

Academic Health Science Centre Consultation

All comments

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Reasons in favour of AHSC

<u>Reasons in favour of AHSC</u>
<ul style="list-style-type: none"> • Better for patient care
<ul style="list-style-type: none"> • Synergy of high performing teaching and research healthcare trusts
<ul style="list-style-type: none"> • AHSC most innovative project in healthcare in UK today. Potential benefits to patients (in terms of translational research) and to staff (in terms of opportunities for development, research and developments in clinical care delivery) are great.
<ul style="list-style-type: none"> • Because I think that opening the dialogue between clinical and academic institutions would help to build an understanding of the relationship between research in the lab and their practical applications in the clinic.
<ul style="list-style-type: none"> • The combined expertise of two 'Top Ten' trusts will be an unbeatable combination.
<ul style="list-style-type: none"> • We've got to rival the Americans. They're way ahead of us when it comes to biomedical and clinical research.
<ul style="list-style-type: none"> • A common standard of practice must improve the quality since there will be accountability and less blaming culture.
<ul style="list-style-type: none"> • To concentrate expertise and allow for acceleration in research activity
<ul style="list-style-type: none"> • Will promote the concept of the University Hospital and reduce "competition" between IC and NHS staff
<ul style="list-style-type: none"> • This merger will enable to translate research into practise and utilise resources to the full.
<ul style="list-style-type: none"> • It will raise the standards of health care
<ul style="list-style-type: none"> • Because it creates an excellent/better opportunity to provide wide-ranging professional health services to the public, combining excellence across all health disciplines.
<ul style="list-style-type: none"> • To put together centres of clinical and research excellence and utilise the best brains together to improve patient care.
<ul style="list-style-type: none"> • To make more efficient use of NHS money and reduce duplication across what is actually a very small geographical area.
<ul style="list-style-type: none"> • I understand that this is the best possible position that my Trust in particular should be, considering all the changes that has happened and will be happening in the National Health Service.
<ul style="list-style-type: none"> • So as to develop a truly innovative and leading academic healthcare system and get research to the bedside as soon as possible.
<ul style="list-style-type: none"> • Excellence in local healthcare provision
<ul style="list-style-type: none"> • Opportunity to improve hospital emergency services
<ul style="list-style-type: none"> • I think it is a very good idea to link the organisations and thus stand to gain from what each bring to the table. I have to say though that it would be even more appealing if Imperial College seemed happy to be involved.
<ul style="list-style-type: none"> • I think if you can merge those two then you cut costs and focus on more doctors and nurses. Use the money saved on research - also try to use hospital buildings that are not being used to research and commercial activities to generate money and good research work that can be used in the hospital.
<ul style="list-style-type: none"> • The merger of three strong organisations should have added strength
<ul style="list-style-type: none"> • We need to rationalise the services so that they can become truly world class for the patients they serve, and within the academic community they work.
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<ul style="list-style-type: none"> More efficient use of resources. Faster implementation of newly developed medical technologies
<ul style="list-style-type: none"> Should save some money in management jobs and avoid duplication of services for a geographically compact area
<ul style="list-style-type: none"> It is my firm belief that replication and division boundaries do not serve patient interests optimally
<ul style="list-style-type: none"> I think it will provide opportunities to formalise existing relationships and given the right conditions strengthen the contribution of nursing, midwifery and allied health professions to the research agenda thus improving the effectiveness of patient care
<ul style="list-style-type: none"> To provide a higher level of service to me
<ul style="list-style-type: none"> To improve services and maximise opportunities
<ul style="list-style-type: none"> I accept that the idea of a single research hospital will produce better services
<ul style="list-style-type: none"> The working together of these two Trusts with Imperial will be good for both patients and staff - patients will be able to receive world class cutting edge care in a local hospital provided by staff who are the best working for the best!
<ul style="list-style-type: none"> Enhanced opportunities for both the trust, the community and London
<ul style="list-style-type: none"> It will help strengthen and protect the standard of healthcare delivery in this area - also because I live locally it may benefit my future health & wellbeing
<ul style="list-style-type: none"> It promises a higher quality of healthcare
<ul style="list-style-type: none"> It will permit both better clinical provision and better research
<ul style="list-style-type: none"> Out of necessity – St Mary's is struggling to hold onto its portfolio of specialist services in West London.
<ul style="list-style-type: none"> For too long there has been complications within units such as ourselves where some staff are employed by Imperial and some by the NHS, an over-riding organisation would mean much clearer Human Resources management especially concerning areas such as Occupational Health, Contracts etc
<ul style="list-style-type: none"> Fundamentally, I am committed to providing excellent care and treatment opportunities to anyone using our services and any change (and the most certain thing about working in the NHS is that there will always be change) that will move towards achieving this, has to be welcomed.
<ul style="list-style-type: none"> I am absolutely certain however that the important thing for our patients is what the service feels like and their personal outcomes.
<ul style="list-style-type: none"> Need to change the way we provide service in light of increasing specialisation in medicine
<ul style="list-style-type: none"> Can avoid duplication in service provision can improve service quality
<ul style="list-style-type: none"> Administration /data/computer services can be streamlined and reduction in management staff should provide savings which will hopefully be used for medical purposes instead.
<ul style="list-style-type: none"> It's a great opportunity to do things very differently and to improve and sustain quality improvements in a new era for healthcare in London.
<ul style="list-style-type: none"> Economies of scale - pool resources and best practice
<ul style="list-style-type: none"> Both trusts will fail without it, local population too small, aging buildings etc.
<ul style="list-style-type: none"> Opportunity to provide services across a greater population base, generate economies of scale and reinvest financial and staff resources to improve patient care. Needs significant structural change to realise full benefits however.
<ul style="list-style-type: none"> This is an essential prerequisite to the creation of an Academic Health Science Centre. The AHSC offers an exciting opportunity to greatly enhance health services for the people of London.
<ul style="list-style-type: none"> The fragmented medical services and academic institutions are an accident of history and restrict

<u>Reasons in favour of AHSC</u>
the opportunity to improve both in the 21st century.
<ul style="list-style-type: none"> • Will add strength and resilience and will improve patient care and outcomes by leading to faster translation of research benefit and knowledge from the academic setting to the bedside. • Improved care for patients through advancement of medical research and knowledge. • Should ideally facilitate collaboration and development of world class clinical expertise. • Better services and more co-ordination. • The combination of all the resources will be a great option for the residents of West London and with the imperial research will be even better. Hopefully delivering a great service • Would be great to have ALL services on one site. Integration with academic sciences would provide increased support to scientists, doctors and patients in scientific progress. • The potential to create an organisation that brings together, in a real and direct way, clinical care, research, and education, to the benefit of all. Translational research and realising potential benefits to patients. • Links academic research and teaching activities with clinical practice to provide high quality care to residents of London. • We need to accumulate resources and create the best service for all without the constant threat of service cuts and pressure to cut corners due to the ongoing pressure of making savings. I hope the AHSC will do this. • I think there will be better services and greater opportunities for staff • Should improve quality of health services delivered to patients and provide a more challenging working environment for staff • By bringing science to the bedside this can only be good for medicine • I have worked in a teaching hospital-university affiliated in my former years of practice and I have worked in a non-teaching hospital and I can vividly advocate for this merger as there is such a big difference between the two. This ranges from clinical knowledge to clinical practice being demonstrated by the employee. • It is to be hoped that it provides the structure within which to build and develop even more excellent healthcare as proposed during the consultation • To improve the opportunities for translating fundamental medical and scientific advances for clinical benefit. • The UK's first Academic Health science Centre will allow genuine integration of NHS care with research and teaching, raising standards in all areas • Hopefully better care for patients and staff • Because it will potentially make translational research more easy to deliver. • The integration of organisation and the standardisation of processes, from care pathways to operational procedures, will be of great benefit to both patients and to staff that are striving to identify and implement effective care outcomes and novel treatments • Centre of excellence for W London. More opportunity for research. Better quality services. Vital financially for the future of SMH as an acute site. • I think it is a hugely exciting opportunity to combine 3 leading centres into one centre of excellence for clinical care and research. Working on the research side, for me it would be of benefit to see researchers working to one management system, one set of policies and guidance, and having improved access to translational research opportunities. • Ability to integrate education with clinical service • It will create an environment for the development of new research ideas and clinical acumen, by pulling together groups of academics and clinicians, producing a fertile ground for the translation of research into clinical practice, as well as delivering high quality theoretical and clinical research. • Opportunity to link research with delivery of healthcare services. Provide robust clinical structures. • To allow strong interactions between hospitals in improving patient care. To allow the creation of the first Academic-led hospital in UK • It would be more beneficial to the public if we worked together rather than acting as competitors. • Gives a more unified approach to healthcare and academia • We need to strengthen research empowered healthcare - no current Trust is able to achieve what the UK needs.

Reasons in favour of AHSC
<ul style="list-style-type: none"> • The partnership between academics and clinicians will provide the best opportunity for translating Imperial's excellent research into improving patient care.
<ul style="list-style-type: none"> • Because we need to work more closely with our academic partner to ensure medical advances benefit our patients. Merger with St Mary's will bring together two already excellent hospitals to hopefully create an even better organisation offering even better patient care.
<ul style="list-style-type: none"> • Better links between research and patient care
<ul style="list-style-type: none"> • Because the AHSC has the potential to accelerate the translation of advances in research into improved patient outcomes
<ul style="list-style-type: none"> • It provides a unique opportunity to merge basic research with clinical care and will be a major advance in developing translational research opportunities
<ul style="list-style-type: none"> • This will ensure alignment of the mission of the hospital trust and imperial college. It will lead to improved patient care.
<ul style="list-style-type: none"> • Better and high quality service
<ul style="list-style-type: none"> • Improvement of College/Trust interactions, to ensure world class health service provision
<ul style="list-style-type: none"> • The AHSC model is based on improving the quality of clinical services and specialist services, which would be why I am in favour of the merger. Currently, the focus in the Trust is heavily weighted along a business/management model that does not give enough focus to the specialist areas and the priorities of care. Managers do not appear to fully understand the operational pressures of the departments and consequently their targets/deadlines overtake all other priorities irregardless of how this impacts upon teams. The current system needs to be streamlined and the management style of the organisation needs to be less autocratic and more emphasis placed upon a team approach that embraces the expertise that it has available. Despite the number of specialist services the operation of the Trust is constrained by a generalist approach to the way in which the Trust operates.
<ul style="list-style-type: none"> • New model of healthcare delivery, including: -better integration of academic and clinical work - better rationalisation of medical service delivery
<ul style="list-style-type: none"> • Stronger unit than the individuals, and greater funding opportunities
<ul style="list-style-type: none"> • Gives an opportunity to improve delivery of services, increase our exposure to clinical research
<ul style="list-style-type: none"> • It will create a strong academic environment for clinical medicine and scientific research
<ul style="list-style-type: none"> • Teamwork is the key and the competition between hospitals has dampened spirits for staff which reflects on our patients. We need to provide high research based standards for patients and we need to provide new medicines and technology for patients in order to detect and conquer new and old diseases.
<ul style="list-style-type: none"> • Improved healthcare delivery, improved cost effectiveness, better research
<ul style="list-style-type: none"> • If all the hospitals can be run efficiently by a single management team it makes sense rather than having twice the amount of bosses
<ul style="list-style-type: none"> • Change is inevitable. I believe we have some of the best services within the 3 organisations and the energy is there for a positive engagement with staff and clinicians to provide a top class, patient centred service.
<ul style="list-style-type: none"> • The two hospitals are in very close proximity to each other and must currently be supplying more or less the same specialisms by merging the hospitals may share the specialism and as such dedicate more focused energies to them.
<ul style="list-style-type: none"> • To become a leading Research Organisation & provide better, up to the minute care.
<ul style="list-style-type: none"> • It allows two good Health bodies to come together to create one great organisation, allowing more optimal configuration of clinical services, and better research and teaching focus. It should also allow for better commercial exploitation of the fruits of research for re-investment in the NHS; the academic sector is good at the positive exploitation of intellectual property, the NHS is woefully poor.
<ul style="list-style-type: none"> • I think it will if handled correctly create a streamlined and more effective approach to providing cutting edge health care which is patient focused and evidence based.
<ul style="list-style-type: none"> • I believe that the merger will have a synergistic effect, improving the standard of healthcare delivered and facilitating the discovery and development of new therapies.
<ul style="list-style-type: none"> • Improve clinical excellence
<ul style="list-style-type: none"> • Integration of service delivery and research mean that patients will be the first to benefit from advances in healthcare.
<ul style="list-style-type: none"> • One entity for patient involvement to engage with, should mean better two-way communication

<u>Reasons in favour of AHSC</u>
<ul style="list-style-type: none"> Where academic progress is concerned, or where rare cases exist, I do think it benefits patients and the progress of medical science to have a centre of expertise
<ul style="list-style-type: none"> Translating innovation into clinical service is critical. That we are in the top 5 in the world for research but London & UK are way off that top league for clinical outcomes is unacceptable
<ul style="list-style-type: none"> improved services for patients
<ul style="list-style-type: none"> Because it will open up more opportunities for both staff and patients alike, even if the bulk of the work may be more research than health focused.
<ul style="list-style-type: none"> As a Trust we fully support the creation of Academic Health Science Centres in London and are excited by the opportunities this will present to raise the standard of healthcare in North West London and beyond. We have always aimed to deliver excellent patient centred care and, alongside Hammersmith Hospitals NHS Trust and St. Mary's NHS Trust, we rank in the top four hospitals in the country for mortality rates. However, we recognise that being amongst the best in England is not ambitious enough and share with the partners of the AHSC the aspiration to deliver world-class healthcare. <p>Steve Smith, Principal of the Faculty of Medicine at Imperial College, has outlined a vision in which the AHSC works with other providers in NW London in a clinical 'network' to improve overall healthcare standards. 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.</p>
<ul style="list-style-type: none"> Unrivalled opportunity to build a world-beating hospital
<ul style="list-style-type: none"> It will enhance the link between basic scientific research and clinical medicine, and will lead to enhanced clinical practice
<ul style="list-style-type: none"> At the moment there is duplication of services, and as a carer of an out-patient at both Trusts time and money is wasted repeating the same procedures, even though it is the same problem that is being treated. In addition there is no communication between the two. A merger would hopefully eliminate these issues, plus give patients access to the latest advances in academic medicine.
<ul style="list-style-type: none"> Very important to move new research to patients quickly
<ul style="list-style-type: none"> The sharing of resources and services should enable more to be spent on patient care and research
<ul style="list-style-type: none"> hopefully, will achieve the aims of transforming quality of clinical care for local residents.
<ul style="list-style-type: none"> It's a once-in-a-generation opportunity to bring better health to those in west London. Working properly together, hospitals and universities will achieve far much more for their patients and stakeholders than they have achieved in separation.
<ul style="list-style-type: none"> Better, poly-specialistic medical setting, connection with university/research structure. More accreditation to the new trust
<ul style="list-style-type: none"> Primarily because it will enable healthcare delivery to be optimised by the full collaboration of the organisations involved. Therefore a truly world class health service can be provided.
<ul style="list-style-type: none"> I am strongly persuaded by the examples of other insitutions that the merged entity would be much stronger and genuinely in a better position to advance the healthcare of its own patients (of which I am also one) and importantly that of patients around the world (through R&D advances)
<ul style="list-style-type: none"> Many experts over 3 sites gives the opportunity to improve healthcare to the population
<ul style="list-style-type: none"> It will be an opportunity to be part of an initiate that will be the first of its kind in the UK and ultimately change the way in which Health Care is provided.
<ul style="list-style-type: none"> I think it will be useful to join the resources of the three trusts, bringing together expertise but also providing an opportunity to save money as some services will not need to be duplicated 3 times.
<ul style="list-style-type: none"> It will bring together institutions with a strong record in clinical and academic medicine to form a unit that can perform on the world stage. It will enable more basic science work to be brought to the bedside by increasing the critical mass of translationa scientists.
<ul style="list-style-type: none"> Because neither hospital will be sustainable on its own.
<ul style="list-style-type: none"> Pooling resources, reputable institutions united therefore have more clout. Sharing protocols and ideas. More funding! More people working together for shared goals. Good for individuals to work for a world class centre therefore attract the best employees. More research into important areas.
<ul style="list-style-type: none"> I believe that this format ie AHSC is the way forward, however there are several comments I would like to add that concerns staff at the "shop floor".

Reasons in favour of AHSC

- Expectation of improved patient care via transforming research evidence into practice.
- The concentration of expertise within one organisation is exciting and potentially beneficial to all.
- To streamline services, eliminating duplication in services should provide funds for strengthening the specialties. Having one governance for Clinical service, teaching and research has proven to be the way forward in other countries and I see no reason why it should not be replicated in the UK

- Support each other better, therefore improve services.

- This Trust lacks a vision, a goal. We have lacked this necessity since we became a Trust. We have lurched from one financial crisis to the next. This started with the entire overspend (£18M) from the Regionally managed DHA of Riverside Hospitals being assigned to our Trust. Since then, we have been habitually underfunded for work done. The relative independence of FT status will hopefully address future underfunding.

The concentration of specialities, whilst reducing costs, should engender further benefits for patients, in the form of new treatments. Staff should benefit from the increased motivation of working for the UK's leading NHS facility. Most patients and visitors are prepared to travel to obtain the best treatments. The mix of the leading individuals in education, research and service will hopefully encourage the "cv-itis" ridden individuals to seek work at the far off fields that look greener!

- Size, prestige and financial clout of new organisation will hopefully enable continuing improvement of constituent organisations that might be difficult if they continued as separate entities.

- The synergistic working relationship between what was the Hammersmith Hospital Special Health Authority with the former Royal Postgraduate Medical School was in my view a great success.

Since this was dissolved the current HHsNHS Trust has become too bogged down with 'fire-fighting' financial issues and lost the leading-edge healthcare vision.

Whilst the amalgamation with St Mary's is neither here nor there - but possibly a good idea in terms of scale and catchment / referral sources - that with Imperial Medical School is essential to bring back real healthcare objectives and advances by clinical and translational research.

Reasons against AHSC (or unsure)

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- I worked for another Trust before and when they merged things became increasingly difficult for staff. The Trust encountered financial debts from the other hospital, eventually there were redundancies (and I was part of that). Also there was complete lack of co-operation from the other hospital's staff. The people who want this obviously think it will be good for the patients, but staff are also important who serve the patients and I have a feeling it will not be so good for them. Probably cut-backs, more work for the same money and no cooperation from others.
- Less choice for patients. Less competition.
- Past experience of hospital mergers in my opinion has produced mixed benefits and is not necessarily a good thing. The creation of HHNT is a good case in point.
- Maybe its good idea for the trusts to merge, but me and my colleagues are more concerned about services relocation and job losses.
- I am not convinced that the NHS and Imperial college can work well together. The aspirations of the merger are admirable, but there has been no mention of what the cost implications would be is this in effect a cost cutting exercise and will it result with meeting the health needs of the local community as opposed to the professional and political aspirations of those driving it forward.
- I agree with the merger of the 2 NHS Trusts. The take over of Imperial College later on seems debatable as a benefit for patients (although research seems to benefit) who require basic local general healthcare, particularly the elderly and emergency patients. Maybe once the first part is achieved, the second will make more sense, but logically it seems as though the greater likelihood is that there will be an inevitable reduction (for economic reasons) in services on each of the three sites (maybe reducing down to 2?) and I can't be certain therefore that this is overall a good idea.
- Don't know anything about it
- The consultation document doesn't give so much information about the processes needing to happen to make the merger a success and many questions arise: will the new organisation add to bureaucracy rather than reduce it? What are the mechanics involved in setting up this organisation and what will the disruption be to staff and patients? What will the new group do to ensure that local patient care remains a priority above often competing national or global and business interests? Will the new group be an academy or a medical centre and does it understand the difference? I think that the concept of an academic health science centre is great on paper but I need to be totally convinced that it will work in practice when you consider what things can go wrong from a governmental or business point of view.
- I do not currently have any information about how the changes will affect my department and post, therefore it is impossible to make an informed decision.
- As I understand it the senior partner in the organisation will be Imperial College London. I think the merge of HH and SMH is inevitable and will help secure the futures of the hospitals within the Trusts. I think closer links between the new Trust and ICL are a very good thing. However, I am not convinced that it is necessary for the University to be made responsible for the running of the hospitals. I believe there is a risk that the priorities of ICL, research and teaching, will take precedence over the service priorities of the NHS. I have seen this happen in other organisations where services have been developed in order to support research to support university income streams rather than because it is a sensible way to provide services to patients within the context of the NHS. I have heard Stephen Smith speak on the subject of the AHSC and he did little to reassure me. He made it quite clear that it was his belief that the University, with the support of the Biomedical Industry, would do a better job of running hospitals than the NHS. He did not provide any evidence for this other than the fact that universities were closely involved in running some very successful hospitals in health systems and economies completely different from that of the NHS.
- Too big, too centralised, lack of personal touch
- All the workers will be stitched up by higher management who will award themselves pay rises and then reduce the workers wages, the management will also continue to be untruthful and very economic with the truth as and when it suits them.
- Simply creating larger organisations does not necessarily improve efficiency, care, or outcomes. Inevitably larger organisations are less focussed on individuals, and tend to steamroller them. The initial literature has suggested what I regard as an unhealthy primacy for research. The goal

Reasons against AHSC (or unsure)

<p>of this organisation in my view should be to provide care of the highest standard to patients who will benefit - research in my view must come second. Advertising the organisation as primarily providing the opportunity to be experimented upon is not a positive message for patients. This has been the message in some literature. I am also sceptical that the skills to run a successful university and research organisation are necessarily the same as those needed to run a good hospital. Hospitals must necessarily maintain services that may not be profitable, but are necessary - ultimately priorities should be determined by the characteristics and needs of the population - not necessarily coincident with sexy research. Finally I regard the ethos that has prevailed within CXH/HH with regard to patient care as unhealthy - my dealings with the organisation have suggested a willingness to put patient safety and patient care behind short term expediency. St Mary's has to a lesser extent suffered from similar problems. Either way any time a "Never", "Always" or "Zero tolerance" policy is adopted it inevitably results in absurd distortions and bad care. Of course this merger creates lots of opportunities - that is easy to see - but do the leaders have the vision and courage to make sure they get the hospital right first. I want to work for an organisation I can be proud of, that delivers first rate care, is a humane, humble and sensitive organisation, and not a self serving monument to ego and arrogance.</p>
<ul style="list-style-type: none"> • Unclear at present how and where services are going to be provided, and what effect this will have on staff.
<ul style="list-style-type: none"> • Unsure what effect it will have on patient care, or affect staff working conditions
<ul style="list-style-type: none"> • I think on one hand it's quite exciting, to be working alongside both the fantastic medical and academic institutions but I fear it will descend into a political and management nightmare
<ul style="list-style-type: none"> • I have concerns that the focus will be more on research than the main business of the Trust, which is to continue to provide good quality NHS care to our patients.
<ul style="list-style-type: none"> • Because I think Imperial college is taking over the running of NHS hospitals for it's research agenda
<ul style="list-style-type: none"> • This is just to turn the Hospitals in to university campuses. It will do nothing for local patients.
<ul style="list-style-type: none"> • They will close two of the local Hospitals and move to a single site.
<ul style="list-style-type: none"> • You want to shut my local hospital
<ul style="list-style-type: none"> • Haven't we been here before? The "special health authority" that used to run the RPMS/Hammersmith, Brompton, etc. Imperial College has been merger mad ever since Sykes took over - this latest proposed merger will lead to too great a concentration of high-tech, specialist academic clinicians that really should be shared around the country. The American comparison is NOT relevant - they have a much greater distribution of both hospitals and academic research centres without the British obsession with "critical mass" that leads to Oxford, Cambridge and London gobbling up all the resources. This would be a conceited vanity exercise at the expense of healthcare and medical research elsewhere.
<ul style="list-style-type: none"> • Although there is general trend to think that the bigger the trust the more efficient they are, I think in practice the truth is often the opposite. St Mary's should have continued it's partnership with Imperial College make it a solid and successful one, improve it's infrastructure while still at a manageable size and in a strong financial position and only then possibly look for a possible merger. At this stage I fear that the poor infrastructure of St. Mary's and the poor financial performance of Hammersmith will cause a slow and bad delivery of all promises this project have given to all stakeholders.
<ul style="list-style-type: none"> • Imperial College have shown they have no concept of patient safety or indeed patient care. The rates of complaints, incidents and Serious Untoward Incidents increase in proportion to the number of academics in a department. The patients will be injured by the proposed autonomy of doctors and the lack of overall monitoring.
<ul style="list-style-type: none"> • Have yet to be convinced.
<ul style="list-style-type: none"> • Well it depends on the overall mission that Imperial will take - is this going to become a profit geared organisation rather than one designed to deliver care?
<ul style="list-style-type: none"> • Clash of two different cultures (Hospital and Imperial) - how will this be managed? Do not know enough about AHSC as was on holiday when the 2nd round of talks and wondered if there would be any more sessions or an update in the Insider? Contracts for Imperial and Trust are quite different and they each have their individual benefits - therefore does this mean that we will all be issued with new contracts via the necessary process?
<ul style="list-style-type: none"> • Not sure what the future holds for staff. If our jobs are safe or not.

Reasons against AHSC (or unsure)

- The outcome is unproven. The benefits for patients in terms of using local services are unclear, benefits of research evidence is very clear but this does not impact on everyone. Once services are streamlined some patients may feel disadvantaged. There are concerns that clinical leadership will be swamped by the academic and research elements of the merged organisation and that the voice of clinicians will be diluted or lost.
- Not enough info
- Research should be left to the universities and the hospitals left to focus on providing excellent health care for all. Surely it will not be possible for one organisation to achieve both aims effectively, especially when the universities will be more interested in making money?
- The formation of Hammersmith Trust was fraught with difficulties and quickly led to overspends/underfunding. Caused a great deal of instability for both staff and users. I cannot see how this can be any better.
- Too large and unwieldy, too much centralisation of services and loss of local services. Less involvement of local employees with delivery of services
- A waste of money for no good reason.
- I feel the organisation will be unmanageable and there are two conflicting agendas academic (research based) vs caring for patients.
- It may benefit science, research, training etc, but it is not clear that it will benefit doctors, management or the public.
- Local based services in small units work best
- Far too large. Too many overpaid admin staff. Patient details get lost.
- As it is the first move to centralising services and closing down local hospital units. Travel across London is already difficult and Hammersmith and Charing Cross are too far away.
- Having lived through previous mergers within the organisation, I am not confident that patient care has improved as a result.
The lack of openness about decisions already taking place is disturbing
It is already extremely difficult to effect change and improved patient experiences in a large multi-site organisation. Assurance is needed that this position will not be allowed to deteriorate further.
- Too many people with their own interests in mind (prima donnas). It won't work and there won't be harmonisation. Already there are individuals who do not have the best interest of the patient in mind making bad decisions / recommendations only protecting their own areas and not thinking about the organisation and what is the BEST way of moving forward.
- Larger institutions = Poorer health care delivered to the patient - ALWAYS
- Not sure what the benefits will be for nurses
- I am unsure of the full implications to my position and how possible it will be to become fully integrated.
- I am unclear if it will benefit the local population.
- It depends on how it ends up performing for patients in day to day reality. It is not enough to just state that it will be 'world class', as it may actually not. And this not due to lack of academic capability, which is of course likely to be excellent, but the fact that the quality of medical care does not only depend on academic capability but on the actual delivery of effective and safe care for the majority of patients. Example: one thing is offering a patient the latest kind of diagnostic and therapeutic option for a given cancer, another is providing adequate care for ALL aspects of the patient's course, i.e. septic episodes, cardiac, respiratory, renal complications or co-morbidities etc, and that hinges on the capability of medical and nursing staff on wards, availability of other specialist services eg cardiology, nephrology AT ALL TIMES (at present it is not possible to get urgent cardiology or echocardiography input at Charing Cross at night or on weekends for example) and availability of HDU and ICU facilities etc., which sometimes is at present not always optimal. And it will not necessarily be any better, in fact potentially worse, when services will be split on three sites, and thus certain widely necessary core specialties will not be, or not fully available at all times at all three sites, eg. cardiology, nephrology etc.

Patient care may become more difficult and fragmented and there may be more patient transfers for specialist services and consultations, which are inherently potentially risky and consume time and resources. Another potentially problematic area is accidents and emergencies and integrated care for multi-trauma patients, which with services split in three sites will be very difficult. Amongst other things a RADICAL improvement of ambulance care in the area, and in fact the

Reasons against AHSC (or unsure)

whole city and country would be important, to ensure patients get taken to the adequate centre for their primary problem IMMEDIATELY. At present, it is still common to have patients with life threatening brain injuries taken to any nearby hospital by LAS and then face huge delays in secondary transfer to the appropriate Neuro centre. This will not automatically get better simply by merging and leaving services split on three sites!

With all this in mind, simply claiming that it will all be 'world class' flies in the face of actual day to day reality in which the actual care for patients is sometimes already hampered by lack of adequately trained and adequately performing ambulance, medical and nursing manpower and resources. That won't just get better because of the merger and by being spun doctored better by claiming 'world class' in advance. It can only get better by recruiting and RETAINING a well trained and motivated workforce, education, vigorous clinical governance activity - with or without the merger.

Benefits and concerns expressed

Benefits and concerns expressed
<ul style="list-style-type: none"> Exciting place to work and job satisfaction
<ul style="list-style-type: none"> Lack of clarity of the vision and model of working for the new organisation. Lack of desire for genuine partnership/joined up working across organisations. Lack of clarity about nursing and management lead positions within the new organisations. Lack of clarity around the vision and values of the new organisations. Limited communication about groups that have been set up to take forward work towards the new organisation
<ul style="list-style-type: none"> Model for healthcare provision in London for the future - will set the standard for hospitals across the capital.
<ul style="list-style-type: none"> It would provide a mechanism for the public to inform new clinical services This would help service providers to better understand the needs of patients, allowing new services to be translated into the clinic more smoothly.
<ul style="list-style-type: none"> Full integration of teaching and research with patient care will enhance care and focus research and teaching.
<ul style="list-style-type: none"> It will hopefully change the landscape of healthcare provision and medical research in the UK. I have no particular concerns. I think the creation of an AHSC is a fabulous idea.
<ul style="list-style-type: none"> My concern is that the services will be unreachable to the common people making the high quality service as an excuse. Will the same people who behave like working in their corrupt - ridden countries manage the services?
<ul style="list-style-type: none"> One team should focus on patients, one on teaching and students. A combination of both roles will lead to one of the two groups losing out.
<ul style="list-style-type: none"> NHS service provision should not influence research activity and vice versa
<ul style="list-style-type: none"> Too much power concentrated in one person/group of people. Better have more choices.
<ul style="list-style-type: none"> This will enable us to utilise the potential and resources available at these three centres to maximise research and best patient care.
<ul style="list-style-type: none"> I have stated my concerns already. Namely redundancies, incurring debts from other sites. Lack of space already on Hammersmith site. I think patients are happy with things as they are at the moment and perhaps it is not that necessary to have this AHSC
<ul style="list-style-type: none"> Higher standards of care
<ul style="list-style-type: none"> Benefits are improved services through sharing of knowledge and experience from professionals. Only concern is that full and proper consultation takes place on an ongoing basis with stakeholders, and accountability of those with ultimate responsibility for its success is adhered to and made public.
<ul style="list-style-type: none"> Closer relationship between research and direct patient care
<ul style="list-style-type: none"> Benefits: quicker process of scientific discoveries of becoming real treatments. Concerns: clinical care may become second and scientific research take priority; this AHSC may be given preference in funding and other London NHS Trusts will be suffering.
<ul style="list-style-type: none"> If I ever need hospital care I want the best possible, this sounds like a way of improving the current quality of services.
<ul style="list-style-type: none"> Translation of research into practice. Benefits to patients and medical education
<ul style="list-style-type: none"> It may result in greater choice of treatment facilities.
<ul style="list-style-type: none"> At the longer term, this will ensure the continued existence of my Trust and becoming an Academic Foundation Trust opens up the possibility of better pay for all staff - of course depending on the success of the AHSC. The concerns that I have and those that I have been hearing from other people are: <ul style="list-style-type: none"> - The uncertainty of what would happen if Hammersmith fails to balance its books before 1st October 2007 and what is our fallback position. - What happens to the merged Trust if the current Hammersmith sites continue to fail financially? - What happens to similar posts in the two Trusts who have different bandings - would this mean a whole new round of job evaluations?
<ul style="list-style-type: none"> I hope the opportunity will be taken to configure services based on a fundamental redesign of patient pathways. All other decisions, such as which specialties are provided where, should be predicated on that pathway design, not determined by individual preferences.

Benefits and concerns expressed
<ul style="list-style-type: none"> As a medical student, learning in a world class academic research and clinical environment would provide huge benefits to my training.
<ul style="list-style-type: none"> Benefits - improved quality of health services provided. Concerns - merger of NHS organisation with academic organisation (currently predominantly medical rather than nursing or AHP focused)
<ul style="list-style-type: none"> I have concerns over the effects that this plan will have on other local healthcare providers - most especially Chelsea & Westminster Hospital
<ul style="list-style-type: none"> Don't know anything about it
<ul style="list-style-type: none"> Many more people will want to work in a centre of Excellence and that means we will be able to employ people from a bigger applicant pool and, hopefully, get a higher calibre of staff to resource the work that the AHSC will do.
<ul style="list-style-type: none"> The benefits - research money is spent on a team and no efforts are wasted and whole thing is thought out and money not wasted on doing the same thing twice. Hospital building can be used for other things to generate money or treat patients. Local residents and users of St Marys fear loss in doctors and nurses or no treatment because of hospital cuts after merger. I think you should keep A&E at both sites and just try to make it be good for patients and doctors and your staff in terms of the merger.
<ul style="list-style-type: none"> The best elements of each organisation's culture must be preserved, e.g. Imperial's concern for academic rigour, Hammersmith's entrepreneurial skills, St Mary's communication culture. There needs to be an induction process for staff to appreciate the interdependence of the new entity, not just carrying on the same with a different nameboard. St Mary's offers a model of how induction for newly-appointed staff should be structured.
<ul style="list-style-type: none"> As mentioned before, there is only clarity on the administrative options at the moment. The academic 'takeover' is still a couple of years away and I assume that this will be the true AHSC. Until then, it will 'only' really be a bigger and more powerful NHS Trust which will presumably look to reduce duplication of services and achieve economy of scale.
<ul style="list-style-type: none"> Concern over one management team covering the faculty and the Trusts. I can understand the need for one CEO-type role to ensure maintenance of direction and alignment of strategy but underneath feel the complexity of both academia and health require individuals with the relevant knowledge and expertise to deliver the operational agendas effectively.
<ul style="list-style-type: none"> International level patient care, teaching and research that rivals the likes of Harvard, Washington, New York and Toronto.
<ul style="list-style-type: none"> It will hopefully change the landscape of healthcare provision and medical research in the UK. I have no particular concerns. I think the creation of an AHSC is a fabulous idea.
<ul style="list-style-type: none"> My concern is that the services will be unreachable to the common people making the high quality service as an excuse.
<ul style="list-style-type: none"> One team should focus on patients, one on teaching and students. A combination of both roles will lead to one of the two groups losing out.
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<ul style="list-style-type: none"> Too much power concentrated in one person/group of people. Better have more choices.
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<ul style="list-style-type: none"> Concern over one management team covering the faculty and the Trusts. I can understand the need for one CEO-type role to ensure maintenance of direction and alignment of strategy but underneath feel the complexity of both academia and health require individuals with the relevant knowledge and expertise to deliver the operational agendas effectively.
<ul style="list-style-type: none"> As an employee I see opportunity for a wider clinical experience in my field with easier access to facilities & courses. My concern though, is that within the administration of such a large body, the individual, both patient & employee, can become less important than the governing machine.
<ul style="list-style-type: none"> I don't know what the name means. Is it supposed to provide a great teaching environment or a great research environment? Will extra time be allocated for clinicians to teach/learn/conduct research or is it an empty phrase?
<ul style="list-style-type: none"> I am concerned that too much money is spent on advertising AHSC

Benefits and concerns expressed
<ul style="list-style-type: none"> I think that the benefits of being a patient in such a large group are even greater access to a wider range of world class services. The danger, I think, is that in such a large group with so much more power that is serving many interests at once, the individual patient can become even less of a focus than he appears to be in even the current health climate in this country. I would like to see firm proposals and policies about how the individual patient experience will be improved through a range of scenarios rather than simply be told that 'this will be great for London people'. It would be better to say how a diabetes or HIV patient experience today will be different under the proposals. That is what is important and what underlies the principles behind even the academic study of health.
<ul style="list-style-type: none"> My concern is that there is no precedent for the composition of the new single management structure and that there is great potential to build mimic the US or academic structure at the cost of a structure designed primarily to deliver health care to patients. Real information and then consultation regarding the proposed structure is needed before submission to the SoS.
<ul style="list-style-type: none"> The benefits would be prestige and the ability to attract and retain investment. My concerns would be that the primary purposes of universities and hospitals are different and the staff working within them are motivated by different things, that the organisation will be overly complex and lose sight of the primary purpose of providing cost effective and patient centred health care.
<ul style="list-style-type: none"> Too much medical profession lead on this project with very little awarded to other health care professionals.
<ul style="list-style-type: none"> 1. I understand that the Chief Exec must be a Doctor. I believe that the best person who can manage should be chosen for the post. 2. The name should be a new name - for a new organisation. Highlighting any one of the three partners might appear to be "a loss" for the others. As a local I am happy to see St. Mary's name included in the partnership - but not under a Hammersmith or Imperial College title. I read a document calling the AHSC The London AHSC. This would be good.
<ul style="list-style-type: none"> The main benefit to me would be the prestige of working in Britain's first AHSC. My concerns are, as stated previously, that there may be job losses in my department and I may be made redundant. I also have concerns about how my department would need to be reconfigured and how it would operate across such a wide remit.
<ul style="list-style-type: none"> Collaboration, which I hope will lead to better care for patients.
<ul style="list-style-type: none"> I would hope to see measurable benefits in terms of ensuring health care becomes a more research/evidence based activity - where evidence is seen as being much more than gold standard RCT evidence. I would also hope to see more patient and public involvement especially in terms of improving the safety and quality of healthcare services. I think much more needs to be done ensure that the NHS becomes a patient-centred organisation rather than being dominated by the policy-driven and professional-driven agendas. My concerns are around the real possibility that more and more health benefits will be rationed with the potential for more and more patients finding themselves having to opt for private healthcare, which in turn may result in those who are less well off, who are unable to fund private medicine, and who are currently disadvantaged in relation to healthcare, will become even more so.
<ul style="list-style-type: none"> My concerns are with the way the management works and the effect it will have on the staff of both sides of the equation
<ul style="list-style-type: none"> There will be no benefits at all to the likes of myself or colleagues whatsoever. My concerns are the same as everyone else is the greed and secretive nature of management
<ul style="list-style-type: none"> Working for a world class organisation with research and teaching as a priority alongside first class care will mean that we as a Team and as individual chaplains are able to help shape the future of our profession and be fully supported by the organisation in doing so.
<ul style="list-style-type: none"> Accountability and funding are my major issues
<ul style="list-style-type: none"> Enhanced medical and research capabilities and application. Concerns include - slow implementation of changes. Lack of transparency about changes occurring in April 2008, current message seems to be showing a postponement of merger changes till then with no information of subsequent changes that will occur which can lead to anxiety.
<ul style="list-style-type: none"> The ability to provide a full portfolio of services to patients, in both elective and emergency arenas. In particular I believe this is an opportunity to provide the kind of trauma and emergency care that could be a model for the rest of the UK. Emergency care in the UK is dire, largely due to

Benefits and concerns expressed
the overwhelming focus upon elective targets - yet trauma and emergencies are what rob us of young people with as yet unfulfilled potential. This is a chance to show how it can be done by establishing a trauma and emergency service that might rival and build upon the model of organisations like Baltimore Shock Trauma.
<ul style="list-style-type: none"> I imagine the organisation will have the freedom to challenge arcane clinical practices.
<ul style="list-style-type: none"> I hope that the organisation will allow me to participate and lead research by creating an environment in which wider participation is encouraged and supported by training, money, and mentorship.
<ul style="list-style-type: none"> I hope to be empowered to make decisions and to innovate locally rather than finding myself bound by beaurocracy, and hindered by managers whose sole aim is to remain employed (I do not mean all of them are like this, but enough). I hope I will not be the only one, and that individuals will be allowed to fulfil their potential.
<ul style="list-style-type: none"> I hope that a new approach to management will help invigorate de-motivated and disillusioned staff, by making them feel valued and that what they do is both important and recognised as such.
<ul style="list-style-type: none"> In a big organisation there are usually a lot of opportunities for staff development which would be a good thing.
<ul style="list-style-type: none"> Hopefully, better clinical result by having a joint investment in key clinics that won't need to be doubled any longer.
<ul style="list-style-type: none"> Consultation is a word used before decisions are made and it appears that very many decisions have already been made!
<ul style="list-style-type: none"> Concerns geographically patient may have to travel longer for services cut of administrative staff.
<ul style="list-style-type: none"> NHS Trusts and an academic organisation, whilst having links, seem to be quite different organisations with different aims and objectives, there might be a concern about one side carrying too much weight?
<ul style="list-style-type: none"> Rationalising services will not be popular at first and may cause upheaval amongst staff.
<ul style="list-style-type: none"> I rather suspect that management of such a big organisation is very difficult - I remain to be convinced that academic medicine is the proper training for hospital management, especially since we do not come from a culture in which such major management roles are normally undertaken by doctors. So I question whether the managers possess the requisite skills - no offence intended.
<ul style="list-style-type: none"> Power will be more centralised and the absurdities will multiply as what is obvious at grass roots is invisible from the ivory tower.
<ul style="list-style-type: none"> In general I rather subscribe to the view that those who seek power should be denied it. Unfortunately I fear that this structure will put more power in the hands of a few individuals and that merit will not come into it.
<ul style="list-style-type: none"> I am concerned that the jockeying for position that is already occurring will turn this into a battle for survival for all the Managers, Service directors, and Clinical directors such that they rather forget why they are there - again survival rather than delivering a high quality service becomes the priority.
<ul style="list-style-type: none"> I fear that cost cutting and management by dictate will lead staff, especially nurses, to feel further disempowered, and to vote with their feet.
<ul style="list-style-type: none"> I am concerned that the culture of "tell me no bad news" will flourish.
<ul style="list-style-type: none"> I fear that the Dept of Health will get cold feet, when the voices of the local DGHs who will feel extremely threatened becomes a clamour.
<ul style="list-style-type: none"> This is a stupid idea just to help Imperial University it will do nothing for the local population.
<ul style="list-style-type: none"> No benefits to the local population. Just asset stripping for Imperial College
<ul style="list-style-type: none"> Nil benefit. You will shut my hospital.
<ul style="list-style-type: none"> None at all. Aren't we meant to be in an age of "competition" and plural provision? When Charing Cross, Hammersmith, St Mary's, St Charles (who next? West Midlands? Central Mid?) Have all been eaten up, just where is the competition?
<ul style="list-style-type: none"> Concerned re departments being moved to only one site
<ul style="list-style-type: none"> The benefits will hopefully be the seamless provision of services to the patient of the multiple facilities available across these hospitals. My concerns are that the separatist attitudes will still remain amongst individual departments
<ul style="list-style-type: none"> An AHSC is very good in principle and I believe that the NHS does need to be more professional and business like. However it should not be driven by an academic set up that has no concept of

Benefits and concerns expressed
<p>caring. People are messy and illness does not necessarily fit into neat boxes. There appears to be no thought about how to look after patients and think about their needs and, indeed, their health. All that appears to matter is the number of research papers and the number of guinea pigs that can be garnered.</p>
<ul style="list-style-type: none"> • There are strict research ethics standards. If there is a blurring of the distinction between research and clinical care, then there must be an effective clinical ethics service distinct from clinical governance. <p>There seems to be little clarity about the management of Imperial College Faculty of Medicine personnel at non-AHSC campuses, e.g. Chelsea and Westminster; will they be in some kind of limbo, part of the AHSC, or wholly Imperial College?</p>
<ul style="list-style-type: none"> • Benefit is better care and research, and also the ability to be more creative in providing services <p>Concerns: creating another Northwick Park debacle by trying to merge two busy maternity units, both with complex high risk populations. Being asked to provide obstetric cover on two different sites- detrimental to quality of work and to personal life. St Mary's needs to maintain high risk obstetrics and neonatology on site after the merger.</p>
<ul style="list-style-type: none"> • Benefits are clarity of management structure. Concerned that the right people are making the decisions especially due to the very diverse disciplines that will be covered by the new organisation. I do not want decisions to be made about me, my staff / colleagues or out unit by people that know nothing about us. We have this problem already being employed by Imperial where we have problems fitting into any of the 'families'
<ul style="list-style-type: none"> • Personally, I want to work for the best organisation. I trained at the Hammersmith in the days of the PGMS and chose it for its reputation. I definitely lacked experience in some 'normal' areas of work, but left with an enquiring mind, eager to develop new and innovative services and I believe my CV demonstrates that I achieved these things as a result of my early training. I have since worked in Digs in and out of London where frankly, patients were generally more satisfied with their experiences in DGHs. Attention to quality, achieving excellence and breaking new ground was much easier to influence in DGHs too.
<ul style="list-style-type: none"> • The concerns are that unless and until we get the building blocks in place to get essential systems right like... <ul style="list-style-type: none"> ○ booking appointments ○ keeping the hospitals clean ○ reducing risks due to language misunderstandings ○ managing waste effectively (ie not putting needles in recycling bins) ○ respecting cultural diversity ○ being open, apologising and taking actions re making service improvements when things go wrong rather than directing our service users to the complaint procedure ○ developing our middle managers and front line staff and ensuring that they work in the organisation of which they are proud and would want their families treated <p>.....we are failing in our duty and rebranding and increasing research will not alter the final outcome and experience for patients.</p>
<ul style="list-style-type: none"> • Will stabilise healthcare in our locations but may be too big and really hard to manage
<ul style="list-style-type: none"> • Hopefully it will mean that the departments in both Trusts will work in collaboration with Imperial College and the separatist element between academic values and medical values will be dissipated. I hope that the size of the organisation will not impair its effectiveness in implementing the necessary measures to make this merger a viable proposition.
<ul style="list-style-type: none"> • Single management team at the highest level is essential to ensure high level integration and consistent direction of travel / strategy. However I believe the services and the academia need to be managed at sub-Executive level and below independently as they require completely different skills and knowledge bases. Unsure of how research and teaching programmes really will be fully integrated with the clinical services as they all understandably have significantly drivers and sources of income. Is the AHSC really going to be able to be as flexible as it needs to be with it finances given the sources of funding and need to justify these?
<ul style="list-style-type: none"> • Larger organisation, less concern for the very people it is meant to serve AND concerned about job losses.
<ul style="list-style-type: none"> • Career opportunities in a larger organisation. Opportunity to be more closely involved in research.

Benefits and concerns expressed
My concerns are around the changes and the impact they may have on jobs.
<ul style="list-style-type: none"> • Benefits: Improved health care, Integration of services, faster access to cutting edge technology
Concerns:
<ul style="list-style-type: none"> ○ The most able people will leave because of uncertainty in setting up the AHSC and this could happen at all levels. The most able financial and HR personnel were lost in the merger of hospitals to form the current Trusts and medical School. ○ Financial pressure could jeopardise the whole proposal. ○ Attempts to find financial savings by HHNT e.g. pathology could lead to the loss of the most able scientists before the merger. ○ What will be the relationship of the AHSC with other hospital trusts in NW London? ○ My views and concerns will get lost.
<ul style="list-style-type: none"> • No direct benefits for me. <p>Concerned that IC does not have a school of nursing and no academic Chair of nursing within the organisation and that the nursing voice will be lost within IC management of the Trust</p>
<ul style="list-style-type: none"> • To prevent fragmentation and duplication
<ul style="list-style-type: none"> • Lots of risks associated with mergers
<ul style="list-style-type: none"> • I fail to see any benefits. I am concerned that clinics & allied professionals eg physiotherapists & OT will be closed & both health workers and patients will have less choice and have to travel further, especially in my field of Rheumatology. Also taking on Hammersmith debt bad for St.Mary's.
<ul style="list-style-type: none"> • Our jobs are my concern
<ul style="list-style-type: none"> • Access to improved research facilities - providing they materialise. ie. Access to statisticians, data collectors, advice on designing a study etc... Improved post graduate education. Streamlining services may result in altered access for patients. The American model is promoted but there are flaws in the American provision of healthcare and we should not replicate the elements that are less good. The existing organisations require investment - is Imperial prepared to make the investment?
<ul style="list-style-type: none"> • Integrated care
<ul style="list-style-type: none"> • Benefits outlined earlier, concerns are around the poor record of NHS mergers.
<ul style="list-style-type: none"> • Benefits are the link with research and the retention of services for the large local populations of the two NHS trusts, as well as the national specialist services available. Concerns are around getting things done by the right people in a timely way, with clear, comprehensive and accessible records for appropriate staff. It must be clear who is responsible for what, and at what level. Constantly delegating downwards so that someone else is "doing it" is a major problem which I have witnessed in the variety of organisations I have worked for. And then that person is on leave - and "no-one knows". Professional Standards of dress, for answering the phone, taking messages, transferring calls etc are essential, or for when patients/visitors arrive in person. We are all responsible. Also we must not lose sight of the fact that people who come for treatment are vulnerable, and the data we hold on them (and it may be ourselves if we live locally) is privileged and must be kept in secure systems. We must also have clear, recorded and monitored systems for making changes and improvements when anything does go wrong. Record it - do it - Record it - and celebrate the improvements.
<ul style="list-style-type: none"> • Benefits are a larger centre of knowledge concerns would be the centre being too large for a single management team to control.
<ul style="list-style-type: none"> • Concerns re jobs! With services merging it appears there will be at least two bodies for every job.
<ul style="list-style-type: none"> • Few benefits except the hospital's name will become more famous and will look better on my CV. Apart from that, it seems like a very expensive procedure where pharmaceutical companies will have a strong hand in the running of the hospital. Patient care should be based on what medicine / technology is best for THE PATIENT! NOT what will benefit the pockets of the pharmaceutical and Imperial execs.
<ul style="list-style-type: none"> • Academia always seems to take first place, secondary to direct patient care. There is a place for research but not in Hospitals
<ul style="list-style-type: none"> • Devolving of certain services would concern me. The names of each hospital should remain to maintain identity.
<ul style="list-style-type: none"> • For me, it is opportunity of developing better pain management and pulling together ideas and developments from a multi-disciplinary group of people.

Benefits and concerns expressed
<ul style="list-style-type: none"> No benefits for patients will cost a lot of money which could be spent on patient care Benefits could include better development opportunities, but unclear as to how it will affect pathology services and staffing
<ul style="list-style-type: none"> Better up to date health care. From the medical side of things however have concerns that this will be medical biased. There will have to be effort placed in the development of all staff to allow this improvement to happen. To me a senior nurse. This would mean an academic nursing department which is fully funded and will appropriate staff levels to provide training for nurses.
<ul style="list-style-type: none"> The ability to plan investment strategically, and to maximise the benefits of resources, irrespective of their source. To be part of an organisation that is genuinely a new and exciting departure, and one that will 'make a difference'.
<ul style="list-style-type: none"> Benefit - Centre of Excellence Concern - GSK and Imperial - will this not be a conflict of interest and would this not mean that we would have to buy drugs from GSK, who were involved in the drug scare not so long ago when testing drugs on volunteers who were paid for their time. Will we have shares in GSK? Will we get the benefits of Imperial of visiting galleries without payment since they show their Imperial ID card to get in? Being an AHSC will probably make it easier for us to become a Foundation Trust? Redundancies?
<ul style="list-style-type: none"> Integrates academic and service activities.
<ul style="list-style-type: none"> I am concerned that without a good variety of clinical and non clinical management the AHSC will fail as clinicians don't necessarily make good managers but at the same time managers need to understand and be advised by clinicians on what the most important issues are to help them maintain a good service. I am concerned that by creating such a large organisation that communication will become poorer and lead to more problems.
<ul style="list-style-type: none"> Benefits: Better access to services for patients, Job opportunities, Financial stability, Concerns: Job losses, Lack of information, a "them" and "us" mentality.
<p>I am concerned regarding the provision of nurse education and research in the new AHSC. There is currently no nurse education or support for independent nursing research provided within the present structure of Imperial College. Nursing education and research appears to have continued to be sidelined in the plans for the new organisation. I understand that there are proposals to provide post-graduate nurse education within the structure of the new organisation; however no consideration appears to have been given to pre-registration nurse education. There needs to be a robust framework which includes and engages nurses in education and research right from the very start of their career - as well as supporting them as their career progresses. Without this structure in place, the nurses in the new Trust will not fully benefit from the new developments and opportunities that will present themselves to medical and research staff.</p>
<ul style="list-style-type: none"> Hopefully patients will receive advanced treatment quicker. I have no concerns at present
<ul style="list-style-type: none"> I would expect delivery of high quality clinical based practice arising from the enormous research work being carried out by the centre. This will have a direct proportional effect on the community we serve whether on emergency or elective cases. The staff of the AHSC should then have an outstanding clinical knowledge and practice outcome.
<ul style="list-style-type: none"> I believe it provides the opportunity to bring together academic excellence with clinical excellence and from that to build towards the vision described
<ul style="list-style-type: none"> Benefits: should facilitate stronger links between academic medical researchers and clinical staff in the Hospital that will joint working practices rather than parallel activities.
<ul style="list-style-type: none"> A physician lead service will lead to the very highest quality of healthcare, if linked to a strong research culture. The concerns are the operational upheaval and the need to retain staff during a lumpy period.
<ul style="list-style-type: none"> New ideas a greater pool of fresh thoughts
<ul style="list-style-type: none"> I see greater integration of research and teaching with clinical service to be a potential outcome. However this will only be delivered if the administrative structures for research and teaching map readily onto the clinical service structure which will thus be organ based. A second dimension of a two dimensional matrix should be the technologies eg genetics, immunology, physiological systems, imaging but these should not control budgets - they are to create a technologically advanced environment, facilitating research rather than doing research. The administrative structure should be broad and shallow - broadness of the structure resulting in the administrative units being of manageable size allowing those taking on administration and directing these functional groups to continue their research, teaching and clinical careers and shallowness

Benefits and concerns expressed
<p>resulting in a 1 or 2 tier structure allowing administrative efficiency (decisions made close to the functional group). If we end up with multiple tiers which often happens with ever larger institutions we will become paralysed.</p>
<ul style="list-style-type: none"> • The clear benefit would be all parties operating to one system which would lead to standardisation and streamlining of operational systems. A single management structure will permit greater flexibility to deal with new local and national developments/requirements and reduce the inherent red tape.
<ul style="list-style-type: none"> • More research and dev opportunities, improved pt care/pathways in a centre of excellence. Dynamic place to work. Concerns. Larger organisation creating more red tape. Centre of excellence still needs to meet the needs of the local community! Services being negatively affected by merger process. Therapists and nurses not being considered in research opportunities, as Imperial does not train either. Not just for MD's! The name of the new trust... is it a good idea for the AHSC to take one of the merging bodies names? Should a new name for a new organisation have been created all together?
<ul style="list-style-type: none"> • The benefits of working in a research environment where the Trusts and College all work to the same system would be the increased opportunity for collaborative work. To operate to the same procedures, particularly research governance related, to speed up the time taken to set up new studies and produce results that will make a difference to patient care. My concerns would be that currently the Trusts do not work to the same Standard Operating Procedures as the College, and that all processes would need to be streamlined to enable the effective functioning of the new organisation. It would be essential to have one management system to avoid a situation where the organisations merge, but still have the same problems with conflicting systems.
<ul style="list-style-type: none"> • Ability to be more transparent about education. Organisation of clinical services round clinical research. Concerns: Too large an organisation with conflicting aims of different components. Centralising of services often not of benefit to patients as service becomes large and impersonal
<ul style="list-style-type: none"> • The implementation of evidence based medicine. New innovations that are monitored for both their benefit and harm. Linking teaching, research and service improvement
<ul style="list-style-type: none"> • I love the idea that we would be bringing together the priorities for research, education and service delivery and working together on a unified plan rather than competing. The focus on innovation is key to this. My concern is that we must design the organisation differently to effect real change in this area - we will otherwise end up with education, research and patient services continuing in silos - even if they are within one organisation. The focus must be on innovation - how research and education will effect change to patient services, and how problems or ideas in patient services are resolved using our strengths in R&D then standardised through education.
<ul style="list-style-type: none"> • This is a huge opportunity to combine historic academic and healthcare strengths - my interest is in healthcare related research and in contributing to better patient care, so I think the AHSC will help me achieve my goals
<ul style="list-style-type: none"> • The benefits lie in the potential creation of a centre of true academic and clinical excellence which will facilitate translational research to improve patient care, provide a high quality education programme for a variety of health professionals and attract high calibre staff. If successful it may provide a model for other centres to be established. The downsides are that Imperial staff whose work is not clinically driven may feel undervalued and disenfranchised - this could lead to a loss of non-clinical research/academic staff and a consequent decline in the basic scientific research which feeds translation and in the core education programme for medical students. Equally staff linked to other Trusts may feel isolated.
<ul style="list-style-type: none"> • It will strengthen the links between the hospitals giving more scope for collaborative projects. Better utilisation of patients samples for research. Access to the latest clinical trials developments.
<ul style="list-style-type: none"> • Benefits; better integration and interaction of basic researchers and clinicians. Concerns: NHS is a complex organisation, historically resistant to reform; unclear that adequate resources have been allocated to manage the transition.
<ul style="list-style-type: none"> • Improved translational research opportunities and better patient care
<ul style="list-style-type: none"> • An exciting future for patient care, research and teaching in the new Trust.
<ul style="list-style-type: none"> • Integration of research and clinical interfaces
<ul style="list-style-type: none"> • Concerns would be job security.
<ul style="list-style-type: none"> • Benefits - reduction in costs. Concerns - logistics (operating on 3 sites - dilution of identity – unmanageable - devaluation of management structure - academic priorities over patient needs -

<u>Benefits and concerns expressed</u>
we isolate ourselves from the local community.
<ul style="list-style-type: none"> • Better leadership. Above all, I would expect to see better clinical leadership/clinical manager roles.
<ul style="list-style-type: none"> • Personally, I would like a research opportunity. My concerns are based on my previous experience of merging two organisations with very different cultures.
<ul style="list-style-type: none"> • It will attract top personnel and allow for greater specialisation over the campuses.
<ul style="list-style-type: none"> • Bringing together top organisations can only be a good thing. We need to move with the times and the NHS is not working even with numerous amounts of money poured into it. It will benefit me because I will now want to complete my research degree and hopefully there will be money available for me to do so in the future. I have paid and passed the first part but I have not got the money to complete it.
<ul style="list-style-type: none"> • Improved clinical research
<ul style="list-style-type: none"> • As before fewer bosses represent better value for the taxpayer. Assuming you have good people capable of running the larger trust well.
<ul style="list-style-type: none"> • Benefits- as per response to Q2. Concerns- lack of political support from the centre for the freedom to innovate which such a new organisation needs.
<ul style="list-style-type: none"> • The benefits are joined up thinking about the provision of healthcare. I think that this will only be possible with a review of service provision. I do think that it will only be successful if everyone appreciates the organisation as a single entity and accepts that this should come from adopting best practices. This may mean adopting practices from elsewhere in the group in favour of existing practice. This will only succeed if everyone signs up to this and I think that will be difficult to achieve. My big concern is that there is a lot of suspicion about what has already been agreed. At recent meetings there has been an acknowledgement that no service review will happen in the current financial year. That has automatically led people to believe that change will start as soon as the new financial year begins which could be either January 2008 or April 2008 dependent on which system the new AHSC is going to use.
<ul style="list-style-type: none"> • Benefits include creating a centre of excellence in which non-clinical academics and clinicians can interact. It will greatly facilitate the prospect of developing new therapies and carrying out more clinical trials.
<ul style="list-style-type: none"> • I shall have access to better quality care.
<ul style="list-style-type: none"> • Benefits could be an addition to resources and research development. My concern is that there is no evidence that people will benefit. Nor is it clear whether the area of benefit will be London or UK. Why not C&W? Joined up working must be good, but do the centres serve the public and GPs?
<ul style="list-style-type: none"> • Bigger units lead to great bureaucracy and less personal contact also to super bugs ie. MRSA
<ul style="list-style-type: none"> • Will not be effective unless there are three individual sub-groups, including patient ambassadors feeding upline to the oligarchical
<ul style="list-style-type: none"> • Each department of medicine must have a team member - fully up to date with all new research, development etc
<ul style="list-style-type: none"> • Because of the ambitious initiative driven by Imperial College London and some NHS Trusts to create the UK's first AHSC in west London, rumours abound in Fulham of a possible closure of Charing Cross Hospital, leaving three hospitals, Hammersmith, St Mary's and Chelsea and Westminster. It is also rumoured that Charing Cross A&E unit may close. Fulham is a densely populated area serving a diverse community. If Charing X closes how will three hospitals cope with the number of patients? A patient at any of these hospitals (I have personal experience of St Mary's, Chelsea and Westminster and Charing X) can readily see that all four hospitals are working at full capacity. The thought of a closure of the A&E Unit at Charing Cross is most disconcerting. If, for example, there were an emergency such as a terrorist incident in west London getting to Charing Cross is logistically easier than to the other hospitals. Hammersmith Hospital is in a difficult and unpleasant area, next to a prison and not easily accessible by public transport. St Mary's is in the congestion zone, so it costs to have a baby! Charing Cross is well served by public transport and is a much better location than Hammersmith. Certainly it is easier for my constituents to get to for treatment and to visit family and friends who may be patients. We are of the view that anything that can be done medically and politically to improve healthcare is to be welcomed. But we believe that the 'people factor' has been forgotten in the drive for funding. It is obvious that the sale of the Charing X site would be very profitable and yet of all the hospitals Charing X is the best served by public transport.

Benefits and concerns expressed
<ul style="list-style-type: none"> • Benefits: Chelsea & Westminster agrees with a number of the potential benefits highlighted in the AHSC consultation documents and public presentations. In particular, we feel that the AHSC could bring real benefits in the following areas: 1) Shortening the time it takes for health research to be translated into improved treatments and technologies for patients; 2) Attracting world-class clinicians and researchers to work in the AHSC and its' affiliated network of providers. • Concerns: Governance arrangements - Chelsea & Westminster has significant existing links with Imperial College. 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: 1) Our status as a teaching hub for Imperial College - a third of their medical students are placed with us at any one time; 2) Posts for those of our consultants who hold positions with Imperial College; 3) The on-site academic infrastructure the Trust hosts for the College. Service changes - The consultation is explicitly about the proposed management merger and not about service changes; however, we fully expect changes will occur following a merger. 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 rather than commissioners – for instance, in a paper circulated to the PCT Chief Executives and NHS London, the proposed creation of the AHSC is already being quoted as a justification for consolidating specialist paediatrics on the site of St. Mary's NHS Trust. This is clearly not appropriate, particularly given the emphasis that the AHSC Project Board have made on this consultation being about a management change and explicitly not about service redesign. 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 academic research, rather than the driver of change being the strengthening of academic research.
<ul style="list-style-type: none"> • It makes complete sense to merge, and build a single big superspecialist hospital. It could be done well, or it could be done badly. If it results in fragmentation of services e.g. surgical oncology in one campus, trauma on another, cardiovascular in another, renal separate again etc etc, we would have an inferior situation to the one we have now. Another potential bad outcome would be an enormous upheaval now, then another one in a few years time when new buildings are built. Let's plan ahead and reorganise once, properly. The best outcome would be to build a single big new acute specialist hospital on one site. I would support this regardless of its location.
<ul style="list-style-type: none"> • Benefit: Improved integration of research and clinical practice. Concern: very large enterprise for a single board to run
<ul style="list-style-type: none"> • I think having an integrated delivery of services would be better for the patient, easier for healthcare providers and more efficient for the taxpayer. On the other hand, 'super' structures can sometimes become too powerful and monolithic.
<ul style="list-style-type: none"> • There will be better services when I'm old and my knees go
<ul style="list-style-type: none"> • I see the benefits as being access to the latest developments in medicine should I need to use the hospital. My concern is that the hospital forgets that while aiming to be the best academically it forgets that it is still a local hospital serving local people.
<ul style="list-style-type: none"> • Benefits - it would be nice to have world class services on my doorstep. Concerns - wouldn't want to feel like the AHSC is only interested in complex patients. The every day challenges should be approached with the same enthusiasm and determination to understand and affect as the more 'interesting' diseases. The centre should work for the patient, not the

<u>Benefits and concerns expressed</u>
disease.
<ul style="list-style-type: none"> Better outcomes for patients, better chance of getting new treatments to patients in west London first, and better-run hospitals.
<ul style="list-style-type: none"> Main concern is the fact the actual Trust territory will be spread to a even bigger area. Patient will need to move around London even more, as it already happen for pt who (for example) are in a satellite dialysis unit and are often sent to HH or SMH for treatment or emergency. Trust organized transport is also an issue.
<ul style="list-style-type: none"> Benefits include an updated and efficient approach to healthcare provision, with streamlining of the newest and best treatments through evidence based practice. One cause for concern would be a lack of unity in policy and strategy across the three organisations.
<ul style="list-style-type: none"> One concern would be increased bureaucracy - this is by no means inevitable but it is a concern. <p>The benefits include fewer artificial barriers between HHT / St Mary's which otherwise have a lot in common, and fewer divides between so-called 'Imperial side' and so called 'Trust side' which have been completely deleterious. The critical mass to attract funding and to make real insights into medical science and improved healthcare would be an enormous asset for the local patients, regional patients, and for that matter London and the UK as a whole. I should add that this is really not just a matter of my gullibility - I am normally fairly authority-skeptic but this stands to make a real difference to short term quality of actual local medical care and long term advances in the state of the art in medicine.</p>
<ul style="list-style-type: none"> Availability of the expert opinion to improve the care i provide for my patients
<ul style="list-style-type: none"> This is a test result, please ignore comments.
<ul style="list-style-type: none"> Opportunity to establish research in professions other than medicine and to work in a motivating environment. <p>My concerns are the amalgamation of the 3 very different cultures within the 3 merging organisations.</p>
<ul style="list-style-type: none"> The benefits could be an opportunity to be involved in research and world wide recognition for the services we provide. <p>We have an opportunity to be a centre of excellence. My main concern is that this may not be possible as some managers do not manage at all and we are employing staff who are either not capable/competent for the jobs they are in or are so destructive to the working environment of others that working life becomes even more stressful. This means staff are more concerned with the environment than the job at hand and can lead to serious incidents. This issue needs to be addressed as it will be impossible to become a centre of excellence with a lot of 'dead weight' staff on board.</p>
<ul style="list-style-type: none"> An AHSC will attract more funding and talent. There would be greater incentive for industrial collaboration. <p>My concern is that it will be a smoke screen for rationalisation of many services between the three major sites. It is my opinion that acute care should not be separated from chronic care and therefore acute services should remain on all sites that continue to run large "cold" services. If I were a referring GP, I would not refer my patient to a centre which could only manage them as an outpatient. A patient should not be managed on separate sites with separate records by separate teams. This would not only impact on patient care, but also research, as academic physicians may require access to patients at all times.</p> <p>I feel strongly therefore that the centres within the AHSC should therefore be run on an all-or-nothing basis for the core medical and surgical specialties.</p>
<ul style="list-style-type: none"> I feel their will be little benefit for nurses who work in the trust eg research and education. I think it will be excellent to have such a wealth of specialist knowledge and treatment for patients
<ul style="list-style-type: none"> Benefits: Reputable world class centre to work at. More funding therefore better training (I hope!). Enable departments to be fully staffed so reduce stress and increase job satisfaction. New opportunities and areas to work in i.e. research, role extension. <p>Concerns: the centre becomes too big and the individual is lost and not looked after.</p> <p>Disorganisation and miscommunication as there will be so many departments and managers.</p> <p>Duplication of resources. Misdirection or misuse of funding i.e. not going where it is needed and wasted.</p>
<ul style="list-style-type: none"> If the organisation is properly organised and well thought through patients should benefit from the levels of expertise available. <p>My concerns relate to the working staff. I have worked for this organisation for 44years, through</p>

Benefits and concerns expressed
<p>Westminster Med Sch/CX and then Imperial College. In 2002 Imperial declared that it no longer would pay Whitley council rates of pay to lab staff. Many of my colleagues and myself were Taped over to the NHS Hammersmith Trust. We have since undergone Agenda for Change in the NHS. Imperial College rates of pay are different and lower for the staff working in laboratories. The concern is following a proposed merger what guarantee is that Imperial will not try to change the NHS rate of pay to their rates for all staff.</p>
<p>In all the years I have worked in both NHS and Academia, my own experience is the academics are only interested in research and not patients. How will this be rectified when the new organisation will be run through Imperial and will patients suffer as a consequence. Is the new organisation being used to obtain via NHS their research material that is not readily available because of lack of funding. Will the new organisation be able to focus proper time to the NHS/patient part of the new Trust. Finally can it be confirmed as stated by Prof Smith that if you are employed by the NHS you will remain so.</p>
<ul style="list-style-type: none"> • Benefits are more joined up understanding of income flow, where it is needed and best spent. • The new Management Team needs to reassure Staff that any "divestment" of services will include the fact that the workers will follow the work. This will ensure that the AHSC NHS FT maintains a "good name" with other NHS Trusts (incl PCT's), with our own Staff, with Patients and the general public. Such a statement (and acting upon it) will ensure that the future FT will maintain the "moral high ground". We should be aiming to retain and enhance all the good points, rights and benefits of both the existing Trusts, instead of trying to arrive at the lowest common denominator - as both HR Depts are trying to do at the moment. (You may quote me). In fact, the attitude of the 2 HR Depts seem to be trying to undermine the future of the AHSC. For supporting evidence I cite the proposed redundancies of the HR advisors in HHT. I would like to express thanks to whoever reconsidered that proposal. The AHSC Management Team, working in partnership with other Health Care Providers, other Educational Institutions, its own Staff and Trades Unions, Patients and their Representatives, need to move away from personal self-enhancement, towards the good of the organisation, which must be aimed at optimal care for all of us - as we are Patients as well.
<ul style="list-style-type: none"> • Benefits - improved financial position, linking research to clinical care, prestige Concerns - that the need to manage the change required to achieve the new organisational structures and new ways of working is not underestimated. How will best practice be adopted across the AHSC, who is going to make this happen on a day to day basis ? How to ensure support services such as ICT are recognised as important in bringing improved processes into the clinical environment.
<ul style="list-style-type: none"> • Undoubtedly the benefits are those I have already referred to in my response to Q2 (please see previous screens). My main concerns are: [1] the process of amalgamation and service configuration taking too long, potentially resulting in good people losing both faith and momentum; [2] any 'them' and 'us' culture developing; [3] losing sight of the fact that it is CLINICAL research and its application to healthcare that captures the imagination and support of the public and the media - unfortunately ICSM has in recent years rather tended to have the reputation for focussing on getting the world's largest concentration of experts on the mouse genome in one place, to the benefit only of a very small cohort of 'especially interesting' patients, whilst largely ignoring more down-to-earth clinical research that can quickly and affordably be applied to improving the healthcare of large numbers of people.
<ul style="list-style-type: none"> • I don't see any at the moment. I only see destruction of the Trusts involved and bad decisions being made without really looking at what is best from a business point of view. It could be so good but with the current bad management at GM level will fail before it has a chance to work.
<ul style="list-style-type: none"> • None whatsoever. Department mergers are always fraught with difficulties - examples abound. The patients, as always, will be on the receiving end.
<ul style="list-style-type: none"> • As an Imperial employee working in a clinical position I am unsure about what will happen to my job. Will I become an NHS employee? How will my terms and conditions change?
<ul style="list-style-type: none"> • Benefits: Improved focus on cutting edge clinical care, attracting funding, political clout

Benefits and concerns expressed
<p>Concerns: Tension between academic and service priorities; research is not about care. Academics do not usually make good managers: the Trust must deliver results through its staff.</p>
<ul style="list-style-type: none"> • No benefits, large risk of a big institution being non responsive to patients
<ul style="list-style-type: none"> • I am unable to see any benefits for myself personally. Major concerns regarding future role and job security
<ul style="list-style-type: none"> • Concerned there might be loss of nursing posts
<ul style="list-style-type: none"> • Benefits: more research Concerns: if services reconfigured from ST marys might drive GPs/patients to refer/wish to go to the nearer UCH and thus lose revenue for trust
<ul style="list-style-type: none"> • Benefits are in size therefore influence. Main concerns are around potential feeling that the 'hard slog' of keeping patients treated effectively and efficiently may be disregarded as boring and insignificant - in fact excellent administration and adherence to standards in all support areas, sets the basis for progress to flourish, as less time is spent just trying to get things to happen.
<ul style="list-style-type: none"> • Benefits for better research into healthcare and clinical trials etc, benefits for staff as more job opportunities and development opportunities. Concerns - amalgamation and integration of services, at the detriment of the patient? Will the patient be fully informed about restructuring of services? Where services are going to be provided? Transport to and from?
<ul style="list-style-type: none"> • Concerns as pointed out before: services split on three sites with all the implied problems. Besides, present problems of lack of adequately trained manpower and resources for safe and effective day to day care in addition to excellent academic capability will not simply go away by merging. Patients commonly die or come to harm from the details of care not being delivered adequately even when they are being provided with 'state of the art' specialist treatment. Specialists or world experts are not necessarily the best caregivers when patients become systemically seriously ill, for example. Potential benefit, not so much for me, but for the community and patients would be greatest if ALL services could actually be provided on ONE West London site, incl. fully integrated trauma services (including Neurosurgery, cardiothoracic, orthopaedic, plastic, maxillofacial surgery, ICU, HDU etc), helicopter landing pad etc. Will there be will, vision, money for it and when?
<ul style="list-style-type: none"> • I have concerns that the needs of patients may be become secondary to the pursuit of academic excellence, strong CLINICAL leadership to ensure this is not the case is essential

Other comments received

Other comments received
<ul style="list-style-type: none"> Improved transport links between the three sites are essential, for both patients and staff. Is this included in the planning?
<ul style="list-style-type: none"> Please make sure the welfare of the British people are not overlooked in searching for "quality services" provided by "fabricated" expertise from other countries, thereby stealing opportunities from local people.
<ul style="list-style-type: none"> In some cases it makes sense to concentrate resources. There is a careful balance to be respected though. Avoid elimination of competition.
<ul style="list-style-type: none"> For the previous question. I am not against Centres of Excellence. The Renal Centre is one thing - that is to do with a hospital. Imperial College is different – it is a College and involved in research etc. I am not sure that we need to have the two in one centre. St. Mary's is a fine hospital without being merged with Hammersmith. On the whole I think Trusts are better when they do not merge and should concentrate on doing better for their own individual hospital(s).
<ul style="list-style-type: none"> It is important to see how the principles of equity and diversity are being taken into account in this merger/creation, in particular, compliance with the Race Relations Amendment Act.
<ul style="list-style-type: none"> I feel that it is necessary to be transparent about Hammersmith's financial situation during the consultation period as this would make the consultation more honest. I think work streams on expected issues on T&C should begin looking at these as this will lessen the stress of uncertainty for many staff. Equally. I think plans as to when the actual changes into services (i.e. when would the corporate services of the two Trust's will begin merging or when would the centres for excellence be announced) should be established as not to unnecessarily cause stress if it is still too early for that anyway. At the moment, everything is guesswork to everybody.
<ul style="list-style-type: none"> As a H&F resident would like to be assured that the current local service provision will not be affected, and that I wouldn't need to travel long distances to receive services I can currently access on my doorstep
<ul style="list-style-type: none"> What are you planning to call this organisation?
<ul style="list-style-type: none"> Don't know anything about it
<ul style="list-style-type: none"> Due to relocation of renal services, we were handicapped in certain areas like cardiac as we had to solely depend on ITU for dialysing our renal patients.
<ul style="list-style-type: none"> Come on Secretary of State, you know it makes sense to make money!
<ul style="list-style-type: none"> St Marys is a good hospital. Please make sure you can provide a good patient care by either putting more doctors on your staff after you save money on this joint venture.
<ul style="list-style-type: none"> The merger must be real and embrace everybody from switchboard, cleaners and porters to managers and professors.
<ul style="list-style-type: none"> This questionnaire is if anything too vague - I would have welcomed the opportunity to expand on other questions. I hope I have managed to reflect that I would support the reduction of management costs by merging 2 centres of excellence, (i.e. administrative merger) that in principle I would support the 'smartening of the act' by rationalisation of services and reconfiguring as necessary, providing the needs of local people remain paramount but lack the information as yet to be convinced of the benefits to patients of the 'academic 2nd part' to the reorganisation process.
<ul style="list-style-type: none"> There will be painful service reorganisation but it must be worthwhile for patients to attend centres of true excellence that have the critical mass to really prosper in the 21st century. Individuals need to see past their own professional insecurities to secure world class care for the future that spans innovative primary care, targeted secondary care and cutting edge tertiary/quaternary care.
<ul style="list-style-type: none"> Improved transport links between the three sites are essential, for both patients and staff. Is this included in the planning?
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<ul style="list-style-type: none"> As a Hammersmith and Fulham resident I would like to be assured that the current local service provision will not be affected, and that I wouldn't need to travel long distances to receive services I can currently access on my doorstep
<ul style="list-style-type: none"> Come on Secretary of State, you know it makes sense to make money!
<ul style="list-style-type: none"> If there is to be a single management team for the Trusts & Faculty of Medicine, Imperial College it is important that each participating body is adequately represented.
<ul style="list-style-type: none"> If there is to be a single management team for the Trusts & Fac. of Med., Imperial College it is important that each participating body is adequately represented.
<ul style="list-style-type: none"> The university model of running specialized departments works for universities and academic centres because it is often the case that competing interests can be served by simply making top-down decisions so that individual lecturers or professors have no choice but to follow the institution along its desired path, whether it means following the ethos or upholding certain values that sponsoring businesses with their research funding require and make demands on the independence of the department's staff. It's ok to attract big business and big names and prestige but it does not come without conditions and the new group must make it clearer about how it will retain its excellence and independence whilst attracting and serving the interests of funders and pharmaceutical companies alike. If it can do this then I think it will be an asset to the country and to people across the world.
<ul style="list-style-type: none"> The Renal Service at the Hammersmith is an excellent example of how services can be improved through co-operation and collaboration and it was achieved without an AHSC.
<ul style="list-style-type: none"> My comments above should be noted for the proposed merger of Mary's and The Hammersmith. If that merger is created without listening to the locals it will be messy. I would suggest a local door to door survey based on at least 1000 responses by an independent body that could answer doorstep questions honestly or refer them for an answer. I understand the financial implications of this, but charities do it. I believe true consultation will bring less short term conflict.
<ul style="list-style-type: none"> It is difficult for people to offer an opinion on the merger when they do not know enough detail, especially about how it will affect their own position. Obviously I would not support the AHSC if it meant that I would be unemployed!
<ul style="list-style-type: none"> In relation to the previous question about creating centres of excellence, I think its very easy to talk about centres of excellence but much more difficult to get a sense of how such excellence is measured. Whose excellence is it? I also worry that whilst some patients may be fortunate to live in an area that has a 'centre of excellence' for others its all a bit of lottery - a publicly funded healthcare system there should be an acceptable standard of excellence that is available for everyone - otherwise we run the real risk of having a two tier service.
<ul style="list-style-type: none"> I think small is best
<ul style="list-style-type: none"> When do the facilities and estates departments all get shafted and privatised?
<ul style="list-style-type: none"> This is a very exciting time to be working for St. Mary's and the future looks even better - I wouldn't want to be anywhere else right now. Both my Team and I are fully supportive of the development of the AHSC and look forward with enthusiasm to the future.
<ul style="list-style-type: none"> I am supportive of the whole idea of the AHSC, however would like some generally transactional and logistical information to carry out my job, ie, what will happen regarding transport between the new sites and information on any changes that may affect my daily jobs albeit small changes which may occur on the 1st of October.
<ul style="list-style-type: none"> I do believe that we should move to a service orientated model rather than being obsessed by the site on which we work. The danger with this idea is that you end with services on different sites and patients are shuttled back and forth and placed at unnecessary risk. The setup must be coherent. Taking the renal example, to remove renal from SMH was absurd in the context of the obvious demands placed on renal by cardiac and vascular services. It is much easier especially in the age of video conferencing to move doctors than patients and equipment. This is a great opportunity I hope it comes off! It will at the very least be interesting.

Other comments received

- It would be helpful to have more concrete plans made public as soon as possible, so that staff can see the merger as a real event, which is going to happen, and so will be better prepared for it.
- Most nurses and AHP staff do not think this will improve patient care and feel that many doctors and consultants are trying to create their own "empires"
- The Renal centre was an NHS idea nothing at all to do with Imperial College. What a stupid idea to give an NHS Hospital/s to them. A bad idea. Also this is not a consultation they have already appointed a joint chief exec. So it is gong to happen anyway. Shame on you all.
- See what I mean, just shut the sites and sell them off.
- You want to shut my hospital
- The renal unit at Hammersmith is, of course, a centre of excellence. It would still exist if the hospitals didn't merge, just as excellent renal units exist in other centres around the country. Given that many of the Hammersmith's patients travel hundreds of miles already, what would be wrong with allocating more resources to 'provincial' units rather than building ever bigger centres in West London. It's about time that someone in British medicine started to recognise that there is a world outside "The Golden Triangle".
- I think that if services for a particular area, such as renal or gynae-oncology are provided for in 'centres' then more should be done to help the patients and their families in both coming to and staying in these units when the patient is far from home, transport and accommodation should be considered as a part of the ongoing treatment of patients
- Like the majority of Trust staff, I have serious concerns for our patients, for the practicalities of trying to combine the working practices of two very different Trusts across a large area, as well as personal job security for the future.
- Academics do not make good doctors. Decide which you are going to be and do not attempt to hide. I believe that serious mistakes by clinicians are going to be swept under the carpet and that money and kudos are going to take the place of everything else. Businesses that are built on these foundations do not survive. (cf Enron etc)
- I fear the information and data infrastructure will not be fit for purpose, at least in under 5 years, and may undermine the credibility and effectiveness of the AHSC.
- There will be one off costs to set up AHSC. Will DoH pay these?
- Evolution not revolution please when it comes to managing maternity and neonatal services please.
- Hammersmith Hospital is a great place to work and I hope for patients to be treated but the area surrounding the hospital is not good especially for staff. Hopefully a larger organisation would be able to have more clout where decisions need to be made for example concerning Public Transport provision, staff facilities etc
- Please understand that I want this merger to be successful, however, I am in a position where I pick up lots of views and comments from staff and visitors and I think my comments reflect this.

I have had the opportunity to attend two Steve Smith's open sessions as well as other fora for communicating the aims and hopes of the concept of the AHSC. I acknowledge that there has been a change from the initial presentation to the more recent ones.

However, I am repeatedly being told that I am at the first of these discussions and that our feedback will help to shape the future development of plans. Inevitably decisions have to be made by the transition board etc. and this is right. I was sorry therefore to hear that something as simple as the name of the new organisation has been decided which would have lent itself to, for example, a competition and enabled loads of staff to feel they were having the opportunity to be involved. You need to understand that the general discussions (on the bus, in the staff room etc) are along the lines of whatever we say, decisions will be made - in fact have probably already been made - and this seems to be affirmed when answers given to questions are in fact answering different issues to the question raised!! There is an enormous opportunity for 2 centres of excellence (the Trusts) to become one that is bigger and better than the sum of the two, however, we need to bring the staff with us. A really good way forward now would be to state openly the planned structure for support services and corporate leadership - if this is genuinely still a blank sheet of paper then so be it but there is a risk this is not believed.

Other comments received
<ul style="list-style-type: none"> Please try to remember those of us who aren't doctors. We count too. Good luck - you guys will need it!
<ul style="list-style-type: none"> Service reconfiguration and rationalisation has to happen sooner rather than later to get maximum benefits quickly, resolve savings programme issues for the new organisation early, and enable a new identify and new way of working to be embedded quickly.
<ul style="list-style-type: none"> Would like management to be transparent about the possible job losses and movement of patient services before it becomes a fait accompli.
<ul style="list-style-type: none"> It is important to ensure that ALL members of staff are used in the engagement process and what is held for one group of staff is done for all staff not just clinical.
<ul style="list-style-type: none"> This is an exciting initiative which needs to use all of the talents in the 3 organisations. It will benefit most by including the expertise of all departments, not just the medical school, in Imperial.
<ul style="list-style-type: none"> What about the distance between all the centres? If we have joint meetings i.e. Head Nurse Forum it will take an excessive amount of time to move between sites!
<ul style="list-style-type: none"> I think the AHSC is an excellent idea.
<ul style="list-style-type: none"> I do not believe you will take any of my opinions into view. You have clearly decided to go ahead with this and getting public/staff input is just going through the motions to make it look like we have been consulted.
<ul style="list-style-type: none"> Always best to have the best care and back up services available. However recent articles in the paper made it clear that Hammersmith is under threat of closure.
<ul style="list-style-type: none"> Also concerned at the structure for research being driven mainly by clinical/service demands. Most important med/scientific advances come from researchers working freely and undirected & not constricted by your triangle formula.
<ul style="list-style-type: none"> This must work. The potential gains are too important to lose. The vision is clear - it may take some time to bring to full realisation, and we'll all need to be patient - but the endpoint is worth the effort.
<ul style="list-style-type: none"> What about investment in people? Training? Helping people attend workshops re: managing change - or perhaps sent management on these to relay the information to their team
<ul style="list-style-type: none"> I am not convinced by the name. It sounds like a takeover by Imperial College who will obviously have input into the Trust but are not contributing financially as far as I am aware. I think it will confuse patients as they need to feel secure and be comfortable with going to a hospital. This sounds more like a research college. Patients are familiar with St Mary's and Hammersmith and I would have thought that it would be better to combine the names.
<ul style="list-style-type: none"> Centres of excellence have their advantages and there are definite advantages to the renal centre, there are also difficulties for the hospitals that have lost their renal units, for example access to renal specialist opinion in a timely manner. Patient expectation continues to rise and we have to meet that challenge. If centres of excellence evolve there will be an even bigger need to have efficient discharge strategies and repatriation will get harder and bed management may become more complex. These day to day issues require resolution; the AHSC cannot just be the pursuit of a research goal.
<ul style="list-style-type: none"> As a local person from the St Mary's catchment area I would still like to see the services here retained. I don't think I would like to travel to the Hammersmith and would probably go elsewhere if the particular services that I use were removed.
<ul style="list-style-type: none"> This is an excellent concept - the hard work to achieve it should not be under-estimated but the vision described will make it a worthwhile exercise
<ul style="list-style-type: none"> Will pensions and work practices be changed?
<ul style="list-style-type: none"> I feel that the proposed merger will prove a real benefit to patients and the wider community so long as there is a unified management approach to service provision, education and research. Having disparate processes across multiple geographical locations would lead to confusion and delay for both staff and patients. A single operational system is essential to support the structure of the new Trust.
<ul style="list-style-type: none"> I would love to work in this organisation if it is a place where people are valued for the strengths that they bring rather than hierarchical position and old-fashioned status symbols. I want a "lets give it a try" attitude rather than a million reasons why not. I'd like the organisation to be agile and to enable learning and change, and for people to be incentivised and motivated to make a difference to patient care.
<ul style="list-style-type: none"> Better service provided and puts HH at forefront of medicine
<ul style="list-style-type: none"> If you don't find new ways of integrating doctors in leadership roles for service development, the

<u>Other comments received</u>
project will be a wasted opportunity. Absolutely crucial to work towards working on a single site.
<ul style="list-style-type: none"> • Caution needs to be taken to prevent the creation of the new organisation being seen as a take-over. The proposed name does not help this!
<ul style="list-style-type: none"> • I cannot wait for the merger because my patients will benefit from it in the short and long term and that is my main focus. I look forward to working with the best doctors, pharmaceutical companies etc because I want to be a part of the process of making a difference to patients.
<ul style="list-style-type: none"> • Yes, if I ever need specialist care I'd like to know the people doing it are the best available and have had plenty of experience doing whatever they're doing to me.
<ul style="list-style-type: none"> • People first before prestige and use the talent we have and don't bring in so many external management consultants who may be good, but who don't know the organisation as we do.
<ul style="list-style-type: none"> • I do hope this is successful. I also hope that Imperial give serious thought to providing pre and post registration nursing education. The standard of training provided to the Trust at the present time is not good and the development of the AHSC is a good opportunity to address the problem
<ul style="list-style-type: none"> • I fully support the creation of the AHSC and look forward to being involved in this exciting new project.
<ul style="list-style-type: none"> • Good luck to the new enterprise.
<ul style="list-style-type: none"> • I will attend the consultation meeting on 6 June. We will be looking to get two main answers. 1. How does this relate to the K&C Primary Care Trust in management and financially? 2. How will it rebuilt St Mary's on Praed Street? A dirty old building with poor services consequently. This affects specially North Kensington and North Westminster.
<ul style="list-style-type: none"> • Coordination of small units which operate independently are more expensive
<ul style="list-style-type: none"> • Centres of excellence alone sounds fine, but for some patient group extra and further distance travel will cause logistical and financial difficulties. Answer: In-house transport (mini bus) system to make payment and staff mobility a priority
<ul style="list-style-type: none"> • Medicine in general must pool all research and development from worldwide and national experienced professors and support staff specialising in each form of medical science.
<ul style="list-style-type: none"> • We think the idea of synergy between Imperial, St Marys and the Hammersmith is excellent. However, as local residents on the Little Venice/St Johns Wood border, we believe that we require ease of access to hospital and emergency care closer to home than the Hammersmith DuCane Road site. And the Fulham Palace Road site is out of the question for northwest London residents. Your proposals certainly do not meet goal 3 as listed in your consultation summary document. Admittedly, by car-not in the crush of morning or evening peak, of course-the Hammersmith site is a mere 22 minutes from St Johns Wood, if you don't account for trying to find a carparking space. However, not everyone has a car in central London, and by tube or bus the absolute quickest time available from St John's Wood tube station is 68 minutes, with two changes of tube and a 10 minute walk from East Acton to the western end of the Hammersmith site. Two buses was an even longer journey. We'd suggest that it is not really possible for elderly, handicapped or ill people to undertake those sorts of journeys, even if they could afford the time. We enter a plea for retaining most emergency and out-patient services at or near the St Marys site or transferring those specific services for our area to UCLH which is much, much more accessible from St Johns Wood, as UCLH is merely across Regents Park.
<ul style="list-style-type: none"> • I have just read your circular on the setting up of the First Academic Health Science Centre. As you are well aware there is a well recognised connection between poverty and ill health. I was wondering whether this Centre will deal in any way with the effects of poverty on health. We are the Money MAX project of Citizens Advice Bureau. We undertake financial capability training both to the community and to second tier workers who deal with the community. (We recently trained Learning for Work staff at Charing Cross Hospital). Our aim is to tackle the ignorance around financial management to increase confidence and avoid debt problems etc.
<ul style="list-style-type: none"> • There are occasions when the aims of the health trusts and Imperial regarding their respective roles in teaching medical students are somewhat at odds with each other (outside the SIFT provision) and it would be helpful if there was more cross -talk between them at times. I hope that the establishment of the AHSC will further that cross-talk meaningfully.
<p>The proposed AHSC will possess a number of high quality, high recognition, 'brands'</p> <p>IMPERIAL COLLEGE HAMMERSMITH HOSPITAL ST MARY'S HOSPITAL CHARING CROSS HOSPITAL QUEEN CHARLOTTE'S AND CHELSEA HOSPITAL</p>

<p><u>Other comments received</u></p> <p>KENNEDY RHEUMATOLOGY INSTITUTE Etc</p> <p>AHSC as a brand is neither unique nor memorable.</p> <p>Can I suggest that there should be branding that both demonstrates the unity but also preserves the existing brand values.</p> <p>This could be achieved by having a 'superbrand' possibly</p> <p>IMPERIAL MEDICINE</p> <p>(The more formal name might be something like IMPERIAL COLLEGE ACADEMIC HEALTH SCIENCE FOUNDATION TRUST)</p> <p>Each site or institution would then have its own 'sub-brand'</p> <p>IMPERIAL @ HAMMERSMITH HOSPITAL IMPERIAL @ CHARING CROSS HOSPITAL IMPERIAL @ St MARY'S HOSPITAL IMPERIAL @ QUEEN CHARLOTTE'S HOSPITAL IMPERIAL @ KENNEDY RHEUMATOLOGY INSTITUTE Etc</p> <ul style="list-style-type: none"> • We must not forget those Workers of the Trust, not employed by the Trust, but by Compass Group plc (Medirest) and ISS Mediclean Ltd; especially those currently denied the benefits of Agenda for Change. These human beings need to be more incorporated into the life of our future centre of excellence. I look forward to working with envisioned people. • Very important to remember who and where the patient flows come from. Very important to remember that Hammersmith is NOT easy to get to. • To emphasise the importance of training staff properly and standardising work practices. Thorough preparation and problem solving before putting plans into action. Looking after staff is of utmost importance. • This is an excuse to justify more managerial positions. I could go on but don't want to offend! • The renal centre is a great success, and strongly supports the concept of centres of excellence. • The key to the success of this endeavour is to get across the basic message that cutting-edge medicine means people are less likely to die. This seems often to be lost - communication needs to be an important part of planning and done well. It would also be good to be given reassurances that Imperial have the necessary skills to run a hospital. I don't think it's as easy as it sounds. • The consultation is not going to make any difference to the outcome. I only hope that someone makes some sensible decisions and takes a long hard unbiased reality check on what is going on within the organisations. • The AHSC should support my community services and extend the aims of clinical excellence and innovation to areas outside the hospital. • On behalf of Information Management, which is a profession very similar to accountancy, please do not forget that there are NHS data standards which must underly all information systems, or else comparative indicators etc will have little value i.e. clinicians, when translating research into patient treatment using information systems need to involve a team including information management to create an infrastructure for their work - I know it is very boring, but the brilliant lights shining out to the world must be built on firm foundations! • More closely linked integration of other services and departments, better communication for patients • It is difficult to have a vision of what the service will be like in 10yrs time. With differing services on 3 sites, connected by inadequate infrastructure, there will be more than one site with the same services available. If these are rationalised to one of the 3 sites, this will increase the transportation of patients and offer poorer care. One site is the obvious answer, but this will created anxiety over staffing requirements, loss of ownership by 2 sites and increased travel for
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Other comments received
some patients to access this care.
<ul style="list-style-type: none"> • In summary, the Trust would like to reiterate its support for the creation of the AHSC, and are excited by the opportunities this development will bring in North West London. However, there are a few concerns that we would like to register with the partners, NHS London and the Secretary of State for Health: <ol style="list-style-type: none"> 1) Service changes in North West London should be led by considerations of clinical quality, supported by academic infrastructure, rather than being led by more narrow academic considerations; 2) Service changes need to be commissioner-led and part of a fair and transparent process; 3) An understanding needs to be reached between Chelsea & Westminster and the partners as to how our teaching, research and academic links with Imperial College will be affected by the proposed integration.
<ul style="list-style-type: none"> • I think service managers in some areas are so out of touch of the clinical area they are working in (or have no experience of that area in the first place!) and they are pushing for targets to be met with no idea of the consequences involved in pushing a patient through the system. Do we have to kill someone before they will take notice of the staff with clinical expertise?
<ul style="list-style-type: none"> • I hope this application succeeds, and whilst I am glad that bureaucracy will (hopefully) be reduced, I hope that the organisation will tap into the resources and good will that the public have towards the NHS and make good use of it by involving them as much as possible, both formally and informally.
<ul style="list-style-type: none"> • Bringing together expertise does not ensure a coherent workforce. We still have St Mary's staff adhering to St Mary's policies rather than Trust policy. This kind of change takes years to embed, CX and HH are still totally different hospitals using different documentation, working practices etc
<ul style="list-style-type: none"> • How could anyone oppose the previous question? Creating the excellent Hammersmith renal centre is clearly a good thing. But having it on a separate site from other services and specialties which need renal support is regrettably a bad thing. This is why it is not enough to say we want centres of renal/cardiac/neurosciences/vascular/plastics excellence. Obviously we all want that. But these centres have to be located in such a way that patients who require specialist input from more than one team are not disadvantaged by the relevant services being on different sites.
<ul style="list-style-type: none"> • For all specialist services there is no doubt whatever that specialist centres with a critical mass of talent, expertise, experience and activity achieve far better healthcare and also are more economically viable. This cannot happen without the intimate linking to academic research and teaching/training.
<ul style="list-style-type: none"> • Do it and then we will know it's right or wrong.