

Privatisation of ambulance, emergency and firefighting services in Europe – a growing threat?

by

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Privatisation of ambulance, emergency and firefighting services in Europe – a growing threat?

This paper will examine the extent of privatisation in the ambulance, emergency and firefighting services in Europe. Ambulance and firefighting services are the two main services, with both services often involved in emergency services. EPSU considers that firefighting, ambulance and other emergency services are public services. Workers in these services should have the same trade union rights as other workers. EPSU has noticed that there has been an increase in private sector provision in these services. In order to understand these development better, EPSU is making this report available.

How these services are organised and funded has some influence on the process of privatisation. Local authorities played an important role in the development of both ambulance and firefighting services. The paper starts with an outline of how firefighting and ambulance services are organised, followed by profiles of the multi-national companies involved.

1. Firefighting services

This history of both ambulance and firefighting services reflect many of the stages that other public services went through before becoming part of public sector provision. Services often started with voluntary or private provision. In London, UK, the first firefighting services were set up by private insurance companies as a way of reducing payouts for fire damage. Eventually, insurance-run firefighting services were taken over by municipal authorities. In 1826, Manchester started the first municipal fire services. (Manchester City Council, 2008)

Voluntary provision of fire fighting services is still significant in several European countries, especially in rural areas. In Germany, there are 24,000 local voluntary fire brigades, 800 brigades to protect large industrial complexes and airports and 100 brigades for large cities. In France, there is also a tradition of voluntary fire fighters, with duties considered part of civil defence. Firefighters are now paid on a sessional basis, working in addition to their full time jobs. Professional fire fighters are employed by *departments*. In Finland, both professional and voluntary firefighters provide fire services. Hungary also has both professional and volunteer firefighters. Public organisations are responsible for fire fighting services but there are also voluntary fire brigades set up jointly by local authorities and firemen's associations (Absolute Astronomy, 2009).

Table 1: Arrangements for fire fighting services

Country	Voluntary or professional fire fighting services	Provision/ responsibility	Training
Germany	Voluntary	Municipal responsibility	
France	Voluntary/ professional		
Netherlands	Voluntary but increasingly professionalized		Increasing training at basic and advanced level at regional training colleges 2 tier entry
Finland	Voluntary/ professional	Municipal responsibility and contracting out to private sector	
Denmark	Voluntary/ professional	Municipal responsibility – direct provision and contracting to private	2 tier entry

		sector – Falck	
Sweden	Fire and rescue – joint service Voluntary/ professional?	<i>SOS Alarmering</i> - a national government owned company and municipal responsibilities	2 tier entry
United Kingdom	Professional – full time Retainers – part time	1947 Fire Services Act – local authority responsibility/ provision but new independent Fire Service Authorities	Training by Fire Service College Single entry
Czech Republic	Voluntary/ professional	2000 legislation – fire fighting protection and emergencies combined	
Hungary	Voluntary/ professional	2001 legislation to combine fire fighting and civil protection. Creation of disaster management directorates	1991 Fire & Civil Protection Institute set up Diploma in firefighting and fire protection
Portugal	Professional fire brigades (6) Municipal fire brigades (27) Volunteer fire brigades (471) Private fire brigades for specific industries	Fire Brigades & Civil Protection Service – oversees fire brigades and rescue centres in every council. Voluntary fire brigades funded through municipalities and donations	

Sources: Graham et al, 1992; Dahles & van Hees, 2004; Carvalho et al, 2006; Huncova, 2007

In Denmark, responsibility for fire services lies with municipal authorities but services are delivered in several different ways.

1. Municipalities manage and provide a public fire department with either full or part time fire fighters
2. A volunteer fire department is contracted to deliver fire fighting services
3. Fire services are contracted from a neighbouring municipality
4. Outsourcing to a private company (Falck)
5. Contract with the national Danish Emergency Management Agency which has 5 centres

Source: Absolute Astronomy, 2009

In the United Kingdom, the 1947 Fire Services Act set up 148 County Council and County Borough-run Fire Brigades. In 1974, many fire brigades were amalgamated following a local government re-organisation. More recently, with reforms to local government, some fire brigades are no longer managed by local authorities but have become independent fire authorities. There are 63 brigades in England, Wales, Scotland and Northern Ireland (Fire Services, 2008).

In Sweden, SOS Alarm is responsible for coordinating emergency services. It is a company jointly owned by the government (50%), county councils (25%) and municipalities (25%) (SOS Alarm, 2009). In Sweden, responsibility for fire fighting services has been merged with wider emergency/ disaster services.

Training and professionalisation

In several countries, although there are both voluntary and professional fire fighters, there is a focus on the professionalisation of fire fighting. This is being approached through the development of training programmes and qualifications as well as the introduction of formal standards and procedures for dealing with fires and other emergencies. Some countries have a two tier entry, usually graduate and non-

graduate, which has implications for the development a managerial structure. Where there is a graduate entry, more managers can enter at a higher level than basic firefighters. Sweden, Denmark and the Netherlands have a two tier entry. The UK still has a single level entry, with everyone starting as a basic firefighter.

Fire services are increasingly being merged with emergency, civil defence or disaster management services. Some of the changes that are taking place in fire fighting services and the new approaches to emergency planning and management provide opportunities for private sector involvement in these basic public services. The development of risk management, emergency planning and training are all services that can be contracted out to the private sector.

Private providers

Private provision of public fire fighting services is found in Denmark, Finland, and Slovakia. The private sector has the largest presence in industrial fire fighting, sometimes contracted directly by the company. In Hungary, there is a private firefighting service at a nuclear power plant.

Falck

Falck is the largest private fire fighting company in Europe. It established the first rescue service in 1906 and remained a family owned company until 1988. In 2007, Falck provided fire fighting services to 67 out of Denmark's 98 municipalities. In a few municipalities, Falck provides fire fighting in collaboration with other fire brigades. The municipal reforms have led to some changes in provision, with some municipalities taking over provision from Falck. Falck has also taken on new municipal provision. In the remaining municipalities, fire fighting is provided by municipal or voluntary fire brigades (Falck, 2009).

In 2007, Falck set up an International Fire Services division, based in Spain, and now provides fire services to industries in Spain, Slovakia and the Netherlands. The company also provides fire training and consulting to industrial companies and the public sector in several countries. It is aiming to expand into Southern Europe, South America and Mexico (Falck, 2007).

In the Netherlands, Falck acquired a majority holding in the AVD Group, which provides fire services consulting mainly to the public sector. These services cover fire inspections and risk assessment. The AVD Group also delivers fire training courses to both the public and private sector. It has recently set up a training centre as a public-private partnership, in Dordrecht, with the region of South Holland South local authority (AVD, 2007).

2. Ambulance services

The pattern of national ambulance provision varies between local/ municipal, regional and national control. Responsibility may be a combination of these levels of administration. Ambulance services need to be understood in the context of pre-hospital care and the development of emergency medical services. Whether control is with local authorities or national agencies, the development of emergency medical services is an essential part of public services.

Responsibilities for ambulance services

Appendix 1 shows the arrangements for pre-hospital care and ambulance provision in 11 European countries. As with fire fighting, responsibilities for these services may lie with both national and local government agencies. There is extensive municipal responsibility for ambulance services but this does not always mean direct provision. The introduction of competitive tendering to local government has affected the direct provision of ambulance and emergency medical services. As with fire fighting services, there have been changes introduced to the organisational arrangements for pre-hospital care, ambulance services, and emergency medical services.

In Norway, Sweden, Finland and Denmark, ambulance services are provided by a mix of public, private and voluntary provision. In Germany and Austria, ambulance provision is contracted out to voluntary and private sector providers. In the United Kingdom, emergency medical services and emergency ambulance services are provided by the public sector, however non-emergency passenger services are beginning to be contracted out to the private sector.

Austria, Germany, France and the United Kingdom have a long history of ambulance and emergency medical services. This strengthens the argument for emergency services as well as providing more experience of different organisational arrangements. The recognition of emergency medicine as a medical speciality varies from country to country. Where it is recognised, doctors may be trained specifically to practice in emergency situations.

Emergency medical services and primary care

In several countries, there are tensions caused by the use of ambulance and emergency medical services as a substitute for primary care. Within a climate of efficiency and effectiveness in health services, measures have been introduced to improve the use of ambulance emergency services. In the UK, this has involved setting up a telephone and on-line advice and information service, NHS Direct, which people can use instead of calling an ambulance or out-of-hours doctor service. Several walk-in minor injury clinics, staffed by nurse practitioners have also been set up to decrease pressure on ambulance services. In Lithuania, ambulances are also reported to be used as '*doctor-on-call*' in place of general practitioners. This apparent misuse of ambulance services questions the adequacy of the existing provision of primary care. In rural areas the use of ambulance services is often different to that found in urban areas because health services are more difficult to access.

Although emergency medical services are free at the point of use in almost all countries in Europe, the structure of funding varies between countries. Many countries fund emergency medical services out of general taxation. Others draw funds from a central health insurance fund. For non-emergency ambulance services, the pressure on local authorities or local health services to reduce costs has resulted in the contracting out of these services to voluntary and private sector providers.

Professionalisation

In countries, such as Lithuania, Poland, Portugal, and Greece, emergency medicine is relatively new. Legislation has been introduced to provide a framework for organisational arrangements and new standards for emergency medical services. Additional resources have been used to establish emergency medicine departments in hospitals.

Although volunteers are not so prevalent in ambulance services as in fire services, ambulance teams are becoming increasingly professionalized through training. Although the training for ambulance technicians is often relatively limited, nurses and paramedical workers are gradually becoming the core members of ambulance teams.

Table 2: Countries in Europe with private provision for public emergency and non-emergency ambulance services

Country	National private providers	Multinational providers
Denmark	Samsø Rescue Ærø Rescue Corps	Falck
Sweden	Samariten Premedic AB Valdemarsviks Ambulans AB Ambulansservice Syd HB Mörbylånga Ambulans AB Läkartransporter Göteborg AB Ambulanssjukvården Nol AB Westambulans AB Herrljunga Ambulans AB Ambulansstation Stöde HB Ambulanstjänst HB Ånge Ambulans Hyrverk AB Tärnaby Ambulans Aktiebolag Ambulanssjukvården i Volgsjö AB Akiva AB Ambulanssjukvården i Tärnaby AB Dorotea Ambulansen Arjeplog Taxi AB Jumbolans AB Falck Ambulans AB Ulfabgruppen AB Sirius Humanum AB	Falck
Norway		Falck
Finland	National private enterprises	Falck
United Kingdom	Gama Aviation Medical Services (Scottish air rescue)	G4S (including GSL) DHL Exel Supply Chain (part of Deutsche Post DHL) Medical Services (part of Lewis Day Transport Courier Services)
Poland		Falck
Slovakia		Falck
Spain		Falck

3. Company overview

This section will outline the main multinational companies involved in ambulance provision in Europe. As Table 2 shows, there are four multinational companies providing ambulance services in Europe. Three companies provide passenger ambulance services in the UK:

- Medical Services - a subsidiary of a global parcels courier service, Lewis Day Transport Courier Services;
- DHL Exel - a division of Deutsche Post DHL
- G4S – a global security company

Falck provides emergency ambulance services in several European countries.

3.1. G4S

Address

G4S plc
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RH10 9UN

Tel: +44 (0) 20 8770 7000

or +44 (0) 20 8722 2000

Email: enquiries@g4s.com

<http://www.g4s.com/>

In 2004, G4S was formed through the merger of Group 4 Falck and UK based Securicor, both global security companies. In May 2004, the UK facilities management division of Group 4 Falck, Global Solutions Ltd, was sold to Englefield Capital, in partnership with Cognetas LLP and Electra Partners Europe. Global Solutions Ltd (GSL), was a leading provider of outsourced services to public authorities and operators within the growing PFI and PPP outsourcing market, in the UK and internationally (Englefield Capital, 2008). By 2004, GSL had contracts with the public sector in custodial services, covering prison management, escorting of prisoners, immigration services, custody and training; and other public services in health care, education and local government. The company has continued to expand into the public sector.

In July 2008, G4S bought GSL from Englefield Capital / Europa Electra Partners. G4S now provides “*medical service solutions for the public and private sector*” in the UK and emergency ambulance services and ‘*specialist guarding to secure hospitals*’ in Australia (G4S, 2007). This acquisition supports the G4S 2004-2007 corporate strategy, in which G4S aimed to expand further into the UK, USA, Benelux countries and Scandinavia (G4S, 2004). In the 2008 G4S strategy (for Asia-Pacific), priority sectors were listed as health, local government, ports/airports as well as Benelux becoming a priority country for expansion (G4S, 2008).

Table 3: G4S services in the UK

Service	Activities
NHS	Medical recruitment Non-emergency transport Medico-legal reporting LIFT (Local Financial)
Childrens' Services	3 purpose-built secure centres run for the Youth Justice Board A specially designed residential children's home, for young people with emotional and behavioural difficulties Secure transportation and escorting services for young people Training courses
Immigration	In country escorting Immigration detention and removal centres
Police	Support services, including services related to detainees, - processes, charging, fingerprinting, transporting, drug testing, statement taking, case preparation, management of forensic samples, other administrative tasks.
Facilities Management	Public and private sector
PFI/ PPP	Special purpose vehicle management LIFT Primary Care

Table 4: G4S Finance

	2007	2006
Revenues	4,496.4 million	4,036.8 million
Profit before tax	309.1	271.6
Total liabilities	(2,552.8)	(2,203.7) million
Total staff costs	3,257.7	3,108.3

Table 5: Number of G4S employees

	2007	2006
Security services	466,035	403,079
Cash services	41,255	36,866
Administration	190	183
Total	507,480	440,128

Table 6: Geographical distribution of G4S employees

Region	2007	2008
Europe	115,951	114,216
North America	53,414	51,919
New markets	337,928	273,810
Not allocated (head office)	190	183

There are historical links between G4S and Falck, which are important in understanding the current relationship between these two companies. Both are still significant providers of security services, although Falck has a wider range of health care services. Since the acquisition of GSL, in 2008, G4S has also expanded its health care activities.

Table 7: Falck and G4S - changes in ownership between 1988-2009

Year	Falck	Group 4 Group / Securitas/ Securicor
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1980s	1988 Falck family sold Falck to Baltica, a Danish insurance company	1981 Jørgen Philip-Sørensen took responsibility for the European activities in the Group 4 Group Securicor – UK based part of company His brother, Sven Philip-Sørensen, carried on the Swedish activities (Securitas AB)
		1989 Securicor established a custodial services division
1991	Baltica sold 55% of its shares in Falck	Group 4 won the contract to run the first UK privatised prison HMP Wolds
1993	Falck acquired Danish company ISS Securitas to form Falck Securitas	
2000	Group 4 Securitas (International) B.V. and Falck A/S merged to form Group 4 Falck	UK based Securicor continued global expansion as separate company
2001	Group 4 Falck acquired several security businesses in Europe	
2002	Group 4 Falck A/S bought Wackenhut Corporation Group 4 Falck sets up a rescue and safety operation in a new division	
2003		
2004	After Group 4 Falck merged with UK based Securicor, Falck was then separated from Group 4 and was listed independently on the Copenhagen Stock exchange.	Group 4 Falck merged with UK based Securicor Group 4 Falck's UK Facilities Management Division sold to Englefield Capital/ Europe Electra Partners and renamed Global Solutions Ltd (GSL) Rebranded as G4S
2005	Falck bought by Nordic Capital and delisted from the Copenhagen Stock Exchange.	GSL expansion
2006	Expansion into Estonia, Finland, Belgium, Slovakia, Brazil, Trinidad/Tobago, and Spain	
2007		
2008		
2009		GSL sold to G4S

Source: G4S Annual Report, Falck Annual Report, <http://www.corporatewatch.org.uk/?lid=337>

3.2. Falck

Address:

Falck Danmark A/S Falck-Huset Polititorvet 1780 København V Company registration (CVR) number: 16271241 Phone: +45 70 33 33 11 Fax: +45 33 15 29 57 E-mail: kontakt@falck.dk	Public Affairs Heidi Schütt Larsen Phone: +45 33 45 64 11 +45 33 15 29 57 E-mail: hsl@falck.dk	Group Communications Louis Illum Honoré Phone: +45 3345 6430 +45 5158 8796 E-mail: lho@falck.dk Press telephone number: +45 33 15 43 20
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Employees :

Falck is the largest private ambulance company in Europe. It operates in seven countries with public authorities. It also provides other services for the public sector, such as patient transport, and rehabilitation

of patients from the public hospital sector. In Slovakia, Sweden, Poland and Belgium, it is the largest ambulance operator.

Table 8: Number of ambulances 1 January 2008

Country	Number of ambulances
Belgium	100
Denmark	442
Finland	4
Norway	11
Poland	169
Slovakia	86
Sweden	78

Source: Falck Annual Report, 2007:16

Table 9: Revenue and operating profit (EBITA) (DKK million)

Country	% of total	Revenue 2007	EBITA 2007	Revenue 2006	EBITA 2006
Denmark	70.8	4,439	418	3,868	309
Norway	8.5	536	31	504	54
Poland	2.6	164	2	142	1
Sweden	5.6	349	14	273	9
Netherlands	4,2	263	32	214	13
UK	1.7	106	21	142	31
Other countries	6.6	414	52	239	28
Total	100	6,271	570	5,382	445

Source: Falck Annual Report, 2007:31

Table 10: Falck Business Areas

Emergency	Assistance	Healthcare	Training
Ambulance Fire Services	Roadside assistance, Healthcare plan, Home assistance Travel	Employee health Public health 'Absence management' Temporary health staff recruitment	Rescue and safety courses, especially for staff in the offshore sector and the maritime sector

Table 11: Revenue by business area (DKK million)

Business area	% of total 2007	Revenue 2007	Revenue 2006
Assistance	30.5	1,913	1,779
Emergency – firefighting & ambulance	42.7	2,677	2,426
Healthcare	14.7	924	435
Training	12.1	757	739
Other	-		3
Group total	100	6,271	5,382

Source: Falck Annual Report, 2007:32

There are four business areas: Assistance; Emergency; Healthcare; Training. Emergency services, which include firefighting and ambulance services, make the largest contribution to total revenue.

Several health policy changes in Denmark have provided Falck either with opportunities for expansion or challenges to its dominance in ambulance service provision. The company has also been pursuing expansion in other Nordic countries. Operations in Denmark currently stand for 70% of company turnover (Børsen, 28 Mar 2008: 12).

In 2006, Falck identified opportunities to increase its share of the public healthcare sector in Denmark, when the municipalities were to take over the responsibility for patient rehabilitation and preventive tasks, from counties on 1 January 2007. Falck has 120 health centres and clinics across Denmark that mainly service private companies (Berlingske Tidende, 05 Mar 2006).

Temporary workers

In October 2006, Falck bought Activcare, a Danish temp agency in the health care sector. Activcare recruits every fourth nurse to Danish hospitals. Activcare was planning to obtain temps from Poland and the Slovak Republic (Berlingske Tidende, 17 Oct 2006:).

In December 2006, Falck imported 20 workers from Poland to work as ambulance rescue staff for Falck's eastern region in Frederiksborg and Copenhagen. A shortage of labour had made it difficult to find enough staff in Denmark (Berlingske Tidende, 30 Dec 2006).

Strikes

Falck has had several strikes since 2006. On 1 August 2006, about one third of Falck's ambulance staff went on strike in Greater Copenhagen, over increasing dissatisfaction with the work load among ambulance staff (Jyllands-Posten, 01 Aug 2006). On 2 August, ambulance workers in Odense and Svendborg also went on strike (Jyllands-Posten, 03 Aug 2006).

In 2007, after negotiations between the salvage corps trade union (Reddernes Faglige Klub, RFK) in Copenhagen and Falck collapsed, 4,000 employees went on strike (Politiken, 24 May 2007; Børsen, 29 May 2007). This strike went to the labour court and the company reached a 3 year agreement with the trade union (Jyllands-Posten, 06 and 9 Jun 2007).

In January 2008, Falck announced that it would cut staffing levels in the Zealand region. According to the Lolland-Falster Folketidende newspaper, a total of 70 employees were to be fired. The company announced in 2007 that it is planning to close down the transport of sitting patients in the region (Jyllands-Posten, 30 Jan 2008).

Acquisitions

In 2008, Falck acquired Swedish-based Ulfabgruppen, which was formerly a family business, and provides ambulance services, temporary healthcare staff, patient transport, first-aid training and other services in Central and Southern Sweden and Finland. It has 500 employees and a turnover of around DKr 200mn (US\$ 41.77mn EUR 26.81mn). The merged company will form an ambulance unit with a yearly turnover of SEK 750mn (US\$ 123.51mn EUR 79.3mn), employing 1,000 staff. The acquisition brings Falck's turnover in Sweden to around DKr 600mn (Børsen, 19 Aug 2008).

This acquisition has been met with criticism in Denmark, since Ulfab was supposed to compete with Falck for ambulance service contracts in Copenhagen, Zealand and Central Jutland. Ulfab was pre-qualified in the contracting process, but will not make any bid following the take-over (Politiken, 14 Sep 2008, Online).

Norway

In 2007, Falck won a tender for ambulance services in Norway. The contract started on 1 January 2008 and includes nine emergency ambulances in six municipalities. The agreement means that, from 2008, Falck will be operating more ambulances outside Denmark than in Denmark.

Belgium

In 2005, Belgian ambulance company Ambuce Rescue Team set up as strategic partnership with Falck. Ambuce covers around a third of the Belgian population and operates in the regions of Antwerp and Limburg in Flanders in Northern Belgium. The joint ambulance service is known as Falck Ambuce.

In 2007, Falck acquired TRI-AC, a Belgian-based company, which has 11 ambulances and 13 vehicles for transport of sitting patients. TRI-AC handles about 50,000 patient transfers annually booked through its own dispatch centre. This acquisition is part of an expansion into Belgium and the Netherlands. The company will be known as Falck-Triac.

Slovakia

In 2006, Slovakia was the first EU member state to invite tenders for all ambulance services. Falck won the first round of contracts for 36 ambulance stations, and in a second round, the company also won a further 37 licenses, corresponding to 37 new ambulance stations. The ambulance stations have about 1200 employees (Borsen, 20 March 2006).

Falck's operation in Slovakia is carried out in a joint venture with a Slovakian partner, the Penta investment company. Falck holds a 51 per cent stake in the new ambulance company Falck Zachranna (Falck Redning). On 19 December 2008, the Slovak Anti-Monopoly Office (PMU SR) allowed Falck SR, a subsidiary of Falck Danmark, to acquire 49.11% of Falck Zachranna, from Penta, a Slovak investment group (22 Dec 2008, online Esmerk Denmark News).

Poland

Falck's Polish subsidiary is called Falck Medycyna and was founded in 1991. Since 2001, it has had contracts with the public sector. At present, Falck Medycyna owns 196 ambulances, 14 private medical centres and 13 emergency ambulance centres. 70% of its annual revenues are generated from medical rescue services.

3.3. DHL

DHL is a multinational company dealing in international express, overland transport and air freight as well as ocean freight and contract logistics. DHL Exel Supply Chain is a division of Deutsche Post AG.

Deutsche Post AG Headquarters Corporate Communications 53250 Bonn, Germany Address: Charles-de-Gaulle-Str. 20 53113 Bonn Germany Phone: +49 (0)228 182 9944 Fax: +49 (0)228 182 9822, 182 9880 http://www.dp-dhl.de/	DHL Express Europe Headquarters Corporate Communications De Kleetlaan 1 1831 Diegem Belgium Phone: +32 2713-40 77 Fax: +32 2713-58 96 www.dhl.co.uk/
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Employees: 500,000 employed in 220 countries.

In 2007, the UK Department of Health outsourced NHS supplies, previously run as the NHS Logistics Agency, to DHL and its sub-contractor Novation. DHL will run a division of the NHS Business Services Authority, with a budget of £22 billion. Part of the terms of the contract is to make savings of £1 billion. Novation is being investigated in the US over bribery and defrauding American public health schemes (KONP, 2008).

Although primarily a contract to manage NHS supplies, some of the services provided are NHS passenger transport services. DHL has also started to run training courses for ambulance care assistants. The courses are endorsed by the Imperial College NHS Trust, a London hospital trust (DHL, 2008).

In 2008, the logistics division of Deutsche Post was replaced by a new Global Forwarding/ Freight division and a new Supply Chain/ Corporate Information solutions division.

Tabel 12: Deutsche Post Revenues/ EBIT (€million)

Division	2008	2007
Mail		
Revenues	14,393	14,569
EBIT	2,253	1,976
Express		
Revenue	13,637	13,874
EBIT	-2,144	-272
Global forwarding/freight		
Revenue	14,179	12,959
EBIT	389	409
Supply Chain		
Revenue	13,718	14,317
EBIT	-675	577

Source: Deutsche Post Annual Report, 2008

The health care sector provides 13% of the revenues of the Supply Chain division.

Table 13: Revenues by sector

Sector	% of revenue
Retail/ fashion	27%
Consumer goods	26%
Technology	15%
Health care	13%
Cars	6%
Chemicals/ industrial and others	13%

Source www.exel.com

Table 14: Supply chain business wins by sector

Sector	% 2008	2007
Retail/ fashion	28%	33%
Consumer goods	21%	28%
Technology	15%	16%
Health care	6%	6%
Cars	15%	6%
Chemicals/ industrial and others	15%	11%

Source: Deutsche Post Annual Report, 2008

3.4. Medical Services

Medical Services is a division of Lewis Day Transport plc.

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76 East Road
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T: 020 7014 1010 Administration
E: info@lewisday.co.uk
<http://www.lewisday.co.uk/contact.php>
<http://www.medicalservicesuk.com/>

Established in 2001, as a division of Lewis Day Transport plc, Medical Services is contracted to provide patient transport services to the NHS. These cover passenger ambulances and the management of discharged patients. Medical Services also provide high dependency units with trained staff as well as transport for specialist clinical teams to accompany ill patients. It also transports for transplant organs. Medical Services are independent members of the NHS Confederation Ambulance Service Network.

Medical Services has been awarded several passenger transport services in the UK. In 2007, the contract for non-emergency ambulance services in Bedfordshire and Hertfordshire was awarded to the company. Patients will be transferred to and from hospitals, doctors' surgeries and other NHS appointment. Patient notes, information and other equipment will also be delivered by Medical Services (Biggleswade Chronicle, 2007).

4. Conclusion

Private sector provision of fire fighting and emergency services is relatively limited in Europe. Denmark has the largest private sector provision dominated by Falck, a company that has recently set up an international fire services division.

Responsibility for fire services has traditionally been with local authorities and fire services have either been provided directly by local authorities or contracted out. With the development of wider emergency plans, national or regional control is being introduced. In some countries, this has led to the creation of independent agencies. Fire fighting services are becoming more sophisticated with prevention of fires becoming part of a fire service responsibility. The expansion of disaster management services has also introduced new approaches to prevention and management. These changes also provide opportunities for private sector involvement. Although there are few examples of private sector companies taking over publicly delivered fire services, Falck is starting to sell training, risk assessment and planning services. An alternative source of private sector expertise in fire fighting can be found in companies that provide fire fighting services to industrial sectors.

The presence of Falck in ambulance provision in Europe is much more extensive than in fire fighting services. Since its de-listing on the Copenhagen Stock Market in 2005, the company has expanded into several European countries.

In the United Kingdom, there is evidence of an expansion of private sector companies into passenger ambulance services. All three companies, GSL (now part of G4S), DHL (Deutsche Post) and Medical Services (Lewis Day plc), are part of a much wider portfolio of services that are being contracted to the public sector. Delivering ambulance services may be seen as part of wider company strategies to become more involved in the public sector.

The number of multinational companies involved in the delivery of either fire fighting or ambulance services is relatively small but they have extensive global operations. Falck and G4S are both expanding companies that are moving away from their traditional security services toward wider involvement in the public sector. Changes in the organisation and funding of both fire fighting and ambulance services provide more opportunities for private sector involvement.

Jane Lethbridge
25 March 2009

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Appendix 1: National arrangements for pre-hospital care and ambulance provision

Country	Pre-hospital care arrangements	Ambulance provision	Emer
Austria	Different arrangements according to rural/ urban split <ul style="list-style-type: none"> Physician staffed ambulance with equipment Physician staffed car with some equipment Physician staffed helicopter with equipment Paramedical staffed ambulance A transport car to bring patient to hospital A GP visiting patient at home 	Providers: <ul style="list-style-type: none"> - Vienna EMS - (Emergency medical system) - Austrian Red Cross - Arbeiter - - Samariterund - Hohanniter - Malteser Helicopter provision privatised in 2001 – provided by Austrian Automobile & Touring Association	Basic techn Train Profe
Germany	Provision: <ul style="list-style-type: none"> Emergency physician staffed vehicles Emergency ambulances 	Local communities and cities responsible for ground based emergency medical services (EMS) and helicopter EMS Non-profit , e.g. German Red Cross and private providers commissioned to deliver services	Long 1989 ambu emer Non- volun for n Emer emer short Full t Ques with
France	Two tiered, physician run system: Basic life support fire department ambulances based at fire stations Advanced life support physician staffed ambulances Services: <ul style="list-style-type: none"> Ambulances staffed with emergency medical technicians; Firefighter with basic life support skills; A general practice physician by private vehicle; Mobile intensive care unit/ helicopter 	<i>Service d'Aide Medicale d'Urgence (SAMU)</i> – agency responsible for management of out of hospitals emergencies 105 regional SAMUs 2 levels of Emergency Departments 1. Specialist with continuous staffing 2. Specialists 'on call'	Full t
United Kingdom	Pre-hospital services: NHS Direct – information service Minor injury centres – care delivered by emergency nurse practitioners; Ambulance service - 3 types of call – A immediately life threatening, B serious condition but not immediately life threatening, C condition not immediately life threatening or serious Ambulances – ambulance paramedic and technician Also solo responder on motorbike Regional air services Mobile medical team from local emergency department	38 ambulance services Government set standards for response times	Vari New deve Emer speci
Netherlands		Ambulance services are being reorganised. There will be 25 licensee or concession holders. Employment is guaranteed for staff and there will be one collective bargaining agreement for workers.	
Denmark	Pre-hospital care -	Counties responsible for hospitals including Emergency medical services Medical director responsible for pre-hospital and EMS Falck and Copenhagen Fire Brigade have	Amb adva Nurs No e 55 h

		additional medical directors for EMS	
Finland	Ground transport by emergency medical technicians or paramedics A few full time physicians	Municipalities – responsible for provision of EMS - may contract from : Local fire brigade provides EMS – urban areas Private providers – rural areas Great variations in pre-hospital care – depends on municipality	Basic educ Colle Adva years Emer
Sweden	Ambulance teams – paramedic and a qualified nurse specialised in ambulance and emergency medicine	County EMS services run by private ambulance companies (8) and local fire departments (6) 20 dispatch centres SOS Alarm centres – funded by government but run as independent company with consultant as medical director – also coordinate policy and rescue services and global medical support.	Para and No fo medi Lack prot
Portugal	Hospital based rapid intervention vehicle – for life threatening cases – staffed with doctors and nurse (driver) Ambulance & two technicians – urgent but life threatening Advice provided over telephone Helicopter staffed with doctor & nurse	National Institute for Emergency medicine (INEM) government organisation directly responsible to Ministry of Health - - provided ambulances – based in police HQ, fire service departments, and Red Cross facilities	1965 1980 syste partl Perso Thre Basic fire s train Amb Med doct No n
Greece	Two types of ambulance cars Basic ambulances Mobile intensive care units (MICA) Aeromedical transport	EKAB stations/ substations have own personnel, administration, communication/ dispatch centres National centre for emergency care (EKAB) – to coordinate help in emergencies and of emergency medical care for citizens	EMS creat Emer estab prof 2003 emer
Lithuania	Ambulances Mobile intensive care units Airforce – search and rescue – military helicopters Urban areas - ambulance crew –physician and nurses Rural areas – ambulance driver and nurse - soon to be replaced by paramedics and emergency nurses	63 ambulance stations Lack of standard operating systems Ambulances used as ‘doctor-on-call’ in place of general practitioners 2002 concept of Ambulance Services – changes in organisation of emergency system – re-equipment of ambulances, establishing paramedics and hospital emergency departments	Pre-1 less s New para repla
Poland	Ambulance services provided by the emergency medical services Resuscitation ambulances – life threatening conditions Ambulance rescue team – doctors, paramedics, emergency nurses or two paramedics & ambulance driver Accident ambulances – when resuscitation ambulance not available Transport ambulances – transporting patients not requiring pre-hospital intensive treatment – driver and	1995 State emergency care & firefighting system was set up 508 emergency care and firefighting systems 2007 Act of the state emergency care – regulates the emergency service systems and gives financial support to emergency departments – provincial governors responsible to operation of EMS	1999 care 2001 2000 medi Emer

	paramedic Helicopter emergency medical service		
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Sources: Adnet et al, 2004; Black & Davies, 2005; Gomes et al, 2004 ; Hladki et al, 2007 ; Langhelle et al, 2004 ; Papaspyrou et al, 2004 ; Roessler & Zuzan, 2005 ; Vaitkaitis, 2008; Weninger et al, 2005