
Horder Healthcare (McIndoe Surgical Centre)
Hospital of St John and St Elizabeth
IESO Digital Health
Illuminate Skin Clinic
Imperial Private Healthcare
Independent Doctors Federation
InHealth (Vista Health)
Ion Kavouni London
(Aesthetic Plastic Surgery and Kosmesis Ltd)
Japan Green Medical Centre Ltd

Kase Care

KIMS Hospital Limited
King Edward VII Hospital Sister Agnes

Kings Fertility

Knightsbridge Doctors
LANCuk
Linia Cosmetic Surgery (Harley Health village)
London Doctors Clinic

London Gynaecology Clinic

London Medical
London Pregnancy Clinic
- Ultrasound Link (City Ultrasound)

Luxmedica

Manchester Private Hospital
Mayfair Medicum
Mayo Clinic Healthcare LLP
Medical Equipment Solutions Ltd
Medical Imaging Partnership

Medicspot

Medneo Diagnostics UK Limited
Melbury Clinic t/as The VeinCare Centre
MET Medical Ltd
Mid and South Essex NHS Foundation Trust - Private Care
Midlands Ultrasound & Medical Services (MUMS)
Moorfields Private Eye Hospital - London Claremont
MSI Reproductive Choices
MyBreast Limited
NES Healthcare

Netri Cosmetic Surgery

New Medica
New Victoria Hospital
Nightingale Hospital
Nuffield Health
One Healthcare
Optegra Eye Health Care
OSD Healthcare
Ouronyx Limited
Pall Mall Medical
Pearl Aesthetics t/as Hunar Clinic
Phoenix Hospital Group - Weymouth Street Hospital
Practice Plus Group
Private GP Clinic
Private Midwives Limited
Private Ultrasound Scan
PrivateDoc Limited

QS Enterprises Ltd

Ramsay Health Care
Randex Health
Regent's Park Heart Clinics Ltd
Renovo Care - Hollenden Park Hospital
Riviera Psychology Ltd t/as Autism Assessment UK
Royal Free PPU
Royal National Orthopaedic Hospital - Private Care
Rushcliffe Care Group
Rutherford Health PLC
Sancta Maria Hospital
Save Minds
Schoen Clinic UK
Sheffield Teaching Hospitals NHS Trust
Sk:n Clinics Ltd
SmartTMS
Spencer Private Hospitals
Spire Healthcare Ltd
St Hugh's Hospital

St Joseph's Hospital

Sulis Hospital Bath

Surgical Recovery London

Surrey Orthopaedic Clinic

TAC Healthcare Group Ltd

The Andrology Company

The Battersea Clinic Ltd

The Cadogan Clinic

The Door W4 Ltd

The Evewell
The GP Surgery Ltd
The Harley Street Hospital

The Health Suite

The London Clinic
The London Psychiatry Centre
The Mews Practice
The New Foscote Hospital Limited
The Parkside Suite
The Plastic Surgery Group
The Priory Group Ltd
The Private Clinic
The Royal Buckinghamshire Hospital
The Sefton Suite
The Soke
The Standing CT Company
The Surrey Park Clinic
The Virtual Catheter Lab Holdings
The Wells Suite
(Maidstone & Tunbridge Wells NHS Trust)

Transform Hospital Group

(Burcot Hall Hospital)

Ulster Independent Clinic

UME Diagnostics

University Hospital Southampton

NHS Foundation Trust

Veincentre

Vie Aesthetics
Welbeck Health Partners (One Welbeck)
Wimbledon Neuro-Care

Yorkshire Skin Centre

The subscribers highlighted are those that are new for the 2021/22 financial year.



ISCAS

INDEPENDENT SECTOR
COMPLAINTS ADJUDICATION SERVICE

 @ISCAS_UK

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