

The logo consists of the letters 'HS' stacked above 'SH' in a serif font, enclosed within a thin rectangular border.

HS
SH

HARLEY STREET

SPECIALIST HOSPITAL

— LONDON —

BOOKINGS
AT HSSH
FOR CONSULTANTS

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NEW CLINICS



Clinic List

Please email your clinic list no later than 48 hours prior to clinic with the following patient information

1. Patient's full name

Date of Birth

Email

Phone

Address

Notes

2. Insurance information

3. GP name and practice address

4. Imaging/ Treatment

Requirements such as ultrasound/ injection etc.

5. Special Needs

Email Lists to

Outpatient@hssh.health



Book a Room

All outpatient space, including consulting room allocation, is overseen by our Outpatient Lead Martine Vella

Simply Email

Outpatient@hssh.health with a date and time and we will slot you in



Room Rates

Consultants are charged standardised room rental rates which are invoiced on a monthly basis. For further information, please contact Martine Vella at outpatient@hssh.health



Outcome

It is a CQC requirement that our facility is aware of the outcome of each consultation, therefore it is imperative an outcome form is completed in clinic for our records. These forms are made available by our staff on the day of the clinic.

If you would like access to Medbase please email us at bookings@hssh.health

CALL +44 (0)204513 2244 - PRESS OPTION 1
EMAIL: APPOINTMENTS@HSSH.HEALTH

NEW HSSH PATIENTS



Booking

Our Team will contact the patient with 3 call attempts and 3 emails and book the patient into our practice management system MedBase



Enquiry

HSSH receives enquiries via phone and web which are directed to our sales team. If you would like our sales team to contact the patient please email or call us on the numbers above



Private Practice

Once the patient is booked in the Private Medical Secretary of the consultant is emailed patient details and appointment details and can go ahead and arrange imaging if required and invoice the patient



Consultation

Consultations are normally 30-40 min and patient confirmation and invoicing is the responsibility of the surgeons practice



OUTPATIENT REFERRAL

FOR CONSULTANTS

CALL +44 (0)2031489900
EMAIL: OUTPATIENT@HSSH.HEALTH

OUTPATIENT TREATMENTS

- Self Pay and Insured Patients are accepted
- All injections are ultrasound guided and carried out by a Radiologist or qualified sports doctor accredited in sonography
- Reports are then sent back to the consultant
- All images are available on Biotronics
- IEP requests can be made to Medical innovations Centre



CALL +44 (0)2031489900
EMAIL: OUTPATIENT@HSSH.HEALTH

OUTPATIENT TREATMENTS

- To make a booking for any of our outpatient treatments including pathology we will require the following to be emailed to outpatients@hssh.health
 - Booking Form See on the right
 - Referral Letter from the consultant with details of diagnosis and treatment required.
- Patients/Insurers will be billed by HSSH directly
- Download our Referral Form from our website <https://hssh.health/for-doctors/>



COMPASSIONATE · INNOVATORS · COLLABORATIVE · BOLD
18-22 Queen Anne Street, London W1G 8HU

Imaging Request Form

Please email the completed form to: imaging@hssh.health
This form will be uploaded to the patient's clinical records.

Patient Information:			
Title:	Surname:	Forename:	Date of Birth:
Address:			Hospital No:
			Postcode:
Tel:	Mob:	Email:	
Insurer:	Policy No:	Pre-Auth. No:	
Self-funding:	Male	Female	
Billing: (Please Tick)	HSSH <input type="checkbox"/>	HSSH Lite <input type="checkbox"/>	OS <input type="checkbox"/>
Appointment:	Preferred Date:	Preferred Time:	To be reported by (if known):
Examination Requested: (MRI/CT/X-Ray/US/US Guided Injection)			
Clinical Indication for examination: Please summarise relevant history, clinical findings & your results. Indicate the question that the examination should answer. Examinations CANNOT be performed without sufficient relevant clinical information & a Doctor's signature, in line with Ionising Radiation Medical Exposures Regulations 2017.			
Does the patient have any of the following (tick if relevant)			
Age over 65	Severe claustrophobia	Heart Conditions	Pregnancy
Important: If Contrast is required for the scan:			
Is there a history of kidney disease/surgery?		Is there a history of dialysis?	Is the patient aged 65yrs or over?
Yes No	Yes No	Yes No	Yes No
MRI: Does the patient have any of the following contraindications?		Checklist for CT scan, MRI and Interventional Procedures:	
History of intra-orbital fb	Yes No	Diabetic on Metformin	Yes No
Pacemaker	Yes No	Asthmatic or allergic to contrast	Yes No
Intracranial clips	Yes No	Other allergies	Yes No
Prosthetic heart valve	Yes No	Any kidney problems/dialysis	Yes No
Cochlear implants	Yes No	Taking anticoagulants/antiplatelet drugs e.g Warfarin, Aspirin or Plavix (Clopidogrel)	Yes No
Pregnancy	Yes No		
Recent Surgery	Yes No	Serum creatinine / Estimated GFR	/
Referring Consultant/GP - PLEASE COMPLETE ALL THE CONTACT INFORMATION BELOW			
Referred by:		Signature:	
Hospital/Clinic:		Tel No:	Date:
Report Req. by:	Email Address:	Fax No:	
Radiographer Checklist (please initial)			
Correct Patient	Correct Site	Correct Procedure	
Operator:	Dose:	Screening Time:	Date:

CALL +44 (0)2031489900
EMAIL: OUTPATIENT@HSSH.HEALTH

Code	Procedure	GBP £
	Soft tissue or tendon ultrasound	£300
	Intermediate Musculoskeletal Ultrasound	£300
	Complex Musculoskeletal Ultrasound	£500
	Limb or joint diagnostic ultrasound	£300
W9030	Injection(s) +/- aspiration, into joint, cyst, bursa with image guidance	£500
W9035	Injection(s) +/- aspiration, into two or more joints, cysts, bursae with image guidance - bilateral	£850
X3770	Intramuscular injection, Piriformis	£500
W9032	Injection of viscosupplement into joint with image guidance (Ostenil Plus or equiv)	£500
W9033	Injections of viscosupplement into joints with image guidance - bilateral (Ostenil Plus or equiv)	£850
A5790	SIJ Injection(s) +/- aspiration, into joint, cyst, bursa with image guidance	£850
A5790	Coccyx Injection(s) +/- aspiration, into joint, cyst, bursa with image guidance	£850
T7292	Trigger Point Injection without ultrasound (more than 1 injection)	£500
A7352	Ultrasound guided nerve block	£850
	PRP (Autologous Blood Injection) - Knee arthritis	£850
	PRP (Autologous Blood Injection) - package of 3	£2,100
	(Other joint) Platelet Rich Plasma injection for tendinopathy with/without dry needling and ultrasound guidance'	£425
	Cellular Matrix (Autologous Blood Injection with Hyaluronic Acid)	£1,000
	N-Stride 1 joint	£2,100
T7483	Ultrasound guided barbotage of calcific deposits of joint (as sole procedure)	£850
W9050	Shoulder hydrodistension +/- image guidance	£850



SELF PAY
PRICE

MEET THE TEAM



Dr. Rosy Jalan

Radiologist
Monday
Thursday



Dr. Rajat Chowdry

Radiologist
Tuesday
Friday



Dr. Ralph Rogers

MSK Doctor
Wednesday



Dr. Na'eem Ahmed

Radiologist
Thursday
Friday



Dr. Qaiser Malik

Radiologist
Monday
Wednesday
Thursday



Martine Vella

Head of Outpatients
Outpatient@hssh.health



PHYSIO REFERRAL

FOR CONSULTANTS

CALL +44 (0)203 148 9939
EMAIL: PHYSIO@HSSH.HEALTH

PHYSIOTHERAPY



Ella Moffatt

Physiotherapy BSc (Hons) MCSP
Physiotherapist

Ella is a highly skilled chartered physiotherapist who has specialised in musculoskeletal conditions.

Ella has recently joined the team at HSSH as Lead physiotherapist. Ella has specialised in orthopaedics. She has joined us from the Schoen Clinic, however has also worked locally at King Edward VII Hospital and also at Circle Reading. Ella is in the process of setting up the in-house physiotherapy service at HSSH. The service will cover physio pre-assessment, post-operative review for orthopaedic day case patients, outpatient physiotherapy and clinic calls.

Physio pre-assessment

The physio service will aim to pre-assess patients having major orthopaedic surgeries (up to 1 week) prior to their admission. Pre-assessments can be completed face to face or via telephone for patient convenience.

Day case surgeries

The majority of orthopaedic day case patients will be seen by physio on their day of surgery for post op advice and exercises. They will ideally be seen post operatively if ready prior to 5pm.

Outpatient physiotherapy

A physio gym has been created on the 2nd floor with essential rehab equipment. Consultants can make referrals to the physio service by sending a clinic letter via the physio email address, physio@hssh.health or patients can self-refer themselves by emailing or calling on 0203 148 9939.

CALL +44 (0)203 148 9939
EMAIL: PHYSIO@HSSH.HEALTH

HAND THERAPY



Fionna Moore

Occupational Therapist

Fionna is an experienced Occupational Therapist specialising in hand therapy for pre and post procedure rehabilitation for the hand and wrist.

Fionna Has a regular clinic at HSSH and can be referred patients directly by calling call +44 (0)203 148 9939 or email physio@hssh.health

Physio pre-assessment
Hand Therapy sessions last 1 hour
Sessional Price £130

Rapid Hand and Wrist Clinic
Same day ultrasound scans and injections are available through our Pain management Unit. Please visit the website for more details
<https://hssh.health/pain-management-unit/>

To book an appointment with our therapists
please call +44 (0)203 148 9939 or email
physio@hssh.health

CALL +44 (0)203 148 9939
EMAIL: PHYSIO@HSSH.HEALTH

CONSULTANT REFERRAL

Consultants can make referrals to the physio service by sending a clinic letter via the physio email address, physio@hssh.health or patients can self-refer themselves by emailing or calling on 0203 148 9939

Clinic calls can be completed for any consultants- including: fitting crutches, braces, slings, boots/ shoes.

A referral form must please be filled in by the consultant prior to the fitting

Download our Referral Form from our website
<https://hssh.health/for-doctors/>



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PHYSIOTHERAPY CONSULTANT REFERRAL FORM		
PATIENT DETAILS		
TITLE:	FORENAME(S):	SURNAME:
DATE OF BIRTH:		SEX:
*NHS NUMBER OR PASSPORT NUMBER: (NHS Number)		
RESIDENTIAL ADDRESS:		
TELEPHONE:		MOBILE:
EMAIL:		
REASON FOR REFERRAL		
REASON FOR REFERRAL & DIAGNOSIS		
EQUIPMENT REQUIRED		
ANY FURTHER INSTRUCTIONS, E.G. WEIGHT BEARING STATUS RESTRICTIONS RECOMMENDATIONS		
OTHER		
OTHER		
CONSULTANT SIGNATURE		DATE

CALL +44 (0)203 148 9939
EMAIL: PHYSIO@HSSH.HEALTH

PATIENT SELF REFERRAL

Outpatient physiotherapy sessions can include:

- Consultation
- Exercise therapy
- Massage
- Taping
- Pilates
- Accupuncture
- Shockwave

Self Pay Prices

- Initial Consultation , 30min - £130
- Follow Up Session £90

A referral form must please be filled in by the consultant prior to the fitting
Download our Referral Form from our website <https://hssh.health/for-doctors/>



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PHYSIOTHERAPY PATIENT SELF REFERRAL FORM		
PATIENT DETAILS		
TITLE:	FORENAME(S):	SURNAME:
DATE OF BIRTH:		SEX:
*NHS NUMBER OR PASSPORT NUMBER: (NHS Number)		
RESIDENTIAL ADDRESS:		
TELEPHONE:		MOBILE:
EMAIL:		
REASON FOR REFERRAL		
PROBLEM AREA/DIAGNOSIS: E.G BACK PAIN		
HOW LONG HAVE YOU HAD THIS PROBLEM FOR?		
HAVE YOU HAD AN OPERATION/PROCEDURE FOR THIS PROBLEM? IF YES PLEASE NOTE: PROCEDURE CONSULTANT NAME ANY POST OP INSTRUCTIONS		
OTHER		
PAYMENT DETAILS		
HOW WILL YOU BE PAYING FOR YOUR TREATMENT?		
SELF PAY:		PLEASE NOTE SELF PAY PRICES: INITIAL ASSESSMENT (45 MINS) £130 FOLLOW UP (30 MINS) £90
INSURANCE COMPANY:		MEMBERSHIP NO:
		AUTHORISATION CODE:
OTHER		
INTERPRETER REQUIRED:		WHEELCHAIR ACCESS REQUIRED:
PREFERRED DATE/TIME OF APPOINTMENT:		OTHER:
COMPLETED BY:		DATE:

IMAGING REFERRAL

FOR CONSULTANTS



IMAGING REQUEST

- Consultants can make referrals to our radiology department by completing an image request form and emailing this to imaging@hssh.health
- HSSH provides full range of Xrays/MRIs for orthopaedics & CBCT scans for oral maxillofacial surgery
 - AGFA DR600 Xray machine
 - Cone Beam CT Scanner for 3D cross-sectional images of the jaws and teeth
 - MRI's can also be requested
- Self Pay Prices
 - Xray/CBCT- £150 per scan
 - MRI £600 one part
 - MRI £900 two part
 - MRI £1200 three part
- Download our Referral Form from our website <https://hssh.health/for-doctor>



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Imaging Request Form

Please email the completed form to: imaging@hssh.health
This form will be uploaded to the patient's clinical records.

Patient Information:			
Title:	Surname:	Forename:	Date of Birth:
Address:			Hospital No:
			Postcode:
Tel:	Mobile:	Email:	
Insurer:	Policy No:	Pre-Auth. No:	
Self-funding:	Male:	Female:	
Billing: (Please Tick)	HSSH <input type="checkbox"/>	HSSH Lia <input type="checkbox"/>	OS <input type="checkbox"/>
Appointment:	Referred Date:	Referred Time:	To be reported by (if known):
Examination Requested: (MRI/CT/X-Ray/US/US Guided Injection)			
Clinical Indication for examination: Please summarise relevant history, clinical findings & test results. Indicate the question that the examination should answer. <small>Examinations CANNOT be performed without sufficient relevant clinical information & a Doctor's signature, in line with Ionising Radiation Medical Exposures Regulations 2017.</small>			
Does the patient have any of the following (tick if relevant)			
Age over 65	Severe claustrophobia	Heart Conditions	Pregnancy
Important: If Contrast is required for the scan:			
Is there a history of kidney disease/surgery?		Is there a history of dialysis?	
Yes	No	Yes	No
Is the patient aged 65yrs or over?			
Yes	No		
MRI: Does the patient have any of the following contraindications?			
History of intra-orbital fb		Yes	No
Pacemaker		Yes	No
Intracranial clips		Yes	No
Prosthetic heart valve		Yes	No
Cochlear implants		Yes	No
Pregnancy		Yes	No
Recent Surgery		Yes	No
Checklist for CT scan, MRI and Interventional Procedures:			
Diabetic on Metformin		Yes	No
Asthmatic or allergic to contrast		Yes	No
Other allergies		Yes	No
Any kidney problems/dialysis		Yes	No
Taking anticoagulants/antiplatelet drugs e.g Warfarin, Aspirin or Plavix (Clopidogrel)		Yes	No
Serum creatinine / Estimated GFR			
Referring Consultant/GP - PLEASE COMPLETE ALL THE CONTACT INFORMATION BELOW			
Referred by:		Signature:	
Hospital/Clinic:		Tel No:	Date:
Report Req. by:	Email Address:	Fax No:	
Radiographer Checklist (please initial)			
Correct Patient	Correct Site	Correct Procedure	
Operator:	Dose:	Screening Time:	Date:



THEATRE & MINOR OPS BOOKING

CALL +44 (0)2031489944
EMAIL: BOOKINGS@HSSH.HEALTH

THEATRE & MINOR OPS TREATMENTS

- To make a theatre or minor ops booking simply contact our bookings team by emailing a booking form or by calling us at the number above
- The booking form must contain the correct patient details and all relevant information about the procedure including the need for an overnight stay/ next day follow up/ anaesthetist/ or any special requests
- If you require a self pay facility fee please email us at bookings@hssh.health and we will revert with a quote
- Additionally a consultant can subscribe to our self pay packages which you may email enquireies@hssh.health for
- Download our Referral Form from our website <https://hssh.health/for-doctors/>



THEATRE & MINOR OPS TREATMENTS

Complete a Booking Form

Simply Email Bookings@hssh.health with a referral form and any clinical letters your consultant requires for the surgery. Please also indicate whether you require an anaesthetist to be booked by HSSH



System Booking

Once received our booking team will diarise your surgery.

Once on our system the patient receives a welcome pack to confirm their surgery. Admission Time is confirmed by the surgeons practice and HSSH reconfirms the time to patients 24 hrs before



Pre-assessment

The patient will receive a pre-assessment questionnaire including covid status requirements. Any additional pre-assessment diagnostics or pathology will be charged at an additional price to the patient.



Surgery

Patients are invoiced a facility fee by HSSH and provided with all relevant information prior to surgery including nil by mouth instructions/ Post op instructions/ follow up instructions.

Our in house physio will also visit the patient in recovery to ensure they are fit to be discharged by our RMO.

CALL +44 (0)2031489944
EMAIL: BOOKINGS@HSSH.HEALTH

OVERNIGHT STAY

- Harley Street Specialist Hospital is a Day Case Surgical unit however, we do have the ability to keep a patient overnight if there is a clinical requirement to do so
- An RMO & nursing staff remain with the patient overnight to provide acute post surgical care- Hospital overnight w/ breakfast £1000/night (discharge 8am)
- Patients have the option for a hotel night stay in the area if they would like to remain close to the hospital after discharge- Contact Bookings for Pricing
- If you require an overnight stay for your patient please indicate this on the booking form & email us at bookings@hssh.health and we will revert with a quote
- Download our Referral Form from our website
<https://hssh.health/for-doctors/>

