

Quality Account  
2012/13



# About Spire Healthcare

Spire Healthcare is a group of 38 private hospitals, London Fertility Centre, Lifescan and 11 clinics. We offer elective surgery and medical services to privately insured, self-pay and NHS patients.

We are extremely proud of our 29-year heritage of providing healthcare services and of our vision, mission and values as an organisation.

## **Our vision**

- To be recognised as a world class healthcare business.

## **Our mission**

- To bring together the best people who are dedicated to developing excellent clinical environments and delivering the highest quality patient care.

## **Our values**

- Caring is our passion
- Succeeding together
- Driving excellence
- Doing the right thing
- Delivering on our promises
- Keeping it simple

# Our hospitals

01 **Blackpool**  
Spire Fylde Coast Hospital

02 **Brentwood**  
Spire Hartswood Hospital

03 **Brighton**  
The Montefiore Hospital

04 **Bristol**  
Spire Bristol Hospital

05 **Bushey**  
Spire Bushey Hospital

06 **Cambridge**  
Spire Cambridge Lea Hospital

07 **Cardiff**  
Spire Cardiff Hospital

08 **Chatham**  
Spire Alexandra Hospital

09 **Edinburgh**  
Spire Murrayfield Hospital

10 **Edinburgh**  
Spire Shawfair Park Hospital

11 **Elland**  
Spire Elland Hospital

12 **Farnham**  
Spire Clare Park Hospital

13 **Gatwick**  
Spire Gatwick Park Hospital

14 **Gerrards Cross**  
Spire Thames Valley Hospital

15 **Harpenden**  
Spire Harpenden Hospital

16 **Hastings**  
Spire Sussex Hospital

17 **Hull**  
Spire Hull and East Riding Hospital

18 **Hythe**  
Spire St Saviour's Hospital

19 **Leeds**  
Spire Leeds Hospital

20 **Leicester**  
Spire Leicester Hospital

21 **Liverpool**  
Spire Liverpool Hospital

22 **Macclesfield**  
Spire Regency Hospital

23 **Manchester**  
Spire Manchester Hospital

24 **Methley**  
Spire Methley Park Hospital

25 **Norwich**  
Spire Norwich Hospital

26 **Portsmouth**  
Spire Portsmouth Hospital

27 **Reading**  
Spire Dunedin Hospital

28 **Redbridge**  
Spire Roding Hospital

29 **Solihull**  
Spire Parkway Hospital

30 **Southampton**  
Spire Southampton Hospital

31 **Southend-on-Sea**  
Spire Wellesley Hospital

32 **Sutton Coldfield**  
Spire Little Aston Hospital

33 **Tunbridge Wells**  
Spire Tunbridge Wells Hospital

34 **Warrington**  
Spire Cheshire Hospital

35 **Washington**  
Spire Washington Hospital

36 **Wirral**  
Spire Murrayfield Hospital

37 **Worcester**  
Spire South Bank Hospital

38 **Wrexham**  
Spire Yale Hospital



# Chief Executive's statement

I am pleased to introduce our 2012/13 Quality Account. This gives an overview of the quality of services we provide for NHS patients, outlines how we performed against our priorities for improvement in 2012/13, and what our priorities are for 2013/14.

Spire is focused on becoming the best private hospital group in the UK, delivering outstanding care and outcomes for all our patients. This is our primary goal. If patients, GPs and consultants trust and recommend us, our business will continue to grow and prosper.

## Becoming a healthcare leader

For Spire to be in a position to deliver quality care to the highest number of patients, we need consultants to view us as their first choice to treat their patients, we need motivated, caring and highly skilled staff who regard Spire as a great place to deliver their best work, we need to be in every private medical insurer's network, and we need to work ever more closely with NHS GPs and commissioners.

I am proud to say that in the five years since Spire was created, consultant satisfaction has improved by 27%, patient satisfaction has increased from 87% in 2008 to 92% in 2012, staff engagement has improved every year, and patient outcomes have improved.

## Sustained investment

Since 2007, we have invested over £455 million in the business.

In November 2012 we opened our 38th hospital, the Montefiore in Brighton and Hove. This new £35 million development offers patients some of the most comprehensive and highest quality private healthcare in the area.

We have invested in areas of high acuity such as cancer, cardiology and neurology. The ability to undertake complex procedures and to provide high levels of complex care is a key Spire growth strategy and a source of competitive advantage.

Rob Roger

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“Spire is focused on becoming the best private hospital group in the UK, delivering outstanding care and outcomes for all our patients.”

We are also diversifying the range of services we can offer. Since acquiring Lifescan we have become one of the UK's leading independent providers of CT health checks aiming to detect the early signs of three of the main causes of death in the UK: heart disease, colon cancer and lung cancer. This service has now extended to 22 of our hospitals as well as two standalone centres.

We now have six centres offering cutting-edge technologies with physiotherapy and sports and exercise medicine expertise to elite athletes, sports teams and other individuals to help improve performance in sport, work and life.

As the official healthcare partner for the Football Association's new National Football Centre, we opened Perform's flagship centre at St George's Park, Burton-on-Trent, in autumn 2012. St George's Park is now one of the best sites in the world for sports training and development. It is aiming to be a FIFA F-Mark Centre of Medical Excellence in the UK, one of only a handful of such facilities in the world, and it is the UK's first totally integrated sports medicine centre open to both professional athletes and the general public.

Spire Pathology Services is now one of the UK's largest networks of independent pathology laboratories, serving both the NHS and the private sector. One notable highlight of 2012 was the service our pathology team provided for athletes and their supporting teams at the London Olympics and Paralympics. We continue to develop other service and revenue streams such as fertility treatment, through the London Fertility Centre.

### Developing our people

At an operational level, our strategy has been to devolve responsibility and raise hospital autonomy, resulting in faster decision-making and greater accountability. This has resulted in greater workforce flexibility and engagement, and increased the pace of performance improvement throughout the organisation.

Our staff engagement survey response rate has increased from 66% (2008) to 82% (2012) and survey results show considerable and sustained improvements since our programme began in 2008.

The percentage of staff who now recommend Spire as a great place to work is 78%. This is an increase of 16% since 2009.

We continue to invest heavily in developing both current and future managers, nurturing leadership talent. Spire is an organisation where high performance is valued and recognised.

### Focus on our core UK market

Our strategic future is largely framed by current developments within the UK healthcare market. Two areas of recent healthcare reforms have been the development of patient choice and the opening of markets to any qualified provider.

While the NHS dominates healthcare provision in the UK, we believe that private healthcare will form a key part of an integrated healthcare system, providing choice, convenience and enhanced care to private and public patients. For the NHS and the private sector to work together in an atmosphere of trust and cooperation, it is imperative that the private healthcare industry not only provides the highest quality care and outcomes but also that it is open, transparent and willing to provide data to enable comparative analysis.

# 92%

of patients rated our overall service 'excellent' or 'very good'

## Chief Executive's statement continued

### Comparing performance

One of the current barriers to patient choice and effective competition is the lack of comparable quality and performance data for NHS and private hospitals. Accessible, standardised and comparable information would allow patients to make an informed choice, facilitate a better market and provide better outcomes for patients in terms of price and quality.

We are actively involved in the Private Healthcare Information Network (PHIN), the industry's initiative to provide comparable quality and pricing information. The top five private healthcare providers have been working together since 2009 to develop a uniform system to record all privately funded treatment episodes in a manner which will seek to mirror as far as possible the HES database used by the NHS.

PHIN's website, containing data from all the major private providers, went live in April 2013 and comparable pricing information on the top 70 procedures (which currently accounts for the majority of all private healthcare) will be available on the websites of the top five private hospital groups.

We strongly support the PHIN initiative and believe that it is a crucial step towards greater transparency which will enable patients and GPs to make an informed decision, and lead to improved integration of NHS and private healthcare provision.

### Vision, mission and values

We want to be recognised as a world class healthcare business and a trusted partner. We will achieve this by bringing together the best people, as teams, dedicated to delivering the highest quality patient care, in excellent clinical environments.

Over 2012 we conducted a widespread consultation and development exercise culminating in February 2013 in the relaunch of our vision, mission and values.

Our value statements are:

- Caring is our passion
- Succeeding together
- Driving excellence
- Doing the right thing
- Delivering on our promises
- Keeping it simple

A comprehensive communications and engagement programme is planned to embed and reinforce these values throughout the organisation, underpinned by suitable policies, objectives and procedures.

### Outlook

Six years after the establishment of Spire as an independent hospital group we have succeeded in building an outstanding private healthcare provider of significant scale. The UK private healthcare market continues to be a sector of outstanding opportunity and we are ideally positioned to play a leading role in its development. We are focused on the next stage in our strategic development.

Whatever Spire Healthcare's path, we will remain dedicated to offering patients the highest standards of care at every stage of their treatment, helping them every step of the way.



**Rob Roger,**  
Chief Executive

## Group Medical Director's statement

We place the interests of our patients at the heart of everything we do, so it is particularly pleasing to see our patients' overall satisfaction improve again in 2012 with 92% telling us that their experience was either 'excellent' or 'very good'.

While patient complaints have fallen for the third year in succession, I am particularly encouraged at the improvement achieved by hospitals in terms of how our patients perceived the 'Care and Attention of Nurses' – up from 89% last year to 92% in 2012 (again 'excellent' or 'very good'). At Spire, our Matrons understand that not only must we deliver technically excellent care, but that we must do so with kindness, compassion and dignity.

### Priorities for improvement 2012

I am pleased to report that Spire Healthcare successfully met each of the three priorities for improvement set out in the 2011/12 Quality Account:

1. Reducing the risk of falls for patients admitted to hospital
2. Improving medicines safety through learning from pharmacy interventions undertaken to avoid medication errors
3. Improving compliance with information governance training

This was a year in which Spire faced some considerable challenges. Chief among these was the discovery at the beginning of 2012 when it was reported that the filler used in PIP breast implants was of a lower quality than that approved by the medical products regulator, the MHRA.

While subsequent toxicology tests have, thankfully, concluded that the altered filling is not harmful to the health of patients, I am nevertheless proud of the way we committed ourselves without hesitation to prioritising the wellbeing of our patients, standing by our motto 'Looking after you' when it came to supporting those who had received affected PIP breast implants. Spire contacted, reviewed and counselled those affected, and replaced the implants of those who chose this option – all at no cost to our patients.

As a result, we demonstrated not only through our words, but also through our actions, that Spire Healthcare is an organisation in whom patients can have confidence and trust.

Reflecting on Spire's clinical performance for 2012, our exceptionally strong infection control merits special mention. With only one case of MRSA bacteraemia, two cases of MSSA bacteraemia, and two cases of C. difficile, 2012 was the year our hospitals reported the fewest episodes of notifiable infections to the Health Protection Agency since Spire Healthcare was formed in 2007. At the same time, our surveillance programme following hip and knee replacement demonstrated a further reduction in surgical site infection from 0.49% last year to 0.34% in 2012. This is testament to compliance with best practice and attention to detail by our nursing teams.

Returns to theatre (0.16%) fell from an already low rate, unplanned transfers remained static and low (0.06%), as did readmissions (0.27%). However, our goal in caring for our patients is not simply to avoid the complications of treatment, but to improve their wellbeing and health. To this end, we measure the degree to which health function improves as a result of treatment, through our participation in Patient Reported Outcome Measures (PROMs) programmes. For the first time ever, PROMs are available for all private and NHS providers undertaking hip and knee replacements, on a risk-adjusted and comparable basis taking into account differences in patient-mix. Results show three Spire hospitals in the top ten in England for patient health gain following both hip replacement (Spire Washington, Leeds and Murrayfield hospitals) and knee replacement (Spire Portsmouth, Washington and Hull and East Riding hospitals).



## Group Medical Director's statement continued

In February 2013, the final report of the Mid Staffordshire NHS Foundation Trust public inquiry was published. In the report, the inquiry chairman, Robert Francis QC, makes 290 recommendations designed to make sure patients come first by creating a common patient-centred culture across the NHS. Spire is reviewing the recommendations and, in the first instance, are planning to:

- Incorporate Spire's values (reviewed in 2012 and relaunched in February 2013) into our recruitment and interview processes for new candidates. Spire already monitors employee engagement and in 2012, 78% of Spire staff said that Spire was a great place to work, compared with 51% of NHS staff
- Review our standard contract for Health Care Assistants
- Document our current approach to liaising with the Nursing and Midwifery Council when disciplinary procedures are being undertaken against nursing staff in Spire's Disciplinary Policy
- Review Spire's policy on disclosure following adverse events to ensure it reflects the recommendations of the Francis Report

## Oxford Hip Score

### Risk adjusted follow-up score



- Spire average
- NHS average

### Risk adjusted health gain



- Spire average
- NHS average

## Oxford Knee Score

### Risk adjusted follow-up score



- Spire average
- NHS average

### Risk adjusted health gain



- Spire average
- NHS average

### Private Healthcare Information Network

30 April 2013 saw the public launch of the Private Healthcare Information Network (PHIN) website, enabling patients and GPs to directly compare nearly 200 independent hospitals on a range of quality of care indicators for the first time.

The Private Healthcare Information Network, a collaboration involving almost all independent hospital operators, will publish standardised and directly comparable information drawn from records of both private and NHS treatment.

The site enables patients and clinicians to search for local hospitals by procedure and to compare how they perform based

on data from the treatment of more than a million patients a year.

The first version of the site shows how frequently a hospital undertakes a procedure and how many nights a patient might expect to stay, along with details of whether it is regulated to treat children as well as adults.

Further planned developments include the publication of patient reported outcome measures (PROMS), infection rates, joint replacement revision rates and patient experience measures using the NHS 'Friends and Family Test' for all patients, NHS and private.



- Continuing to ensure every death without a documented Do Not Attempt Resuscitation Notice continues to be reported and investigated as a serious adverse event (SAE). All SAEs are reported to Spire's Executive Management Team on a weekly basis, to the Board on a monthly basis, and discussed at the Clinical Governance and Risk sub-committee of the Board on a quarterly basis

Looking forward, we have set out five strategic goals that will guide our clinical programmes for the foreseeable future:

- To deliver value through reliable care processes resulting in superior clinical outcomes
- To offer superior customer service by consistently delivering responsive, compassionate and dignified care
- To enhance our reputation for clinical excellence by supporting clinical research and new service developments
- To enable clinical education that meets the needs of the business and our trusted partners
- To support our businesses to comply with professional and non-professional regulation

I believe that the next three years will see much greater transparency with respect to clinical performance and quality, and I welcome this. Spire was the first hospital group in either the private or public sectors to publish (in 2006) a wide range of performance indicators, including patient reported outcomes, via individual hospital websites. Greater availability of comparable information on quality will inevitably enhance patient choice and control of their healthcare. It is my firm belief that Spire Healthcare has the right culture, leadership and people to increasingly differentiate on the basis of clinical quality and customer service and the ambition to do so for the benefit of our patients.



**Dr Jean-Jacques de Gorter,**  
Group Medical Director

#### MRSA bacteraemia (per 10,000 bed days)



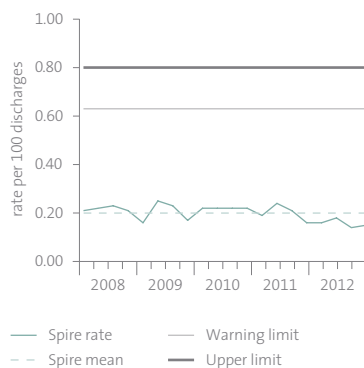
\*NHS data on MRSA bacteraemia  
[http://www.hpa.org.uk/web/HPAwebStandard/HPAweb\\_C/1233906819629](http://www.hpa.org.uk/web/HPAwebStandard/HPAweb_C/1233906819629)

#### Clostridium difficile infection (per 10,000 bed days)

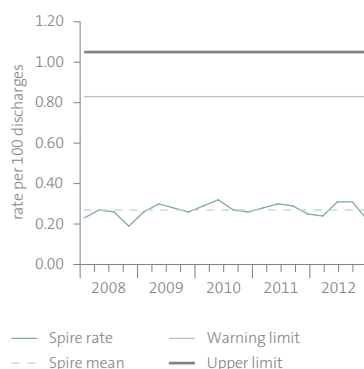


\*NHS data [http://www.hpa.org.uk/web/HPAwebStandard/HPAweb\\_C/1179746015058](http://www.hpa.org.uk/web/HPAwebStandard/HPAweb_C/1179746015058)

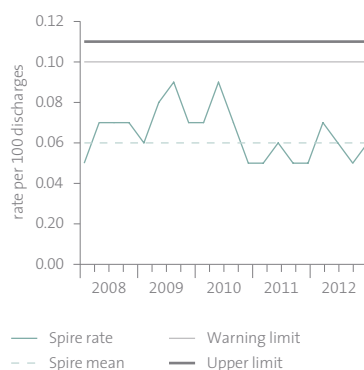
#### Unplanned return to theatre – five year trend



#### Unplanned readmission – five year trend



#### Level 2/3 transfers – five year trend



# How we performed: priorities for improvement 2012/13

In our last quality account, Spire set three priorities for improvement:

1. Reducing the risk of falls for patients admitted to hospital
2. Improving medicines safety through learning from pharmacy interventions undertaken to avoid medication errors
3. Improving compliance with information governance training

## 1. Reducing the risk of falls for patients admitted to hospital

About 152,000 falls are reported in acute hospitals every year in England and Wales at an estimated cost of £15 million per annum for immediate healthcare treatment alone<sup>1</sup>. Across the NHS more falls are reported to the National Reporting and Learning System than any other type of patient safety incident.

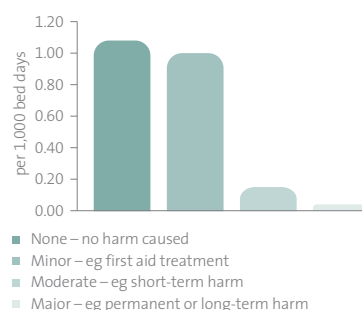
Preventing patients from falling can present a difficult challenge. Surgery can affect people's mobility and anaesthetic, sedation, pain relief and other types of medication increase the risk of falling. Levels of mobility also change during a patient's admission as they progress towards discharge.

However, there are measures hospitals can implement to reduce the risk of falling. All in-patients admitted to a Spire hospital undergo a falls risk assessment which is repeated during their stay.

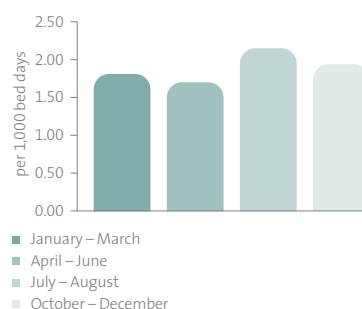
Interventions that can reduce the risk include:

- Ensuring required items (such as water) are in reach
- Checking footwear to ensure it is appropriate
- Assessing the surrounding environment for safety hazards, avoiding clutter and removing spillages
- Ensuring patients are instructed in the use of the nursing call bell
- Educating patient/carers in safe movement practices

Reported falls 2012



Reported falls 2012



<sup>1</sup> National Patient Safety Agency. Slips, Trips and Falls in Hospital. The third report from the Patient Safety Observatory. 2007.

- Educating patients to request assistance when mobilising
- Placing patients in an observable room where possible
- Considering the use of a patient sensor

However any intervention needs to be balanced with respect for privacy and dignity and the need to encourage and maintain independence whenever possible.

Data from regularly reporting hospitals suggests an average of 4.8 falls per 1,000 bed days. In 2012, Spire's rate of reported falls was 1.90 per 1,000 bed days, but comparisons may be unreliable because of differences in case mix, the way data is collected and the severity of illness experienced by patients.

Our aim in 2012 was to review the application of falls prevention strategies across Spire hospitals. To achieve this aim, our hospitals undertook a retrospective audit of falls reported during 2011/12 and the learning was shared in our annual clinical governance and quality report.

The majority of falls reported during 2012 (90%) resulted in no harm or minor harm requiring first aid treatment. 8% resulted in moderate (eg short-term) harm with the remaining 2% resulting in major harm such as a fracture requiring further in-patient treatment, and accounting for a total of 68 unintended days in hospital.

Results from our audit indicated that the average age of those who fell was 68 years, with those most at risk aged 70 or more. Most falls were seen in patients undergoing hip and knee replacement, with twice as many patients falling in daytime hours compared with night-time hours (with a peak between 1pm and 2pm). Patients typically fell during times of physical activity, particularly whilst walking to or from the toilet or shower.

The recommendations arising from the audit form one of Spire's priorities for improvement for 2013.

## 2. Improving medicines safety through learning from pharmacy interventions undertaken to avoid medication errors

While medicines play an important role in maintaining and restoring health and in the treatment of disease and injury, there are inherent risks in using any kind of medication. Many are toxic, for example, when given in the wrong dose and some types of medicines don't interact well with each other. While all hospitals have controls in place relating to the use of medicine, patient safety incidents involving medicines are the third largest group of incidents reported to the National Reporting and Learning System. The National Patient Safety Agency (NPSA) estimates that preventable harm from medicines could cost more than £750 million each year in England.<sup>2</sup>

A medication error is defined as "any incident where there has been an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicines advice, regardless of whether any harm occurred or was possible. This is a broad definition and most errors result in no or low harm".

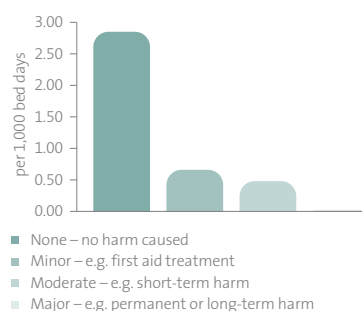
It is very important that medication errors are reported because patient safety incidents of this type provide an important source of learning and help hospitals to reduce the risk of similar incidents in the future.

During 2012, the rate of reported medication incidents across Spire hospitals was 3.99 per 1,000 bed days. The vast majority of reported incidents (71%) resulted in no harm; 17% resulted in minor harm, with the remaining 13% resulting in moderate (ie short-term harm).

Of the incidents reported in 2012:

- 40% were administration errors (for example omitted doses or timing of doses)
- 20% related to adverse (allergic) reactions to medication

Reported medication incidents 2012



<sup>2</sup> National Patient Safety Agency. The fourth report from Patient Safety Observatory. Safety in doses: medication safety incidents in the NHS. 2007.

## How we performed: priorities for improvement 2012/13 continued

- 15% were dispensing errors (for example, the package label was incorrect)
- 15% were prescribing errors (for example, an inappropriate dose was prescribed or a potential drug interaction was identified)

However, even in hospitals with a strong reporting culture, medication errors may be under-reported, particularly if the error is corrected before the medicine is given to the patient. Our aim in 2012 was to improve medicines safety through learning from pharmacy interventions undertaken to avoid medication errors. During the year, ongoing audit helped to identify a number of lessons which reinforce the following processes:

- Ensuring the nurse discharging the patient checks all patient's details on the discharge medication package before giving them to the patient
- Ensuring that the discharging nurse double-checks the medications dispensed against the discharge prescription
- Ensuring double-checks are completed to confirm the labelling of medication is correct at the point of dispensing
- The availability of a pharmacist to review in-patient medication records on a regular basis (preferably daily) to ensure that:
  - They are legal, legible, unambiguous and complete
  - Medicines are prescribed by approved name and correspond to the name on the medicine container
  - The dose is within accepted limits and is adhered to
  - Times of administration are appropriate and are being adhered to
  - The route of administration is appropriate
  - Treatment is not duplicated
- There are no medicine/disease incompatibilities
- There are no significant medicine/medicine interactions
- There are no contraindications nor is any medicine prescribed to which the patient is hypersensitive
- Adverse reactions to medicines are monitored, recorded and reported using the single incident reporting system
- Medicines requiring dispensing/supply are identified
- Discharge planning and patient counselling with regard to medicines is managed in an appropriate and timely manner
- Errors and omissions are recorded and reported using the single drug incident reporting system

During 2013, all Spire hospitals will be encouraged to participate in pharmacy interventions audits and to discuss the results at their hospital clinical governance and quality committees.

### **3. Improving compliance with information governance training**

Information governance requires that the necessary safeguards are in place for the use of patient and personal information. As a healthcare provider, Spire has a duty to keep full and accurate records of the care we provide and to ensure that confidentiality is respected and records are stored securely. Information governance training helps to raise awareness of the issues relating to the handling and processing of personal information and is the foundation of good information governance practice.

Our aim was for 95% of Spire staff to have completed at least one information governance training module (to meet the target set by the Department of Health for hospitals providing services to NHS funded patients). In total, 9,532 (95.1%) Spire staff members completed their IG training between April 2012 and March 2013 (the NHS training year).

# Priorities for improvement 2013/14

Spire has chosen the following three priorities for improvement for 2012/13:

1. Reducing the risk of falls for patients admitted to hospital
2. Increasing the number of post-op follow-up consultations undertaken by telephone rather than asking patients to attend hospital for a face-to-face appointment
3. Encouraging participation from patients in the "Friends and Family" test

## 1. Reducing the risk of falls for patients admitted to hospital

### Why is reducing the risks of falls important?

To meet one of our priorities for improvement identified for 2011/12, Spire hospitals undertook a retrospective audit of reported falls and the learning was shared in our annual clinical governance and quality report.

The majority of falls reported during 2012 (90%) resulted in no harm or minor harm requiring first aid treatment. 8% resulted in moderate (eg short-term) harm with the remaining 2% resulting in major harm such as a fracture requiring further in-patient treatment, and accounting for a total of 68 unintended days in hospital.

Results from our audit indicated that the average age of those who fell was 68 years, with those most at risk aged 70 or more. Most falls were seen in patients undergoing hip and knee replacement, with twice as many patients falling in daytime hours compared with night-time hours (with a peak between 1pm and 2pm). Patients typically fell during times of physical activity, particularly whilst walking to and from the toilet or shower.

### Aim/goal:

Recommendations arising from the audit included:

- Hospital Matrons should ensure that patients assessed as medium or high risk have additional care consistently planned in the form of a care plan to minimise their risk of falling. Spire's national clinical services team will make available a pre-populated care plan for use by hospitals in 2013
- The national clinical services team will review Spire's hip and knee replacement care pathways to ensure all relevant care is recommended to prevent falls in these highest risk patients
- The national clinical services team will assess progress with reducing the risk of falls during on-site nursing reviews undertaken at every Spire hospital during 2013

Spire will progress these recommendations and monitor their impact on reducing the risk of patient falls across the Spire group of hospitals.

### How will progress to achieve this priority be monitored by Spire?

In-patient falls per 1,000 bed days will be monitored as a clinical indicator in Spire's clinical scorecard, as one of a range of performance measures focusing on treatment reliability, patient safety, compliance with healthcare standards, clinical effectiveness and staff empowerment.

## 2. Increasing the number of post-op follow-up consultations undertaken by telephone rather than asking patients to attend hospital for a face-to-face appointment

### Why is increasing the number of post-op follow-up consultations undertaken by telephone rather than asking patients to attend hospital for a face-to-face appointment important?

Digital First (formerly Digital by default) is a Department of Health initiative which aims to reduce unnecessary face-to-face contact between patients and healthcare professionals through the greater adoption of technology. The Digital First programme recognises that face-to-face appointments are, and always will be, central to healthcare, but are not necessary in every case. In fact, face-to-face appointments can often be inconvenient for patients, carers and families.<sup>3</sup> It is estimated that of the 22 million follow-up appointments held every year, up to 75% could be held remotely by telephone or Skype.<sup>4</sup>

Many patients routinely return to the hospital for a follow-up out-patient appointment to check their progress and to ensure they are recovering well after surgery. However, in many cases, these checks could be performed over the phone, for simpler operations and when this is acceptable to the patient.

Spire Healthcare has developed a protocol for undertaking post-op follow-up consultations by phone. This protocol reviews:

- Pain levels (using a 0 – 4 scale)
- Surgical wound appearance
- Return to normal activities
- Any other concerns or questions

The protocol is supported by an escalation process which helps healthcare professionals decide whether further action is required (eg to invite the patient to attend the hospital for a face-to-face review).

### Aim/goal:

200 post-op follow-up consultations were undertaken by phone across Spire hospitals during 2012. Our aim for 2013 is to increase this number by 1,000.

### How will progress to achieve this priority be monitored by Spire?

Spire's national clinical services team will issue a quarterly report to hospitals to monitor progress.

<sup>3</sup> <http://digital.innovation.nhs.uk/pg/dashboard>

<sup>4</sup> NHS. Digital First – The delivery choice for England's population; <http://digital.innovation.nhs.uk/pg/dashboard>

### 3. Encouraging participation from patients in the “Friends and Family” test

#### Why is encouraging participation from patients in the “Friends and Family” test important?

From April 2013, every NHS hospital will be required to ask patients whether they would recommend the ward they have been treated on to their friends or relatives. Based on the principle of the “net promoter score”, a customer services measure used by Apple, Phillips and American Express, the “Friends and Family Test” is a simple, comparable test which, when combined with follow-up questions, provides a mechanism to identify both good and bad performance and encourage staff to make improvements where services do not live up to expectations.

Guidance from the Department of Health<sup>5</sup> summarises the benefits of the “Friends and Family Test”:

- It will mean that staff from ‘boards to wards’ have access to up-to-date patient feedback and thus will be informed and empowered to take immediate action to tackle areas of weak performance and build on success
- Patients will be able to use the information to make decisions about their care and to challenge their local trusts to improve services while championing those who excel
- Commissioners will have an up-to-date and comparable measure to use to benchmark providers and use in contract discussions
- Tracking trends will provide validation of where targeted improvements are most effective

The test is based on the following standardised question: “How likely are you to recommend our ward to friends and family if they needed similar care or treatment?” which should be asked at, or within 48 hours of, discharge.

In response, patients use a descriptive six-point scale to answer the question:

- 1 Extremely likely
- 2 Likely
- 3 Neither likely nor unlikely
- 4 Unlikely
- 5 Extremely unlikely
- 6 Don’t know

The net promoter score is calculated by subtracting the proportion of respondents who would not recommend from the proportion of respondents who are extremely likely to recommend.

The guidance indicates that when publishing the results, providers should indicate the number of responses the results are based on. Increasing the number of responses will help ensure the feedback received is an accurate reflection of the service provided to patients and help to ensure that improvement action is taken when required.

#### Aim/goal:

The national target is for a minimum response rate of 15%. Spire’s aim for 2013 is to significantly exceed this response rate by the end of the year.

#### How will progress to achieve this priority be monitored by Spire?

Spire’s national clinical services team will issue a quarterly report to hospitals to monitor progress.

<sup>5</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/141446/Friends-and-Family-Test-Publication-Guidance-v2-FOR-PUBLIC\\_E2\\_80\\_A6.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/141446/Friends-and-Family-Test-Publication-Guidance-v2-FOR-PUBLIC_E2_80_A6.pdf)



# NHS services provided

## Review of services

During 2012 Spire Healthcare provided and/or subcontracted NHS services leading to 66,800 admissions.

Spire Healthcare has reviewed all the data available to them on the quality of care in provision of these NHS services.

The income generated by the NHS services reviewed in 2012 represents 27% of the total income generated by Spire Healthcare for the year.

## Clinical audit

During 2012 **four** national clinical audits covered NHS services that Spire Healthcare provides. During that period Spire Healthcare participated in **100%** of the national clinical audits which it was eligible to participate in.

The national clinical audits that Spire Healthcare was eligible to participate in during 2012 are as follows:

- **National Elective Surgery PROMS: four operations**
- **National Joint Registry (NJR): hip and knee replacement**
- **Adult cardiac surgery: CABG and valvular surgery**
- **National Bariatric Surgery Registry**

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- **Adult cardiac surgery: CABG and valvular surgery**
- **National Bariatric Surgery Registry**

The national clinical audits that Spire Healthcare participated in, and for which data collection was completed during 2012, are listed below alongside the number of cases submitted to each audit as a percentage of the number of registered cases required by the terms of that audit:

- **National Elective Surgery PROMS: four operations – 90%** (compared with a national average participation rate of 74.6%, based on information published by HES online on 14 February 2013)
- **National Joint Registry (NJR): hip and knee replacement – 95%**, compared with 92% in 2011
- **Adult cardiac surgery: CABG and valvular surgery** – information unavailable as sample sizes varied across participating Spire hospitals and include a mix of NHS and private patients
- **National Bariatric Surgery Registry** – information unavailable as sample sizes varied across participating Spire hospitals and include a mix of NHS and private patients

The reports of six national clinical audits were reviewed by Spire Healthcare in 2012 and Spire intends to take the following actions to improve the quality of healthcare provided:

- Review of reports received from the NJR indicated that consent rates (for data to be held on the registry) were slightly lower than average at three hospitals, and inconsistent entry of the NHS number to the registry at five hospitals. Action plans to improve compliance are in progress
- Following publication of the NCEPOD report into bariatric surgery, Spire Healthcare will undertake a repeat audit to further assess compliance with recommended good practice
- Following NCEPOD's review of patients who underwent cardiopulmonary resuscitation as a result of an in-hospital cardiorespiratory arrest, all cardiac arrests at Spire hospitals will continue to be reported as a serious adverse event with root cause analysis submitted to Spire's national incident review team

The reports of eight local clinical audits were also reviewed by Spire Healthcare in 2012 and Spire intends to take the following actions to improve the quality of healthcare provided:

- Maintain reducing the risk of patient falls as a priority for improvement for 2013
- Following a baseline audit into reported surgical site infections after breast reduction, breast augmentation and abdominoplasty surgery, undertake a more detailed audit including a further assessment of antibiotic prophylaxis
- Completion of venous thromboembolism risk assessments, compliance with Spire's early warning system and satisfactory pain control will remain key clinical indicators for 2013

### Research

The number of patients receiving NHS services provided or subcontracted by Spire Healthcare in 2012 that were recruited during that period to participate in research approved by a research ethics committee was: this information is currently unavailable as research undertaken at Spire hospitals primarily involves patients funded by private medical insurance.

### Commissioner goals

A very small proportion, less than 1%, of Spire Healthcare's income in 2012 was conditional on achieving quality improvement and innovation goals agreed between Spire and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Working with our commissioners during the year, Spire's hospitals were able to significantly increase the proportion of income that was conditional on achieving quality improvement and innovation goals. All Spire hospitals worked with their commissioners to actively participate in the Commissioning for Quality and Innovation payment framework for 2012/13, delivering against their goals and achieving significant success and securing additional payments.

### Care Quality Commission registration

Spire is registered with the Care Quality Commission under section 10 of the Health and Social Care Act 2008. Spire has no conditions on its registration.

The Care Quality Commission did not take any enforcement action against Spire during 2012.

### Data quality

Spire Healthcare submitted records during 2012 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS number was:
  - 100.0% for admitted patient care;
  - 100.0% for out-patient care; and
- which included the patient's valid General Medical Practice code was:
  - 100% for admitted patient care;
  - 100% for out-patient.

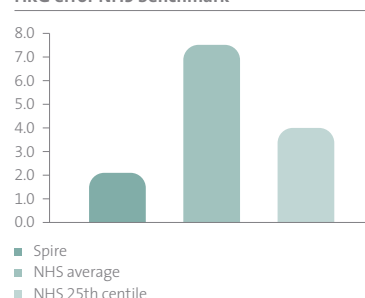
### Information governance toolkit

Spire Healthcare Information Governance Assessment Report score overall score for 2012 was 83% and was graded green (Satisfactory – Level 2 or above achieved for all requirements).

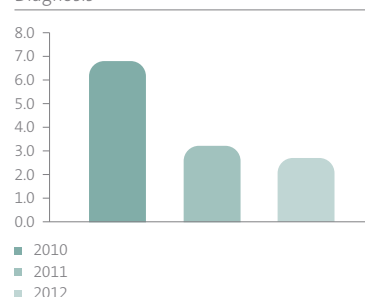
### Clinical coding error rate

Spire Healthcare was not subject to the Payment by Results clinical coding audit during the 2012/13 by the Audit Commission. Comprehensive internal audit across the Group following the same methodology as the Audit Commission provided assurance that coding error rates and HRG errors had continued to reduce achieving market leading accuracy levels.

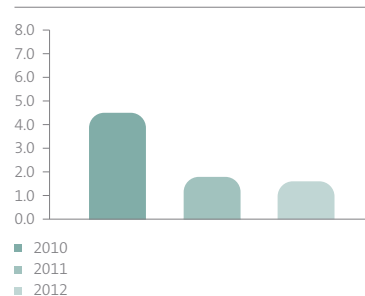
### HRG error NHS benchmark



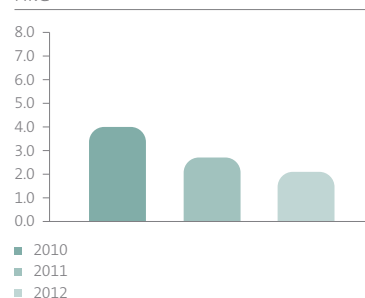
### Coding error 2010-2012 Diagnosis



### Coding error 2010-2012 Procedure



### Coding error 2010-2012 HRG



## Data quality update

The NHS teams within Spire have continued to keep a focussed attention on maintaining and further developing data quality during 2012/13. Building on the excellent foundation achieved during the previous two years, Spire Healthcare has committed significant further resources to this initiative. We have continued to strive to improve our collection, management and reporting of NHS data. We are again pleased to report that our overall data quality measures continue to exceed the required standard.

Our hospitals and central NHS management information team sustained their focus on the two core areas we believe to be critical to our strategy: Secondary Uses Service (Commissioning Data Set) submissions and Clinical Coding which is an important subset of this data.

The tables show Spire's Secondary Used Services data quality performance April 2012 to March 2013 as issued by The Information Centre, May 2013. Against each element Spire is highly rated, continues to equal or exceed the required standard and is ahead of the national average.

### Secondary Used Services data April 2012 to end of March 2013 as issued by The Health and Social Care Information Centre, May 2013

Spire Healthcare out-patient data, based upon 235,080 activities

Data Item	% valid
NHS Number	100
Patient Pathway	100
Treatment Function	100
Main Speciality	100
Reg GP Practice	100
Postcode	99.9
PCT of Residence	100
Commissioner	100
First Attendance	100
Attendance Indicator	100
Referral Source	100
Referral Received Date	100
Attendance Outcome*	100
Priority Type	100
OP Primary Procedure	100
Operation Status	100
Site of Treatment	100
HRG4	100

**Secondary Used Services data April 2012 to end of March 2013 as issued by The Health and Social Care Information Centre, May 2013**

Spire Healthcare Admitted Patient Data, based upon 52,074 activities

Data Item	% valid
NHS Number	100
Treatment Function	100
Main Speciality	100
Reg GP Practice	100
Postcode	99.7
PCT of Residence	100
Commissioner	100
Ethnic Category	100
Primary Diagnosis	100
Primary Procedure	99.9
Operation Status	100
Neonatal Level of Care	100
Site of Treatment	100
HRG4	100

Spire Healthcare has continued to make the capture and reporting of NHS data a key priority during 2012/13. Our hospitals have progressed the development of their partnership approach with our hospital consultants, clinical teams, patient administration staff and the corporate clinical coding provider, Capita Health. We have worked to further improve processes and systems throughout the year. Although there were no external Payment by Results clinical coding audits by the Audit Commission during 2012, Spire focussed on a comprehensive programme of internal coding audits.

These audits followed the NHS Connecting for Health Classification Service Clinical Coding Audit Methodology v5.0 and identified very low error rates for diagnoses and treatment coding (clinical coding) and the derived HRG codes across Spire hospitals. Our error rates were considerably lower than the national average for NHS providers and place us well within the top quartile of best performing providers. The ongoing improvement in our results provide assurance to our service commissioners that our clinical activity is consistently well coded and the resultant data flows through to the Payment by Results process correctly.

## Building successful relationships

We measure customer satisfaction through regular independent surveys of our patients and consultants. For the fourth year in succession, we have seen improvements in our key measures of satisfaction from staff, patients and consultants. The extent to which consultants trust us to deliver outstanding care in safe, modern facilities and thus help them grow their practices year-on-year is a crucial factor in the development of our business.

### Patients

Our patient survey scores demonstrate a high and growing propensity to recommend Spire services and facilities. The key drivers of patient satisfaction and recommendation have all increased over the past five years.

For the fourth year in a row, patient satisfaction levels increased in 2012, with 92% of patients rating us as 'excellent' or 'very good'. 92% of patients also rated the care and

attention from our nurses as 'excellent' or 'very good', up from 88% on 2011. **97% of patients said they were likely to recommend their Spire hospital in future, which has increased from 96% in 2011.**

We performed well across the CQUIN questions. 85% of patients felt they were definitely involved as much as they wanted to be in decisions. This increased from 82% in 2011. We improved our score in 2012 around more patients definitely feeling there was someone to talk to about their worries, which improved from 66% in 2011 to 74% in 2012. 92% of patients felt they were given enough privacy, which compared with 74% in the NHS. We saw an increase in the number of patients who were definitely told about the side effects of medication from 59% in 2011 to 69% in 2012. Finally, 94% of patients were definitely told about who to contact when they were at home, up from 93% in 2011, and compares with 77% in the NHS.

CQUIN questions	Spire 2011 Yes, definitely	Spire 2012 Yes, definitely	NHS 2012 Yes, definitely
Were you involved as much as you wanted to be in decisions?	82%	85%	55%
Did you find someone to talk to about your worries?	66%	74%	38%
Were you given enough privacy?	94%	92%	74%
Were you told about side effects of medication?	59%	69%	38%
Were you told who to contact after you got home?	93%	94%	77%

### Consultants

Consultant satisfaction is measured through an annual survey, which continues to show consistent improvement. The percentage of consultants rating Spire as 'very good' or 'excellent' rose again last year, and has now increased from 51% to 78% in the past five years.

In 2012 96% of consultants felt staff went out of their way to make a difference, and 97% of consultants were likely to recommend their Spire hospital to their family and friends.

### Culture and staff

Spire is a national brand of local hospitals and clinics. We have devolved considerable responsibility to each hospital, believing that they are in the best position to tailor services to local demand. But equally, we do not want to re-invent the wheel in each location, so each one of our hospital directors is encouraged to share and adopt best practice.

We have regional clusters where our hospital directors come together on a regular basis to discuss challenges, opportunities and solutions. Monthly conference calls and group leader meetings share best practice, and distributed management information provides peer group performance data.

It is our staff who deliver our services day in, day out. They are the custodians of our reputation.

We undertake an independent annual staff engagement survey. Response rates have increased steadily from 66% in 2008 to 82% in 2012. This year 78% of respondents rated Spire as somewhere they would recommend as a great place to work. This was an increase of 5% on 2011 and continues a steady trend that has seen this measure rise 16% over the last four years.

As covered in the Chief Executive's statement in 2012 we relaunched Spire's vision, mission and values:

### Our vision

To be recognised as a world class healthcare business.

### Our mission

To bring together the best people who are dedicated to developing excellent clinical environments and delivering the highest quality patient care.

### Our values

- Caring is our passion
- Succeeding together
- Driving excellence
- Doing the right thing
- Delivering on our promises
- Keeping it simple

These are more than just words. They are our set of shared beliefs and motivations: they drive our behaviour and they will drive the future success of the business.

# Written statements by other bodies

Spire Healthcare were pleased to work on this year's Quality Account with the support of Southend Clinical Commissioning Group, who are the lead commissioner for our largest Standard Contract with a value of £17 million and covering six Spire hospitals across the East of England.

During the consultation we also shared the draft account with the Central Eastern Commissioning Support Unit and NHS England Local Area Team.

## NHS Southend CCG

NHS Southend Clinical Commissioning Group (CCG) welcomes the opportunity to comment on the annual Quality Account prepared by Spire Healthcare as the co-ordinating commissioner of the Trust's services. It is to be noted that this response is made on behalf of the four CCGs in South Essex, Castle Point and Rochford CCG, Basildon and Brentwood CCG and Thurrock CCG. Following the dissolution of the Primary Care Trusts from 1 April 2013 any monitoring and assurances for the quality of services provided in Southend Hospital will be undertaken by NHS Southend CCG.

To the best of NHS Southend CCG's knowledge, the information contained in the Account is accurate and reflects a true and balanced description of the quality of provision of services.

NHS Southend CCG is pleased to note that in the five years since Spire was created, patient satisfaction has increased from 87% to 92%. It also notes the improvement in staff engagement and patient outcomes.

NHS Southend CCG fully supports Spire's three priorities for patient safety and clinical effectiveness for 2013/14 and has set up regular quality meetings to monitor these priorities. The CCG will also be undertaking quality visits to the services to review patient safety, quality of services and patient experience:

- To continue the work to reduce the risk of falls for patients admitted to hospital following the outcome from their local audit
- To increase the number of post-op follow-up consultations undertaken by telephone rather than asking patients to attend hospital for a face-to-face appointment
- To encourage participation from patients in the 'Friends and Family' test

NHS Southend CCG notes the aims and goals against each of these priorities and how progress will be monitored and will monitor progress with this through the Quality monitoring meetings.

NHS Southend CCG was pleased to note Spire Healthcare's participation in the four national clinical audits for which they were eligible. It also recognises the proactive approach taken by Spire Healthcare following the review of other local and national clinical audits and the intended actions to improve the quality of healthcare provided.

NHS Southend CCG was pleased to note the measures implemented by Spire Healthcare in order to achieve their three priorities for 2012/13: reducing the risks of falls for in-patients, improving medicines safety and improving compliance with information governance training.



Reduce the risks of falls included:

- undertaking a falls risk assessment on admission and during stay
- assessing the surrounding environment for safety hazards avoiding clutter and removing spillages
- ensuring required items were within reach and that patients were instructed in the use of the nursing call bell
- educating patients to request assistance when mobilising and considering the use of patient sensors

Improving medicines safety included:

- ensuring all patients' details were checked on the discharge medication package on discharge and double-checked against the discharge prescription
- ensuring that double-checks were made to confirm the labelling of medication was correct at the point of dispensing
- availability of a pharmacist to review in-patient medication records on a regular basis (preferably daily)

Improving compliance with information governance training included:

- target of 95% of staff to have completed at least one information governance module was achieved

The Account reports that Spire Healthcare is registered with the Care Quality Commission with no conditions and that no enforcement action had been taken during 2012/13.

NHS Southend CCG recognises the work undertaken by Spire Healthcare in building successful relationships particularly the independent surveys undertaken for patients which have demonstrated improved patient satisfaction.

NHS Southend CCG is fully supportive of all the priorities identified by Spire Healthcare in taking forward the patient safety, effectiveness, experience and involvement agenda and looks forward to working in partnership with them in the forthcoming year.

# Hospital performance data

	Unplanned return to theatre per 100 theatre episodes	Unplanned readmission per 100 in-patient/ daycase discharges	Unplanned transfers to a higher level of care per 100 in-patient/ daycase discharges	Surgical site infection following hip and knee replacement (%)
Alexandra	0.16	0.32	0.16	0.53
Bristol	0.14	0.07	0.00	0.00
Bushey	0.19	0.12	0.08	0.58
Cambridge Lea	0.11	0.23	0.03	0.19
Cheshire	0.17	0.23	0.04	0.23
Clare Park	0.14	0.12	0.09	0.00
Dunedin	0.23	0.24	0.03	0.37
Elland	0.25	0.31	0.13	0.00
Fylde Coast	0.16	0.25	0.10	0.33
Gatwick Park	0.11	0.05	0.12	0.79
Harpenden	0.15	0.08	0.02	0.26
Hartswood	0.12	0.03	0.04	0.32
Hull	0.06	0.16	0.05	0.17
Leeds	0.19	0.28	0.09	0.00
Leicester	0.12	0.34	0.12	0.81
Little Aston	0.13	0.33	0.07	0.63
Liverpool	0.08	0.25	0.00	0.66
Manchester	0.34	0.48	0.02	0.45
Methley Park	0.08	0.19	0.02	0.24
Norwich	0.27	0.40	0.06	0.64
Parkway	0.19	0.42	0.02	0.48
Portsmouth	0.07	0.11	0.06	0.19
Regency	0.22	0.43	0.10	0.95
Roding	0.08	0.07	0.09	0.00
South Bank	0.07	0.23	0.10	0.94
Southampton	0.36	0.65	0.10	0.30
St Saviours	0.00	0.13	0.10	0.00
Sussex	0.11	0.22	0.00	0.29
Thames Valley	0.10	0.27	0.06	0.00
Tunbridge Wells	0.14	0.60	0.06	0.00
Washington	0.13	0.33	0.05	0.00
Wellesley	0.25	0.75	0.06	0.61
Wirral	0.17	0.35	0.07	0.00

Data refers to calendar year 2012 and includes both NHS and privately funded patients admitted for treatment to Spire hospitals in England.

With the exception of Oxford Hip Scores and Oxford Knee Scores, data is not adjusted for case mix so direct comparisons between hospitals of different sizes and with differences in case mix complexity may not be appropriate.

Bed day calculations are based on in-patient total length of stay and exclude day-case admissions. Because independent sector organisations admit a higher proportion of day-cases than the NHS, rates published for MRSA, MSSA and E-coli bacteraemia and Clostridium Difficile infection may appear high for hospitals who admit smaller numbers of in-patients.

\*No case mix adjusted results have been calculated for these hospitals as the number of patients in their data set do not meet the threshold for case mix adjustment.

MRSA Bacteraemia per 10,000 bed days	MSSA Bacteraemia per 10,000 bed days	E-coli Bacteraemia per 10,000 bed days	Clostridium Difficile infection per 10,000 bed days	In-patient falls per 1,000 bed days	Oxford Hip Score – case mix adjusted follow-up score	Oxford Hip Score – case mix adjusted health gain	Oxford Knee Score – case mix adjusted follow-up score	Oxford Knee Score – case mix adjusted health gain
0.00	0.00	0.00	0.00	1.72	*	*	34.06	15.40
0.00	1.47	0.00	0.00	1.18	*	*	33.04	14.39
0.00	0.00	1.41	0.00	1.25	*	*	*	*
0.00	2.58	0.00	0.00	1.13	39.24	21.26	35.48	16.83
0.00	0.00	0.00	0.00	2.26	39.54	21.57	35.12	16.47
0.00	0.00	0.00	0.00	1.87	*	*	*	*
0.00	0.00	0.00	0.00	1.42	*	*	*	*
0.00	0.00	4.51	0.00	2.04	*	*	*	*
0.00	0.00	0.00	0.00	2.94	*	*	*	*
0.00	0.00	0.00	0.00	1.82	39.15	21.17	32.76	14.11
0.00	0.00	0.00	0.00	0.31	*	*	*	*
0.00	0.00	0.00	0.00	0.61	*	*	*	*
0.00	0.00	0.00	0.00	1.66	38.94	20.96	35.70	17.04
0.00	0.00	0.00	0.00	2.33	40.65	22.67	36.30	17.65
0.00	0.00	2.61	0.00	1.73	*	*	*	*
0.00	0.00	0.00	0.00	0.32	37.86	19.89	30.87	12.22
0.00	0.00	0.00	0.00	7.14	39.44	21.46	*	*
0.00	0.00	0.00	0.00	1.79	*	*	*	*
0.00	0.00	0.00	0.00	2.95	37.28	19.30	34.51	15.86
0.00	0.00	0.00	0.00	1.62	37.86	19.88	32.92	14.27
0.00	0.00	2.75	0.00	0.63	*	*	35.10	16.45
0.00	0.00	0.00	0.00	1.94	39.41	21.43	36.75	18.10
0.00	0.00	0.00	0.00	1.40	*	*	*	*
0.00	2.95	5.90	2.46	2.65	*	*	33.22	14.57
0.00	0.00	0.00	0.00	2.90	38.88	20.90	35.45	16.80
1.07	0.00	3.20	1.99	1.59	35.89	17.91	32.68	14.03
0.00	0.00	0.00	0.00	1.74	36.95	18.98	*	*
0.00	0.00	0.00	0.00	1.00	41.89	23.91	33.70	15.04
0.00	0.00	0.00	0.00	4.50	*	*	*	*
0.00	0.00	11.86	0.00	1.77	*	*	*	*
0.00	0.00	0.00	0.00	3.43	40.83	22.85	36.60	17.95
0.00	0.00	0.00	0.00	2.98	38.51	20.54	33.36	14.71
0.00	0.00	0.00	0.00	3.68	40.34	22.36	33.90	15.24

## Contact us

### **We welcome your feedback**

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If you would like this  
Quality Account in large  
print, braille or another  
language, please contact  
[hocomms@spirehealthcare.com](mailto:hocomms@spirehealthcare.com)





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