

## PROFILE OF THE LONDON CLINIC

# High-tech business investing in itself

With The London Clinic being a charity, we asked its chief executive **Al Russell** (below) where all the money goes



DURING MY first year as chief executive of The London Clinic, it has surprised me how few people realise we are a charity.

Charitable status has been fundamental to who we are as a hospital since 1935 and will continue to be in years to come.

Our purpose as a charity is to re-invest our surplus profit to advance healthcare and support research and education.

This, in turn, must benefit not only our patients and their families, but also the wider medical community.

To achieve this, we have to run a great hospital and a great business. We are hospital, a business and a charity.

## Investing our income

We are governed by the chairman and board of trustees and they delegate the day-to-day management of the hospital to myself and the executive board of directors.

While we have no need to impress profit-driven shareholders, we do have a responsibility as a charity to grow our surplus profit so we can re-invest this back into the hospital to fulfil our charitable purpose.

While it's true that we do not pay any tax on our surplus, it's also true that we cannot benefit from any off-setting tax allowances on capital investment, which is what we use the profits for.

Our investment decisions are made against additional non-financial criteria:

- Delivering exceptional patient care ;
- Clinical innovation in technology and treatments;
- Advancing healthcare knowledge and medical research.

## Highly rated

We collect monthly patient feedback and measure trends closely. One of the questions that we ask is whether a patient would recommend The London Clinic to their friends or their family.

Throughout 2017 and 2018, we consistently scored in the high 90s percentage for the answer to

this question. Trust and faith in our nursing staff also scores consistently in the high 90s.

One of our largest insurers rated us as a top hospital performer in greater London for both patient experience and for having the lowest number of patient complaints.

Our high nurse-to-patient ratios, 32 clinical nurse specialists and 24/7 resident medical officer cover in specialist disease areas provide dedicated inpatient and outpatient expertise to consultants, patients and families. The quality of our nursing is a source of great pride within the organisation.

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ABOVE: The new Siemens Magnetom Vida 3T MRI scanner is lowered in through the roof of the Duchess of Devonshire Wing in July

There are nursing stations outside every room in the ICU, so patients can be monitored and cared for without being disturbed

### Free care for patients

Palliative care for cancer is not re-imbursed by insurers, so we deliver these services at no cost to patients in the Duchess of Devonshire Wing. Helping and supporting patients through this incredibly difficult time is fundamental to our charitable ethos and 'caring' value.

The Care Quality Commission rated our complementary palliative care service as 'outstanding' and we are very proud of the work we do for these and all of our patients. In 2017, more than 90 patients and their families benefited from this service.

For many people diagnosed from blood cancer, a stem cell transplant is often the only chance of a cure. We are the only private hospital in the UK to offer bone marrow and peripheral stem cell collection, supported by our on-site pathology and dedicated stem cell laboratory, accredited by JACIE and UKAS.

We have worked with Anthony Nolan, the UK's largest blood cancer charity, for over 17 years to provide bone marrow and peripheral stem cell collection services. We also provide stem cell collection and laboratory services to British Bone Marrow Registry, DKMS and a major NHS trust.

In 2017, around 730 stem cell and bone marrow collections were performed by The London Clinic, benefiting patients across the world. We are largest stem cell collection point in Europe and we run this service in a fantastic partnership led by The London Haematology Group.

### Complementary therapy

The London Clinic also offers complementary counselling sessions free of charge to our cancer patients and their families.

Each session is tailored to each individual, drawing upon a range of therapeutic techniques, including mindfulness-based cognitive therapy, solution-focused therapy and relaxation in order to promote positive coping with cancer.

Our hospital offers complementary therapy services, such as reflexology and spiritual healing, to help patients with their transition back to their lives outside the hospital. In 2017, we supported 107 patients with our complementary therapies and counselling services.

The Duchess of Devonshire Wing, where all of our cancer care is provided, recently won the award of International Cancer Centre of the Year at this year's IMTJ Medical Travel Awards.



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consultant orthopaedic surgeon, introduced a new service utilising a cutting-edge Navio robot with sophisticated computer navigation, revolutionising knee replacement surgery.

The device uses 3D infra-red technology that aids the surgeon to minimise the amount of bone removed from the knee, ensuring the artificial joint is more accurately placed to suit the patient's anatomy.

This aims to improve the longevity and comfort of the implant as well as reducing the overall time the patient spends in the hospital, thus further minimising the risk of post-operative complications.

We were also proud to treat our first patient with Parkinson's disease using deep brain stimulation (DBS). This is a procedure in which stimulating electrodes are placed into the deep structures of the brain.

This is led by Mr Erlick Pereira, consultant neurosurgeon and spinal surgeon. For the procedure, electrodes are connected to an implanted pulse generator which is battery powered.

Selected patients with treatment-resistant movement disorders such as Parkinson's disease, tremor and dystonia can benefit.

Competing against other international hospitals, winning the International Cancer Centre of the Year category is pleasing to win because cancer centres must show evidence of the numbers and type of patients treated, quality and range of services and patient satisfaction feedback.

Patients receive an exclusive cancer care pathway from diagnosis through to outpatient support.

### Clinical innovation

There are many examples of clinical innovation, but I'll share some of the most recent ones.

This year, Mr Dinesh Nathwani,

Successful DBS allows a decrease in medication or makes a medication regimen more tolerable in these disorders.

There are gains in movement and control. The intervention is used for carefully selected patients, in accordance with clinical eligibility criteria, who cannot be adequately controlled with drugs or whose drugs have severe side-effects.

### Intensive care

We opened our intensive care unit (ICU) in November 2016, which provides advanced, safe care (level two and three) to our patients and support to our surgeons performing complex surgery.

The decision in 2012 to build a new ICU was influenced by the vision to provide clinical excellence for our consultants and the desire to provide more privacy and dignity for patients.

Building it in a busy hospital in

central London was challenging and we are delighted by the high-quality outcome.

The ICU has natural light and ensuite wet rooms with hoist access from beds in all 13 individual patient rooms and a sophisticated airflow system throughout the unit for infection control.

There are nursing stations outside every room, so patients can be monitored and cared for without being disturbed.

And our rooms have 'smart glass' technology which can switch from transparent to opaque with the press of a button – giving privacy to patients and their visitors.

We are the first UK hospital to invest in the newest Siemens 3T MRI scanning technology that offers exceptional quality imaging, supporting specialty areas such as orthopaedics, oncology, urology and neurology.

Our MRI facilities have been

designed with patient comfort in mind as we want them to feel at ease during their scan. This opened in mid-September.

These are examples of new procedures and facilities that we decide to invest in with an approach that is not a typical 'return on investment' equation. Our charitable purpose is often the decisive factor in our decision.

### Advancing healthcare knowledge and research

Our Advanced Therapies Centre (ATC) manages phase I-IV clinical trials for new medicines and special access programmes for unlicensed medicines. We currently have two open oncology clinical trials and five in the pipeline.

We provide research governance, clinical trial management and quality assurance and facilities collaboration with seven NHS hospitals, universities and charities. Examples of where we have

supported our consultants include Target R for breast cancer and RADIOCYST for pancreatic cysts.

Our investment in staff and wider healthcare community is a major priority. Our clinical nurse specialist team provides mentoring and advice for student nurses from City University who are starting their careers.

Our radiotherapy and radiology departments support students from City University throughout their training.

We also invest heavily to develop our own clinical and non-clinical teams, with a substantial training programme ranging from professional development courses to leadership diploma qualifications for our managers that are accredited by the Chartered Management Institute.

We will continue to work hard to deliver excellence, increase our surplus profit and invest in our charitable purpose. ■

## ADVERTORIAL: MEDICAL RISK SERVICES LIMITED

# Pelican support fits the bill

MEDICAL RISK Services Limited (MRSL) has extended its support for good causes by announcing a year-long tie-up with the Pelican Cancer Foundation charity.

MRSL, a leading provider of insurance, advice and services to medical practitioners, will offer practical and specialist help to the charity, will help promote its work and will seek fundraising opportunities.

The initiative will also see MRSL donate part of its commission from any medical indemnity or insurance product placed with it by a medical business during the 12 months.

MRSL director Chris Cloke Browne said: 'We're absolutely delighted to offer our support to Pelican for the next year. The charity has been working tirelessly for more than a quarter of a century, making a huge difference to those people affected by cancer.'

Created to support pioneering



Pelican's Tim Lockwood (left) with MRSL director Chris Cloke Browne

colorectal surgical work, Pelican focuses its efforts and resources on improving precision surgery for cancer of the bowel, liver, bladder and prostate.

The charity leads research into pelvic cancer surgery and treatment, while also delivering professional courses for surgeons and cancer teams, in order to

develop and communicate latest procedures.

It aims to discover the most effective treatment for each individual patient, refining treatment options to achieve the best outcomes for patients' survival and quality of life.

Tim Lockwood, community and corporate fundraiser with

Pelican, said: 'We are very excited and thrilled that MRSL will be partnering with us over the next year in helping make a difference by innovating precision surgery for patients with below-the-belt cancers.'

### Fundraising initiatives

MRSL's support for Pelican comes on the heels of a range of fundraising initiatives, for organisations including Crohn's & Colitis UK and Basingstoke-based St Michael's Hospice. It has also supported Challengers, which runs community-based projects for children and young people with disabilities.

More details on Pelican Cancer Foundation are available by visiting [www.pelicancancer.org](http://www.pelicancancer.org) or phoning 01256 314746.

For further information on MRSL and its services, please contact 0203 058 3733, email [enquiries@mrsenterprise.com](mailto:enquiries@mrsenterprise.com) or visit [www.mrsenterprise.com](http://www.mrsenterprise.com)