KING EDWARD VII's HOSPITAL

Friends Newsletter

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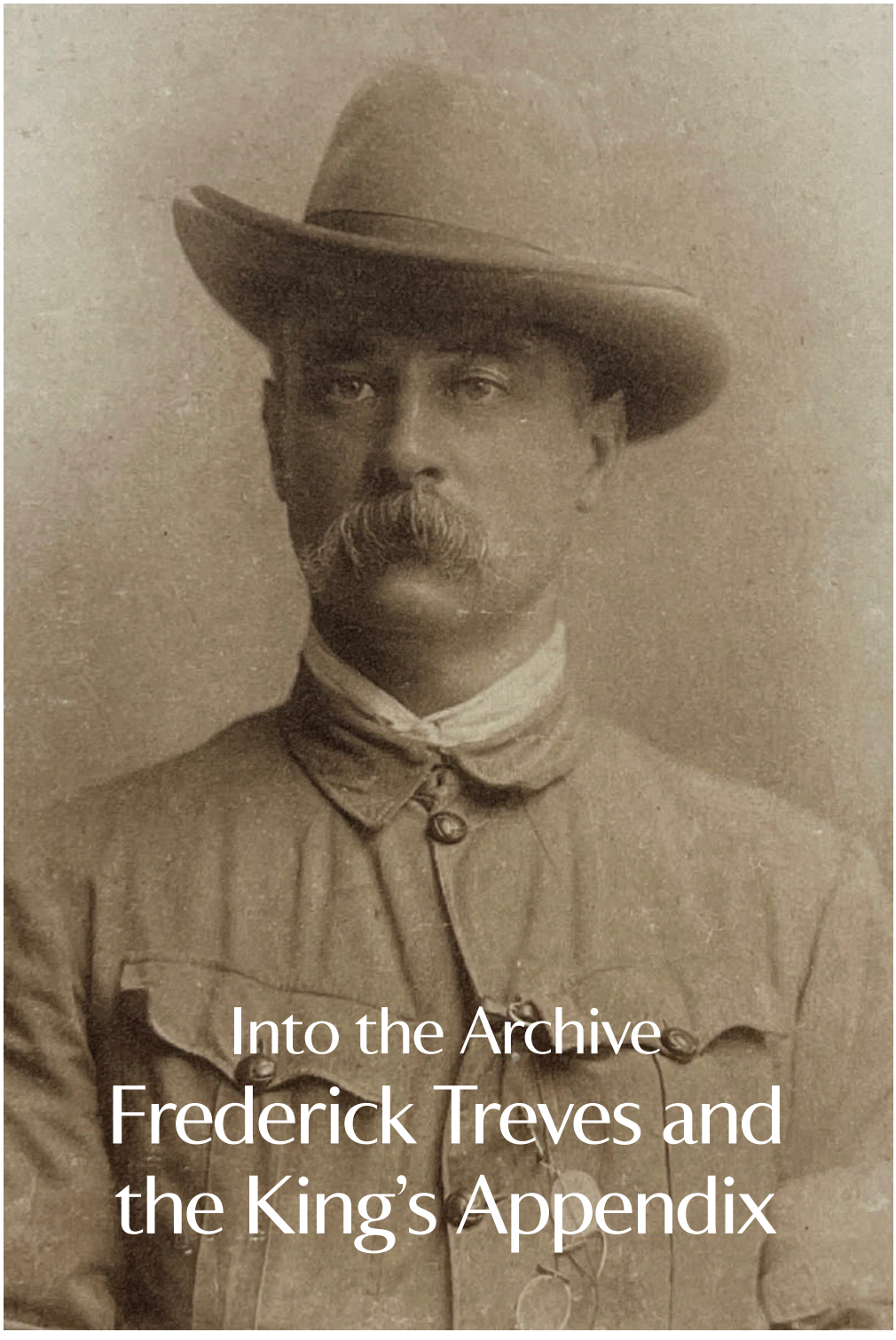


Into the Archive
Frederick Treves and the King's Appendix

Winter 2024 Edition

Dear Friends

It is my pleasure to introduce the Winter Edition of the Friends Newsletter.

I would like to start by wishing you all a very Happy New Year.

2023 was my first full year as the Hospital's Chief Executive, and I look back with great pride on what the Hospital achieved. Despite the ongoing pressures facing the healthcare sector post pandemic, amplified by a challenging economic backdrop, the Hospital continued to grow activity levels, and deliver outstanding patient centric care. Our approach is based on four key objectives:

- Improve the patient experience - The patient journey to be straight forward, professional and personable.
- Improve patient and carer engagement - Listen to what matters to the patients, families and carers.
- Strengthen use of patient feedback - Use patient and carer feedback (good and bad) meaningfully to identify opportunities for Quality Improvement.
- Improve information provided to our patients - Clear accessible information in different formats.

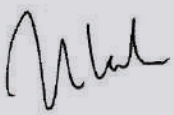
Patient experience measurements for these throughout 2023 were very positive. Here are a few highlights below:

- Confidence in their Consultant "yes definitely" – 98%
- Nursing care rated good or better – 97%
- FFT (Friends & Family Test) - Overall experience very good or good – 97%
- Extremely likely or likely to recommend – 96%
- Accommodation good or better – 95%
- Catering good or better – 95%

My thanks to our outstanding teams for these excellent results, and to all of you who choose and trust King Edward VII's Hospital with your healthcare.

2023 ended on a high with our Christmas Carol Concert at St. Marylebone Parish Church. In addition to St Marylebone's superb Choir, the evening featured readings from Sir Derek Jacobi, Lesley Nicol and Victoria Smurfit, as well as an address from Jamie Hull. Jamie is a veteran who benefited from our military grants programme in 2023 and delivered a truly inspirational address. With 200 people in attendance the carol concert raised over £10,000 for the Centre for Veterans' Health. As always, 100% of money raised will be spent directly on veterans, and we are grateful to all those who supported the event. A few photos from the evening can be found on the back pages.

As ever, thank you for your support. I do hope you enjoying reading this Winter Edition of our Friends Newsletter and wish you and your loved ones all the very best for the year ahead.



Professor Justin Vale
CEO

Introducing Siân Allen Medical Director

I was born and raised in London, educated at St Paul's Girls' School, and went to Bristol University where I qualified as a doctor in 1998. Ever since I was very young, I had always wanted to be a surgeon and so I started my surgical career as soon as I could after finishing my role as a junior doctor, often referred to as house jobs. I completed a number of surgical training posts in different specialties but quickly decided that I wanted to be a Urologist.

As part of my training, I undertook an additional laboratory-based research degree in physical chemistry, studying urinary crystallisation and stone formation. I found this incredibly useful as it taught me new approaches to problem-solving and how to think 'outside the box'. I was fortunate enough to be awarded a Research Fellowship from the Royal College of Surgeons and gained an MD research degree from UCL for my work. Following this, I completed higher surgical training in Urology, in the North Thames region, and was appointed as a Consultant Urological Surgeon at UCLH (University College London Hospital) in 2015. I have a tertiary referral practice in Endourology and Complex Stone disease and a specialist interest in recurrent urinary tract infections.

I have worked as a Consultant Urologist at King Edward VII's Hospital since 2019, alongside my NHS practice. The unique ethos of this hospital and its charitable status make it a truly special place to work. When I started here, I was immediately impressed with the welcoming, 'can-do' attitude of the staff and how the wider team worked together, always striving for excellence, and aiming to make each patient's journey as safe, efficient, and personalised as possible.

As a surgeon, I am passionate about patient safety, clinical excellence and teamwork, so I was delighted to accept the role of Medical Director at King Edward VII's Hospital in July and become a permanent member of the team. I have held a number of leadership roles and hope that the experience I have gained from them will be of use to me in this new position. I lead the Urgent Urology Unit at UCLH, a service I set up as a new consultant and have also been lead for the Urology Surgical Admissions Unit there, where I operated on emergency and acute patients throughout the COVID-19 pandemic. During this time, I also held a strategic role, as the clinical lead for Endourology on the advisory panel for the London Elective Surgery Recovery and Transformation programme – helping to tackle the regional surgical backlog caused by Covid.

I was a key author of the GIRFT ("Getting it Right First Time") National Acute Colic Pathway for best practice management of acute ureteric colic patients and am currently Co-Lead for Education for Specialist Registrars through our national organisation, BAUS (British Association of Urological Surgeons).

My role as medical director involves liaising with our consultant staff and helping enable them to carry out their jobs to the highest possible standard. Amongst other responsibilities, it includes chairing our Medical Advisory Committee (where new consultant additions to the staff are considered), evaluating new procedures and taking part in regular meetings to review our governance and safety processes, always looking for ways we can improve.

As well as this, the role involves strategic planning for the organisation. This comes at an extremely exciting time as private healthcare undergoes significant changes in central London. I feel very fortunate to be part the team at King Edward VII's Hospital which has a trusted and established history, priding itself on treating each patient as an individual, and putting them at the very centre of everything that is done.

I am looking forward to the challenge of the role which has got off to a very busy start!

The Next Chapter Appeal

When I last wrote to you at the beginning of the summer, I expressed my encouragement at the early response to our Next Chapter Appeal. I am delighted that since then, we have received a number of additional donations, including a substantial gift of £1M from Sigrid Rausing and Eric Abraham.

Donations received towards this appeal reverberate around the Hospital. They not only provide the optimism that we can achieve the fundraising target that we have set ourselves, but they act as a resounding endorsement of our staff, and the ethos of outstanding patient care that everyone at King Edward VII's Hospital seeks to embody. So, to Sigrid Rausing and Eric Abraham, and all those who have chosen to support the Next Chapter Appeal, our heartfelt thanks to you. We are so grateful to you for your support.

We still seek support from you, our Friends of the Hospital, no matter the size of the donation, all your support and help is gratefully received, and continues to help us reach our goal. Whilst I have shared general information regarding the Next Chapter Appeal in previous Friends newsletters, this time I would like to spotlight a specific element. The need to invest in our imaging and diagnostic capabilities in our main Hospital building.

As many of you will be aware, our outpatient facility, The King Edward VII's Medical Centre, opened nearly two years ago. The David Thompson Imaging Suite is home to state-of-the-art MRI, CT, X-ray, Ultrasound and DEXA imaging modalities, with the Michael and Phillys Rapp Centre for Women's Health home to our state-of-the-art mammography machine. Imaging and diagnostics are vitally important.

Our current capacity in outpatients is fully utilised, and the machines in our main Hospital building are reaching end of life. We therefore need to invest in new state-of-the-art MRI and CT machines for our main Hospital building to significantly expand our capacity and meet the increasing need we are seeing.

If imaging and diagnostics is a part of the Next Chapter Appeal that you may wish to support, please do contact me for more information. I would be delighted to hear from you.

Alex Le Vey
Director of Strategy and Philanthropy
alevey@kingedwardvii.co.uk

The Centre for Veterans' Health

Means-tested Grants

As you may be aware, The Centre for Veterans' Health delivers a means-tested military grants programme for veterans who are on long NHS waiting lists and without the means to afford private healthcare.

Prior to 2022, the means tested grants awarded ranged from 20% to 100%. All Service or ex-Service Personnel (including reserves) without medical insurance are entitled to a 20% discount on their hospital bill. It also extends to their spouses/civil partners and includes widowers and widows. In 2022, we took the decision to make all grants awarded, the full 100%, enabling all recipients to access treatment at King Edward VII's Hospital completely free of charge.

This was not without risk. Whilst the Hospital has traditionally allocated £120,000 towards the means tested grants programme, we had had very little success in fundraising for the programme. And, to put it simply, by making all awards for 100% of the Hospital costs without successful fundraising, we would not be able to award the same number of grants and we would therefore be left supporting fewer veterans and during a time of greatly increased need.

For that reason, and as reported to you in the previous edition of our Friends Newsletter, we were delighted to be awarded a grant of £80,000 towards this programme, enabling us to support more veterans than ever before. This year, the same charitable trust has agreed to increase their support of the programme, matching the Hospital's contribution with a grant award of £120,000.

The demand for our means tested grants has skyrocketed in recent years in-line with increased pressures on the NHS and HSC in Northern Ireland, and we are eager to be able to provide more veterans with access to free healthcare in the timely fashion that they deserve. If you do feel able to support this programme financially, we would be delighted. Thanks for the generosity of many of our surgeons in offering to undertake procedures for free, and the Hospital underwriting all other costs associated with managing the programme, every pound donated will be spent directly on veterans in need.

The Pain Management Programme

Prior to the pandemic, our Pain Management Programme (PMP) was delivered as a residential course. When the pandemic struck, we were driven to move the course online. At the time there was some scepticism about doing this, and whether the success of the programme would be maintained. Whilst I will be documenting the results of our virtual PMPs in detail in our next Friends Newsletter, I can tell you that the results have been pleasantly surprising. Our clinical team have been working extremely hard on an academic journal article to showcase them which has now been accepted into the British Journal of Pain. More to come in our next Friends Newsletter – watch this space!

I am also very pleased to be able to share with you that Greenwich Hospital have awarded us a three-year grant of £81,000, funding Royal Navy and Royal Marines veterans to access the PMP. Very many thanks to Greenwich Hospital for their support.

Are you a veteran in need of support?

If you are a veteran in need of support, please do contact my colleague Caroline Dunne
cdunne@kingedwardvii.co.uk
to see how we may be able to help.

An interview with Michele Davis

Theatre Manager

What is your professional background?

From a very young age, I knew I wanted to be nurse. When I was a child, I would roleplay with my dolls to nurse them back to better health and almost 40 years later I still have the same passion and dedication for nursing.

I am a qualified Registered General Nurse, with extensive hospital-based NHS and private theatre experience, both clinically and managerial. I have worked within many specialities – Cardiac/Thoracic, Neurosurgery, Spinal, Orthopaedics, Colorectal, General, Gynaecology, ENT, Ophthalmic, Max Fax and Breast Reconstruction.

What does your role at KEVII Hospital involve?

At King Edward VII's Hospital, my role is to deliver effective and efficient management of 52 clinical and non-clinical staff deployed across four operating theatres, providing surgical services for a large number of renowned consultants who work at the Hospital, and always ensuring that the highest standards of care are delivered to all of our patients.

What have been the most significant changes to how operating theatres function throughout your career?

Theatres are no longer the fearful place they always were years ago. The importance of teamwork with a streamlined process means we now work towards the same goals – ensuring patient safety, provision of high-quality surgical services, focusing on achieving positive outcomes and creating a culture that promotes openness, communication, team reflection and excellent outcomes.

What do you love most about what you do?

I love being a supportive leader with genuine concern for my teams. I pride myself on ensure that my staff are treated as equals and encourage a pleasant and enjoyable working environment – after all we spend a lot of time together in the theatres.

What makes KEVII hospital special?

I have worked in many organisations over my career, but I have never felt as valued, supported, and listened to as I do at King Edward VII's.

What do you think will be the most significant developments for theatres over the coming years?

Surgery has changed so much during my career; introduction of drugs instead of surgery and minimally invasive treatments advancing which have made some operations a distance memory of the past! And who knows where we will go with AI! I look forward to the challenge!

Total or partial knee rep what's best for me?

Knee replacement surgery is now a relatively common procedure. The average age for a knee replacement is 70, but thanks to improving technology and outcomes, an increasing number of people are choosing to have surgery at a younger age.

New national guidance for knee replacement surgery was issued in June 2020 by the National Institute for Health and Care Excellence (NICE). This was the result of an extensive review of all the available evidence and recommends that surgeons should:

'Offer a choice of partial or total knee replacement to people with isolated medial compartmental osteoarthritis. Discuss the potential benefits and risks of each option with the person.'

Mr. Gareth G. Jones, orthopaedic surgeon, is a knee replacement specialist at the King Edward VII's Hospital. In this article, he explains who this new guidance applies to, the difference between a partial and total knee replacement, and the pros and cons of each procedure.

Do I need knee replacement surgery?

Also called 'arthroplasty', a knee replacement involves relining the knee joint because the smooth cartilage covering the bones has become damaged (osteoarthritis). This commonly occurs through injury, wear and tear, or diseases such as rheumatoid arthritis.

If treatments such as pain-killers, lubricant or steroid injections, or physiotherapy do not help, then surgery might be the next option. An X-ray can reveal whether the cartilage in a knee joint has worn away completely, exposing the underlying bone – in which case knee replacement surgery would be appropriate.

What's the difference between a partial and a total knee replacement?

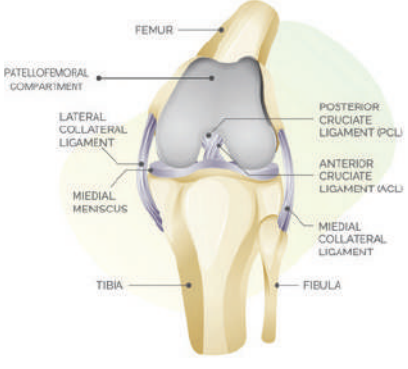
In general there are three types of knee replacement: a partial knee replacement, a total knee replacement, and a patellofemoral joint replacement. To understand how they differ, it is helpful to consider that the knee joint is made up of three parts:

The inside of the knee (nearest to the other knee) called the 'medial compartment'

The outside of the knee (furthest from the other knee), called the 'lateral compartment'

The front side of the knee under the kneecap, called the 'patellofemoral compartment'

A total knee replacement involves replacing all three compartments of the knee joint (i.e. the medial, lateral and patellofemoral compartments). This procedure is an option when one or more compartments of the knee are damaged.



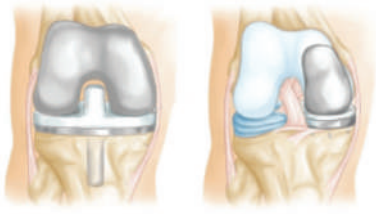
In contrast, a partial knee replacement (also known as a unicompartmental knee replacement) replaces only the damaged part of the knee i.e. the inside (medial) or the outside (lateral) compartment. The remaining two healthy compartments are preserved. This procedure can be considered if only one compartment of the knee is damaged, and the other two are normal.

A patellofemoral joint replacement is an option for patients when the damage is confined to the area under the kneecap (patellofemoral compartment). However, the new national guidelines from NICE did not explore the indications for this procedure.

What are the benefits and disadvantages of a partial knee replacement compared to a total knee replacement?

The benefits of a partial knee replacement include:

- Usually performed through a smaller skin incision
- Less pain, shorter length of hospital stay and faster recovery



placement:

- Fewer serious surgical complications such as infections, blood clots, heart attacks, stroke and death
- Better functional outcomes reported by patients
- Lower rate of early re-operations

The disadvantages of a partial knee replacement include:

- Only being suitable for patients with a single worn-out or damaged compartment of the knee (although this covers almost 50% of patients)
- Being a technically demanding operation, more consistent results are achieved when performed by dedicated specialists
- A greater chance of needing further surgery over the longer term

What are the benefits and disadvantages of a total knee replacement compared to a partial knee replacement?

The benefits of a total knee replacement include:

- Effective even when damage to the knee joint is more extensive, involving two or three compartments
- A lower chance of needing further surgery over the longer term

The disadvantages of a total knee replacement include:

- Usually a longer skin incision
- More pain, longer length of hospital stay and slower recovery
- Greater risk of serious complications such as infections, blood clots, heart attacks, stroke and death
- Worse functional outcomes reported by patients
- Higher rate of early re-operations

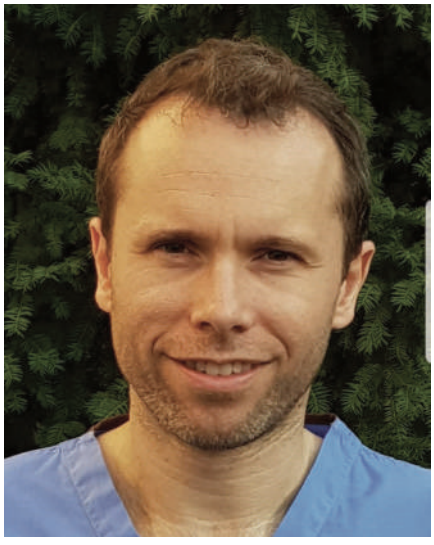
What accounts for the differences between total and partial knee replacements?

In general, partial knee replacement surgery is a smaller, less invasive procedure than a total knee replacement, and preserves more of the original knee.

Summary

National data collected on all knee replacements performed in the UK demonstrate a higher long-term chance of needing further surgery after a partial knee replacement. But this statistic is more nuanced than it might at first seem (which is why it continues to be debated among knee surgeons) and there are many reasons why this may be the case. For example, partial knee replacements are more likely to be offered to patients who are more active, which might in itself impact on the risk of needing further surgery.

As this article illustrates, partial and total knee replacements have their relative advantages and disadvantages. The final decision is a personal one, and best discussed with a knee replacement specialist who frequently performs both procedures.



Mr Gareth Jones
Consultant Orthopaedic Surgeon

Into the Archive

Frederick Treves and the King's Appendix

Sir Frederick was a prominent British surgeon, and an expert in anatomy. Treves was renowned for his surgical treatment of appendicitis, and he is credited with saving the life of King Edward VII in 1902.

Treves was known to be an expert in the treatment of appendicitis. On 29 June 1888, he performed the first appendectomy in England. Tragically his own daughter Hetty died of appendicitis because he delayed surgery.

King Edward VII's coronation ceremony was planned for June 26, 1902, at Westminster Abbey. In the fortnight running up to the coronation, Edward started to suffer from severe abdominal pain and fever. He was examined by his medical team which included Frederick Treves who was a consultant at King Edward VII Hospital.

The King's symptoms of pain and fever reduced so he attended a banquet on the June 23rd but by the next morning became extremely ill. His medical team all agreed that an operation was urgently needed. The King repeatedly refused saying 'I must keep faith with my people and go to the Abbey for the coronation.'

Treves knew the situation was desperate and when the King again said, 'I must go to the Abbey,' Treves said, 'Then, Sire, you will go as a corpse!' At this the King reluctantly agreed to surgery.

A theatre was hastily constructed at Buckingham Palace and on the afternoon of June 24th, a large appendix abscess was drained from Edward's abdomen. During the operation Edward started to choke; anaesthetic team managed to get the King to breathe again by pulling on his beard thus opening his mouth.

The next day he was able to sit up in bed and smoke a cigar and the London poorhouses received thousands of chickens, quails and game hens which were supposed to be for the coronation banquet.

The King made a full recovery, and, on the August 9th, the King had his coronation!

The King's appendix was not actually removed due to the extensive inflammation around it, but it did not cause the King any further problems. The successful surgery on the King resulted in appendicectomy becoming more accepted by English surgeons.

Coincidentally Frederick Treves died in 1923 of a ruptured appendix.

Mr Paul Montgomery is a consultant ENT surgeon with expertise in treating vertigo, dizziness and balance disorders. Paul has been a consultant at King Edward VII's Hospital since 2019, and has recently begun exploring the history of the Hospital. Today, he brings us an article about the King and his appendix surgery.


Frederick Treves.
Christmas 1907.

Carol Concert 2023

It was wonderful that so many of you were able to join us on 5th December as we celebrated the start of Christmas with our Carol Concert at St Marylebone Parish Church. With readings from Sir Derek Jacobi, Lesley Nicol and Victoria Smurfit, and an inspiring personal testimony from Jamie Hull, it really was the perfect way to start the festive period. A selection of photographs from the Carol Concert are below.

Celebrating Christmas

An evening of carols, readings and music at St. Marylebone Parish Church

Tuesday 5th December 2023, 6.30pm

St Marylebone Parish Church

KING EDWARD VII's HOSPITAL

CENTRE FOR VETERANS' HEALTH
KING EDWARD VII'S HOSPITAL

Get in touch

For more information on anything included in this newsletter, or to discuss how to best support the Hospital, please contact:

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fundraising@kingedwardvii.co.uk

KING EDWARD VII's HOSPITAL

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