# European healthcare services and multinational companies

### Major trends and eligibility for European Works Councils

by

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#### **Executive Summary**

- There is no overall health policy at EU level but internal market legislation is increasingly influencing national level health policies and systems especially in relation to cross-border healthcare
- The current review of internal market by EC is expected to be followed by a Communication on Services of General Interest (late 2007)
- Global service companies have expanded into countries of Central and Eastern Europe
- Multinational healthcare companies increasingly involved in direct provision of healthcare services to the public sector and public private partnerships
- Several healthcare companies have been bought by private equity funds, e.g. Capio, Gambro healthcare

This paper reviews multinational companies involved in the healthcare sector, focusing on companies that either have, or are eligible for a European Works Council (EWCs). The paper starts with an outline of European Works Councils in EU legislation, followed by public health and healthcare policy in Europe. This is followed by an overview of issues facing multinational companies involved in the healthcare sector. A series of short company profiles follows which includes a) companies eligible for EWCs, b) companies not yet eligible for EWCs but which show signs of expansion outside their immediate domestic market.

# 1 European Works Councils and EU legislation

The European Works Councils (EWC) Directive, initially adopted in 1994<sup>1</sup>, aims to improve the right of workers to information and consultation in trans-national companies. It requires transnational companies to establish information and consultation agreements covering their entire European workforce, if they have not already done so. The content of these agreements is largely left to negotiation between management and employee representatives, but minimum requirements where management refuses to negotiate include the requirement of annual reports to the EWC on the company's business prospects, and the right to be informed about exceptional circumstances affecting employees' interests, such as closure or collective redundancy.

The EWC directive applies to companies, <sup>2</sup> or groups of companies<sup>3</sup>, with

- at least 1000<sup>4</sup> employees across the member states, <sup>5</sup> and
- at least 150 employees in each of two or more distinct member states.

These employment criteria represent a lower bound – *companies meeting them are obliged to establish a EWC*, but companies which do not meet them may nonetheless choose to establish one voluntarily. In a number of instances companies have chosen to do so, whether it be for purposes of labour relations, prestige in order to demonstrate Europe-wide coverage, or, in the case of UK during its opt out, in the expectation of the future introduction of a legal obligation.

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#### 2 Health policy in Europe

### 2.1 Historical background

Since the creation of the Common Market (1987/1989) health competences have been promoted to foster a common market. Other aspects of health policy have evolved as a result of policy developments in related fields. Health policy has traditionally been caught between the EU Treaties implemented through European legislation and the European Court of Justice (ECJ), and policy making which has been consensual between member states. Recently, the ECJ has had an influence on health policy in the fields of health care, medicines, environment, workplace health and safety and pharmaceuticals/ distribution. Health care has been most strongly influenced by the concept of subsidiarity with national governments considering national health care systems to be their own responsibility.

The Single European Act of 1986 established an extension of the Community actions in relation to health although health policy was not treated as a separate policy area. It did extend the scope of occupational health and safety, and environmental and consumer protection.<sup>6</sup>

The Treaty of European Union (Maastricht Treaty) of 1992 amended the Treaty of Rome with a formalisation of the powers relating to health care. Article 3(o) "contributes to the attainments of a high level of health protection". Article 129 dealt with public health and the prevention of disease and provided a framework for working towards health protection. Article 3(b) established the principle of subsidiarity especially in relation to health care, which has effectively limited the Community's role in health.

The Treaty of Amsterdam resulting from the Intergovernmental Conference of 1997 and finally ratified in 1999 has a specific Article 152 relating to public health. <sup>7</sup> It states

"Community action, which shall complement national policies, shall be directed towards improving public health, preventing human illness and diseases, and obviating scourges of danger to human health".

It also states

"Community action in the field of public health shall fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care".

There was also a reassertion of the subsidiarity principle in relation to health care systems.

As a result of agreeing Article 152, a new Directorate was set up for Health and Consumer Affairs, which drafts proposals for legislation. The European Parliament deals with health issues through the Committee for Environment, Public Health and Consumer Protection. Health policy actually cuts across all directives and there is no coherent health strategy.

#### 2.2 Constitutional Treaty on public health

The former Constitutional Treaty introduced two significant elements on public health. The "well being" of people living in Europe became an aim of the EU (article I-3: the Union's objectives). Access to preventive health care and treatment was recognised as fundamentally right (article II-95). The EU was also given a stronger mandate to fight health threats, including tobacco and alcohol and to promote cooperation between member states. However, at the Inter-governmental Council in July 2007 this was reduced to "incentive measures" because of an attempt to block the possibility that the EU harmonising legislative and regulatory provisions for member states. Focusing on public health threats but not having the power to influence cross European policies, for example on alcohol, shows the limits to these new health competences. The emphasis on health prevention can also be used to promote individual liability for health care costs.

Within the Treaty, a Fundamental Charter of Human Rights was incorporated, which would have been legally binding after ratification. However, at the 2007 June Summit, the UK, Poland and Ireland were attempting to "opt-out" of the Charter.<sup>11</sup>

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#### 2.3 Healthcare and competition policy

Subsidiarity has been an important principle that has enabled national health services in Europe to determine their own policies but the impact of several EU Directives, for example, the movement of professionals, is beginning to influence national health systems directly. One of the major issues facing national healthcare systems is whether healthcare institutions are subject to competition law. The key question is whether they engage in economic activity. Each activity has to be judged on its merits. However, the results of health care reforms often mean that with the introduction of market mechanisms and decentralisation, healthcare institutions are more likely to be considered subject to competition law. This makes them less obviously defined as "services of general interest".

Several rulings by the European Court of Justice (ECJ) have ruled in favour of increasing the choices available to the patient or healthcare consumer, by accessing healthcare in another EU country. This has made national governments more aware of the implications of greater consumer choice in healthcare, policies, which many governments, themselves, are promoting. The combination of an increasing demand for healthcare services, with increased choice, will result in more patients being treated in countries, which are not the patient's main place of residence. The ECJ has ruled in favour of patients who move to other member states without having prior approval for non-hospital treatments, then pay for treatment received and can claim a refund from their home institutions. "In cases where the patient did receive prior authorisation, it:

- Should be delivered following a transparent and timely procedure, subject to judicial or semi-judicial control;
- Should not results in patients receiving less money from what they would have received if they had stayed in state of origin;
- Could not be refused treatment on purely national criteria;
- Should be given if home member sate is unable to provide treatment in reasonable time.

This last point refers to the Watts case, in the UK, where a long waiting list, was presented as the reason for pursuing cross-border treatment. <sup>12</sup>

#### 2.4 Internal market for services

In January 2004, the European Commission presented a proposed Directive on services in the internal market, which aimed to provide a legal framework to eliminate obstacles for the establishment of service providers and barriers to the free movement of services.<sup>13</sup> This had several implications for the healthcare sector. Positively, it is expected to improve access to outpatient care because of simplifying the process of reimbursement of healthcare delivered to a patient in another Member state although some measures will have to be taken to avoid disparities between healthcare systems in certain countries.

The final version of the Services Directive, approved by the European Parliament, excluded health and social care services. This was considered a major achievement for those campaigning against the Services Directive. However, there are signs that any future Communication on either health or social care services will be influenced by the principles of competition and the operation of the internal market.

In September 2006, the Commission issued a consultation paper on community action on health services. It states that community action on health services should be based on two elements:

- **Legal certainty** to apply the legal findings of the ECJ rulings in relation to Treaty provision in relation to free movement of patients, professionals and health services i.e. cross border care
- Support for member states where European action can add value to national action for health services<sup>14</sup>

The results of consultation showed that respondents felt that:

- There was a lack of up to date information on cross border care
- Patients needed more information
- Responsibility for clinical oversight had to be in the country of treatment
- There was concern about the potential for undermining national health care systems
- Any European Commission proposal, on health services, should respect common values and principles in EU health systems
- Continued respect for the subsidiarity principle was important
- There were mixed views about need for "supportive tools" or legally binding measures 15

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On 5<sup>th</sup> September 2006, the EU Health Commissioner, Markos Kyprianou, was reported as saying that the European Commission is willing to take an extreme position on the influence of the internal market in healthcare, ahead of any democratic debate on the issue. The EU Health Commissioner said "the internal market applies to health services. People can shop around. Opening the market could provide lucrative opportunities for private providers to lure clients". <sup>16</sup>

A slightly less extreme version of this approach can be seen in the statement of Marcel Haag, Secretariat General, European Commission, in April 2007. On 19 April 2007, Marcel Haag, at a conference on Services of General Interest, organised by the Committee of the Regions (CoR) and European Economic and Social Committee (EESC), reported that a review of the Internal Market was taking place. This will emphasise the benefits of the internal market for the citizen, bringing in the consumer and social dimensions. Services of General Interest (SGI) have an essential role to play in this process, hence the proposed Communication on SGIs will be published after the internal market review is completed, which will probably be later in 2007. This is one of the most recent, publicly presented, views coming from the European Commission, which show how the logic of the internal market is still the driving force behind any formalisation of Services of General Interest.

Groups within the European Parliament, for example, the Socialist Party of Europe, and the Council/ Committee of the Regions and the European Economic and Social Committee (EESC), support the campaign for a Services of General Interest (SGI) framework. However, there is little evidence to show that a framework for SGIs will address the issues raised by the internal market and national health and social care policies. The European Commission is pursuing its internal market policies, with only minimal commitment to establishing a framework of Services of General Interest.

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### 3 Company overview

The companies outlined in this paper see European and other global opportunities for expansion in different aspects of the healthcare sector: insurance, clinical and diagnostic services, and facilities management services. Partnerships with the public sector are seen, by many companies, as an essential step towards developing and delivering new services and facilities. The involvement of these companies in the delivery of services in the healthcare sector will have implications for health workers and for the accountability of public health systems.

Since 2004, private equity funds have bought several healthcare companies. Private equity funds are created as partnerships by financial services companies, which invite investors, for example pension funds, to commit to the fund. These funds are then used, either, to invest in companies, which are not quoted on a stock exchange, known as "private" companies, or in companies, which have shareholders and are quoted on a stock exchange "publicly listed company (plc)". Usually, once a publicly listed company is bought by a private equity fund it is de-listed from a stock exchange and becomes a "private" company.<sup>18</sup>

The immediate effect of no longer being publicly listed companies is that reporting requirements for these companies are much less rigorous. There are fewer obligations to put information, about the company, into the public domain. This can be seen in much more limited information being available on company websites, or fewer press releases published on acquisitions, mergers or company reorganisations. This has fundamental implications for research into company strategies or market developments. It also makes any form of accountability and transparency of healthcare services, provided by the private sector, to the public sector, more difficult to monitor.

There are also other impacts on the companies that have been taken over by private equity funds. There is a lack of reliable evidence of the actual impact on employment. Hall (2007) argues that there is a need for more detailed research on the actual impact on employment, pay and industrial relations in each buyout in recent years as well as greater information rights for employees and investors. <sup>19</sup> There are growing concerns that the activities of these private equity funds are not sustainable, often being supported by debt, and may result in bankruptcies. The reports of high returns from private equity investments are also being questioned, with the results actually lower than comparable investments in shares. <sup>20</sup>

Companies involved in the healthcare sector in Europe can be divided into two main groups:

### 3.1 Global service companies

Global services companies, such as Compass, ISS, Sodexho, Rentokil-Initial, and Aramark, deliver a range of support services for several sectors, including the healthcare sector. They deliver services such as catering, cleaning, buildings management, portering, and reception. In the case of ISS and Rentokil, there is evidence of these larger companies buying small companies that had previously provided services to the healthcare and other sectors. A process of consolidation has been taking place over the past decade. <sup>21</sup>

There have been changes in relation to the type of contracts that companies have taken on since the mid 1990s. The level of risk that the contractor is expected to take on has increased. This can be seen in the move from 'cost-plus' contract, where the contractor charges a management fee and charges the costs to the client, to 'total risk' contracts, where the contractor rents space from a client and provides and markets services on-site. <sup>22</sup>

There is limited room for growth in catering expansion in the business and industry sector so that catering companies are looking for alternative markets. <sup>23</sup> Large caterers such as Compass and Sodexho have expanded into facilities management. Contractors are also providing a range of other support services, such as housekeeping and maintenance, reception, security, laundry, bar and retail shops. About 30% of recent Sodexho growth has been in non-food services.

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Since the entry of several countries from Central and Eastern Europe into the European Union, several global service companies have expanded into the 'new'EU member states. Central and Eastern European countries are seen as emerging markets for catering, cleaning and facilities management industries.

Aramark, Compass, ISS, Sodexho and Rentokil-Initial all have European Works Councils. These companies are active in the health care sectors to varying degrees. ISS and Sodexho both have extensive activities in the healthcare sector.

Three of these companies have de-listed since 2005. Aramark was bought out by its CEO in 2007, with financial backing from several private equity funds. In 2005, ISS was bought out by PurusCo A/S, a consortium of EQT (a Swedish private equity company) and Goldmann Sachs Capital Partners. Sodexho was de-listed from New York Stock exchange in July 2007.

### 3.2 Healthcare companies that provide healthcare directly

A relatively small, but growing, group of companies deliver healthcare, in more than one country, in Europe. Capio is a Swedish healthcare company that is expanding in Europe. It focuses mainly on different ways of delivering acute care. It has expanded into Spain and Germany since 2005 as well as expanding its operations in the UK. In 2006, it was bought by Opica, a company "indirectly jointly owned by Apax Partners Worldwide LLP, by Nordic Capital Fund VI and by funds advised or managed by Apax Partners SA". The company was de-listed in November 2006. It is currently selling its UK hospitals.

BUPA has been both a health insurer and healthcare provider in the UK, for several decades, but sold its 25 hospitals in June 2007. In Spain, its subsidiary, Sanitas, has recently been awarded a public-private partnership to build and run a new hospital in Valencia. Due to changes in legislation, BUPA has sold its health insurance activities in Ireland. In the UK, it has expanded in the past decade into residential care for older people and this has been a major source of growth as well as nursery care. Day nurseries are the fastest growing small business sector in the UK with for-profit providers starting to expand their share of the market.<sup>24</sup>

Gambro and Fresenius are both renal care companies that started by manufacturing products and equipment for kidney dialysis but have expanded in the last decade into managing dialysis clinics. The global renal care industry is highly competitive. The Gambro healthcare division has been sold to Bridgepoint, a private equity company. Fresenius has consolidated its activities in hospital management.

There are several issues facing healthcare companies:

- 1. Companies view their relationships with government/ public healthcare sector as crucial to future company growth. Some companies are building up their experience of working with the public sectors.
- 2. There are several examples in Europe of governments contracting private companies to manage a public sector hospital. In some countries this also involves the private company in building the hospital. The Private Finance Initiative (PSI) in the UK has mainly involved global service companies. Examples of hospitals where private healthcare companies have been contracted to run hospitals in the public sector are:
  - St.Goran's Hospital, Stockholm, Sweden Capio
  - Ribera Hospital, Valencia, Spain ADESLAS
  - Manises Hospital, Valencia Sanitas (BUPA)
  - Omegna Hospital, Piedmont, Italy Generale de Sante
  - Hospital Amadora, Sintra, Portugal Jose de Mello Saude
- 3. Expansion into Central and Eastern Europe by healthcare companies has been slow, although two companies, Medicover and Euromedic International, have continued to expand since 2004. Euromedic International is now expanding into Western Europe.

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### Companies will be considered in the following groups.

Companies eligible for EWCs	Alliance Medical Group Aramark BUPA Capio Carema Cinven Compass Euromedic International Fresenius Gambro ISS Medicover Rentokil Sodexho
Non eligible	Adeslas Genérale de Sante José de Mello Saude

# 3.3 EWC eligible companies

Company name (company's major owner)	Major presence in Europe (countries)	Workers		EWC (date introduced)	
		Worldwide	Europe	Other	
Alliance Medical Group	UK, Italy, Netherlands, Poland				No
Aramark	UK, Czech Republic, Belgium, Spain, Germany, Ireland	240,000	75,000 (non-US)	-	Yes (1996)
BUPA	UK, Spain	9,120	9,120	-	No
Capio	Sweden, Finland, Norway, Denmark, UK, France, Spain, Germany	16,000	16,000	-	Yes (2006)
Carema	Sweden, Finland, Norway				No
Cinven	UK , Spain, Portugal	-	8,300 employees and 5,300 clinical staff – "under contract"	Morocco?-	
Compass	Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Kosovo, Latvia, Lithuania,	379,018	138,144 (36%)	N.America 140,096 (37%) Rest of world 100,778 (27%)	Yes (1996)

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		T	T	T	1
Fano and di	Luxembourg, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden, Switzerland, Spain, UK, Ireland				
Euromedic International	Bosnia Herzogovina, Croatia, Czech Republic, Greece, Hungary, Ireland, Portugal, Poland, Romania, Russia, Turkey				No
Fresenius	Austria, Belgium. France, Germany, Italy, Sweden, UK, Spain,	107,438	52,644 (49%)	N.America 39,752 (37%) L.America 9,666 (9%) Asia-Pacific 5,370 (5%)	Yes (1996)
Gambro Healthcare	Estonia, France, Hungary, Italy, Lithuania, Poland, Portugal, Spain, Sweden, UK	?			Yes (1999)
ISS	Denmark, UK, Sweden, Austria, Belgium, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Luxembourg, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, UK	391,000	285.945 (73%)	105,455 (27%)	Yes (1995)
Medicover	Estonia, Czech Republic, Hungary, Poland, Romania	1,587	1,587		No
Rentokil	Austria, Belgium, Czech Republic, Denmark, Finland, France, Germany, Greece, Italy, The Netherlands, Norway, Portugal, Ireland, Spain, Sweden, Switzerland, UK	92,447			Yes (1996) Covers countries of EU, Norway and Switzerland
Sodexho	Austria, Belgium, Bulgaria, Czech Republic, Denmark, France, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Luxembourg, Netherlands, Norway, Poland, Portugal, Romania, Russia, Serbia Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, and the	324,000	136,080 (42%)	119,660 North America States (37%) 68,040 Rest of world (21%)	Sodexho Partena – Yes (1998)  Sodexho Pass/ Sodexho Universal - No

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UK.		

Source: Company Annual Reports; European Works Councils Agreements database <a href="www.ewcdb.eu">www.ewcdb.eu</a> (accessed July 2007)

## 3.4 Non-EWC eligible companies

Company Name	Major presence in Europe	Workers		
		Worldwide	Europe	Other
Adeslas	Spain	-	Spain	
Generale de Sante	France, Italy	-	France, Italy	
Jose de Mello Saude	Portugal Spain	-	Portugal Spain	Brazil

### 3.5 Significant acquisitions and sales of subsidiaries since 2004

Company	Buying	Selling	Comment
Alliance Medical	-	-	-
BUPA	2005 - ANS Care Homes	2007 – 25 UK Hospitals to Cinven	Sales of hospitals in UK to finance debt from sale of BUPA Ireland and long-
	2006 - Clinovia – home health care 2007 –Euro- residencias Care Homes (Sanitas/Spain)		term international expansion Acquisition of Euroresidencias Care Home and Day centres makes Sanitas the second largest care home provider in Spain
Capio	2005 - Grupo Sanitario IDC (Spain) 2006 - Arvita Hospital Group (France) 2006 - Clinique La Rochelle and Clinique Saint Jean Languedoc (France) 2006 - Deutsche Klinik (Germany) 2006 - Tonkin Group (France)	2005 - Clinique Saint Vincent France 2005 - La Metairie clinic (Switzerland) 2005 - closes Dreux clinic (France) 2007 UK Capio sold to Ramsay Health Care Limited (mental health services & laboratory services remain with Capio)	Capio has achieved its goals of moving into Spain and Germany as well as consolidating its presence in France and the UK. It has also negotiated longer contracts – St. Gorens, Sweden and Spain Valdemoro, (30 years) Spain
Cinven	2005 - Partnerships in Care (mental health services) from General Health Care Group (UK) 2007 - 25 BUPA hospitals 2007 - USP Hospitales Group from Mercapital (Spain)		Signs of a consolidated expansion into healthcare in UK and Spain
Fresenius	2005 - HELIOS Klinken		

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Gambro healthcare	Group 2005 Renal Care Company (US) 2006 - HUMAINE Klinken 2006 - 11 dialysis clinics Lithuania	2005 - Sold all US clinics to Da Vita	Divested all US clinics to Da Vita
Generale de Sante	2006 - Hexagone Group Clinics in Italy: Casa Di Cura San Secondo De Asti, Poggio Del Sole, Villa Maria Teresa, Il Pergolino	Property assets sold to Sofco (Gecina group)	Consolidation of Italian expansion
Adeslas	2006 - La Policlínica San José, Vitoria 90% of Clínica Santa Catalina Las Palmas de Gran Canaria, Santa Cruz de Tenerife		No recent expansion into either Europe or Latin America
Jose de Mello Saude	2006 - 35% of Quiron private hospital group, Spain		First expansion into Spain

# 3.6 Global reach of companies

Parent	Sales (2006)	Healthcare division	Sales	%
company				
Aramark	\$10 billion	n/a	-	-
Compass	£10.815m	Healthcare	£1,730	16%
Fresenius	€10,777m	Fresenius Medical Care Fresenius Proserve	€8,499	78%
			€2,155	20%
Gambro		Healthcare		
Rentokil	£2,124m	n/a		
Initial				
ISS	DKK 55,772m	n/a		
Sodexho	€12,798m	Healthcare	€2,839m	25%

# 3.7 Recent company involvement in PPPs since 2005

Company	Country	Projects	Date
Fresenius	Austria Bosnia	Radiation centre, Upper Austria (VAMED) Other PPP projects in development in Central Europe	
Capio	Sweden	Valdemoro, Madrid, Spain	2006
BUPA/ Sanitas	Spain	Manises Hospital, Valencia, Spain	2007

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### 4 Companies with EWCS or EWC eligible

### 4.1 Company ALLIANCE MEDICAL

Owner: Bridgepoint, a private equity company

Address:

Alliance Medical Limited Iceni Centre Warwick Technology Park Warwick CV34 6DA

Tel: +44 (0)1926 482000 Fax: +44 (0)1926 482020 email: <u>info@alliance.co.uk</u>

http://www.alliancemedical.eu.com/

EWC: Eligible?

Total employees: 400 staff in UK plus ??<sup>25</sup>

Regional distribution

#### **European subsidiaries**

Company	Country
Alliance Medical	UK
Alliance Medical	Italy
Alliance Viamed (joint venture)	Spain
Alliance Medical	Poland
Alliance Medical Interim Solutions	UK – European business development

Alliance Medical Group provides PET, MRI, CT, and mammography services. It provides extensive, outsourced mobile services as well as fixed site services.

Alliance Medical was formed in 1989 by Robert Waley-Cohen, who had previously co-founded Alliance Imaging Inc. in the USA in 1983. The company started to operate in the UK in 1990. In 1996, a management buyout was backed by 3i plc and Foreign & Colonial. In 1998, Alliance Medical started sending mobile scanners to Italy and formed a joint venture with ETF in 1999, Italy's only supplier of mobile diagnostic services.

Bridgepoint bought out 3i and Foreign and Colonial in 2000. A new division, Interim Solutions, was set up to rent out equipment across Europe. In 2002, Alliance Medical acquired 100% of Alliance Diagnostic, an Italian company, and formed a joint venture company in Spain, There is no more recent history of the company provided on its website after 2003, however, it has continued to win contracts from the NHS. The company runs two Intermediate Treatment Centres in the UK with the Partnership Health Group in SW England and provides equipment for at least 19 hospitals with hospitals in the UK.

There has been some criticism of the quality of services delivered by Alliance Medical in the UK, including mistakes in the interpretation of images and delays in the delivery of results. Doctors in Belgium, South Africa and Spain interpret the data and do not collaborate with doctors in the NHS.<sup>26</sup> There have also been questions asked in Parliament about the contacts between Alliance Medical and the Department of Health in the period before one contract was awarded in 2004.

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In January 2007, Alliance Medical, in partnership with Care UK, was awarded preferred bidder status to provide diagnostic services across the North East of England. The service will be delivered under a joint brand name of AMC Diagnostics Limited. The service will offer CT scans, MRI scans, DXA (bone densitometry), electrocardiograms, ultrasound/echo and X-ray, upper and lower gastrointestinal endoscopy, electroencephalography, electromyography/nerve conduction studies, flexible cystoscopy.<sup>27</sup>

### 4.2 Company name ARAMARK

#### Owners:

After being re-listed in the stock market in 2001, an investor group, led by Joseph Neubauer (CEO) and investment funds managed by GS Capital Partners, CCMP Capital Advisors and J.P. Morgan Partners, Thomas H. Lee Partners and Warburg Pincus LLC, bought all Aramark shares. The company was de-listed 26 January 2007.

Address: ARAMARK 1101 Market Street Philadelphia Pa 19107 USA www.aramark.com

**EWC: YES** 

Total employees: 240,000 (160,000 full-time and 80,000 part-time)

### Regional breakdown

Activities	Sales	Employees
United States	64%	150,000
		·
International food and support services	22%	75,000
Uniform services	14%	14,800

Source: Aramark 10-K 2006

#### 4.2.1 Major European subsidiaries

Company	Ownership	Country	Website
ARA Services Ltd Campbell	100%	UK	www.aramark.com
Campbell Catering Ltd			
Aramark Cleaning SA Aramark SA	100%	Belgium	www.aramark.com
Aramark Gmbh	100%	Germany	www.aramark.com
Aramark Ireland Holdings Ltd	100%	Ireland	www.aramark.com
Aramark SRO	100%	Czech Republic	www.aramark.com
Aramark Slovak Republic SRO	100%	Slovak Republic	www.aramark.com
Aramark Szolgaltato Es Kereskedelmi KFT	100%	Hungary	www.aramark.com

### 4.2.2 Company activities and strategy

Aramark is a global company providing food, support and uniform services. Since 2004, it has expanded into several countries in Central and Eastern Europe. In 2005, the Kent Institute of Medicine and Social care

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was considering getting the Salvation Army and Aramark to fund joint research staff and developing a laboratory based consultancy service.<sup>28</sup>

### 4.3 Company name BUPA

Owner:

BUPA BUPA House Bloomsbury Way London WC1A 2BA www.bupa.com

EWC: NO - ELIGIBLE

Total employees: 9,120 (Europe)

Regional breakdown (Europe)

Country	Number of employees
UK	6,950
Spain	2,000
Total	9.120

#### 4.3.1 Major European subsidiaries

Company	Ownership	Country	Contact	Website	Employees
Sanitas – Spain	100%	Spain	c/via Augusta 13-15, 28042 Madrid Tel: + 902 10 24 00	www.sanitas.es	2,000
BUPA UK Insurance	100%	UK	BUPA House Bloomsbury Way London WC1A 2BA	www.bupa.com	6,950
BUPA Care Services Ltd	100%	UK		www.bupa.com	
BUPA Childcare Services Ltd	100%	UK		www.bupa.com	
Strand Nurses Bureau Ltd	100%	UK		www.bupa.com	

#### 4.3.2 Company outline and strategy

BUPA is one of the two largest providers of private health insurance in the UK with 40.1% of the market.

In the last 10 years BUPA has expanded through a series of acquisitions in the UK and worldwide. Its most striking area of expansion has been into care services. BUPA Care Services consist of the three subsidiaries: BUPA Nursing Homes Itd, BUPA Care Services Ltd and Care First Group plc. BUPA runs 223 care homes, 54 sheltered retired homes and in 1999 cared for 26,000 people in residential care or through home care services. BUPA has also expanded into nursing and other care services.

In September 2005, BUPA Care Homes acquired ANS plc, the 7th largest care home operator in the UK for £328m. This will make BUPA the leading care home operator in the UK, with 21,000 beds and 297 homes with a turnover of £535m.<sup>29</sup> In January 2006, BUPA bought Clinovia, a UK home healthcare specialist for £87.7 million from Lyceum Capital. This will provide new opportunities for BUPA in the expanding out of hospital care market. <sup>30</sup>

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In 2007, BUPA sold its 25 hospitals to Cinven for £1.44 billion, in order to pay off debt and to focus on long term development of the company, internationally and in the care sector. This is a dramatic change for BUPA, which has been one of the leading private sector healthcare providers in the UK. BUPA also operates in Spain, Middle East, Thailand, Hong Kong, Singapore and Malaysia.

BUPA Ireland was established in June 1996 but was sold to the Quinn Group in March 2007. This was due to the imposition of the Risk Equalisation Scheme (RES), which would have involved selling double the anticipated surplus to the State owned insurer VHI.

Sanitas is a Spanish health insurer and healthcare provider and was incorporated into BUPA in 1989. In September 2006, Sanitas, won a government tender to build and run a large new public hospital in Manises, Valencia. The 15 year PFI contract for the Valencia government involves building and managing the new hospital as well as updating and running primary care centres in the region, building a new health centre in Turis and renovating a specialist centre in Aldaya. Sanitas has formed a consortium with Ribera Salud, (Sanitas 60%: Ribera Salud 40%),<sup>32</sup> which is owned by Bancaja and Caja Mediterraneo, two Spanish banks. The project is worth €137 million. The Horta Manises hospital will employ 700 staff and treat 140,000 people in the province. Sanitas has two other hospitals, both in Madrid.<sup>33</sup>

In 2007, the Sanitas group acquired Sanitas Residencial, BUPA Group's Spanish care home provider, has bought the Euroresidencias' care home and day centre portfolio from the Spanish company Saarema Inversiones. This will make Sanitas, the second largest provider of long term care in Spain.

### 4.4 Company name CAPIO

**Owners**: In September 2006, Capio was bought by Opica, a company "indirectly jointly owned by Apax Partners Worldwide LLP, by Nordic Capital Fund VI and by funds advised or managed by Apax Partners SA. The company was de-listed in November 2006. Opica AB is jointly owned by Apax Europe VI at 45 per cent, Nordic Capital Fund VI at 44 per cent and Apax France at 11 per cent.

#### Address:

Capio AB Gullbergs Strandgata 9 P.O. Box 1064 SE-405 22 Göteborg, Sweden Tel: +46 31 732 40 00

Fax: +46 31 732 40 99

www.capio.com

**EWC: YES** 

Total employees: 16,000 ??

### Company divisional breakdown

Company name	Number of employees
Capio Nordic	Norway 170 Sweden 2,100
Capio UK	??
Capio Germany	??
Capio Spain	4,300
Capio France	5,600 and 1,250 doctors
Capio Diagnostics	1,000
Total	16,000

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### 4.4.1 Major European subsidiaries

Company	Ownership	Country	Website
Capio Nordic	100%	Sweden	www.capio.se
Capio UK	100%	UK	www.capio.co.uk
Capio France	100%	France	www.capio.fr
Capio Sanidad	100%	Spain	www.capio.es
Capio Germany	100%	Germany	www.capio.de

### 4.4.2 Company activities and strategy

Capio is a Swedish healthcare company, which is aiming to become a trans-European healthcare company. Since 2003, Capio has continued its expansion into France, Spain and Germany, as well as consolidating its provision of services to the public sector in Sweden, Norway, Denmark, Finland, Spain and the UK.

One of the most significant developments since 2004, was the sale, in September 2006, of Capio to Opica, a company "indirectly jointly owned by Apax Partners Worldwide LLP, by Nordic Capital Fund VI and by funds advised or managed by Apax Partners SA". The company was delisted in November 2006

In 2005, Capio acquired the Grupo Sanitario IDC (Spain), its first entry into the Spanish healthcare market. It also sold the Clinique Saint Vincent (France) and closed the Dreux clinic in France. The same year, it also sold La Metairie clinic in Switzerland.

In 2006, Capio made expanded significantly into the French healthcare market, by buying the Arvita Hospital Group, Clinique La Rochelle and Clinique Saint Jean Languedoc, and the Tonkin Group. It also achieved one of its goals to enter the German healthcare market, by acquiring the Deutsche Klinik.

Since 2004, Capio has achieved its goals of moving into Spain and Germany as well as consolidating its presence in France and the UK. It has also negotiated longer contracts – St. Gorens, Sweden and Valdemoro, (30 years) Spain. The contract for Valdemoro, Madrid, is a contract on a capitation basis, which provides an annual fixed payment per head of population. The contract involves building a hospital, which is expected to open at the end of 2007<sup>34</sup>.

In January 2007, Capio Diagnostics was merged into Capio UK. There are two hospital laboratories in the UK, which will be transferred to Capio UK. The aim is to build decentralised pathology services, outside the Capio health care business, especially at 'point of care' testing <sup>35</sup>

Capio completed negotiations for its first European Works Council in July 2006.

In May 2007, a property consortium, including property entrepreneurs Nick Leslau and Sir Tom Hunter agreed to buy the property portfolio of 21 private hospitals from Capio, worth £686m. They will be leased back to Capio.  $^{36}$ 

In June 2007, Opica was given permission by the European Commission to sell Capio UK.<sup>37</sup> This follows an earlier announcement that Capio UK was to become independent. <sup>38</sup> Opica bought Capio on condition that it sold the UK hospitals, "to avoid regulatory problems".<sup>39</sup> In September 2007, Capio sold its English acute hospitals to Ramsay Health Care Limited, an Australian company, which operates 65 hospitals in Australia and three in Indonesia.<sup>40</sup> The mental health and laboratory services will remain with Capio.

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### 4.5 Company name CAREMA

Owner: H-Careholding AB which is made up of: 75.01% 3i Group plc and funds 15.94% Government of Singapore Investment Corporation (GIC) 5.12% Mehiläinen management, H-Careholding's Finnish subsidiary, via companies 3.47% Peter Weiderman, Chairman of Carema and H-Careholding 0.46% Bengt Marcusson, Director Business Area Care

Kungsgaten 70 3tr SE 111 22 Stockholm Tel: +46 8 617 3900 Fax: +46 8 617 3980 www.carema.se

Total number of employees 4,500

#### Total Hamber of employees 4,500

# Company outline and strategy

Carema is a Swedish company founded in 1996 and provides specialist care, primary care, care of older people, psychiatry, care of people with disabilities, and staffing. The company specialised in integrated care. It is active in Norway, Sweden and Finland.

There are three business areas in the Healthcare Business Unit

- Primary care runs 20 healthcare centres in Sweden
- Specialist care runs specialist healthcare in local hospitals, elective surgery and rehabilitation under the name of Carema Specialist Healthcare.
- Recruitment which runs the Rent a Doctor, rent a nurse, and care team brands.

All business units work on behalf of local councils. Councils pay for 100% of primary care services. Councils account for 90% of the recruitment business unit's revenue with the rest coming from private companies. It also has a very limited income from private health insurance and people who fund their own treatment.

The Nursing Business Unit provides support, services and care to people with physical and psychological problems (Care and Psychiatry). Also part of the Nursing Business Unit is elderly care. It is the biggest player in Sweden and provides care to 4,500 people in 40 centres. The company operates under contract, under its own management and other customer systems. The business unit is paid for its services by municipalities. This represents 70% of its turnover. The Nursing Business Unit is active in Norway, Sweden and Finland.

### 4.6 Company Name CINVEN

CINVEN is a European private equity company, which has acquired several healthcare investments, since 2004.

#### Address:

Cinven Limited Warwick Court Paternoster Square London EC4M 7AG Tel: +44 (0)20 7661 3333

Fax: +44 (0)20 7661 3888 www.cinven.com

EWC: NO but elegible?

Total employees: 10,300 (including physicians under contract)

Regional breakdown

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Country	Subsidiary	Workers
UK	BUPA hospitals	5,800 (including 3,300 clinicians)
	Partnerships in Care	2,500 employees
Spain	USP Hospitales	2,000 physicians under contract
		10,300

### Major European healthcare subsidiaries

Country	Subsidiaries
UK	BUPA hospitals
UK	Partnerships in Care
Spain	USP Hospitales

Cinven, as a European private equity investor, has over a decade of experience of investing in healthcare companies. In 2005, it bought Partnerships in Care from the General Health Group. Partnerships in Care provide mental health services, specialist units for people with learning disabilities, brain injury rehabilitation units, community placements for supported living and an employee assistance programme. Cinven had also invested in the General Health Group, which it sold in 2000.

In 2007, it has made two significant healthcare investments. It bought 25 hospitals from BUPA and also bought a Spanish private hospital group, USP Hospitales Group, from Mercapital, a Spanish private equity group. USP Hospitales Group is the leading independent operator in the Spanish private healthcare market and second largest provider to the private healthcare insurance market. Cinven is aiming to expand the company through more acquisitions in Spain and in international markets. USP has recently acquired a 25% stake in HPP, the fourth largest hospital group in Portugal. Caixa Geral owned the remaining 75% of HPP.

These two recent acquisitions, suggest that Cinven has identified the European healthcare sector as an important source of investment. Spain is considered to have a fast growing healthcare sector. Cinven has also built up some expertise in healthcare management over the past decade.

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### 4.7 Company Name COMPASS

**Owner** 

Compass Group PLC Compass House Guildford Street Chertsey, Surrey KT1 9BQ Tel +44 1932 573 000 Fax +44 1932 569 956

**EWC: YES** 

Total employees: 375,000

www.compass-group.com

Regional breakdown

Region	Sales	%
UK	£3,060m	23%
Continental	£2,482m	22%
Europe		
North America	£3,562m	32%

# Rest of world £1,918m 17% Total £11,286

### 4.7.1 Major European subsidiaries

Company	Ownership	Country
Compass Contract Services (UK)	100%	UK
Ltd		
Letheby & Christopher Ltd	100%	
Scolarest Ltd		
Selecta UK Ltd	100%	
Compass Purchasing Ltd	100%	
Compass Group France SA	100%	France
Selecta SA	100%	
<b>Eurest Deutschland GmbH</b>	100%	Germany
Eurest Colectividades SA	100%	Spain
Compass Group Nederland BV	100%	Netherlands
Selecta AG	100%	Switzerland
Restorama AG	100%	
Sevita AG	100%	
Onama SpA	95%	Italy

### 4.7.2 Company activities and strategy

Compass is the world's largest contract catering company. It has begun to diversity into facilities management. In 2004/5, it reported a 50% drop in profits, which was partly the result of poor publicity in the UK for school meals, provided by Scolarest, following a series of television programmes by Jamie Oliver, who criticised the unhealthy content of school meals. There was a drop of 30% in profits in the UK but in the United States, operating profits rose by 12%. 42

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Compass is facing a deficit in its pension scheme. Currently its assets are 67% of its liabilities. It has put £100 million into the pension deficit but the deficit rose from £426 to £530 over the past year.

### 4.8 Company name EUROMEDIC INTERNATIONAL

Owner: EUROMEDIC INTERNATIONAL N.V.

**Central European Headquarters** 

Gerbeaud House 1, Dorottya St. 1051 Budapest Hungary

TEL.: +36 1 267 5314 FAX: +36 1 267 5312

E-mail: joseph.priel@euromedic-group.com

www.euromedic-group.com

EWC: NO but elegible?

Total employees 1,000? (2004)

### 4.8.1 Major European subsidiaries

Company	Owner- ship	Country	Contact	Website
Euromedic Diagnostics BV	100%	Hungary	EUROMEDIC INTERNATIONAL N.V Central European Headquarters Gerbeaud House, 1. Dorottya St., 1051 Budapest, Hungary TEL.: +36 1 267 5314 FAX: +36 1 267 5312 E-mail: joseph.priel@euromedic-group.com	www.euromedic- group.com
International Dialysis Centre BV	100%			
Euromedic International NV		Netherlands	Holding company registered in The Netherlands	
Euromedic Bosnia Herz	100%	Bosnia Herzogovina	EUROMEDIC Bosnia & Herzegovina Address: Bana Milosavljevica 8, Street, 78000 Banja Luka Republic of Srpska Bosnia and Herzegovina Contact person: Mr. Marijan Bilic IDC General Director email: mbilic@inecco.net Mobile Phone:00-387-65-513-104 or 00- 387-65-633-778 Telephone: 00-387-51-22-33-40 Fax: 00-387-51-22-33-50	www.euromedic-group.com
Euromedic Croatia			Hektorovicava 2/II, 10 000 Zagrebm Croatia Contact: Dr. Ivan Svajger, President Euromedic Croatia Tel: + 385 1 63 90 650 Fax: + 385 1 63 90 660 E-mail: ivan.svaiger@euromedic.hr	
Euromedic Czech Republic	100%		EUROMEDIC Czech Republic sro Na Polkopi 110 00 Praha 1, Czechrepublic	

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	ı	1		I
Euromedic Greece	100%		Contact person: Mr. David Karasek, Managing Director Tel: + 42 25753948 Fax: +42 257539962 E-mail: karasek@europmedic.biz  EUROMEDIC Greece 76 Kifissias Av. & Pamonos Street 15125 Marousi, Athens, Greece Contact: Mr. Dimitri Moulavasilis, President Euromedic Greece Tel:+ 30 210 614 8780 Fax:+ 30 210 614 8782 E-mail:	
Euromedic	100%	Hungary	dimitris.moulavasilis@euromedic.gr EUROMEDIC DIAGNOSTICS Kft	www.euromedic-
Hungary	100%	Trungary	Gerbeaud House, 1. Dorottya St., 1051 Budapest, Hungary Contact person: Dr. Zoltan Katona Tel: +361 327 4345 Fax: +361 318 8687 Email: katona.zoltan@euromedic- group.com	group.com
Euromedic Ireland	100%		Contact: Mr. Sean Eustace, Country Representative Tel: +352 14 582 546 Mobile: +354 86 254 2420 E-mail: eus@dubi.ie	
Euromedic International SrI	100%		Via Privata Maria Teresa 4, 20123 Milano, Italy Contact: Mr. Guiseppe Giannasio, President Euromedic International Srl Tel: 39 02 883936.1 E-mail: info@euremedic.it	
Euromedic Portugal	100%	Portugal	Av. D.Joao II, n.1.17.01 Edificio Toorreo Sen, 8 B Parque das Naccoes, 1998- 023 Lisboa. Portugal Contact: Mr. Antonio Marquez, Presidente Euromedic Portugal Tel: +351 91 936 93 38 E-mail: antonio.marquez@euremedic.pt	
Euromedic Poland	100%	Poland	EUROMEDIC International Polska Sp. z o.o. ul. Krucza 16/22, 00-526 Warszawa tel. (+48 22) 627 28 98, fax (+48 22) 627 28 99 e-mail: euromedic@euromedic.pl Contact person: Dr. Maciej Kowalski, President Euromedic Poland	www.euromedic- group.pl
Euromedic Czech Republic	100%	Czech Republic	EUROMEDIC Czech Republik, s.r.o., Malostranské nám. 5 110 00 Prague 1 tel. (+42) 257535948, fax.(+42) 257535952 e-mail: <u>D.Karasek@seznam.cz</u> Contact person: Mr. David Karasek, Managing Director	www.euromedic- group.com
Euromedic Croatia	100%	Croatia	EUROMEDIC International d.o.o. Croatia, Kneza Borne 2, (1st Floor, Business Gallery, Sheraton Zagreb Hotel), 100000 Zagreb, CROATIA Tel.: +385 (0)1 46-46-777; or 778	www.euromedic- group.com

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			Fax: +385 (0)1 46-46-780 e-mail: euromedic@inet.hr bg.euromedic@mail.inet.hr web-site: www.euromedic-group.com Contact person: Branko Gracanin, General Manager	
Euromedic Romania	100%	Romania	EUROMEDIC Romania SRL 35, Ermil Pangratti St., 5th level, Suite 5, Sect. 1, Bucharest - Romania Tel/Fax; +40 1 230 23 13, + 40 1 231 26 45, + 40 1 231 26 49 E-mail:office@euromedic.ro Contact person: Mr. Zahal Levy, President Euromedic Romania	www.euromedic- group.com
Euromedic Russia	100%	Russia	40 Building 4, Bolshaia Ordynka Street, Moscow, Russia, 119017 Contact: Dr. Victor Molostov, Head of Representative Office E-mail: victor.molostov@euremedic.ru	
Euromedic Turkey	100%	Turkey	IDC ULUSLARARASI DIYALIZ MERKEZLERI STI CUMHURIYET CAD NO.26 Pegasus EV1 HARBIY, Istanbul Contct: Emir Ozler, President IDC Turkey Tel: + 90 212 241 5800 Fax: +90 212 241 5820 E-mail: emir@idcturkey.net	

### 4.8.2 Company activities and strategy

Euromedic Diagnostics BV and International Dialysis Centre BV are both 100% owned Dutch subsidiaries of Euromedic International NV, a holding company of the group. 43

For more than a decade, Euromedic has been building and operating imaging diagnostic centres and dialysis centres in Eastern and Central Europe. They work in public-private partnership arrangements, where Euromedic invests in the centres and the public healthcare system pays for the service.

The history of Euromedic International provides an insight into the way in which healthcare companies are beginning to operate within a European market. In 1991, two Hungarian entrepreneurs set up a company called International medical Centres in Budapest, which was owned by an Israeli company, Elbit. In 1995, the Euromedic group of companies was set up with the Red Sea Group, also an Israeli company. In 1998, these International Medical Centres merged with the Euromedic group. In 1999, GE Capital and Dresdner Kleinwert Benson back the founders of Euromedic in a buyout from Elbit. Euromedic International is formed.

The following year, 2000, further capital was raised, underwritten by the Washington DC based company Global Environment Fund. Euromedic International expanded into Poland, Bosnia – Herzogovina and Romania, opening up dialysis clinics. In November 2002, GE Capital and Dresdner Kleinwert Benson bought the Red Sea Group. In 2005, Warburg Pincus and GE Healthcare and management bought out the three financial investors. With support from the Dutch ING bank, they finance the company's growth plan, moving from Central and Eastern Europe to become a European- wide healthcare provider. In 2006, Euromedic International expanded its activities and moved into Russia, Czech Republic, Greece and Turkey. In 2007, it achieved a pan-European position by expanding into Italy, Portugal and Ireland.

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### 4.9 Company Name FRESENIUS

Owner: Fresenius Head Office Fresenius AG Else-Kröner-Straße 1 61352 Bad Homburg v.d.H. Germany

Germany
Postal Address:
Fresenius AG

D-61346 Bad Homburg v.d.H.

Tel: +49 6172 608 0 www.fresenius.de

**EWC: YES** 

Total employees: 107, 438

### Regional breakdown

Region	Number of employees	% employees
Europe	52,644	49%
North America	39,752	37%
Latin America and	9,666	9%
other regions		
Asia-Pacific	5,370	5%
Total	107,438	

### 4.9.1 Major European subsidiaries

Company	Owner- Ship	Country	Contact	Website
Fresenius Medical Care AG & CO KGaA Hof an der Saale Fresenius Kabi Deutschland GmbH Bad Homburg v.d.H.	36.77%	Germany	Fresenius Kabi Deutschland GmbH Else-Kröner-Strasse 1 61352 Bad Homburg Tel: +49 (0)6172 686 0 Fax +49 (0)6172 686 2628 E-mail: communication@freseni us.kabi.com	www.fresenius-kabi.de
Fresenius Hemocare Deutschland GmbH Bad Homburg v.d.H.	100%			
HELIOS Group, Berlin	98%			
Fresenius Kabi, Italy S.p.A, Verona Fresenius	100%	Italy	Fresenius Kabi Italia S.P.A. Via Camagre, 41 37063 Isola della Scala	www.fresenius-kabi.de

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HemoCare Italia S.r.I. Medolla/Modena			– Verona	
iviedolia/iviodella			Tel:+39 045 6649 311	
			Fax: 39 045 6649 404	
			1 ax. 33 043 0043 404	
VAMED Group,	77%	Austria	Sterngasse 5, A-1230	www.vamed.com
Vienna, Austria			Vienna Tel:43/1/60	
			127/0 Fax: 43/1/60 127/	
Fresenius Kabi			190 E-mail:	
Group GmbH			office@vamed.co.at	
Graz	100%			
Fresenius	100%	Netherlands	Fresenius Hemocare	www.npbi.nl
Hemocare			B.V.	
Netherlands			Runde ZZ 41	
BV, Emmen,			7881 HM Emmer-	
			Compascuum Tel : +31	
Fresenius Kabi	100%		591 355 700 Fax +31	
Nederland B.V.			591 355 555 E-mail@	
's-			customer_services@np	
Hertogenbosch			<u>bi.nl</u>	
Fresenius Kabi	100%	Sweden	Fresenius Kabi AB	www.fresenius-
AB, Stockholm,			Rapsgatan 7,	kabi.com
Sweden			SE-751 74 Uppsala	
			Tel:+46 18 64 4000	
			Fax: +46 18 64 490 E-	
			mail: infor-	
			sweden@fresenius.kabi	
			<u>.com</u>	

#### 4.9.2 Company activities and strategy

Fresenius is a "global health care company with products and services for dialysis, the hospital and the medical care of patients at home". <sup>45</sup> As a vertically integrated renal care company, Fresenius produces products and equipment for renal dialysis and runs dialysis clinics. Increasingly the company is becoming more involved in the production of infusion therapies for patients at home as well as for a wider range of conditions than renal care, e.g. cancer care.

The Fresenius Chairman pointed out in 2001 that there was the potential for Fresenius ProServe, the international management division, to expand because "health systems, not only in Germany but all over the world, are in a state of change which is marked by increasing privatisation of hospitals and the demand for qualified, economically-efficient care of patients". <sup>46</sup> Krick predicted that in Germany the current 7% of hospitals operated privately will increase and there will also be an increase in integrated hospital services where primary and secondary care are brought together.

Developments since 2004, show that Fresenius has continued to expand its healthcare management business. In 2005, Fresenius (ProServe, the healthcare management division) bought the HELIOS group, a German private hospital group, which has 55 hospitals and 26,000 employees. The Wittgensteiner Klinken Group, which Fresenius bought in 2001, has been integrated into the HELIOS group. In 2006, Fresenius bought the HUMAINE clinic group, with 6 hospitals and 2,900 employees.

There are signs that the integration of HELIOS has not been so smooth. The Herbolzhein hospital, Freiburg, has been returned to the local government, after being privatised and bought by the HELIOS group. Ver-di considered that HELIOS were not interested in providing services for the local population. Since the introduction of a pricing system, using diagnostic related groups (DRG), which involves payment for a condition rather than for specific treatments, smaller hospitals have been unable to compete successfully with larger hospitals. Ver-di also accused HELIOS of "chaotic management". 47

HELIOS made an agreement with Marburger Bund in December 2006.<sup>48</sup> The Fresenius 2006 Annual Report also reported that there has been a group-wide wage tariff agreement with ver.di for 14,000 employees at 24

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clinics, starting from 1 January 2007. It has now established a European Company (SE) with workers participation on the board of the company.

Fresenius, through VAMED, its international hospital projects division, has become involved in public-private partnerships in Austria and Bosnia Herzogovina in Europe. In Austria, the projects involve clinics and a radiology centre. In Bosnia, VAMED is modernising the University Hospital at Tuzla and building a new medical centre at Banja Luka. VAMED is also contracted to deliver technical management for the Vienna General Hospital and manages the non-medical services contact for the Charite University Hospital, Berlin. It is also contracted to deliver technical management at Eppendorf University Hospital, Hamburg.

Fresenius Medical Care, the dialysis clinics division, bought the Renal Care Group, a company providing kidney dialysis, in the United States in 2006, thus expanding its presence in North America. 49

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### **4.10 Company Name GAMBRO Healthcare**

#### Owner

In 2007, Gambro Healthcare was bought by Bridgepoint, a private equity company

Gambro AB Head Office mailing address: P.O Box 7373 SE-103 91 STOCKHOLM visiting address: Jakobsgatan 6

103 91 STOCKHOLM Tel: + 46 - 8 613 65 00

Fax: + 46 - 8 611 28 30 www.gambro.com

**EWC: YES?** 

**Total employees: ??** 

#### 4.10.1 Company activities and strategy

Gambro, together with Fresenius and Baxter, is one of three global renal healthcare companies. In the last decade it has expanded from manufacturing products for renal dialysis to running dialysis clinics. Gambro makes dialysis products, operates dialysis clinics and supplies blood bank technology worldwide.

In 2005, Gambro sold its US clinics to DaVita and established a strategic alliance with DaVita and Baxter, another global renal healthcare company. In 2006, Gambro bought 11 clinics in Lithuania, as part of its expansion into central and eastern Europe.

In June 2006, Indap AB, indirectly jointly-owned by EQT and Investor AB, bought Gambro. In November 2006, the new owners decided to develop Gambro into three free-standing companies: Gambro (former Gambro Renal Products), Gambro BCT and Gambro Healthcare.<sup>50</sup> In 2007, Gambro Healthcare was sold to Bridgepoint, a private equity group. Gambro Healthcare has 155 clinics in 15 countries.<sup>51</sup> In Europe, it has clinics in Estonia, France, Hungary, Italy, Lithuania, Poland, Portugal, Spain, Sweden, and the UK.<sup>52</sup>

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### 4.11 Company Name RENTOKIL INITIAL

Owner Rentokil Initial plc Head Office Felcourt East Grinstead

West Sussex

RH19 2 JY

Tel: +44 1342 833 022 Fax: +44 1342 833029 www.rentokil-initial.com

**EWC: YES** 

Total employees: 92,447

### Regional sales

Region	Sales £m
United Kingdom	1,153.4
_	
Continental Europe	771.7
North America	315.1
Asia Pacific and Africa	131.9
Total	£2,124m (2006)

### Major European subsidiaries

Company	Owner-	Country	Website
	ship		
Dudley Industria Ltd	100%	UK	www.rentikil-initial.com
Enviro-Fresh Ltd	100%		
Initial Building Services Ltd	100%		
City Link	100%		
Initial Electronic Security			
Systems Ltd	100%		
Initial Facilities Management Ltd			
Initial Hospital Services Ltd	100%		
Rentokil Initial Services Ltd	100%		
Rentokil Initial Uk Itd	100%		
Rentokil Initial Facility Services	100%		
(UK)Ltd			
Rentokil Insurance Ltd	100%		
Target Express Parcels Ltd	100%		
	100%		
Retail Cleaning Services Ltd	51%	UK	www.rentikil-initial.com
Initial Catering Services Ltd	75%	UK	www.rentikil-initial.com
Rentokil Initial GmbH	100%	Austria	www.rentikil-initial.com
Textilservice Pointner GmbH	100%		
Initial Textiles NV	100%	Belgium	www.rentikil-initial.com
Rentokil Initial NV	100%		
Initial Ecotex sro	100%	Czech	www.rentikil-initial.com
		Republic	_
Rentokil Initial A/S	100%	Denmark	www.rentikil-initial.com
Rentokil Initial Ltd	100%	Ireland	www.rentikil-initial.com

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Oy Rentokil Initial AB	100%	Finland	www.rentikil-initial.com
Initial BTB SA	100%	France	www.rentikil-initial.com
Initial Delta Securite SA	100%	i iaiice	www.iGittiKii-iiittal.COIII
Rentokil Initial SA	100%		
Rentikil Plantes Tropicales SA	100%		
Tropicales C/C	10070		
Initial Textile Servies GmbH &	100%	Germany	www.rentikil-initial.com
Co KG	100%		
Rentokil Initial GmbH	100%		
Rentokil Initial Hellas EPE	100%	Greece	www.rentikil-initial.com
Initial Textile Services Kft	100%	Hungary	www.rentikil-initial.com
Rentokil Initial Ltd	100%	Ireland	www.rentikil-initial.com
Nemokii iiiliai Eld	10076	Ileianu	www.rentikii-initiai.com
Rentokil Initial Italia SpA	100%	Italy	www.rentikil-initial.com
Initial Textile Luxembourg Sarl	100%	Luxembourg	www.rentikil-initial.com
Rentokil Initial Sarl	1000/		
Initial Dienstverlening Nederland	100%	Netherlands	www.rentikil-initial.com
BV	100%	INCLITERIATIOS	www.remikii-initial.com
Initial Hokatex BV	100%		
Initial Varel security BV	100%		
Rentokil Initial BV	100%		
Rentokil Tropical Plants BV	10070		
Terrorii Tropical Flants BV	100%		
Rentolkil Initial Norge AS	100%	Norway	www.rentikil-initial.com
3.			
Rentokil Initial Portugal-Servicos	100%	Portugal	www.rentikil-initial.com
de Proteccao Ambiental Lda			
Initial Taxtila Comitana Cu-	4000/	Clavale	
Initial Textile Services Sro	100%	Slovak Republic	www.rentikil-initial.com
Initial Gaviota SA	100%10	Spain	www.rentikil-initial.com
Limpiezas Initial SA	0%	Opani	www.iGitukii-iiitudi.com
Rentokil Initial Espana SA	370		
Tontom milar Lopana o/t	100%		
Rentokil Initial AB	100%	Sweden	www.rentikil-initial.com
Rentokil Initial AG	100%	Switzerland	www.rentikil-initial.com

Source: Rentolkil Initial Annual Report 2006:p116

### 4.11.1 Company activities and strategy

Rentokil is one of the largest business services companies in the world, providing a range of support services. It operates in four major sectors: hygiene, security, facilities management and parcels delivery. It aims to continue to develop its business services in the major developed economies of the world, with a range of high growth and quality driven sectors, which generate cash and are in less cyclical markets using the strength of the Initial and Rentokil brands. The company does not deliver healthcare services but delivers cleaning and support services to hospitals. In 2006, it purchased two parcels delivery businesses: 9 City Link franchises and Target Express.

In 2005, Rentokil announced that it was consulting on closing its final salary pension scheme. Like Compass, Rentokil has a deficit in its pension fund, which was estimated at £325 on 30 November 2005. Its assets represent 68% of its liabilities. Brendan Barber, TUC pointed out that "*Rentokil enjoyed a pension holiday where the company did not make any contributions, from 1999 to 2004 at a time when the company was producing 20% profit growth and paying large dividends to shareholders*". In 2004 the company contributed £6.8m to plug a deficit of £187m. The deficit rose to £263m by December 2004 and then £286.5m by July 2005.

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### 4.12 Company Name ISS

Owner: PurusCo A/S, a consortium of EQT (a Swedish private equity company) and Goldmann Sachs

Capital Partners

ISS A/S Bredgade 30

DK-1260 Copenhagen K

Denmark

Tel: +45 38 17 00 00 Fax: +45 38 17 00 11 www.issworld.com

**EWC: YES** 

Total employees: 391,400 (2006)

	Tal. 1 / 1
Country	Number of employees
United Kingdom	39,170
France	41,109
The Netherlands	21,534
Central Europe	19,392
Germany	12,956
Switzerland	8,821
Austria	8,530
Denmark (incl Iceland and Greenland)	13,844
Sweden	11,117
Belgium and Luxembourg	10,404
Norway	17,907
Spain	24,470
Finland	12,061
Israel	8,130
Portugal	4,625
Ireland	2,948
Italy	567
Asia (China, Singapore, Japan, Thailand,	72,776
Indonesia, Brunei, Sri Lanka, Australia)	
Latin America (Brazil, Argentina)	32,679
Corporate headquarters	93
Total	391,400

### 4.12.1 Major European subsidiaries

Company	Owne rship	Country	Contact	Website
ISS Facility Services A/S	100%	Denmark	ISS Denmark A/S, Montmestervej 31,DK-2400 Kobenhaven NV Tel:+45 38 17 1717 Arne Pedersen	www.dk.issworld.com
ISS Facility Services GmbH	100%	Austria	ISS Facility Services GmbH Brunner Strasse 85, A01210 Vienna Tel: +43 1 291110 Country Manager: Michael Maximilian	www.at.issworld.com
ISS Catering NV ISS Hygiene Services NV	100% 100%	Belgium	ISS NV Srteenstraat 20/1, B-1800 Vilvorde/Koningslo Tel: +32 2 263 6611 Country Manager: Kris Cloots	www.be.issworld.com
ISS Kadroske usluge doo	100%	Croatia	ISS Usluzne Djelatnosti doo, Trnjanska 72, CR- 10000 Zagreb Tel: +385 1 61 55 868	www.hr.issworld.com

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			1	,
ISS Usluzne	100%		Country Manager: Davor Turcic	
djelatnosti doo				
ISS Facility	100%	Czech	ISS Facility Services sro, Pod Visnovkou	www.cz.issworld.com
Services sro		Republic	1662/21 CZ-140 00 Prague 4 Tel: +42- 2 34 034	
		·	376	
			Country manager : Ladslav Burian	
ISS Eesti Ou	51%	Estonia	ISS Haldus Ou, Vilde tee 129, 12613 Tallinn Tel:	www.iss.ee
100 =0011 0 11	0.70		+372 613 9107	
			Country manager: Raul Parusk	
ISS Hygiene	100%	France	ISS ABilis France, 66-67. rue Ordener F-75018	www.fr.issworld.com
Services SASU	10076	Trance	Paris, France	www.ii.issworid.com
ISS Multiservices	100%		Tel:+33 1 44 9248 48	
	100%			
SAS	4000/	0	Hubert Boisson	
ISS Facility	100%	Germany	ISS Holding GmbH, Keriastrasse 24 D-47269	www.de.issworld.com
Services GmbH			Duisburg Tel:+49 203 9982 0	
			Rob Alsema	
ISS Facility	100%	Greece	ISS Servisystem SA, Demirdessious Str. 213,	www.gr.issworld.com
Services SA			GR-142 33 Nea Ionia Tel:+309 10 27056 00-9	
			Michelis Roussos	
ISS Servisystem	100%	Hungary	ISS Servisysten Kft, Gubacsi ut 6, H-1097 Tel:	www.hu.issworld.com
Kft			+36 1 216 3948	
			Country manager: Gyorgi Gyorti	
ISS Ireland Ltd	100%	Ireland	ISS Ireland Ltd 11-13 Malpas Street, Dublin 8	www.ie.issworld.com
	. 55 /6		Tel:+353 1 453 7711	
ISS Facility	100%	Italy	ISS Facility Services Srl, Via Racito 5, I-200094	www.it.issworld.com
Services Srl	100/0	italy	Corsico Milano Tel: +39 -2 45 11 97 74 Country	** ** ** **.11.133**********************
ISS Hygiene	100%		manager: Claudio Boni	
	100%		manager. Claudio Borii	
Services SRL	4000/	<b>-</b> · · ·	100.0	
ISS Palvelut Oy	100%	Finland	ISS Suomi Oy, Laulukuja 6, FIN-00421 Helsinki	www.fi.issworld.com
			Tel:+358 205 155	
			Matti Kyytsonen	
ISS Hospital	100%	Nether-	ISS Netherlands, Atoomweg 484-6, NL-3542 AB	www.nl.issworld.com
Services BV		lands	Utrecht Tel:+31 30 242 43 44 Gerard Brand	
ISS Facility	100%	Norway	ISS Norway a.s., Ulvenveien 83, Postboks 132	www.no.issworld.com
Services AS		_	Okern N-0509 Oslo Tel:+ 47 2288 5000	
			Bjorn Nilsen	
ISS Facility	100%	Poland	ISS Facility Services SP zoo, Ut Jordanowska	www.pl.issworld.com
Services zoo			2A PL-04-204 Warsawa Tel: +48 22 879 93 91	
			Country Manager: Artur Sarnecki	
ISS Portugal II	100%	Portugal	ISS Facility Services Ltda, Eua Moinho, da	www.pt.issworld.com
ioo i oitagai ii	10070	i ortugui	Barrunchada 4 1 <sup>st</sup> dt, P-2790-109 Carnaxide Tel:	
			+351 21 424 67 60	
			Country manager: Luis Andrade	
ISS Facility	100%	Romania	ISS Facility Services srl, B-du1 Ferdinand 1 nr.	www.ro.issworld.com
Services SRL	100%	ixumama	13, 021381 Sector 2, Bucharest Tel: +40 21 252	<u> </u>
Sel VICES SKL				
			47 85	
F996-0-1	4000/	D	Country Manager: Dan Jacota	
Facility Services	100%	Russia	Facility Services Rus OOO Bld.9, 9 Malaya	
RUS LLC			Semenovskaya str. 107023 Moxcow Tel: +7 495	
			933 44 73	
			Country manager: Yevgeny Ilin	
ISS Facility	100%	Slovakia	ISS Facility Services spol sro, Pluhova 50/A, 831	www.sk.issworld.com
Services spol sro			03 Bratislava Tel: +421 2 49 20 05 30	
			Country manager: Honor Ilavsky	
ISS Servisystem	100%	Slovenia	ISS Servisystem doo, Ptujska cesta 95, 2000	www.si.issworld.com
doo			Maribor Tel: +386 2 450 33 00	
			Country manager: Rudi Zupan	
ISS Facility	100%	Sweden	ISS Sverige AB Arstaangsvegen 25, Box 42071,	www.se.issworld.com
Services AB	. 50,0		S-126 13 Stockholm Tel:46 8 681 60 00	
35. 1.305 AB			Thomas Kolbe	
ISS Facility	100%	Swizer-	ISS Holding AG, Riedstrasse 12, CH-8953	www.ch.issworld.com
Services AG	100%			www.cii.isswofia.com
Services AG		land	Dietikon Tel: +41 43 322 3636	
100 5	40007	1117	Country manager: Andre Nauer	
ISS Facility	100%	UK	ISS UK Ltd. Wells House, 65 Boundary Road,	www.uk.issworld.com
Services Ltd	4656		Woking, Surrey GU21 5BS Tel:+44 1483 754	
ISS Mediclean	100%		900	

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Ltd				
ISS Facility Services SA	100%	Spain	ISS Facility Services SA, C/Fedanci 8-10, E- 08190 Sant Cugat del Valles Tel:+34 93 5 903 060 Country manager: Joaquim Borras Ferre	www.es.issworld.com

#### 4.12.2 Company activities and strategy

International Service Systems ISS, a Danish company, runs a global facilities management business. It has developed an increasingly integrated set of services, with a growing consolidation of suppliers, in the five years. ISS is one of the 10 largest employers in Europe. Cleaning services represent 57% of sales in 2006. Some are delivered in the hospital sector. ISS has also been involved in several Public Finance Initiatives in the UK.

In April 2005, PurusCo A/S, a consortium of EQT (a Swedish private equity company) and Goldmann Sachs Capital Partners bought ISS. The company was then de-listed from the Copenhagen Stock Exchange, in June 2005. It is now a private company. ISS shareholders are currently assessing the feasibility of an Initial Public Offering (IPO), within the next 12 months, which would refloat the company in the Danish stock exchange.<sup>54</sup>

ISS sold its health care operations in 2005. The company also sold its 49% interest in CarePartner, a care services company, to a joint venture to Aleris Holding AB, which was owned by ISS, EQT III Ltd and Aleris's management. ISS then sold its interest in this joint venture to EQT III. 55

In the UK, in 2005, ISS sold its PFI stake in Catalyst Healthcare (Worcester) Ltd, which was operating Worcester Hospital. It gained DKK 33 million <sup>56</sup>

In 2006, ISS sold a company that had been active in a public-private partnership in Slovenia.<sup>57</sup>

### 4.13 Company name MEDICOVER

Owner: Celox SA

Address:

Medicover Holding SA 20 rue Phillippe II, L-234- Luxembourg Tel: +352 26203110 Fax: +352 2620 3234

Medicover c/o Beiro Medical SA, Waterloo Office Park Building O, Dreve Richelle 161 B-1410 Waterloo, Belgium

Tel: +32 3 357 55 77 Fax: : +32 3 357 55 05 E-mail: info@medicover.com

EWC: NO but eligible?

Total employees: 1,587 (end 2005)

Regional breakdown

Company name	Number of employees (2005)	Revenues (€m)
Medicover Poland	800	33.4
Medicover Romania	?	6.5
Medicover Hungary	?	3.1
Medicover Estonia	?	1.8

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Medicover Czech Republic	?	2.1
Medicover Laboratories	?	14.0
Total	1,587	60.0

### 4.13.1 Major European subsidiaries

Company	Owner- ship	Country	Contact	Website	Employees (2001)
Medicover (Czech Republic)	100%	Czech Republic	Medicover Czech Lomnického 1705/5 Prague 4 140 00, Czech Republic Phone: +420 234 630 111 Fax: +420 224 255 730 E-mail: info@medicover.cz	www.medicover.cz	70
Medicover Aesti AS	100%	Estonia	Medicover Estonia Pärnu mnt, 102c 11312 Tallinn Estonia Phone: +372 605 1550 fax: +372 605 1515 E-mail: info@medicover.ee	www.medicover.es	68
Medicover Klinika Rt.	100%	Hungary	Medicover Hungary Montevideo u. 5 1037 Hungary Phone: +36 1 465 3150 Fax: +36 1 465 3160 E-mail: info@medicover.hu	www.medicover.hu	96
Medicover Romania	100%	Romania	Medicover Romania 16-20 Grigore Alexandrescu St., 2nd Floor, Sector 1 Bucharest Romania Phone: +4021 310 16 99 Fax: +4021 310 17 43 E-mail: romania@medicover.com	www.medicover.ro	
Medicover Rombel SRL	100%	Romania	Synevo (Medicover Rombel srl ) Str. Ion Campineanu 11, Etaj 4, Sector 1, Bucuresti Tel.: (00 4021) 315 19 10/11 Fax: (00 4021) 315 19 93 E-mail: office@synevo.ro, laborator@synevo.ro	www.synevo.ru	330
Medicover Sp.zo.o.	100%	Poland	Medicover Poland ul. Bitwy Warszawskiej 1920 r 18 02-366 Warsaw Poland Phone: +48 22 592 7000 Fax: +48 22 592 7099 E-mail: info@medicover.pl	www.medicover.pl	678
Synevo Polska SP Zoo	100%	Poland	Synevo Medical (Poland) Sp.z o.o ul. Dzika 4 , 00-194 Warszawa Tel.: + 48 22 636 37 82 Fax: +48 22 636 37 88 E-mail: biuro@synevo.pl, laboratorium@synevo.pl	www.synevo.pl	

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### 4.13.2 Company activities and strategy

Medicover was established in 1995 by Oresa Ventures, a Swedish venture capital company. The company offers both medical insurance and a health care delivery system, to its clients. Medicover employs most of its physicians directly and provides health care through its own facilities.

#### **Prepaid members**

Company name	Prepaid members (2002)	Prepaid members (2005)
Medicover Poland	77,600	126,300
Medicover Romania	14,000	34,800
Medicover Hungary	1,700	8,000
Medicover Estonia	2,400	6,800
Medicover Czech	-	14,800
Republic		
Total	95,700	190,700

Medicover provides health insurance for corporations and individuals, and delivers health care services through health centres staffed by its own doctors and nurses, and on-site workplace facilities for large employers.

In 2005, Medicover bought two laboratories in Poland (Wroclaw and Lodz) and a private hospital in Warsaw. It also bought 40% in Centrum Medyczne Damiana in Poland, a provider of clinical and hospital services. The company also rebranded its laboratory services, Medicover Rombel, and renamed them Synero in Poland and Romania. In Poland, Synero has several outsourcing contracts from public hospitals. Medicover also provides laboratories and logistics for clinical trials for sites in Poland, Czech Republic, Hungary, Slovakia, Romania, Lithuania, Latvia, Russia and the UK..<sup>58</sup>

In 2006, Medicover was bought by Celex SA, whose owner was also Chairman of Medicover, Jonas af Jochnick, who originally owned 35% of Medicover shares. The company was delisted in 2006.

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### **4.14 Company Name SODEXHO**

Owner: Sodexho Group Parc d'Activites du Pas-du-Lac 3 avenue Newton

 ${\bf 78180\ Montigny-le-Bretonneux}$ 

**France** 

Tel: +33 01 30 85 75 00 Fax: +33 01 30 43 09 58 www.sodexho.com

**EWC: YES** 

**Employees: 324,446** 

Regional employees and sales

Region	Employees	%	Sales	%
North America	120,157	37%	€m	43%
Continental Europe	87,220	27%	€m	34%
	·			
UK/ Ireland	47,515	14%	€m	11%
Africa, Asia and	69,504	21%	€m	12%
Pacific rim				
Total	324,446			

### 4.14.1 Major European subsidiaries

Company	Ownership	Country	Contact	Website
Sodexho Ltd FFMS	100%	United	Sodexho Ltd	http://www.sodexho-
		Kingdom	Kenley House	uk.com/
Sodexho	100%		Kenley Lane	
Healthcare			KENLEY	
Services FFMS			Surrey CR8 5ED	
King's College	25%		Tel:020 8763 1212	
Hospital (Holdings)	23 /6		Fax:020 8763 1044	
Ltd FFMS			1 dx.020 07 00 1044	
Catalyst Healthcare	25%			
(Romford) Holdings				
Ltd FFMS				
Cotolyat Hoolthoons				
Catalyst Healthcare (Roehampton)				
Holding Ltd FFMS	25%			
Troiding Ltd 11 mo	2070			
Catalyst Healthcare				
(Manchester)				
Holding Ltd FFMS				
	25%			
Mercia Healthcare				
(Holdings) Ld				
South Manchester				
Healthcare	25%			

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Holdings LTD				
	250/			
Sodexho Nederland BV	100%	Netherlands	Capelle aan den IJssel Rivium Boulevard 2 2909 LK CAPELLE AAN DEN IJSSEL Tel.: (010) 288 4288 Fax: (010) 288 4222 info@sodexho- nl.com	http://www.sodexho- nl.com/
Sodexho Oy	100%	Finland	käyntiosoite Sentnerikuja 3, 2 krs. 00440 Helsinki postiosoite PL 18 00441 Helsinki Tel:09 5407 70 E-mai I: etunimi.sukunimi@so dexho.fi	www.sodexho.fi
Sogeres SA	100% Sodexho Alliance	France	42/44 Rue de Bellevue 92105 Boulogne Billancourt France Tel: +33 1 46 99 33 33 Fax: +33 1 46 05 55 59 contact@sogeres.fr	www.sogeres.fr
Sodexho Italia	100%	Italy	sede@sodexho- it.com	http://www.sodexho- it.com/
Sodexho Belgique	100%	Belgium	Services Catering et Gestion de Services 11 rue des Trois Cantons L-8399 Windhof Grand Duché de Luxembourg Commercial : Marc Wolwertz Tél : +352 26.106.281 Fax : +352 26109 209 e-mail : marc.wolwertz@sod exho.lu	www.sodexho-be.com
Sodexho Catering and Services GmbH	100% Sodexho Alliance	Germany	info@sodexho.de	www.sodexho.de.com
Sodexho Suisse	100%	Switzerland	Place Saint Gervais 1 BP 5349 1211 Genève 11 Tel: +41 (0) 22 716 51 00 Fax: +41 (0) 22 716 51 05 Contact email: olivier.mouminoux@s odexho.ch	

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Sodexho Espana	100%	Spain	- SODEXHO SPAIN	www.sodexho.es
-		-	Recinto Industrial	
			Colonia Güell	
			Edificio Tint Vell	
			Calle C, nº 24	
			Santa Coloma de	
			Cervelló	
			Barcelona 08690	
			Tel: +34 936 352 200	
			Fax: +34 936 308 885	
			Contact email:	
			info@sodexho.e	

#### 4.14.2 Company activities and strategy

The Sodexho Group works in the following sectors: business and industry, defence, correctional services, healthcare, education, older people as well as in remote sites. It also manages vouchers and card schemes.

In the healthcare sector, Sodexho provides a range of services, often described as multi-service, to hospitals and to older people's care homes. These services may include, catering, cleaning, housekeeping, building maintenance and management of paramedical staff. Services delivered within the health care sector provide 24% of total revenue. <sup>59</sup> In continental Europe and the UK/Ireland, services delivered in the healthcare sector represent 20% sales.

Sodexho is continuing to develop partnerships with public and private sector organisations in order to deliver services. In the UK it is involved in several PFI project both as an operator and as an investor.

Sodexho has continued to expand its clients in the healthcare sector in 2005. These include the Ebel Clinics (Germany), La Cote Hospital (Switzerland), Albert Schweitzer Hospital (Colmar, France), Sagessa Residences (Tarragona, Spain), Queen Mary Hospital (UK) and Capio Spine Chain (UK).<sup>60</sup>

### 5 Non-EWC eligible companies

### 5.1 Company name ADESLAS

#### Owners:

Aguas de Barcelona 54.79% Mederic 45%

#### Address:

Compania de Seguros Adeslas SA Principe de Vergara, 110 10 – 28002 Madrid Spain

Tel: 91 566 50 00 Fax: 91 563 43 20 www.adeslas.es

EWC: NO

Number of employees: 2,915 (2,066 hospital employees and 849 insurance employees)

#### 5.1.1 Company activities and strategy

Adeslas is a Spanish health care company operating both health insurance and health care services. Its insurance division specialises in the production, management and distribution of health insurance policies. It has about 1.5 million members and about 25% of the Spanish health insurance market.

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The healthcare management division directly manages 11 clinics and hospitals with over 1000 beds. Adeslas took over the management of the Ribera Public Hospital in Valencia in 1998. This was an initial attempt by the regional government to privatise public hospitals. There have been reductions in staff and in the quality of service since Adeslas started to manage the hospital.

The Valencia Government was one of the first regional governments to use private management methods in the public health sector. On 1 January 1999, Adeslas, a Spanish health insurance and health services company took over the management of Alzira Hospital, previously the publicly owned Hospital de la Ribera, Valencia. Adeslas (51%) together with two banks - Bancaixa and the Caja de Ahorros del Mediterráneo (45%) - and two construction companies - Dragados (construction and services) and Lubasa (2% each) – formed the <u>Union Temporal de Empresas</u> (UTE), which was given the concession to build and manage the public hospital for 10 years. The group was paid a set amount per head of population each year, initially 34,000 pesetas per head. <sup>61</sup>

In 2006, Adeslas bought three hospitals: La Policlinica San Jose, Vitoria and 90% of Clinica Santa Catalina Las Palmas de Gran Canaria, Santa Cruz de Tenerife. Adeslas also 'collaborates' with MUFACE, the civil service health insurance company and MUGEJU, the mutual company for judicial staff.

Adeslas is owned by Aguas de Barcelona, the water and waste management company. In July 2003, Aguas de Barcelona sold 25% of its holdings in Adeslas to Mederic, a French insurance company. By 2007, Mederic had increased its holding to 45%.

### 5.2 Company name GENERALE DE SANTE

Owner:

Generale de Sante 96, avenue d'Iéna 75783 Paris Cedex 16 Tel: +33 (0) 1 53 14 99 www.generale-de-sante.com

EWC: NO eligible?

Total employees: 18,916 employees and 4,900 medical practitioners

#### Regional revenues (€ million)

Country	2005	2006	% (2006)
France	€1,351.0	€1,651.8m	94.8
Italy	€84.5	€89.7m	5.2
Total	€1,435.5	€1,741.5	100%

#### **5.2.1** Major European subsidiaries (addresses to be added)

Company	Ownership	Country	Contact	Website
Compagnie Generale de	100%	France	96, avenue d'Iéna 75783 Paris Cedex 16 Tel: +33	www.generale-de-sante.fr
Sante			(0) 1 53 14 99	
Gle de Santa Italia SPA	100%	Italy		
Casa Santa Rita	98.51%	Italy	Via Manin 29 51016 MONTECATINI - TERME Tel: 00 39 0572 91 16 88 Fax: 00 39 0572 92 82 83	www.generale-de-sante.fr
Generale de Sante	98.51%	Italy	Piazza Matteotti 33 53100 SIENNE	www.generale-de-sante.fr

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Toscana (ex Rugani)			Tel:00 39 0577 26 16 11 Fax: 00 39 0577 27 13 43	
Centro Cardinal Farrari	100%	Italy	Via IV Novembre, n°21 43012 FONTANELLATO Tel: 00 39 (0)521 82 02 11 Fax: 00 39 (0)521 82 02 52	www.generale-de-sante.fr
Centro Diagnostico San Nicolo (Como)	100%	Italy	Via Recchi, 7 22100 COMO Tel:00 39 031 33 81 170 Fax: 00 39 031 33 81 122	www.generale-de-sante.fr
Ospedale de Omegna	49%	Italy		
Casa Di Cura San Secondo De Asti	100%	Italy	Via Pietro micca, 24 14100 Asti <b>Tel: 00 39 0141 43 48 66</b> Fax: <b>00 39 0141 43 48 12</b>	
Poggio Del Sole	98.51%	Italy	Via Fra Guittone n 2 52100 Arrezo 0575 35 38 92 Tel: 0575 27056 E-mail: poggiodelsole@gsante.it	
Villa Maria Teresa	98.51	Italy		
II Pergolino	98.51	Italy		
Centro Analisi A. Fleming SPA	100%	Italy		

#### 5.2.2 Company activities and strategy

Generale de Sante is a leading private healthcare company in France with 10% of the market. The company's aim is to be "a key player in the private hospital sector in France".

Generale de Sante provides mental health services, oncology and radiation therapy, sub-acute care (e.g., alcohol abuse and obesity treatments) and rehabilitation (cardiac rehabilitation, orthopaedic and neurological rehabilitation) services as well as diagnostics (medical imaging and analysis) and home healthcare for elderly or disabled people.

Generale de Sante works in partnership with the public hospital sector. This involves the creation of cooperative structures, Public Health Cooperation Associations, dividing their activities between a hospital and a clinic located on the same premises, notably in Gassin (Var), Dunkirk (Nord), and Avicenne (Ile-de-France).

In 2003, Generale de Sante main aims were to have 20% of the market share within 5 years, to pursue developments in Italy and to increase profitability. At the end of 2003, the company had sold its Canadian residential care homes. This also involved the removal from the scope of consolidation of two hospital investments in Venezuela and Chile.

Until June 2003, Cinven has held 44% of the shares of Sante Luxembourg (Vivendi Universal 20% and ABN AMRO and Capital France), which held 38% of General de Sante shares. There was an agreement at the flotation in 2000, that Sante Luxembourg would hold shares for three years. In June 2003, Sante Luxembourg shares were sold to Sante Holdings, an Italian holding company owned by Antonino Legresti. Sante Holdings is backed by Efibanca, an Italian regional bank. Sante expects to sell 8% its share capital to Eficanca. The balance of Sante Luxembourg's shares (6.5%) will be placed with French and UK investors with no one investor acquiring more than 1.75% shares.

Sante Holdings is chaired by Antonino Ligresti, a cardiologist and healthcare entrepreneur who was acquitted in 1997 for a fire in a "iperbarica" (high compression) chamber of a clinic in Milan which caused the deaths of 11 people. However a recent Supreme Court ruling annulled his acquittal. (17.12.2003).

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In January 2006, Generale de Sante bought ten clinics from the Hexagone Hospitalisation Group, which was the largest acquisition since the company was set up. In September 2006, the company sold various property assets to Sofco, which is part of the Gecina group.

In July 2007, Sante Developpement Europe SAS, which is owned by Antonio Ligresti, acquired 79.84% of the share capital and voting rights of Generale de Sante. This was achieved through De Agostini SpA unit DEA Capital SpA buying Sante SA (Sante Luxembourg). The ownership structure of Sante SA (Sante Luxembourg) is now:

- Sante Holdings Srl (owned by Antonio Ligresti) 49%
- DeA Capital Investment 43%
- Mediobanca 9.99%

Sante Luxembourg and Sante Developpement Europe SAS now control 80% of Generale de Sante shares. 62

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### 5.3 Company name JOSE DE MELLO SAUDE

Owner Grupo Jose de Mello José de Mello - SGPS, SA Avenida 24 de Julho, 24 1200-480 Lisboa

Tel: 21 391 60 00 Fax: 21 391 61 70

E-mail: info@josedemello.pt

www.josedemello.pt

**EWC: No** 

Total employees: 2,100

### 5.3.1 Company activities and strategy

Jose de Mello Saude is part of the De Mello group, a large Portuguese holding company. The healthcare company has 976 beds distributed between three hospitals – Amadora Sintra, CUF Infante Santo and CUF Descobertas. It has recently entered the Spanish market by buying 35% of Hospital Group Quiron, a Spanish private hospital group. <sup>63</sup>

José de Mello Residências e Serviços is the José de Mello Group holding company that manages Senior Care Residential Solutions. The company owns Domus Vida and Domus Clube brands which provide independent and assisted living, with units in Junqueira, Parque das Nações and Parede. It also owns DomusCare, which delivers home care services.

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<sup>&</sup>lt;sup>2</sup> Strictly speaking, the requirements apply to "undertakings", a term which may include partnerships or other forms of organisation as well as companies. http://www.dti.gov.uk/er/consultation/ewcover2.htm

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<sup>&</sup>lt;sup>3</sup> A group of companies (undertakings) includes a controlling company and any companies it controls ("exerts a dominant influence over"), whether by virtue of ownership, financial participation or the governing rules of the controlled company.

<sup>&</sup>lt;sup>4</sup> Based on the average number of employees, including part-time employees, employed during the previous two years calculated according to national legislation and/or practice. <a href="http://europa.eu.int/comm/employment\_social/soc\_dial/labour/directive9445/9445euen.htm">http://europa.eu.int/comm/employment\_social/soc\_dial/labour/directive9445/9445euen.htm</a>

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<sup>&</sup>lt;sup>6</sup> Article 129 Maastricht Treaty http://europa.eu.int/en/record/mt/title2.html

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