1. Introduction to the Guy’s and St Thomas’ Poisons Information Service

1.1 The Guy’s and St Thomas’ Poisons Unit (GTPU) is part of the Medical Toxicology Unit (MTU), based on the New Cross Hospital site. The MTU has split into the MTU Information Services (including Guy’s & St Thomas’ Poisons Unit) and the MTL (Medical Toxicology Laboratory). The two units have distinct budgets, managerial structures and operational processes.

1.2 The poisons information service started in 1963 as the Guy’s Poisons Unit and provides 24 hour advice and support to clinical staff mainly in London and the South East but also nationally and internationally on the management of poisoned (or suspected poisoned) patients. The majority of the workload is from NHS hospitals. In its 44 years of continuous operation the service has answered over 2.8 million telephone enquiries. A database has been developed in-house which contains data on 2.4 million enquiries which provides a useful source of information for toxicovigilance.

1.3 The provision of 24 hour poisons information to the NHS represents the majority of the work undertaken by the GTPU and can be seen as its raison d’être.

1.4 In addition GTPU have expanded their range of services using the expertise of the staff to provide a number of different associated services that operate under separate contracts with associated income streams:

1.4.1 Veterinary Poisons Information Service (VPIS)

VPIS is a 24 hour service to veterinary professionals providing specific advice on the management of poisoned animals. It is a subscription service that has been operational since 1992, and deals with over 15,000 enquiries annually, over half of these outside normal office hours. By following-up cases referred to it, VPIS has amassed over 76,000 cases held on a specially-developed electronic database.

Currently 1030 veterinary practice businesses are registered and registration with VPIS is a requirement of the Royal College of Veterinary Surgeons’ practice accreditation scheme.

All enquiries are handled by the specialists in poisons information (SPIs) who provide the core GTPU information services, since many of the necessary telephone skills and also information sources (e.g. product data sheets) are shared. The NHS poisons information service benefits from the broader experience and expertise gained by the SPIs.

VPIS has an international reputation and user surveys indicate that VPIS is highly respected as a reliable, efficient and authoritative provider of veterinary toxicology data. The only comparable service worldwide is the animal poisons
information service provided by the American Society for the Protection of Cruelty to Animals (ASPCA).

1.4.2 Clinical Trial emergency response services

Support to pharmaceutical companies / academic organisations including clinical trial emergency support and code breaking. Formal contracts have been held with pharmaceutical companies since 1996. This service was inspected by the MHRA in June 2007. There is considerable scope to expand this service; particularly on the back of the successful MHRA inspection.

1.4.3 Medical information services for marketed products.

A number of pharmaceutical companies have contracted their out-of-hours medical information services to GTPU. All emergency enquires and adverse event reports from healthcare professionals and members of the public are answered according to agreed procedures and reported to the pharmaceutical company by fax and/or email.

1.4.4 Emergency response services for industry

A small number of contracts providing emergency response for commercial companies in case of accidents or other incidents involving their products; which can include surveillance of events.

1.4.5 First tier information services to CHaPD(L)

GTPU is commissioned by the Health Protection Agency to provide ‘First Tier’ i.e. triage and initial information services to the Chemical Hazards and Poisons Division (London) CHaPD (L) and is an integral part of the early alerting systems developed for the London area (e.g. through the London Ambulance Service Hazardous Area Response Team).

1.4.6 Provision of antidotes and antivenoms

GTPU stocks and despatches antidotes and antivenoms on behalf of the Department of Health for a range of incidents and to support the management of patients throughout the UK. Since the unit is operational 24 hours a day, these can be provided at any time of the day or night including weekends and Bank Holidays.

1.4.7 Chinese Medicines Advisory Service (CHIMAS)

(CHIMAS) provides a unique range of advice from pre-use safety to identification of the Chinese herbal materials and clinical advice in patients with adverse effects / interactions potentially related to Chinese traditional medicines use. This service has a strong relationship with the Royal Botanic Gardens, Kew.

1.4.8 External Educational and Training

The Unit runs training courses for students, physicians, allied healthcare professionals (e.g. nurses, pharmacists, ambulance personnel) and other relevant professional groups (e.g. police officers). These courses are a
source of some income and contribute to capacity in the NHS and elsewhere. There maybe scope to expand these courses.

1.4.9 Collaborative Work and Research

GTPU staff undertake research in clinical toxicology, including collaborative projects with partners in Europe, Asia and Australasia. Staff are also active in World Health Organisation initiatives, including the International Programme on Chemical Safety’s INTOX Working Group of poison centre workers. Staff actively contribute to the activities of the European Association of Poisons Control Centres (EAPCCT) and North American Academy of Clinical Toxicology (NACCT).

1.5 GTPU is presently housed together with the Toxicology Laboratory Service at the New Cross Hospital site. The facilities are in a poor state of repair. The site is owned by Lewisham PCT. Most of this site has now been closed and sold for re-development. The Toxicology Laboratory Service and the GTPU will therefore need to be relocated by June 2008.

2. Background to changes in the provision of UK poisons information services

2.1 Until recently the GTPU Information Service formed part of the National Poisons Information Service which is commissioned on behalf of the Department of Health by the Health Protection Agency (HPA) to provide specialist poisons advice to healthcare workers across the UK.

2.2 In 2005, on the basis of a Health Protection Agency review of the provision of UK poisons information services, the HPA proposed new arrangements for providing telephone poisons information services in the UK, based on an automated call routing system using different centres on a rotational basis.

2.3 At the time the Trust raised significant concerns about the robustness of the governance underpinning the new system and the lack of clarity as to who was ultimately responsible for the advice given. As a result the contract between Guy’s and St Thomas’ NHS Foundation Trust (GSTT) and the Health Protection Agency for the provision of poisons information was withdrawn and the new NPIS national service introduced in May 2005.

2.5 The national 24 hour telephone service is now provided from 4 NPIS Units (Edinburgh, Newcastle, Birmingham and Cardiff). This is supported by an online information service TOXBASE which is regularly updated. There is currently no London Centre.

2.6 The withdrawal of the Health Protection Agency contract was notified to the Trust Board in November 2005 (Part 2) and a decision was taken to support the continuation of the 24 hour GTPU Information Service.

2.7 Following the withdrawal of the contract the workload of the service fell initially (from about 140 calls/day to 70); but has remained steady since then. This represents approximately 1/3 of all UK poisons enquiries to voice services.
2.8 During this period discussions continued with the Health Protection Agency regarding the governance concerns raised by the Trust and in June 2006 the Trust Chairman and the Chairman of the Health Protection Agency agreed to jointly commission an independent external review of the National Poisons Information Service governance arrangements.

2.9 The Governance Review was set up under the leadership of Dr Chris Evans and was due to report by November 2006. In July 2007 the Trust has received a final draft copy of the report from the Review Team. The report concludes that the governance arrangements for the National Poisons Information Service are satisfactory. The Trust is liaising with the review team and the HPA to formally conclude the review.

3. Current Situation

3.1 GTPU continues to provide 24 hour telephone advice through a team of Specialists in Poisons Information who are supported by Clinical Toxicology specialist registrars and consultants. The majority of the work is the provision of advice to other NHS hospitals however all of the services described in section 1.4 continue.

3.2 The Trust no longer has a contract with the Health Protection Agency and as a result the core NHS poisons information advice work is unfunded.

3.3 The Unit has diversified over the years and the other services do provide significant additional income but this is not sufficient to cover the costs of providing a 24 hour service.

3.4 In the Financial year 2006/07 the GTPU ran at a significant operating loss even allowing for income received from other sources.

3.5 The service has an excellent international reputation (it is a World Health Organisation ‘Collaborating Centre for Toxicology’) and is well used by a wide range of organisations with an average of around 70 NHS poisons information calls per day.

3.6 It is now over two years since the service ceased to be part of the National Poisons Information Service. A number have staff have left during this time and the uncertainty has led to them not being replaced.
3.7 The present position is unsustainable and a clear way forward needs to be agreed for the benefit of all concerned. The Trust therefore wishes to begin a process of formal consultation on the future options for Guy’s and St Thomas’ Poisons Information Service.

3.8 The purpose of this consultation document is to:
- Notify stakeholders that the Trust cannot continue to sustain the current level of financial loss in providing 24 hour NHS poisons information services;
- Present potential options for the future of Guy’s and St Thomas’ Poisons Information Service;
- Generate and collate responses from key stakeholders on these options.

4. Options for the future of Guy’s and St Thomas’ Poisons Information Service

4.1 Option 1 Continue with current arrangements

4.1.1 This would mean continuing to run the service with a significant annual deficit. It is possible that this deficit could, in part, be bridged but this would be by expanding other contract work rather than by securing funding for the core poisons information service work.

4.1.2 GTPU are concerned that running the service outside of the national framework is confusing for users and is outside of the governance arrangements for the NPIS. However the Unit and the Trust have robust arrangements in place, and we are not aware of adverse outcomes. The jointly commissioned Governance Report does not refer to concerns with this arrangement.

4.1.3 The continued uncertainty around funding and the future of GTPU would almost certainly lead to further resignations and an inability to recruit additional staff.

4.2 Option 2 Re-negotiate a contract with the Health Protection Agency to be part of the National Poisons Information Service

4.2.1 This option is dependent on the Trust reviewing its governance concerns in the light of the review which concluded that national governance arrangements were satisfactory. In addition the new national arrangements have now been in place for 2 years without adverse incident.

4.2.2 Recent discussions with the HPA have indicated that they may be willing to discuss what future role GTPU may have in the National Service.

However as the 4 centre model has now been in operation for nearly 2 years, it is unlikely that the Trust would be able to re-establish a contract with HPA to provide a full 24 hour, 365 day service. It is more likely that GTPU would be contracted to rejoin to participate in the rotating centre model.

4.2.3 The Trust would be unlikely to achieve financial balance with a part time contract from the HPA and so other income streams would need to be secured in order to make the GTPU financially viable.
4.2.4 The main advantages of this option would be renewed sharing of information on poisons enquiry cases between GTPU and NPIS units which would improve national toxicovigilance, renewed access to NPIS training resources for GTPU SPIs, renewed availability of GTPU staff to support TOXBASE and other NPIS activities and an increase in the number of consultants to staff the NPIS consultant on-call rota.

4.2.5 The main disadvantages associated with this option are that funding is unlikely to be available from the HPA for Guy’s and St Thomas’ Poisons Information Services to operate poisons information services on a 24 hour basis and this may have an impact on the other services (Section 1.4) provided by GTPU.

4.3 Option 3 Merge the Poisons Information Service with the Regional Medicines Information Service

4.3.1 The Guy’s and St Thomas’ Pharmacy Directorate provides a Regional Medicines Information Service and it may be possible to combine part or all of the GTPU Information Service with the Regional Medicines Information Service.

4.3.2 There are some overlaps for example both services take calls in relation to drugs, both services provide telephone and electronic advice to hospitals over large geographical areas using standardised information for common occurrences and specifically tailored and researched responses based on detailed clinical scenarios in more unusual cases.

4.3.3 The information services have a good working relationship with Pharmacy and undertake some joint work. There are significant differences in operation but some resources could be common and some staff training/CPD likewise.

4.3.4 This option would need to be seen as part of either option 1 or 2, when such a merger might bring advantages to either.

4.4 Option 4 Closure of the Guy’s and St Thomas’ Poisons Information Service

4.4.1 This option needs to be considered in the light of not only the Trust but also the broader agenda across London. At present the GTPU is the only service of its nature in the London area and as such has a critical importance in relation to emergency planning for both the Trust and for London.

4.4.2 The Guy’s and St Thomas’ Poisons Information Service has a national and international reputation and has a well known brand identity. It has 44 years of service and expertise and is one of the most famous and respected toxicology services in the world. The benefit to the Trust in kudos and reputation is difficult to cost but is likely to be significant.

4.4.3 The Trust cannot continue to sustain the current level of financial loss and the closure of the GTPU would contribute to the ongoing financial balance of the organisation.

4.4.4 If the recommendation following this consultation is that the GTPU should be closed then this would require formal consultation with the staff affected under the Trust’s policies on staff affected by change.
4.4.5 The only advantage of this option is that it would resolve the current difficulties concerning the financial status of Guy’s and St Thomas’ Poisons Information Services.

4.4.6 The main disadvantages of this option are the reduction of poisons information services available within the UK, an increase in workload for NPIS centres and the loss to the Trust, London and to the UK of the knowledge, skills and expertise built up over the last 44 years which would be irreplaceable once the service had been closed.

4.4.7 This would also result in loss of the provision of the other services outlined in Section 1.4.

5. Consultation Process

5.1 Copies of this consultation paper will be circulated to a wide range of staff and organisations both internal and external to the Trust. A detailed list may be seen in Appendix 1.

It will also be available on the Trust’s Intranet.

5.2 A series of meetings will be held with GTPU staff to discuss the consultation process and enable their feedback and input into the decision making process.

5.3 Comments are welcomed. All comments should be put in writing during the course of the consultation period as follows:-

Overall Comments and Feedback should be addressed to:

Jon Findlay
Deputy Director Clinical Services
Guy’s and St Thomas’ NHS Foundation Trust
4th Floor Gassiott House
St. Thomas’ Hospital
Lambeth Palace Road
London SE1 7EH
Tel. 020 7188 9838
jon.findlay@gstt.nhs.uk

or

Victoria Cheston
Deputy Director Ambulatory Care
Guy’s and St Thomas’ NHS Foundation Trust
4th Floor Gassiott House
St. Thomas’ Hospital
Lambeth Palace Road
London SE1 7EH
Tel. 0207 188 6877
victoria.cheston@gstt.nhs.uk
Clinical concerns or queries should be addressed to:

Dr Paul Dargan
Consultant Physician & Clinical Toxicologist
Director
Guy’s & St Thomas’ Poisons Unit
Guy’s and St Thomas’ NHS Foundation Trust
Avonley Road
London
SE14 5ER
Tel: 020 7771 5315
paul.dargan@gstt.nhs.uk

5.4 The final date for receipt of comments is 7th December 2007.

5.5 The feedback will be collated and reviewed and a final proposal developed for the Trust Board Meeting on 9th January 2008 for decision.

5.6 An addendum to this document summarizing all of the feedback received together with the response to this feedback will be available on the Trust intranet from 21st December 2007. It will also be circulated personally to everyone from whom comments were received.
Appendix 1
Stakeholders to be consulted with

Internal
A&E, General Medicine, Intensive Care, Liaison Psychiatry, Emergency Planning, Pharmacy, Paediatrics, Clinical Pharmacology
Other Trust staff
Recognised staff representatives
Staff within GTPU
Trust Board
Trust Management Executive

External
British Association of Critical Care Nurses
British Association of Emergency Medicine
British Medical Association
British Pharmacological Society
British Small Animal Veterinary Association
British Veterinary Association
Centre for Emergency Preparedness and Response
College of Emergency Medicine
Department of Health
Dublin Poisons Centre
Emergency Response Division
Health Protection Agency
HM Prison Service
Lambeth Overview and Scrutiny Committee
Lambeth PCT
Local Overview and Scrutiny Committees
London Ambulance Service
London Regional Resilience Forum
London Resilience Team
London Strategic Health Authority
Monitor
National Director for Emergency Access
National Office of Animal Health
NHS Direct
Regional Medicines Information Service
Royal Botanic Gardens, Kew
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of Nurses
Royal College of Paediatrics and Child Health
Royal College of Psychiatrists
Royal College of Veterinary Surgeons
Royal Colleges of Physicians of London, Edinburgh and Glasgow
Royal Pharmaceutical Society
Southwark Overview and Scrutiny Committee
Southwark PCT
The Royal Veterinary College
The Society of Practising Veterinary Surgeons
UK Cleaning Products Industry Association
UKCHIP UK Council for Health Informatics Professions
World Health Organisation