

**Consultation on the proposed creation of the UK's first
Academic Health Science Centre
1 May – 31 July**

**Responses to key external stakeholder issues
August 2007**

This document is the response of the Academic Health Science Transition Board to comments made by key external stakeholders to the proposal to create and Academic Health Science Centre (AHSC). It will be presented to the new trust board, for approval and ownership, when that has been established.

What you told us:

1. The AHSC will need to adopt a partnership approach to providing services.....	2
2. The AHSC will need to work with others in establishing strategies, a new business plan, SLAs, PIs etc	9
3. Governance and management issues need to be resolved	13
4. The AHSC will need to continue to focus on achieving high standards of clinical and patient care	18
5. The AHSC must recognise that hospital care is not always the answer.....	20
6. Local people must be the top priority of the AHSC.....	21
7. A commitment to good, open, consultation and communications is critical.....	23
8. The AHSC must recognise the delicate balance of the NHS in west London and work to raise the health of all those in the area.....	25
9. A good, strong, balance sheet is imperative and the AHSC has not yet shown how this is achievable	28
10. Support for the AHSC will fall away if its creation is just a precursor to service cuts and hospital closures.	31

N.B. The formal response from Kensington and Chelsea OSC was the proceedings of the joint OSC held at Portcullis House. Therefore some of the comments attributed to K&C OSC will have been made by other OSC members.

<i>Stakeholder comment</i>	<i>Response from the AHSC</i>
<p>1. The AHSC will need to adopt a partnership approach to providing services</p>	
<p>Integration with other strategies</p> <p>We expect that the new Trust will commit itself to the implementation of the outcome of consultations on the North West London strategy and on Healthcare for London. In particular, we will want the new Board to explicitly agree how it will work with the PCT, Practice based Commissioners and the providers of community based services to deliver our Commissioning Strategic Plan, which aims to reduce preventable causes of premature death and to improve both patient outcomes and experience. (Westminster PCT, Hounslow PCT and Hillingdon PCT)</p> <p>We wish to ensure that the new Trust works fully with commissioners from North West London, through lead commissioning arrangements, to continue to participate in the discussions on how North West London will respond to the conclusions set out in “Health Care For London – A Framework for Action”. Much of the work in North West London will have to focus on developing primary care to be able to deliver more care outside hospitals, and it will be important for the new Trust to work with its local PCTs to agree how new models of service are provided to local people. (Ealing PCT)</p> <p>The Board looks forward to working with the Academic Health Science Centre in the implementation of the North West London and London-wide strategies to improve health and health care. The combined resources of London Imperial, Hammersmith and St Mary’s will obviously have a major bearing on the</p>	<p>Our strategic objective 6.1 states that we will “Develop our clinical services strategy, aligning services with academic research and supporting the overall solution for London in the context of Healthcare for London and the NW London PCT Strategy.”</p> <p>The AHSC is committed to:</p> <ul style="list-style-type: none"> • Active participation in the north west London review and in the Healthcare for London review • Working with PCTs, PBCs and the providers of community based services to formulate and deliver commissioning plans <p>The AHSC recognises the need to deliver more care outside hospitals and the need to agree new models of care with PCTs and providers of community based services</p> <p>The AHSC recognises the role of PCTs to commission services that are appropriate for the local community and will work with PCTs to ensure our services are world-</p>

<p>success of this co-operative venture which has the potential to significantly improve health outcomes for local people. (K&C PCT)</p>	<p>class, and focused on what local people need.</p> <p>We are represented on the Stakeholder Reference Board and Clinical Reference Group to develop the NW London commissioning strategy plans.</p>
<p>Integration with primary care</p> <p>The proposal is limited in its ambition to deliver health care to local communities. The AHSC states that it would support more care in the community as it develops closer links with primary care, encouraging health promotion and prevention. (p.5). Compared to similar models of healthcare in the US and other countries, which have adopted a whole system approach, the “Imperial Model“ includes only the two hospitals and the School of Medicine, covering academic and acute services only. The only reference to the primary care sector in North West London is made with the proposal for a Healthcare Network, however, the Johns Hopkins Model in comparison, includes the whole healthcare system including primary and community services. To effectively improve the health care of the population that it services the AHSC still needs to convince the Council how the proposal will improve the health of the majority of residents of the borough. It is proposed that the AHSC adopt an objective which states that it is committed to delivering first class primary and community health services in North West London.</p> <p>(LBH&F)</p>	<p>The consultation does suggest a Healthcare network and we see this as a positive proposal.</p> <p>We recognise that public health is extremely important and Imperial College has a very strong reputation in delivering high quality public health research. We expect this to continue.</p> <p>The AHSC is committed to more care closer to people’s homes and will work with PCTs to enable this to happen safely and effectively.</p> <p>We believe that the merger of two of the UK’s largest hospital trusts with a world-class university are ambitious. We would be happy to discuss the inclusion of primary and community services in the AHSC if PCTs, providers and legislation allows.</p> <p>We believe our strategic objectives (1, 6 and 8):</p> <ol style="list-style-type: none"> 1. Provide the highest quality healthcare to our community; 6. Work closely with PCTs and other partners in shaping the delivery of healthcare to our community; and 8. Involve patients and the public in the decisions which shape our future.

	show our commitment to delivering first class primary and community health services in north west London
<p>We are encouraged by the significance the consultation document appears to place on the new Trust’s role in supporting primary care and its recognition that care outside hospital may be a better option for most patients. On a practical level, we would like to see this translated into greater engagement with primary care to:</p> <ul style="list-style-type: none"> • Provide support, training and teaching to primary care clinicians and General Practitioners so that the aims of providing a world class service are realised across the local healthcare economy; • Support primary care initiatives to deliver extensive and more complex care in the community; • Develop with the primary care team, and help implement, shared care pathways; • Develop communication systems to share patient information to improve care. <p>The new Trust should work with Practice Based Commissioning Groups in our objective to develop primary care to reduce the need for our patients to inappropriately access acute care. (Ealing-Acton Commissioning Group)</p>	<p>The AHSC is committed to:</p> <ul style="list-style-type: none"> • providing increased support, training and teaching to primary care clinicians and GPs; • supporting the delivery of more care in the community; • developing new care pathways in partnership with PCTs; • developing systems to share patient information; and • working with PBC groups to reduce the requirement for inappropriate acute care
<p>Unless the clinical management of the AHSC addresses the public health and primary care needs of patients in its patient pathway design, then there will be in-built obsolescence and the new Trust will not be able to address the challenges of 21st century medicine. (Westminster PCT and Hounslow PCT)</p> <p>During the consultation period various international models such as John Hopkins have been cited as the inspiration for the AHSC. Hammersmith and Fulham PCT would like to see early evidence that this is not just about the merger of two hospitals but that the benefits to the community as a whole and</p>	<p>We recognise the assumptions made in Lord Darzi’s ‘Healthcare for London – A framework for Action’.</p> <p>Attendances at hospitals will increase. Many of these will be avoidable and inappropriate. We have been very clear that we would like to:</p> <ul style="list-style-type: none"> • Work with PCTs to reduce avoidable and inappropriate hospital admissions; • Share knowledge between hospitals and primary

<p>to some of our 'cinderella' services are realised. (H&F PCT)</p> <p>It is our belief that the new Trust, and later AHSC, will have greatest impact on patient care by considering the quality of patient care in a wider sense and not limiting advances in medical care to hospital based care. The creation of the Centre should be used as a catalyst to re-engage all clinicians in networks that exist to improve quality across all healthcare disciplines. We note the benefits seen in creating networks that include all Health Care Professionals and not just hospital physicians, as seen in the Partners Healthcare Systems in Massachusetts, which includes primary care clinicians. (Ealing-Acton Commissioning Group)</p> <p>We are keen to ensure that the models of care, care pathways and strategic direction of the AHSC will be of benefit to the wider Westminster population, not just people who come into direct contact with urgent, emergency or specialist care services. We would like to see more detailed plans around how the AHSC will be of benefit to the public health of Westminster residents in the widest sense, both through research, treatment and interventions to address health inequalities. For example, the creation of the AHSC has the potential to create employment opportunities for people living in our most deprived wards, which would have a significant impact in the longer term on their health outcomes. (Westminster Health Scrutiny Task Group)</p>	<p>care colleagues so that more care can be undertaken in the community.</p> <ul style="list-style-type: none"> • Work with PCTs to develop new models of care and care pathways in order to provide a truly integrated healthcare network. <p>We wish to create a healthcare network and to participate fully in discussions that lead to improved healthcare for all patients, wherever they are in the health system.</p> <p>Imperial College has a public health research function with an enviable record of success.</p> <p>The AHSC will continue to be the largest local employer of staff and therefore there will be employment opportunities for local residents.</p>
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<p>It is essential that the clinical management of the AHSC is predicated on a real belief in the essential role of community based primary care in preventing avoidable hospital admissions and providing patients with an independent primary care service. (Hillingdon PCT, Westminster PCT and Hounslow PCT)</p> <p>In this sense the PCT would like confirmation that the new organisation will continue to work with the PCT to:</p> <ul style="list-style-type: none"> • Benefit the public health of residents in Hillingdon by supporting both health and well being; • Encourage higher levels of self care including life style changes; • Support the continuing transfer of non-specialist services to primary and community settings particularly for people with long term conditions; • Increase integration with primary and community provision particularly for urgent and unscheduled care. (Hillingdon PCT) <p>The PCT, as the commissioners of the services of the new organisation, would like more from the AHSC about how it could support and promote new models of care and meet our objectives of:</p> <ul style="list-style-type: none"> • Reducing health inequalities; • Providing more health improvement/ preventative support • Enabling more self management of health; • Increasing patient choice; • Bringing appropriate services out of hospitals into community and primary care settings; and • A clinically and financially sustainable health care system. (H&F PCT) 	<p>The AHSC is committed to:</p> <ul style="list-style-type: none"> • Benefiting the public health of residents in Hillingdon by supporting both health and well being; • Encouraging higher levels of self care including life style changes; • Supporting the continuing transfer of non-specialist services to primary and community settings particularly for people with long term conditions; • Increase integration with primary and community provision particularly for urgent and unscheduled care. <p>We agree and will want to work with PCTs on new pathways of care.</p> <p>We will work with PCTs to develop plans that could be incorporated into the next iteration of the business plan.</p>
<p>Creating wealth</p> <p>We fully support the role that the AHSC will play in the economy of North West London, in particular, and London in general. This places a responsibility on</p>	<p>Imperial College has a highly developed programme of wealth creation. 'Imperial Innovations' is the largest UK</p>

<p>the new Trust, not only to focus on creating inward investment opportunities from other parts of the UK and the world, but also in ensuring wealth creation for local residents and particularly, job and training opportunities. Paid employment is one of the most important determinants in improving public health. (Westminster PCT, Hounslow PCT and Hillingdon PCT)</p>	<p>university technology transfer office and can bring this experience to the north west London healthcare sector.</p> <p>The College developed the GSK global innovation centre and has an ongoing programme of investment for small and medium sized enterprises.</p> <p>A key part of our vision is “to be recognised internationally as being a driving force in the local and international economies.</p> <p>Evidence from other AHSCs around the world suggest that we can encourage pharma and technology companies to the area.</p> <p>We also believe that, working with PCTs and the primary health sector, there will be opportunities for new and innovative jobs.</p> <p>We are committed (Business plan business objective 7.2) to ongoing implementation and development of our teaching and education programmes to develop the careers of our 16, 000 (three partners) staff.</p> <p>The two existing Trusts are already involved in innovative and broadly based initiatives to create job opportunities for unemployed people in West London. These initiatives are supported by the LDA and all of the main employment agencies and skills centres in the area. This corporate citizen responsibility will be developed further in the future.</p>
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<p>Access</p> <p>Access issues, both in terms of transport and effective and efficient access to care and treatment are of central concern to local people.</p> <p>We have received correspondence from the Friends of St Mary's Hospital, outlining their concerns around the potential impact of the proposed merger on access to services for patients. They highlight difficulties and barriers in terms of public transport access to Hammersmith Hospital, which are sound and justified. We echo their concerns, and recommend that as part of any future plans for service changes, transport and access are key considerations. (Westminster Health Scrutiny Task Force)</p> <p>Does the AHSC agree that access is the key to success – in terms of both physical access and in more effective and efficient access to pathways of care and treatment. (K&C OSC)</p> <p>Services must be accessible to patients (LBH&F)</p>	<p>We agree that access to services is critical.</p> <p>We wish to empower patients by providing them with:</p> <ul style="list-style-type: none"> • Clear information on how they can stay healthy, how they can access services and their rights to services and to complain if things go wrong; • Accessible services. We wish to reduce the number of unnecessary visits to hospitals. And, as noted elsewhere we are committed to providing services closer to people's homes wherever it is safe and possible to do so. When people do need to attend hospital we recognise that quick, accessible and affordable transport is important and we will discuss services with local transport providers and Transport for London.
<p>Integration of education and training</p> <p>A number of GP practices in EACG are currently involved in teaching medical students and nurses. We believe primary care has an important role to play in the training of health sciences professionals and should increasingly be used to support the delivery of training. We would expect the teaching resource within Imperial College to encourage this approach. (Ealing-Acton Commissioning Group)</p> <p>The role of the AHSC as a major education and training centre should be to support the development of the primary care workforce introducing international best practice to all services and patient pathways. (Hounslow PCT)</p>	<p>We recognise the importance of GP involvement in teaching the healthcare professionals of the future. GPs offer around 1, 600 placements a year to medical undergraduates from Imperial College.</p> <p>We will be reviewing all educational facilities and developing plans for a multi-professional post-graduate School of Healthcare which would provide education and training opportunities for all staff.</p> <p>We wish to develop the primary care workforce through a partnership approach of clinical networks.</p>

<p>2. The AHSC will need to work with others in establishing strategies, a new business plan, SLAs, PIs etc</p>	
<p>Commissioning</p> <p>The PCT would expect that Westminster PCT and Hammersmith & Fulham PCTs as joint lead commissioners will be fully engaged in the development of the integrated business plan for the new FT, before submission to the SHA and through consultation with other PCTs particularly in order to be satisfied that the plans are affordable. We would expect that the lead commissioners will have a role in defining the outcomes by which the AHSC is prepared to be held to account and the evaluative criteria by which these outcomes will be measured. (Hillingdon PCT)</p>	<p>We agree</p>
<p>For many residents of Ealing PCT, especially those living in Acton and parts of North and Central Ealing, the Hammersmith Hospital is their local District General Hospital and provides a range of secondary care services. Smaller but not insignificant numbers of residents also use St Mary's for secondary care services. The PCT and the Ealing and Acton Practice Based Commissioning Group wish to ensure that they each will be involved in active commissioning discussions to maintain and improve levels of access and quality of service in ways which are acceptable to local GPs and local people. (Ealing PCT)</p>	<p>We agree.</p>
<p>In relation to the process of commissioning the AHSC in the future, we recognise the current role of Westminster PCT as the lead commissioner for St. Mary's NHS Trust on behalf of London, and wish to ensure that Westminster</p>	<p>We understand that Westminster PCT and Hammersmith and Fulham PCT have agreed to be joint lead commissioners, a position we are very happy to</p>

<p>PCT continues to play a lead role in commissioning services from the AHSC, in order to secure quality services and outcomes for Westminster residents, workers and visitors. (Westminster Health Scrutiny Task Force)</p> <p>In order to ensure that we work constructively with the new Trust and respond to its aspiration to be a world class provider of healthcare, we are committed to working with all other PCTs in London, but particularly Hammersmith & Fulham PCT, as the other current lead commissioner, and to constructing a team of world class commissioners to work with you. (Westminster PCT)</p>	<p>support. We will ensure there is an equitable service for all users by working in partnership with the PCTs.</p>
<p>The Primary Care Trust must be assured that the business plan for the development of the Academic Health Science Centre is consistent with our commissioning intentions. The Board has agreed a five year commissioning strategy which will result in a shift of resources to ensure the development of primary care within Kensington and Chelsea. This is important if we are to deliver modern health and health care which is accessible for our residents.</p> <p>Nonetheless there is a significant risk that the development of resource intensive research and development activities of the Academic Health Science Centre could divert resources away from primary care into highly specialist tertiary care. Again, it is crucial that there is a Board level involvement in the scrutiny and approval of the financial business case which underpins the Academic Health Science Centre. (K&C PCT)</p>	<p>We agree that there is an absolute need to develop a business plan that is consistent with PCT commissioning intentions and we acknowledge and support the aim to shift resources to primary care.</p> <p>We do not accept that there is a risk of diverting resources away from primary care into tertiary care. Practice-based commissioning and the commissioning by PCTs will ensure that this does not happen.</p> <p>In addition, our research often involves treatments, techniques and drugs which improve care in the community at a reduced cost.</p>
<p>Integration of research</p> <p>It will also be important for the research function of the new Trust to be developed in parallel with the North West London Research and Development Alliance (formerly WeLReN), which aims to streamline primary care R&D activities in west London and promote (mainly) non-clinical research supporting the development of new models of primary care delivery. (Ealing PCT)</p>	<p>We would be very happy to work with the North West London Research and Development Alliance through formal and informal networks to ensure alignment of research.</p>

<p>Integration of estates</p> <p>Rationalisation of estates – Kensington and Chelsea Primary Care Trust and the Academic Health Science Centre has access to a significant level of NHS estate which is in a poor state of repair and is less than fully utilised. The Primary Care Trust would wish to be integrally involved in any review of estates and facilities given the synergy between some of our own facilities and those currently housed in St Mary’s and Hammersmith. The Primary Care Trust believes there are a number of opportunities offered for joint working in this area which will result in a significant improvement in efficiency and effectiveness of local health services. (K&C PCT)</p>	<p>A very useful suggestion. We will contact relevant PCTs to discuss the opportunities for improvements in efficiency and effectiveness in the use of estates as part of our post-merger implementation plan.</p> <p>Our business plan states that “We will continue to work closely with local PCTs to progress strategic plans to improve the estate and provide community based services in the future...”</p>
<p>Success criteria</p> <p>Is the 2012 timeline one by which it would be reasonable to assess whether the AHSC was working effectively. (K&C OSC)</p>	<p>We agree. We hope that there will be year-on-year improvements in a range of Performance Indicators such as mortality ratios, patient satisfaction, infection rates etc. But 2012 would be a good time to look back and reflect whether the AHSC has started to achieve, or achieved, a step change in UK healthcare.</p>
<p>At what point will all the indicators to be used by the AHSC be identified, and will other indicators (which Cllr Palmer) suggested be used (e.g. departments which could be expected to perform to the standard of the Renal Centre). (K&C OSC)</p>	<p>Initially the indicators of success will be meeting the current challenging targets (such as the 18 week referral to treatment target); and monitoring would be via the large number (over 100) of key indicators measured by the Healthcare Commission, the Department of Health, the Strategic Health Authority, the Trusts own internal monitoring etc.</p> <p>Key indicators and targets are outlined in the Trust business plan.</p>

	<p>All clinical directorates will be set targets to incrementally improve clinical performance in relation to peers over the next four years.</p> <p>We will develop systems to better understand GP satisfaction and implement action plans to meet shortfalls.</p> <p>Where new indicators are needed these will be developed in conjunction with Imperial College.</p>
<p>Health inspectors have confirmed for the past few years that the existing hospitals are offering high quality clinical services. In this context, why is there a need for an AHSC, and what improved outcomes can be expected. (K&C OSC)</p>	<p>The intention is for the AHSC to raise standards even further by realising the integration of the delivery of excellent research with excellent health care outcomes.</p> <p>The UK lags behind many other countries around the world in quality of clinical services.</p>
<p>The outcomes, both in terms of clinical outcomes, but also patient experience will be how we look to measure success of the AHSC in the future. I would like to draw to your attention that the Health Scrutiny Task Group are currently in the process of securing some specialist expertise and advice to support us in assessing the process and outcomes of the potential merger. (Westminster Health Scrutiny Task Force)</p> <p>The PCT would like a commitment from the Interim CEO/Managing Director and SRO for there to be a wide and meaningful process for engagement in the business planning process, before submission to the SHA and to be satisfied that the plans are affordable. We would also like a role in defining the outcomes by which the AHSC is prepared to be held to account and the evaluative criteria by which these outcomes will be measured. (Westminster PCT and Hounslow PCT)</p>	<p>We are working to draw up key criteria for success too, and would be keen to work with the taskforce to share information and expertise.</p> <p>Specific customer focused KPIs will be used to measure satisfaction and we will benchmark patient experience against other London acute teaching trusts.</p> <p>An early draft of the business plan was circulated to key stakeholders in April. Valuable input was incorporated into the redraft. The most recent version of the business plan was re-circulated to key stakeholders prior to submission to the SHA and more comments were taken on board.</p>

<p>Kensington and Chelsea PCT support for the development of Academic Health Science Centre is conditional upon Board level involvement in plans to develop and create a long term strategy for the development of the Academic Health Science Centre. (K&C PCT)</p> <p>The Primary Care Trust would wish to see the explicit criteria or goals by which progress of the Academic Health Science Centre can be gauged on an on-going basis. It is the Board's belief that these goals should be both explicit and measurable and it would expect regular reports which determine progress against these criteria. (K&C PCT)</p>	<p>The 2008/09 business plan will build on the current plan, and we will develop, in conjunction with PCTs, single SLAs (rather than the current ones for each trust) and new objectives.</p>
<p>3. Governance and management issues need to be resolved</p>	
<p>Voluntary sector</p> <p>What plans does the AHSC have to integrate services with the voluntary sector. (K&C OSC)</p>	<p>The trusts already work with a number of voluntary organisations and will actively engage with the voluntary sector to plan (with PCTs) and deliver, services that meet the needs of the community.</p> <p>If, and when, the AHSC applies for Foundation Trust status, it would be the intention to enable voluntary organisations to bid for seats on the governing board.</p>
<p>Appointments</p> <p>Clearly, the appointment of the Board is a matter for the Appointments Commission but we would expect the interim and the substantive Boards to include members with local knowledge and contacts and an equal commitment to patient engagement as well as clinical excellence.</p>	<p>We note that your letter is copied to Bob Nicholls CBE, Regional Commissioner, for information. We share your expectations.</p>

<p>We recognise, of course, that the Chairman and Board will select the Chief Executive/Principal and together, in turn, they will appoint the Executive Directors. Again, it is important that senior staff are recruited, who have a demonstrable track record in understanding and operating a partnership approach to service and pathway re-design, with the lead commissioner. Our PCT will have a very keen interest in the appointment of the Managing Director and would like to be invited to play a role in the selection of this individual. (Westminster PCT)</p> <p>Will those appointed as Board members be of the highest calibre. (K&C OSC)</p>	<p>We agree that it is vital to recruit world-class staff – at every level of the organisation. We aim to recruit the very best managers. Executive directors will be recruited through open competition (not limited to existing directors and staff).</p> <p>We would like to accommodate this request in some form and this will be considered when the arrangements for filling the managing director post are drawn up.</p> <p>Yes, the Board members will be of the highest calibre.</p>
<p>Health inequalities</p> <p>We are concerned with how the decision-making processes that determine which health issues are prioritised will a) reflect local population needs, b) address health inequality issues and c) support, encourage and sustain local BME community involvement in the decision making process.</p> <p>To ensure that this project does not have an adverse impact on minority groups, we would like to see an Equality Impact Assessment for this proposal and for any changes to services that might take place in due course.</p> <p>We would also like to see a clear idea of what structures the AHSC will develop to ensure that local BME communities are encouraged and supported to be involved with the development of this project as a service provider and as an employer and also in the project’s governance arrangements.</p> <p>The AHSC should make an explicit principled commitment to address health inequalities as an NHS body that is expected to serve all people. (BME Forum)</p>	<p>Our vision states our commitment to establishing: A diverse community of the world’s most talented people dedicated to the improvement of human health.</p> <p>Our strategy: ‘We want to work with the whole community to establish a world-class healthcare system’; and our strategic objective No 8: ‘Involve patients and the public in the decisions which shape our future’ are public statements of our willingness to design and provide an inclusive health service.</p> <p>We are grateful for the opportunity to state that we recognise and agree with the Healthcare for London view ‘One city, but big inequalities of care’.</p> <p>Imperial College has an excellent track record in public health research – the foundation for improvements in addressing health inequalities.</p> <p>We will work with PCTs and the BME community to</p>

	<p>understand the local population needs and address health inequality issues.</p> <p>We will implement Equality Impact Assessments (EIA) to reduce inequalities in access to services and health outcomes (Business plan strategic objective 1.7)</p> <p>We are committed to producing EIAs for all new and revised clinical policies and we will introduce a single process for EIAs across the trust.</p> <p>We will produce a single equality scheme to replace the Race, Disability and Gender Equality Schemes</p> <p>We intend to continue (and strengthen) the Stakeholder Group (which includes BME representation).</p> <p>All recruitment to new posts will include equality and diversity essential competencies and be given the highest weighting value in assessments.</p> <p>An Equality Impact Assessment was carried out for the merger of the Trust Boards, which the BME Health Forum was invited to participate in, and will continue to be involved with, together with other stakeholder groups. This process will be continued when any other changes to services or departments are planned.</p>
<p>To address the concerns we have highlighted above and to ensure that Equality & Diversity (E&D) issues are adequately and fairly represented and addressed throughout the development of this AHSC, an E&D Lead must be appointed as soon as possible to support the project and provide it with the knowledge, expertise and leadership needed to achieve that. (BME Forum)</p>	<p>Equality and Diversity leads have been in place in both Trusts and have given valuable advice on the programme. There is now a manager providing integrated specialist support across both Trusts who will continue to provide advice for all new and revised services and programmes.</p>

<p>Institutions</p> <p>Will the AHSC suffer, as did many large organisations, from the problems of becoming institutionally hamstrung. (K&C OSC)</p>	<p>We recognise that there is a danger of adopting an 'ivory tower' approach. We will need to maintain close links with PCTs and local communities. However there are also great opportunities to improve effectiveness and efficiency in back office functions by learning from each other.</p> <p>In terms of clinical services, the Clinical Practice Groups will (although linked) largely operate as independent business units and will therefore be small enough to adapt to changes in the health economy and environment.</p> <p>There is also good statistical evidence that large teaching hospitals have better quality of care and clinical performance (Hospital Standardised Mortality Ratios) than smaller non-teaching hospitals.</p>
<p>Relationship with other trusts</p> <p>Why is an integration of Hammersmith and St Mary's Hospitals - rather than, for example, Chelsea and Westminster Hospital, the Royal Brompton and Harefield Hospital NHS Trust - with Imperial College, London (ICL) considered to be the best configuration. (K&C OSC)</p>	<p>Firstly, Chelsea and Westminster Hospital has already achieved Foundation Trust status.</p> <p>We believe the two large general hospitals (rather than a more specialist hospital such as the Royal Brompton and Harefield) and Imperial (who have worked collaboratively for a long time) bring a good mix of skills and services, where there can be:</p> <ul style="list-style-type: none"> • Sharing of knowledge and improvement in both trusts; • Development of staff • Amalgamation of some specialist services where a concentration of expertise with enough patients

	<p>being treated will ensure the best quality of care.</p> <p>Both trusts also have an enviable record of research. This does not preclude any formal or informal liaisons with other healthcare providers.</p>
<p>Before the proposed integration happens, our Trust is keen to reach an understanding with the partners as to how the creation of the AHSC will affect the following:</p> <ul style="list-style-type: none"> • Our status as a teaching hub for Imperial College - a third of their medical students are placed with us at any one time; • Posts for those of our consultants who hold positions with Imperial College; • The on-site academic infrastructure the Trust hosts for the College. <p>(C&W Hospital)</p>	<p>The relationship with C&W is a very important one.</p> <ul style="list-style-type: none"> • We believe Imperial's teaching relationship with C & W will not be diminished by the formation of the AHSC. • At the current time we have no plans to change the pattern of research being conducted at C&W. However, the review of services being conducted in NW London by the PCTs and utilising the principles of the BRC (i.e. evidence for world-class research) and the NW London review may cause changes to where we want to conduct research in NW London. We would of course expect that Imperial College Healthcare NHS Trust will play an active role in this process as will C&W and other NW London organisations. • We envisage no change in the academic infrastructure the Trust hosts for the College in the foreseeable future.
<p>Relationship with GPs</p> <p>It is our understanding that, as part of the Foundation Trust application, the AHSC will need to consult on and define the formal involvement of stakeholders, such as PBC groups, in its governance structure. Until this happens, the Trust should ensure that the interests of the local PBC groups are reflected in the proposed AHSC governance structure. We would want the</p>	<p>We are glad you have noticed our efforts to involve a wider group of primary care colleagues and clinicians. We see this as a key aspect in improving healthcare across the whole of north west London and agree we need to give it further attention.</p> <p>PCT Chief Executives have been part of the Joint</p>

<p>direction of the AHSC to be informed by the needs of the local population and commissioners. Therefore, the leadership team should be drawn from a wide base, including primary care. Under the current host commissioning arrangement there has been a tendency for the acute trust to build relationships with GPs from that specific PCT, to the detriment of patients from neighbouring areas. We have been pleased to see efforts to change this - and with the more diverse geographical basis of the proposed Trust this will be an area that will need still further attention. (Ealing-Acton Commissioning Group)</p>	<p>Steering Committee and the Transition Group to ensure we put primary care at the forefront of our plans. We recognise the importance of commissioners having representation at a senior level of decision-making in the new Trust.</p> <p>PEC Chairs are part of the AHSC Clinical Reference Group and we expect this valuable contribution to continue.</p>
<p>4. The AHSC will need to continue to focus on achieving high standards of clinical and patient care</p>	
<p>Ethics</p> <p>In principle, we can see the potential benefits of having a world class, research-based, medical institution based in our area. If the people using the AHSC's facilities gain from the results of medical innovation, and from the AHSC attracting the world's best clinicians, that could be of immense value, particularly given the health inequalities in some parts of the three principal boroughs that HHNT currently serves. As with any research-based institution, patient involvement in research activities will always need to be on the basis of informed consent and the highest ethical standards. (HH PPIF)</p>	<p>The ethical standards of the AHSC will be second to none.</p> <p>We will establish mechanisms for greater patient and public involvement in the Trust's plans (Business objective 8.1)</p>
<p>Focus during organisational change</p> <p>If approved, there will be a period of massive organisational change. It is vital, therefore, that continuity of care for patients and the confidence of your commissioners, is maintained. This must include very robust arrangements to</p>	<p>One of the reasons of not proposing service changes in this consultation was so that the organisation could concentrate on an excellent organisation merger and</p>

<p>include: patient safety, including Hospital Acquired Infections; providing accurate and timely contract monitoring information; financial stability and achieving the 18 week wait target. (Westminster PCT and Hillingdon PCT)</p> <p>As a large local provider of services we will be reliant on the Trust's delivery of a range of targets, principally the 18 week waiting time target, 31 and 62 day cancer waits, and A&E 4 hour performance. Given the level of senior management time likely to be devoted to the merger we would like to be reassured that the new organisation has sufficient capacity and capability to ensure that targets are delivered during a period of likely turbulence in the organisation. We hope that the new organisation will show strong leadership and is able to reassure commissioners that it has sufficient management capacity to continue to meet local and operational issues whilst these organisational changes take place. (Ealing PCT)</p>	<p>integration before decisions were taken on service change, thereby reducing the risk of diverted attention.</p> <p>We recognise the vital importance of focussing on key service targets. In fact, the first (shadow) appointments of the new trust have been for executive directors and the post of Director of Infection Control???</p> <p>We agree that monitoring information, financial stability and achieving current key targets (such as the 18 week target) are critical. All are included in the trust's business plan objectives.</p>
<p>Patient care</p> <p>The Trustees will strongly support proposals that, first and foremost, improve patient care. This is the major focus of their charitable giving. They would also welcome the new organisation's support for wider health service research to improve the delivery of patient care. (StM Charitable Trust)</p> <p>Top class clinical treatment is clearly what every patient looks for. However, the AHSC must ensure that attention is given to the whole patient experience e.g. cleanliness, infection control, staff behaviour, communications. Many of the issues raised with us by patients are about this all-round experience, rather than clinical issues. We will see a demonstration of this being given priority if the AHSC's governance arrangements, especially at Board and senior level, demonstrate that the patient experience is being given priority. (HH PPIF)</p>	<p>We agree.</p> <p>We agree that improvements need to be made across the board and not just in clinical treatment. Patient satisfaction will be a critical indicator of success (see above).</p>

<p>5. The AHSC must recognise that hospital care is not always the answer</p>	
<p>Transferring services closer to people’s homes</p> <p>We would like to see more development of the model for the interface between primary based health and care services and the role of the AHSC. With an increasing amount of health and care services being provided in the community through health centres and poly-clinics and through the developing role of General Practice, the AHSC will need to give further consideration to the services that could be transferred to the community level. This was an issue raised also at the Joint Scrutiny Meeting, with particular reference to the experience of community based health and care professionals who have encountered difficulties in engaging specialists in this context. This will become an essential issue to address in order to secure successful delivery of the AHSC model. (Westminster Health Scrutiny Task Group)</p> <p>The PCT requires that the new Trust strengthens the collaborative attitudes of its predecessors and continues working with colleagues in Primary Care to develop services outside hospital. (Ealing PCT)</p>	<p>The business plan recognises (and is built on an assumption) that care will transfer to primary care – for instance the White City collaborative venture, and that Practice Based Commissioning will reduce the requirement for secondary care.</p>
<p>Building capacity in primary care</p> <p>The consultation material indicated that the operation – and, indeed, the success - of the AHSC presupposes a transfer of significant amounts of current acute hospital activity to primary and community care. The PPIF have not seen evidence so far that primary and community care services are yet resourced (e.g. finance, skills, buildings) to take on these extra demands. Neither have we seen evidence that clinicians are signed up to the consequences of this transfer (e.g. consultants running outpatients clinics in the community; GPs</p>	<p>The changes will not occur overnight. We recognise that there will need to be substantial investment in time, money and communications if we are to:</p> <ul style="list-style-type: none"> • Give primary care colleagues the knowledge and the tools to provide services in the community; • Persuade hospital-based staff to work in the community;

<p>taking on follow ups currently undertaken by consultants such as on COPD and diabetes). As the public meetings showed, patients do not in practice find at least some consultants amenable to community based outpatients, or are yet convinced their GP will provide as effective follow up services as a specialist consultant. The AHSC will need to work hard to allay these fears and to address the substantive issues that lay behind them. (HH PPIF)</p>	<ul style="list-style-type: none"> • Convince the public of the safety of work carried out in the community.
<p>6. Local people must be the top priority of the AHSC</p>	
<p>We would like to see further examples of ways in which the AHSC is expecting to benefit people living in West London. (K&C OSC)</p> <p>While the ambition of the AHSC is to be recognised as one of the world’s top academic health centres, Hammersmith and Fulham PCT believes that it must clearly show how residents of the borough will benefit from having such an institution on their doorstep. In particular how benefits would be seen by the whole population and not just a limited number receiving highly specialised care. (H&F PCT)</p> <p>It is of course fundamentally important that the ambitions of an AHSC can be delivered in the context of a financially sustainable system. Hammersmith and Fulham PCT would not support a Foundation Trust application from the AHSC which relied on a disproportionate share of resources for highly specialist services at the expense of local services. (H&F PCT)</p> <p>We are pleased to note your intention that the work of the AHSC will ‘benefit the local people before benefiting the patients around the world’. We would support this and hope that the interest of research and clinical services is first and foremost in the health issues that are of relevance to the population that the two Trusts currently serve. The Trust should further medicine and applied research in fields that make a difference to the everyday lives of our patients. (Ealing-Acton Commissioning Group)</p>	<p>We agree.</p> <p>We have already identified areas where we would like to improve treatments for conditions that are particularly prevalent in this part of London (e.g. diabetes), and we recognise the need to improve our performance in areas where London either has high incidence or poor records of treatment (e.g. Stoke, COPD and mental health).</p> <p>Our development of a treatment for Hepatitis C benefited the local population before it became available more widely.</p> <p>We will add customer focused marketing metrics to balanced scorecards.</p> <p>Foundation Trust status (our stated aim) will allow for greater public involvement in the affairs of the Trust.</p>

The ambition to be a leading centre of translational medicine is laudable but efforts should be focused on the daily challenges faced by healthcare systems in London. To ensure that the benefits are felt by as many patients as possible, research should involve primary care clinicians and resulting innovative practices should not be limited to a secondary care setting but should support delivery of excellent care in the entire patient journey. The inclusion of research across health care settings should help address the concerns that much research may not be applicable in the “real world”, outside of academic ivory towers.

The Trust’s research programme should also support the public health agenda of the primary prevention of illness and reducing the impact of disease through health promotion and preventive medicine. **(Ealing-Acton Commissioning Group)**

The AHSC needs always to remain alert to the fact that the hospitals, whilst for many years being world leaders in certain areas of care, are also the local hospitals for the community. The PPIF, reflecting a frequently expressed concern by the public, do not want to see the AHSC becoming a world class specialist institution to the exclusion of having easily accessible, across the board, health services for the local community. **(HH PPIF)**

Whilst the AHSC will play an exciting role in creating new interventions and developing life saving treatments, ensuring a continued high quality of care on the common and “less fashionable” conditions including mental health should remain a top priority for the organisation, as it will for local people. **(Westminster Health Scrutiny Task Group)**

The Trustees stress there must be a focus in the organisation on the highest possible levels of patient care, provided to the broader community, not only of the “localities” from which most patients are drawn, but West London as a whole. There should be a focus on multi-disciplinary and translational research rather than pure academic excellence in basic sciences. **(HH Charitable Trust)**

We are committed to research which gives the greatest benefit to patients, wherever they are treated. In the past, Imperial College has made a substantial improvement to public health, for instance establishing its small statistical unit and Dr Fosters, both of which provide crucial evidence on health inequalities and assists healthcare professionals in their formulation of improvements to healthcare.

We entirely agree that inaccessible world-class services for local people are no better than providing no service at all. Our services will be accessible to all.

We agree that the treatment of common conditions is a vital part of the trust’s remit. In particular we continue to discuss, mental health issues and services with the mental health trusts.

Imperial College’s research into mental health conditions is well recognised, and we envision that this will continue to be the case.

<p>7. A commitment to good, open, consultation and communications is critical</p>	
<p>Commitment to continuing consultation</p> <p>There has been excellent leadership demonstrated throughout the consultation process, complemented by a real willingness to listen to others and take their views on board. The PCT would like to be assured of the processes going forward for patient and partner engagement, so that this is part of the fabric of the new Trust and not an optional extra. In view of the intention to apply for FT status at an early stage, we would also commend that the new Board establish robust patient participation mechanisms from the outset and model FT best practice. (Westminster PCT, Hounslow PCT and Hillingdon PCT)</p> <p>Within the context of the AHSC having a high profile at a local, national and international level, retaining a person-centred approach to service delivery will need to remain a key focus for the organisation. In order to ensure patient-centred quality services it will be vital for patients and local health and care partner organisations to be fully engaged in developing patient pathways and developing service models. (Westminster Health Scrutiny Task Group)</p> <p>The consultation exercise in respect of the outline merger proposals has in our view been undertaken in a very thorough and professional manner. However for the majority of patients and the public, issues of organisational strategy and governance are of significantly lesser relevance than the provision, accessibility and location of their healthcare services. Given that the merged Trust will involve a multiplicity of locations, the importance of full, meaningful and timely consultation on all proposed service changes cannot at this stage be over-emphasised. (HH PPIF)</p> <p>At the first meeting of the Stakeholder Group, the AHSC team committed the</p>	<p>We will continue to engage with patients and the public in shaping our plans, through the PPIF and OSCs as well as patient panels within each clinical directorate.</p> <p>We will involve patients and the public in decisions which shape our future (Strategic Objective 8)</p> <p>We will integrate services across both trusts in a process led by clinical staff with greater patient and community involvement. (Business Objective 6.2)</p> <p>We will establish mechanisms for greater patient and public involvement in shaping the Trust’s plans and develop a shadow Members Council in preparation for FT status (Business Objectives 8.1 and 8.2)</p> <p>Any future proposed service changes will be the subject of full and open discussions with commissioners and stakeholders, as required by NHS legislation and the role of Health Scrutiny Committees (Business Objective 6.1)</p>

<p>new organisation to an open and consultative style which, in our experience, has not been the case with HHNT. Thus, as the AHSC develops its new management and clinical structure, it needs to ensure that its consultative structures are developed in parallel, and that its managers truly embrace this culture. If and when the AHSC becomes a Foundation Trust – and therefore has far more managerial freedom – the latter needs to be used to involve and reflect the interests of the community, not to create (even if unintentionally) an institution less accountable to the public. (HH PPIF)</p>	
<p>Communications</p> <p>Communication between the hospitals has often been weak. This is a chance to bring academic discipline from Imperial College to address coordination and planning. (K&C PPIF)</p>	<p>This is a key experience that Imperial can bring to the partnership.</p>
<p>Lack of public input to the process</p> <p>Regarding the speed at which the AHSC proposal appears to be moving forward with little public input. Could there be unintended consequences? In terms of staffing and impact on service provision, for example how will the proposals benefit more deprived families and individuals within the community. (K&C OSC)</p>	<p>The AHSC proposal has been discussed since 2005, with publicity and involvement of key stakeholders occurring throughout 2006. Formal engagement with stakeholders started in the latter part of 2006.</p> <p>Whilst it is true there has been limited public involvement this is a consultation that does not propose any staffing or service changes (other than the merger of two boards into one).</p> <p>We have made a clear commitment to achieving better patient outcomes and we expect a greater public involvement in future reconfiguration discussions.</p>

<p>Key consultees for the future</p> <p>Whilst we accept that this proposed consultation addresses organisational rather than service changes, this is likely to become a significant issue in the future, within the context of development of health services more generally. Firstly, in terms of process we wish to make it clear that we will expect formal consultation on any substantial change to services, regardless of Trust status. The Health Scrutiny Task Group will be a key stakeholder in the formal consultation process, and therefore would request early engagement to plan consultation. (Westminster Health Scrutiny Task Group)</p> <p>The project should ensure good communication links are established with GPs and primary care services at outset to ensure that primary care services are involved in the development and delivery of services effectively. (BME Forum)</p> <p>Hammersmith & Fulham Council would like to be part of the process which will determine the principles on which decisions on the configuration and location of services will be made. (LBH&F)</p>	<p>We have found the stakeholder group (comprising local councils, PPIFs, charitable funds and representatives from the BME and voluntary community) to be very productive and anticipate that it will continue to be involved both in planning of consultations and of services. We would like to increase representation from GPs and mental health trusts.</p>
<p>8. The AHSC must recognise the delicate balance of the NHS in west London and work to raise the health of all those in the area</p>	
<p>Inevitably the creation the Academic Health Science Centre and some of the likely associated service changes will have an impact upon partner organisations in the health community. Many of these provide valuable and much loved local services to our residents and it is crucial therefore that they are not de-stabilised or threatened in any way. As such Kensington and Chelsea Primary Care Trust would expect full involvement in any proposals for change which would impact upon the wider health community and would</p>	<p>Any service changes will be subject to full and proper discussion, consultation and scrutiny as required under NHS legislation.</p> <p>See also answers in this section below.</p>

<p>expect the AHSC to adhere to national best practice in involvement and public consultation regarding any service change. (K&C PCT)</p>	
<p>Primary care</p> <p>We want to make sure that the AHSC exists without detriment to other hospitals or primary services. (K&C PPIF)</p> <p>We trust that any service changes that result from the creation of the Trust and the AHSC will have the full involvement of our practices and patients and that the services provided by the new Trust will address the needs of our patients and our commissioning intentions. We would expect the Trust to ensure that it does not weaken the local healthcare economy by diverting resources that would be best used in primary care. (Ealing-Acton Commissioning Group)</p>	<p>We are working with the PCTs to increase, rather than decrease, our involvement in the community. If we are to enable services currently provided in hospitals, to be provided in the community we will need to work together with primary care staff such as GPs, therapists, district nurses and provide them with the tools, knowledge and support they need to provide a world-class service.</p> <p>We have had discussions with other hospitals, and particularly with the Chelsea and Westminster, as to how we can work together in future to provide a world-class service to local people. We will work with PCT commissioners to agree services that are world-class, equitable and appropriate.</p> <p>We are committed to patient choice, improving the patient experience and respect for patients.</p>
<p>Secondary care</p> <p>As a provider of excellent healthcare and as a founding member of the Faculty of Medicine, Chelsea & Westminster is keen to explore ways in which we could formalise arrangements with the proposed AHSC to work together in delivering world class services. (C&W Hospital)</p>	<p>The integration of HHNT/SMH & IC will create Imperial College Healthcare NHS Trust which will, for the first time in the UK create a single integrated governance structure over the three functions of research, teaching and the delivery of services. The strategic reasons for this have been well documented and the proposal has very strong support from the clinical community and staff within the three organisations and has garnered support</p>

	<p>throughout the consultation with the public.</p> <p>However, Imperial College London is well aware of the importance of both Chelsea & Westminster NHS Foundation Trust and the Royal Brompton and Harefield NHS Trust in delivering our vision of moving from “first class to world-class”. As per the Memorandum of Understanding that the four NHS Trusts and Imperial College signed in March 2000 we continue to see a need “to work together to create high quality clinical care, medical education and research in West London”. We believe a new governance framework should be developed between the ICH NHS Trust, RB&H and C&W in which decisions are transparent and based on sound logic focused on delivering the overall vision of “world-class” for the tri-partite mission. We hope to develop a process for this with C&W and RBH sooner rather than later.</p>
<p>We would like more discussion on how local hospitals, such as Ealing, can work in partnership with the AHSC. For example, our objective is to be the hospital of choice for the people of Ealing. This means that we are keen to repatriate as much secondary care work as possible to our local hospital. Ideally this repatriation would work on a network basis with the AHSC, rather than being provided locally by the AHSC. For example, we would prefer the current cardiology model (where we have joint posts, but care for our patients locally with our own staff and equipment recording our own activity) to the current renal model (where we rent space to the Hammersmith Hospital into which they bring their staff and equipment recording the patients as Hammersmith activity).</p> <p>As a prospective Foundation Trust our focus is on providing a range of high quality services locally. Within our FT application we will be focusing on A&E services, working with Ealing PCT to develop the concept of a 24/7 polyclinic</p>	<p>We would be happy to discuss how our two trusts could work together to provide the people of north west London:</p> <ul style="list-style-type: none"> • Accessible services (close to homes, close to public transport, 24/7 etc) • World class secondary and tertiary services • Efficient and value for money services

<p>on our site; expanding our maternity services, with a focus on midwife led care and developing our cardiology services to increase the range of routine treatments available locally. We would see links with the AHSC as a way of ensuring that the services we provide are innovative and evidence based. However, as described above we are passionate about developing high quality services in Ealing, which are locally accessible where this is clinically appropriate. For many patients, a local hospital, able to meet a range of secondary care needs, including acute and on going treatment is an essential component of their care. We would therefore argue that, if there was a proposal to move one of our existing services onto one of the AHSC sites to create a centre of excellence then the proposal should consider both clinical outcomes and patient access issues. (Ealing Hospital)</p>	
<p>9. A good, strong, balance sheet is imperative and the AHSC has not yet shown how this is achievable</p>	
<p>Lack of financial ambition</p> <p>The AHSC's draft business plan appears to have very unchallenging overhead reduction targets. On a turnover of almost £800m, 'administrative savings' of only £1.3m to £1.8m a year are identified, less than 0.25%. The PPIF's concern is that if there are subsequent service reconfigurations – which may well be perceived by the public as cuts - this apparent lack of vigour could look as though the new AHSC is happy to cut service costs, but not the costs of bureaucracy. Should we not expect a much higher level of administrative savings targets with a merger of two large businesses which must at present duplicate many back office functions, and which will have much greater purchasing power with suppliers and the ability to streamline processes? (HH PPIF)</p>	<p>Although the figures may appear unchallenging, and will therefore need careful explanation to the public, of the £750m budget only around 4% of this is not front line services (and in fact some of this 4% is ward sisters and frontline managers pay). Since this consultation is not about front line services the £1.8m needs to be seen as a percentage of the total figure being considered for savings - £30m (which is 4% of £750m). If this calculation is made then it is a saving of around 6% - a much higher target.</p> <p>The £1.8m is additional to the £33m of savings per</p>

	<p>annum the new trust must find as part of its agreed business plan. This is incredibly challenging. The trust will continue to make efficiencies in back office functions (and protect front line services) by taking advantage of this merger when delivering future savings. When these new savings are fully worked up it is likely a larger percentage will come from managerial and administrative staff and better purchasing from suppliers and drug companies.</p>
<p>Charitable funds</p> <p>The Trustees, with their counterparts at St. Mary's, strongly believe in the benefits that have been achieved through clear independence as charities. Independence has supported their ability to raise funds, particularly given the high regard with which the names of the constituent institutions are held by patients and their close working links with their NHS Trusts. The Trustees wish to maintain charitable independence and excellent working relations with the new organisations – namely the Imperial College Healthcare NHS Trust and AHSC. (HH and St Mary's Charitable Trusts)</p>	<p>We support the charitable trusts in their excellent endeavours to improve the patient experience at the hospitals and thank them for their continuing work in raising very substantial funds.</p>
<p>Lack of financial information</p> <p>To date the Board has seen no financial information which underpins the creation of the Academic Health Science Centre. This remains a huge risk for the development of health and health care for our residents. (K&C PCT)</p> <p>We have not seen sufficient evidence that the outcome of the merger would generate substantial surpluses, firstly for re-investment in the estate, thereby improving the patient experience and secondly, to provide long-term financial stability, so that local services are shaped to respond to patient needs and clinical developments and not to funding problems.</p>	<p>The business plan agreed by the SHA (and available on our website) is essentially a merging of the two trusts' current plans (which were agreed with key stakeholders).</p> <p>We accept that by the time the joint plan was compiled there was limited time for key stakeholders to comment (but thank you to those on the stakeholder group who did so).</p>

<p>We are aware of growth proposals within the emerging Business Plan. It is essential that the AHSC Board recognises that local PCTs have similar financial strategies to invest in primary care capacity, in order to appropriately offer alternatives to avoidable hospital care – this will significantly constrain funds available for acute sector growth. These will need to come from internal efficiencies, clinical effectiveness and business won from other Trusts or through reconfiguration.</p> <p>Evidence of recognition of the above will be an essential component in our support for any subsequent FT application. (Westminster PCT, Hillingdon PCT and Hounslow PCT (part))</p> <p>We have received little financial information to date on the proposed merger. We are therefore not in a position to judge whether or not the new arrangements will provide a sufficient financial base to allow the new Trust to deal with any underlying deficits. We are also not clear what additional investment may be required into the estate long term and how this has been modelled through as part of the merger discussion. We are also not clear how the savings referred to in the consultation document will be achieved. The PCT therefore looks forward to receiving more helpful financial information to allow it to make a properly informed judgement on the financial implications of the plans. However, the PCT is mindful that it is the responsibility of the new Trust's Board to assure itself of the financial viability of its aspirations. (Ealing PCT)</p>	<p>The new plan for 2008/09 will, of course, be developed in conjunction with PCTs and other stakeholders.</p> <p>The savings are almost entirely from the merger of the two Boards into one. We accept that further work will need to be carried out to produce the level of detail required.</p>
<p>Capital programme</p> <p>The financial mismanagement of the Paddington Basin project (the proposed merger in 2002 of St Mary's, Royal Brompton and Harefield Hospitals) resulted in the loss of around £14 million. Are the AHSC proposals financially well-grounded and will they divert money away from other parts of NHS provision for local people. (K&C OSC)</p>	<p>The establishment of the AHSC does not rely on additional capital investment (over and above the resourced current plans). These funds are held entirely separate to funds for day-to-day running of services.</p> <p>The capital investment programme can be found in the</p>

<p>The Trust has plans to invest £116m over the next three years. There must be proposals which have been considered as part of any application or bid for this investment. What are these plans? (LBH&F)</p>	<p>Trust business plan. In essence it proposes approximately £36m expenditure per annum (plus £55m from external sources, e.g. Imperial College), to be spend on estates (£23m), medical equipment (£18m), statutory and safety compliance (£4m), backlog maintenance (£16m), ICT business and clinical systems (£20m), schemes with business cases to be approved (£7m), directorate incentives (£1m), estates integration (£8m), invest to save (£4m), and unallocated/contingency (£9m)</p>
<p>Research funds</p> <p>The Primary Care Trust will not pick up the additional costs for care associated with research. This is an issue which will be built into the service level agreement for 2007/08. (K&C PCT)</p>	<p>Legally, funds for research have to be kept entirely separate from service funds. Funds for services will not be spent on research.</p>
<p>10. Support for the AHSC will fall away if its creation is just a precursor to service cuts and hospital closures.</p>	
<p>Service changes</p> <p>How will individual care of patients be affected? (K&C OSC)</p>	<p>We will be developing service proposals with PCTs over the coming months to meet their commissioning needs and the needs of the public.</p> <p>We need to develop the most effective pathways of patient health care.</p>
<p>What are the anticipated benefits of integrating services in the manner</p>	<p>There are no plans for integrating services, but there are</p>

<p>proposed. (K&C OSC)</p>	<p>advantages to be realised if there is integration, for instance:</p> <ul style="list-style-type: none"> • Improved outcomes in specialties where a greater throughput of patients will result in improved working practices and understanding • Realisation of service improvements more rapidly than might otherwise be the case. • Greater efficiencies (e.g. the renal centre where more transplants now occur than the total of the two original centres) • Sharing of best practice between high performing services, in everything from clinical excellence to patient care
<p>The Council would welcome a transparent process for developing information on the criteria the AHSC would be using in making decisions regarding the future of services and facilities on the various sites. (LBH&F)</p>	<p>Externally, we will work with PCTs to best meet their commissioning requirements and take into account the various strategies being developed for healthcare in north west London.</p> <p>We will compare our services to peer groups to see where improvements should be possible.</p> <p>Internally we will listen to staff on where efficiencies can be made, or improvements to services and outcomes can be realised.</p>
<p>We believe that substantial reconfigurations in North West London need to be commissioning-led and part of a transparent and fair process. There is a danger that the creation of the AHSC leads to reconfigurations being led by the merged organisation. We are firmly of the view that significant services changes like this need to be commissioning led, and that the driver of changes needs to be delivering the highest standard of clinical care, supported by</p>	<p>We agree that the driver of changes needs to be delivering the highest standard of clinical and patient care supported by academic research and agree that this should be commissioning-led.</p>

<p>academic research, rather than the driver of change being the strengthening of academic research. (C&W Hospital)</p>	
<p>The AHSC plans do not appear to give timescales for the development of the project. Surely plans for the future disposal of assets must already have been formulated. (K&C OSC)</p> <p>Please give further detail on the proposals in the AHSC's draft business plan to integrate services and to provide some services more effectively. (K&C OSC)</p>	<p>There are no plans for services changes, these will be developed in consultation with the PCTs and local people for inclusion in the 2008/09 business plan.</p> <p>Areas where improvements could be made include in the treatment of Strokes, Cancer, Diabetes, COPD etc</p> <p>There are no plans for disposal of assets.</p>
<p>How are the AHSC proposals likely to affect the pattern of health care provision for people living in Brent. (K&C OSC)</p>	<p>We will need to discuss the commissioning requirements with Brent PCT and we will need to reflect the NW London and Healthcare for London strategies.</p> <p>However in general terms:</p> <ul style="list-style-type: none"> • it might be possible for the AHSC to provide services locally from satellites (e.g. the Renal Centre) • We would like to share knowledge and information with colleagues in Brent • We hope to be able to provide world-class secondary, tertiary and quaternary care that people can choose if they wish.
<p>Priority areas (not exhaustive) for service improvements are:</p> <ul style="list-style-type: none"> • To ensure the Improving Outcomes Guidelines for Cancer are implemented • The proposed AHSC should work with commissioners and other north west London providers to ensure appropriate 24-hour cover and support 	<p>We agree and are keen to discuss these proposals with you.</p>

<p>to trauma centres and polytrauma services.</p> <ul style="list-style-type: none"> • The proposed AHSC should work with commissioners and other north west London providers to ensure appropriate paediatric services – reducing variations in the quality of Paediatric Intensive Care and Neonatal Intensive Care to reduce fragmentation of specialist services. • The proposed AHSC should work with commissioners and other north west London providers to ensure appropriate standardisation of clinical practices – guidelines for GP and consultant-to-consultant referrals, follow up ratios, excluded procedures, thresholds for surgical intervention and emergency admissions to be agreed. • The proposed AHSC should work with commissioners and other north west London providers to ensure appropriate Stroke services be configured so that stroke patients are seen by a specialist within one hour of arrival in A&E, have a scan within 3 hours and are on a specialist ward within 4 hours. (H&F PCT) 	
<p>Hospital closures</p> <p>The consultation proposal is very carefully worded, stating that “there are currently no plans to close any A&E department, Charing Cross Hospital or any other site.” However, the AHSC website acknowledges that, “Hammersmith Hospitals has various estates issues to address, particularly on the Charing Cross site. The Trust is looking at options to address this issue.” Further information on what those options are would be welcomed. (LBH&F)</p>	<p>We are looking at estate options across the trust including Charing Cross.</p> <p>We do not have a list of options, we are establishing what the options are. When a list is compiled it will be for the new AHSC board to establish its strategic focus and agree an estates strategy.</p> <p>Details of some capital investment in research can be found in the business plan.</p>
<p>Given that Charing Cross Hospital currently lacks a paediatric department, a requirement for a major trauma centre as outlined by Professor Ara Darzi, and investment of £15m to rebuild critical care services at St Mary’s, announced as recently as February 2007, suggests that decisions to develop St Mary’s rather than Charing Cross as a major trauma centre may have already been made.</p>	<p>We do not agree that this is a requirement outlined by Professor Darzi, and, having taken advice, nor do the SHA.</p> <p>The investment of £15m at St Mary’s was to carry out</p>

(LBH&F)

Are there any plans to close either Charing Cross Hospital or any Accident and Emergency units (A&E) as part of the AHSC proposals? **(K&C OSC)**

We acknowledge that there will be no alterations in the location or range of services available, without specific and detailed consultation, but given the importance of this, and the frequency with which it has been raised by others, I need to reinforce the message that our PCT would not compromise on needing a guarantee to sustain an A&E Department at St Mary's Hospital – both for local patients and as part of a London-wide response to disasters and terrorist attack. In saying this, we recognize that the current A&E Department will need to be redesigned to incorporate the co-location of an Urgent Care Centre.

(Westminster PCT)

Although we acknowledge there are no proposals made within the consultation paper around service change, we would like to offer our unequivocal support to Westminster PCT that we will not compromise on needing a guarantee to sustain an A&E department at St Mary's Hospital **(Westminster Health Scrutiny Task Group)**

The Council remains to be convinced that the AHSC will deliver improved health care opportunities for local residents and fear that Charing Cross Hospital may be closed or downgraded in order to realise the savings alluded to in the proposal **(LBH&F)**

essential work.

There are currently no plans to close any A&E department, Charing Cross Hospital or any other site.

The business plan is not predicated on any closures to realise savings.