

Appendix 1

Cardio-Respiratory Services in London

Summary:

This note updates the Board of NHS England on key elements of the proposed approach, and a set of next steps, for cardio-respiratory services in London.

Background

1. Following the NHS England Board decision in November 2017, there has been substantial work to both re-position Royal Brompton & Harefield's (RBHT) paediatric congenital heart disease (CHD) services to meet the new national clinical standards, and to secure RBHT's future in a way that ensures residents of North West London (NWL) can continue to receive outstanding local cardio-respiratory services. This is all in pursuit of the wider goal of enhancing world class cardio-respiratory services in London, together with the associated research.

Status

2. Recent progress has now established an agreed consensus between Imperial College Healthcare Trust (ICHT), RBHT, Guy's and St Thomas' Trust (GSTT) and NHS England on the three core aspects – services for NWL residents, CHD services and the future of RBHT.
3. The proposed approach includes:
 - Support for NWL finalising its clinical strategy and developing business cases to provide fit for purpose facilities at St Mary's, Hammersmith and Charing Cross, backed as needed by access to public capital investment;
 - Moving CHD services from Sydney Street to Westminster Bridge site, and comply with the new paediatric CHD service standards, after the necessary estate developments have been completed including expansion of Evelina London;
 - A merger between RBHT and GSTT to secure a sustainable future for RBHT and continued delivery of world-class care;
 - Establishing a Clinical Transition Board to guarantee continuing support for secondary and tertiary provision at other NWL providers.
4. All services remain subject to NHS national and regional specialised commissioning review and oversight; and the proposed service moves will be

subject to appropriate public engagement and consultation as needed in the usual manner.

Capital

5. It is acknowledged that public investment (as Public Dividend Capital) will be needed to support this emerging approach¹, which includes:
 - St Mary's re-build, where refined plans will aim to cover the current shortfall, and the redevelopment of the Hammersmith and Charing Cross sites as part of the Department of Health and Social Care's Health Infrastructure Plan, phase 2;
 - Expansion of the Evelina London and the development of the Westminster Bridge site, where proposals that use commercial development and asset sales to cover redevelopment costs will be supported, including where there is a need for bridging finance.
6. Once clinical services move off the Chelsea estate the capital receipt can be used for new patient facilities. However, any capital receipt is likely to be at least a decade off, so public capital will be provided before that to ICHT and NWL.

NWL clinical services

7. To ensure the NWL population has access to the appropriate secondary and tertiary cardio-respiratory services in NWL when other RBHT services move to Westminster Bridge:
 - Both ICHT and GSTT will provide tertiary non-CHD cardiac surgery and referral patterns will adjust when RBHT teams move;
 - Both ICHT and GSTT will provide tertiary respiratory services and operate a significant paediatric intensive care unit, and referral patterns will adjust when RBHT teams move;
 - Guarantee of continued expert cardio-respiratory support to the Emergency Departments at ICHT and Chelsea & Westminster Foundation Trust (CWFT);
 - Guarantee that thoracic surgery services to support cancer patients will continue to be provided to the Royal Marsden (RM) in NWL;
 - Children's and adult CHD services will move to Westminster Bridge²;
 - There are no plans to change patient services at Harefield.

¹ All capital subject to the appropriate departmental / HM Treasury agreement

² All service moves will be subject to appropriate consultation

Guaranteed clinical support for other services in North West London

8. Some RBHT teams provide support to other NWL providers (e.g. the paediatric respiratory team provide specialist respiratory support to the CWFT high-dependency unit), so detailed service plans will need to be in place that either ensure the same support after any move, or, that alternative equivalent clinical support is put in place (without adding cost pressures to patient care in NWL) ahead of any move to avoid disruption. Similarly, plans will also need to be developed to ensure needed clinical support is continued to the Emergency Departments at ICHT and CWFT. As there are no immediate planned services moves, there are no practical implications for NWL services for some years to come.
 - Detailed service plans will be developed under the auspices of a Clinical Transition Board, jointly chaired by the chairs of ICHT and GSTT, with representatives from ICHT/CWFT, RBHT/GSTT, NHS England and Improvement and others when appropriate (e.g. RM);
 - Clinically led teams will work up detailed plans and recommendations working to an implementation sub-board, with the Board making any resource choices and endorsing recommendations;
 - The focus of the Clinical Transition Board is specifically not 'whether services should move' but 'how to support other NWL services during and after other service moves'.

Research

9. Once NHS plans around RBHT have crystallised, there is a need to develop the most appropriate academic model that supports and ideally enhances the world-class research from RBHT, in particular in the respiratory field. Close links exist already between Imperial College and all the Trusts referred to in this paper, which will continue to be developed and enhanced to improve patient outcomes.

Merger between RBHT and GSTT

10. There is support for a merger as a path to a sustainable future for RBHT and its non-CHD services which deliver highly specialised care to patients from across the country, because:
 - RBHT is not sustainable financially as an organisation on its current footprint if paediatric CHD moves to Evelina-London to comply with clinical standards;

- Alongside the above guarantees being in place for NWL, a transaction would provide a longer-term solution for RBHT. Currently there are no alternative paths being proposed across the sector.

Next steps

- For work to continue on the development of: capital plans (ICHT, GSTT); approach to consultation for CHD (NHS England and Improvement); establishment of the Clinical Transition Board and approach to detailed services plans;
- Subject to agreement of the broader approach, RBHT and GSTT to work with their Boards and Governors to agree to formally explore a transaction with a view to merge in April 2021;
- For GSTT/RBHT, ICHT and King's Health Partners to discuss with Imperial College how to design the most appropriate academic model for the new service configuration.