

## Briefing for Health & Wellbeing Board, May 27<sup>th</sup> 2021 City of Westminster / Royal Borough of Kensington and Chelsea

### Background

Royal Brompton and Harefield hospitals form the largest specialist heart and lung centre in the UK, providing services to adults and children from across the country and internationally. Since February 2021 we have been part of Guy's and St Thomas' NHS Foundation Trust (GSTT), making it one of – if not the – largest providers in the NHS. Our patients can be cared for within the same organisation from before birth to old age, from local community services to the most complex, specialist services for rare conditions, all the while benefiting from research programmes that span the globe. At Guy's, St Thomas', Royal Brompton and Harefield hospitals we provide a full range of hospital and local services: as a national tertiary centre for cancer, renal, orthopaedic, paediatrics, respiratory, cardiovascular and other specialist services, and locally for people in Lambeth, Southwark and Lewisham.

### 1. Benefits for patients

Both Royal Brompton and Harefield and Guy's and St Thomas' have a long history of being at the forefront of patient care and research. Following merger, we can now use our collective clinical and academic expertise to provide the best possible care to patients and ensure the long-term future of the specialist services provided at Royal Brompton Hospital, which have been under threat for many years.

We also have an ambitious, long-term vision to create a new heart and lung centre on the St Thomas' site that will reflect the Royal Brompton name and heritage. We believe we can create one of the best centres in the world for heart and lung disease, delivering exceptional care to patients and driving research into new and better treatments.

Merging with Guy's and St Thomas' does not determine the future location of services. Any significant change, including location, remains subject to NHS England's commissioning requirements and public consultation. Being part of Guy's and St Thomas' provides a sustainable future for our hospitals and enables us to keep our expert teams together.

### 2. Royal Brompton and Harefield sites and heritage

#### Royal Brompton Hospital

We anticipate that Royal Brompton will remain operating on its current site for a significant period of time – at least a decade. If our vision is realised, services would re-locate less than three miles to the St Thomas' site once new facilities have been developed there. Any service moves would be the subject of NHSE public consultation.

We continue to invest in our current Royal Brompton site. At the end of this year, we will open a new, £50-million Imaging Centre at RBH, providing much-needed new facilities and equipment for the diagnosis and treatment of heart and lung diseases.

The Centre will give patients access to the newest imaging technologies all in the same facility, including MRI (magnetic resonance), CT (computerised tomography), CMR (cardiovascular magnetic resonance), interventional bronchoscopy, ultrasound, X-ray and echocardiology.

It represents the biggest capital investment by our hospitals in over 20 years and will mean we no longer have to rely on out-dated and temporary buildings scattered across the hospital campus, including portacabins on car parks.

### **Harefield Hospital**

We expect Harefield to continue to thrive as it does now, as the designated heart attack centre for outer north-west London, the specialist heart and lung provider for a large population in northwest London and the home counties, and continuing to lead in heart and lung transplantation and devices for end-stage heart disease.

## **3. Children's services**

Later this year, we expect NHS England to start a public consultation process on the proposed move of children's services from Royal Brompton Hospital to an expanded Evelina London Children's Hospital (ELCH) on the St Thomas' site. If the move is approved, we envisage a substantial relocation taking place when new purpose-built facilities are completed at ELCH in around five to six years' time. However, in the meantime, as a merged Trust, our paediatric teams will work together closely to best meet the needs of children and their families on the basis of a single, integrated clinical service delivered across our existing sites.

## **4. Implications for local residents and neighbouring NHS Trusts**

City of Westminster and RBKC residents (and indeed all patients from North-West London) will always be able to access our specialist services, wherever they may be based.

We are committed to continuing to support services at Imperial College Healthcare NHS Trust, Chelsea & Westminster NHS FT and The Royal Marsden NHS FT as we do today and for as long as that support is wanted – both before and after any potential future service moves: there will be plenty of time to agree the nature of that support and how it should best be provided.

### **Partnership with The Royal Marsden**

As part of that commitment, we have recently formalised our partnership with The Royal Marsden for a Joint Thoracic Oncology service, ensuring that both hospitals will continue to pool our combined expertise in diagnosing and treating cancers of the lung and chest from our base in Chelsea for many years to come. The partnership will not only seek to deliver the best clinical care to our patients, but also promote innovations and research into future treatments and services.

## **5. Patient and carer involvement**

Patients continue to be involved in the development of our partnership proposals and vision. This includes a PPRG (Patient and Public Reference Group) which has been established for over a year. These proposals all centre around delivering benefits for our patients and better clinical care, so the contribution from our patients is invaluable.

## **6. Academic relationships**

Royal Brompton & Harefield and Guy's and St Thomas' are both committed to continuing to work with each of our existing academic partners and to exploring new academic models with them. Our aim is to support the academic sub-specialty focus that drives much of the world-class research and teaching today.

In addition to collaborating with clinical academics from Imperial College London and King's College London, we will also welcome those from other academic centres both in the UK and overseas.

### ***Responding to COVID-19***

Like the rest of the NHS, our dedicated staff had little respite following the first surge of COVID-19. We moved to more than double our critical care capacity to deal with the second wave. As with the first surge, this called for very significant flexibility and commitment on the part of all our teams. We more than doubled our critical care capacity to 94 adult beds, with our paediatric critical care team again part of this effort. Across both our hospitals we delivered more than a third of the national VV-ECMO activity (ECMO is a specialised form of life support) and at one stage in early January 2021 we were caring for 28 COVID-19 patients on ECMO at Royal Brompton and Harefield, probably the highest such caseload in Europe.

During this second wave we ensured all our interventional services continued to operate across both hospitals, albeit at reduced levels of elective activity. During March, our staff yet again worked tirelessly to begin to return these elective services back up to 'pre-covid' levels: thanks to a huge, combined team effort across both hospitals, we will be delivering close to normal levels of diagnostic and therapeutic activity by early summer.

### ***Maintaining other services***

Daily 'virtual' multi-disciplinary meetings have ensured not only appropriate triage for our cardiac surgery patients but also that our capacity has been utilised to record levels. These meetings have involved colleagues from Harefield, Royal Brompton and many referring hospitals presenting cases for surgery. Since April 2020 we have also been working with a technology company to provide a tailor-made app to many of our waiting-list patients, accessible via their smartphones. The app helps identify and prioritise patients for surgery based on changes in their symptoms rather than the date on which they entered the waiting-list. It has enabled us to re-schedule treatment for nearly 100 of these patients. We are planning a more advanced version of the app to help monitor the whole pre- and post-operative surgical pathway.

The demands of COVID-19 have driven several other technology developments that enable care to be delivered remotely, supporting patients in taking more responsibility for managing their conditions, and improving the efficiency of patients' pathways within our hospitals. Through our programme to transform non-admitted care, around 80% of our follow-up outpatient appointments are now remote (from 20% two years' ago); we have provided spirometers for some of our respiratory patients to use at home to aid remote diagnostics and we continue to expand our home antibiotic infusion service. Our existing programmes of patient and public engagement continued virtually throughout the period, giving us valuable input and feedback as patient care evolved in these new and exciting ways. Latterly we have also begun to prepare for the implementation in 2023 of a new electronic patient record system which will extend across all clinical groups within Guy's and St Thomas', as well as King's College Hospital.

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