

Modern care

Waiting times fell following extensive work to modernise the care we give our patients and make it more efficient.

More operations were performed. We appointed extra medical and nursing staff. New services were launched built around the needs of patients. Old services were brought up-to-date. And the power of new technology helped doctors and nurses deliver better care for patients.

Here are just a few ways we modernised care this year.

We performed an extra 139 operations and procedures every month.

We appointed over a hundred new staff, including:

- 51 consultants, registrars and other medical staff
- 15 nurses
- five radiographers
- four midwives
- and two physiotherapists.

X-rays, CT scans, MRI scans, and ultrasounds went 'digital' in January with the launch of a new system that replaced films and allows doctors and radiographers to view diagnostic images from almost every computer in the trust seconds after they have been taken.



A new outpatient clinic for women needing a hysteroscopy means patients can return home after just one hour rather than spend up to three days in hospital.

And finally, the launch of a home visit service for sufferers of chronic obstructive pulmonary disease saved nearly 700 patients from making an uncomfortable trip into hospital this year.



Creating our future

We want to make St George's a hospital that everyone can be proud of.

We made good progress this year improving the care we give our patients.

But where do we go from here?

Building on the achievements of this past year, our ambition is to transform St George's into one of the best hospitals in the country, with a reputation for outstanding patient care, high-quality teaching and innovative research.

In 2004/05 and beyond...

- 1 We will continue to improve clinical care for our patients by making treatment more efficient.
- 2 We will continue to reduce waiting times for surgery, emergency treatment, outpatient appointments and diagnostic tests
- 3 We will continue to create the financial security we need to plan for the future
- 4 We will continue to refurbish and upgrade the hospital's buildings.
- 5 We will continue to work to improve the health of our local community and increase access to healthcare for people living across South West London
- 6 We will continue to develop our workforce so that there is the right number of staff in the right place at the right time with the right skills to meet the needs of our patients

"2003/04 was another busy year for St George's, one that was filled with a number of challenges.

"Next year however will just as busy and just as demanding.

"Hundreds of thousands of patients will expect the care they receive to be even better than it was the last time they visited us.

"But with our sights set firmly on the future rather than on the past, there is no doubt we have the ability and the ambition to establish St George's in its rightful place as one of the UK's top hospitals."

Naaz Coker Chairman

Peter Homa Chief Executive

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For a full copy of the trust's annual report or annual accounts, please call 020 8725 5151, e-mail general.enquiries@stgeorges.nhs.uk or visit www.stgeorges.nhs.uk




Deborah

Deborah Livermore is a midwife – a member of the busy, award-winning midwifery team at St George's Hospital.

Last year the team delivered over 4,000 babies – 370 more than the year before.

Deborah is a midwifery sister responsible for co-ordinating care on the labour ward. She has worked at St George's for the past four years.



St George's Healthcare 
NHS Trust

Annual report 2003 – 2004
Summary

St George's is one of the country's leading teaching hospitals with an international reputation for education and research.

A local hospital based in Tooting, London but also a national centre of excellence, we provide care for thousands of families in South West London, and offer an advanced range of pioneering treatments and therapies to patients from across the UK.



Francis

Francis Johnston is a neurosurgeon. Every year, he and his consultant colleagues each perform 500 highly complex and invasive operations on patients who have injuries and conditions affecting the brain and the nervous system. Francis specialises in repairing aneurysms and damage to the spinal cord. He has been a consultant for ten years



April 2003 to March 2004 was another busy year for St George's but we made a number of improvements in that time to the way we care for patients.

The quality of our care improved. We opened the Atkinson Morley Wing – a state of the art medical facility for neurosciences and cardiothoracic medicine – and continued to make the hospital a more comfortable place in which to work and be cared for. We appointed new medical and clinical staff. And we continued to drive down waiting times for surgery, emergency treatment, diagnostic scans and outpatient appointments.

St George's up close

- Over 5,000 staff
- Over 1,000 beds
- A budget of more than £300m a year
- 27 operating theatres
- A two-star trust
- Services are split between three sites: the Wolfson Neuro-Rehabilitation Centre, the Bolingbroke Hospital and St George's Hospital
- We offer specialist treatment for cancer as well as for injuries and illnesses that affect the brain, heart and chest.

We treat over half a million patients every year, every one of whom expects the care they receive to be of a high quality.

This year,

- We treated over 52,000 inpatients and 22,000 day case patients
- 100,000 outpatients had a first appointment while a further 274,000 patients had follow-up consultations
- 86,000 patients were seen and treated in A&E
- Over 4,000 babies were delivered
- 27,000 women were screened for breast cancer
- And 207,000 x-rays, CT, MRI and ultrasound examinations were performed

Clinical excellence

There is nothing we prize more highly at St George's than the quality of our care and our mission is to make it better, safer and faster with every year that goes by.

We are also a hospital at the forefront of medical innovation and discovery.

The strong partnership that exists between us and St George's Hospital Medical School allows us not only to advance our knowledge of the human body and the diseases that affect it, but use that knowledge to benefit the patients in our care.

There were a number of clinical achievements this year.

Staff in A&E improved the speed at which victims of heart attacks are given life-saving, thrombolytic medication.

Renal surgeons pioneered a breakthrough procedure using an artificial artery to allow patients with end stage kidney failure whose blood vessels are blocked by dialysis to continue receiving the treatment.

Nearly 400 research projects and clinical trials were hosted at St George's.

A new nurse-led team responsible for the placing of central venous catheters has reduced complications and infections caused by the procedure and has taught hundreds of junior doctors and nurses how to perform it safely.

Our control of infections strengthened following work to link infection control practice into the everyday treatment of patients. This included making it easier for staff to wash their hands and so prevent the spread of infection by distributing alcohol gel throughout the trust.

And our ability to improve standards of care was enhanced by the launch of a brand new surveillance system for monitoring mortality and a new clinical audit team to investigate the quality of treatment.



Waiting times fall

Services became more convenient this year as waiting times for operations, emergency treatment, outpatient appointments and diagnostic scans continued to fall.

By the end of March, no one was waiting more than nine months for surgery or more than 17 weeks for an outpatient appointment. Two out of three patients needing an operation waited less than 62 days.



Brian

Brian is 66 years old. He lives in Guildford. Four months ago, he was diagnosed with a heart condition called angina. He has now at St George's for a major operation on his heart called a coronary artery bypass graft.

In the final three months of the financial year, nine out of ten A&E patients were seen and treated in four hours despite a huge rise in the number seen by the department.

Similar progress was made in radiography.

- The wait for an MRI scan was 17 weeks and is now ten weeks
- The wait for a CT scan was seven weeks and is now four weeks.
- And the wait for an ultrasound was ten weeks and is now a fortnight.

Despite the improvements we have made, we know that some patients still wait far too long for treatment. Over the course of the next few years we will continue to drive down waiting times.

By December 2005, we will cut the maximum waiting time for surgery to six months and the maximum waiting time for a first outpatient appointment to 13 weeks.

For people needing emergency treatment, we will seek to ensure that by January 2005 98% of A&E patients are seen and treated within four hours.