

20 February 2009
Our ref QinetiQ/CHS/07/07
Your ref DSB/HW/1029

Councillor D. Butler
Civic Offices
Guildhall Square
Portsmouth
PO1 2AL

Dear Mr Butler,

Health Overview & Scrutiny Panel review of Hyperbaric Medicine Units

Further to your letter dated 10th February 2009, I hope that you find the following clarifications and information helpful to the Health Overview & Scrutiny Panel's discussions.

It may assist you if I clarify that the HMU is operated by QinetiQ on behalf of the Ministry of Defence (MoD), it is not an NHS facility. Although it has been made available for use by both emergency and elective civilian patients, the Unit's primary purpose is to provide emergency facilities for the Royal Navy. QinetiQ has always sought to ensure that our MoD client and the taxpayer have been provided with the best quality of service at the most reasonable cost.

As the MoD provides the finance that underpins this facility QinetiQ has therefore consulted with, and sought the approval of, the MoD for all its actions and decisions in this matter.

In order to provide the MoD with this service, the HMU must be fully operational – i.e. it cannot function on a standby basis. It needs to be in a hospital where medical staff can keep their skills current and practise routine hyperbaric medicine. For this reason civilian patients are able to receive the benefits of hyperbaric medicine, from a facility ultimately funded by the MoD. It is worth noting, however, that Portsmouth and Hampshire PCTs have chosen not to fund elective patients to have hyperbaric medicine treatments contrary to a number of other PCTs in the region.

Since the decision to close Royal Hospital Haslar rendered the land leased to us unavailable, QinetiQ has been proactively seeking a solution to keep the HMU operational in the region. We investigated all possible opportunities to ensure that we fulfilled the primary requirement of the MoD for an emergency facility for the Royal Navy, whilst also continuing to provide emergency treatment capability for civilian patients, including divers, and routine hyperbaric medicine.

The move to Chichester is the most cost effective way to continue providing this facility for use by both the Royal Navy and civilian patients in the region.

I shall now address each of your points in turn.

- The HOSP heard evidence from Portsmouth Hospitals Trust (PHT) regarding their proposal for a Category 4 Hyperbaric Chamber to be installed at Queen Alexandra Hospital to replace the existing chamber. We were led to believe that QinetiQ did not respond to this proposal. Can you advise us why QinetiQ did not respond to Portsmouth Hospitals Trust, and whether QinetiQ would feel able or willing to support such a proposal?

QinetiQ Ltd
Room 1, Building 4
QinetiQ Alverstoke
Fort Road, Gosport
Hampshire
PO12 2DY

Tel: +44 (0)2392 335873
Email: tsharman@QinetiQ.com
Fax: +44 (0)2392 335869
Web: www.QinetiQ.com

QinetiQ Ltd
Registered in England
Number 3796233
85 Buckingham Gate
London SW1E 6PD
Part of the QinetiQ group

The requirement laid down by the MoD is for a Category 1 HMU. A Category 4 Hyperbaric Chamber does not meet the MoD's criteria and therefore was never a suitable option. QinetiQ has no record of a formal, written proposal from PHT for a separate Category 4 Hyperbaric Chamber, although there was some early discussion about including an additional small mobile chamber alongside the main Category 1 unit at QAH.

- We heard evidence from PHT that the original plans to re-develop the site of Queen Alexandra Hospital included a Hyperbaric Medicine Unit, and that this proposal was supported by QinetiQ. Our understanding is that QinetiQ withdrew their support for this project in 2001, but that the reason for this withdrawal is unknown. We would like to know the reason for QinetiQ withdrawing their support for this project, who made these decisions and on what basis?

On 25 February 2002, QinetiQ wrote to Sue Millard, PFI Procurement Manager for Portsmouth Hospitals NHS Trust, explaining why we were unable to proceed with the plans. In that letter we confirmed that the MoD was unable to provide funding for the HMU and QinetiQ could not proceed without this. Under these circumstances, QinetiQ could not commit to QAH without future funding provision from the MoD in place. It was only in mid-2008 that the MoD was able to obtain the funding to support the HMU.

- Following the withdrawal of QinetiQ from this project, PHT continued the redevelopment plans for QA Hospital. Following an approach from QinetiQ in 2006 to re-engage with PHT to provide a HMU at QA Hospital, PHT worked hard to attempt to accommodate this and identified an alternative site within the current grounds. Despite this, QinetiQ once again withdrew their support for the HMU at QA Hospital in 2007 without explaining why they had taken this decision. We would like to know what were the factors that were taken into consideration when deciding to withdraw support for a new HMU at QA Hospital? And what factors influenced that decision?

On 18 June 2007, QinetiQ wrote to Mr A Burrows, Acting PFI Director, Portsmouth Hospitals NHS Trust, explaining exactly why it was unable to proceed. The HMU is operated by QinetiQ on behalf of the MoD and the MoD provides the underpinning financial support for the HMU. However, in 2007, the PFI programme required a commitment from QinetiQ before the MoD was able to confirm its funding of the HMU. Under these circumstances, QinetiQ could not commit to QAH without future funding provision from the MoD in place. It was only in mid 2008 that the MoD was able to obtain the funding to support the HMU.

- The decision has been taken to remove the existing HMU from Haslar to St Richards in Chichester. We would like to know what the rationale was for this move and what was the cost difference between relocating to St Richards or relocating to QA Hospital? What truth is there in the belief that the decision to relocate to St Richards was purely financially driven, rather than for the benefit of patients using the facility?

The primary purpose of the HMU is to provide a service to the Royal Navy, which is funded by the MoD. The decision to close Royal Hospital Haslar rendered the land leased to the company for the HMU unavailable.

The expected cost of moving the HMU to QAH (as at mid-2007) was 3 to 4 times more expensive than the cost of re-location to Chichester and this was deemed an unacceptable cost to the MoD and ultimately the taxpayer.

With regard to patient benefit, Portsmouth and Hampshire PCTs do not fund elective patients to have hyperbaric medicine treatments, so patients from Portsmouth are not able to be treated by the HMU except in emergencies. There will be no decline in the service provided for emergency cases as a result of the move to Chichester.

A number of PCTs in the area do use the HMU's facilities and elective patients come from across the South/Central region and occasionally even further away. Elective patients will not be affected by the move to Chichester and the facility will still support the elective treatment of patients from Portsmouth if the PCTs desire. Care for emergency cases from Portsmouth and the rest of the region will not be affected.

- What consultation was entered into when deciding to close the HMU's at Haslar and QA Hospital and relocate to St Richards in Chichester? How was this consultation carried out and who was involved? Why were the HOSP not involved in any of these discussions?

The primary purpose of the HMU is to provide a service to the MoD and it is operated in order to maintain an emergency capability for the Royal Navy to treat divers and other emergency cases. The MoD is our client for these services and underpins the cost of them. The wishes and needs of MoD and the Royal Navy were the primary issue for us in relocating the HMU following the decision to close the Royal Hospital Haslar.

QinetiQ consulted extensively with the Royal Navy and the MoD and required the approval of the MoD for all its actions and decision in this matter. Although the HMU is not a NHS facility, QinetiQ maintained close dialogue with PHT throughout this process to try and achieve a satisfactory solution for the MoD whilst providing a continued service for other patients in the region.

In order to provide the Royal Navy with this service, the HMU must be fully operational and cannot function on a standby basis. It needs to be in a hospital where medical staff can keep their skills current and practise routine hyperbaric medicine. For this reason elective patients and civilian emergency cases are able to receive the benefits of hyperbaric medicine, from a facility funded by the MoD.

The move to Chichester is the best solution to continue providing a service to the Royal Navy and to local people. We remain in contact with both QAH and St. Richards to try to minimise disruption during the relocation of this service.

- The HOSP has genuine concerns over plans to merge Royal West Sussex NHS Trust and Worthing and Southlands Hospitals NHS Trust and the potential for St Richard's to have their A&E facility withdrawn or downsized. This would mean that the HMU would be unable to function as a category 1 facility. Can you provide a guarantee that this has been included as part of the plans to move the HMU to St Richard's, and that if such an event were to happen, that QinetiQ would be able to provide a Category 1 Unit elsewhere on the South coast? What contingency plan is in place should St Richards lose their A&E status?

QinetiQ is committed to providing a Category 1 HMU to the MoD and we have worked hard to ensure that we are able to do this. We have been assured by Royal West Sussex Trust that the Accident and Emergency department, Acute Medical Services and Intensive Care Unit at St Richard's, which the HMU requires, will be maintained.

I do hope that this covers all your points, however please do not hesitate to contact me should further clarification be required.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tim Sharman', with a long horizontal flourish extending to the right.

Tim Sharman

Team Leader, Maritime Life Support