



A proposal to create the UK's first  
**ACADEMIC HEALTH  
SCIENCE CENTRE**

This document is intended for interested parties during the period of public consultation from 1 May to 31 July 2007

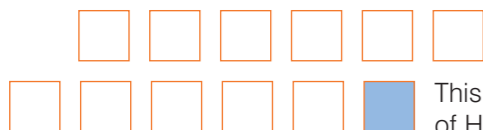




### Department Directory

Queen Elizabeth Th... Queen Mother Wing (QEOM)

| Floor | Department/Ward                    | Floor | Department/Ward                     |
|-------|------------------------------------|-------|-------------------------------------|
| 1     | Emergency                          | 8     | Rapid Assessment Unit               |
| 10    | Cardiology                         | 8     | Reception & Distribution            |
| 10    | Pharmacology                       | 8     | Reception - Canal                   |
| 10    | Department of Medicine A           | 8     | Restaurant - Canal                  |
| 7     | Paediatrics                        | 8     | Samuel Lane Ward                    |
| 10    | Paediatric & Adolescent Psychiatry | 6     | Schoolroom                          |
| 3     | Paediatric & Adolescent Psychiatry | 6     | Security                            |
| 1     | Paediatric & Adolescent Psychiatry | 6     | Shop: In The Corner                 |
| 1     | Paediatric & Adolescent Psychiatry | 6     | Shop: Friends of St Mary's          |
| 1     | Paediatric & Adolescent Psychiatry | 7     | Social Services - Paediatrics       |
| 1     | Paediatric & Adolescent Psychiatry | 7     | Speech & Language Therapy           |
| 1     | Paediatric & Adolescent Psychiatry | 7     | Sporborg Bridge                     |
| 1     | Paediatric & Adolescent Psychiatry | 9     | Stephen Seminar Room                |
| 1     | Paediatric & Adolescent Psychiatry | 6     | Telephones                          |
| 1     | Paediatric & Adolescent Psychiatry | 4     | Theatres                            |
| 1     | Paediatric & Adolescent Psychiatry | 1     | Theatres Sterile Supply Unit (TSSU) |
| 1     | Paediatric & Adolescent Psychiatry | 1     | Toilets                             |
| 1     | Paediatric & Adolescent Psychiatry | 10    | Transport Office Non-Patient        |
| 1     | Paediatric & Adolescent Psychiatry | 9     | Ultrasound                          |
| 1     | Paediatric & Adolescent Psychiatry | 6     | Valentine-Elis Ward                 |
| 1     | Paediatric & Adolescent Psychiatry | 6     | Virtual Operating Theatre           |
| 1     | Paediatric & Adolescent Psychiatry | 6     | Way Out                             |
| 1     | Paediatric & Adolescent Psychiatry | 6     | Westway Ward                        |
| 1     | Paediatric & Adolescent Psychiatry | 3     | William Coulson Ward                |

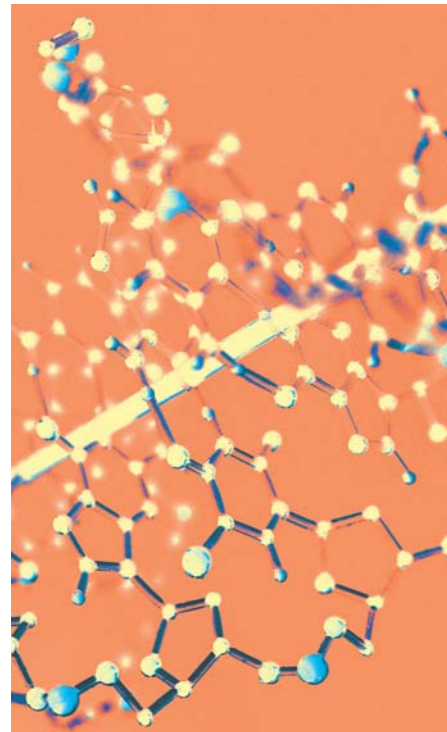


This consultation proposes the merger of Hammersmith Hospitals NHS Trust with St Mary's NHS Trust and integration with Imperial College London.

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## A pioneering healthcare partnership: Key points



- An Academic Health Science Centre (AHSC) brings together the delivery of healthcare services, teaching and research in a partnership whose purpose is to improve the health of its patients.
- Currently different managers are responsible for healthcare services, research and teaching. In future each specialty (for instance cancer or ear, nose and throat) will be led by one person responsible for ensuring his or her specialty meets challenging targets that compare with the best in the world, not just the best in this country.
- This document asks for your views on the creation of an AHSC which would be formed by the merger of Hammersmith Hospitals NHS Trust and St Mary's NHS Trust,

and the integration of the Faculty of Medicine of Imperial College London (the partners).

- Please turn to page 34 to see how you can make your views known. All comments must be received by 31 July 2007.
- The three partners have a long and very successful record of co-operation and, since Autumn 2005, have been reviewing how best to meet future challenges and opportunities in healthcare. After careful consideration, the Trusts and the College concluded that a single organisation, with one shared mission, vision and unified governance is best suited to take advantage of the opportunities to improve healthcare in west London and the UK.



“We carry out some of the world's best biomedical research here in west London. We need to transfer that innovation to create the best hospitals and networks of care. We will be failing our patients if new treatments and techniques developed here are made available to patients around the world before helping local people.”

Professor David Taube, Medical Director,  
Hammersmith Hospitals NHS Trust

- The partners believe that the creation of an AHSC, working in partnership with local, national and international organisations and professionals, will set a new standard for healthcare in the UK. It will provide patients in west London with access to a truly world-class healthcare service.
- Patients will receive healthcare from the world's best professionals, equipped with knowledge of the latest advances in treatment, using state-of-the-art equipment and technology.
- By working together, the most gifted researchers, academics and healthcare professionals will be able to focus on creating new inventions and developing them into life-saving treatments quicker than ever before -

saving and improving the lives of local people before benefiting patients around the world.

- The new merged trust will continue to deliver and improve general, acute, and specialist services across a wide range of specialties.
- This consultation does not propose any service changes. Any future proposals for service change will require separate business cases and equality impact assessments and would be subject to the statutory consultation and scrutiny requirements.
- Subject to this consultation the two NHS Trusts will merge in October 2007. At the same time there will be executive integration with Imperial College through the appointment of a Board combining all three

partners. The AHSC's management structure will look to integrate leadership positions across the NHS and university structures.

Imperial College London would then sponsor an application for the AHSC to become an Academic Foundation Trust. This application would be subject to a separate consultation.

- The new Trust (and the proposed Foundation Trust) will be an NHS body and staff will have their employment rights protected.
- The Secretary of State for Health will welcome comments you make in response to this consultation on creating an AHSC, and will take them into account when making a decision whether to allow the partners to proceed.

# A healthcare system for the 21st century: Summary



“The Patient and Public Involvement Fora welcome the commitment to full and meaningful consultation, and we encourage everyone to have their say.”

Lynette Royle, Lead, Hammersmith Hospitals Trust PPI Forum and Roy Oliver, Chairman, St Mary's Trust PPI Forum

Over many years both NHS Trusts and Imperial College have established an enviable record of success. The creation of an AHSC, bringing together the delivery of healthcare services, teaching and research in a partnership whose purpose is to improve the health of its patients, would build on this achievement and raise the standard of healthcare in the UK.

The idea of joining hospitals with medical education and research institutes is based on international health science centres that have become world leaders in patient care. The proposal aims to build on the best examples to provide local people with a centre of excellence for complex and specialist care of which the UK can be proud. Academic scrutiny will challenge conventional wisdom to determine the most effective use of staff, research and budgets to improve patient care and save lives. Innovation will become standard and new ways of working will bring dramatic improvements in patient safety and experience.

*The Case for Change* study of healthcare in London, conducted on behalf of NHS London, identified eight reasons why there needs to be change in London's healthcare.

1. The need to improve Londoners' health
2. The NHS is not meeting expectations
3. One city, but big inequalities in care
4. Hospital is not always the answer
5. The need for more specialised care
6. London should be at the cutting edge of medicine
7. Not using our workforce and buildings effectively
8. Making the best use of taxpayers' money

We support these findings and are keen to contribute to the development of the response to the challenges – *Framework for Action*. The AHSC concept is a key part of this vision.

The AHSC would support more care in the community as we develop closer

links to primary care, encouraging health promotion and prevention. We will foster learning and the transfer of knowledge as an effective means to improve the health of the population both in the AHSC, and to other professionals in hospitals and primary care.

Patients will receive healthcare from the best staff, equipped with knowledge of the latest advances in treatment and technology. The west London community, along with patients from the rest of the UK, will have first-hand access to new life-saving treatments and cures, developed on their doorstep.

This proposal is not about building a new hospital (although we believe it will make it easier to invest in new buildings and facilities); it is about laying the foundations of a healthcare system fit for the 21st century that paves the way for providing services that are better, more innovative and more responsive to the needs of the community.

# Stronger together: A letter from the Chairmen and Rector

“This proposal is about three organisations, wanting to work with the whole community to establish a world-class healthcare system.

Of course we want to create one of the world’s best AHSCs, measured by both its research and clinical outcomes, but we also recognise that a world-class health service will become a reality only if we can build stronger partnerships with all healthcare professionals.

An AHSC Healthcare Network is being set up to work with the north west London healthcare community. The Chief Executives and Medical Directors of all north west London hospital trusts, mental health trusts and primary care trusts (PCTs) will be invited to join.

## Working in the community

PCTs are doing excellent work meeting the needs of the community, involving schools, voluntary groups and ‘hard to reach’ groups (such as young men and women from minority ethnic communities, disabled people and people on low incomes). Everyone needs good, clear information to be able to make informed choices about their health. District nurses, therapists, pharmacists, dentists and GPs are in the ideal place to provide advice and treatment. We will support these professionals in the community and work to develop more initiatives with them as we recognise that most patients do not need hospital care and can be better cared for more locally.

## Emergencies and complex healthcare

Emergency or unplanned care is provided by a wide range of different services, including primary care, out-of-hours services, emergency mental health teams, ambulance services, NHS Direct and Accident and Emergency departments. We will work together to ensure patients receive fast, convenient, excellent care from the right person at the right time in the right place. If patients do need specialist treatment in a hospital then we need to ensure that support is available for them on discharge, through local health and social care organisations and social services. And for patients who have a rare condition that is not one in which the AHSC has particular specialism, we need to strengthen our links with other hospitals so that we are part of a network where additional skills and knowledge are readily available.

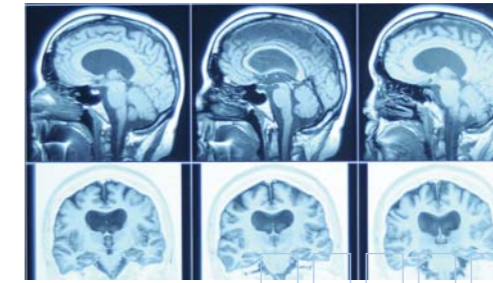
Working in partnership will deliver a stronger, seamless, more flexible service that is focussed on what patients need and want.

We are confident that, having read this document, you will share our belief that an AHSC offers the best opportunity to improve the health and lives of people in west London. We ask for your support for a concept that has already captured the imagination of many people, both in our organisations, and in health and local communities.”

Sir Thomas Legg, Chairman of Hammersmith Hospitals NHS Trust

Baroness Joan Hanham, Chairman of St Mary’s NHS Trust

Sir Richard Sykes, Rector of Imperial College London



## Stroke

A stroke happens when the blood supply to a person’s brain is cut off – a brain attack. It is the third most common cause of death in the UK and the single most common cause of severe disability.

Prompt recognition and treatment of stroke is essential if patients are to recover rapidly and effectively after a stroke. Access to the latest diagnostic scanning technology and treatment in a specialist stroke unit have been shown to improve outcomes substantially. And following discharge, patients need a programme of community based rehabilitation and monitoring of risk factors – such as high blood pressure and high blood cholesterol.

Compared to other hospitals in the UK, St Mary’s and Hammersmith Hospitals have an excellent record of treating patients with stroke. If the two hospitals performed the same as the UK ‘average’ 40 more people would die from a stroke each year. But the performance is poor compared to other countries. In many parts of the world you are less likely to have a stroke, more likely to survive a stroke, you have less chance of becoming disabled following a stroke and you are likely to stay in hospital for a shorter time. We believe this is unacceptable.

By using the latest technology and working with local GPs and community clinical staff, the AHSC will develop pathways of care to provide its patients with a level of care that is equal or better than that found in the best hospitals in the world, not just for stroke, but for a range of conditions where the UK lags behind the rest of the world.

- UK National Sentinel Stroke Audit from 2004
- Stroke Care in Organisation for Economic Co-operation and Development Countries, A comparison of treatment, costs and outcomes, Lynelle Moon, Pierre Moise, Stéphane Jacobzone and the ARD-Stroke Experts Group

# From first-class to world-class

Over many years Hammersmith NHS Trust and St Mary's NHS Trust have established a first-class reputation. Both hospitals are in the *Dr Foster Good Hospital Guide 2006* top three (three-year average) for quality of care and clinical performance.

The Trusts have some of the best outcomes and survival rates in the UK for a range of conditions, such as:

- Heart attacks and heart diseases;
- Kidney failure and transplantation;
- Cancers, including breast, prostate, stomach, lung and colon; and
- Viral liver infections and pneumonia.

Imperial College London is one of Europe's largest medical research institutions. It has a world-class reputation, confirmed by the *Times Higher Education Supplement 2006* World University Rankings, which placed the university fourth in the world for biomedicine and ninth in the world overall.

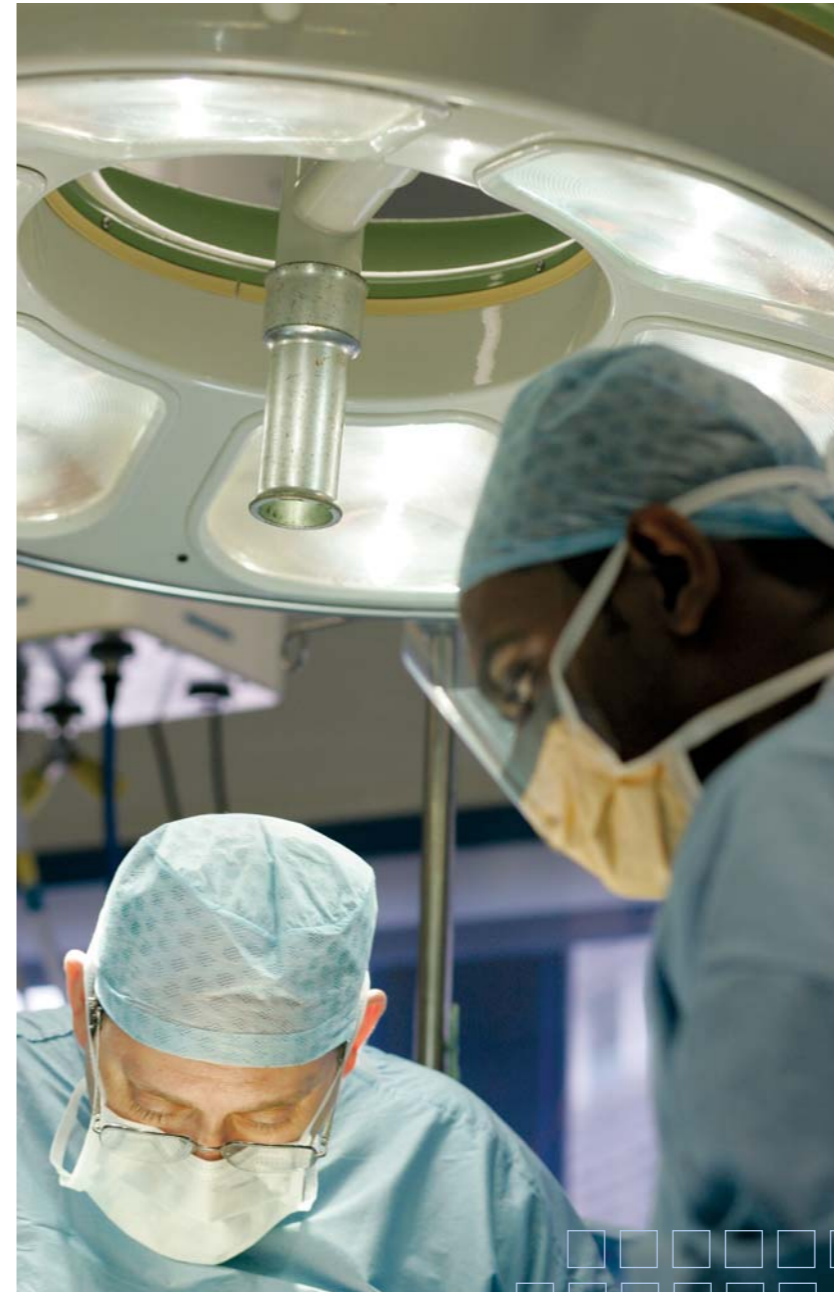
The partners have been able to achieve these reputations by employing the very latest thinking, technology and treatments. We wish to continue this outstanding record of success and unite our organisations to provide people in west London with a world-class service.

*The three partners have produced some of the most innovative and useful medical research in the world. This includes the discovery and development of:*

- the best combination of drugs for treating high blood pressure, preventing millions of strokes and heart attacks;
- a drug for treating hepatitis C that will save the NHS hundreds of millions of pounds;
- a ground breaking non-invasive treatment for women with the common gynaecological problem, uterine fibroids;
- an instrument that stops loss of blood during surgery – avoiding side-effects, the need for blood transfusions and death;
- a treatment for women with breast cancer that will save thousands of lives;
- a new drug that dramatically reduces rheumatoid disease activity and protects joints from further destruction, transforming the lives of hundreds of thousands of people;
- a new way of identifying the people most likely to develop type-2 diabetes; and
- particularly helping people around the world; a cheaper, faster and more accurate method of

diagnosing tuberculosis and its multi-drug resistant strains; a new vaccine for polio; and a new treatment for malaria - all of which could save millions of lives;

The AHSC would encourage more effective innovation to be developed quicker, saving and improving the lives of local people before the knowledge is shared with others, benefiting patients around the world.



“Brilliant and innovative healthcare originates in a research-led hospital environment. I welcome the opportunity to work with clinical academics and healthcare professionals in this new AHSC to bring even greater benefits to patients.”

Dr David Mitchell, Medical Director, St Mary's NHS Trust

## A centre of excellence

In November 2005 the West London Renal and Transplant Centre opened its doors. The £40 million unit brought together specialist units from across the Hammersmith and St Mary's sites. As well as a rapid assessment unit, an acute dialysis unit, 92 renal beds, an intensive care unit and a high-dependency unit, the centre also provides satellite outpatient services at 11 other hospitals allowing patients to receive treatment close to their homes.

Since it opened the unit has performed 40% more transplants with 30% less mortality and improved skin graft survival compared to the original units. The amalgamation has allowed the development of several important clinical trials.

An AHSC would make successes like this easier and quicker to deliver, saving even more lives.

# Who we are and what we do

## St Mary's NHS Trust

St Mary's NHS Trust is St Mary's Hospital and the Western Eye Hospital.

- Budget of £287 million
- 500 beds
- 3,700 staff
- A&E cared for 111,000 adults and children
- cared for 270,000 outpatients
- delivered 4,500 babies
- provided 1,600 medical teaching placements

## The Hammersmith Hospitals NHS Trust

Hammersmith Hospitals NHS Trust is Hammersmith Hospital, Charing Cross Hospital and Queen Charlotte's and Chelsea Hospital.

- Budget of £481 million
- 1,100 beds
- 5,900 staff
- A&E cared for 102,000 adults and children
- cared for over 350,000 outpatients
- delivered 4,800 babies
- provided 1,400 medical teaching placements

## Imperial College London Faculty of Medicine

Imperial's Faculty of Medicine is based across six hospital campuses in west London and Imperial's main campus at South Kensington. The Faculty works closely with the college's other Faculties – Natural Sciences, Engineering, and the Business School.

- Faculty of Medicine research income of over £100 million (Imperial college overall budget £500 million)
- 1,900 Faculty staff, of whom 1200 are academic and research staff
- 1,900 undergraduates graduating with MBBS and BSc
- 750 Faculty of Medicine postgraduate and masters students
- 75% of Imperial's academic staff<sup>1</sup> work in top-graded 5\* departments (the highest proportion of any university)
- researchers published over 1,000 research papers
- Capital investment in research infrastructure and buildings 2000/05, £102 million on the Hammersmith Campus and £26 million on the St Mary's Campus.



## Diabetes

There are over 2 million people with diabetes in the UK and up to another 750,000 people with diabetes who have the condition and don't know it.

Both Hammersmith Hospitals and St Mary's have an excellent record of success in treating diabetes (particularly complex cases), which is particularly prevalent in west London.

The creation of an AHSC is an opportunity to better engage the local community in identifying methods to prevent, diagnose and treat diabetes; to encourage even greater cooperation and sharing of knowledge between the hospitals and for clinical research and trials to flourish in a centre of excellence.

<sup>1</sup> Submitted to the 2001 Research Assessment Exercise

## National strategy, local delivery: Context



Since Autumn 2005, the Boards of St Mary's NHS Trust, the Hammersmith Hospitals NHS Trust (the Trusts) and Imperial College Council have been reviewing how best to meet the challenges and opportunities presented by the development of new drugs; technologies; techniques and treatments in medicine; patient expectations; NHS reforms, and global competition to attract the brightest and best doctors and clinical staff.

After careful consideration, the Trusts and the College concluded that a single organisation, with one shared mission, vision and unified governance is best suited to take advantage of the opportunities to improve healthcare in west London and the UK.



### National strategy

The NHS is constantly changing to take advantage of developments in medicine and technology, and meet the expectations of the community.

The AHSC mission and vision supports the Department of Health's key targets to:

- improve the patient experience;
- reduce health inequalities; and
- achieve financial health.

The AHSC will become a beacon of good practice, leading the way in delivering the step-change required to bring the UK health service up to the standard of the best in the world.

*"We now need to focus on efforts in transforming the whole system of care delivery."* NHS Operating Framework 2007/08

### Local delivery

Until October 2007 the eight Primary Care Trusts in north west London are running a public discussion to help develop a 5 – 10 year strategy for how hospital, primary care and community NHS services should develop. We will take the opportunity to feed into this discussion about how an AHSC could contribute to a better, safer, more equitable healthcare service. For more information on the PCT-led public discussion go to [www.northwestlondon.nhs.uk](http://www.northwestlondon.nhs.uk)

Any resulting proposals for service changes would be the subject of separate consultation and scrutiny.

## Nursing scheme moves antibiotic treatment into the community

Both Trusts are working with their local PCTs to help patients get back home quicker after a stay in hospital. If a patient is well enough to go home but still needs daily intravenous drugs, district nurses can now administer these at home, reducing the inconvenience to patients. We expect to work with a range of organisations to provide more services from home or in the community, safely and efficiently.



# Bringing the best in the world to west London: Why change?

Charing Cross Hospital



The partners of the AHSC recognise the eight reasons why healthcare in London has to change, identified in *The Case for Change*, a recent study conducted by Professor Sir Ara Darzi on behalf of NHS London.

(For more information please visit [www.healthcareforlondon.nhs.uk](http://www.healthcareforlondon.nhs.uk))

We believe that an AHSC would be best placed to tackle these challenges:

## 1 The need to improve Londoners' health

We need to tackle the lifestyle factors that put people at risk of poor health and focus on specific health challenges. London has a rich diversity of people with very different needs. London is home to 57% of England's cases of HIV and 25% of its adult drug users. One million Londoners have mental health problems and every hour one Londoner dies from a smoking related disease.

## 2 The NHS is not meeting expectations

There is much public support for the work of the NHS. Hammersmith NHS Trust and St Mary's NHS Trust are high performing trusts. However not all Londoners' expectations are being met, with 27% dissatisfied with the running of the NHS compared to 18% nationally<sup>1</sup>. Of course patients want the best clinical care available and the widest possible

range of services, but they also tell us we need to work with other healthcare organisations to reduce delays in decision-making and minimise waiting times. Treatment should be in clean, safe, customer-friendly environments.

## 3 One city, but big inequalities in care

Patients want easier access to care, for instance in their local community; and clear, simple information to make smart choices – not just about healthcare when they are ill, but on how to stay healthy by making the right lifestyle choices.

## 4 Hospital is not always the answer

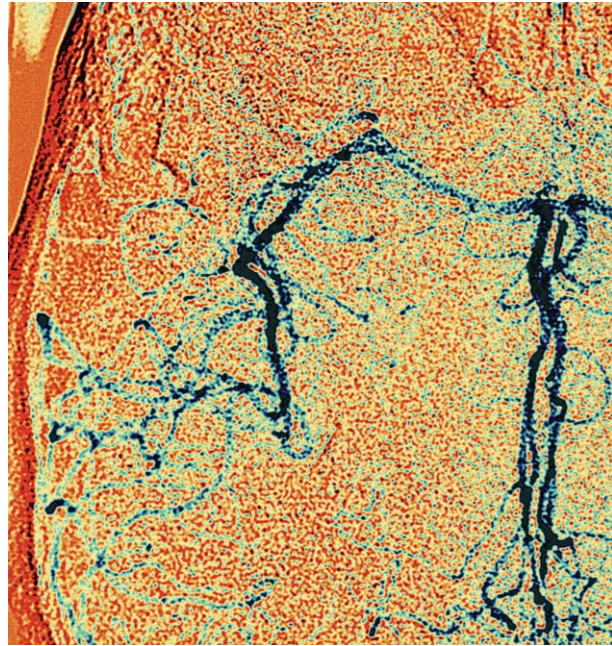
Medical advances mean that more care can be provided locally than ever before, for instance by GPs and specialist nurses. Many patients are admitted to hospital because no alternative is available. Patients need

to have the confidence that they are receiving the best treatment available and we expect hospital consultants to share knowledge and transfer skills not only amongst themselves, but also with primary care professionals. We need to work with healthcare providers to ensure alternative care is made available.

## 5 The need for more specialised care

Increasingly we are required to harness the innovation and ever-expanding understanding in medicine. We need to ensure that we can develop, and take advantage of, exciting clinical and technical advances. There needs to be a concentration of expertise in centres of excellence with enough patients being treated by each specialty to ensure the service provides the best quality care.

<sup>1</sup> Ipsos MORI, London Residents' Attitudes to Local Health Services and Patient Choice, Dec 2006



“London should be at the cutting edge of medicine. A new form of university/hospital partnership is needed to maintain the UK’s academic institutions at the forefront of the global marketplace where they compete for grants, recognition and staff. Other large, developed cities have ensured the promotion of clinical excellence and the translation of research into practice by establishing one or more Academic Health Sciences Centres (AHSCs), combining world-class research with leading edge clinical services and education and training. AHSCs help to ensure that research breakthroughs lead to direct clinical benefits for patients. Cities such as Toronto and Boston already have AHSCs and London risks being left behind. AHSCs are a model of healthcare organisation London needs to explore.”

*The Case for Change, A first stage review published for Healthcare for London*

## 6 London should be at the cutting edge of medicine

Countries around the world are all competing for limited research funding. The Government has recently changed the way it funds medical research and development. A few large centres of excellence that can prove they are providing world-class research that improves patient care will receive the greatest amounts of funding.

## 7 Not using our assets effectively

New legislation and ways of working are increasing demands on employers. We can, and should, reduce unnecessary duplication of effort. We need to make better use of staff

expertise, buildings, beds and equipment in order to provide safe, efficient and responsive care for patients, and top quality training. For instance, 62% of those surveyed in the Ipsos MORI survey listed cleanliness of hospitals as needing attention and some cited cleanliness as a factor that would affect their choice of hospital.

## 8 Making the best use of taxpayers’ money

We need to become more efficient. The NHS has received record levels of funding in recent years, but growth levels will reduce from 2008. We also face challenges to meet increasing patient choice and expectation, and the rising cost of care in a competitive NHS.

Pay modernisation, inflation and the rising cost of drugs and treatments all mean that, although the Trusts have been very effective at increasing efficiency, we need to find savings of £30 million a year just to provide the same level of service.

# What is an AHSC?



"I am investigating the role of carbon dioxide in the healing of chronic venous leg ulcers and would certainly welcome the continued opportunity to work with researchers at Imperial College and the MRC."

Dr John Fleming, Academic F2 Programme

An AHSC brings together the delivery of healthcare services, teaching and research in a partnership whose purpose is to improve the health of its patients.

## Organisation

A Joint Steering Committee has been formed to manage the creation of an AHSC. The committee is chaired by an independent Chairman, Lord Tugendhat.

The AHSC can be created within existing NHS legal structures. Although the goal will be to become an Academic Foundation Trust (FT), the AHSC will need to operate as an NHS Trust until the second stage of the process - an FT application - can be made.

The FT application (under section 34 of the NHS Act 2006) will be sponsored by Imperial College London and will be the subject of a separate consultation and scrutiny. This application would be the first time an organisation other than an NHS Trust has bid to become a FT sponsor.

Foundation Trusts aim to bring about improved access to higher quality

services for NHS patients, by devolving more power and responsibility to a local level.

## Leadership

The leadership and management structure for the AHSC will be designed to ensure that it can meet its legal obligations and comply with established standards of corporate governance and ethics.

The benefits of an AHSC will be best realised through leadership of a single management team with a single lead role (combining the Chief Executive of the Trust with the Principal of the College's Faculty of Medicine). The lead position will be advertised through open competition.

There will only be one Board of Directors. The AHSC will be able to attract to its Board an influential and highly talented membership including

a mix of individuals with clinical, managerial, academic and commercial skills and knowledge.

The chairman, chief executive, executive and non-executive directors will be appointed in accordance with the NHS Trusts (Membership and Procedure) Regulations 1990.

## Vision

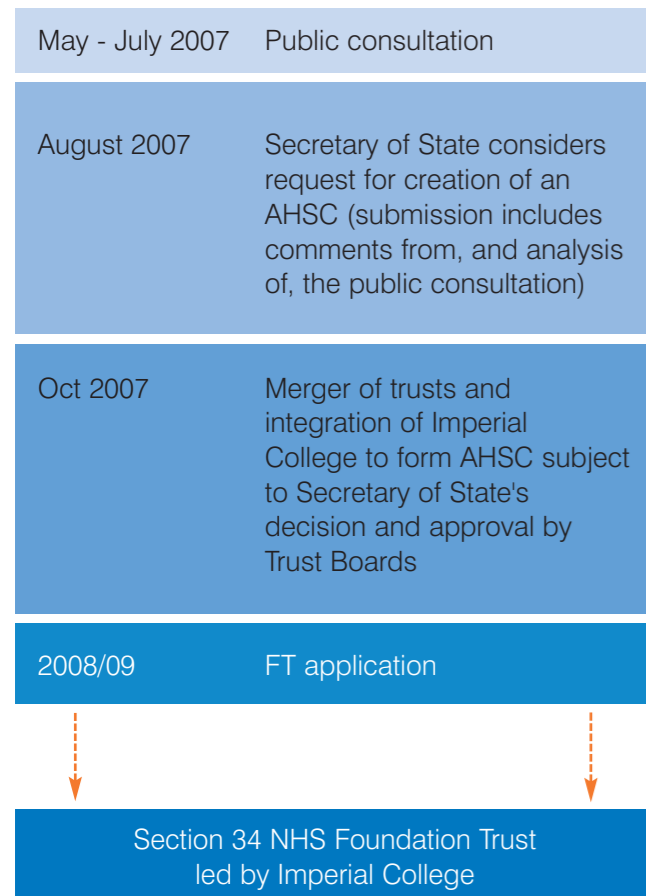
The vision of the AHSC is to be recognised internationally as:

- providing the highest quality healthcare to our community;
- a world leader in patient care, research, education and training;
- a place of discovery and innovation;
- a diverse community of the world's most talented people dedicated to the improvement of human health;
- a driving force in the local and national economies

“Improving the experience of patients will be paramount to the AHSC. The contribution of nurses, midwives and allied health professionals will be enhanced by bringing about changes in practice and ways of working that are based, not just on laboratory research, but on evidence from patients and a better understanding of their experiences. I am convinced that the culture of the AHSC will release the talents of staff of all disciplines to work with patients as effective teams and patients will be confident in the excellence of their bedside care.”

Dr David Foster, Director of Nursing, Hammersmith Hospitals NHS Trust

## Timeline



## The future

The proposed merger of two of the best hospitals in the country with one of the best universities in the world heralds a new era for healthcare services in the UK. The three partners aim to create a new type of Foundation Trust; one that brings together the understanding of patient needs, the expectations of Primary Care Trusts, the expertise of clinicians and the enquiring nature of academics and researchers to develop a healthcare service that will revolutionise healthcare - re-establishing the UK as a world leader in clinical and research excellence.

The trust will work in partnership with grass roots organisations to meet the challenges of *The Case for Change*, sharing its knowledge to lead delivery of a new, sustainable healthcare network across London and the rest of the country.

We will achieve this by:

- ensuring the delivery of healthcare services, research, development and teaching are integrated;
- creating and using new knowledge to improve healthcare and clinical outcomes;
- sharing new knowledge among staff, students and trainees;
- working closely with primary care providers and commissioners of services to meet the diverse healthcare needs of the local community;
- ensuring public money and the organisation's resources are used effectively;
- working in partnership with patients, voluntary organisations, the local community, social services, and other health organisations;
- valuing the diversity of staff and investing in their development; engaging with staff, patients and the public, and listening to them as much as informing them, in a clear and honest way.

## Services

The creation of an AHSC has the potential to bring many benefits to the health of our community.

The aim is to benefit every single patient using our services - and many that use other healthcare services in the community or in other parts of the country, not just to develop innovative treatments for a few with unusual or complex needs.

We want to make a difference for all our people, including service users, their relatives and carers, our staff and our other community partners.

We want to make a difference for someone coming into contact with the AHSC; whether it is for a routine check-up or a transplant, in an emergency or to visit a friend.

The AHSC aims to improve the very wide range of clinical, research and teaching services currently provided. Services across both Trusts will be integrated in a process led by clinical staff<sup>1</sup> with greater patient and community involvement. Proposals for service change will require separate business cases and equality impact assessments and will be subject to further public consultation and scrutiny at a future date – they DO NOT form part of this public consultation.

For the next 5 – 10 years the partners plan to:

- Ensure services that can be provided safely and efficiently in the community are encouraged and supported;
- Continue to improve outpatient and specialist services; and
- Investigate whether, by integrating some services currently provided on more than one site, we could provide better facilities, services, outcomes and efficiencies. Any service changes would be subject to the legally required consultation.

We will work with the PCTs and the Strategic Health Authority (SHA) on any future reconfiguration proposals to ensure that west London healthcare is the very best available.

## Training the next generation of clinicians

The organisations are already leaders in the field of teaching. An AHSC will encourage the development of an extensive learning community that improves the way healthcare education can be delivered in a range of clinical settings.

<sup>1</sup> Throughout this document 'clinical staff' and 'clinical services' are taken to mean the broad range of healthcare professionals and services.

# The focus on patients: Benefits

“The creation of the UK’s first, and long-overdue, Academic Health Science Centre with Imperial College at the helm, in partnership with two of the country’s top hospitals, is a milestone in British medicine. The AHSC will ensure that new advances in medical diagnosis and treatment will be speedily exploited to benefit all patients.”

Professor Myra McClure, Research & Development Director, Imperial College London, St Mary’s Campus



## New baby scanner set to transform lives

A new state-of-the-art baby scanner has begun taking never-before seen pictures that will significantly improve the life chances and care of premature babies. The scanner on the neonatal ward at Queen Charlotte’s & Chelsea Hospital will enable doctors to take detailed images of the babies’ lungs, heart and brain from 23 weeks. This will allow experts to understand how a premature child’s body and brain develops – paving the way for quicker and better treatment of preterm babies in the future.

The precision of the £1 million scanner also allows researchers to understand the effect of new therapies at a much earlier age, speeding up the process of finding effective treatments to prevent brain damage.

Professor David Edwards, who is leading the research using the scanner, said: “This is a fantastic investment from Imperial College and the Medical Research Council. It’s very tough being the parent of a premature baby. They come unexpectedly, without warning and parents are thrown into a maelstrom of high – tech medicine and machinery. They find it particularly tough not knowing what will happen in the future. It can be reassuring to know that a baby has a normal brain scan.”

By becoming one organisation and enabling academics and clinicians to work side by side, the AHSC aims to put theory into practice quicker, more efficiently and more effectively than ever before.

## Benefits for patients and carers

The majority of residents in north west London will rarely need to be treated in a hospital. We expect the AHSC to be a key partner in delivering healthcare in the community and ensuring issues such as methods of delivery, access, health inequalities and public health (for instance education, employment and housing) are as much a focus as biomedical research. We will work with healthcare, statutory and voluntary organisations to provide services which not only help treat illness but also support healthy people to remain so.

The AHSC will aim to provide a more seamless service for all patients, giving access to world-class services, quickly and easily, across all specialties and in clean, modern surroundings.

We want to maintain and develop local services dedicated to the patient – more convenient appointment times, better

clinical outcomes, more choice and a greater range of specialists available to treat routine and complex conditions.

Where there are clinical services which are replicated across the existing trusts, a new merged trust with a consistent management approach will be better able to determine the most effective configuration of services and then consult on the proposals.

### Bringing the very latest treatments and technologies to patients’ bedsides

The AHSC will have the ability to commission and apply research in a coordinated way which will avoid duplication and ensure effective new treatments and techniques are introduced to clinical practice, safely and quickly.

At the AHSC, scientists and clinical staff will be working side by side to concentrate research on providing the most effective treatments for the care and safety of patients.

### Providing a single focus for joint working

Organisational boundaries that currently inhibit or prevent closer working between related services will disappear. Working as a team will enable improvements in continuity of care, particularly for those who move between hospitals and other agencies such as social services.

### Attracting the best clinicians, researchers and staff

As the need for healthcare increases around the globe, the competition for the very best staff increases too. The partner organisations already employ many of the best clinicians, researchers and staff in their field who work to deliver excellent care to patients. The AHSC will enhance this by being a magnet for the very best staff, attracted by the reputation of the AHSC and the opportunity of working with the best thinkers, innovators and clinicians in the world.

## Cardiovascular trials save lives

St Mary's and Imperial College cardiovascular teams, together with the University of Gothenburg have jointly coordinated a major European study designed to investigate ways of preventing heart attacks and strokes.

The study, involving over 19,000 patients, was stopped early due to the discovery of the overwhelming benefits of statins in the prevention of heart attacks and strokes, and of newer combinations of blood pressure lowering drugs.

The trial has resulted in major changes to international guidelines on the prevention of cardiovascular disease. The AHSC would be better able to lead more large-scale studies in the future.



### Improving standards of clinical practice and care

By sharing expertise, best practice and the most up-to-date research in medicine and technology the AHSC will deliver higher standards of care across all its sites to all its patients. The concentration of clinical and academic expertise found in a teaching/research organisation combined with large numbers of patients and excellent clinical staff is a significant factor in delivering the best care outcomes.

If consultants see more patients with rare conditions they become more expert in these areas. A merger would ensure the greatest possible range of specialist services are kept close to people's homes, meaning that local patients wouldn't have to travel far to get the best quality care available.

### A cleaner, safer, more attractive environment

To provide modern care, new buildings are needed, enabling the use of medical and information technology, access to large numbers of single rooms and more extensive critical care facilities. The new partnership will have greater opportunity to invest in new buildings and refurbish existing sites, providing a more pleasant environment that will be far more economical to run and maintain.

## Benefits for partners and the local community

Patients, Primary Care Trusts, voluntary organisations, local authorities and anyone dealing with the AHSC will find that, rather than having to deal with different organisations with different work practices, it is far easier to work with a partnership with common values and priorities and a single – minded approach to collaborative working with the wider health community.

### Generating wealth through economic development

The AHSC will stimulate local regeneration in and around the sites that it owns, not only to better utilise its estate, but also to improve public health in the community and improve the local environment. Through Imperial College's sponsorship, the AHSC will be able to attract inward investment from new partners which will be directed into improving clinical services. Evidence from similar schemes in the US and Europe suggests that the AHSC will attract investment, pharmaceutical and biotechnology companies and new jobs to the area, offering a welcome boost to the local economy.

The AHSC will strengthen London's worldwide reputation as a centre for the development of biosciences and healthcare and will aid collaboration between private enterprise and the higher education sector.



“The creation of an AHSC is a tremendous opportunity to improve the standard of healthcare for everyone in west London.

There is a divide which must be bridged between GPs who work in the community and consultants working in hospitals. Patients will benefit from district nurses, health visitors, GPs and all professionals sharing knowledge and raising standards of care and from information being properly managed.

Patients should not have to attend a hospital to get the results of a test that needs no follow up; and better use of technology will, for instance, allow us to monitor patients' conditions at home, or enable us to do one test in a health centre rather than an array of tests in a hospital.

However we must not let technology make us lose sight of the fact that patients are individuals who must be treated with care, respect and dignity.”

Dr Stephen Jefferies,  
GP, Professional Executive Chairman and Clinical Lead on the NW London Review

## Benefits for academic and research activities

Imperial College's biomedical research is ranked amongst the top five in the world<sup>1</sup>. St Mary's and Hammersmith Trusts are both in the top three trusts in England for clinical performance, quality and safety<sup>2</sup>. Our aim is for the AHSC to be one of the world's top centres for both research and clinical performance.

### A magnet for the world's best clinicians, academics and funds

Research and Development (R&D) is in a global competition to attract leading scientists, clinicians and funding. Increasingly funding bodies award grants to the most effective research teams, wherever they are in the world. A coordinated, well-funded, innovative, multi-professional research programme will ensure we are able to retain and attract world-class academics and clinical staff.

### Ensuring patients benefit from the work of our exceptional research and development talent

We need to ensure we apply our innovation and ever-expanding understanding of medicine to the services we provide.

Creating an environment where clinicians and researchers work side by side to understand the needs of patients

will mean we can align academic research with clinical requirements and ensure that our patients are the first to benefit from exciting advances in medicines and technology.

The AHSC will be committed to ensuring that the research undertaken is transferred to the broader health care system throughout west London and beyond in a fast, safe and effective manner.

## Benefits for staff and students

Our staff will value being part of a world class team; learning and growing together and delivering the highest possible standards of patient safety and care supported by the latest research and being recognised for the unique contribution they make.

As well as being a world leader in research, the AHSC will offer staff the opportunity to work with the world's best clinicians and researchers and a wider range of career development, promotion and training opportunities in a larger, more diverse organisation. The people we employ will be critical to the success of the AHSC. As well as being a world leader in research, healthcare delivery and teaching, the AHSC will strive to be the employer of choice in its field, setting standards of employment and



people management which others strive to emulate - competitive in the local and international marketplace and responsive to the changing demands of healthcare.

During the consultation period staff will be invited to take part in a change management process to develop the vision and benefits of the AHSC and to design how it will work in practice.

### New and innovative roles

The AHSC will attract investment and improve efficiency, releasing funds to put into frontline services and creating new and innovative roles.

### Sharing best practice between disciplines and professions

The AHSC will provide staff and students



with experience in a broader range of clinical areas and roles with greater opportunities for joint working between health and academic professions.

### Developing high quality education, training courses and qualifications

Partnership with Imperial College will enable the trusts to access educational research and development. The organisations will share their expertise and improve career development across all healthcare professions and management.

### Best in class

The AHSC will provide a unique academic environment, fostering learning and the transfer of knowledge on effective means to improve the health of the population.

"The basic features of a hospital that patients demand – for instance no acquired infection, a clean environment, to be treated with respect and to be involved in decision-making go hand-in-hand with excellent medical care and excellent outcomes from their stay. The AHSC will be a model for providing both to the patient."

Lara Waywell, General Manager Surgery, Critical Care and Cardiovascular Sciences, St Mary's NHS Trust

## Latest technology makes a difference to hundreds of women

Uterine fibroids are a common, painful and life-damaging gynaecological condition for thousands of women in the UK. While previously patients were offered little choice but a full hysterectomy to treat the condition, St Mary's offers a unique and non-invasive treatment to eradicate the tumours.

Magnetic Resonance (MR) guided focussed ultrasound was first pioneered at St Mary's Hospital in 2001 and more than 300 women have benefited from the treatment, which requires no hospital stay or post-operative recovery time. The procedure is also more cost effective than a hysterectomy and does not impact on fertility.

In a world first, the treatment is now being trialled for bone and liver tumour patients, improving the quality of life for patients who previously would have faced chemotherapy or invasive surgery.

The AHSC would help clinicians and researchers to develop more, innovative treatments for a range of patients.

<sup>1</sup> Times Higher Education Supplement 2006 World University Rankings

<sup>2</sup> Dr Foster Good Hospital Guide (Dec 2006)



“An environment which supports the development of my talent and offers opportunities to train with experts gives me the best chance to further my career as a healthcare manager and contribute to improved patient care.”

Ruth Dunlop, Head of Leadership and Management Development, Hammersmith Hospitals NHS Trust

## Partners awarded Biomedical Research Centre status

In December 2006, Hammersmith and St Mary’s, in partnership with Imperial College, were selected as one of the UK’s 11 Biomedical Research Centres (BRC). If the AHSC goes ahead, the award guarantees the partners research funding of £19.5 million each year for the next five years, and makes the West London BRC the leading centre for the UK. The BRC funding would not be available to the Trusts individually and without it they would be facing substantial cuts to research programmes. BRCs will be leaders in translating scientific research into benefits for patients.

## Finance

The following financial information reflects the three-year plans for the two NHS Trusts recently approved by the London SHA.



## Assumptions

- For 2007/08 the Government assumes an improvement in all Trusts’ financial efficiency of 2.5% (we will receive 2.5% less than before) but an extra 5% because of inflation.
- A loss of NHS Research and Development income which is partly mitigated by the awarding of Biomedical Research Status.
- Any deficits of the Trusts will be carried forward to the new Trust.
- Local cost pressures.

Current plans for savings include reduction in back office costs and expenditure on agency staff, reduction in expenditure on drugs, and savings made by reducing the length of time patients stay in hospital.

As part of the merger the Trusts will be reviewing these savings with an expectation that reductions in costs can be achieved through economies of scale that will allow investment in key patient services – for instance ensuring that the time between receiving a referral for a patient to the time the treatment starts is less than 18 weeks.

At the same time the Trusts will be investing in new equipment and building – this is estimated to be £116m over the next three years. The capital plans are mainly funded by internal resources and exclude any new capital investment, which will be subject to the development of business cases, or investment by Imperial College in its buildings.

| INCOME (including efficiencies) |                       |              |              |              |
|---------------------------------|-----------------------|--------------|--------------|--------------|
| 2006/07 Estimated               |                       | 2007/08      | 2008/09      | 2009/10      |
| £Million                        |                       | £M           | £M           | £M           |
| 490.0                           | Hammersmith Hospitals | 472.1        | 468.5        | 473.0        |
| 289.4                           | St Mary's             | 292.2        | 296.9        | 303.4        |
| 779.4                           | <b>Total Income</b>   | <b>764.3</b> | <b>765.4</b> | <b>776.4</b> |

| EXPENDITURE (including savings) |                          |              |              |              |
|---------------------------------|--------------------------|--------------|--------------|--------------|
| 2006/07 Estimated               |                          | 2007/08      | 2008/09      | 2009/10      |
| £Million                        |                          | £M           | £M           | £M           |
| 485.4                           | Hammersmith Hospitals    | 469.7        | 466.1        | 470.6        |
| 282.3                           | St Mary's                | 291.2        | 295.9        | 302.4        |
| 767.7                           | <b>Total Expenditure</b> | <b>760.9</b> | <b>762.0</b> | <b>773.0</b> |

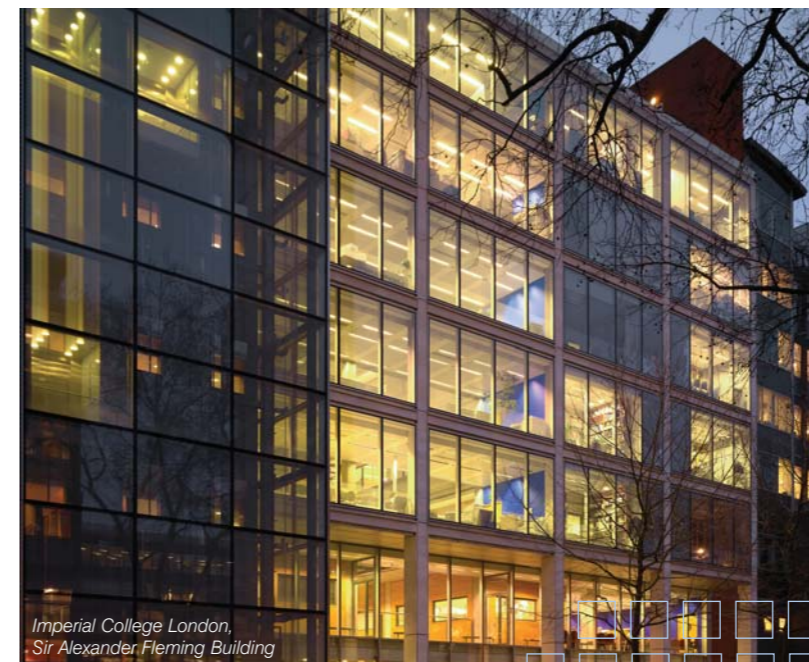
| SURPLUS (assuming savings are fully delivered – see below) |                                        |       |       |       |
|------------------------------------------------------------|----------------------------------------|-------|-------|-------|
| £11.7 M                                                    | Combined surplus for Trusts            | £3.4M | £3.4M | £3.4M |
| 0                                                          | Costs and savings of merging           | -£1.4 | 0.2   | 1.8   |
| 11.7                                                       | Surplus after merger costs and savings | 2.0   | 3.6   | 5.2   |

### SAVINGS

In the figures above, the Trusts are implementing (06/07), have identified the potential (07/08) or identified the requirement (08/09 and 09/10) to make the following savings (includes loss of income):

| 2006/07  |                       | 2007/08     | 08/09       | 09/10        |
|----------|-----------------------|-------------|-------------|--------------|
| £Million |                       | £M          | £M          | £M           |
| 24.0     | Hammersmith Hospitals | 22.0        | 19.8        | 23.2         |
| 12.8     | St Mary's             | 9.2         | 13.2        | 10.8         |
| 36.8     | <b>Total Income</b>   | <b>31.2</b> | <b>33.0</b> | <b>34.0*</b> |

\*This equates to 4.4% of combined turnover for 2009/10.



Imperial College London,  
Sir Alexander Fleming Building

“The unique clinical exposure I have received whilst researching cardiovascular sciences has allowed me to appreciate the impact of translating clinical science into practice, in order to benefit patients, and offer them the best that is available in modern healthcare.

I know a lot of students who are excited about the new merger which we hope will continue this tradition of excellence and which will serve to strengthen the ties between clinical research and medical practice.”

Larisa Corda, Medical Student,  
Imperial College London

## £75 m investment in a new Centre for Clinical Imaging

The new research facility on part of the grounds of Burlington Danes School is one of the world's largest industry-university collaborations. The venture by Imperial College, the Medical Research Council and GlaxoSmithKline builds on Hammersmith Hospitals' strong clinical trials reputation and will focus on cancer, strokes and neurological diseases such as Parkinson's, multiple sclerosis and psychiatric diseases.

The Centre will advance the latest technologies in Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET) to look at real time chemical processes in human organs such as the brain, heart, and lungs, revealing the changes that medicines can make.

Imaging data can help speed up drug discovery by providing information about what is happening within the body.

# Frequently asked questions

## If this proposal for an AHSC is accepted, will it just clear the way for service change and cuts?

*This consultation is not about cuts to services or jobs. The only jobs that will immediately be changed by this proposal are a small number of Board positions. If, and when, service changes, staff reorganisations, etc., are considered in the future they will be subject to appropriate discussion, proper consultation and scrutiny as required under NHS regulations.*

*Service change will happen even if the two Trusts do not merge as the NHS needs to continually improve, taking advantage of new opportunities and meeting the changing expectations of patients within a limited budget. Merging the organisations makes sense because we can plan services and the use of resources more effectively.*

## Are you going to close Accident and Emergency departments or Charing Cross Hospital?

*There is no proposal in this consultation to change any services. There are currently no plans to close any A&E department, Charing Cross Hospital or any other site. In fact significant investment continues to be made at Charing Cross, with new mental health services; a new 72-hour day-and-stay surgery unit (Spring 2006, £3.5m); four new linear accelerators (£6.5m, Dec 2006); new research facilities; and a Maggie's Cancer support centre due to open in later in 2007, £2.5m.*

## Will I have to go anywhere different for my inpatient or outpatient treatment?

*At present there are no plans to move any inpatient or outpatient treatments. In principle we aim to deliver more services in people's homes and the community but any service changes will be the subject of full and open discussions, and of formal consultation and scrutiny as required under NHS regulations.*

## Will the AHSC cost more to run than the existing organisations?

*There are areas with the potential for providing better value for money and better patient care. Savings will be possible by reducing duplication of services, economies of scale (for instance increased buying power for services), sharing knowledge, and attracting funding and investment. Reconfiguration of services (which would be subject to separate consultation) would be more coordinated and effective if considered in one, rather than separate organisations and could provide substantial savings.*

## Why can't the benefits be realised by the existing Trusts working together with Imperial College?

*Some of the benefits could be realised but there are many factors which make it difficult for the two organisations to work together – physical, legal, financial, administrative, professional, historic. For instance, the organisations are currently answerable to different parts of the Government.*

*Creating a partnership would remove or reduce many of these barriers. New treatments, ideas and technology could be introduced more quickly, efficiently and effectively.*

## Will the AHSC reduce waiting times and reduce journeys to hospital?

*We will work with other health professionals to ensure many services are provided closer to people's homes, for instance in GP surgeries, health centres and by pharmacists. By coordinating our efforts we aim to reduce waiting times.*

## Will there be job losses if this proposal is accepted?

*There will only be one Principal / Chief Executive and one Board. This will result in a reduction of Board positions. A more detailed consultation will take place with those board members who are affected by this. There are no plans for a reduction in other posts as a direct result of this merger. The Trust business plans will continue in place until a new plan is developed for 2008/09.*



## Will there be changes to the terms and conditions of employment for staff?

*The new Trust will be an NHS body and staff will have their employment rights protected under the TUPE regulations. This means that staff will have a new NHS employer named on their contract, but they will have exactly the same terms and conditions of employment, pay, holidays, sick pay, pension and continuous service entitlement as they do now. The same staff side organisations will be recognised. In moving to a new organisation staff side representatives and staff will be involved fully in discussions, and the organisation will ensure all legal requirements are met.*

## Will the performance of the hospitals suffer whilst key staff are diverted to merger activities and how can you be sure the merger will be successful?

*A programme team has been established whose aim is to deliver the merger. Finance and staff support have been set aside to ensure that front-line services are not affected.*

*A change management programme is already underway to keep staff informed, to involve them in creating the new organisation so that it best benefits patients, and to prepare staff for any merger.*

*The three organisations have worked closely together for many years. Joint projects (some of which have been illustrated in this document) have been very successful and we believe a merger will be just as beneficial to patients. The merger has tremendous support from clinicians, managers and key healthcare and voluntary organisations.*

## How will the success of this proposal be measured?

*By 2012 we aim to be one of the top five academic health science centres in the world for both clinical excellence and research.*

# About this consultation

## What?

This consultation is gathering views on the proposal to create an Academic Health Science Centre (AHSC) by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust to create a new NHS Trust, and forming a new organisation and integrating with Imperial College.

## Who?

The consultation is being conducted by the partners. It offers everyone the chance to inform the proposal and the Secretary of State's decision to accept or reject it.

## When?

The consultation period will run for twelve weeks from 1 May 2007 to 31 July 2007. During this period we will be asking staff, patients, students, researchers, partner organisations and the general public for their views on the proposal to create the AHSC.

## How?

If you would like further information before you make your comments you can:

### a) Contact the AHSC Office by:

- **Phone:** 020 8237 2018
- **Post:** AHSC, 2nd Floor, Education Centre, Charing Cross Hospital, Fulham Palace Road, London. W6 8RF
- **Email:** [ahscprogrammeoffice@hhnt.nhs.uk](mailto:ahscprogrammeoffice@hhnt.nhs.uk)

### b) Contact the independent advisers:<sup>1</sup> by Verve Communications<sup>1</sup>,

- **Post:** FREEPOST AHSC
- **Email:** [ahsc@vervecommunications.co.uk](mailto:ahsc@vervecommunications.co.uk)
- **Freephone:** 0800 043 73 63

### c) Attend one of the public meetings which will be held during the consultation period.

- **6 June 2007.**  
The Irish Centre.  
(100m from Hammersmith Broadway). 6.30pm – 8pm
- **20 June 2007.**  
Tuke Hall, Regent's College Conference Centre, Regent's Park.  
(5 mins from Baker St tube). 6.30pm – 8pm

Please contact Verve Communications to register if you wish to attend one of these meetings (see b) so that we can accommodate everyone wanting to take part.

Dates, times and venues for other meetings will be listed on the AHSC website at [www.ahsc.org.uk](http://www.ahsc.org.uk) or you can telephone the AHSC office.

### d) Visit the consultation website at [www.ahsc.org.uk](http://www.ahsc.org.uk)

<sup>1</sup> Verve Communications were selected using a competitive tender and an interview process which included independent representation from the local healthcare community. Verve has been contracted to independently assess the consultation process, give impartial advice to anyone wishing to make their views known, analyse the responses received and provide a report to be presented to the Secretary of State.

# Have your say

We would like you to help us create world-class healthcare for west London, so we welcome your ideas, your concerns, your support and comments.

Whatever your job, age, sex, ethnicity, sexuality, faith or your current health, if you live in west London this proposal affects you.

You can make your views known by contacting the independent consultants:

- Using the form below or writing a letter to; FREEPOST AHSC
- **Freephone:** 0800 043 73 63
- **Email:** [ahsc@vervecommunications.co.uk](mailto:ahsc@vervecommunications.co.uk)
- Completing the comments form on the consultation website [www.ahsc.org.uk](http://www.ahsc.org.uk); or
- Attending one of the consultation meetings.

All comments should be returned by 31 July 2007.

Following an analysis of the consultation responses a decision will be taken by the Trust Boards on whether the Secretary of State for Health should be asked for permission to merge the Trusts and create an AHSC.

## About you

To enable us to improve our services, and to better understand how we can meet your needs it would be helpful if you could tell us a little bit about yourself. Your comments will still be taken into account if you choose not to enter these details.

### a) In what capacity are you responding to this questionnaire?

- i) trust or college employee
- Hammersmith Hospitals NHS Trust
  - Imperial College, London
  - St Mary's NHS Trust
- ii) individual
- iii) representative of an organisation or business (go straight to question b)

- Male  Female
- Under 18  18 – 29  30 – 49  50 – 65  65+

The first four characters of your home postcode

Have you used Hammersmith Hospitals Trust or St Mary's Trust services in the last month?  Yes  No

Have you used Hammersmith Hospitals Trust or St Mary's Trust services in the last year?  Yes  No

Have you used other hospital or health services?  Yes  No

If so, which ones? \_\_\_\_\_

b) If you are responding on behalf of an organisation or business, please tell us:

- Your job title or role \_\_\_\_\_
- The name or nature of organisation \_\_\_\_\_

c) If you would like to sent a summary of the consultation results or be kept informed of further progress, please supply your email or postal address \_\_\_\_\_

## Questions

1) Do you think the merger of Hammersmith Hospital NHS Trust and St Mary's NHS Trust and integration with Imperial College is a good idea?  Yes  No  Don't Know

2) Please can you give your reason for the answer in question 1 \_\_\_\_\_

3) Do you think it is right to appoint a single management team to be responsible for the running of the Trusts and the Faculty of Medicine, Imperial College?  Yes  No  Don't Know

4) What do you see as the benefits to you of an AHSC / what are your concerns? \_\_\_\_\_

5) Do you think it is right to want to create centres of excellence, like the renal centre, that bring together expertise and services on one site?  Yes  No  Don't Know

## Other comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The partners would like to thank all the staff and stakeholders who have generously assisted in the preparation of this document, including Westminster, and Hammersmith and Fulham Primary Care Trusts; the Overview and Scrutiny Committees of Kensington and Chelsea, Hammersmith and Fulham, and Westminster; the Patient and Public Involvement Fora of St Mary's Hospital, Hammersmith Hospitals, Westminster PCT, and Hammersmith and Fulham PCT; the St Mary's Paddington Charitable Trust and the Charitable Fund for Charing Cross, Hammersmith & Queen Charlotte's & Chelsea Hospitals; the Black and Minority Ethnic Health Forum and Voluntary Action Westminster.

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[www.st-marys.nhs.uk](http://www.st-marys.nhs.uk)

If you do not understand this document we can arrange an interpreter.  
Please call the number below to request this.

Në goftë se nuk e kuptoni këtë fletpalosje, ne mund t'ju sigurojmë përkthyes.  
Për ta kërkuar një gjë të tillë, ju lutemi telefononi në numrin e mëposhtëm.

Si vous avez des difficultés à comprendre ce livret, nous pouvons vous fournir un interprète. Veuillez appeler le numéro ci-dessous.

Se você não entender este folheto, podemos providenciar um intérprete.  
Favor telefonar para o número abaixo para solicitar este serviço.

Si no entiende este folleto podemos facilitarle el acceso a un intérprete.  
Para solicitar este servicio, llame por teléfono al número que aparece abajo.

Haddii aanad fahimin warqaddan la daabacay, waxanu diyaarin karnaa tarjume.  
Fadlan tilifoon u dir lambarka hoos ku qoran si aad tarjume u codsato.

Bu kitapçıkta yazılanları anlamıyorsanız sizing için bir çevirmen bulabiliriz.  
Çevirmen istemek için lütfen a\_a\_idaki numarayı arayınız.

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আপনি যদি এই দলিলটি বুঝতে না পারেন, আমরা একজন দোভাষীর ব্যবস্থা করতে পারি। তার অনুরোধ জানানোর জন্য নিচের নম্বরে টেলিফোন করুন।

如果你不明白這份文件的內容，我們能夠安排傳譯員幫助你。請打以下電話號碼提出這個要求。

اگر شما این مدرک را نمی فهمید ما می توانیم ترتیب فراهم کردن یک مترجم را بدهیم. برای تقاضای این امر، لطفاً با شماره تلفن زیر تماس بگیرید.

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Proszę zadzwonić pod numer ukazany poniżej w celu poproszenia o to.

Если Вы не понимаете этого документа, мы можем организовать для Вас переводчика. Пожалуйста, позвоните под ниже указанный номер, чтобы запросить этого.

Tel: 020 7886 7777  
Fax: 020 7886 1753  
Email: PALS@St-Marys.nhs.uk

This document can be provided on request in large print, on CD or tape, in Braille or in alternative languages. Please contact the AHSC Office for more information.

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