

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

**Responses to individuals
August 2007**

Benefits

We are very pleased with the positive comments received from individuals concerning the Academic Health Science Centre consultation. We agree with comments that the merger and integration with Imperial College will produce:

- Improved standards of healthcare;
- Increased opportunity to enable research to be delivered quicker to patients' bedsides;
- Greater efficiencies and economies of scale;
- Reduced duplication of effort;
- Greater opportunities for staff; and
- Better commercial opportunities for developing the fruits of research.

Concerns

We understand the concerns people have commented upon, particularly views that this proposal will lead to:

Comment	Response
Cut-backs, closures of hospitals and poorer patient care	This proposal aims to improve patient care, services and patient outcomes. It is the driving force behind all that we do. We have no proposals to close hospitals or cut-backs. We will however be reviewing services over the next few months and discussing with Primary Care Trusts how we can best provide a world-class service to patients.
Less choice for patients	Choice for patients is increasing. We aim to offer a service that is second to none, but we recognise that patients can choose to go elsewhere.
A takeover by Imperial College to further its research agenda and a transfer of funds from patient care to research	The Board will include a majority of non-executive directors (appointed by the Appointments Commission and not employed by any of the partner organisations). The executive appointments could be from any of the partner organisations. It is impossible for Imperial College to have a majority of staff on the Board.

	Research funds and NHS funds are required, by law, to be separate.
Less jobs and more redundancies in the future	<p>It is correct that there will be fewer Board positions.</p> <p>We believe that this proposal is likely to protect more jobs than the Trusts on their own would be able to do. The Trusts need to find £33million of savings between them each year regardless of whether they merge or not.</p> <p>Any proposals for future service change will be the subject of full and proper discussion, consultation and scrutiny.</p>
Confusion on management structure as academic and clinicians become integrated	We believe the management structure will be simpler once we have achieved integration of service, research and education, however it is true that change of this nature is challenging for those involved and there will inevitably be some tension between academics and clinicians while this is being resolved.
Lack of control over services as people take their eye off the ball to ensure merger	We have said that we will not be changing any services in the first six months. This will ensure that front line staff can concentrate on their job and we can discuss new models of care and patient pathways with Primary Care Trusts before consulting the public and staff.
Greater travel times for patients	We believe that for the vast majority of patients they will not have to travel any further for services. In a small number of cases (particularly when specialist care is needed) some additional travel may be required, but with the advantage of better care, better outcomes and better survival.
A detrimental effect on other health	We are working with other providers

providers	to ensure this does not happen. There needs to be an improvement in healthcare across the whole of the north west of London (and the UK) so we wish to work with trusts and other providers of healthcare to provide an improved service to patients.
No improvement in nurse education and research	We are investigating the options on improving nurse education and research opportunities.
Services being influenced by drugs companies	We believe that patients will benefit from drug companies working with clinicians and patients to provide new drugs earlier than would otherwise be possible. We do not see this as a negative effect.
Privatisation or staff moving from the NHS	The trusts will continue to be part of the NHS family, as will trust staff. This will continue to be the case as we progress toward Foundation Trust status (which would also be part of the NHS family).