

## **A Response to 'Healthcare for London – A Framework for Action'**

**on behalf of**

**Guy's and St Thomas' NHS Foundation Trust,  
King's College Hospital NHS Foundation Trust,  
South London and Maudsley NHS Foundation Trust  
and King's College London**

### **1.0 Introduction**

- 1.1. This paper is a joint response to the consultation on 'Healthcare for London – A Framework for Action' (A Framework for Action) on behalf of Guy's and St Thomas' NHS Foundation Trust (GSTT), King's College Hospital NHS Foundation Trust (KCH), South London and Maudsley NHS Foundation Trust (SLaM) and King's College London (KCL). Together, these organisations (referred to as the partners in this response) have declared their ambition to create an Academic Health Sciences Centre (AHSC) in south London, which will be in place in 2008.
- 1.2. The partners welcome the opportunity to respond to A Framework for Action because the analysis it offers of London and its needs accords with their own. Positioned in the heart of one of London's most diverse and vibrant communities we recognise the important contribution which healthcare can make to the quality of life of local people **and** are only too aware that without the active participation of those people, as individual recipients of healthcare and as citizens in communities, little sustainable improvement in health gain can be made. Our long term vision is to move the agenda from tackling ill-health to improving well-being, actively contributing to the work required to ensure the local economic, environmental and social context for south east London becomes one where everyone can flourish.
- 1.3. We take our social responsibilities seriously as one of the largest employers and spenders in the local area. London is a world city and the diversity and flux which this brings adds to the creativity and vibrancy of the local area and the challenge to service provision. We recognise that partnership working across the public, private and third sector will be crucial in delivering our vision and are actively seeking to build sustainable relationships with organisations which promote co-production and recovery approaches.
- 1.4. The partners support the proposed plan to build a new delivery model using six types of institution - home, polyclinic, local hospital, elective centre, major acute hospital and specialist hospital and are actively developing care pathways and systems of care that focus interventions as close to patients' homes and communities as appropriate. Maximising the possibilities of home based treatment and care requires each local citizen to have a home that they can be treated and recover in; the social care and support that they need; a safe local environment; and a community that they can contribute to and benefit from. The partners recognise the crucial contribution which local authorities and other statutory bodies play in providing the context within which all citizens can flourish and healthcare can be delivered at its most effective and efficient.
- 1.5. The four partners responding to this consultation are already distinctive. The three NHS partners are all Foundation Trusts, and have a long tradition of working effectively together. They are financially strong, and together provide the full range of services Londoners need. They are developing their relationship with their memberships and find that the new governance structures associated with

Foundation Trust status are already influencing their strategies and plans. The University hosts the largest medical school, including the Institute of Psychiatry (IoP) and the largest dental institute in Europe (with more applications per place than any others) and provides education and research in the widest range of subjects allied to medicine of any London institution. With its partners, KCL is the only university associated with the three types of National Institute for Health Research (NIHR) research centre (Comprehensive, Specialist Biomedical and Patient Safety and Service Quality Research Centres), and has more Medical Research Council (MRC) centres than any other university (5). Together, the partners serve a local population which is among the most ethnically diverse and deprived in London. Individually, they bring different but complementary strengths, which the AHSC will develop and embed across its activities.

1.6. The vision for an AHSC in south London is also distinctive. It shows how, together, the partners will not simply respond to the reasons for change identified in A Framework for Action, but will lead the way in improving health and health care for Londoners. This response

- Sets out that vision
- Shows how the AHSC will lead change in London

## **2.0 An AHSC vision for South London**

2.1 A Framework for Action establishes a set of criteria which AHSCs must meet:

- Integrated governance
- Internationally recognised excellence in research and clinical practice
- Clear, integrated funding streams for research and teaching
- Integrated leadership and career paths
- Joint programmes which combine clinical and research work
- Commercial expertise

2.2 In south London, the partners believe they already meet the criteria of internationally recognised excellence, commercial expertise, and joint clinical and research programmes - and have ambitious plans to expand in these areas.

- The MRC Centres and NIHR research centres, mentioned above, are evidence of the first of these, as is membership of the Global Medical Excellence Cluster (GMEC).
- In terms of commercial expertise, a Joint Clinical Trials Office (JCTO) was established by the partners over a year ago, and has already reduced the time to trial significantly. With commercial partner Wyeth, the JCTO sponsors an Early Clinical Development Centre, the only one in Europe. More recently the largest phase one trials organisation in the world has entered into a partnership which will formalise its long-standing relationship with Guy's by expanding and co-locating its activities alongside the new Clinical Research

Facility currently under construction. Similar Clinical Research Facilities are being developed at KCH (with support from The Wellcome Trust) and St Thomas' (with support from Tate & Lyle). Beyond this the partners have competed successfully with the private sector to provide third parties with services ranging from pathology to service line financial reporting.

- A wide range of joint clinical and research programmes exist – many examples exist at the IoP where this model has been in place for a number of years. Another example would be the St John's Institute of Dermatology which has MRC, Wellcome and EU programme grants and has a track record of excellence in translational research. In acute medicine there are joint programmes in cardiology, cancer, asthma, imaging and haematology, amongst others. However, the partners recognise that there is more to do. A fund is being established to provide dedicated research time for NHS clinicians, and exploit the latent potential in the workforce. This fund will pump prime research investment, being awarded on the basis that within 2/3 years award holders will be expected to have received new sources of income to cover the cost of their programmes. The partners' aspiration is that in 10 years at least 80% of clinical research will be rated internationally excellent by peer review.
- By October 2008, the partners will have developed structures for integrated leadership in clinical service lines, where funding for service, teaching and research will be clearly organised. Investment decisions are being made jointly for 2008/9. A Joint Research Committee between the partners has already been established, working towards a Joint Research Office. This has successfully designed funding flows for the £10m allocated to the partners of the Comprehensive NIHR research centre. A similar integrated approach has been in place for several years at SLaM/IoP.

2.3 But the real challenge for an AHSC in responding to A Framework for Action is not how it will be organised but what it will do: specifically, how it will improve care for patients by adding value to the tri-partite mission of service, teaching and research. In south London, the partners bring the following distinctive features to their vision:

- **Range, and depth, in innovation**
- **Consistently high standards of service provision**
- **An ability to invest**
- **Complementary academic strengths**
- **The local population and social responsibility**

### 3.0 Range and depth in innovation

3.1. If they are nothing else, AHSCs will be the forcing grounds of new developments in research, teaching and patient care. Too often, however, the concept of research and innovation is restricted to clinical science and laboratory-based activity. We plan to bring to Londoners much more quickly the fruits of innovation and use our particular strength in translational research. This has an accompanying expertise in disciplines and functions at KCL which increasingly guide and determine the

application of these innovations, in ethics, law, social policy, process improvement, healthcare informatics, transformational change and evaluation. The partners believe that innovation must be a characteristic of all their services, and in many cases will continue to be driven by patient involvement, multi-disciplinary team working and organisational collaborations. For example:

- The partners will look to build on their innovation around service redesign in sexual health services. In this example, GSTT, KCH and KCL worked with their PCTs and local patients to develop the sexual health centre at 100 Denmark Hill, which cares for over 20,000 patients per year. This highly innovative self-management service enables easy and anonymous access and has seen a 20% increase in patient numbers and a 20% reduction in waiting times with minimal additional resourcing. This service is well aligned with many of recommendations in A Framework for Action - it is off the hospital site, is designed with patients and around their needs, makes efficient use of space and supports preventative care.
- In late 2007 the KCH cardiology team pioneered a new technique for providing percutaneous valve transplant, in partnership with KCL. Cardiac teams at both acute hospitals will now be performing these procedures for both our local population and patients from further afield. The outcome of this work will have an impact on clinical practice throughout the UK and abroad.
- In 2005 GSTT undertook the first robotic living donor operation in the UK and has the largest living donor programme and the second largest kidney transplant programme in the UK. Together, the partnership has unparalleled strength and depth in transplantation, which has been recently recognised by the award of the only MRC Centre in Transplantation in the UK.
- The SLAM/loP brain imaging centre is at the forefront of mapping the 'anatomy' of basic human behaviour, and exploring the mechanisms involved in mental illness and brain damage. The research is providing groundbreaking insights into the effect of the interaction between genes and the environment upon mental health.

#### **4.0 Consistently High Standards of Service Provision**

4.1. The partners believe that patient safety, efficiency, accessibility and attention to the detail of the diversity of a patient's experience together combine to produce the quality of care which is the hallmark of an AHSC. All organisations bring a distinctive contribution. The NHS partners achieve national targets and quality standards and in many cases exceed them. For example, GSTT has the lowest length of stay for the management of the frail older person, which is half the average in England. However, there is more to do :

- In safety the partners are building on work around infection control to look at other key areas of risk. For example, KCH are understanding more about the relative threat of deep vein thrombosis and implementing changes to vital sign monitoring and links into critical care.
- In patient experience the partners have worked hard on cleanliness, food and transport - in the last inpatient survey GST were 1<sup>st</sup> and KCH 3<sup>rd</sup> in patient experience results across all London teaching hospitals. Beyond this the

partners are targeting further areas for improvement. For example, KCH are working with patients and care givers to improve interaction and communication - to provide a seamless and co-ordinated patient experience.

- 4.2. It is the partners' intention to take quality – both health care delivery and research - to a new level and to exceed national targets and standards as a matter of course. The NIHR Patient Safety and Service Quality research centre will play a leading role in this regard.

## **5.0 An Ability to Invest**

- 5.1 All the partners have the ability to invest in service development, research and training. The Foundation Trusts have developed surpluses through a combination of increasing activity, delivering efficiencies and scale. Further, working together, the partners have identified a joint fundraising strategy to support the development of cancer services and have demonstrated their ability to secure external investments and income, in part through the commercial expertise referred to above. The partners also benefit from the support of their charities. In terms of efficient use of resources, the partners are already working together to align service and estates strategy. The benefits of these investments and savings are available directly to the NHS – to the patients served by the partners, and in due course patients more widely, as treatments developed and pioneered in south London become accepted best practice across the NHS. For example, GSTT have invested in equipment to provide an excellent and well equipped interventional radiology service which is attracting referrals and supporting service innovation such as aortic stenting.

## **6.0 Complementary Academic Strengths**

- 6.1 KCL characterises itself as a 'Health University', with around 80% of its income and over 70% of its staff engaged in teaching and research related to health topics. Five of its nine Schools cover health subjects; in addition to Medicine and Dentistry, KCL is the only Russell Group (research led) university in London to house a School of Nursing and Midwifery and is also the home of the Institute of Psychiatry, by far the largest and most prestigious institution devoted to teaching and research in psychiatry, psychology and neurology outside the USA. KCL also offer professional training and research in Pharmacy, Dietetics and Physiotherapy, as well as the full range of underpinning biomedical sciences.
- 6.2 KCL is well aligned with its partner hospitals, with a wide range of health related expertise. It was one of the first UK institutions to break down old-fashioned 'ology' disciplines and reform teaching and research into disease-focused divisions such as cardiovascular, cancer and asthma. Each of these contains basic scientists including geneticists, pharmacologists, biochemists and biophysicists working together alongside clinical researchers to tackle problems related to their areas. KCL also brings to the partnership unique strengths and interests in health matters through its School of Social Sciences and Public Policy, with internationally-recognised expertise in the important area of military health, as well as in health policy and health workforce. Physical Sciences expertise at KCL, whilst small compared to some competitors, is focused on biomedical problems and growth has been targeted in areas such as bioinformatics and biomedical engineering and biomodelling research. Even in the schools of Law and Humanities the theme

continues with excellence in the areas of medical ethics, the philosophy of medicine and medicine in the arts.

## **7.0 The Local Population and Social Responsibility**

- 7.1. The local population and health economy of south east London is at the heart of what makes this AHSC distinctive. The population of inner south London is younger than the UK average, and life expectancy is lower. The boroughs are diversely populated and the population is due to grow significantly, with immigration leading to a constantly changing mix. Unemployment is approaching double the national average, is 50% above London levels, and a third of the workless have no qualifications. The AHSC will be embedded in this environment, both building on its existing expertise in improving care provision and acting more widely to support the local population.
- 7.2. The partners are also actively supporting service development further afield, particularly in outer south east London where proposals for service regeneration are currently subject to consultation. The partners are responding together to that consultation ('A Picture of Health') to confirm their commitment to play their part, specifically by providing aspects of tertiary care locally, and by exploring more formal links with University Hospital Lewisham, which sits at the heart of south east London and has existing strengths in teaching and research as well as established service ties to the partners.
- 7.3. Together, the partners are the largest employer in south London, and offer a range of employment and educational opportunities for local people. Combined, they purchase over half a billion pounds worth of goods and services each year, and through the Mosaic project are committed to procurement which promotes diversity and provides opportunities for local businesses. For many years KCL has pioneered access to medicine and other health programmes and has the highest population of students from ethnic minority backgrounds of any UK medical school. In securing their own workforce for the future, these initiatives will support other employers in health and social care who currently have difficulty in recruiting to key positions.
- 7.4. The AHSC takes the public dissemination of science seriously. In addition to the more formal publications produced by the partners, the Foundation Trusts regularly discuss service or research innovation with their membership and the local community. For example, SLaM has communicated developments in dementia with annual open days, a newsletter to research participants and service users and work with local schools.
- 7.5. The AHSC has other important contributions to make to the health and well-being of Londoners. Ambitious targets of up to 20% are being set for the reduction of carbon emissions and more effective use of energy, in line with the Mayor's strategy, and with the support of the Carbon Trust. All organisations have travel plans to promote public as opposed to private transport, and encourage healthy lifestyles. The partners will reduce their energy usage and the introduction of combined heat and power technology will enable the AHSC to be self-sufficient and contribute to power demands elsewhere.

## **8.0 Leading Change in London**

8.1. A Framework for Action identifies eight reasons why concerted action must be taken now to improve health and health care for Londoners:

- The need to improve Londoners' health
- The NHS is not meeting Londoners' expectations
- Inequalities in health and health care
- "The hospital is not always the answer"
- The need for more specialised care
- London should be at the cutting edge of medicine
- Not using workforce and buildings effectively
- Making best use of taxpayers' money

8.2. AHSCs will naturally be expected to ensure that London builds on the impressive history outlined in the report, to remain at the leading edge of innovation in healthcare. But, in south London, the partners' ambition is to lead the way in responding to all these cases for change. In the following sections we describe what those contributions will be.

## **9.0 The Need to Improve Londoners' Health**

9.1. The report highlights particular health problems which affect Londoners, notably HIV, substance misuse and mental health. There are also lifestyle issues, such as smoking and obesity. The partners recognise these challenges and some specific priorities in SE London around sexual health, teenage pregnancies and sickle cell. Further the partners understand that the population's health and well-being is affected by a wider range of determinants, including genetic factors, lifestyle, housing, income, education and employment.

9.2. The partners are the only AHSC in the capital to provide the full range of services to meet these needs. For example:

- SLaM deliver mental health services across Lambeth, Southwark, Lewisham and Croydon, with substance misuse services extending beyond, backed by outstanding research in the IoP.
- KCL has leading departments in public health and social policy, at the forefront of thinking as to how ill health can be prevented, not simply treated.
- The liver unit at KCH has an international reputation in transplantation and intensive care of patients suffering the consequences of substance misuse.
- There is a large HIV service at GSTT meeting the needs of the local population which is at the epicentre of all UK HIV new diagnosis and sexually transmitted infections

9.3. The partners will continue to work together to improve patient care in areas of overlap. For example, tackling both the mental health and clinical dimensions of

obesity (where GST and KCH are bidding together to be a centre for bariatric surgery). Similarly in maternity services, KCH and GSTT are already leading service innovation – with work in fetal medicine, increasing breast feeding and lowering caesarean rates. Given the KCH high homebirth rate and midwifery led unit at GSTT, women accessing maternity services in SE London have the full choice of care set out in Maternity Matters.

## **10.0 The NHS is not meeting Londoners' Expectations**

- 10.1. In their own field, the NHS partners have outstanding reputations for the quality of services they provide. KCH and GSTT were both rated 'excellent' by the Healthcare Commission for the quality of their services, and consistently meet all national access targets. The partners' own patient surveys demonstrate levels of satisfaction which exceed these in surveys across London as a whole.
- 10.2. But the AHSC partners are not content with these levels of performance: they believe that a true test of their ambition is that standards will be set and met which exceed nationally determined targets – delivering on the areas of patient experience and safety mentioned earlier in this response. Further, they recognise that the AHSC is not an island: its ability to contribute depends to a degree on the performance of other providers of service in the health system. That is why the partners are keen to continue to take their reputation and their experience outside the hospital and into the community. For example, most people have their mental well-being needs met, or not met, at home, at work, in schools, and communities - not in mental health services. Therefore in order to promote mental health and well-being for all, SLAM is using its knowledge, expertise and influence to ensure that organisations and communities become effective promoters of positive mental health.

## **11.0 Inequalities in Health and Health Care**

- 11.1 The population in south London contains some of the most deprived communities in the capital. Life expectancy is lower than the London average. The boroughs of Lambeth, Southwark and Lewisham are among the top 50 most deprived local authority areas. There are significant inequalities between wards in the borough. As well as established African-Caribbean, West African, Portuguese and Vietnamese communities, there is a high proportion of refugees with complex health needs. A majority of the 300 languages referred to in the report are spoken in south London. The partners have already responded to these needs. For example:
  - The Institute of Psychiatry is the UK leader in research in schizophrenia, substance abuse and transcultural psychiatry.
  - The Guy's and St Thomas' Charity has invested £15m over three years in improving services in stroke, kidney disease and sexual health, which have a high prevalence in our local populations.
  - There is significant research and clinical presence in the areas of HIV and sickle cell disease. With large African and African-Caribbean populations in our local community, sickle cell disease is common. It leads to significant ill health and diminishes quality of life. Work is being undertaken which is designed to

understand the genetic abnormalities associated with this disease which will lead to better treatments than are currently available.

- For over 10 years, the partners have hosted a Centre for Caribbean Medicine, in partnership with the University of the West Indies, designed to improve understanding of the particular vulnerabilities of this large element of the local population. Given the changing demographic, the Centre is currently refocusing its activities to include all of the major immigrant populations who have settled in south London.

11.2. These examples capture the essence of the AHSC vision: the research focus responds directly to the needs of the local communities, which are themselves best placed to support the translational research which will deliver tangible benefit for patients. In addition, the results of our research have wider implications for similar but smaller ethnic populations elsewhere.

## **12.0 The Hospital is not always the answer**

12.1. The AHSC partners are committed to meeting the needs of their communities but recognise that only a small proportion of what is required depends upon location. The partners' sites are rooted in the population they serve: they are well known, easily accessible and make it unnecessary to add to the existing surplus of NHS estate in the capital. However, in their innovative service improvements the partners are developing pathways of care which are built around the needs of patients and are proving to be the route to the consistently high standards which are the hallmark of successful AHSCs. Mental health has led the way in this work and this is the only AHSC which combines mental health and acute services in a unique collaboration to exploit their experience of major change to the provision of healthcare services outside hospital. KCH and GSTT have worked with commissioners in Southwark and Lambeth to improve the quality of care provided to some 13,000 patients suffering from chronic obstructive pulmonary disease (COPD) – looking to help patients avoid inappropriate visits and admission to the hospital. Similarly, the cancer strategy developed by the Integrated Cancer Centre at GSTT, KCH and KCL has at its heart the concept of distributed excellence – outstanding care for patients, where and when they need it. In another example SLaM has been one of the pioneers in developing early intervention and other assertive community mental health services and has been able to reduce the delay between the onset of psychosis and the initiation of treatment to one week (whereas it is usually 12 months in the UK).

12.2. A key challenge is supporting many of these changes is the requirement to work across organisational boundaries to develop effective networks for patients. Prime examples would be the need to work with social services and voluntary organisations to provide excellent rehabilitation, care and social support for stroke patients and the frail elderly. The AHSC is well placed to work with a range of partners to achieve integrated pathways.

## **13.0 The Need for more specialised care**

13.1. Together, the partners not only provide the full range of services Londoners need, they are able in combination to provide a strength and depth which makes sub-specialisation possible - a key ingredient for clinical excellence. The report identifies two areas of priority –the management of stroke and trauma.

## Stroke

- 13.2. GSTT and KCH already provide the leading stroke services in London. Both hospitals provide comprehensive stroke services with expertise in diagnostics, involving telemedicine and neuro-imaging through to specialist rehabilitation. Together, and with KCL, they have developed plans for a network model of care which will
- provide a 24/7 service for thrombolysis and advanced management of hyperacute patients across central and south east London
  - establish joint consultant cover rotas and specialist training programmes with local centres
  - pursue research excellence in a range of related topics, including the prevention of vascular causes of stroke, health services research, imaging and rehabilitation.
- 13.3. This plan is being submitted as part of the partners' response to consultation on service change in south east London and demonstrates how the vision for excellence in the AHSC will provide outstanding care for a wider population which could not be offered by local hospitals operating independently.

## Trauma

- 13.4. GSTT and KCH will be able to provide a trauma service to best practice standards for the whole of south London, and receive patients as required from central London and beyond.
- Together, the two foundation trusts provide all the services needed to manage trauma in adults and children. They have the capacity (particularly in critical care, where there are around 200 beds across the partners) and their emergency departments rank second and third for receiving serious injuries, after the Royal London. Further, both hospitals currently receive HEMS patients (140 in 2007) and have expertise in cardiothoracics, orthopaedics and vascular
  - The hospitals have complementary strengths and expertise. For example, KCH is a tertiary referral centre for SE London and Kent for all neurosurgery and spinal injuries, has a maxillo-facial service and deals with a significant volume of penetrating injuries sustained in their local catchment. GST is on call for all major incidents in central London, has a strong plastics service and interventional radiology. The Trusts already support each other in these areas
  - The combined infrastructure of the hospitals would give resilience by virtue of its size and flexibility. Both emergency departments are active in education and training, a further support for the AHSC
- 13.5. The partners are actively developing a joint proposal to describe the service in more detail. This will articulate a trauma service to be provided through networks along a comprehensive continuum of care. A key challenge here will be working with other partners to ensure excellent rehabilitation services, post major trauma. The Trusts already have expertise in this area, for example in neuro-rehabilitation, but more will be required – a challenge facing other providers in London. There is also exciting

work to do around the ethos and funding of trauma, closer engagement with SLAM / IoP to tackle trauma related mental health - and training and research

## 14.0 At the Cutting Edge of Medicine

- 14.1. Some of the historical achievements of KCL and its associated hospitals are acknowledged in the report. More recently KCL has the highest number of MRC Centres (and is an MRC strategic partner), and ranks sixth for Wellcome Trust income. There have been recent awards by the British Heart Foundation (BHF Centre of Excellence status at KCH) and by CRUK (Centre of Excellence status at Guy's Hospital). A Breakthrough Breast Cancer Research Centre opens shortly at Guy's. Work is about to begin on the Cicely Saunders Institute, a new, £9m centre for academic and clinical palliative care, the only one of its kind in the UK, at KCH. SLAM/IoP has also been successful in six Applied Programme grants in key areas of research priority.
- 14.2. There is particular strength in translational medicine, reflected in the nationally funded research centres, and the MRC centres. The table below demonstrates both the range of research in the partner organisations: the strength in depth; their relevance to Londoners; and the clinical and research integration, across campuses, which demonstrates the strong position on which the AHSC can build.

|                      | <b>SLaM BRC</b>   | <b>GSTT BRC*</b>                       | <b>KCH BRC</b>                   |
|----------------------|---|--|----------------------------------|
| <b>Themes</b>        | Substance misuse disorders                              | Atherosclerosis (with KCH)             | Innovations                      |
|                      | Mental disorders starting in childhood                  | Asthma and Allergy                     | Organisational governance        |
|                      | Common mental illness                                   | Cancer (with KCH)                      | Risk                             |
|                      | Antisocial and aggressive behaviour                     | Cutaneous medicine                     | Workforce                        |
|                      | Dementia  | Oral Health                            |                                  |
|                      | Clinical neurosciences                                  | Immunology and Infection               |                                  |
|                      | Psychosis   | Transplantation (with KCH)             |                                  |
| <b>Cross Cutting</b> | Analytical methods                                      | Genetics                               | Methodological development       |
|                      | Biomedical technologies                                 | Paediatrics                            | Knowledge translation & transfer |
|                      | Stakeholder participation in research                   | Imaging                                |                                  |
|                      | GMEC initiative for a Centre for Imaging and Biomarkers | Health and Social Care                 |                                  |
|                      |   | Cell and Molecular Biophysics          |                                  |
|                      |   | Wolfson Centre for Age Related Disease |                                  |

\* The comprehensive biomedical centre includes strategic alliances with St George's and Barts and the London, giving the centre access to more than 60% of the population of London.

| <b>MRC Centres</b>                           | <b>SLaM</b> | <b>GSTT</b> | <b>KCH</b> |
|--|-------------|-------------|------------|
| Developmental neurobiology                   | √           |             | √          |
| Neurodegeneration                            | √           |             | √          |
| Social, Genetic and Developmental Psychiatry | √           |             |            |
| Allergic mechanisms of Asthma                |             | √           |            |
| Transplantation                              |             | √           | √          |

## **15.0 Effective Use of Workforce and Buildings**

- 15.1 The partners were among the first to recognise the need for estate rationalisation and improvement: they are conscious that the NHS in London has surplus estate and are committed to development which will minimise the call on scarce NHS resource, and provide facilities appropriate to their roles as providers of tertiary services, and services for their own local catchments. KCL have successfully reduced the number of their sites and consolidated health related activity on the hospital sites and at Waterloo. The GSTT sites have development plans guided by the Foundation Trust and KCL estates strategies, which have been developed jointly. In parallel the co-located KCH and SLaM services work closely together. The partners are in the process of developing a common framework which will guide investment decisions across their main sites. Access to non-NHS income has made it possible to limit borrowing, and KCL and KCH have a record of successful management of PFI schemes.
- 15.2 'Healthcare for London' acknowledges the importance of developing the NHS workforce to meet the challenge of transforming healthcare, and proposes the development of a workforce strategy for London. The AHSC partners fully support this intention, and are ideally placed to become one of the centres of excellence for non medical training outlined in the report. As described above (section 6), KCL already offers training, education and, with its partners, development opportunities in most of these profession; and has good relations with a wider range of associated providers of clinical education and training. New roles are more likely to emerge in organisations which lead innovation, and the foundation trusts are able to use their freedom to create roles, with other stakeholders, which work across organisational boundaries. Looking further ahead, the AHSC aspires to act as a recruitment pool for other local organisations who would otherwise struggle to make appointments, and as a source of support for singleton professionals based in other trusts. So for example, health psychologists, who will increasingly contribute to improved outcomes (for example for patients learning to live with chronic conditions) will be based in local hospitals, supported – and in some cases recruited from – a centre in the AHSC.

## **16.0 Making the Best Use of Taxpayers' Money**

- 16.1 Together, the partners spend more than £1.5billion pa on the provision of healthcare, education, training and research. Increasingly, this funding will be drawn from a wider range of sources. The partners know that pressure on income for patient care will increase as efficiency is driven through improved commissioning and the impact of payment by results; in the US, Academic Medical Centre income for direct patient care as a proportion of total income fell by 50% over a period of 40 years (1957-1997). The strategy to respond to this pressure is built on the pursuit of excellence, as other sources of funding – from industry, from philanthropy, from

charitable investment – will focus on the best, or the potential to be the best. The partners, therefore, offer Londoners the opportunity to benefit from standards of service which this diverse income stream alone makes possible.

- 16.2 As well as demonstrating the ability to secure an income from diverse sources, the partners benefit from the endowments of the charities associated with the Foundation Trusts. These collaborate with the partners on fundraising, invest in clinical service development and quality as well as research and development, and together manage an endowment in excess of £750m.
- 16.3 The partners all recognise the need to account for their share of NHS spend, which is over 10% of NHS expenditure in the capital. All the partners have strong financial management, and the foundation trusts are at the forefront of work to improve costing and engage clinicians in the economics of healthcare delivery. SLaM has led the way in the development of currencies for mental health services. The Centre for the Economics of Mental Health (CEMH) at the Institute of Psychiatry undertakes research into the economic aspects of services and treatments for people with mental illness, aiming to inform policy-making and the allocation of resources. Many CEMH studies are on cost-effectiveness of services, in collaboration with research groups nationally and internationally. Both GSTT and KCH have developed service line reporting, with the ability to produce P & L accounts for individual service lines and both are members of the Foundation Trust consortium which has developed a detailed analysis of performance at procedure level.

## **17.0 Conclusion**

- 17.1 All AHSCs are different, depending on where they build strengths across the tripartite mission of service, teaching and research. In south London, the partners have a common vision to provide services which are built around the needs of the patient, driven by research and led by clinicians, and to contribute more widely to improved health and wellbeing for Londoners. This vision is particularly relevant to the challenge Healthcare for London sets all health organisations in the capital in its description of services ‘from the cradle to the grave’. Doing things differently – outside traditional boundaries, through different roles and with other partners, in a wider range of settings, involving patients, their carers and the citizens of London in developing new models of care – is at the heart of the innovation the AHSC looks to offer.
- 17.2 In the short term, this challenge is pressing in south east London, where the partners are committed to play their part in reshaping services. In the longer term, treatments which will set the standard internationally will be developed first for local people, and Londoners will receive the care they want and deserve, in the most appropriate localities, from expert staff, at costs which the taxpayer can afford. It has been the purpose of this response to consultation to show how GSTT, KCH, SLaM and KCL can play a leading role in bringing this about.