Opposition to the Closure of the Chartwell Inpatient Ward (PRUH)
Annex A: Supporting Evidence and Policy Context

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Purpose: This annex presents supplementary evidence to reinforce our Opposition Case: (i) further PRUH-specific testimony from clinicians and patients; (ii) independent national survey data on postcode inequity in cancer care; and (iii) current NHS policy direction.

1. Additional Stakeholder Testimony (PRUH/ Chartwell Unit)

1.1 Retired consultant and a former Medical Director of the Bromley Hospitals

I am horrified at the sheer arrogance that Kings believes it can improve on the excellent facilities and results (we need evidence of that) of the Chartwell Unit.

As someone who has had to use the King's Day cancer facilities (for intrathecal chemotherapy), the travelling time is 5 times that taken to get to The Chartwell. There is no parking anywhere close to the Denmark Hill site. When one arrives in the hospital.

The walking distance is so great that I personally needed a wheelchair to access the ward. On the other hand, all parts of the Chartwell Unit are easily accessible via their OPD. Unfortunately, yet further building close to the Chartwell has removed some parking spaces.

I can see the brilliant, personalised service that I and many others have received will be completely lost. I am happy to help in any way I can to prevent such a travesty.

1.2 Chartwell Unit Patient Testimony

I'm currently a patient on the Chartwell ward and was told that there are plans to close the ward by the end of the year. This is heartbreaking news to hear. I was diagnosed with stage 3 Hodgkin Lymphoma in August this year and started chemotherapy three weeks ago.

I have had a rough start and had to be admitted to hospital two weeks ago with chest pains and shortness of breath. I had an awful 8-hour wait in A&E on my first night. It's hard enough waiting that period of time, but when you are immunocompromised, it adds a whole new level of fear of being in that environment. I had a CT and X-ray, which found nothing, and I was told it was just muscular pain and discharged.

I had to return the next day as I had the same issues. I was told by a consultant that he didn't know why I had come there again. I explained I was just doing what I had been told to do by my booklet and oncology team. I left again in a lot of pain and feeling as if that was how I was going to be treated by medical staff, then I wasn't sure I wanted to continue my chemotherapy treatment if I was going to be dismissed like that.

On the third day of my symptoms, my oncology team at the PRUH were tired of me being dismissed by A&E, so they wanted to admit me to get to the bottom of my symptoms. I had to go onto a medical ward while waiting for a bed on the Chartwell ward to become available. The medical ward almost overdosed me on Naproxen, rarely checked on me and after one night came in and told me I was being discharged. I tried to explain I was feeling worse and was waiting for a bed on the Chartwell Unit, but they just did not care.
Again, I left, almost giving up entirely on coming back for chemotherapy.

I didn't want to continue putting my trust in medical staff who were not listening to me. I had an appointment to have my PICC dressing changed later that afternoon, so I decided to wait around until that appointment. I waited for two hours in the car park in pain and struggling to get comfortable to then get a text message saying my appointment had been cancelled. My mum went to the Chartwell suite to ask what was going on, and when the medical ward discharged me, they also cancelled my PICC clean, assuming that it had already been done in the one night they had me admitted and ignored me.

Thankfully, the staff at Chartwell got me rebooked in and had me seen before my original appointment was due. I saw a haematologist who was disappointed that I was discharged from the medical ward, and he and the head nurse managed to get me admitted to the Chartwell ward within the hour. It turns out I had an infection, and I needed to start antibiotics. I went through the most excruciating bone and stomach pain that I can only equate as the feeling of non-stop contractions that even morphine wouldn't touch at times. I was treated so well and with such compassion by every doctor, nurse, health assistant, beverage person and cleaner. I was listened to during my 12-day stay here, I have never felt like a burden, and I have felt safe and trust every person around me. I have received five-star care and support; they have expertly explained every part of my treatment and put my mind at ease so well. They have given me the courage to face the rest of my chemotherapy, knowing that I have this support and care when I need it is such a relief.

I beg you, don't take this wonderful ward away from the vulnerable people who desperately need it in the worst moments of their lives.

1.3 Chartwell Unit Patient Case Study

In 2024, The Chartwell Cancer Trust advocated for and pursued a formal complaint on behalf of an acutely unwell patient following an admission to another local NHS hospital.

During his stay in the hospital, the patient was mistakenly isolated following an identity mix-up and subjected to repeated, distressing moves, including to an intolerably noisy isolation room. Basic care needs were missed: no bedside storage for water or personal items, and a call bell located out of reach. A visitor later found a full lung-drain bag with fluid backed up in the tube; despite this issue being raised with staff, the patient was neglected, and action was delayed.

During a ward flu lockdown, the patient was wrongly blamed for the infection outbreak without any test-based evidence. A serious dignity breach occurred when repeated requests for toilet assistance went unanswered for three hours, leading to collapse and incontinence, and a nursing response that was accusatory and punitive. Meals were frequently cold and unpalatable, forcing the patient to rely on food provided by visitors.

By contrast, once under the care of the Chartwell Unit, the patient reported thorough, compassionate and respectful nursing and timely, consistently responsive, well-coordinated clinical care, bringing comfort, reassurance and rapid symptom control.

We include this case as an illustration of how badly care can go wrong for vulnerable patients, what failing standards look like in practice and the vast disparities in patient safety and experience that exist across the system.

The harrowing treatment this patient endured, set against the care he received under the Chartwell Unit, stands as further evidence of the outstanding and exemplary practice this Unit upholds, which so many services elsewhere struggle, and often fail, to match.

2. **Patient Access & "Postcode" Inequity**

Independent national polling published this month (September 2025) mirrors the concerns and objections we have gathered from stakeholders close to the Chartwell Unit.

The Macmillan/YouGov survey of people living with cancer found that 40%—about 1.4 million people—struggle to get appropriate tests or treatment because of where they live.

Over a third (36%) report travelling an hour or more for tests or treatment, inducing additional worry/anxiety (16%) and exhaustion/fatigue (12%). Critically, 3% report turning down tests or treatment due to travel distance—an estimated 100,000 people each year.

These findings provide stark evidence of the scale and breadth of the health inequalities nationally and the harm created by distance, fragmentation and lack of access to local services. Against this backdrop of inequity, the proposal to relocate care away from those who so desperately need it in the catchment area of the PRUH would only replicate a grave and entrenched systemic problem and a national pattern of disadvantage already afflicting so many across the country.

3. **Local Care as National Strategy**

Recent NHS national strategy publications, specifically the *Fit for the Future: 10-Year Health Plan for England* (2025) and *the 2025/26 Neighbourhood Health Guidelines*, respond to the very failings the Macmillan Survey exposes: Postcode Lotteries, distance-related inequity, fragmented care pathways, and avoidable displacement from local services.

The NHS strategic direction of travel set out in these documents is explicit: keep care close to home, embed specialist input in local, integrated pathways, and minimise unnecessary reliance on central hospitals.

The 10-Year Plan describes a *"neighbourhood health service"* that *"will bring care into local communities"* and *"reintegrate healthcare into the social fabric of places,"* linking sustainability to *"our choice to do more in the community, and to bring more staff and resource into the places people live."* (10-Year Plan, pp.28–29).

The Neighbourhood Guidelines signal an operational shift *"from hospital to community – providing better care close to or in people's own homes,"* and the introduction of localised service models to *"prevent people spending unnecessary time in hospital,"*, to *"reduce emergency department attendances and hospital admissions"* and, where admission is needed, *"reduce the amount of time spent away from home and the likelihood of being readmitted."*

The Chartwell Unit is precisely the kind of place-based, specialist inpatient resource that anchors neighbourhood care, prevents long, disruptive transfers, shortens time to intervention, preserves continuity with known teams, and keeps patients nearer to family support.

Situating the current proposal within a broader policy context clearly demonstrates again that centralising the PRUH inpatient function to Denmark Hill and dismantling an invaluable neighbourhood health care asset will perpetuate the 'unsatisfactory status quo' that the NHS is explicitly seeking to address and stands in direct opposition to national strategy.