KING'S HEALTH PARTNERS
An Academic Health Sciences Centre for London
Pioneering better health for all

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13 December 2012

Dear Matthew,

We attach a full response to your draft report from King's Health Partners. It represents the common view of all the organisations that make up King's Health Partners. The questions outlined in the consultation booklet limit responses by design and so this letter outlines our additional comments.

We recognise the scale of the financial challenge facing South London Healthcare NHS Trust and the analysis that it is unsustainable in its current form. We are strongly supportive of the requirement to reach a clear and sustainable future that delivers high quality, affordable healthcare as soon as possible to give confidence to patients, the public and healthcare staff in south east London. We have also been clear all through this process that we accept our responsibility to play a part in the solution and we remain committed to this in parallel with our plans for King's Health Partners.

We are disappointed that your draft report fails to acknowledge sufficiently two factors that we feel merited greater attention:

- King's Health Partners, one of only five Academic Health Sciences Centres in the UK, was formed in 2009 as a collaboration between Guy's and St Thomas', King's College Hospital and South London and Maudsley NHS Foundation Trusts and King's College London. We are beginning to test the case for becoming a single academic healthcare organisation which would significantly improve care for our local populations. The report does not reflect the potential benefits of this approach and the new models of care which it might help to deliver; nor does it acknowledge or weigh the risk that the proposals in the report might run counter to the interests of the people of south London by cutting across this development;

- Your report is very focused on acute care. The lack of consideration of mental health is regrettable. South London and Maudsley NHS Foundation Trust, one of our partners, provides services in the whole of the area covered by South London Healthcare NHS Trust, including wards at University Hospital Lewisham. At King's Health Partners we have a vision for the integration of physical and mental health which is world-leading. The absence of consideration of the issues around mental health represents both a missed opportunity to improve care and a real risk to current patient care.

Looking specifically at your recommendations, you suggest that King's College Hospital acquires the Princess Royal University Hospital. King's Health Partners' support for this proposal is subject to the detailed operational and financial Outline Business Case which is being prepared by King's College Hospital and which will naturally take account of the potential impact on our organisations. As this is developed, we will gain a greater understanding of the levels of financial support required to deliver the outcome desired by all parties, and we would expect that further discussions will be required at this stage. The proposal also has wider implications for the way we take forward our plans for

progressing our Full Business Case for creating a single academic healthcare organisation, which we will consider separately.

The proposal to downgrade the Emergency Department at University Hospital Lewisham would have a significant impact on the provision of emergency and non-emergency care at King's College Hospital and St Thomas' Hospital.

With regard to the proposals for maternity services, King’s Health Partners’ clinicians would have significant reservations about the option for a standalone obstetric unit at Lewisham, if it does not have access to a co-located intensive care unit on site and the other support services of an A&E admitting hospital. Even low risk women can suddenly need these services immediately, and we do not believe this would be a clinically safe and sustainable option.

It is our expectation that for all scenarios, significant numbers of women would either choose or be directed towards St Thomas’ and King’s College Hospital. The maternity units at both King’s College Hospital and St Thomas’ Hospital are close to maximum capacity and would require significant capital investment, for which we have no provision.

The proposal for an elective centre at Lewisham would need to be based on a collective decision across south east London. Given that there is an elective centre at Guy’s Hospital, it is critical that the model for such a centre is clinically and financially sustainable, with a business model that all providers can sign up to and underpinned by workable clinical governance. At present we are not reassured on these issues. We are, for example, unconvinced about a split between complex and non-complex work and see a concentration of work around specialties as a model that might merit consideration.

More broadly, we are concerned that the time constraints you have worked under mean that inadequate consideration has been given to care pathways for older people, children and those with mental health conditions. For instance, there is a strong relationship between psychiatric liaison and the paediatric A&E. Future pathways of care would need to be worked through to ensure that children and young people do not have to report at the point of crisis to a facility outside the borough that is not related to the community services they are linked to.

By their nature, the arrangements across a wide geography, such as south east London, will be complex and involve many organisations in relationships that are long-standing and valuable to patients. Your report, for reasons of time, has been unable to consider these at a service level, but your recommendations have profound implications for some of the services that we know our patients cherish most. Without more detailed analysis and reliable data we cannot be satisfied that these recommendations are viable.

Finally, we are concerned about the impact of your proposals on the quality of medical education. A significant number of our students spend time at University Hospital Lewisham and gain valuable experience from the mix of patients and conditions they see. In the context of the proposed changes it will be important to ensure that the placements we provide continue to offer a high quality of experience for our undergraduates, both within acute and community settings.

This is the first time that the TSA provisions have been used and we have reservations about the process. Given that the provisions are likely to be used again it would be helpful if there could be an evaluation, with lessons learned. We understand that you have commissioned the King's Fund to undertake an external review and we would be happy to engage with this process.

We are clear that our organisations remain committed to playing a constructive part in the solution to the difficulties at South London Healthcare NHS Trust and will work with you to ensure a sustainable financial future for the NHS in south east London that continues to provides patients with the best care.

Yours sincerely,

Rt. Hon. Lord Butler of Brockwell KG, GCB, CVO
Chair, King's Health Partners

Sir Hugh Taylor
Chair, Guy's and St Thomas' NHS Foundation Trust

Madeliene Long
Chair, South London and Maudsley NHS Foundation Trust

Professor Sir George Alberti
Chair, King's College Hospital NHS Foundation Trust

Professor Sir Rick Trainor
Principal, King's College London

On behalf of King's Health Partners Board

King's Health Partners
Trust Special Administrator draft report into South London Healthcare Trust consultation response

Q1: To what extent do you agree or disagree that the efficiency of the hospitals that make up South London Healthcare NHS Trust needs to improve to match that of top performing NHS organisations?

The efficiency of all hospitals will need to improve significantly in the coming years to cope with an ageing population, rising demand and the cost of the introduction of new medicines and technologies. The hospitals of South London Healthcare NHS Trust will, in common with all other providers, need to demonstrate these improvements in productivity and efficiency to ensure financial sustainability and keep pace with the improved performance of hospitals across the UK.

The scale of the efficiencies required makes it vital that they are based on valid, reliable data, agreed and transparent assumptions and appropriate estimates where necessary. Inaccuracies or the widespread application of high level assumptions can easily result in solutions not being practical or achievable. We have reservations about some of the assumptions relating to the efficiency improvements which underpin the Trust Special Administrator (TSA) modelling and where they are not realistic and therefore not deliverable this will have an impact on the ability of current and new organisations in south east London to deliver the financial savings in the timescale assumed. If efficiencies are not delivered it is important that these costs are not transferred to community or mental health services through savings on block contracts.

For each efficiency gain the target needs to be carefully selected with an understanding of the drivers behind the challenge. For example the differences between hospitals based on their teaching profile is relatively well understood, but the effects of the combined recommendations on the ability of University Hospital Lewisham to deliver its highly regarded undergraduate medical education programme will need to be worked through. We cover this issue in further detail under Q14 and 18.

Q2: To what extent do you agree or disagree that the areas outlined in Chapter 5 of the consultation document for improving efficiency at the hospitals that make up South London Healthcare NHS Trust are appropriate?

We agree that the areas for improved efficiency appear consistent with the areas we are also focusing on, in attempts to drive continued productivity improvements across King's Health Partners. We believe there are ways in which our organisations can work to support productivity improvements in south east London, including through proposals for more efficient procurement which we are discussing with other providers in south east London.

We have, however, raised a number of concerns since the publication of the TSA's report about the validity of some of the assumptions which underpin the modelling of future capacity requirements. Some of the organisations within King's Health Partners have written formally to the TSA specifically to raise these issues and it is essential that the TSA clarifies and resolves outstanding areas. For example, assumptions have been made about the split of activity between the Guy's and St

Thomas' Hospital sites and this leads to inaccuracies in the modelling for the activity that could transfer to any proposed elective centre.

Q3: What further comments, if any, do you have on any of the proposals outlined around recommendation one in the consultation document, including the reasons for your answer to questions 1 and 2? Please also include any improvements you would like to suggest to this recommendation.

No further comments.

Q4: How far do you support or oppose the proposal for Queen Mary's Hospital Sidcup to be turned into a Bexley Health Campus?

We note the proposal for a Bexley Health Campus and think it could bring significant opportunities particularly in the integration of mental and physical health needs to support the overall well-being of patients. There are also opportunities for a Bexley Health Campus to provide new and different training opportunities on the site. We think that further consideration needs to be given to the interplay between the services provided on the site and the proposed elective centre at Lewisham to ensure that the elective centre remains a viable proposition.

If the recommendation for a Bexley Health Campus is accepted, King's Health Partners would expect to work with the owner of the site to agree the role that our organisations would play in the delivery of services on that site and the business model that would be used. This could include innovative models of stakeholder collaboration and ownership of the site that might encourage collective flexibility and responsiveness to future challenges.

There are a range of surgical services that are currently provided or are planned at the site and we intend to discuss these with the future owner of the site. For example there is a 10/12 Chair Dental Clinic that currently provides Oral Surgery, Oral and Maxillofacial Surgery, Restorative and Orthodontic services through linked appointments with King's College Hospital and Guy's and St Thomas' Hospitals. In these specialties we also provide some linked specialist training with rotating trainees and would wish to consider the opportunity to establish an additional clinical academic training facility such as we already operate at Portsmouth and in future will provide at Norwood Hall.

If, as recommended in the draft report, King's College Hospital acquires the Princess Royal University Hospital, we would wish to discuss with commissioners which of the services currently provided by the Princess Royal University Hospital staff on the Queen Mary's Hospital site might continue as well as other possible services. Examples include a number of surgical and medical day cases.

Given the above, we are concerned about the proposal for Dartford and Gravesham NHS Trust to become the interim provider of day case surgery and endoscopy services at the site whilst a procurement process is being carried out. In particular it is very important not to disrupt established cancer treatment pathways for patients diagnosed with cancer who access services on the Queen Mary's Hospital, Sidcup site.

Discussions have been taking place for many months, with both providers and commissioners, on the provision of a satellite radiotherapy unit on the site in conjunction with a private provider. Guy's and St Thomas' NHS Foundation Trust will continue to discuss this with the relevant parties, as well as the continued provision

of renal dialysis on the site, and would want to ensure through the broader conversations about the future of the Queen Mary's Hospital, Sidcup site that the required infrastructure and capital to support the service were available within appropriate timescales.

Q5: How far do you support or oppose the proposal for the land and buildings required for Bexley Health Campus at Queen Mary's Sidcup site to be transferred or sold to Oxleas NHS Foundation Trust?

The information available makes it difficult to assess the benefit for the taxpayer of such a sale or transfer. We will work with any future owner and commissioners of the site to discuss services that could be provided on the site with the involvement of King's Health Partners and the business model under which it would operate.

Q6: What further comments, if any, do you have on any of the proposals outlined around recommendation two in the consultation document, including the reasons for your answer to questions 4 and 5? Please also include any improvements you would like to suggest to this recommendation.

No further comments.

Q7: How far do you support or oppose the recommendation that South London Healthcare NHS Trust should sell or no longer rent poorly used or empty buildings?

It is desirable to make the best use of publicly owned NHS buildings.

Q8: What further comments, if any, do you have on any of the proposals outlined around recommendation three in the consultation document, including the reasons for your answer to questions 7? Please also include any improvements you would like to suggest to this recommendation.

No further comments.

Q9: How far do you support or oppose the recommendation that the Department of Health provides additional annual funds to cover the additional costs of the Private Finance Initiative (PFI) buildings at Queen Elizabeth Hospital and Princess Royal University Hospital until the relevant contracts end?

We welcome the proposed funds from the Department of Health to support the additional costs of the Private Finance Initiative (PFI) buildings at Queen Elizabeth Hospital and Princess Royal University Hospital throughout the life of the relevant contracts. The level of support to the PFI contracts must be sufficient to ensure a sustainable financial future. King's College Hospital has been developing an Outline Business Case for the acquisition of the Princess Royal University Hospital. The King's College Hospital Board has made clear that it will only accept arrangements for acquisition of the Princess Royal University Hospital if funds are tracked to the PFI inflationary uplift expectations and supports the transitional needs identified.

Q10: What further comments, if any, do you have on any of the proposals outlined around recommendation four in the consultation document, including the reasons for your answer to questions 9? Please also include any improvements you would like to suggest to this recommendation.

No further comments.

Q11: How far do you support or oppose the recommendation to implement the community based care strategy as outlined in Chapter 8 of the consultation document?

We support the vision and the direction of travel indicated by the community based care strategy and agree that the effective implementation of the proposed community based care strategy is integral to the success of the south east London health economy. For example, the approach to integrated care for older people across Lambeth and Southwark is a strong basis for the extension of the integrated care model we have developed with our stakeholders as a means of delivering the community based care strategy, as is the key strength of King's Health Partners in integrating mental and physical health services.

It is our experience that achieving full clinical buy-in to the proposed model will be critical to achieve the anticipated levels of progress in this area. We have significant concerns about the level of success that has so far been achieved, for example on reducing demand and A&E admissions. We remain concerned that the Quality, Innovation Productivity and Prevention assumptions that underpin the strategy extend beyond what is achievable through efficiency while shifting care to community settings. In the past there has not been sufficient investment in mental health and community services to support the delivery of these objectives.

Attaining the transformation outlined in the strategy will require transitional funding including investment in training and intensive development for existing staff to enable them to develop new skills which will support the changing models of care. The longer term workforce implications will also be challenging, so links to the South London Local Education and Training Board to achieve this will be vital.

We agree that it is important to make best use of all NHS sites and having completed a site utilisation review agree with the conclusions of the TSA that work can be done to rationalise community care sites. It must be recognised, however, that the transfer of ownership of these buildings away from Primary Care Trusts adds complexity.

In considering how the recommendations link to models of community care provision in south east London, there is a need to consider how the proposed merged Trust formed from Lewisham Healthcare and Queen Elizabeth Hospital would interact with Greenwich Community Health Services provided by Oxleas NHS Foundation Trust. Equally changes to services at University Hospital Lewisham may affect pathways in relation to older people with implications for how acute trusts, mental health, community services and social care work together locally to support them. The integrated systems that University Hospital Lewisham have in place to support older people's pathways are extremely well regarded in south east London and it is important that the impact of these recommendations on them is assessed and provision put in place to continue the learning generated from those service developments.

We are also interested in the opportunities that may exist to place medical students in community settings with greater integration between services.

Q12: What further comments, if any, do you have on any of the proposals outlined around care in the community in the consultation document, including the reasons for your answer to questions 11? Please also include any improvements you would like to suggest to this recommendation.

No further comments

Q13: How far do you support or oppose the proposed plans for delivering urgent and emergency care in south east London? The following shows how urgent and emergency care would be delivered:

- **Emergency care for the most critically unwell – King's College Hospital, Queen Elizabeth Hospital, Princess Royal University Hospital, St Thomas' Hospital**
- **Urgent care – Guy's Hospital, Queen Mary's Hospital Sidcup, University Hospital Lewisham**

Please see response to Q14 below.

Q14: What further comments, if any, do you have on any of the proposals outlined around urgent and emergency care in the consultation document, including the reasons for your answer to questions 13? Please also include any improvements you would like to suggest to this recommendation.

As King's Health Partners we agree that we must deliver the clinical quality standards for emergency care to ensure the best quality care is delivered for patients. This includes the availability of consultant doctors 24 hours a day, seven days a week to allow high risk patients to be seen by a consultant within an hour. We recognise the challenge these standards entail, and that they set a new bar for the quality of services in London.

The recommendation to concentrate emergency care for the most critically unwell on four major sites in future would have a significant impact on the provision of emergency and non-emergency care at King's College Hospital and St Thomas' Hospital.

Whatever decisions are then reached regarding emergency department configuration, there are a number of implications that must be considered. While we recognise the challenges inherent in modelling the impact of changes to urgent and emergency care, we think it likely that the effect of the service changes proposed at Lewisham will have a significantly larger impact on King's Health Partners' sites than has been acknowledged, in particular at King's College Hospital. For example, we need to understand the estimates that suggest 77% of the Lewisham attendances could continue to be seen by the Urgent Care Centre. King's College Hospital's modelling suggests that the proportion of patients that would continue to be seen at University Hospital Lewisham in the urgent care centre could be as low as 30%. The large variance between these estimates raises significant questions about the understanding of the implications of the clinical flows under this recommendation.

Regardless of the precise numbers, we are confident that the resultant flows to King's College Hospital and also to St Thomas' Hospital would be significant if this recommendation was accepted. The capacity available on both of these sites is

limited and we have so far been unable to confirm our ability to treat these additional patients within clinical standards and access times required. Accommodating the additional unplanned activity would require significant revenue and capital investment, particularly at the King's College Hospital site. As a result, if this recommendation was accepted then the transition path towards the changes proposed in Lewisham's urgent and emergency care services would need to be managed carefully over a staged period. Significant work would be needed with GPs to agree appropriate pathways for south east London patients to both A&E and Urgent Care Centres.

South London and Maudsley NHS Foundation Trust provides a psychiatric liaison service in A&E and on the wards at University Hospital Lewisham to ensure that patients presenting with a mental health crisis receive access to timely and effective care and treatment. South London and Maudsley also provides mental health inpatient services for adults and older adults in the Ladywell Unit at University Hospital Lewisham. This includes a well-established triage facility to provide a timely and comprehensive assessment of need for adults of working age who require hospital admission, a successful service model that has been extended by the Trust to residents of Croydon and Lambeth. Over the last year, South London and Maudsley has also developed an integrated psychological therapy service with the full range of therapies available from one team at the Ladywell Unit.

South London and Maudsley remains fully committed to providing mental health services for Lewisham residents. From this perspective, it is vital that the proposals under consideration do not disrupt the care pathway for patients presenting in crisis who need a mental health assessment and an admission to South London and Maudsley's mental health inpatient services at the Ladywell. Equally, should the proposals for changes to the Lewisham site be implemented, there is a risk of a reduced quality and experience for elderly patients with mental health issues requiring medical or surgical services, particularly if these are not provided onsite. Furthermore, St Thomas' and King's College Hospital might need to develop closer links with Lewisham social services to facilitate discharges of older people.

We also need to understand what is proposed on the model for Urgent Care at the Lewisham site and whether it would be able to accommodate the appropriate level of emergency activity and the extent to which it can provide medical support to mental health wards on the University Hospital Lewisham site. For instance, it is not clear whether there would be an older person's assessment unit and a selected medical take.

Further attention also needs to be paid to the potential disruption to well developed pathways, meeting patients' physical and mental health needs. For instance there is a strong relationship between psychiatric liaison, through Child and Adolescent Mental Health Services (CAMHS), and the paediatric A&E. Young people who present to University Hospital Lewisham A&E are currently assessed by the local CAMHS service who offer follow up appointments. Future pathways of care would need to be worked through to ensure that children and young people do not have to report at the point of crisis to a facility outside of the borough that is not related to the community services they are linked to.

Overall, we are concerned that there has been very little focus on the potential implications for the provision of mental health services in Lewisham resulting from the draft recommendations. The modelling has concentrated on the potential impact on acute patients rather than the impact on mental health. This should be addressed by the final report.

Further consideration also needs to be given to the service model for paediatric services through the Urgent Care Centres at University Hospital Lewisham and Queen Mary's Hospital Sidcup, and how these link not only to secondary care provision, but also to specialist provision. The South Thames Paediatric Retrieval Service's involvement in this work is essential.

The proposed changes to urgent and emergency care, maternity services and elective work at Lewisham are all likely to have a significant impact on education. We expect that the proposed changes will reduce the overall number of student placements that are appropriate, as many placements require medical students to be exposed to the full range of clinical services and to all degrees of acuity. The consequence of this change therefore would be a need to identify and properly support student placements of comparable quality at other locations, including within the community setting. This may require investment in infrastructure to facilitate the changes. It would be a challenge to find high quality placements, but there would also be opportunities to improve the range and quality of medical student education by consolidating the majority of placement students at a smaller number of locations.

Q15: Which of the following options would you prefer, if any, for providing obstetric-led services:

- **Obstetric-led services should only be provided at the four major hospitals that will offer care for those who are most critically ill (King's College Hospital, Queen Elizabeth Hospital, Princess Royal University Hospital, St Thomas'**
- **Hospital)**
- **A stand-alone obstetric-led unit should also be provided at University Hospital Lewisham, in addition to the four above**
- **I do not support either of these options**
- **Not sure / don't know**

Please see responses to Q16 below.

Q16: What further comments, if any, do you have on any of the proposals outlined around maternity services in the consultation document, including the reasons for your answer to questions 15? Please also include any improvements you would like to suggest to this recommendation.

Our organisations have engaged with the TSA in considering the options proposed for maternity services in south east London. We agree that the clinical quality standards for maternity must underpin maternity services provided in London in the future, to improve the clinical outcomes and the experience of the populations we serve. We are clear that as King's Health Partners we must deliver these standards in our maternity services. We believe that the organisations within King's Health Partners have considerable expertise and can be part of the solution for the provision of sustainable maternity services, but we have considerable physical capacity constraints. All options provide the opportunity to move towards a network approach to managing maternity services across south east London.

King's Health Partners' clinicians would have significant reservations about the option for a standalone obstetric unit at Lewisham, if it does not have access to a co-located intensive care unit on site and the other support services of an A&E admitting

hospital. Even low risk women can suddenly need these services immediately, and we do not believe this would be a clinically safe and sustainable option.

A recent clinical workshop led by the TSA about maternity services made clear there are a number of possible options for the provision of support services to a standalone obstetric unit. If all support services, including an intensive care unit, anaesthetic and full surgical services are available at all times, this would clearly change the nature of the clinical risk. We assume, however that this is unlikely to be financially viable.

We appreciate that reducing the number of obstetric led services to four major hospitals would concentrate resource and expertise at a smaller number of sites and would facilitate units meeting the clinical quality standards.

The assumptions underpinning the flows of maternity were not clear in the consultation report, but it is our expectation that significant numbers of women would either choose or be directed towards St Thomas' and King's College Hospitals. Both King's College Hospital and Guy's and St Thomas' Hospitals are not able to provide additional capacity currently due to the agreed "capping" policy. This cap represents the number of women who can be delivered without compromising safety. We would expect these numbers to be further increased due to the level three neonatal intensive care units on both the King's College Hospital and St Thomas' Hospital sites, since the Queen Elizabeth Hospital site only has a level one special care baby unit. Therefore under either scenario that is proposed substantial capital investment would be required to accommodate extra deliveries, including additional neonatal and supporting capacity, at other sites.

A significant lead-in time of two to three years would be required before additional capacity is available, which means that it is vital that the TSA works with both King's College Hospital and Guy's and St Thomas' as they develop their final proposals and throughout the implementation of any recommendations. We believe that deciding where extra capacity should be placed should be underpinned by independent work similar to that involved in the Gateway project.

It should also be noted that there are well established perinatal pathways in place across inpatient and community services and with the South London and Maudsley services to support mothers with mental health issues and the disruption of these vital pathways may have implications for quality and costs.

We support the proposal that antenatal and postnatal care continues to be delivered in a dispersed model. However further consideration needs to be given to the effect of the wider recommendations on secondary care paediatrics and the quality of tertiary paediatric networks which have not been considered in the draft report. If there is a consolidation of inpatient paediatrics at Queen Elizabeth Hospital, and the Princess Royal University Hospitals then this should be implemented in ways which enable quality improvements through the development of local expertise at these two sites. Specialist paediatric outreach services should be organised to support this development of local expertise, replacing the current sub-scale dispersed distribution, in line with the proposed development of a specialist children's services network, with the Evelina Children's Hospital at its heart.

The proposed changes to maternity services at Lewisham mean that if the recommendations were accepted, and our assumptions as to the acuity of services provided are correct, maternity student placements would be impacted.

In relation to education more generally, more complex experiences would no longer be available as they are currently, meaning that rotation within an already crowded placement circuit would need to be relocated. The numbers of placements that will need to be relocated will depend on the end mix and acuity of elective services that are hosted at Lewisham, carefully considering the differential impact on medical and nursing students as well as allied health professionals. Lewisham currently has some of the best and most experienced clinical educators that we rely heavily upon, and we would urge that efforts are made to retain this talent within the south east London system.

Q17: How far do you support or oppose the proposed plans for providing planned care services in south east London? The following shows how planned care would be delivered:

- **Day case surgery – Guy's Hospital, King's College Hospital, Queen Elizabeth Hospital, Queen Mary's Hospital Sidcup, Princess Royal University Hospital, St Thomas' Hospital, University Hospital Lewisham**
- **Complex operations – King's College Hospital, Queen Elizabeth Hospital, Princess Royal University Hospital, St Thomas' Hospital**
- **Specialist non-complex operations – Guy's Hospital, King's College Hospital, St Thomas' Hospital**
- **Routine non-complex operations that require a stay in hospital – University Hospital Lewisham**

Please see response to Q18 below.

Q18: What further comments, if any, do you have on any of the proposals outlined around planned care in the consultation document, including the reasons for your answer to questions 17? Please also include any improvements you would like to suggest to this recommendation.

Our organisations will continue to work with the TSA and other providers in south east London to consider sustainable proposals for the organisation of planned care services in south east London. We would expect to play a key part in developing a successful model for planned care in south east London if this recommendation was accepted, building on our expertise in delivering elective centre models. It is critical that the model for such a centre is clinically and financially sustainable, with a business model that all providers can sign up to and is underpinned by workable clinical governance. At present, King's Health Partners' organisations are not reassured on these issues.

The draft report makes clear that Guy's Hospital will remain as an elective centre which we welcome. The draft report fails, however, to acknowledge that the Guy's Hospital site undertakes specialist complex activity such as kidney transplants and thoracic surgery for cancer patients as well as general complex and non-complex inpatient and day case surgery. This is possible because the clinical infrastructure required to safely treat this range of patients, including an intensive care unit, are all available on the Guy's Hospital site.

The draft report makes reference to the SWLEOC and that such a model will be replicated on the Lewisham site. SWLEOC has 24/7 on site consultant intensivist support and intensive care and high dependency beds which enables the centre to treat all levels of complexity and obviates the need for case selection. The Lewisham elective care centre, as per the draft report, will not have such facilities on site which

will lead to difficulties in achieving case mix selection. We do not believe the separation of complex and non complex cases is desirable or feasible in specialties such as major joint replacements because in our view this is not a safe clinical model. An elective centre model without an intensive care unit or high dependency unit support would not, in our view, be an appropriate setting for the co-morbidities that exist for a significant proportion of these patients. The addition of intensive care support to the proposed centre will add substantial cost and is unlikely to be affordable.

In addition we do not think that establishing an additional elective site in particular for major orthopaedics for the sector makes sense financially – either with or without intensive care support. The centre of excellence established at Guy's Hospital means we believe there would be both clinical and financial benefits from consolidating major hip and knee procedures there. This would generate the supply chain efficiencies, through leverage with suppliers of high cost consumables, necessary to drive productivity and the volume of work to ensure exceptional patient experience and quality. Lewisham is relatively close to Guy's Hospital, so does not improve geographical coverage of the sector significantly, whilst the location of Guy's Hospital at London Bridge station makes it easily accessible.

Should an elective centre be established in south east London, we suggest that it could be planned around an alternative proposition, focusing either on particular specialties or subspecialties, and/or working more flexibly to consider day case activity, especially given that much non complex inpatient elective activity may become day case activity over the coming years. This would open up alternative routes for consolidation of elective activity which would provide clinical and productivity benefits and improve patient experience. Where quality and efficiency can be improved through consolidation we think it is important these principles are balanced against requirements for local access, given that not all services can be provided on a borough basis.

In order to support inpatient elective care in a possible elective centre at Lewisham we would require a detailed understanding of the proposed clinical and governance model.

The draft report does not articulate the business model which would operate in relation to the elective centre i.e. the distribution of costs and income between participating providers. It is essential that the TSA works closely with King's College Hospital and Guy's and St Thomas' Hospitals to identify a business model which is sustainable for all organisations. We have referred above to the inaccuracies in the modelling in relation to the split of work between the Guy's and the St Thomas' sites. This has led to an overestimate of the elective surgical workload undertaken on the St Thomas' Hospital site. In addition, the assumption that 85% of the elective work is "non-complex" appears to have little basis, and ignores the fact that the case mix of inpatient elective work undertaken at St Thomas' Hospital includes substantial volumes which come to us in our role as a cancer centre treating many of the less common cancers such as upper-gastrointestinal and gynaecological cancer.

We have previously asked for clarification on the assumptions made about elective surgery for children. Surgeons from both Guy's and St Thomas' Hospitals and Lewisham Healthcare currently undertake significant volumes of paediatric day surgery at University Hospital Lewisham.

Once it is clearer on the portfolio of services which may be provided in the elective centre at Lewisham then a reassessment can be made on the level of capital development required on that site.

We are aware that there is currently poor access to specialist rehabilitation for patients from south east London. There is the potential to develop a high quality centre for patients with a range of needs. King's Health Partners would be happy to have conversations with the TSA and other local providers about the scope for establishing such services.

King's Health Partners believes that it can improve the delivery of planned care in relation to the delivery of chemotherapy services for solid tumours. Guy's and St Thomas' will be submitting a Case for Change proposing that the Trust delivers all chemotherapy via a unified service across south east London. Expected changes to the tariff for chemotherapy mean there is a necessity to reduce costs, improve the quality of care and support care closer to home where clinically appropriate. We will be looking to have early conversations with commissioners and the TSA to take this work forward.

The proposed merger of University Hospital Lewisham and Queen Elizabeth Hospital will necessitate review of palliative care service provision in the hospitals (where models currently differ) and the community. King's Health Partners supports the provision of hospital palliative care by the NHS and regards end of life care services as core board responsibilities as per the Department of Health End of Life Care Strategy. We also support provision of local community palliative care services by integrated trusts such as University Hospital Lewisham and Guy's and St Thomas'. In any consideration of service reconfiguration for palliative care services King's Health Partners would expect to be part of those discussions as the Guy's and St Thomas' community palliative care team would be well placed to support a wider population.

There is a significant issue relevant to all the changes proposed at the Lewisham site related to education and training. King's Health Partners, through King's College London, places students at all South London Healthcare Trust Hospitals, as well as University Hospital Lewisham. They include undergraduate medicine students, nursing and midwifery undergraduates and a small number of dental postgraduates.

Q19: How far do you support or oppose the recommendation for South London Healthcare NHS Trust to be dissolved, with current NHS services managed and delivered by other organisations?

We support this recommendation and King's College Hospital expects to be able to offer a sustainable solution through its acquisition of the Princess Royal University Hospital to deliver high quality care subject to the points made in Q21.

Q20: How far do you support or oppose the plan for the Queen Elizabeth Hospital site and Lewisham Healthcare NHS Trust to come together to create a new organisation?

We support changes in organisational form that will lead to improvements in the quality of care. King's Health Partners looks forward to working with the new organisation if this recommendation is accepted. It is vital that the business cases for any new organisations consider carefully the interrelationships between local flows of activity to ensure that any proposed elective centre remains financially viable.

Q21: Which of the following options would you prefer, if any, for the running of the Princess Royal University Hospital?

- **The Princess Royal University Hospital should be acquired and run by King's College Hospital NHS Foundation Trust**
- **A procurement process should be run allowing any provider from the NHS and/or independent sector to bid to run NHS services on the Princess Royal University Hospital site**
- **I do not support either of these options**
- **Not sure / don't know**

The draft report recommends that King's College Hospital acquires the Princess Royal University Hospital. King's Health Partners' support for this proposal is subject to the detailed operational and financial Outline Business Case which is being prepared by King's College Hospital and which will naturally take account of the potential impact on our organisations. As this is developed, we will gain a greater understanding of the levels of financial support required to deliver the outcome desired by all parties, and we would expect that further discussions will be required at this stage. The proposal also has wider implications for the way we take forward our plans for progressing our Full Business Case for creating a single academic healthcare organisation, which we will consider separately.

Q22: To what extent do you agree or disagree with the recommendation for the Department of Health to write off the debt accumulated by South London Healthcare NHS Trust?

We agree that this recommendation is vital to ensure financially sustainable organisations and local health economy in future. As King's College Hospital develops its detailed operational and financial Outline Business Case for the acquisition of the Princess Royal University Hospital, we will gain a greater understanding of the levels of financial support required to deliver the outcome desired by all parties, and we would expect that further discussions with the TSA would be required at this stage.

Q23: What further comments, if any, do you have on any of the proposals outlined around recommendation six in the consultation document, including the reasons for your answers to questions 19, 20, 21 or 22? Please also include any improvements you would like to suggest to this recommendation.

We believe that King's Health Partners has significant expertise, including in commercial partnerships, across a range of areas that could be part of providing wider solutions in south east London. For example, we might be able to make a significant contribution to efficiency by maintaining integrated infrastructure services across the sector through Guy's and St Thomas' healthcare infrastructure services department "Essentia". Examples would include patient transport and decontamination, where new partnerships would deliver increased efficiencies, cash releasing savings, and provide new opportunities for all of the participating organisations.

King's Health Partners concurs with the TSA's finding that there is scope for efficiency gains from pathology rationalisation at South London Healthcare NHS Trust. Guy's and St Thomas' and King's College Hospitals are already working

together to modernise pathology across King's Health Partners and we recommend the establishment of a "hub and spoke" pathology network across the south east London sector in line with the NHS London strategy (*Modernising Pathology in London*, June 2011). GSTS is a majority NHS–owned joint venture which delivers pathology services to its NHS owners, Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts. It is a public private partnership and Serco has a one third share. We would welcome the opportunity to explore the feasibility for rationalising pathology capacity across the south east London sector to meet the future service needs and financial objectives of the NHS. This will be covered in more detail in the GSTS response to the TSA draft report.

It is also the case that in line with national recommendations, all hospitals should actively support clinical research. King's Health Partners, as the academic hub for south east London has a leadership role in this regard; both working with the Comprehensive Clinical Research Network and emerging Academic Health Science Network to streamline and consolidate research governance, and in supporting patient recruitment to clinical trials at all hospital sites. It will be important that we take advantage of opportunities to extend the reach of clinical trials and studies where appropriate, which King's Health Partners intends to do, working through the Academic Health Science Network and its individual organisations.

Q24: Is there anything else you want to say about the consultation or the issues it covers? If you want to explain any of your answers, or you feel the questions have not given you the chance to give your views fully, or if you think there are options we have not considered that we should have done, please say so here. Please also say if there are any improvements you would like to suggest to the recommendations.

We are concerned about the lack of comment about mental health pathways across the TSA report. In particular, charts 66 and 67 do not reflect mental health services and indeed in section 2 page 8 of your report (and in page 2, section 2 of Appendix B) you do not acknowledge the South London and Maudsley as a major teaching and research Foundation Trust, this is unhelpful. With regard to local access, mental health services are provided by South London and Maudsley NHS Foundation Trust from a self-contained building on the University Hospital Lewisham site called the Ladywell Unit. It provides six wards over three floors with the basement and fourth floor providing ancillary facilities. Outpatients and social services are provided from within the three main clinical floors. All bedrooms are single rooms, some with en-suite facilities.

We note that the Ladywell Unit is listed in Appendix K on map 5 *Estate Consolidation at Lewisham* and that it is shown on the map within a yellow shaded area separated from the Riverside PFI by a blue line. We are unsure what that categorisation indicates but if it means that at some later stage it might to be considered for estate consolidation then we need to register some key points. There are some very important statutory responsibilities and service requirements which would be a challenge to provide from, for example, the Riverside PFI building and hence the potential capital costs of accommodating a move could be significant. Together with the potentially higher running costs this could introduce significant additional financial pressures into the system for South London and Maudsley services. We would of course be willing to consider the alternative estates options which may be available but our working assumption is that any additional one-off or recurrent financial consequences for mental health services would be taken into account in the remodelling of the finances. South London and Maudsley does not have any specific proposals for significant changes to the configuration of the services currently

provided on the University Hospital Lewisham site at this stage, however there may be circumstances (such as the indirect consequences of the TSA's proposals) where South London and Maudsley may need to consider reconfiguration options and it is therefore appropriate to register concerns in this response.