

Sir Terry Wogan talks of the knee replacement surgery that made him taller and slimmer...



The problem with my knee started in my early 20s when I was playing rugby in Dublin. I injured my left knee and went back to playing too soon. Shortly after, I tore a ligament and had to have an operation at St Vincent's Hospital in Dublin to remove some cartilage that had come loose. The doctor told me that the inside of my knee was a bit of a mess but that he had sorted things out. I continued to play sports and apart from the occasional twinge, I didn't have any real pain for a good few decades. But as I got older I started to find running up the stairs harder and it was more and more painful coming down them.

it was so sore. The specialist also told me I would eventually need a knee replacement but that this was a serious operation that can cause the joint to become stiff and sore afterwards. He advised I should wait until the pain really became unbearable before having it. So I hobbled along, but gradually my right knee became painful too because it was supporting the bad knee. My wife Helen, had been gently urging me to have the operation but I knew that it would have meant weeks off work and months learning to walk again. So, in December 2009, after I stopped doing my early morning BBC Radio 2 programme I decided that it was finally time to get treated. The surgeon was my friend Consultant Orthopaedic Surgeon Stephen Cannon, who is president of the British Orthopedic Association. I had the operation at BMI The Clementine Churchill Hospital, London, in February 2010. It took 3 – 4 hours under general anaesthetic and after the operation Stephen said the inside of my knee looked like a bit of rhinoceros horn. I was in hospital for two weeks, which is about the average, I'm told. Of course it is a big operation but I was a terrific patient. Even in pain, the nurses never saw me flinch. I was very plucky. If you call BMI The Clementine Churchill they will say I was a credit to myself. After the operation came physiotherapy. It was very tough and lasted for about three months. I stuck at it and did a lot of swimming. You'll be glad to know that my muscles are back now. I've lost weight, mainly because I've had to take more exercise for my knee. I also try to

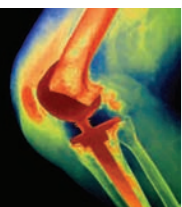
walk for half an hour every day. I don't like weighing myself. But before the operation I was about 16st. I don't know how much I've lost but I am about three inches slimmer around my waist, which is very pleasing. Another plus point of the operation I didn't anticipate is that I am now taller, albeit only slightly. When you have a dodgy knee for so long your legs bow. I met Stephen Cannon at a party the other day and he said: 'Well, how is the other knee?' 'Don't start touting for trade,' I replied. Would I recommend a knee replacement? Yes.

"My wife Helen is glad I had it done. It is a great consolation to her as I now make her tea every morning."

I'm glad I had it done. If anyone is in agony you have to get it done. In the end, if you don't get it done, you'll eventually not be able to go up steps and the knee will give way and you don't want that. My wife Helen is glad I had it done. It is a great consolation to her as I now make her tea every morning. So I am a slimmer, taller Wogan who makes the tea. I turned out to be good for something after all.

To find out more about BMI replacement knee operations, call **08000 96 2249** or email: www.bmihealthcare.co.uk

"The doctor told me the inside of my knee was a bit of a mess."



Steep steps were the worst, sometimes if I was standing for too long I could stumble, which was embarrassing. The knee was becoming increasingly unreliable and would occasionally just give way. By my early 50s it was painful enough for me to see a knee specialist, who told me that I had osteoarthritis in the joint, which was a legacy of the injury in my 20s and my active lifestyle ever since. I suppose it makes sense: the more you use your knee, the quicker it wears out. A scan showed the cartilage had worn away in sections, so bone was rubbing on bone – hence why

Your feedback

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The newsletter from **BMI Healthcare**

BMI Healthcare's new GCE looks forward

Stephen J Collier, the new Group Chief Executive of BMI Healthcare, is looking forward with optimism to what he sees as challenging yet promising times ahead, given the substantial reforms being introduced across the NHS.

The group is well-placed to thrive in the post-NHS reform environment and will continue to focus on its core private activity. "Our current priorities are to focus on service delivery, service quality and consultant engagement. There also needs to be better service differentiation between the diverse pathways along which we deliver our healthcare.

"Another important aim is to simplify how we work together within BMI. We want to reduce bureaucracy and hassle, and increase simplicity and cost-effectiveness. Most importantly, we want to reinforce our role as a single team offering high-quality hospital services. To achieve this there must be a renewed emphasis on patients and consultants of the BMI Healthcare brand, which should not be confused with GHG, the corporate umbrella.

"We recognise that patients have not always found it easy to deal with health and insurance matters and we intend to help make it easier and

more straightforward to have treatment with BMI. Our approach is to keep the patient and the doctor at the heart of how we operate as a community of interest, to ensure that we get things right – and, better than that, get them right first time.

"BMI is the UK's largest private hospital group, with more than 70 hospitals and healthcare facilities throughout the country. We've grown rapidly over the past five years through a combination of organic growth of individual locations, acquisitions and development. Fuelling this growth has been demand for cost-efficiency and high-quality services to patients. Our strong focus on clinical excellence, quality of service and efficiency, and a well-deserved reputation for consistent delivery for our patients have led to close links with the NHS, which uses our services to support local healthcare provision. Currently our contracts mostly cover elective surgery in orthopaedics, gynaecology and general surgery but over the long term we expect to see more focus on chronic conditions.

"There is, of course, a risk that pressures on government may result in restrictions on private sector delivery, which in turn might limit patient choice. My personal view, however, is that this won't happen. Whatever

Inside this issue:

- Quality and measures
- GP reforms
- General trends in the PMI market
- New research on women's health
- BMI's contact centre - the importance of the customer journey
- Hospital upgrades

the financial and political pressures, I do not believe the Coalition Government will want to put a brake on choice.

"So I'm optimistic about the future – which I believe will be choice-led and not structural-reform led.

"The challenge is to make the public understand that healthcare is not free. The country spends an enormous amount on health and the private sector can make a positive contribution by increasing efficiency and choice. What we need is for patients and GPs to make informed choices on the basis of equivalent provision of information by a range of providers in a locality. So whilst our privately funded work will remain core to all we do, I also believe our profile vis-à-vis the NHS, will change and BMI Healthcare will become a central part of local NHS provision as well."



BMI has more patients, consultants and hospitals than any other private healthcare provider in the UK.

A commitment to patient-centric care

Quality control measures are taken seriously at **BMI Healthcare** and a recent satisfaction questionnaire highlighted that 99 per cent* of patients rated the overall quality of care as good, very good or excellent. So how does BMI ensure that this is maintained across their hospitals and facilities?

A recent interview with newly-appointed Group Chief Executive **Stephen J Collier**.

Responding to an opening question about patient expectations, Stephen points out that speed of access and, as far as possible, diagnostics and consultation dealt with together make a difference to the patient's experience. Many patients rightly assume that quality and clinical aspects as well as health outcomes will be excellent in any event. BMI's job is to meet these expectations. So how is this achieved?

"BMI," says Mr Collier, "sees over 275,000 inpatients and 1,000,000 outpatients annually and performs more complex surgery than any other independent private healthcare provider in the country. Nearly half its procedures are of a major or complex nature. Quality indicators and health outcomes are incredibly important. Every BMI hospital and facility has a local framework through which clinical effectiveness, clinical incidents and clinical quality are monitored and analysed. Where appropriate, action is taken to continuously improve the quality of care through the work of a multidisciplinary group and Medical Advisory Committee in each hospital."

*Based on a survey conducted by Howard Warwick Associates

Clinical governance

"Internal appraisals, audits, reporting and complaint handling are crucial aspects of BMI Healthcare's quality control procedures. Across the group we have a clinical governance structure that operates at two levels: we encourage the delivery of best practice healthcare by staff; and a rigorous monitoring process involves review and analysis of all data and corporate audits of hospitals. It is a dynamic cycle of monitoring and remedial action.

"We have a host of quality indicators over three main domains: safety (which includes infection control), effectiveness, and patient experience. Together these give a rounded view of the quality of service we provide. Of particular importance is that the quality and risk function does not report through operational line management and so retains objectivity.

"All surgery carries a risk of complications that may result in an unplanned return to theatre or indeed an unplanned readmission. We have a very low rate for both indicators and continue to see a year-on-year decrease in the rates, with a decrease in unplanned returns to theatre from 0.174 per 100 admissions in 2009/2010 to 0.173 in 2010/2011 and reduction in unplanned readmissions within 31 days from 0.244 per 100 admissions in 2009/2010 to 0.241 in 2010/2011. We believe that this is indicative of a decrease in complications due to ongoing improvement in the quality of care delivered by our consultants and staff.

"One of the most frequently asked patient questions relates to infection rates. We are able to reassure them that, due to effective pre-admission assessment and the high standard of clinical care delivered and cleanliness in our hospitals the risk of infection is significantly lower than that in the NHS. We have a robust system for the monitoring of healthcare-acquired infections and there have been no reported MRSA bacteraemias during the last 12 months while latest NHS reports show 1.6 cases per 100,000 bed days from January to March 2011."

Quality consultants and trained staff

BMI's GCE is clear about BMI's attraction to leading consultants who, he says, "want a place to work that is predictable, crisp in its service, efficient at managing and with a service that looks after patients well. The hospital must have confidence in its capability and of course, meet specific clinical and operational requirements. To ensure that it's easy for consultants to work for us we offer easy access and parking, and good consulting rooms. We also tend to demonstrate a high level of investment in technology and people. Everything is set up to succeed.

"Our hospitals are administered and managed effectively by good quality, experienced staff – we use only low levels of agency staff. This means that our consultants are familiar and happy with our staff and the end result is a polished, established operation that works well and deals effectively with complicated individual requirements.

"Our consultants work hard for us and there are two aspects to new applicants' eligibility to join us. First, we require a standard set of regulatory professional

"Every **BMI hospital** and facility has a local framework through which clinical effectiveness, clinical incidents and clinical quality are monitored and analysed."

requirements. Overlying that is the requirement for evidence of ability to undertake single-handed private practice. We ask for proof of GMC registration and licence to practice. Typically, but not always, our consultants will hold or will have held an NHS consultant post or equivalent.

"We also take up references, check CRB registration, and determine that applicants live within a reasonable driving distance from the hospital. Consultants must agree to embrace our values and abide by our clinical governance protocols and procedures. As a matter of routine, their practice is reviewed every two years. Patients choose consultants and consultants choose hospitals so in many ways consultants are also primary customers of BMI, as of course are patients.

"For other medical staff we provide training that is means-specific, individual or person-specific, hence it's training for particular roles and is typically based on individual personal development plans or professional development plans, deriving from appraisals and performance reviews. There is also a whole host of mandatory annual training at a professional level for nurses, healthcare assistants and other clinical staff working in pharmacy, pathology, and physiotherapy departments. In addition there is support for continuing professional development."

Patient-centred planning

Stephen explains that a patient-centric focus also underlies the location and design of clinics and hospitals. An analysis of health needs in the local economy aims to identify gaps and BMI then identifies how such gaps could be filled, i.e. by private pay, self-pay, insured or NHS patients. "Typically," he says, "we look ahead over a ten-year period, assessing both population and site availability in the area. Fifteen years ago it was easier to construct and develop our own hospitals. Ten years ago it became easier to acquire hospitals, given the cost of building versus the cost of acquiring. This is swinging back and I think we're now close to moving from a buy base to a build base again. Once the NHS reforms are clarified I believe we'll see a second phase of private sector investment in surgical units that serve both private and NHS patients. There will always be demand for quality healthcare and the private sector can make a positive contribution by increasing efficiency and choice."



Private sector referral

Restrictions on access to NHS treatment have already led to growth in private sector referrals. A recent ComRes poll¹ of 1,000 GPs showed that more than half were now more likely to channel patients to the private sector for lower priority operations such as varicose veins removal, cataract operations, fertility treatment and knee surgery.

Some people whose conditions significantly affect their quality of life already pay for their own treatment. Recessionary trends in recent years have dampened this, but BMI Healthcare has noted signs of recovery in this form of healthcare funding. BMI Healthcare believes that there will be renewed growth in self-payment in the face of increasing treatment delays.

Meanwhile another ComRes survey² discovered that only around a third of GPs routinely ask their patients if they have private health insurance. It is estimated that if GPs were to encourage use of such insurance to cover private referral, the NHS could potentially save more than £285 million each year, easing the pressure on NHS resources.

A crucial argument in favour of this is the BMI Healthcare view that, despite ring-fencing of the annual NHS budget, it will be insufficient to cover inflation and meet the health demands of a population with growing numbers of elderly and unfit people; the result will be longer waiting lists.

GP consortia responsibility for commissioning services and controlling the majority of the NHS budget means doctors face difficult decisions in terms of prioritising treatment and referrals. Even a small percentage rise in the number of people using insurance to pay for their care will result in significant savings for the NHS, allowing the service to be better resourced for people who cannot afford their own insurance or do not have it as an employment-related benefit.

Did you know?

A recent Patient Satisfaction Survey³ reported that 99.4% of BMI patients rate consultants' care as good, very good or excellent, 98.9% of patients rate the quality of care as good, very good or excellent and 98.4% of patients polled would recommend BMI.

To find out the challenges GPs will face with the commissioning of services, please turn to page 8.

¹ www.comres.co.uk/generalhealthcaregroupgpollnov10.aspx
² www.comres.co.uk/bmihealthcaremedicalinsurancepolldec10.aspx
³ Conducted by Howard Warwick Associates (HWA) 2010



PMI market trends

Private medical insurance provision was introduced in the UK in the 1940s. Since then the peaks and troughs in growth pattern have closely mirrored economic pressures and varying NHS provision and policies. Company schemes still account for the majority of PMI policies, despite rising costs. In 2010, the increased cost of such benefits to employers was 4.9%.

The major engine for growth in the early years of PMI derived from long delays in diagnosis and treatment in the NHS and the attraction of private accommodation, whether in NHS private wards or private hospitals. More recently, fear of hospital-acquired infections has been a major PMI market driver as has the emphasis on service and quality in private hospitals. BMI Healthcare, for example, has reported that patients in its hospitals are four times less likely to contract MRSA bacteraemia than those in NHS hospitals.

The PMI market reached its highest level towards the end of the last millennium, when it covered some 12% of the UK population. More recently, recessionary pressures and improved NHS provision have caused sales to slide. In 2009 there was a 5% drop in subscribers and downturn in subscription income. At the same time the industry has faced constantly increasing claims. In 2009, these accounted for

almost 79% of subscriptions, up from under 77% in the two previous years.

BMI have responded to the self-payment trend with the offer of flexible payment options for those funding their own treatment.

Since about 2000, perhaps driven by the rising costs of PMI, there has been growth in the self-pay market as a means of securing private healthcare treatment. Meanwhile growth by private service providers has been particularly marked in the private hospital and private dentistry sectors. Rapidly growing healthcare providers such as BMI have responded to the self-payment trend with the offer of flexible payment options for those funding their own treatment.



When a picture of health misleads



THE ARGUMENT FOR HEALTH CHECKS:

Apparent good health and a sensible lifestyle can be misleading, as one recent BMI Healthcare patient discovered. **Elaine Buckley**, a 58-year-old slimming group leader from Glastonbury was slim, kept to a balanced diet and exercised, so she assumed she was in perfect health. She undertook a **BMI Intelligent Health** assessment at BMI The Winterbourne Hospital to confirm this. However, the test revealed that Elaine, like her father who had died of a sudden heart attack aged 69, had extremely high cholesterol levels and was at high risk of a stroke, heart attack and cardiovascular disease.

Controlling cholesterol

Dr Janet Barlow, the GP who conducted the health assessment, explains that "Often high cholesterol is caused through diet and consumption of the wrong types of bad or 'saturated' fat, such as that from dairy products, red meats and processed food. The consumption of saturated fat is commonly considered a risk factor for elevated cholesterol levels, which in turn is a risk factor for some types of cardiovascular disease. However, as Elaine already had a healthy diet, which was low in saturated fats, we advised her to make adjustments to her exercise routine, encouraging an even more active lifestyle. This increase in exercise, combined with her healthy diet and the continued assessment of her cholesterol, would allow us to assess whether her high cholesterol was just related to her lifestyle."

After 12 weeks and small changes to her already healthy diet and exercise routine, Elaine's levels were still dangerously high and her GP determined that her high cholesterol

was an inherited condition called familial hyperlipidaemia. This meant that, despite making changes in her diet, Elaine needed to manage her condition through medication.

With her condition now under control, Elaine urges other people to get checked, "even if they believe they are in great health. Had I not had my health assessment I would still be clueless about my high cholesterol, so in a way this assessment saved my life. I have been lucky enough to take the necessary measures to control my cholesterol levels and reduce my risk of stroke or heart disease."

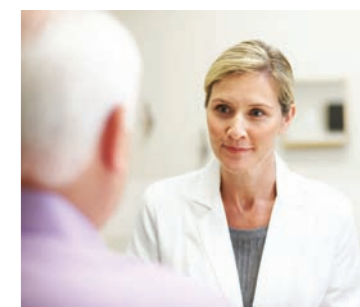
BMI Healthcare offers a range of Intelligent Health assessment packages that are designed to offer patients a comprehensive head-to-toe health check.

"After I was told my high cholesterol was hereditary I made my whole family get tested to ensure they could make the necessary changes to reduce their risk of disease. Luckily they all came back with negative results."

BMI Intelligent Health

It is clinically proven that early detection of conditions and diseases enables earlier treatment and more effective disease management, helping to extend survival rates and improve quality of life. For this reason BMI Healthcare hospitals across the UK, including BMI The Winterbourne Hospital in Dorchester, offer a range of Intelligent Health assessment packages that are designed to offer patients a comprehensive head-to-toe health check.

Doctors and nurses take a risk management approach to assessing a patient's health to determine their susceptibility to various conditions and diseases, and recommend lifestyle changes and any necessary followup investigations or treatments.



For more information about Intelligent Health, visit: www.bmihealthcare.co.uk/health-screening



NEW research shows...

London women

could be risking their health

It's about getting access to expert advice so women can make informed choices about their health



Women's health specialists are concerned for the wellbeing of women in London after recent research showed that 40 per cent of adult females in the city have never visited a gynaecologist and nearly half (48 per cent) of them do not visit one regularly.

The independent survey of 2,000 female London residents aged 18 or over also revealed the reasons behind this trend. When the 40 per cent were asked why they never visited a gynaecologist:

- 45 per cent of respondents said that they had never had an issue and didn't see the point
- 40 per cent didn't understand the need for regular visits

In addition, the research unveiled other worrying statistics, including:

- 43 per cent of women in London felt their GP was not good at discussing women's health issues
- 25 per cent of women in London have never had a cervical smear

Women's health specialists at BMI Fitzroy Square Hospital, who commissioned the survey, found the results of the research extremely concerning as they believe women are putting their sexual health and wellbeing at risk by not seeking expert advice and guidance.

Commenting on the results, Consultant Obstetrician and Gynaecologist Mr Robert Sherwin at BMI Fitzroy Square Hospital said: "A gynaecologist can help identify problems such as infections and endometriosis, helping to increase a woman's chance of early and effective treatment. By not acting pre-emptively, for example by having regular screening for sexually transmitted infections and cervical smears, women could be putting themselves at risk of gynaecological problems such as infertility and pelvic pain, or rare more serious ones such as cervical cancer.

"It is surprising that so many women are putting their health at risk by not undergoing regular screening, Mr Robert Sherwin said. "Most women will at some point during their life suffer gynaecological symptoms. While most are not dangerous, if left untreated some can lead to more serious conditions. I would urge all women to visit a gynaecologist if they are not happy discussing these issues with their GP. Seeing a gynaecologist is not only about having tests for infections and smears, it's about getting access to expert advice so women can make informed choices about their health."

The team at Fitzroy Square Hospital advise that women should see a gynaecologist if they are troubled by any of the following symptoms:

- Heavy periods
- Bleeding between periods, after sex, or after the menopause
- Intermittent or irregular periods
- Pain during or between periods, or during sex
- Itching or burning
- Abnormal discharge
- Bladder problems

The research also revealed that the percentage of people who haven't had a cervical smear varies across London's 32 boroughs. On average 25 per cent of women in London have never had one and the borough with the highest rate of women who have not had a cervical smear is Waltham Forest with 37 per cent. Enfield, Hillingdon, Lambeth and Tower Hamlets all have the lowest percentage (17 per cent) of women in London not having smears.

By not having regular cervical screens, women are increasing their risk of cervical cancer going undetected. Cervical cancer is the most common cancer in women under the age of 29 and the second most common cancer in women under 35. Current government guidelines suggest that women should have a screen every three to five years.

Stats about women's health in the UK

- Endometriosis affects between 1.5 – 2 million women in the UK.
- At least one in four women will develop fibroids in their lifetime.
- In 2007 there were around 2,830 new cases of cervical cancer diagnosed in the UK. That is around 55 women every week.
- In 2008, 6,537 women in the UK were diagnosed with ovarian cancer.
- Infertility is the second most common reason for women aged 20-45 to see their GP.
- In 2009, 216,000 people were treated at genitourinary medicine (GUM) clinics for Chlamydia. Of these, 130,000 were women.

BMI Fitzroy Square Hospital

BMI Fitzroy Square Hospital in London is part of BMI Healthcare, Britain's leading provider of independent healthcare with over 70 hospitals and healthcare facilities nationwide. The hospital offers 17 in-patient beds, 5 consulting rooms, an operating theatre and a treatment room. Our fully accredited consultants are able to undertake a wide range of procedures, from routine investigations to complex surgery across a wide range of specialties. Our consultants are supported by caring and professional medical staff, ensuring high quality care in a friendly and comfortable environment.

In 2011 BMI Fitzroy Square Hospital opened a specialist women's health service, dedicated to offering a high standard of treatments and procedures for women in London. The new service specialises in gynaecology but also offers a comprehensive range of services for women's health including menopause, breast health, preconception and fertility.

Facilities at BMI Fitzroy Square Hospital include:

- Expert consultants and specialists in women's healthcare.
- Pelvic pain clinic – consisting of gynaecologist, urologist, pain medicine, gastroenterologist and pain psychologists.
- Screening and treatment for cervical, ovarian, uterine and endometrial cancers.
- Antenatal Services, including consultant obstetrician & gynaecologist appointments and women's health physiotherapy, including pelvic floor exercises.
- Latest techniques in varicose vein treatments.
- Wide range of physiotherapy including acupuncture and electrotherapy.

For more information visit:
www.bmihealthcare.co.uk/fitzroy

- 40 per cent of women in London have never visited a gynaecologist.
- Almost half of women in London (48 per cent) do not visit a gynaecologist regularly.

The challenge for GP consortia



James Ward is a GP in a Holmfirth practice, south of Huddersfield, serving some 12,000 patients. The radical changes proposed for the NHS mean that all of Huddersfield will be covered by a consortium of 60 GP practices, providing for an estimated 250,000 patients – a size that, it is hoped, will bring valuable economies of scale.

While “mildly optimistic” about the potential benefits of the GP consortium locally given its size, Dr Ward has several concerns regarding the expectations, not least relating to the share of the budget to be devolved to GP consortia. “Initially,” says James, “it appeared that GP consortia between them would control almost the entire health service budget. This has led to fears that some specialised areas, e.g. some rare neurological disorders, might be overlooked. There needs to be confirmation that responsibility for such specialist care would be assumed by the new national body that will oversee it.

“Another significant question relates to how a GP consortium will conduct negotiations with secondary providers, choosing where to send patients and how negotiations can secure a better service. GPs will need to get to know the secondary care providers in order to make these decisions. The biggest challenges involve the commissioning process and any competition on price.”

Competition yet closer working?

“Questions also remain about the wider competition being introduced in the shake-up. “Introducing competition may have the advantage of making existing NHS providers consider how they can improve the quality of their services in areas such as facilities, mixed wards and speed of access.” Dr Ward suggests however that the new system might see greater spending on smaller providers therefore diverting business from existing ones, enabling private companies to “cherry pick” the easier, volume treatments, while leaving more costly and complex treatments to the NHS.

This said, James Ward points out that “there is also the potential for private healthcare companies to help foundation trusts provide essential services that the NHS currently struggles with, e.g. ‘step-down’ care – and such roles would encourage closer and more complementary working between foundation trusts and private providers.

So, what of claims of potential conflicts of interests, given that GPs will be both providers and commissioners of healthcare? James Ward concedes the risk. “I myself run a GP Special Interest clinic focusing on neurological complaints such as headaches, and I take referrals from other GPs, so I recognise the potential for a conflict of interest. Such issues are just one of numerous problems that will need to be addressed.”



Fostering clinician contacts

“More broadly, my perspective is that possible savings can be made through changes in the commissioning process and that the involvement of clinicians in management can make a positive difference. Many GPs have complained in the past of insufficient input from them into the system – their views just weren’t solicited. The new system goes a long way to address this. What we now need is a bridge-building exercise to forge closer links between GPs, service managers and consultants. Good local contacts will encourage improvements.”

“I’m not sure there can be any positive changes unless GPs listen to one another.”

“Accountability for the budget will also help generate potential savings, while working in a consortium should encourage GPs to communicate better amongst themselves and learn best practice from each other. I see this as key to any change. I’m not sure there can be any positive changes unless GPs listen to one another.

“On the other hand, working more closely together could prove divisive. Equally, while there’ll also be the possibility for GPs and consultants to talk more about process, they too risk falling out.

“Overall, while I’m hopeful and mildly optimistic about the benefits, sometimes I do find myself wondering whether we couldn’t achieve these savings without quite so many radical changes?”

Hospital UPGRADES reflect latest thinking in hospital design

Visitors to **BMI The Ridgeway Hospital** in Swindon in recent months will have noticed work going on in a significant upgrade to the already excellent facilities. A £3.2 million development programme means the hospital will have a third, new state-of-the-art operating theatre, refurbished pharmacy, new consulting rooms and an extended hospital reception area. In addition to enhancing overall hospital provision, when complete in late 2011, the development will generate some 30 new jobs.

The new operating theatre is equipped with laminar flow ventilation which is used in the most modern orthopaedic operating theatres to reduce the number of infective organisms present in the air. This is particularly beneficial in joint prosthesis surgery such as knee or hip replacement.

Meanwhile **BMI The Park Hospital** in Nottingham is in the throes of a £7.8 million development programme to make it the city’s first private healthcare provider to offer

patients and doctors a fully integrated modern surgical and intensive care unit. The development includes new state-of-the-art operating theatres for a wide variety of medical and surgical procedures, and an upgrade to The Park Hospital’s Level Three Intensive Treatment Unit for patients in critically ill or unstable conditions.

The hospital will now have four operating theatres with laminar flow ventilation to increase infection prevention.

The development includes new state-of-the-art operating theatres for a wide variety of medical and surgical procedures

The **Hampshire Clinic** in Basingstoke is another BMI hospital undergoing an upgrade, with the opening of a new £2.5 million imaging department in a joint venture between BMI Healthcare and Alliance Medical. The new department will enhance existing imaging resources with the latest GE Optima 660 CT scanner and a Siemens 1.5 Tesla Advanto MRI scanner.



The imaging department is located in the same building as the clinic’s consulting rooms, and this enables a 24-hour turnaround to deliver scanning results. The investment means the imaging facilities at the Hampshire Clinic are among the most advanced in the Basingstoke and North Hampshire region, allowing staff to reduce significantly the time between initial

outpatient appointment and diagnosis, cutting down on overall treatment time. In addition, the new CT scanner dramatically lowers radiation doses.

The partnership between BMI and Alliance Medical is set to continue, with wider clinic development plans including the refurbishment of outpatient facilities.

Some recent research findings...

BMI Healthcare has conducted two recent surveys, one polling GP views about healthcare and the other focusing on patient decision making.

GP-consultant networking

The GP research shows recognition of the distinct benefits of private healthcare in terms of speed of treatment, the leading role of consultants and overall patient experience. Whilst also appreciating the advantages of the NHS, notably that it is available to all and benefits from more clinical expertise and equipment than the smaller private sector, the GPs surveyed regret the lack of personal communication between GPs and consultants in the NHS.

BMI believes private healthcare is well-placed to encourage such communication through consultant presentations to GPs and also social events bringing the professions together. These events would be particularly useful to newly qualified GPs who have yet to build networks and are less experienced in making private referrals. Such meetings would be invaluable in encouraging referrals to BMI.

To reinforce the working relationship and for the benefit of patients, consultants could also be encouraged personally to contact GPs about their patients at the end of

treatment. Also, GPs who have developed consultant contacts will be better placed to match a specific consultant with a particular patient in terms of personality.

Recognising the benefits of private healthcare

The patient decision-making research showed that key attractions of private healthcare are speed of access, cleanliness, superior facilities, quality of care and personal service, direct access to consultants and continuity of consultant care. While the benefits of private care are widely recognised by respondents, so too are the advantages of the NHS such as specialist hospitals and expertise and 24/7 availability for all.

The research responses indicated that some people will almost always opt for NHS care, whether through principle (i.e. commitment to the NHS), or passivity (accepting a GP’s advice). Others will carefully weigh up options and costs. A fourth category is typically very critical of the NHS and, benefitting from PMI, whether self- or employer-funded, will tend to choose private healthcare, as will a fifth category

of privileged users who see private healthcare as a status symbol.

The research responses indicate that the option to pay for treatment as and when necessary as an alternative to PMI has perhaps not been sufficiently widely communicated. BMI believes that transparency in pricing and flexible financing would help in communicating this message.





The importance of **the customer 'journey'**

BMI Healthcare's **National Enquiry Centre (NEC)** is exactly what its name suggests – a contact centre for patient enquiries of all kinds about BMI hospitals and services, whether relating to medical conditions and treatments, GP referrals and consultant appointments, insurance cover, treatment costs or flexible payment options. All BMI call centre advisors hold qualifications from the British Society of Medical Secretaries and Administrators while to work for BMI they are trained to ensure they are not only accurate and professional at all times but also highly sensitive to patient needs and concerns, which at times can reflect difficult if not traumatic, and sometimes life-threatening situations.

So what are the most common patient questions?

Julie-Ann Robertson, Contact Centre Director of the NEC says that the most common query relates to the process of having private treatment while other top questions focus on potential treatment costs and availability of consultants. The centre receives a high number of enquiries every week relating to private insurance cover and how to make a claim.

Given the nature of BMI's business, call centre advisors are selected for their natural empathy and understanding of patient situations and Julie-Ann confirms that "our advisors are motivated by the fact they are making a real difference to our customers' lives – helping explain how to access private healthcare and ultimately helping them on the road to recovery.

"Our advisors are motivated by the fact they are making a real difference to our customers."

"I particularly enjoy my job because I have had the opportunity to grow this side of the business from 7 members of staff to 120, creating new roles for advisors through clear career development opportunities. Our recruitment strategy is to promote from within. Our contact centre staff retention rates are high and the key

to this success is a combination of excellent candidate selection, which sees just 1 in 50 candidates successfully passing through the 4-step selection process, and an outstanding 4-week training course that covers everything from BMI IT systems to the medical terminology approved by the British Society of Secretaries and Administrators."

"Our contact centre staff retention rates are high and the key to this success is excellent candidate selection."

"The training course emphasises the need to take control of calls in an empathetic rather than sympathetic manner. It focuses on competence in answering treatment-specific questions, using and comprehending medical terminology, providing pricing and appointment-related information on all BMI's hospitals, using direct booking and call logging systems, and generally having a thorough understanding of the BMI network. Every advisor must achieve a pass mark of 80% or above."

Such top-quality service from the BMI NEC is considered crucial to ensure the smoothest and most reassuring of customer experiences.



"The training course emphasises the need to take control of calls in an empathetic rather than sympathetic manner."

BMI Healthcare

THE CONSULTANTS' CHOICE

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