NHS
King's College Hospital
NHS Foundation Trust

Engagement Report: Proposed changes to haematology inpatient care at Princess Royal University Hospital

Publication: June 2026

Contents

1. Executive summary

This report provides a summary of the external engagement undertaken in relation to the proposed changes to haematology inpatient services at the Princess Royal University Hospital (PRUH).

A five-week period of formal engagement was undertaken between 17 February and 23 March 2026.

The primary target audiences for external engagement were patients and families, local stakeholders and system partners. A range of engagement methods were used to support accessible and proportionate participation.

The undertaking of a formal engagement period was supported by Bromley Health Scrutiny Sub-Committee, the delegated local Health Overview and Scrutiny Committee (HOSC), and was supported by advice from South East London Integrated Care Board and NHS England.

Feedback from both patients and stakeholders has been analysed separately and key themes are summarised within this report.

Common themes across all responses included access and travel, patient experience and family support, continuity of care and questions relating to quality, safety and proposed service model. The most frequently raised themes from patients related to access to specialist expertise, travel and the importance of support from family and friends. Local stakeholders raised similar considerations alongside workforce and service sustainability. System partners were engaged from an oversight and governance perspective.

These findings have been considered alongside clinical, operational and strategic factors, and informed the final proposal and decision we have taken.

Introduction

Following a review of how inpatient haemato-oncology care is provided for haematology patients at the Princess Royal University Hospital, the Trust has been developing proposals to improve inpatient care and enhance day case care for haematology patients.

The aim is to improve quality and optimise clinical outcomes for patients whilst providing equity of access for all local patients and a sustainable service for the long-term.

The proposals include remodelling the haematological cancer care currently provided at the PRUH including on Chartwell ward by:

- Bringing all specialist haematology inpatient cancer care provided by the Trust together at Denmark Hill
- Establishing a haematology day unit at the PRUH for both emergency care and planned care

This builds on existing arrangements, where some patients in Bromley and neighbouring areas already receive inpatient haematology care at Denmark Hill depending on clinical needs. Local access would also improve through the addition of a new day case pathway.

Outpatient cancer care for haematology patients would remain at the PRUH and is not included in change proposals. The cancer care model for all other cancer types at the PRUH is not included in these change proposals.

2. Approach to engagement

We undertook a period of formal engagement to gather feedback on the proposed changes. This followed a period of early engagement activity from October 2025, which included an initial review of existing patient feedback, expanded patient experience data capture and analysis, dialogue and collaboration with stakeholders. During this time, Healthwatch Bromley initiated a series of standard engagement visits to haematology and cancer services with our full support and facilitation.

The engagement period ran from 16 February and 23 March 2026 and focused on:

- Ensuring those most affected by the proposal had the opportunity to provide feedback
- Ensuring organisations with specific interest, specialist expertise/insights had the opportunity to feedback in addition to local integrated care system partners and elected representatives
- Providing clear and accessible information about the case for change and proposed changes
- Offering a range of methods to support participation

Engagement methods are detailed in section four. Overall, the approach aimed to ensure reach while maintaining focus on those with direct experience of the service and/or speciality.

3. Engagement activity overview

We planned to undertake a four-six week period of formal engagement on the proposal, informed by earlier patient and stakeholder engagement activity. In practice the engagement period took place over five weeks. This phase was delivered as outlined below.

Primary stakeholder groupings and methods

Patients - Haematology cancer patients who had been inpatients on the Chartwell ward at the PRUH in the last two-three years and their families/carers. All patients had the opportunity to engage via any of the methods below.

Methods	Considerations/approach
Three online focus groups Review and feedback of draft patient pathway review	Held online due to the winter period increasing infection risk for patient cohort (i.e. those who are immune-suppressed). Times of day and days of the week varied to increase opportunity across the patient profile.
Digital survey	Uptake was regularly monitored to inform telephone interview approach.
Telephone interviews	Flexibility on weeks of telephone interviews based on uptake across other methods Invitation and support calls made to facilitate participation.

Local stakeholders – Bromley

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

We provided information about the engagement process and invited comments and discussion from those who wished to participate. We recognised that relevance would vary across stakeholders and factored this into our engagement capacity and approach.

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

Stakeholders – neighbouring areas, region, other

In addition to local stakeholders within the borough of Bromley, we extended our reach to neighbouring borough and county councils. We also shared with specialist charities beyond the immediate locality.

NHS system stakeholders

We continued communication with South East London ICB and NHS England on the engagement process to support system working and governance. Both approved the overall engagement approach. Due to their oversight and assurance role, they are not included in the stakeholder cohort invited to provide feedback as part of the engagement process.

4. Stakeholders engaged

The following stakeholders were contacted as part of the engagement process inviting them to respond formally with any feedback they wished to share.

Bromley stakeholders included: Bromley Health Scrutiny Sub-Committee, Bromley Council, Healthwatch Bromley, Chartwell Cancer Trust, St Christopher's, Bromley Healthcare, Bromley MPs, Bromley Madlani Cancer Support, Bromley Third Sector Enterprise, Bromley GP Alliance, Bromley Primary Care Networks.

Neighbouring areas, region, other stakeholders included:

- Bexley Adult Care and Health Overview and Scrutiny Committee
- Kent Health Overview and Scrutiny Committee
- Bexley MPs
- Kent MPs – for Sevenoaks and Dartford
- Blood Cancer UK
- Macmillan Cancer Support – the King's College Hospital, Denmark Hill site is home to a cancer support centre. There is no such facility on the PRUH site.

5.1 Input from Health Overview and Scrutiny Committees and local authority

The Trust engaged with local authority Health Overview and Scrutiny Committees (HOSCs) as part of the engagement process.

Representatives attended a meeting of Bexley Adult Care and Health Overview and Scrutiny Committee on 18 March, where members requested that their comments and questions be considered as part of the engagement process. These have been considered alongside other stakeholder feedback.

In relation to Bromley Health Scrutiny Sub-Committee, the Trust has undertaken ongoing engagement with members in the period leading up to and during the formal engagement through sharing of information. It was agreed through meeting discussions that comments and issues raised would form part of the overall engagement considerations and response.

There has also been engagement from Bromley Council via the portfolio holder for Adult Care and Health, who attended meetings and participated in discussions about the proposals.

Feedback from all has been reflected within the thematic findings set out in section seven.

5. Patient engagement findings

6.1 Overview of patient engagement

The Trust engaged with 49 patients who received care for blood cancer at Chartwell Ward between December 2023 and November 2025.

Individuals' viewpoints and opinions were collected via:

- an online survey which was sent via e-mail directly to all patients within the identified cohort. The Trust achieved a response rate of 36% based on 45 responses from 125 patients contacted
- a telephone interview with one patient that took place on 6 March 2026
- virtual focus groups with four patients that took place on 9 March 2026, 2pm to 4pm (three patients attended) and 10 March 2026, 6pm to 8pm (one patient attended). A third date was offered to patients but cancelled due to no uptake.

To increase participation and ensure accessibility, members of the Trust's patient experience team proactively followed up with patients for whom telephone contact details were available, encouraging survey completion. For patients who were unable to complete it independently, support was offered to help them complete the online survey.

A semi-structured survey and focus group structure were used to assess patients' views and concerns about the potential move of inpatient care to King's College Hospital, Denmark Hill.

Due to the voluntary nature of patients' participation in the engagement methods, a standard set of data was developed but a complete set was not collected for everyone. Therefore, the sample size varies depending on the information provided. Not all data will tally due to rounding.

In addition to the Trust-led engagement activities, Chartwell Trust has shared feedback and testimonials from 102 individuals.

6.2 Summary of patient feedback

Survey data analysis has revealed that the most important factor for patients requiring overnight stay is access to clinical expertise. Although this was closely followed by distance to travel and access to friends and family to provide holistic support, respondents were clear that access to specialist advice and treatment is key.

Availability of expertise therefore outweighs patients' concerns about distance to travel.

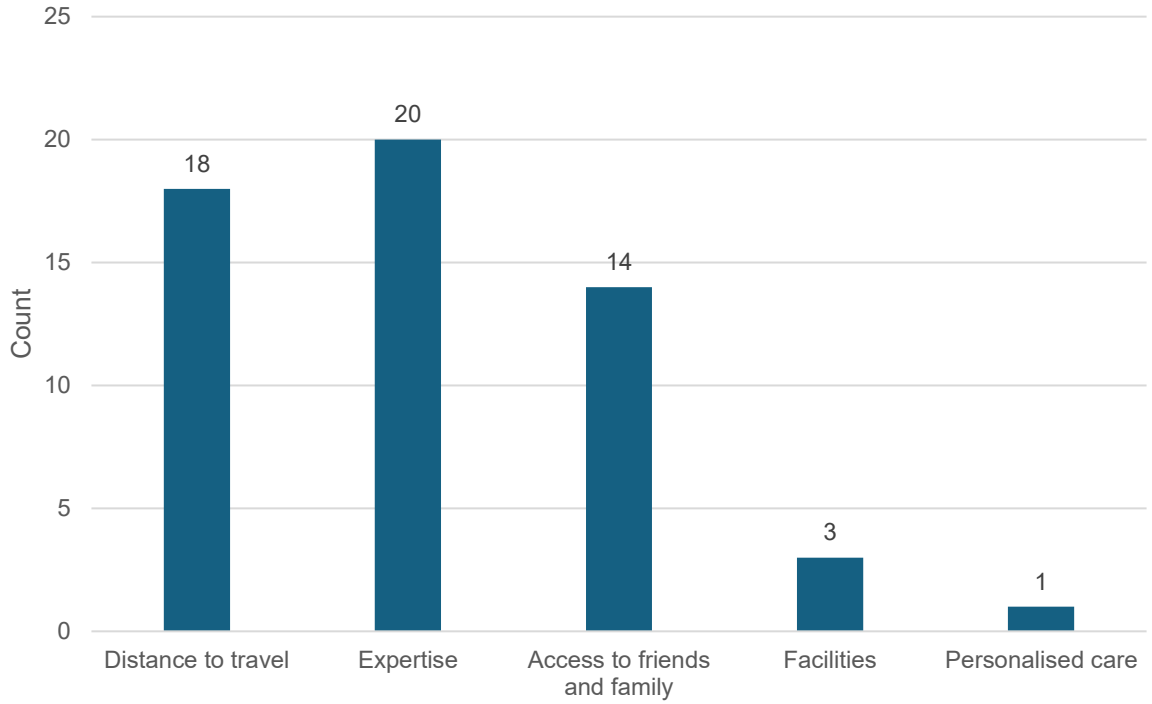


Figure 1. 'What matters to if you or someone you care for needed to stay overnight for treatment?'

The negative impact on individuals' wellbeing due to lack of support from friends and family due to distance to travel as reported cannot however be underestimated: *'My children will not be able to visit me midweek. It will feel far away, remote and the idea gives me real anxiety'*. **Socio-economic factors** have also been cited as the cost and time to travel will increase significantly if the patient pathway is changed.

Patients who shared their experience as part of the engagement programme have also expressed **preference for receiving treatments as 'day care'** as opposed to having to be admitted. This has not only been recognised as a preferred option but also as one that can lead to better health outcomes as indicated by one of the respondents: *'When I stay in hospital I lose weight and body muscles, home is better for exercise*'.

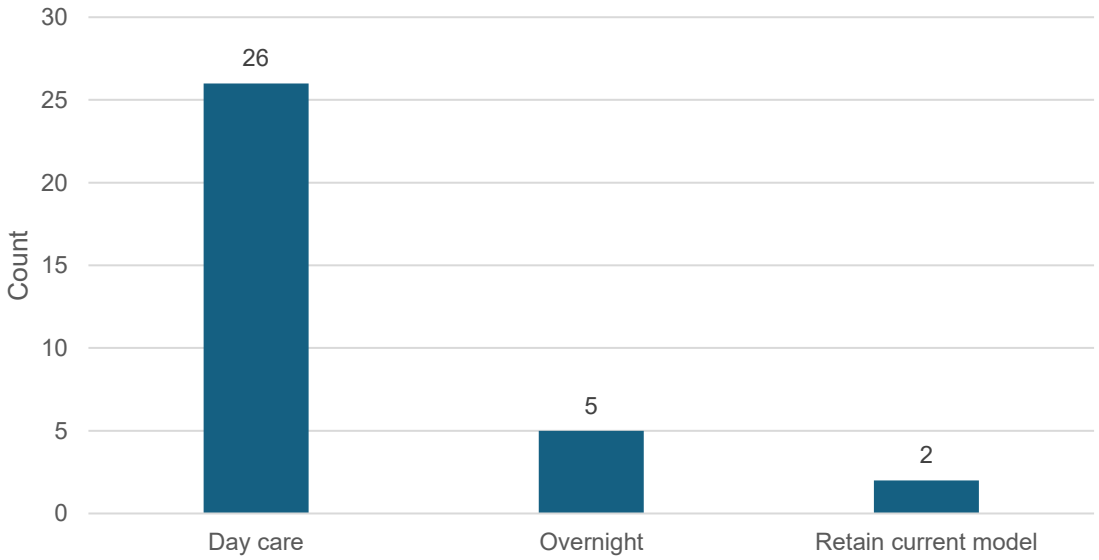


Figure 2. Care as a day patient vs overnight stay

A day unit, as suggested by patients, should be open seven days a week, with modern facilities and access to isolation rooms within a large, well-resourced space with comfortable seating and access to refreshments. A designated line for enquiries should be in operation alongside rapid blood testing facilities.

Based on data collected, a significant number of respondents, 81%, use personal cars to travel to hospital to receive care. Bus, taxis and train were also noted as methods by which patients travelled for their treatment.

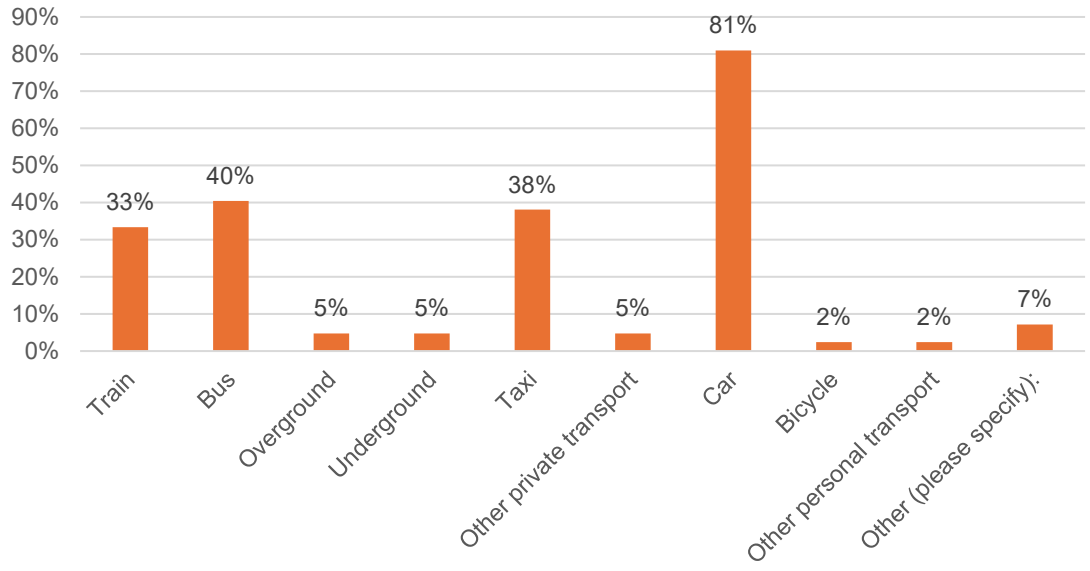


Figure 3. Mode of travel of survey respondents

This is reflected in **concerns about parking, distance to travel and cost of travel** being raised by a significant number of patients. Travelling to the Princess Royal University Hospital was seen as more convenient, quicker and easier to access for regular appointments. Both current and former patients viewed King's College Hospital, Denmark Hill as long, complex, and highly tiring, often requiring multiple modes of transport. Concerns about **travelling on public transport when immunosuppressed** were also cited. Designated parking for oncology patients on both sites was suggested as a potential solution to alleviating issues identified.

Patients also consistently valued being known personally by the clinical staff at Princess Royal University Hospital and recognised the **relationships** that they have with clinical staff. The move to a large tertiary hospital will remove not only those relationships but also access to the calm, quiet environment of Chartwell, and a sense of safety and familiarity built over years: *'At Chartwell they know the back of my hand - literally. At King's I do not know anyone's name'.*

Several patients voiced concerns that the Trust's **proposal lacks transparency** and expressed uncertainty about how neutropenic sepsis and acute complications

will be managed and whether they would still have access to a rapid haematology-led review at Princess Royal University Hospital.

7. Stakeholder engagement findings

7.1 Overview of stakeholder engagement

A total of 24 stakeholder organisations and representatives were invited to participate in the engagement process. Formal responses were received from 7 stakeholders, representing a response rate of approximately 29%.

A total of 6 responses to the stakeholder survey were received, including one from a member of the public. The themes raised through this response have been considered and are reflected within the other feedback and communication section of this report.

Stakeholders who provided formal responses or participated in the overall engagement process on these proposals included:

- Chartwell Cancer Trust
- Healthwatch Bromley
- Madlani Cancer Support
- GP/PCN
- Bromley HOSC
- Bexley HOSC
- Bromley Council (via portfolio lead engagement)

7.2 Summary of stakeholder feedback

Feedback from stakeholders has been analysed and a thematic summary is set out below.

Theme 1: Access, travel and financial impact

Feedback consistently highlighted concerns regarding increased travel distances to the Denmark Hill site, particularly for patients and their families in the Bromley area and nearby vicinity. Additional factors related to the extended travel distance were also raised.

Stakeholders noted the potential impact on:

- Travel time and accessibility, particularly for those with mobility issues
- The cost of travel, including reliance on taxis for vulnerable patients
- The ability of family members to visit regularly
- Concerns were also raised regarding parking availability and the accessibility of public transport to the King's College Hospital, Denmark Hill site.

Theme 2: Quality, safety and infection prevention

In relation to travel there were consistent inquiries across stakeholder respondents into how the change would maintain clinical safety for immunocompromised patients.

Other considerations relating to patient safety and clinical care were also raised.

These included:

- The importance of infection prevention and control for immunocompromised patients
- Concerns regarding exposure to infection during travel
- Questions regarding the availability of appropriate specialist facilities and bed capacity

Some stakeholders also sought further clarity on clinical pathways and how safe and timely transfers between sites would be managed.

Theme 3: Patient experience, wellbeing and family support

Stakeholders emphasised the importance of maintaining strong support networks for patients during treatment for emotional wellbeing. This was noted as having a direct and positive impact on recovery and patient experience overall.

Feedback highlighted that:

- Proximity to home enables more frequent visits from family and friends
- Family involvement plays an important role in patient wellbeing and recovery
- Increased travel distance may reduce opportunities for regular contact and support

Some stakeholders expressed concern that changes could impact the overall patient experience, particularly for those requiring longer inpatient stays**.**

Theme 4: Continuity of care and local provision

Feedback reflected the value placed on local access to services and continuity of care.

Stakeholders highlighted:

- The importance of maintaining care closer to home where possible
- Concerns regarding the impact of removing inpatient provision from PRUH
- The role of existing facilities, including Chartwell Ward, in providing specialist and supportive care

Some stakeholders also raised broader concerns about the potential impact on the role of PRUH as a local provider of specialist services and the future of the hospital.

Theme 5: Understanding of the proposed model and future pathways

Feedback indicated that some stakeholders would welcome further clarity on how the proposed model would operate in practice. There was also limited understanding of the haematology day case offering and how this differed from current model.

Queries included:

- How inpatient and day case services would work together
- Access arrangements for urgent or emergency care
- The detail of patient pathways, including transfers between sites
- The evidence base underpinning the proposed changes

Stakeholders also emphasised the importance of clear, accessible communication as proposals develop.

Theme 6: Workforce and service sustainability

Stakeholders raised considerations relating to workforce and the sustainability of services. This included questions regarding staffing levels, skill mix and specialist competency requirements

Key points raised included:

- The importance of maintaining specialist workforce capacity
- The need to support ongoing education and training
- Ensuring services are sufficiently resourced to deliver the proposed model

Opportunities and suggested improvements

Stakeholders also identified potential opportunities and raised suggestions to strengthen the proposal.

Opportunities included:

- The potential benefits of direct and faster access to specialist expertise
- Opportunities to reduce waiting times and improve outcomes
- The importance of reviewing the impact of any changes over time

Some stakeholders suggested:

- Greater flexibility in patient pathways between sites to allow transfer back to the PRUH if specialist level support no longer needed but longer inpatient stay still required
- Clear communication and support for patients during any transition

There were also several recommendations submitted by some stakeholders:

- Shuttle bus facility between sites for patients and families
- Seven days per week, day case service at the PRUH to avoid waits in the emergency department

- A process of ongoing evaluation of outcomes following implementation
- Comprehensive review of the benefits realisation at a set period following implementation and the opportunity to tweak pathways to meet proposal aims and address any challenges for patients

8. Other feedback and communication

In addition to feedback received through the formal engagement process, the Trust received a small number of general enquiries relating to both the proposals and the engagement process. These were responded to directly.

Blood Cancer UK did not formally participate in the engagement process through submitting a response. However, they did raise some queries to support their work in addressing matters relating to the haematology workforce nationally. We responded to these queries.

The Chartwell Cancer Trust submitted feedback and testimonials from 102 individuals.

Analysis of feedback provided indicates that there is strong, unified opposition to the proposal, with individuals expressing deep concern about the risks, negative impacts, and serious consequences they believe it would have on their care and wellbeing: The key points raised are below.

1) travelling to King's College Hospital, Denmark Hill has been described as unsafe, stressful, and often impossible for frail, immunocompromised, elderly, or disabled individuals. Long journey times crowded public transport, lack of parking, and the financial burden of taxis create significant barriers to accessing timely treatment. Family presence, which was seen as essential for morale and recovery, would be severely reduced.

2) General medical wards have been described as lacking specialist expertise needed for haematology and oncology patients, leading to misdiagnoses, delays, medication errors, and missed care. Patients reported feeling unsafe outside of Chartwell. The unit's closure is viewed as directly increasing clinical risk and the likelihood of avoidable harm. Moving care to King's College Hospital, Denmark Hill is perceived as significantly heightening psychological distress and to be removing a vital support network.

3) reduction in specialist beds, increased travel times, and pressure on tertiary specialist centre are believed to lead to delayed treatment, avoidable deterioration, and poorer survival outcomes. Patients emphasised that cancer care is time critical, and they believe, must remain local.

There was also a response submitted via the stakeholder process from a member of the public. The themes raised have been incorporated above due to their consistent nature.

Overall, the strength of feeling about the service and the Chartwell ward as a local facility is evident. This is also reflected in some of the stakeholder feedback.

The Chartwell Cancer Trust has also submitted a petition signed by members of the local population and a document of opposition.

9. How feedback has been considered

Feedback received through the engagement process, alongside the findings of the Healthwatch Bromley report, has been reviewed and considered as part of the final proposal development.

The feedback received covered a range of themes relating to patient experience, access to care, clinical quality, and service delivery. Overall, the feedback received has informed pathway development, refinement of the proposed model, and development of associated patient information.

9.1 Travel and access

Travel and access were the most frequently raised themes by both patients and stakeholders. Concerns focused on increased travel distances for inpatient care, associated travel costs, parking availability and the impact this may have on patients and their families.

Feedback reinforced the importance of maintaining care locally wherever clinically appropriate. The final proposal includes the development of a dedicated Haematology Day Unit at PRUH to support planned and urgent day case activity locally.

The Trust recognises that some patients and families will experience additional travel where specialist inpatient care is required at King's College Hospital, Denmark Hill. However, it is important to note that patients would be transferred by ambulance from PRUH to King's College Hospital, Denmark Hill for admission. Additionally, patient transport is available to those eligible. Existing NHS travel cost schemes are available for eligible patients, and charitable support may also be available in some circumstances.

Feedback highlighted the importance of ensuring that there is clear and accessible information for patients and families about travel support, patient transport arrangements, and other assistance that is available to them.

The suggestion of a shuttle bus facility between sites was noted but following consideration has not been taken forward as part of proposals. Dedicated shuttle services are not routinely provided for individual clinical services. Introducing such arrangements for one patient group raises wider questions regarding the equitable use of NHS resources and consistency across NHS services. For many people travelling from home to the PRUH and then getting a shuttle bus to DH would give a longer journey time than using an existing public transport route or taxi.

The proposal instead aims to maintain the majority of care locally at the PRUH through outpatient services and the Haematology Day Unit. Technological advancements and the increased number of treatment options over the last decade in haematology mean that more care can be delivered through these services, and less people require overnight hospital stays.

For similar reasons, suggestions regarding dedicated parking for haematogy patients and their families have also not been taken forward.

9.2 Family support and patient wellbeing

Patients and stakeholders consistently highlighted the importance of support from family and friends during treatment and recovery. Concerns were raised about the potential impact of increased travel distances on visiting and maintaining contact with loved ones.

The Trust recognises the important role that family members, carers and support networks play in patient wellbeing and recovery. However, the clinical case for change remains and it is based on improving access to specialist inpatient haematology care and supporting better clinical outcomes for patients. Whilst it is not possible to mitigate this impact fully, the feedback has informed consideration of how patients and families can be best supported within the proposed model of care and throughout the care journey.

This includes family and friends being supported to access the range of support available for communicating with loved ones, such as:

- Telephone support – where each ward has a telephone that patients can use to speak to friends and family
- Virtual visiting – using video calls on mobile devices to connect with friends and family. Free WiFi is available across all hospital sites and the Trust can supply equipment for individuals who do not have access to smart phones or tablets. This includes patients and friends and families.
- Written message relay service – our volunteers can deliver personal messages to patients bed-side.

Feedback has also reinforced the importance of clear communication with patients and families before any service transition takes place.

9.3 Local access and continuity of care

Many respondents emphasised the value of receiving care locally and maintaining continuity of care with clinical teams.

The importance of ensuring patients understand which elements of care will continue to be provided at PRUH and how different services will work together under the proposed model was also reinforced in the feedback.

Outpatient haematology services are not included within the scope of these proposals and will continue to be provided at PRUH. The proposed Haematology Day Unit has been developed to provide a dedicated environment for planned, urgent and emergency day case care delivered by haematology staff. It also enables the introduction of further support services at the PRUH, including MacMillan cancer support and the haematology psychology team. This has not previously been possible due to space limitations.

Clinical nurse specialists and the wider multidisciplinary team will continue to support patients throughout their treatment pathways.

An options appraisal for different opening times has been assessed. The preferred option would be for a Monday to Friday 8 am to 8 pm service, with potential to move to a 7-day

service if future demand requires. This would offer an increased level of elective access and greatest support to the emergency and urgent pathways.

9.4 Quality, safety and infection prevention

Patients and stakeholders sought assurance regarding clinical quality, patient safety, infection prevention and access to specialist expertise.

Feedback reinforced the importance of clearly demonstrating the clinical rationale for the proposal and ensuring that pathways for urgent assessment, escalation and inpatient care are clearly defined. The clinical pathway development work has enabled this and materials to provide explanation for patients and families have been factored into implementation work should proposals proceed.

It is important to note that there are existing pathways in place for acute complications including neutropenic sepsis, and these will be maintained, with appropriate adaptations for patient transfers. Medical cover for haematology patients will also continue at the PRUH.

In specific response to concerns regarding pressure on the tertiary specialist centre, suggestions of avoidable deterioration and poorer outcomes; assurance can be provided that this is not reflected in the clinical pathway development work and final proposed model. The revised pathways and model deliver enhancements to day case provision locally and faster and improved access to specialist care.

In further response to concerns about patients being located on general medical wards. This is already a routine pathway for haematology and oncology patients based on clinical need. This is standard process across acute hospitals. The number of beds on the Chartwell ward does not reflect the number of patients under these specialties that are in the hospital at any one time. These patients are cared for appropriately and have access to relevant clinical expertise.

9.5 Understanding of the proposed model

Some stakeholders indicated that they would welcome greater clarity regarding how the proposed model would operate in practice, particularly the role of the Haematology Day Unit and how inpatient and day case services would work together.

Feedback also highlighted the need for clearer information about which elements of care are changing, and which will remain at PRUH.

In response, frequently asked questions and illustrative pathway examples and what it means for patients requiring different types of care have been identified as material needed to support understanding. The development of this specific patient information and others to support transition have been factored into implementation work requirements.

9.6 Workforce, education and service sustainability

Stakeholders raised questions regarding workforce capacity, specialist skills, education and training opportunities.

These issues have been considered throughout the programme as part of workforce planning, clinical pathway development, and service modelling. Bringing specialist inpatient care together at the haematological specialist centre is intended to support workforce resilience, access to specialist expertise while maintaining local outpatient and day case provision at PRUH.

9.7 Ongoing review and evaluation

Stakeholders highlighted the importance of monitoring the impact of any changes over time and reviewing whether the intended benefits are achieved.

The Trust will continue to monitor patient experience, activity, outcomes, and pathway performance through existing quality, operational and governance processes. This will help ensure that any learning and opportunities for improvement are identified on a timely and routine basis.

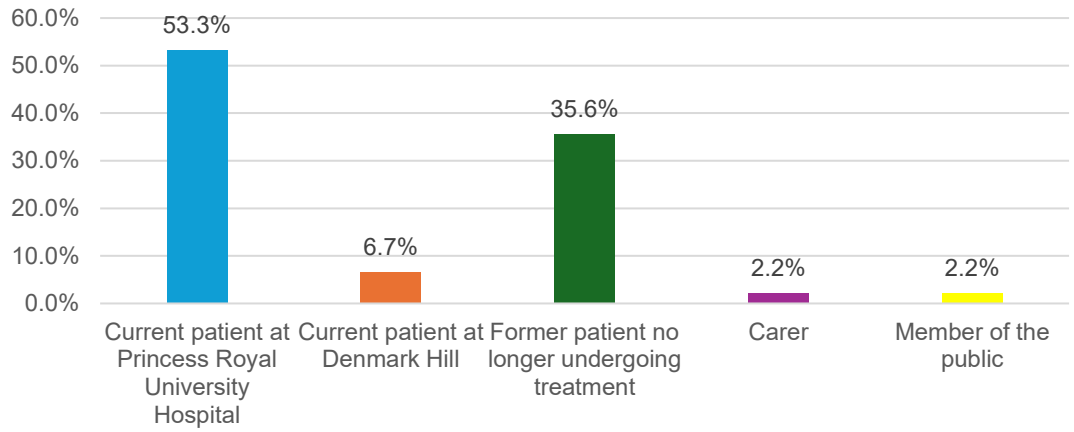
This includes consideration of providing a seven days a week, day case service as raised by some respondents. The current proposed model is based on a five-day service, in line with current activity and demand; however, this will be under ongoing review, with the potential to increase, should demand require.

10. Next steps

The engagement findings and insights have informed the pathway development work and refinement of the proposal. This has supported decision making and will continue to inform transition and implementation.

Patient respondents demographic Information

Figure 4. Survey respondent type



Just over half of the respondents (53%) stated they were currently receiving ongoing treatment for blood cancer at Princess Royal University Hospital

Location: Respondents to the survey predominantly lived within the Borough of Bromley, with a few cross over to neighbouring boroughs. The furthest patient lived in Tunbridge Wells. 40% of respondents currently lived in areas of least deprivation (9-10 IMD) and the average IMD score was 8.

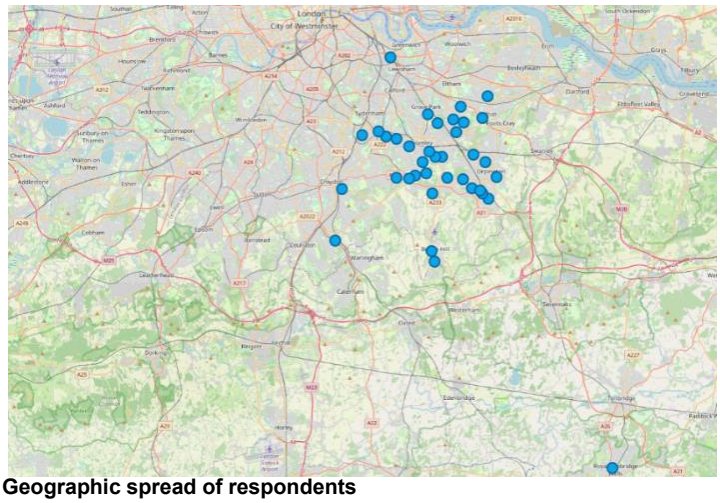


Figure 5. Geographic spread of respondents

Age: The average age of people who shared their feedback on the survey was 70 years old. Although the ages ranged between 42 to 86 years old, a larger portion of patients were over the age of 60.

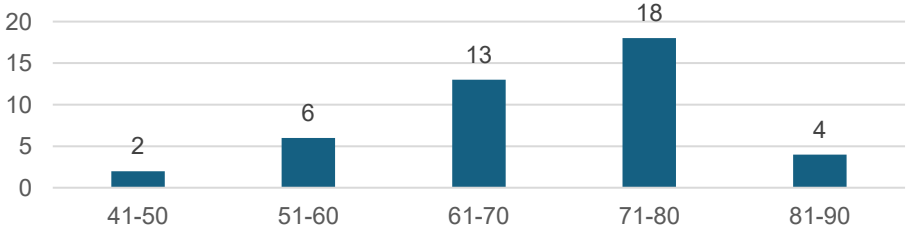


Figure 6. Respondents' age by brackets

Disabilities: 70% of respondents considered themselves to have a disability or long-term condition. As expected, 63% reported having a long-term condition or ill and 21% reported having "other" disability.

Gender, sexual identity and sexuality: All respondents identified as the sex registered at birth and were heterosexual. 51% of respondents were female, with the remaining self-reporting as male.

Marital status: A large portion of respondents were married (65%) or widowed (16%)

Religion: Almost half of respondents were of Christian faith including all denominations. A further 37% reported having no religion.