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HEALTH SCRUTINY SUB-COMMITTEE

Meeting to be held on Wednesday 21 January 2026

Please see the attached report marked "to follow" on the agenda.

5 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

5b UPDATE ON THE PROPOSED RECONFIGURATION OF HAEMATOLOGY SERVICES AT PRINCESS ROYAL UNIVERSITY HOSPITAL (PRUH) (PAGES 3 - 16)

*Copies of the documents referred to above can be obtained from
<http://cds.bromley.gov.uk/>*

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Report for: Bromley Health Scrutiny Sub-Committee

Meeting date: 21 January 2026

Title: Update on the proposed reconfiguration of Haematology services at Princess Royal University Hospital (PRUH)

Attendees:

Presenters

- Julie Lowe – Deputy Chief Executive Officer
- Dr Carmel Curtis – Chief of Division A
- Dr Roopen Arya – Clinical Director for Haematological Medicine

In attendance

- Tolu Akande – Interim Director of Improvement Programme Delivery Unit (IPDU)
- Sarah Middleton – Head of Stakeholder Relations

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Progress Update

This paper provides a summary of progress on the developing proposal for the reconfiguration of the service for haematology patients at the Princess Royal University Hospital (PRUH). This update follows discussion at the special meeting of the Bromley Health Overview and Scrutiny Sub-Committee in November 2025.

This work is being carried out to address clinical and operational challenges, including maintaining high and consistent patient safety standards, a sustainable specialist workforce, and aligning services with national guidance for specialist care. Our aim is to ensure patients receive the best care available for their condition, through being in the best place to receive that care, at the right time.

At the special meeting of the sub-committee in November, the Trust outlined a proposal to:

- Consolidate inpatient haematology cancer care onto the DH site (the Trust's tertiary Haemato-oncology centre)
- Enhance both the elective and emergency day case provision / pathways at the PRUH site

The proposal would:

- Maintain emergency and outpatient haematology services at PRUH
- Develop ambulatory (day case) haematology services at PRUH

This proposal aims to keep most of the care at PRUH, maintaining local access, while ensuring inpatients with more complex needs receive care within the comprehensive specialist Haematology service at the DH site.

Importantly, the proposal does not involve closing Chartwell ward but instead focuses on remodelling inpatient care for high-acuity patients and strengthening services at both sites.

As confirmed previously, no final decisions will be taken until:

- A formal engagement period takes place involving:
 - Patients and families who have used the service over the last 2–3 years
 - Staff and relevant stakeholders

This is planned to run for 4–6 weeks from late January 2026.

- The Trust completes a full Project Initiation Document (PID), supported by:
 - a Quality Impact Assessment
 - an Equality Impact Assessment
 - a financial review and assessment

In November, the sub-committee asked the Trust to:

- Provide more detailed patient data and pathway information
- Explain how travel and access issues would be managed
- Share evidence on staff competencies and patient safety
- Set out a clear timeline for engagement and decision-making

Work is underway in all these areas, and a clear timeline for engagement and decision-making has been mapped. Work is ongoing to finalise the other elements as part of the overall process, and we must ensure this is informed by feedback from the engagement period. Our key principle remains, that The Trust is committed to delivering a safe, fair and future-proof haematology service that balances local access with specialist expertise. Engagement, transparency and patient safety will remain central throughout this process.

Since November, the Trust has:

- Worked with clinical teams to map existing and proposed patient pathways for haemato-oncology care
 - Three pathways have been mapped in draft and are moving through the pre-engagement clinical approval process
- Completed full analysis of two years of inpatient activity data, including postcode and travel patterns
- Developed an engagement plan for patients, families and stakeholders
- Strengthened governance, with a dedicated Project Board and regular reporting

Patient Pathways under review

Three key patient pathways are being reviewed to ensure care is safe and well-coordinated. All pathways as outlined below will form the basis of our patient engagement activity.

1. Planned (Elective) Admissions

The proposal is for patients who need planned inpatient care to attend DH. A draft pathway has been developed and is being reviewed by senior clinicians.

2. Acute Oncology Admissions at PRUH

Patients who become unwell during cancer treatment would continue to be managed at PRUH, updated processes have been mapped for clinical approval.

3. Emergency Haematology Care at PRUH

Emergency care would remain at PRUH. A draft pathway has been developed to improve the existing provision and is awaiting clinical approval.

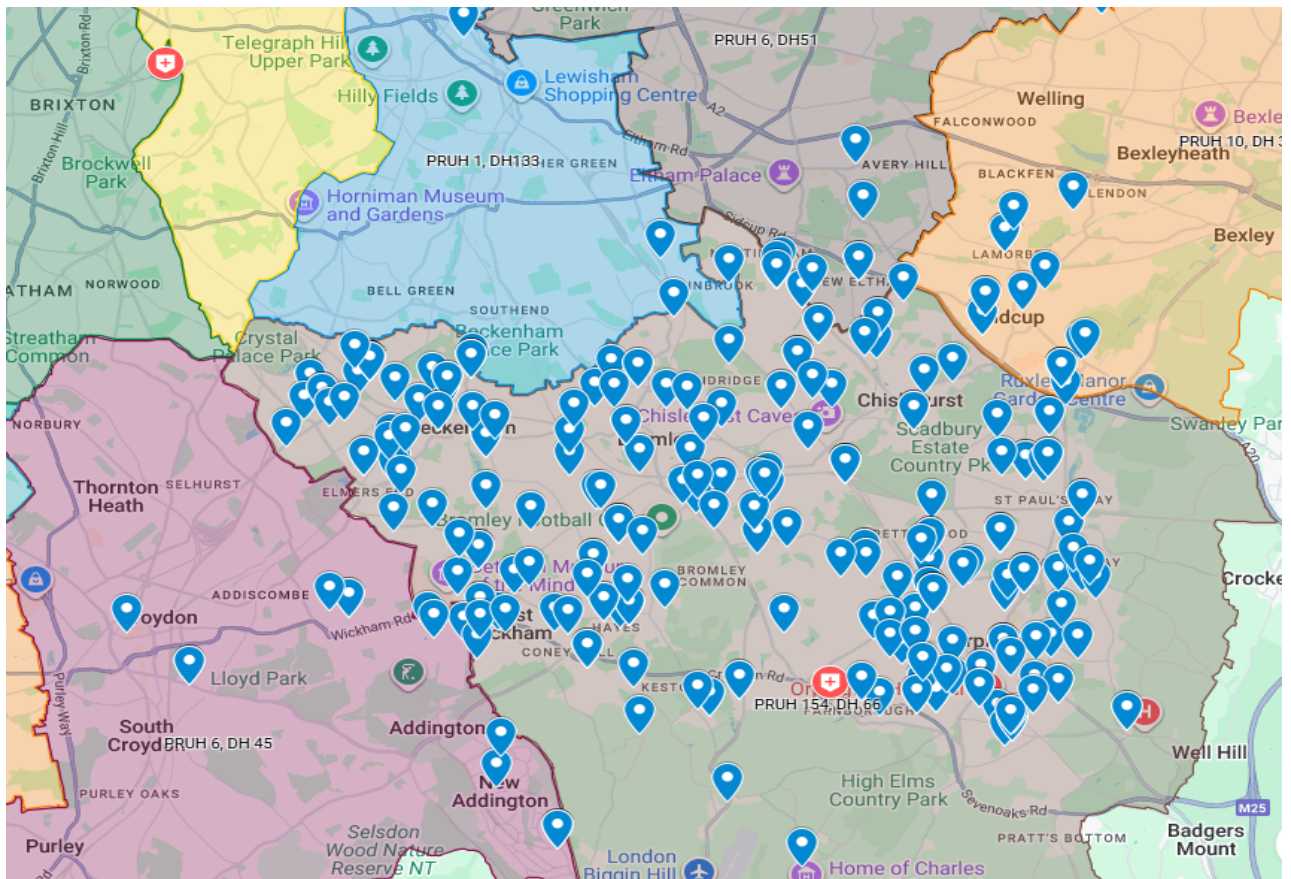
Inpatient Activities: Two-year period

We have expanded the data reviewed to cover a two-year period from Dec 2023 to Nov 2025. There are circa 45 elective and 125 emergency admissions under Haematology each year. As some patients are admitted on more than one occasion the number of individual patients is circa 110 per year.

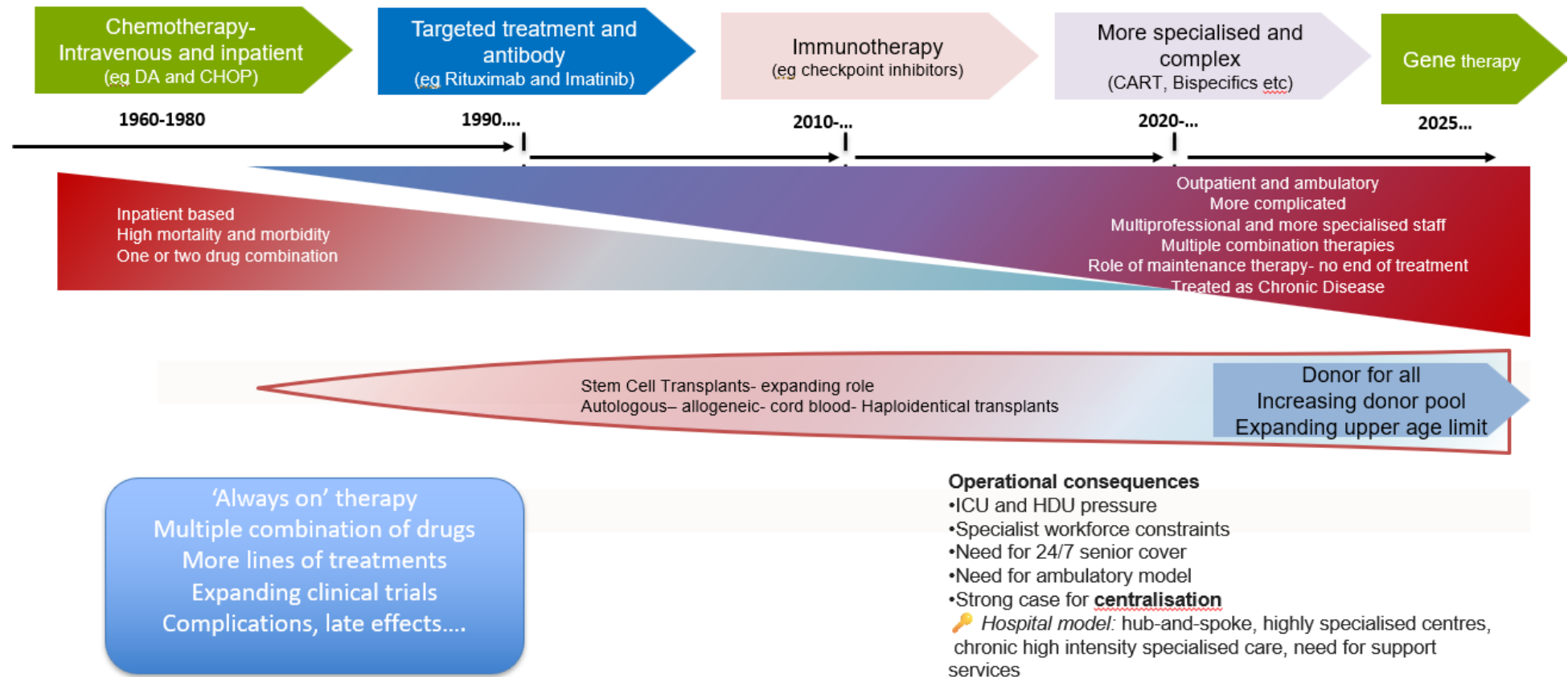
The table below shows that the majority of Haematology patients, admitted via the emergency pathway, are initially admitted under Medicine with their care subsequently transferred to Haematology. A Day Case pathway to assess and treat patients as an outpatient is being put forward to avoid these admissions where possible.

	Total in 2 years	Admitted under Haem	Admitted under Haem direct to Chartwell	Under Haem at Discharge	Under Haem at discharge on Chartwell
Admissions	751				
Elective admissions	112	89	89	96	91
Emergency admissions	639	52	43	263	245
		Admitted NOT under Haem	Admitted NOT under Haem direct to Chartwell	NOT under Haem at discharge	NOT under Haem at discharge on chartwell
Elective admissions	112	23	7	16	13
Emergency admissions	639	587	179	377	301

The map on the next page shows (blue dots) the distribution of patients, by their postcode, that were under clinical Haematology at the point of discharge and on the Chartwell ward. It demonstrates a similar distribution to the initial data, with a majority of patients located between the two sites. This data does not include patients from the Bromley area that are already attending the DH site for treatment



Treatment of Haematology over the years



Treatment evolution graph key

DA - Daunorubicin and cytarabine – these are chemotherapy drugs.

CHOP – this is a cancer drug combination that includes cyclophosphamide, doxorubicin, vincristine and prednisolone.

CAR-T – Chimeric Antigen Receptor T-cell therapy is a type of immunotherapy for some types of blood cancer.

ICU – Intensive Care Unit

HDU – High Dependency Unit

Cancer treatments in Haematology have expanded rapidly over the last few decades with increasingly complex treatments being introduced. Advancements also mean that options in the way care is delivered that were previously not possible are now available. For example, there is now a range of care that can be provided on a short stay basis or even in a day case setting, avoiding admission all together, whilst other newer treatments are complex and require a highly specialised multi-disciplinary team.

This means the hospital model for this specialist care has and continues to evolve to reflect changes in the healthcare landscape. Providing more complex treatments in a centralised location where the infrastructure is in place to support delivery of care is a shift being made nationally to support better outcomes.

NHS strategic context is also a key consideration when it comes to our working model. The 10 Year Health Plan for England sets out new working arrangements for care delivery.

Nursing and Chemotherapy Service provision

We have defined training programmes for nurses administering chemotherapy and process in place thereafter to maintain competencies. There are challenges to maintaining competencies that we are using a range of measures and initiatives to overcome. A key example of this being patient activity volume. Whilst it is at a reasonable level, the variation week to week presents a significant challenge in skills maintenance via the ward alone. It means we require alternative ways to maintain competency including nurses working on the chemotherapy day unit and travelling to the DH site for regular consistent exposure. This approach is not efficient or sustainable in the wider local context. Also, it does not provide equity for Bromley patients.

The wider context includes inevitable changes to the way care is delivered as treatment advances and new strategic policy is implemented, including an increase in chemotherapy regimens administered in outpatient settings.

Therefore, whilst the current way we are working is maintaining competencies now, our review has identified that changing our current staffing model and aligning it to the proposed changing care model, would be a better and sustainable way to address the challenges we face in the long term.

It is our duty to adhere to best practice guidelines and align our work to national strategic direction and policy. As part of this, we have a responsibility to embed continuous improvement principles into the way we work so that we are always improving care and patient experience whilst adapting to challenges that arise.

We believe this is the best way to achieve everything we need to, including expanding opportunities for skills increase and training for our nursing staff.

The benefits we have identified through this proposal are many:

Aligning nursing structures to reflect the increase in outpatient chemotherapy activity and day case enhancement allows us to

- maintain a range of chemotherapy at PRUH, keeping more care closer to home
- reduce the need to stay in hospital, treatment takes a more person-centred approach, fitting around the life of individuals in way that is closer to optimal.
- Improve the continuity of care

Overall, this provides a better patient experience and aligns to key elements of the 10 Year Health Plan for England.

The co-location of PRUH chemotherapy services including the chemotherapy day unit, supportive therapies and the proposed new ambulatory day case facility offers nurses:

- Wider exposure to the full range of services, creating a diverse learning environment, improved training and development opportunities

- Stronger alignment and collaboration, standardised working, enhanced management and pastoral support for nurses through single governance arrangements

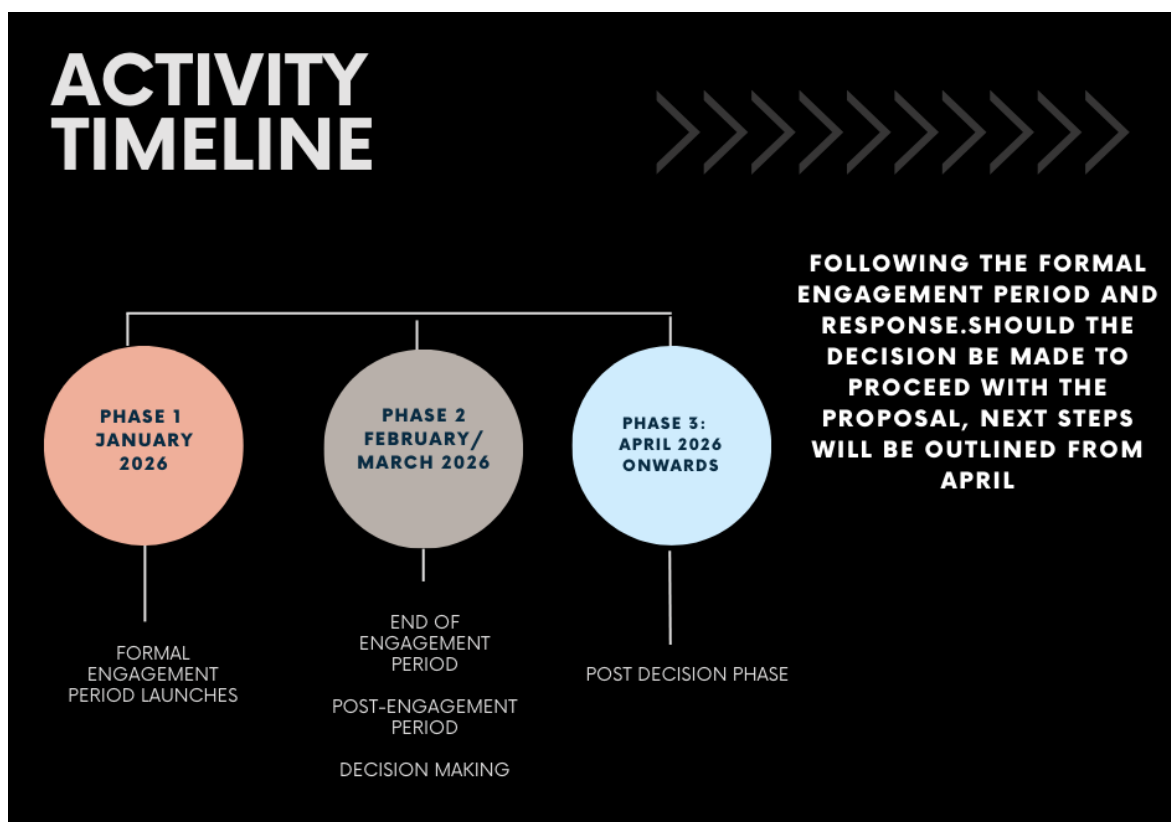
This would ultimately result in a better skills mix, leading to improved staff experience and satisfaction.

Engagement Activities

Engagement plan overview: Phase one: Formal engagement – patients, local stakeholders, staff

As previously advised, we will be undertaking a 4-6 week period of formal engagement on the proposal, informed by earlier patient and stakeholder engagement activity. This phase will be delivered as outlined below, maintaining some flexibility to accommodate emerging issues and insights. This engagement period is scheduled to launch in late January. This timing avoids the festive and New Year holiday period and ensures the supporting materials to enable meaningful engagement are available.

Current timeline



Primary stakeholder groupings | Methods | Timing

Patients - Haematology cancer patients who have been inpatients at the PRUH in the last 2-3 years. Their families/carers. All patients will have the opportunity to engage via any of the methods below.

Methods	Approach	Weeks
Three online focus groups Review and feedback of draft patient pathway review	Holding online due to the winter period increasing infection risk for patient cohort (immunosuppressed). Times of day and days of the week to vary to increase opportunity across the patient profile.	1-4

Digital survey	Monitor uptake to inform telephone interviews	1-6
Telephone interviews	Flexibility on weeks of telephone interviews based on uptake across other methods	3-6

Staff

Engagement will continue during this period focused on discussions with staff directly involved in care delivery relevant to the proposal. Wider staff groups will continue to be informed of project developments and engagement activity via existing internal communications channels.

Local stakeholders – Bromley

We will engage local partners, voluntary community sector organisations and elected representatives with a specific or relevant interest in the proposal and/or clinical specialisms.

This includes: Bromley Health Scrutiny Sub-Committee, Bromley Council, Healthwatch Bromley, Chartwell Cancer Trust, St Christopher's, Bromley Healthcare, Macmillan Cancer Support, Bromley MPs, Blood Cancer UK South East region, Bromley Madlani Cancer Support, Bromley Third Sector Enterprise, Bromley GP Alliance, Bromley Primary Care Networks.

We will provide information about the engagement process and invite comments and discussion from those who wish to participate. We recognise that relevance will vary across stakeholders and will factor this into our engagement capacity and approach.

Methods/channels	Approach	Weeks
Briefing or update papers	Overview of patient engagement on pathway development Supported by Frequently Asked Questions (FAQs)	1-6
Digital feedback form	Opportunity for all local stakeholders to provide written comments should they wish	1-6
Meeting	Offer of a meeting with Trust/programme representatives (as appropriate)	3-6
Phone call	Offer of a call with a Trust/programme representative (as appropriate)	3-6

NHS system stakeholders

We will continue communication with South East London Integrated Care Board and NHS England on the engagement process and project development, to support system working and oversight.

Methods/channels	Approach	Weeks
Update paper/routine updates	Project and engagement progress	1-6
Meeting/s	Meet as necessary for briefing and feedback	2-6

Community communication

We will publish a brief update on the Trust website to provide public visibility of the engagement activity and next steps.

Conclusion

We are making significant progress in developing our proposal to remodel the delivery of care for haemato-oncology patients at PRUH.

Our preferred option remains to bring together complex haematology inpatient cancer care on the DH site. Through our forthcoming engagement period we want to hear from patients and stakeholders to help us in further shaping the proposal so a final decision can be made by early Spring.

As we progress the development of this proposal, the benefits for Bromley people of establishing ambulatory day case provision and enhancing outpatient provision become even clearer; and we value the opportunity to involve patients in our work to develop these pathways.

We wish to agree with the committee that we will return after the formal engagement period has concluded and when all key elements of the proposal have been finalised.