

# Wellington TODAY

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## £5 million Rehab Unit Expansion Launched

**The Wellington's newly expanded Rehabilitation Unit has been launched, marking the end of the first phase of a £5 million expansion and refurbishment programme.**

All of the hospital's rehabilitation services are being combined across three floors of the Wellington North building.

The 'new' Unit will have 45 spacious and purpose-designed en-suite rooms and there are two gyms, a large hydrotherapy area and a range of therapy facilities.

The Unit treats patients with special needs including those affected by head injuries, spinal injury, stroke, amputation, those suffering severe pain, those recovering from critical illness or from multiple injuries.

Around 20 of the country's leading consultants, many from London's

teaching hospitals, practice at the Unit. Apart from the better known disciplines of physiotherapy (including hydrotherapy), the rehab medical team includes senior practitioners in neuropsychology, occupational therapy and speech and language therapy.

The Wellington's Chief Executive Officer, Keith Hague said increasing demand for rehab was the driver behind the expansion. "The Rehab Unit has an international reputation for the standard of its care, especially in the field of neuro-rehabilitation and the care of stroke victims. Demand for all rehab services is increasing and sometimes we have been embarrassed by having a waiting list of patients," he said. "The first phase of the expansion has gone well and we hope the programme will be completed by the end of the year."

One of the 'founder consultants' of the Unit, neurologist Dr Richard Greenwood, said the Wellington team had developed their expertise over many years. "That and the fact that patients have the back-up of immediate access to all essential specialities of an acute hospital makes this Unit unique in the private sector", he said. "The Rehab Unit has long experience in caring for patients with a tracheostomy, for example, and they are particularly skilled at looking after others who are not medically stable. I am delighted to see this Unit expanding", he said.



Full details of the services offered by the Unit can be found by visiting the new website [www.thewellingtonrehabunit.com](http://www.thewellingtonrehabunit.com) or you can also call the Unit direct on 020 7586 2462 or the Wellington Enquiry Line on 020 7483 5148.



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## Wellington People.



Rosemary Hittinger -  
Group Director of Clinical Governance.

**Rosemary Hittinger began her career in medical research in a London teaching hospital. Four years ago she moved to the independent sector and established the current clinical governance programme at the Wellington Hospital.**

Rosemary, who was given a group-wide role about a year ago, believes that clinical governance functions at two levels. “Firstly, systems need to be in place to monitor the quality of care and the excellent outcomes we are achieving for our patients. We also have to show the Healthcare Commission that we satisfy all regulatory requirements”, she said.

“Secondly, our quality improvement methods must be used to achieve ever better standards of care and to embrace new technologies.”

“In the past, although people had a sense that we were producing high quality outcomes, no-one had the systems to prove and to demonstrate it. Clinical governance has enabled us to provide robust information about the issues that really matter to our patients,

our consultants and GPs and our purchasers”, said Rosemary.

“The Wellington is unique in the private sector in that it offers a range of services which is comparable to any district general hospital in the country. Clinical governance systems enable us to compare our results with the NHS. For example, the Wellington supports the NHS MRSA surveillance scheme, although it isn’t mandatory for the independent sector to do so.”

“We can show that our MRSA rates are very low and compare very favourably with similar size NHS hospitals. There is greater transparency now and I think that transparency is the key to trust between ourselves and our customers”, said Rosemary.

## More than 500 procedures to be covered by new Self Pay scheme

**The Wellington Hospital will be offering more than 500 procedures under its new Self Pay Care scheme due to be launched later this month. The scheme has been developed for patients who do not have private medical insurance or whose policies do not cover particular conditions.**

Following a GP referral and once the type of treatment is known, patients or their families will be provided with an all-inclusive package of costs that will include all hospital and medical fees. They will know exactly how much treatment will cost and this price will depend on a pre-assessment of the patient’s condition and fitness for surgery. The pre-assessment will also help the patient and his or her family understand exactly what the procedure will entail.

“We want to be able to offer the widest range of procedures available on a self pay package basis, anywhere in London and the South East,” said Chief Financial Officer, Catherine Hanrahan.

“We are currently in the final stages of agreeing costs with all the consultants involved and in a week or two’s time everything will be in place,” she said.

Self Pay Care is available for procedures within the following specialities:

Breast surgery, cardiology, ear, nose and throat, general surgery, gynaecology, neurosurgery, ophthalmology, oral surgery, orthopaedics, pain management, plastic surgery, radiology, urology and vascular surgery.

Examples of our new package prices include a total knee replacement (not revision) from £11,075. This would

include 7 nights in hospital with all theatre charges, drugs, dressings etc, prosthesis, three days take home medicine and any physio aids, such as crutches, to take home. The price also includes the consultant’s and anaesthetist’s fees providing they have signed up to the scheme.

Other examples include a total hip replacement (not revision) from £10,215 and a coronary artery bypass graft, (not a re-do) with eight nights in hospital, all consultants’ charges and three days home medicine, for £14,550. (Extra nights’ stay charges at £825 per night). All package prices are dependent on pre-assessment of the patient.

For more details about the Self Pay Care packages, please call our Enquiry Helpline on 0207 483 5148.

## An Evaluation of External Counter pulsation (ECP)

- By Dr Alan Bailey, Coordinator ECP Evaluation Project

**Part of the ongoing evaluation at the Wellington ECP Unit is the examination of lifestyle changes in our patients. Recurrent angina reduces confidence in oneself and may lead to repeated hospital attendance for fear the latest attack has led to infarction.**



We invite patients to complete the questionnaire SF36, which has been widely used for the assessment of hospital and other medical procedures for more than 10 years. There is a large amount of normative data on various medical conditions so patients attending for ECP can be compared with other angina sufferers. Questionnaires are completed before treatment and in the two weeks following the end of treatment.

Two different responses are shown right. The SF36 rates a person on 8 different parameters reckoned to assess how patients have fared on three crucial factors: relief of distress, restoration of function and prevention of disability. These parameters are: 1. Physical Function 2. Role-Physical (problems with daily activity due to physical health) 3. Body Pain 4.

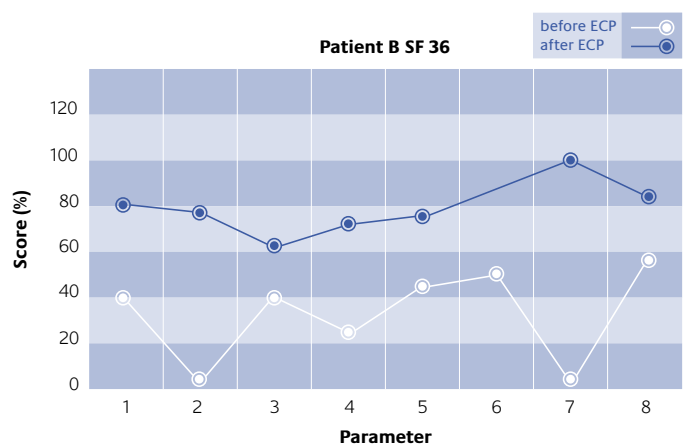
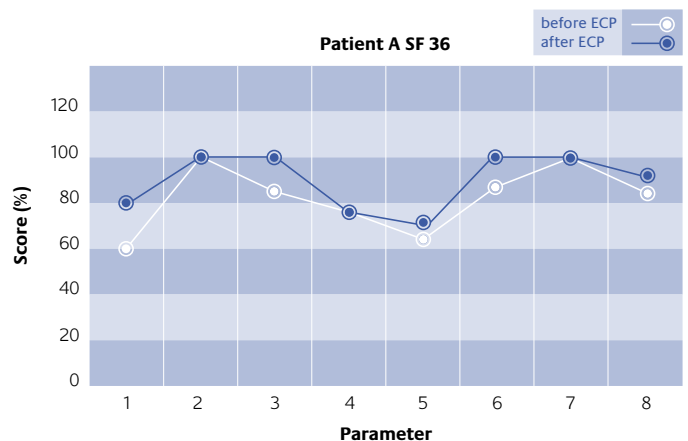
General Health 5. Vitality 6. Social Functioning 7.

Role-emotional (problems with daily activity due to stress problems) and 8. Mental Health. The numbers relate to the x-axis of the graph. Each parameter is scored out of 100 with 100 being perfect health.

Patient A had a good response to ECP as far as his angina was concerned. His pre-treatment SF36 showed him to have a fairly satisfactory lifestyle anyway. His angina has completely remitted. He no longer takes nitrates for acute attacks and although the before and after changes in the questionnaire are not statistically significant he has reached 100% on four parameters.

Patient B was sicker to start with and has not completely lost his angina. But he has halved the amount of nitrates he is taking, increased his exercise tolerance and greatly improved his lifestyle. Significant changes have occurred in parameters 2, 4 and 7.

We see a wide range of responses to ECP as illustrated in these two graphs. Not only does angina improve or disappear in three out of four patients, but changes in lifestyle bears witness to an individual's capacity to cope with his disability. Since we began ECP at the Wellington, none of the successfully treated patients have made visits to their local A & E departments because of angina.



## Imaging Department gets a second MRI - a UK first for the private sector

**The Wellington has become the first hospital in the private sector to have two full size MRI scanners in addition to its full range of the latest imaging technology. It'll mean that the department's twenty-strong team of radiologists will have greater flexibility and the capacity of booking a non-emergency scan within a matter of hours.**



The new MRI, which is situated near the newly uprated original machine in the South building, has been installed just as the imaging department has undergone a major refurbishment.

Department Head, Leslie Gabriel, (left) says there are more innovations on the way. "We already have more technology available in this interventional radiology unit than anywhere else and we are now moving towards being a 'film-less' hospital", he said.

"We are now in the process of installing a new Computed Radiography System which is being linked to our hospital information system and PACS. The pilot project will link up the acute surgical wards this year and over the next two years it'll be rolled out to the entire campus", said Leslie.

"We try very hard to turn around outpatient reports within 24 hours. The specialist staff we have here, radiographers, specialist nurses and the specialist 'back office staff' make a tremendous team - they are the best", said Gabriel.

The department has five divisions: Interventional Radiology, MRI, CT, Ultrasound and General X-Ray and further developments will be announced in future editions of Wellington Today. While the department's emergency imaging service is 24x7, outpatient bookings are available for 8 am to 6 pm Mondays to Fridays.

**STOP PRESS: Just as we go to print we learn that the hospital has ordered a 64 slice General Electric CT scanner. More news on this in the next edition of Wellington Today!**

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## In the next issue of Wellington Today

The Wellington's £1.5 million gynaecology centre

Endovascular repair techniques for aneurisms

64-slice CT scanning technology for the Wellington

Advances in spinal surgery

## Seminars at the Wellington

Thursday 2nd June 2005

"Difficult Dyspepsia"

- Dr. Laurence Lovat,

Consultant Gastroenterologist

Thursday 7th July 2005

"Lasers for Varicose Veins"

- Mr. Christopher Bishop,

Consultant Surgeon

Registration and supper:

7.00pm Lectures: 8.00pm



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