

Humana
White Paper
1107

World-class
commissioning –
gateway to a
healthier nation

HUMANA®

About Humana

- Headquartered in London, Humana Europe is a provider and integrator of healthcare management services for primary care organisations. We are a subsidiary of Humana Inc., one of the largest health benefits companies in the US.
- We are one of only a handful of organisations in the UK able to offer an integrated healthcare commissioning service.
- We are a company run by healthcare management experts with international, multidisciplinary experience ranging from consumer engagement and behaviour change to clinical excellence.
- We have tried and tested strategies for healthcare organisations to improve the patient experience and reduce health inequalities.
- Our approach is recognised by doctors and healthcare professionals as supporting their interactions with patients and removing obstacles to the frontline delivery of care.
- We have achieved demonstrable health improvements through innovative partnerships.
- We have a proven track record in slowing the trend of rising healthcare costs.
- We have a history of adapting, innovating, and implementing best-of-breed solutions across the spectrum of healthcare delivery.
- Through our unique patient-driven approach, we understand how people interact and engage with the healthcare system and how to configure services around the needs of individual patients.
- Through constant innovation, we are focused on achieving a fundamental shift in consumer attitudes and behaviour, leading to healthy lifestyle maintenance and a reduction in the burden of illness.

Awards

2006 American Business Awards

June 2006

Humana won a Stevie Award for its SmartSummary Rx benefits statement in the Best New Product category at the 2006 American Business Awards.

2004 American Business Awards

April 2004

Finalist in 3 categories: Most Innovative Company, Best Customer Service Organization, Best Engineering Executive.

CDHCC Awards

April 2004

Best example of technology facilitating consumer-directed health plan, 2004 Consumer Directed Health Care Conference.

Computerworld Premier 100

January 2004

For exceptional technology leadership, innovative approaches to business challenges and effective execution of technology strategy.

eHealthcare Leadership Awards

October 2003

4 consecutive years / 2003 Results Gold Awards in Best e-Business, Best Health / Healthcare Content, Best Overall Internet site.

CIO 100

August 2003

For demonstrating resourceful use of technology and excelling in generating greater value from limited resources.

Forrester Research CDHP Survey

July 2003

"A leader in the deployment of self-service technology, Humana's consumer-directed offerings feature the broadest access to customer service and content among the leading plans."

A new era starts here

Imagine a society in which people are completely engaged in their own health. Where individuals from cradle to grave are living longer, more satisfying, healthier lives. Where preventable conditions such as pulmonary disease, cardiovascular disease and lung cancer are the exceptions rather than the norm. That's the kind of society we'd all like to live in, and one we'd be proud to pass on to future generations. And that society is possible thanks to world-class commissioning. But what is world-class commissioning? What's needed to deliver it, and what benefits will it bring?

In this Humana White Paper, one of a series of discussion documents examining the implications of NHS decentralisation, we seek to answer these questions and offer up our own definition of world-class commissioning. We make no apology for including our vision and values, along with some of our own innovations within this document, because we believe that the sharing and debating of knowledge is essential if world-class commissioning is to succeed.

World-class commissioning – a healthier future for the NHS

When Nye Bevan realised his vision of a free, comprehensive health service for all, he could not have predicted today's public health burden of chronic yet preventable disease. And with government figures forecasting that half the population are heading for obesity in the next 25 years, there has never been a more crucial time to engage people in their own health. But how? A number of recent studies have questioned the effectiveness of the £500m of NHS funds spent on services to stop people smoking, with some even saying it has been completely ineffective. People simply aren't getting the message, or even worse, the message isn't reaching them at all.

Putting health in our own hands

Getting people to engage with their own health is essential, because our health is a consequence of the many little choices we make every day about what we eat and drink, how much we eat and drink, and how much exercise we take. But too many of us think about health only when we become unwell. People need to be encouraged to change their behaviours and make everyday choices that will keep them healthy. The challenge lies in how to connect with them as individuals. The answer lies in world-class commissioning.

World-class commissioning – the powerhouse for transformation

At Humana we define world-class commissioning as a healthcare system in which everyone wins because it is led by clinicians and built on mutually satisfying relationships that centre around meeting the needs of healthcare consumers. And at the core of this consensual commissioning for health lies personal engagement, which is essential to disease prevention, and indeed to adherence to prescribed care pathways. Because if we want to reduce the burden of disease, we have to engage people to become managers of their own health.

World-class commissioning offers PCTs the potential to understand not just their populations, but to get right down to individual level, providing a deep insight into how and why a person behaves. Once PCTs have this level of understanding they can build a reliable picture of the kind of services they should be planning. But most importantly, it gives them the tools for personalised and tailored interventions to activate and engage their populations.

Sounds like a utopian dream? Well it's true that world-class commissioning in healthcare is a vision, not a reality. But it is a vision that we at Humana share and believe can happen. The FESC (Framework for procuring External Support for Commissioners) represents an opportunity for PCTs to look outside the conventions of today's world to find new ideas, new tools and new approaches. If we want different results we have to do things differently.

Right now no PCT has all the tools and skills necessary to deliver all the components of world-class commissioning. Thankfully, with the FESC announcement, PCTs with gaps in the processes can seek assistance from approved independent organisations like Humana, who can offer a vast amount of expertise and techniques, that have been tried and tested in industry and private healthcare systems.

At Humana we work in partnership and collaboration, fostering a spirit of consensus and cooperation. We bring people together to achieve one shared goal – improving patient outcomes and experience. And that goal is the bedrock of world-class commissioning.

“Expert input from clinicians is an essential part of world-class commissioning. They are at the frontline of delivering patient care and because of their knowledge of their patient's needs and of service performance they hold the key to achieving a patient-led system”

DR REBECCA ROSEN
Medical Director,
Humana Europe

Industry parallels

It hasn't been done before in healthcare, but world-class commissioning has been successfully proven in industry. Take the Toyota Production System for instance. It's based on the Kaizen method of continuous incremental improvements designed to eliminate waste and eradicate activities that add cost but do not add value. Toyota uses the philosophy to organise manufacturing and logistics, including the interaction with suppliers and customers. Its success depends on a correlation of events, the first being planning and data gathering, that allow predictions about the future to be made. In healthcare, data harvesting and evaluation are key to revealing an evidence-based picture of an individual's clinical pathway that can help PCTs forecast the likelihood of future disease. And the fact is that the NHS is sitting on a vast wealth of patient data, but at present it is regressive and fragmented, so there is little chance for PCTs to glean knowledge that will help them forward plan their services.

The fact that world-class commissioning has never been tried before in healthcare is an incentive not a barrier, and we believe that there is no healthcare system in the world more ready to embrace it than the English NHS. We are already amongst the best in the world, as shown in a Commonwealth Fund report on the performance of healthcare systems in Australia, Canada, Germany, New Zealand, the US, and the UK. The UK ranks highest overall and is first for quality of care, right care, coordinated care, equity and efficiency. However we rank low on access, patient-centred care and healthy lives. Across the country PCTs and clinicians are carrying out a host of successful pilot schemes that have the potential to change this. But despite their sterling efforts, the innovative solutions being tested are staying localised. What's needed is a facility that enables existing best practice to be shared, developed and upscaled so that other PCTs can adapt what's out there to meet the needs of their healthcare consumers. That's why we have founded The Commissioning Institute, an independent training and networking centre of excellence for world-class commissioning.

"We envisage a healthcare system in which everyone involved wins. That means taking a consensual approach in which mutually satisfying relationships centre around meeting the needs of health consumers. And at the core of world-class commissioning for health lies personal engagement, which is essential to reduce the suffering from preventable disease."

TOM GRANATIR
Director of Policy
and Research,
Humana Europe



The Commissioning Institute promotes learning and the sharing of effective practices in the commissioning of health and social services. The Institute will proactively build links with the clinical community and develop long-term relationships with those who provide day-to-day care for patients.

The Commissioning Institute welcomes PCT executives and commissioning directors, Foundation and Acute Trust commissioners, General Practitioners and their practice managers, and care managers. In fact all individuals involved in the commissioning of services – whether in planning and assessment, contracting for services, or performance management – can participate. It seeks to develop a wider network of leaders for commissioning, bringing together clinical, managerial and public health professionals in partnership into the design of service delivery. By doing this it is hoped that the Commissioning Institute will not only contribute to the expansion of commissioning skills, but to an enlargement of concepts for commissioning, including ways to leverage commissioning to improve the quality of patient care.

The Commissioning Institute will oversee five work programmes:

- PBC Academy
- Commissioning Training Institute
- Commissioning Simulator
- Commissioning for Quality
- The Commissioning Circle

The four pillars of world-class commissioning

The components of world-class commissioning can be separated into four different strands. We like to think of them as pillars. Each pillar is built on a unique set of skills and practices that underpin its functions. These being assessment and planning, contracting and procurement, performance management, settlement and review, and patient and public engagement. When all four come together, they support a complete, seamless and cyclical commissioning system.

In one of our previous White Papers 'Effective commissioning: Transforming PCTs into champions of health and healthcare', we examine the components of the above, concluding with a summary of the key outcomes of good commissioning:

- Improved health and wellbeing and reduced health inequalities and social exclusion
- Secure access to a comprehensive range of services
- Improved quality, effectiveness and efficiency of services
- Increased choice for patients and a better experience of care
- Best value achieved within available resources

Let's take a look at what the four pillars should include:

Assessment & planning:	Contracting & procurement:	Performance management, settlement and review:	Patient & public engagement:
Health needs assessment Service provision review Capacity planning Prioritisation methodology Service mapping & design LDP development	Service specification and tendering processes Contracting processes and SLAs Contract management	GP enrollment management Provider credential validation Provider maintenance Settlement processes Subrogation recovery process Automated/adhoc reporting Benchmarking data library Referral management process A&E avoidance process Concurrent review Discharge coordination	Stakeholder engagement Media relations Public consultations PCT brand positioning Consumer research & insight Patient experience monitoring Patient information & education Complaints/petition handling Internal communications Health & wellness programmes

Assessment and planning

> intelligence

“Patient data gives us a deep insight into why and how a person behaves. It can predict the likelihood of future disease and give the PCT a reliable picture of the kind of services they should be planning. But most importantly, it provides the opportunity for PCTs to reach out and engage people to take more control over their health and healthcare.”

TOM GRANATIR
Director of Policy
and Research,
Humana Europe

Most people wouldn't attempt to prepare a dinner party without first finding out the likes and dislikes of their guests. Otherwise, what should be a pleasant occasion can turn into a disaster. In healthcare, there is no point in paying for and offering services if they are inappropriate, unwanted or inaccessible. That would just be wasteful. So by gaining an understanding of what people want from local healthcare, PCTs can build services around what's needed now. That requires a clinician-led facts-based knowledge framework that uses evidence-based data to extrapolate information. But that's just the starting point. People's needs change, so how much more useful would it be to have the ability to accurately predict future need for treatments and services? It would buy PCTs time to think for one thing and give them breathing space in which to find and appoint the most appropriate providers. But even more importantly, it gives them the opportunity to take a radical new approach, by deciding on and implementing measures that could actually alter the predicted outcome for the better.

Here's a possible example. Historical data alerts the PCT to the fact that a local GP practice has and is treating a higher than average number of people for type 2 diabetes and other obesity-related conditions. It's obvious that without intervention this situation will only worsen. At this point the PCT could consider setting aside a higher proportion of its budget to cope with the future burden. Or try something completely different.

By linking individual encounter data the PCT can build a picture of who is being treated and where. A combination of predictive modelling, data visualisation and other techniques can identify the people who are at immediate risk, and those with longer-term risk factors. In this case, the PCT discovers that an increasing number of young people are being treated. They therefore decide upon a preventative course of action to be carried out in collaboration with local education, to promote the values of healthy diet and exercise. To make it relevant to their young audience they offer fun incentives such as fun runs, pedometers and interactive websites where participants can win rewards for making healthy decisions.

We're used to a system that works retrospectively, identifying people who have been high users of

healthcare services. Predictive models such as those developed by Humana enable PCTs to target people before they become a problem. In fact some of our more powerful models can utilise as little as the first three months of pharmacy data with surprising accuracy, which then becomes much more informative as time progresses.

The basis of this is clinically-informed planning which involves getting feedback from clinician stakeholders and understanding their needs.

Humana's Health Risk Assessment

In order to help PCTs build a picture of their population's health, Humana has developed a confidential health questionnaire aimed at identifying health risks and providing steps for improvement.

The HRA is designed to complement our predictive modelling tool in identifying individuals in need of clinical intervention. It is also used to better target and deliver an individual's health information and to make full use of this contact to collect a wider array of personal information. This allows PCTs to better understand the attitudes and preferences of individuals and groups towards their health and healthcare, with the ultimate goal of taking the right approach with the right person at the right time.

The HRA is made up of 60 questions that cover clinical history, disease history, and behaviour and lifestyle. Clinical history covers any known conditions, medication or care at the time of filling in the assessment, while disease history covers condition-specific questions. Behaviour and lifestyle covers areas such as smoking, alcohol consumption, diet, fitness and readiness to embrace change. From this information, three composite scores are generated which are weighted to obtain the overall score – 45% clinical, 35% disease history, and 20% behaviour and lifestyle. A score between 0-100 is then generated; the higher the score the better the health status of the individual. Combined with our predictive model the HRA forecasts the health burden within the coming year.

Contracting and procurement

> support

Everyone loves a bargain, but sometimes what seemed a good buy at the time turns out to be a disappointment because we didn't really need it in the first place. So it is with contracting and procurement. It's a balancing act, with suppliers on one side, local people on the other, and the poor old PCT in the middle. World-class commissioning brings the PCT systems and tools that even the weight at both ends of the scale.

Again, the answer lies in knowledge and the route to knowledge is data that allow the PCT to forecast future requirements. But as health is co-created by the individual, the system that supports them and the environment around them, the data need to be amassed from all areas of a person's life. And that requires integration of primary, secondary, pharmacy, dental and mental health sources, to build a solid foundation of data that will help PCTs to make better contracting decisions, identify cost-saving opportunities and centralise administrative and clinical management functions. Integration enables the holistic view of systems thinking, and is key to avoiding the suboptimisation of one part of the system while addressing another.

But let us not forget that at the heart of contracting and procurement lies the patient. And enhancing the patient experience is one of the fundamental goals of world-class commissioning. An open and integrated care system across GP practices, hospitals and local authorities means PCTs can improve the quality of care at an individual level. Take Jean, she's elderly, is diabetic and has COPD. Jean lives alone and is in and out of hospital because she forgets to eat, or take her medicine, becomes disoriented and sometimes falls. But she hates hospitals. They make her feel depressed and she worries about who will feed her cat. It's a vicious circle, and something Jean's PCT is keen to address because they have one of the highest numbers of elderly residents in the country. So next time Jean calls an ambulance, instead of being admitted to A&E she is carefully assessed by a Care Pathway Facilitator (CPF), who works alongside the A&E team. Jean's CPF reviews her situation and concludes that the best place for Jean to be cared for is at home. Should she have been admitted to hospital, Jean's case would have been passed to a

Concurrent Review Nurse, responsible for reviewing her clinical progress while liaising with a Discharge Support Nurse to ensure the appropriate community service care is in place the moment Jean leaves hospital. In this case, the CPF liaises directly with the relevant community services and also organises the support of a Personal Nurse (PN), to offer Jean one-to-one telephone support and advice. Jean's PN will, for example, remind her to take her medication, and enquire about her daily diet.

Personal Nurses – the best listeners in the world

Think about the personal conversations you can only have with your most trusted best friend, and you'll be well on the way to understanding what Humana's Personal Nurse programme is all about. Traditional telephonic nurses gather facts and make sure patients follow treatment rules. Personal Nurses build a pathway to personal health enlightenment by encouraging people to talk about their conditions. Rather than dishing out instructions, they listen to their patients and help them reach their own positive lifestyle conclusions. Personal Nurses are carefully trained to recognise the subtle changes in attitude that indicate receptiveness to change. They then gently elicit small achievable steps their patients agree to and are ready to take, and give support and encouragement along the way.

Personal Nurses reach the right people at the right time, with the right approach. One that puts the patients at the centre of their own success.

Humana's Personal Nurse programme can be adapted for the NHS to provide pre and post-hospital telephonic support to patients. This will cover shared decision making about referrals for elective surgery; pre-admission guidance and expectation setting about recovery; and post-discharge contact to assess the need for ongoing support and care coordination. Similar services are now available in some parts of the NHS and are having a proven effect on reducing demand.

Performance management, settlement and review > control

“Our experience of contracting with provider networks and sharing data between multiple organisations has delivered improved operational efficiencies, lower costs and a superior patient experience.”

DR PETER GREENGROSS
Director,
Strategic Services,
Humana Europe

Most employers give their employees annual performance reviews, designed to acknowledge strengths and weaknesses on both sides, and agree ways in which improvements can be made. Ideally, it's a mutually beneficial process, and that's what performance management, settlement and review should be, with the main benefits being realised by the patient. Are some GP practices spending more in certain areas than others, are there too few or too many hospitals in the region and could some of their services be shared? And are some providers performing better than others? Again, the route to building this particular pillar of world-class commissioning lies in data, and the ability to measure the three E's.

The three E's are **Efficiency** (cost), **Effectiveness** (quality) and **Experience** (the patient's). Measuring efficiency involves comparing the consumption of resources (cost, utilisation and efficacy). Measuring effectiveness compares clinical outcomes including complications, mortality, failure to rescue, and

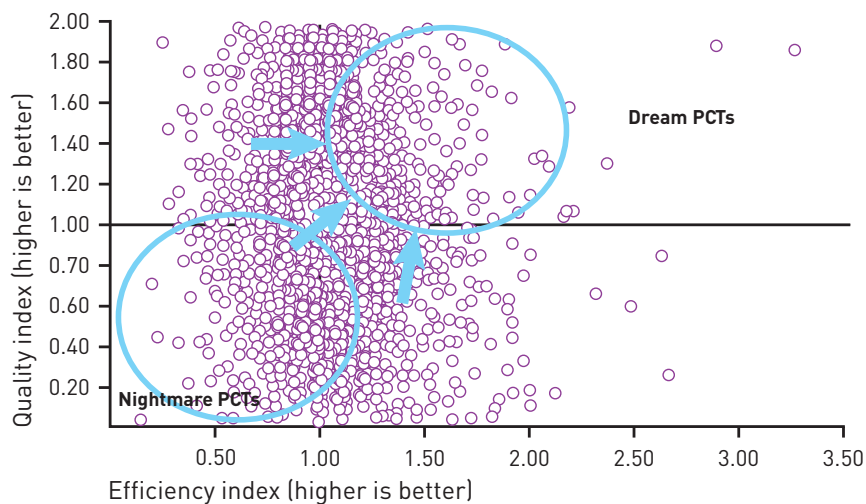
process measures such as adherence to evidence-based clinical guidelines. Measuring patient experience compares patient satisfaction with provider experience based on administrative (waiting times) and provider metrics (courtesy, time spent with patient etc).

By consistently reviewing patient experience metrics, PCTs will be able to improve the services they provide. And putting patient satisfaction at the centre of their governance activities means that PCTs will soon be seen as champions of healthcare for their people, rather than deniers of services and treatments.

Michael is seriously ill. He has suffered a heart attack and is in an ambulance, on his way to hospital. Until a few months ago Michael would have been rushed into A&E where his condition would have been assessed by the next available on-duty doctor in a non-specialist environment, alongside a host of other people needing a wide variety of treatments.

This chart shows the journey that needs to be made in order for a PCT to move to the optimum position when measuring the three E's. Source: Mercer Human Resource Consulting.

PCTs quality and cost efficiency



Today, Michael is being taken to a specialist centre for cardiac care. Following an evaluation of services, his local PCT saw an opportunity for a segregation of services that would benefit the community. A centre for excellence in cardiac care is the result. Waiting to receive him is a top team of heart specialists with all the specialist equipment they need on hand to help him. Because of this Michael has a much greater chance of survival and recovery.

HARP – Humana’s Accelerated Results Programme

Humana supports PCTs in delivering their governance responsibilities through consistent, validated performance reports. These ensure that patient care is the priority when service provision comes under scrutiny.

HARP consists of a four-week review of a PCT’s existing monthly performance management and data systems. Its purpose is to move the PCT from a system involving too much historical and irrelevant data, untimely and resource intensive reports and weak decision-making tools, to one based on proper analysis, focused management information, future strategy, timely reports and strong decision-making tools.

HARP achieves this by:

- Reviewing data sources, quality and completeness.
- Designing and building a pack of information reports on activity and spend to form the basis of a monthly performance management pack for the PCT.
- Identifying the relevant key performance metrics to supplement those currently used by the PCT for internal monitoring.
- Reviewing and re-engineering existing processes for monitoring the monthly performance management cycle, including the roles of the PCT’s staff.
- Identifying opportunities for financial savings.



Humana can provide PCTs with automated, timely and actionable reports that enable them to identify cost-saving opportunities and motivate providers to improve the quality of their service.

Patient and public engagement > commitment

“Our health is a consequence of the many little choices we make every day about what we eat, how much we eat and how much we move. But too many of us think about health only when we become unwell. We all need to become more engaged and more mindful of the choices that will keep us healthy. The challenge lies in how to connect with people as individuals, how we understand their needs, attitudes and preferences for care, and how we commission services to meet them where they are.”

LEE PHILLIPS
Communications and
Engagement Director,
Humana Europe

Let’s face it, unhealthy habits are pleasurable – if they didn’t taste good and make people feel good it would be much easier to get people to change. But the fact is, preventable chronic disease is on the increase. Our society is becoming more unhealthy, despite all the public health messages on smoking, drinking and eating healthily. Because of this, perhaps the fourth pillar of world-class commissioning is the most essential. Patient and public engagement is about giving PCTs meaningful opportunities to reach out and connect with people on an individual level. Before they can do this, PCTs need to listen to people and really understand what is happening to them and what they need. This knowledge allows PCTs to open appropriate lines of communication to reach people where they are now. But, making the connection is only the beginning. People need ongoing support and motivation to keep them going and world-class commissioning provides an exciting number of innovative ways in which PCTs can achieve this.

Our old friend data gives PCTs and clinicians an understanding and sensitivity into what makes people tick. By using the activities people like and are drawn to – sports, music, socialising etc – PCTs can help people to become engaged in healthy behaviour without even giving it much thought. When compared with sitting on a comfy couch, enjoying a glass of wine while watching their favourite soap, it’s easy to see why the thought of spending an hour pounding away in a sweaty gym might not be most people’s idea of relaxation. But parking the car a few streets further away from the office and measuring how many steps they take throughout the day on a pedometer is achievable, and will soon become part of a normal routine. And if there’s an added incentive, such as reward points for achieving milestones – perhaps beating a target of daily steps, or meeting a weight loss target, then people are more likely to stay motivated, because there’s something tangible in it for them. Take Caroline for instance.

As a teenager Caroline thrived on exercise. She swam, played hockey for her school team and went ice-skating. But fifteen years and two children later Caroline was overweight and unhappy with her appearance, but had little time or motivation to do anything about it.

Work and family commitments meant that Caroline could never get into a regular exercise routine. But her PCT changed all that by offering her employer a chance to take part in the work-based HealthMiles programme. Caroline liked the fact that with fitness tools available at her workplace, she would be able to integrate diet and exercise into her everyday life, and share her experiences with like-minded colleagues.

Caroline was able to measure her weight, BMI and blood pressure at her company’s on-site HealthZone kiosk, and upload the data to a personal, password protected folder on the HealthMiles website. Here, through an innovative pedometer style device, she could track her activity level, monitor her results, and earn rewards that could be exchanged for a variety of healthy goods.

Equipped with all the tools and incentives she needed, Caroline stayed motivated and soon saw results, losing two stones in just twelve weeks.

Four months onwards, Caroline is extremely pleased with her progress and continues to set new goals for herself. Thanks to the HealthMiles programme, staying fit and healthy has become part of everyday life for Caroline, and the fitter she gets, the more rewards she receives. Her employer is happy too – staff motivation is high and absentee levels have dropped considerably since the programme was introduced.

Conclusion – What can world-class commissioning deliver?

World-class commissioning in healthcare effectively industrialises the back office and personalises the front office. It creates an integrated, measurable system focused on health improvement and improved patient experience, delivered at scale, yet tailored to individual need. It delivers a healthier future for all of us.

TODAY	TOMORROW
Top down	Bottom up
'One size fits all' healthcare that creates inequalities	Localised solutions that reflect the diversity of the community
Population-based needs assessment	Understanding risk at the individual level
Fragmented patient care	Integrated, seamless, coordinated patient experience
Data lag and inefficient data work-arounds	Integrated data and real-time data analysis
Retrospective analysis – looking through the rear-view mirror after serious events have occurred	Prospective risk forecasting – getting ahead of high risks before disaster strikes
Limited quantitative performance measurement	Standardised performance analytics and reporting
Import innovations from outside	Internal engine of innovation
Working in silos optimises parts at the expense of the whole	System thinking aligns every stakeholder strategically
Clinicians constrained by politics and bureaucracy	System facilitates and supports patient-clinician relationships

The Humana promise

Reliable

We will endeavour to make everything we create and produce reliable, secure, safe, dependable, sustainable, fully integrated and seamless. We will strive to consistently meet performance guarantees, resolve any issues quickly and efficiently, and deliver on time and on budget.

Evolving

We will be advocates for change, constantly evolving and innovating. We will look to stretch ourselves and seek inspiration from all quarters.

Supportive

We will support individuals, families and communities to become engaged in their health and healthcare. We will provide the support, tools, guidance, incentives, expertise and training to enable people to be the best they can be.

Personal

Everything we do is designed, tailored and customised around the needs of the individual. Through knowing and understanding people we can give them the independence to make choices and decisions that are best for them.

Engaging

We will engage and empower individuals in a motivating and relevant way, leaving them feeling confident, reassured, in control of their health, and inspired to take responsibility for leading healthier lives.

Creative

We will seek creative solutions to complex problems. Be innovative. Be fun. Be forward thinking.

Transparent

We will be open, accountable, and trustworthy. We will act with integrity, candour and honesty, staying true to ourselves and to others.

Contact us

We welcome your views. This white paper can be reviewed on our website at humana.co.uk. Send us an email to add to the debate: info@humana.co.uk Tel: 020 3004 3200 Fax: 020 7495 6190