

## **Opposition to the Closure of the Chartwell Inpatient Ward (PRUH)**

### **Annex B: Evidence, Process and Transparency Concerns**

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**Purpose:** In addition to the objections set out in our Opposition Paper (with further evidence provided in Annex A), this annex highlights specific gaps and inconsistencies in the material shared by KCH to date and the absence of critical analyses and a transparent, robust evidence base to justify this proposal. The document concludes with a request for the requisite information and data needed to enable an informed, evidence-led decision-making process.

#### **1. Proposal Shortfalls and Deficiencies**

The proposal in question does not present a complete, evidence-based case for the closure.

There is no published Options Appraisal (including a retention and improvement option), no metrics to support the reconfiguration, and no cost/benefit comparison or financial modelling to substantiate claimed efficiencies.

Assertions are made about the advantages of relocation—e.g., “seven-day cover” and access to 55 haematology beds—without any evidence of guaranteed pathways or additional staffed capacity at Denmark Hill to absorb incoming PRUH cases.

Basic facts within the proposal are inconsistent. The PRUH bed base is described in different places as 8 and 12 beds; neither the current staffed capacity nor recent occupancy has been verified. The proposed clinical model is also unclear: there is no description of how specialist ward nursing, chemotherapy-competent staff and routine senior haemato-oncology oversight would be maintained for PRUH patients at the receiving site.

Equity and access risks are not addressed. No travel-time analysis, cost assessment or carer-burden modelling has been published, particularly relating to older, frailer and lower-income patients who represent a high proportion of the caseload at the PRUH.

Appraisal of workforce impact is similarly absent: there is no plan for retaining or redeploying experienced Chartwell nurses and medical staff. Recent reports already point to transfer requests and paused chemotherapy training—both signs of service destabilisation.

Despite repeated requests, the Trust has not produced the clinical review that ruled in favour of the retention of the ward in 2016. The core rationale and evidence base contained within this review, which we believe still hold, are critical to any fair appraisal of the proposal today.

Finally, the process itself is ambiguous: “stakeholder engagement” has been announced while staff at the Unit already report briefings about transfers and closure steps. This sequence of actions is raising significant concerns about pre-determined, managed outcomes and decisions progressing in advance of transparent and evidence-based engagement.

## **2. Required Evidence, Analysis and Due Diligence**

Beyond the brief slide pack presented to the Bromley Health Scrutiny Sub-Committee in August, no documentation has been released that would ordinarily support a service reconfiguration of this significance including:

- Historic and current Clinical Reviews
- A formal Case for Change
- A Comparative Options Appraisal
- A Receiving-site Capacity Plan and Transfer Standards
- A review of Patient Safety Risk
- An Equality & Health Inequalities Impact Assessment and travel time/cost analysis
- An analysis of workforce risk and retention
- A full financial case/ value-for-money analysis

## **3. Publication Request**

To enable a fair, lawful and genuinely evidence-led discussion, we would request the publication of the full evidence base that underpins this proposal—namely, the analyses and documents itemised in Section 2.

We also ask for formal confirmation that no concrete steps (e.g., staff transfers, bed closures, rota changes) will proceed until this evidence pack is published, reviewed by the Health Scrutiny Committee, and considered through a formal engagement/consultation process with patients, staff and stakeholders.

## **4. Leading with Values: Transparency before Change**

King's presents itself—publicly and to staff—as patient-first, open and collaborative, with clear commitments to transparency, partnership and equity. Advancing a high-impact reconfiguration without a transparent evidence base, while signalling engagement and (reportedly) beginning closure steps, sits at odds with those values.

We therefore invite King's to model its values in practice: pause any implementation activity; publish the full evidence and options as part of formal engagement; invite independent scrutiny; and engage patients, staff and community partners at a genuinely formative stage.