

# BMI Healthcare

## Annual Report 2010/11



The UK's  
largest provider  
of independent  
healthcare

Part of the General Healthcare Group

**BMI** Healthcare

THE CONSULTANTS' CHOICE

# Achievements and highlights

**£888m** revenue

**72** BMI hospitals and healthcare facilities

**3,038** registered beds

**8,034** full time permanent employees

**90%** of the insured population live within 1 hour of a BMI hospital

**99.1%** of patients rate the quality of their care as good, very good or excellent

**115** specialities and services

**192** operating theatres

\*Patient satisfaction survey carried out by Howard Warwick & Associates, 12 months to September 2011.

## Our Mission

To grow our position as the UK's largest private healthcare provider, working with the best consultants to deliver the best quality patient care, the best clinical practice, and the best possible clinical outcomes.

## Key highlights

### The UK's No.1 independent healthcare provider

- Integrated four Abbey hospitals into the BMI estate.
- Invested £43.9m in hospital refurbishments and general equipment upgrades, including eleven theatre refurbishments and six ward refurbishments.
- The international division has grown hospital cases by 55% and outpatient visits by 51%, resulting in a revenue increase of 50% for the year.
- 96% of outpatient consultations take place within 3 days of the booking call.
- Patient rating for overall quality of care up from 98.5% in 2008-9 to 99.1% in 2010-11.
- Seven regions restructured to four.
- The National Enquiry Centre increased their enquiry handling capacity by 46% and appointment volume by 45%.
- A further £1.7m investment in a fourth surgical instrument decontamination and processing hub in Aylesford, Kent.

## Contents

2	Achievements and highlights
4	Chairman's statement
6	Group Chief Executive's statement
8	Market review
12	Maximising operational efficiencies
14	Quality and risk
18	GP and Consultant relationships
20	New services
22	Investment
24	Our people
26	CSR and environment
28	Corporate governance
30	Financial review
34	BMI hospital and healthcare facilities

## Chairman's statement



Sir Peter Gershon

Within a dramatically different landscape compared to a year ago, BMI Healthcare has delivered a solid performance during a time of great challenges and unprecedented change.

The economy continued to see significant headwinds, leading to a continuation of the decline in lives covered by private medical insurance, and driving a decline in insured patients. Meanwhile the Health and Social Care Bill, which was widely anticipated to provide more opportunities for private healthcare to support the NHS, was subject to a 'pause' and 'listening exercise' which has led to continued uncertainty. Contractual arrangements between the public and private sectors were decentralised, with commissioning arrangements now made with individual Primary Care Trusts (PCTs). Finally, the NHS itself is to be restructured, with Clinical Commissioning Groups moving to replace Primary Care Trusts by April 2013.

Against that background, BMI has looked to introduce new services and to target particular patient groups. So, despite the 'perfect storm' of a depressed economy and tightening finances in the NHS, the year has seen us deliver improved revenues of £888m, and EBITDA of £194m, demonstrating stability in a period of turmoil.

This has been achieved because of the way the business has responded quickly and flexibly to change. We have restructured for growth and strengthened local decision-making.

In addition, BMI has placed significant focus on working capital management which has driven a record cash balance for the year of £125m.

Our core business remains focused on private pay patients, for whom we have continued to develop new services. We have developed a more transparent pricing model for self-pay patients in response to their preference for up-front pricing information; we have worked with insurers to reduce the time taken to make outpatient appointments; we have doubled our international business, and we have introduced new services for the corporate market. We are confident that because they value quality, service and prompt treatment, this will support further success in these important customer segments.

“ BMI has built on its position as the UK's number one healthcare group to further improve the quality and service that we offer to patients, consultants, and GPs.”



At the same time, we have a renewed focus on partnering with the NHS, and have invested time and resources in preparing for the new NHS contracting environment. We have created a strong internal NHS-facing infrastructure, by developing both people and processes to maximise opportunities in the NHS and to meet the needs of the business.

Investment in our estate has continued, with capital investment this year exceeding £40 million. Major hospital refurbishments were carried out across the country, including eleven theatre refurbishments and six ward refurbishments.

BMI has built on its position as the UK's number one healthcare group to further improve the quality and service that we offer to patients, consultants and GPs. Our operating costs have been tightened and we have developed a strong business model that will make us fit for the long-term future. While no-one can doubt

the task ahead of us in the next 18-24 months, I would like, on behalf of the Board and Shareholders, to express my gratitude for the hard work, dedication and resilience of all our staff. I would particularly like to thank Adrian Fawcett for his leadership over the last four years and the significant growth of the company during a challenging time. Under his stewardship the BMI Healthcare brand has been reinvigorated and the group is now well placed to thrive in a post NHS reform environment. I am delighted to welcome Stephen Collier as the company's new CEO. Stephen brings a wealth of experience to the role, particularly of working with the NHS. I remain confident that we will weather the current conditions and emerge stronger than before.

This is my last Annual Report. I leave the Group with a confidence in its resilience, and in the capability of its staff. It has been a privilege to work with the Group, and I am grateful to the Board for the experience. I wish the Group every success in the future.

## Group Chief Executive's statement



Stephen Collier

Over the last five years, the improvements which we have put in place have stood us in good stead in an increasingly challenging market, but the significant market challenge in 2011 has required a particularly dextrous response.

Staff at all levels across the Group have responded magnificently to the challenge, and despite significant internal organisational change, our service to patients has continued to improve.

This has paid off in terms of revenues of £888m, just under 4 percent higher than last year, and building our cash balance up to £125m by year end (a 69% increase on the prior year). Margin has come under pressure, but we have been putting measures in place to combat this squeeze.

We have met the 2011 budget challenge by taking on more NHS cases, and a rationalisation of our regional infrastructure from seven regions to four. This has been possible due to our investment in a professional infrastructure and upgrading of talent which allowed us to move to a wider span of control in the regions while reducing fixed costs. The net benefit has been that we were able to devolve greater accountability for delivery of business targets and relationship building to local hospital level.

Caseload has grown marginally, with NHS growth offsetting a decline in private work. With our expertise and new infrastructure in place, BMI Healthcare is well positioned to grow NHS work being made available to the private sector.

Encouragingly, since the middle of 2011, we have seen growth again in self-pay, driven by a number of factors:

- NHS waiting times are increasing
- Consumer confidence has returned to the market.
- The launch of more transparent prices, coupled with the effectiveness of the National Enquiry Centre (NEC), has helped to drive volumes.



“My focus will be to respond to market dynamics. The healthcare market is changing, and we are getting fit for the future.”

Our strategy has been to improve core operations, respond quickly to changes in the market environment, and identify growth opportunities for the future. We have focused on robust contracting, tight account management, and working with all major insurers to optimise cash management. We have also focused on the key strengths of private healthcare:

- A choice of high quality consultants
- Low/zero infection rates
- Shorter waiting times
- Higher quality facilities
- Advanced technology
- Accessible funding products
- Expansion of a range of specialisms that can be delivered privately.

My focus is now on sustainable operations, process improvement, high acuity services, high end technology, and clinical innovation to respond to market dynamics. The healthcare market is changing, and we are getting fit for the future. Much innovative work is being done within the NHS and the independent sector on reducing the costs of healthcare delivery in the UK, and in redesigning service delivery

to optimise value. But with the long term demand for effective healthcare outstripping the nation's ability to pay for it, demand and fundability will diverge, to a point where major system stresses will appear unless the capacity of the private sector is tapped into. So the NHS is going to be a long-term partner. BMI Healthcare has spent a lot of time preparing for the new contracting environment, and our relevant patient pathways are being aligned to the NHS.

However, we fundamentally remain a private healthcare company, and will continue to develop new services as the market evolves.

In terms of patient care, we have already had promising results from our operational excellence programme, aimed at increasing efficiency and improving patient experience in the admission, discharge and aftercare process. We are also responding to the business market with tailored solutions and innovative products for Britain's leading corporations. Through all of this we will be working more closely than ever before with our consultants in designing the future of our business, ensuring that GPs and other commissioners find it as easy as possible to refer patients to us, and working on mutually optimal solutions with health insurers and other funders. I am confident and optimistic about the future, and the potential for growth in a challenging market.

# Market review



## The UK Economy

GDP growth has slowed to 0.6% over the last 12 months to 30 September 2011<sup>1</sup>. This has represented a significant slowdown from the 2.6% growth in the preceding 12 months. In addition, the Bank of England announced that it was reducing its growth forecasts for the UK economy to 1% for 2012. The chancellor's 2011/12 Public Sector Net Borrowing Requirement target of £122bn is based on the economy growing by 1.7% in 2011 and by 2.5% in 2012<sup>2</sup> placing further pressure on public spending. In October 2011 the chancellor cleared the Bank of England to increase the scale of its quantitative easing (QE) programme from £200bn to £275bn due to the deterioration in the economic outlook. Unemployment rose by 38,000 quarter on quarter with the unemployment rate rising on the quarter to 7.9 percent<sup>3</sup>.

Consumers have continued to feel squeezed. In addition to rising commodity prices, the hike in VAT to 20%, and the increase in employee National Insurance Contributions from April 2011, surveys show that around 26% of employers plan to freeze pay, while one in 10 are delaying their annual pay review.<sup>4</sup> These pressures have inevitably had an impact on the private healthcare market.



## The Private Healthcare Market

Expenditure on private healthcare in the UK lags well below the public sector, where Government spending is expected to increase from £118bn to £122bn during 2011<sup>5</sup>. Throughout most of the last decade, the private sector's share of the UK healthcare industry has declined, due to improvements in the NHS. In 2010, YouGov SixthSense reported the UK private market for both medical insurance and acute care to be worth £10.06bn, with private acute care accounting for almost two thirds of this figure. Laing and Buisson<sup>6</sup> estimates that private acute health services accounted for £7.2 billion in 2009.

According to the Laing's Healthcare Market Review 2010-11<sup>7</sup>, independent hospitals account for the largest part of the total private acute healthcare market, generating an estimated £5.1bn revenue in 2009.

## Private medical insurance

Laing & Buisson<sup>8</sup> reports that subscriber demand for health cover – encompassing private medical cover (insured and self-insured), health cash plans, and dental benefit plans – fell by 6.4% in total during 2009 and 2010, and total health cover spending decreased by 4.6% in real terms (after adjusting for RPI).

<sup>1</sup> Office for National Statistics

<sup>2</sup> Howard Archer, Chief UK & European Economist for IHS Global Insight

<sup>3</sup> GDP and the Labour Market, 2011, 3 October GDP Update, Office of National Statistics, 1 November 2011

<sup>4</sup> Chartered Institute of Personnel and Development's annual reward survey, May 2011

<sup>5</sup> HM Treasury Statistical Analyses 2011, p132

<sup>6</sup> Laing's Healthcare Market Review 2010-2011, Table 2.1 Value of private acute healthcare markets, UK 1998-2009, p40

<sup>7</sup> Laing's Healthcare Market Review 2010-2011, Private Acute Health Services – Market Size and Trends, p39

<sup>8</sup> Health Cover UK Market Report 2011, Lang & Buisson, p xiii



### Self-pay patients

BMI Healthcare has seen an increase in the self-pay market during H2 compared to the previous year. Whilst the economy has made trading conditions challenging, more patients are paying for their own treatment when they are not covered by PMI, or when they are faced with NHS restricted procedures or lengthening NHS waiting lists.

### Private healthcare and the NHS

Since 2008, all patients needing routine elective care in England have been able to choose between any NHS or independent healthcare provider that is registered with the Care Quality Commission, has a national contract or a contract with a Primary Care Trust for the provision of routine elective care and is willing to provide such care at NHS tariff. This policy is referred to as the "Any Qualified Provider" (AQP) policy, and is delivered through the Choose and Book system. The Health and Social Care Bill, introduced in 2011 as a response to the need to deliver savings of £20bn by 2015, was designed to increase choice for patients.

The new Clinical Commissioning Groups will undoubtedly lead to a more plural and competitive marketplace; no single provider, whether NHS or independent sector, will be given preference over another; private sector joint venturing with Foundation Trusts is likely to grow; and shared services models are gaining support among Trusts and local authorities who are keen to benefit from economies of scale.

### Consumer attitudes to private healthcare

Meanwhile, there are positive signs that private healthcare participation within the NHS is well accepted by the public. According to YouGov SixthSense<sup>9</sup>, most people in the UK are supportive of the growing overlap between the NHS and the private healthcare industry. Over half, for example, think that the private sector has a role to play in reducing NHS waiting lists, while 8 in 10 claim that everybody should have the right to pay for private healthcare treatment if they want it.

### Market drivers

The squeeze on NHS budgets and increase in waiting times is likely to improve further the trend towards self-pay, particularly from patients who want to be treated closer to home. The UK's ageing population has profound implications for the healthcare system – with more people expected to live longer, demand for healthcare services is projected to keep rising in future years. This demographic trend has funding implications, since a lower percentage of people of working age will contribute less tax revenue. Competition for healthcare resources is therefore expected to become more intense and as a result the independent sector is increasingly likely to be called upon to take some of the strain off the NHS.

In its 2011 Fiscal Sustainability report<sup>10</sup>, the Office for Budget Responsibility shows a scenario where public sector net debt would have to rise to more than twice GDP if future governments were to raise per capita health spending by 3% per annum (lower than historic medical inflation).

In private healthcare, there are still challenges to overcome in the short to medium term while employment levels and disposable income remain depressed. The strength and speed of recovery is likely to depend on a number of dynamic factors including NHS performance, employers' preferences for health benefits and the opportunities and threats for health cover in a more mixed healthcare economy. However, patient choice is here to stay, and will alter the landscape of healthcare in the UK, while tentative moves towards co-payments for high cost drugs and personal health (and social care) budgets point the way towards a potential continuum between private health insurance, social care insurance and personal payment.



<sup>9</sup> (NHS Choice & Private Sector Dynamics, 2011 YouGov-SixthSense).  
Establishing Market Size, Ethical considerations, p44

<sup>10</sup> The Office for Budget Responsibility 2011 Fiscal Sustainability report, p8

# Maximising operational efficiencies



## Cost control

In the last financial year, BMI Healthcare moved swiftly to control costs to bring them into line with the business trends and run rate, as a platform for delivering future growth.

## Operational restructuring

Over the last four years BMI has invested heavily in developing a professional infrastructure that provided it with the capability to move to a wider span of control in the regions. It has meant the business has been able to devolve greater accountability for delivery of business targets and relationship building to local hospital level. As a result, it moved to reduce the number of regions from seven to four, while simultaneously investing in new roles focusing on new areas of business to lead the business forward in the next three years.

The hospital executive director was given stronger accountability, reflecting the importance of the role in fostering good consultant relationships, as well as the efficient running of hospitals.

Working together, the new regions have developed a new business model in hospitals, supported devolution of accountability to a local level, and are working with corporate colleagues on implementation of newly developed business solutions to grow revenues and services. Head office now focuses on supporting operations with growth initiatives, and implementation and essential development work.



## Improved standard operating procedures

During FY 2010/11 BMI Healthcare developed an operational excellence programme by identifying a best in class customer experience across all our hospitals in terms of enquiry/pre-admission, admission, discharge and post-discharge. The programme has developed a series of BMI operating standards which enable us to shape our customer care training to deliver the best care possible for all our patients. This has led, for example, to the standardisation of the practice of patients receiving a phone call 24 hours after discharge to check on their progress. A new service standards checklist shows each hospital its monthly compliance score.

# Quality and risk



## Regulatory landscape

The principal regulator for BMI Healthcare in England is the Care Quality Commission (CQC). The legislation for regulation of healthcare services changed from the Care Standards Act 2000 to the Health & Social Care Act 2008. Under this, BMI Healthcare and the legal entities of the managed sites have registered as providers with the CQC. Each site is registered as a location providing regulated services which may include:

- Treatment of disease and disorder
- Surgical procedures
- Diagnostic and screening

In the transition application, all sites declared compliance with the outcomes for the 16 key essential standards which are directly related to the quality and safety of care. For the first time all NHS providers now have to be registered and the same regulations apply to all providers.

The focus is on healthcare outcomes rather than process and the key requirement is to provide evidence of these and not just to produce the "policy".

There has also been a change in regulation in Scotland with Healthcare Improvement Scotland (HIS), a health body formed on 1st April 2011. It has been created by the Public Services Reform (Scotland) Act 2010 and marks a change in the way the quality of healthcare across Scotland will be supported nationally. HIS regulate independent healthcare and the NHS by inspecting services to ensure they comply with relevant standards and regulations and provide public assurance about the quality and safety of healthcare.

In Wales, the Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all healthcare and has an equivalent core role to CQC and HIS.

It remains essential that BMI Healthcare maintains a high level of self-regulation to ensure ongoing compliance. This ensures a high standard of care and also maintains our reputation as reports on regulator reviews are made public and are a tool which patients, consultants and commissioners of care use to select providers.

The Group continues to manage this through a robust governance framework and a programme of self-inspection.

## Safety, Health and Environment

The focus this year was to ensure consistent and competent resource for the day to day supervision of health and safety issues, in addition to a number of major building projects. To ensure the appropriate skills are available, a corporate Institution of Occupational Safety and Health (IOSH) accredited course was developed by the Group Quality & Risk Manager for Health and Safety. This has been delivered to a significant number of staff over the year and this roll-out will continue.

## Management and use of quality data

There has been ongoing focus on robust reporting of all incidents and outcomes, to ensure availability of information for effective clinical governance with implementation of appropriate actions to prevent recurrences in order to improve quality and safety for patients, visitors and staff.

Provision of services for NHS patients through Choose and Book was replaced by the Standard Acute Contract in June 2011. There are significant quality data requirements for individual hospital compliance with the contract.

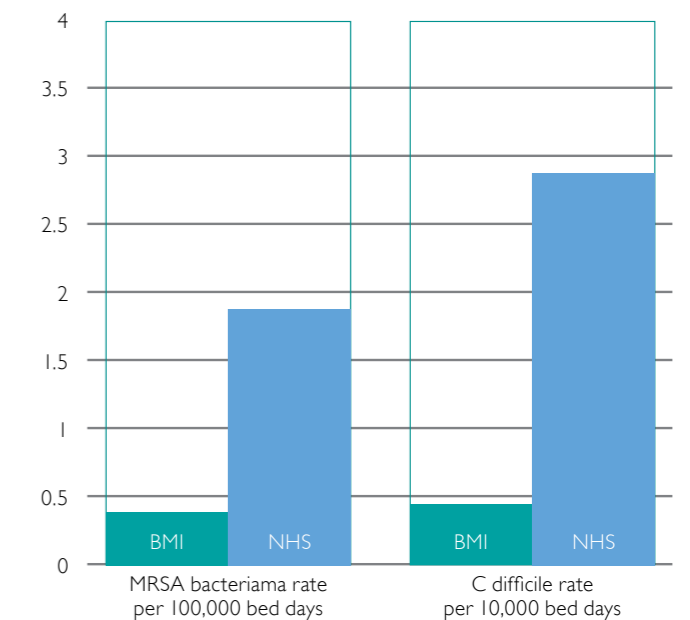
There are additional external reporting requirements for CQC, Health Protection Agency, and Private Medical Insurers. There has also been ongoing progress on the Hellenic Project, which is a sector-wide quality indicator reporting project, which will allow independent providers to report as a sector and to benchmark against each other and against the NHS, against a number of key quality indicators. Submission processes have been fine-tuned and the focus now is on ensuring consistent quality of the data.

We continue to report under the domains of safety, effectiveness and patient experience.

## Infection prevention and control

The focus on infection prevention and control continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with link nurses in individual BMI hospitals. Due to healthcare media coverage of infections, one of the most frequently asked questions from patients is: "How likely is it that I will get an infection in one of your hospitals?" Two infection rates published by the Health Protection Agency are those of MRSA bacteraemias and Clostridium Difficile, and with these results we are able to reassure patients that due to effective pre-admission assessment and the high standard of clinical care delivered during and after their surgery, the risk is significantly lower than in the NHS.

## Infection rates April 2010 to March 2011







### Patient experience

BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continuously monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party. Each hospital analyses the monthly reports they receive, and implements appropriate action to address any issues of dissatisfaction or areas which have been scored lower than others.

There has also been concentrated effort with working parties to identify the processes for improvement, and providing corporate support and solutions. These have resulted in year on year improvement in the satisfaction scores in many areas, as demonstrated in these graphs.

In the 12 months ending September 2011, nearly 66,000 patients completed the questionnaire telling us about our inpatient and day case service. We are pleased to say that our rating for overall quality of care has increased from 98.5% in 2009 to 99.1% in 2011.

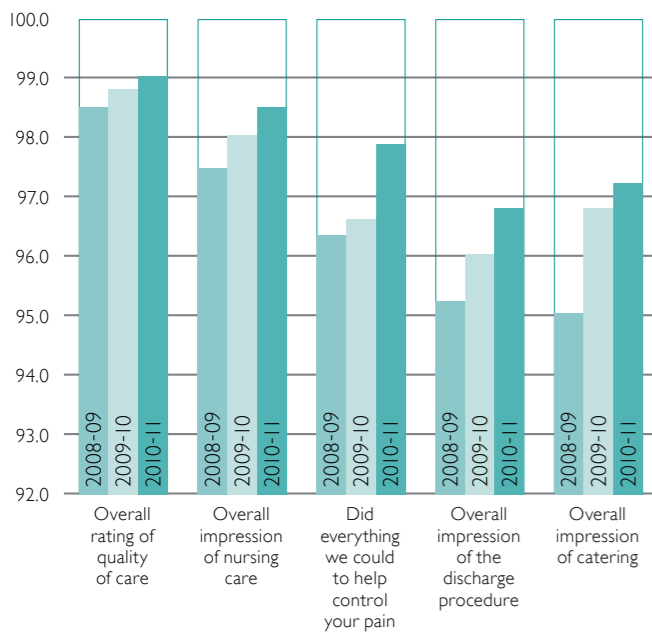
The percentage of patients who said that they would recommend BMI Healthcare has also increased, from 98.1% in 2009 to 99.1% in 2011.

### Making it better for patients

A particular area of focus over the last 12 months has been the way in which patients are discharged from the hospital. The improvements that we have made are demonstrated in the results of the patient satisfaction survey, with the rating for 'overall impression of the discharge procedure' increasing from 95.4% in 2009 to 96.8% in 2011.

Other areas that we have focused on include our nursing care, accommodation and catering, all of which are reflected in the results of our patient satisfaction survey. Meanwhile, our consultants continue to be rated extremely highly.

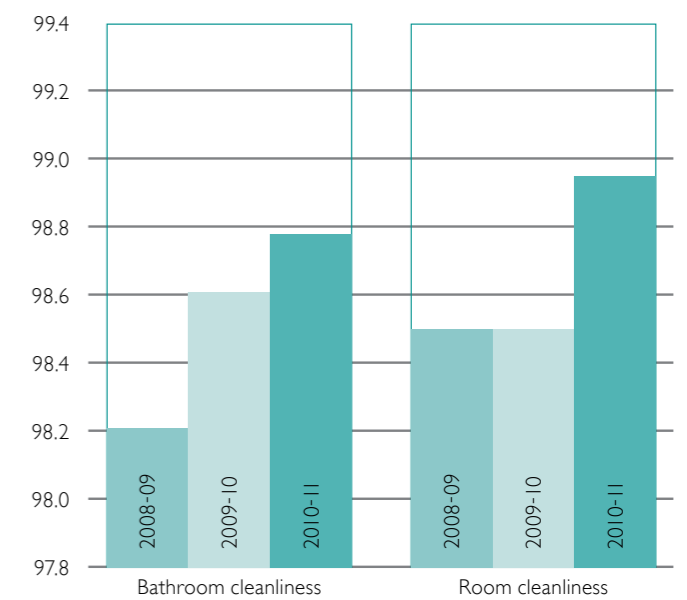
### Overall Patient Satisfaction



### Cleanliness

While it is very important to have all of the clinical procedures in place to achieve infection prevention and control, it is also vital to ensure that we have the basics right, too. Cleanliness in the environment is an excellent indicator and we are very pleased with our patients' satisfaction with our efforts.

### Patient Satisfaction



# GP and Consultant relationships



With 72 BMI hospitals and healthcare facilities, including our most recent acquisition of the Abbey Group hospitals, maintaining good relationships with our consultant colleagues and with local GPs has been more important than ever. In the last year, a number of consultant engagement forums have been developed which provide feedback to hospital executive directors and the group as a whole. We plan to build upon and develop these so that consultants are able to be more actively involved in decisions relating to our business.

## Consultant engagement

### Consultant Business Reviews

Formal business reviews have been initiated at a number of hospitals to enable executive directors and individual consultants to talk about patient caseloads, new procedures, timetabling, specialist staff, new equipment, or facilities.

### Medical Advisory Committees (MACs)

Each hospital has a Medical Advisory Committee, made up of representatives of different specialities, which meets monthly or bi-monthly to discuss matters relating to clinical issues, nursing and other hospital matters. The chairs of each MAC have an annual meeting at national level to discuss clinical issues, and there is an annual joint conference with workshops for MAC chairs and senior group management where issues relating to the hospitals are discussed.

### AGMs

Consultants and local GPs attend an Annual General Meeting at their local hospital, where the executive and regional directors provide feedback on how the hospital has performed that year; answer questions, discuss issues and explore opportunities to develop services for the local community.

### Consultant reference groups

The consultant reference groups take responsibility for informing managers of consultants' concerns, and in turn feed back decisions or issues relating to the hospital to all consultants within the hospital community.

### Professional development groups

BMI has supported professional development groups, which are groups of three or four consultants who work together to market and promote their disciplines.

### Specialist consultant groups

Specialist consultant groups were piloted this year to share information about the marketplace, business strategy and models of care delivery.

### Consultant surveys

Last year we initiated a consultant survey to assess which areas consultants felt were areas of strength and weakness, and which actions they thought we should take. 823 consultants responded, and results were fed back to the executive directors of the hospitals for action.

## GP engagement

### Primary Care Managers

A network of primary care managers form a dedicated team visiting and engaging with PCTs and local GPs, providing them with information about new services and new consultants. They also organise on-going professional education and training events in hospitals.

BMI has organised seminars for GPs, consultant surgeons, and healthcare professionals, on subjects such as the impact of the government's health white paper, and offered practical help such as briefings and advice on the new pensions and taxation reform to local GPs. Many BMI hospitals make meeting rooms available for groups of GPs to meet, and hold 'meet the consultant' social events and dinners to enable GPs to get to know consultants.



## Education and Training

Over the last year, BMI hospitals have held GP education and training events such as BMI The London Independent Hospital's 'Cardiology in Primary Care 2011 Educational Conference' at the Four Seasons Hotel in Canary Wharf, London which was attended by more than 240 GPs, and the BMI The Harbour Hospital's contact sports injury meeting and exhibition at the Royal National Lifeboat Centre in Poole, which was attended by over 70 GPs and physiotherapists. In Scotland, BMI Albyn Hospital and Aberdeen Orthopaedic Network held an orthopaedics study day with a workshop for GPs and physiotherapists. Many other similar training and engagement days took place all over the country.

# New services



## New treatment options

BMI hospitals started offering a number of new and improved treatment options over the last year.

### HALO

The HALO system at BMI Ross Hall Hospital is a device that delivers a tightly-controlled pre-set amount of radio frequency heat energy to the oesophageal lining to circumferentially remove diseased oesophageal lining referred to as Barrett's Oesophagus. The procedure involves a standard endoscopy technique under conscious sedation and completely removes the diseased tissue without damage to the normal underlying structures. The procedure is done in an outpatient setting and is extremely safe. It involves no incisions and has a procedure time of less than 45 minutes. New healthy tissue replaces the ablated Barrett's tissue in three to four weeks for most patients.

### ClariVein®

ClariVein® is a revolutionary new technique for the treatment of varicose veins. It seals the main leaking vein on the thigh in a completely painless procedure with no post-operative pain or bruising. Consultant vascular surgeons Eddie Chaloner and Aaron Sweeney at BMI The Blackheath Hospital were the first surgeons in the UK to offer the new ClariVein® procedure. Minimally invasive and non-thermal, this technique reduces the danger of nerve damage.

### Balloon Sinusplasty

Mr Nabil Salama, consultant ENT surgeon at BMI The Blackheath Hospital, uses the new balloon sinusplasty technology for sinus surgery to provide relief to chronic sufferers. The main principle of modern sinus surgery is to conserve as much of the normal lining of the nose and sinuses as possible. Balloon sinusplasty further reduces the damage to the lining of the nose, reducing bleeding and making healing faster and more effective.



XPS GreenLight laser machine

## Optical coherence tomography (OCT) and fluorescein angiography service

The arrival of a new Zeiss Spectral Domain OCT machine and Zeiss fundus camera complete with facility for colour fundus photography, autofluorescence imaging and indocyanine green angiography has allowed BMI The Blackheath Hospital to offer an improved ophthalmology service. These tests allow the investigation, diagnosis and follow up of retinal disease including age related macular degeneration, diabetic retinopathy and central and branch retinal vein occlusion.

### XPS GreenLight laser machine

A group of urologists based in the central BMI London hospitals have invested in the new third generation XPS GreenLight laser machine for the treatment of enlarged prostates, known medically as benign prostatic hyperplasia (BPH). The laser, which is almost twice as powerful as its predecessor, has reduced operating time by half and allows for the effective treatment of larger prostates. This technique uses a highly controlled and accurate laser to vaporise excess prostate tissue, and reduces the risk of blood loss by providing pulsed rather than a constant flow of energy.

### Capsule endoscopy

The BMI Bath Clinic has introduced a new high-tech gastro-intestinal endoscopy procedure to sit alongside its current traditional procedures. A revolutionary, pain-free device, it enables surgeons to examine areas of the small intestine that cannot be seen by other types of endoscopy such as colonoscopy or gastroduodenoscopy. This type of examination is often done to find sources of bleeding or abdominal pain or to assist in the diagnosis of conditions such as Crohn's and Coeliac disease. Patients swallow the capsule which contains a tiny wireless camera, light-emitting diodes batteries, and a radio-transmitter the size of a 20mm vitamin tablet, and takes two photos every second for eight hours, transmitting the images for capture.

## Mole clinics

BMI The Princess Margaret Hospital in Windsor opened a new one-stop mole-screening service in association with MoleAware, which provides initial 60-minute consultations for skin cancer screening, mole mapping, body scanning and ultra violet scanning.

## Weight loss

Weight loss surgeons at BMI The Alexandra Hospital have become the first team in the North West to offer a new incision-less bariatric procedure to obese patients. The new POSE (Primary Obesity Surgery, Endolumenal) procedure offered exclusively at BMI The Alexandra Hospital, reduces the patient's stomach capacity through a flexible endoscope which is inserted via the patient's mouth, negating the need to cut into the abdomen to reach the stomach. POSE offers a number of benefits over more traditional forms of weight loss surgery including a reduced risk of infection, a shorter hospital stay, a quicker return to normal activities and no visible external scarring.

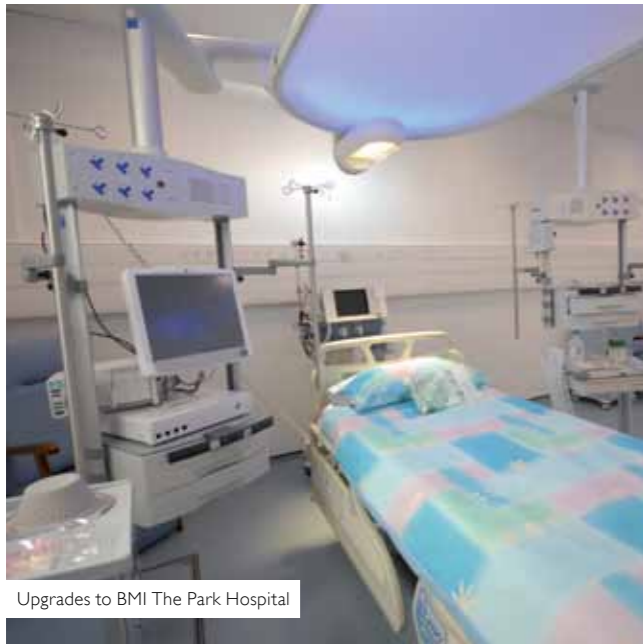
## UK's first cryotherapy unit

In a UK first, a new cryotherapy unit has been launched at BMI The Garden Hospital in Hendon, providing alternative treatment for inflammation and pain relief. Cryotherapy uses extreme cold temperatures to stimulate the body, decreasing inflammation, pain, and spasms. Cryotherapy is used in sports medicine, orthopaedics and trauma surgery. Such units are used in Europe by big sporting teams to treat tendonitis, rheumatoid arthritis, and promote rapid muscle and joint recovery from injury and fatigue.

# Investment



Syon Clinic's new CT scanner



Upgrades to BMI The Park Hospital

BMI Healthcare invested over £40m in hospital refurbishments and general equipment upgrades in the last twelve months, as part of a rolling programme.

### BMI The Alexandra Hospital in Cheadle

BMI The Alexandra has completed a phased refurbishment of its seven operating theatres, making it the highest acuity hospital of its kind in the area. All the theatres have a laminar clean airflow system and fully refurbished anaesthetic rooms, as well as refurbished staff rooms. The redevelopment has included a new fourteen bay recovery area, and endoscopy suite; the physiotherapy department has been refurbished; new oncology and paediatric wards created, and a pre-admission suite created.

### BMI The Park Hospital in Nottingham

BMI The Park Hospital is nearly half way through a £7.8m two and a half year development including a major extension to the existing building. The programme includes an upgrade to the hospital's level three critical care unit for patients in seriously ill or unstable conditions, and new state-of-the-art operating theatres for a wide variety of medical and surgical procedures, including cardiac surgery, neurosurgery and other major procedures.

### BMI The Ridgeway Hospital in Swindon

BMI The Ridgeway Hospital has almost completed a £3.6m development programme that will further add to the hospital's position as one of the leading providers of healthcare in the Swindon community. The upgrade includes a third operating theatre; an extension of the main hospital reception; a refurbishment of the existing pharmacy and four new consulting rooms with comfort cooling. The hospital's new Stryker Nav Suite operating room opened in May.

### BMI The Hampshire Clinic in Basingstoke

Phase one of a £5m development and refurbishment programme at BMI The Hampshire Clinic, Basingstoke, was completed with a new £2.5m imaging department, a joint venture between BMI Healthcare and Alliance Medical.

### BMI Fawkham Manor Hospital in Longfield

BMI Fawkham Manor Hospital in Longfield near Dartford, has had a £250,000 refurbishment with an upgrade of all the first floor bedrooms.

### BMI The Winterbourne Hospital in Dorchester

A new fertility suite for The Poundbury Fertility Clinic has been opened at BMI The Winterbourne Hospital which includes a state-of-the-art embryology laboratory with three incubators and two biological safety units.

### BMI The London Independent Hospital in Stepney Green

The London Independent Hospital's new day surgical unit holds up to 30 beds and includes private consulting rooms, a pre-assessment clinic, and patient admission and discharge lounge for NHS patients.

### BMI Goring Hall Hospital in Goring-By-Sea

BMI Goring Hall Hospital, has opened a new oncology unit, The Mulberry Suite, offering chemotherapy, blood transfusion and pain management services.

### BMI The Chiltern Hospital in Great Missenden

Several hospitals have invested in new scanners, including the 128 slice Toshiba Acquilion CT scanner at BMI The Chiltern Hospital, which will allow the Diagnostic Imaging Department to carry out a comprehensive range of established and new procedures. It will also perform invasive procedures such as CT-guided biopsies and joint injections.

### BMI Coombe Wing in Kingston

There has been an upgrade to the reception area and patient rooms at BMI Coombe Wing in Kingston.

### BMI The Cavell Hospital in Enfield

BMI The Cavell Hospital's new Trent day surgical unit offers treatments in ear, nose and throat, general surgery, gynaecology, plastic surgery, ophthalmology and urology.



TV's Len Goodman opening the new Hawthorn Suite at Fawkham Manor

### Decontamination Services

Non-hospital investments included a £1.7m investment in a fourth decontamination hub in Aylesford, Kent, as part of a strategy to become a supplier of top quality decontamination and instrument tracking services to internal and external customers.

### IT Systems

Our existing information technology system is being replaced by a more flexible and scalable PeopleSoft solution in a multi-million pound investment in Oracle web technology and training over the next two to three years. The solution has 14 modules covering patient administration, charging and billing, pharmacy dispensing, stock control, ward and theatre management, procurement and financials. The system is already demonstrating increased reliability, user-friendly web functionality and convenient on-screen links to other systems (eg. pharmacy dispensing links to the stock system).

# Our people



BMI Healthcare is committed to creating a working environment that attracts, develops and retains talented individuals, and obtaining community recognition as a responsible employer. The last year has seen a number of initiatives to further these objectives.

### Staff engagement

Our 'Pulse survey' this year was completed by nearly 6,500 staff from across the country. Almost 75% of staff reported they enjoyed working for BMI Healthcare. Despite the restructuring that took place, this is an increase on the response to last year's survey, when 60% of staff reported this level of satisfaction. The overwhelming majority of staff (over 80%) said they would recommend BMI as a place to work, a very positive outcome.

### Reward and benefits

BMI employees benefit from competitive rates of pay and a comprehensive package of employee benefits, which includes a defined contribution company pension scheme, private medical cover, life insurance, childcare vouchers and a 'friends and family' discount scheme on BMI healthcare treatment. Staff also receive a free bi-annual health assessment.

### Non-financial and ad hoc incentives

Other initiatives which have been introduced to recognise and reward employees include a box of 'Christmas chocolates' for every member of staff, discounted gym membership, and gifts for nurses such as fob watches or torches, to mark International Nurses Day. There are monthly 'bonus bonds' in the form of cash vouchers for immediate on-the-spot thanks, as well as restaurant and food vouchers.

### CSR Agenda

Staff were also encouraged to come together to support the company's CSR agenda, through the Workplace Giving scheme, and national charity events such as Race for Life. The company also encouraged staff to fill in the Pulse staff satisfaction survey by donating a pound to charity for every survey form completed.



### Staff awards

The 'Night of the Stars' scheme provides recognition for exceptional contribution. A monthly award scheme operates throughout the year, culminating in identifying the Carer of the Year. The scheme provides a monthly opportunity to acknowledge examples of extraordinary commitment to patients and colleagues. Annual awards include the Tell the World award for community outreach; the Star Idea award; the Best Patient Care award, the EcoNomics Green award, the Star Team award, the Florence Nightingale award and the Star Hospital award. The 'Night of the Stars' gala last year celebrated the exceptional care, service, initiative and team spirit of BMI Healthcare staff.

### Information sharing

The launch of Collaboration, BMI Healthcare's new intranet, provides staff with a portal capable of personalisation according to role, region and project involvement. The flexibility of the system allows real time dialogue, information sharing and collaboration across functional groups. User-driven content has enabled increased knowledge sharing and the 'Gatekeeper' function has created an opportunity to distil key information, and share it with executive directors, in an efficient way which eliminates duplication. Collaboration will, over time, facilitate increasingly effective communication and engagement.

### Training and Development

Our vision is to unleash the power of our people cost effectively and competitively, making us a powerful force for rapid change. Our people strategy is to understand strategic capabilities; create a talent pipeline, to 'think national, and act local.' BMI Healthcare's commitment to developing high quality talent continued with a refreshed and updated management programme.

Our Skillport online learning system for mandatory training has proved very successful, resulting in higher rates of training being completed, and helping to ensure our hospitals achieve compliance standards.

Mandatory training modules completions 2009-2010	68,480
Mandatory training modules completions 2010-2011	117,402

We are piloting a more flexible new online learning system which lets staff complete their mandatory training online either at work or at home. It provides opportunities for more training and learning opportunities and more transparency and clarity from a management perspective.

### Recruitment cost reduction

The recruitment cost reduction programme was a great success. The reduction of this type of expenditure will provide the ability to increase opportunities for existing staff and further investment in our hospitals. At the beginning of the year, there were 90 suppliers on our permanent agency Preferred Supplier List (PSL), and only half signed BMI's terms and conditions. After an extensive review and negotiation process we have now reduced the PSL to 36 suppliers. Further cost reductions are now expected following the introduction of the direct recruitment model.

We have made a significant impact on reducing the amount of ward and theatre temporary agency expenditure, compared to last year.

Reduction in ward temporary agency spend in 2011 compared to 2010	-33%
Reduction in theatre temporary agency spend in 2011 compared to 2010	-61%

### Responsible employer

BMI Healthcare provides equality of opportunity for all its employees. We aim to reward expertise and contribution at a level that fully reflects the markets in which we compete for staff. We continually invest in training and development, and in our communications and engagement with staff. Finally, health and safety policies are integrated into all group operations to ensure the safety and wellbeing of our employees, patients and their visitors.

# CSR and environment



BMI hospitals in the South East of England took part in the Big Bounce

Both at corporate and at an individual level, BMI Healthcare sponsors a wide range of healthcare education and outreach programmes, charities, and fundraising events throughout the year.

### Industry sponsorship

This year BMI Healthcare supported GPs by partnering with Campden Media – publisher of three leading primary care magazines (GP Business, Nursing in Practice and Management in Practice) – to be the presenting sponsor of the 2011 General Practice Awards on 16 November 2011 at the Royal Lancaster Hotel, Park Lane, London.

### National initiatives

Following the success of last year's Clean Team campaign, where 5,000 children were taught about the importance of hygiene and hand-washing, BMI launched an equally successful community outreach campaign called 'Inspect Your Health'. The year-long campaign was launched by Breakfast TV's Dr Hilary Jones, and involved providing free mini health checks to businesses and the local community. During events, BMI nurses provided health-checks in blood pressure, body mass index and body fat percentage, and cholesterol and glucose.

### Hospital initiatives

BMI Healthcare hospitals supported events on the national healthcare calendar that raise awareness of specific illnesses or health conditions and often provide early diagnosis screening opportunities.

BMI The Saxon Clinic provided free blood pressure checks to its staff, patients and members of the local community, asking their staff and patients 'Are you gambling with your health?' as it aimed to urge them to get a free blood pressure check. The Saxon Clinic was part of around 1,400 official 'Pressure Stations' in community venues and workplaces that took part in the nation's biggest blood pressure testing event, run by UK charity the Blood Pressure Association.

BMI hospitals in the South East of England took part in the Big Bounce, the world's largest exercise ball class in aid of Spinal Research, the UK's leading charity funding medical research around the world to develop reliable treatments for paralysis caused by a broken back or neck.

### Patient support groups

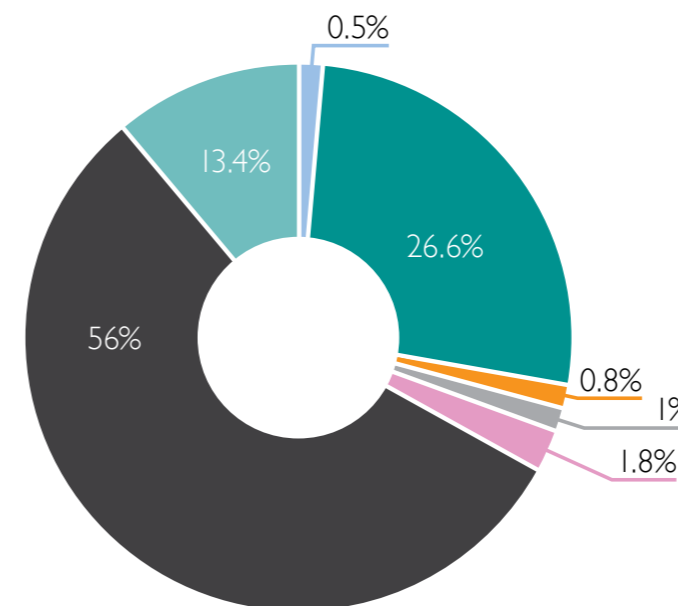
BMI provides support to groups who have undergone cancer treatments as well as cosmetic and obesity surgery.

### Cancer Research and Heart Health

The cancer initiatives supported by employees and hospitals during the year included breast cancer charities, children's cancer charities, Macmillan cancer support and Maggie's cancer centres. Every year, BMI Healthcare hospital employees participate in fundraising events organised by the British Heart Foundation.

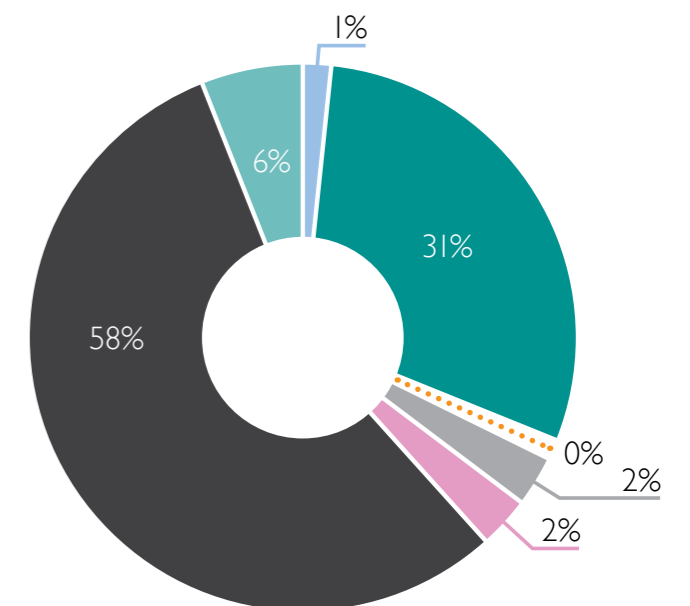
In addition, hospitals provided on-going, ad hoc support to schools, children's hospices and associations for the disabled.

GHG CO<sub>2</sub> Emissions FY 09/10 (58,754 tonnes CO<sub>2</sub>)



Water Gas Owned/Operated Vehicles Fuel Oil Coal Electricity Waste

GHG CO<sub>2</sub> Emissions FY 10/11 (50,836 tonnes CO<sub>2</sub>)



### Environment

Our environmental objective is to maximise the sustainability of our hospitals within the communities we serve and within the environment as a whole. We contribute to this by minimising waste and consuming the lowest practicable levels of energy and water. BMI's EcoNomics project's energy saving campaigns – such as 'the Big Turn Off' – have made a significant difference, aided by Green Champions in each hospital and corporate sites. EcoNomics also covers programmes across waste, water, purchasing and logistics, asset management and capital investment. In the last twelve months, our carbon footprint has reduced by 13%. This is largely due to reductions in high CO<sub>2</sub> emitting electricity consumption, and better recycling of general waste, reducing emissions from landfill.

Across BMI as a whole our general waste recycling has jumped from 19% to 43% in the first 12 months of the new recycling arrangements with Biffa, the waste management and recycling specialists. Building on this success we will be targeting 60% by the end of the 2011/12 financial year.

### Recycled cooking oil powers vans

Over 11,000 litres of waste cooking oil are recycled from BMI kitchens each year, the majority of which is turned into environmentally friendly biodiesel for fuel. A litre of biodiesel emits 85% less CO<sub>2</sub> than a litre of conventional diesel.

### Reducing plastic waste

The UK bottled water industry uses 150,000 tonnes of CO<sub>2</sub> per year in manufacturing the bottles, as well as significant transportation costs. When building projects made having on-site plastic bottle recycling impractical, the BMI Park Hospital introduced covered jugs using filtered water, which saved carbon and money. The initiative reduced the costs for bottled water from £9,000 to £3,500 per year.

# Corporate governance



## Corporate governance

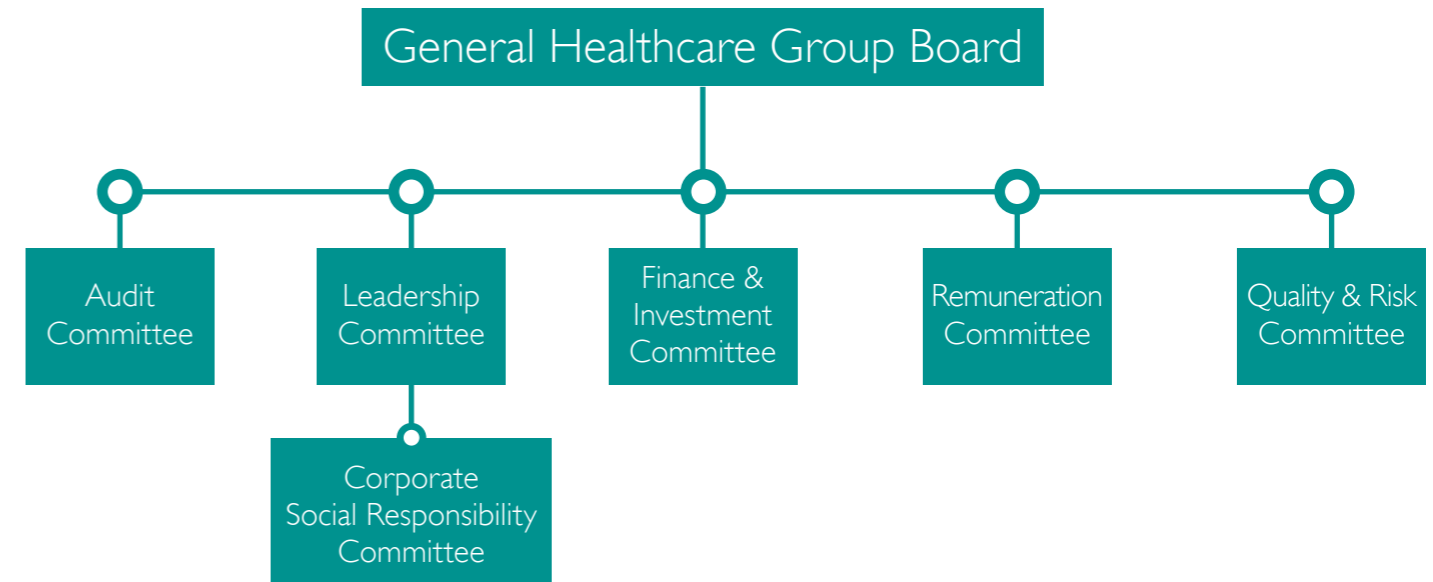
BMI Healthcare acknowledges that, in return for its licence to operate, it is subject to the rules and constraints of society and stakeholder imperatives. In combining the twin requirements of conformance and performance, the Group strives to maintain the highest standards of discipline, integrity and transparency in supporting an appropriate legal, regulatory and institutional foundation.

## Overall Structure

The corporate governance of BMI Healthcare is led by the Board of General Healthcare Group. This governance encompasses both the business aspects and the service and safety aspects of the Group's activities, and committees of the Board have been established to deal with specific components of this.

The Board comprises executive and non-executive Directors. The 15 non-executives are generally appointed by and drawn from the Group's investors, although the non-executive Chairman, Sir Peter Gershon, is independent of the shareholders.

There are two executive Directors on the Board of General Healthcare Group: the Chief Executive and the Chief Financial Officer. The General Counsel is not a Director but attends Group Board meetings and ensures proper records are kept of the meetings. The Chief Executive is responsible for the day-to-day operations of the Group and its strategic development. The Chief Financial Officer is responsible for the financial management of the Group and the General Counsel is responsible for advice to the Board and the executive, the Group's compliance with its responsibilities, and relations with external agencies.



The constitution and function of the Board Committees is as follows:

**Audit Committee** – This is chaired by Sir Peter Gershon (Group Chairman). The Committee's responsibilities include overall responsibility for internal and external audit of the Group's financial activities and financial reporting; the appointment and remuneration of external auditors; the company's internal controls, and other financial and business risk issues, including certain compliance functions.

**Remuneration Committee** – The Remuneration Committee is chaired by Sir Peter Gershon (Group Chairman). The Committee reviews and sets the Group's remuneration strategy and salary and benefit levels across the Group, to ensure competitiveness of remuneration. It also monitors the management of equity arrangements in place.

**Quality and Risk Committee** – The Quality and Risk Committee is chaired by Sir Peter Gershon (Group Chairman) and its role is to monitor the safety, effectiveness and quality of the Group's operational activities. It also monitors the Group's regulatory compliance, operational conformity to internal policy, and the level of risk retained by the Group.

**Finance and Investment Committee** – The Finance and Investment Committee is chaired by one of the investor-appointed non-executive Directors. Its role is to review potential capital investments and capital projects, and undertake follow-on post acquisition reviews.

**Leadership Committee** – Meetings of the BMI Healthcare's Leadership Committee are chaired by Stephen Collier (Chief Executive Officer) and the team comprises the Group's senior executive functional and regional heads. The team was newly created this year and represents the merger of the former BMI Healthcare Operations Board and the Group Management Board. Its role is to address all Group operational matters, and it is the principal executive decision-making body within BMI Healthcare.

**Corporate Social Responsibility (CSR) Committee** – This Committee is chaired by Stephen Collier (Chief Executive Officer) and comprises representation from key functional heads. Its role is to agree the CSR strategy for the Group and review the compliance of such strategy against key performance indicators.

# Financial review

“Management are confident the improvements which have been put in place, will stand us in good stead in an increasingly challenging market.”



## Directors' report for financial statements

BMI Healthcare (part of the General Healthcare Group, expressed in the tables as OpCo) has delivered a solid performance during a time of great challenges and unprecedented change. Revenue has increased by 3.9% to £888m, versus the prior year. BMI's increasing partnership with the NHS and the encouraging return the Group has begun to see in the self-pay market has offset the continued decline in insured lives. However, this change in mix, together with the increase in VAT and National Insurance, has placed margin under considerable pressure, with margin declining to 21.5% in the year.

## Corporate finance activities

BMI Healthcare has focused on consolidating its acquisitions of the previous year and engaging in an ongoing programme of refurbishment for its existing properties.

## Financing and treasury transactions

No significant debt refinancing occurred during the year and there is no requirement for any refinancing in the foreseeable future.

The group generated £62 million of operating cash flow, representing a cash conversion of 89%. This compares with 56% last year, and is principally due to a combination of strong management focus on working capital management which has resulted in a net cash inflow from working capital of £34m (2010: nil), and one-off cash receipts received by OpCo during the year (£8m versus £6m one-off cash payments in the prior year.)



## OpCo profit and loss

	2011	2010
	£'m	£'m
Revenue	888	855
Headline EBITDAR	191	222
Headline EBITDAR margin*	21.5%	26.1%
Rent	(132)	(130)
EBITDA	59	92
<b>EBITDA margin</b>	<b>6.6%</b>	<b>10.9%</b>
Non recurring items	3	-
Depreciation	(55)	(51)
Interest and other finance charges	(15)	(17)
<b>Loss/Profit before tax</b>	<b>(8)</b>	<b>25</b>
Tax	31	(5)
<b>Profit after tax</b>	<b>23</b>	<b>20</b>

\* Excluding straight lining impact

## Cash flow

	2011	2010
	£'m	£'m
<b>EBITDA (after non-recurring P &amp; L items)</b>	<b>62</b>	<b>92</b>
Excl: non-recurring non-cash items	8	(6)
Capital expenditure	(42)	(38)
Changes in working capital	34	-
<b>Operating cash flow</b>	<b>62</b>	<b>48</b>
Pension payment	(1)	(1)
Net interest paid	(14)	(15)
Tax paid	(1)	(1)
<b>Movement in net debt</b>	<b>46</b>	<b>31</b>
Debt raised	17	20
Debt repaid	(12)	(10)
<b>Movement in cash</b>	<b>51</b>	<b>41</b>
Cash at beginning of the year	74	33
Cash at the end of the year	125	74





### Capital projects

The group continued to set aside a significant proportion of free cash flow for improvements in the infrastructure of the business, investing over £40m in hospital refurbishments and general equipment upgrades during 2010/11.

The group undertook a balanced portfolio of schemes, focusing on the following:

- Improving and/or extending clinical services
- Improving hospital infrastructure
- Enabling better business process through improved IT and operational process improvement.

### Borrowings

At the end of September 2011, gross bank debt was £270m, and cash of £125m – giving a net debt position of £145m. No new debt facilities were entered into during 2011.

BMI Healthcare has undrawn loan facilities of £36m available to finance working capital and for general corporate purposes.

The bank loan facilities require the group to comply with certain financial covenants. The directors' forecasts show that the group will be able to operate within the level of its current facilities and will comply with its financial covenants throughout the forecast period.



### Essential arrangements

BMI Healthcare has arrangements with all major private medical insurers operating in the United Kingdom, as well as various contracts with the Primary Care Trusts and NHS Trusts.

Approximately 7,400 consultants have practising privileges at BMI Hospitals and are key stakeholders in BMI Healthcare's business.

### Summary

BMI Healthcare is pleased to have produced a solid financial performance in a climate of economic uncertainty as a result of the global economic downturn. The group's focus for 2012 and beyond remains on investment in its asset base and service provision, and on maintaining and further improving its first class facilities. This investment, coupled with the highest clinical standards, will ensure that the group builds on its position as the market's leading private healthcare group.

# BMI hospital and healthcare facilities

(Excluding Transform and CARE Fertility Clinics)

- 01 **Aberdeen** BMI Albyn Hospital AB10 1RW
- 02 **Dundee** BMI Fernbrae Hospital DD2 1LJ
- 03 **Stirling** BMI Kings Park Hospital FK7 9PU
- 04 **Glasgow** BMI Ross Hall Hospital G52 3NQ
- 05 **Ayr** BMI Carrick Glen KA6 6PG
- 06 **Darlington** BMI Woodlands Hospital DLI 4PL
- 07 **Lancaster** BMI The Lancaster Hospital LA1 3RH
- 08 **Gisburn** BMI Gisburne Park Hospital BB7 4HX
- 09 **Harrogate** BMI The Duchy Hospital HG2 0HF
- 10 **Blackburn** BMI The Beardwood Hospital BB2 7AE
- 11 **Huddersfield** BMI The Huddersfield Hospital HD2 2BL
- 12 **Rochdale** BMI The Highfield Hospital OL11 4LZ
- 13 **Bolton** BMI The Beaumont Hospital BL6 4LA
- 14 **Liverpool** BMI Sefton Hospital L9 7AL
- 15 **Manchester** BMI The Alexandra Hospital SK8 2PX
- 16 **Sheffield** BMI Thornbury Hospital S10 3BR
- 17 **Lincoln** BMI The Lincoln Hospital LN2 1QU
- 18 **Nottingham** BMI The Park Hospital NG5 8RX
- 19 **Crewe** BMI The South Cheshire Private Hospital CWI 4QP
- 20 **Birmingham** BMI The Edgbaston Hospital B15 2QQ
- 21 **Birmingham** BMI The Priory Hospital B5 7UG
- 22 **Coventry** BMI The Meriden Hospital CV2 2LQ
- 23 **Worcester** BMI The Droitwich Spa Hospital WR9 8DN
- 24 **Northampton** BMI Three Shires Hospital NNI 5DR
- 25 **Bedford** BMI The Manor Hospital MK40 4AW
- 26 **Milton Keynes** BMI The Saxon Clinic MK6 5LR
- 27 **Banbury** BMI The Foscothe Hospital OX16 9XP
- 28 **Kings Lynn** BMI The Sandringham Hospital PE30 4HJ
- 29 **Bury St Edmunds** BMI St Edmunds Hospital IP33 2AA
- 30 **Oxford** BMI The Oxford Clinic OX3 7HE\*
- 31 **Great Missenden** BMI The Chiltern Hospital HP16 0EN
- 32 **High Wycombe** BMI The Shelburne Hospital HP11 2TR
- 33 **Northwood** BMI Bishops Wood Hospital HA6 2JW
- 34 **Harrow** BMI The Clementine Churchill Hospital HAI 3RX
- 35 **Hendon** BMI The Garden Hospital NW4 1RP
- 36 **Enfield** BMI The Kings Oak Hospital EN2 8SD

- 37 **Enfield** BMI The Cavell Hospital EN2 7PR
- 38 **Southend** BMI Southend Private Hospital SS0 9AG
- 39 **London** BMI Weymouth Hospital WIG 6NP
- 40 **London** BMI Fitzroy Square Hospital WIT 6AH
- 41 **London** BMI The London Independent Hospital EI 4NL
- 42 **London** BMI The Blackheath Hospital SE3 9UD
- 43 **Beckenham** BMI The Sloane Hospital BR3 5HS
- 44 **Croydon** BMI Shirley Oaks Hospital CR9 8AB
- 45 **Kingston upon Thames** BMI Coombe Wing KT2 7QB
- 46 **Orpington** BMI Chelsfield Park Hospital CT4 7AR
- 47 **Longfield** BMI Fawkham Manor Hospital DA3 8ND
- 48 **Maidstone** BMI The Somerfield Hospital ME16 0DU
- 49 **Canterbury** BMI The Chaucer Hospital CT4 7AR
- 50 **Carmarthen** BMI Werndale Hospital SA33 5NE
- 51 **Bath** BMI Bath Clinic BA2 7BR
- 52 **Swindon** BMI The Ridgeway Hospital SN4 9DD
- 53 **Dorchester** BMI The Winterbourne Hospital DT1 2DR
- 54 **Poole** BMI The Harbour Hospital BH15 2BH
- 55 **Winchester** BMI Sarum Road Hospital SO22 5HA
- 56 **Basingstoke** BMI The Hampshire Clinic RG24 7AL
- 57 **Guildford** BMI Mount Alvernia Hospital GU1 3LX
- 58 **Chertsey** BMI The Runnymede Hospital KT16 0RQ
- 59 **Windsor** BMI The Princess Margaret Hospital SL4 3SJ
- 60 **East Grinstead** BMI McIndoe Surgical Centre RH19 3EB
- 61 **Worthing** BMI Goring Hall Hospital BN12 5AT
- 62 **Eastbourne** BMI The Esperance Hospital BN21 3BG
- 63 **Brentford** BMI Syon Clinic TW8 9DU
- 64 **London** BMI City Medical EC3A 6DG
- 65 **London** 9 Harley Street W1G 9AL
- 66 **Brighton** BMI Brighton Consulting Rooms BN1 6AG
- 67 **Sutton Coldfield** BMI Sutton Medical Centre B75 6DX
- 68 **Solihull** Heath Lodge Clinic Solihull B93 9LW
- 69 **Evesham** BMI Evesham Outpatient Service WR11 4BS
- 70 **Princes Risborough** BMI The Paddocks Clinic HP27 0JS
- 71 **Nottingham** BMI The Castle Consulting Centre NG1 6JE\*\*
- 72 **Malvern** BMI Malvern Outreach Clinic WR14 2GP



\* Facility closed December 2011 \*\* Facility closed February 2012

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