[redacted]

From: Jim Mackey
Sent: 17 November 2015 07:28
To: Rob Webster
Cc: Chris Hopson; [redacted]
Subject: Re: RE:

I should be able to do that Rob. You ok with this Chris ?

Jim

Sent from my iPad

On 17 Nov 2015, at 07:25, Rob Webster <Rob.Webster@nhsconfed.org> wrote:

> Hi Jim
>
> Chris are meeting 5 til 6 at the Wesley in Euston with our chairs. I then have the London dinner of the Confed. I could miss the first hour and Stephen and the team could cover if you can make it to the Wesley?
>
> Rob
>
> Sent from my Windows Phone
>
> ---
>
> **From:** Mackey Jim (RTF) NHCT
> **Sent:** 17/11/2015 06:06
> **To:** Rob Webster; Chris Hopson
> **Subject:**
>
> Chris, Rob,
>
> We are trying to find time to catch up but the diary is a nightmare. Given SR and planning stuff, it would have been good to do this later this week or next.
>
> So (and apologies in advance) any chance we could grab some time next wed, about 6pm to discuss SR, tarif and planning etc ? Alternatively, we could try a VC at another time.
>
> Thanks,
> Jim
>
> Sent from my iPad
> Northumbria Healthcare NHS Foundation Trust Here For You Telephone: 0344 811 8111 The information in this e-mail is confidential and may be legally privileged. It is intended solely for the addressee. Access to this e-mail by anyone else is unauthorised. If you are not the intended recipient any disclosure, copying, distribution or any action taken or omitted to be taken in reliance on it is prohibited and may be unlawful. The information contained in this e-mail may be subject to public disclosure under the NHS Code of Openness or the Freedom of Information Act 2000. We may monitor any emails sent or received by us, or on our behalf. If we do, this will be in line with relevant law and our own policies.

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[redacted]

From: [redacted]
Sent: 26 November 2015 15:16
To: [redacted]NHS ENGLAND)'; Jim Mackey; [redacted]
Cc: [redacted]Helen Buckingham
Subject: Letter to Simon Stevens and Jim Mackey from David Hare, Chief Executive, NHSPN
Attachments: Letter to Simon Stevens and Jim Mackey- 26.11.15.pdf

Dear all,

Please see attached a letter to Simon Stevens and Jim Mackey that I am sending you on behalf of David Hare, Chief Executive of the NHS Partners Network.

Kind regards,

[redacted]

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26 November 2015

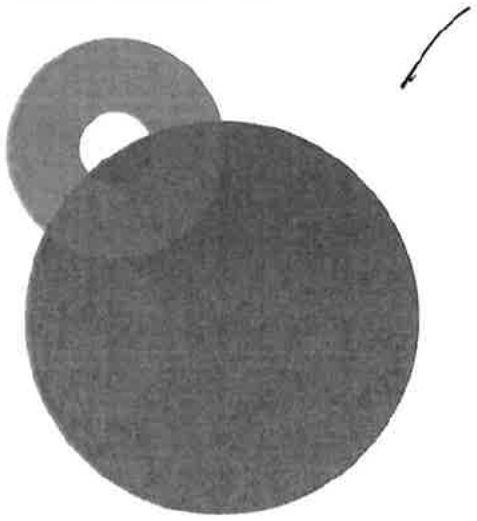
Dear Simon and Jim,

Following the release of the Spending Review I wanted to write to congratulate you both on helping to secure such a good settlement for the NHS in extremely difficult circumstances. With pressures across the system, additional upfront investment was a critically important component of the Spending Review and something which NHSPN argued for as part of our Spending Review submission, so we are delighted to see that secured.

What will now be vital is that additional funding is allocated in a way which gives maximum 'bang for buck' to patients. We were therefore pleased to see a reference in the Spending Review to the encouragement of *'long term partnerships between the NHS and the private sector to modernise buildings, equipment and services, and deliver efficiencies, especially where these partnerships support the upgrade of diagnostics capabilities and the development of new models of care, such as Accountable Care Organisations and hospital groups.'* We believe that such partnerships can be central to re-modelling services in line with the *Five Year Forward View* ambitions and should also be seen as an important contribution to making the required £22 billion of efficiency savings by the end of the decade.

To give some structure and detail to this commitment and to build on discussions which have taken place already with Simon, his senior colleagues at NHS England and colleagues at NHS Improvement, I wanted to offer a joint meeting with a small number of NHSPN members to consider how the independent sector can support you meet your objectives across a range of areas, including:

- Capital investment in new diagnostic imaging capacity and involvement in 'managed service solutions' to help meet cancer targets
- Leveraging all available elective and diagnostic capacity across localities and making a step-change in the choice offer to patients
- Investment in phase two of the vanguard programme, support with mobilisation and input into the acute vanguard models
- Taking risk on pathway contracts, support with managing complex supply chains and delivering scalable Accountable Care Organisations which can



NHS Partners Network, NHS Confederation, 50 Broadway, London, SW1H 0DB
020 7799 6666
nhspartnersnetwork@nhsconfed.org
www.nhsconfed.org/nhspn

streamline health and care services and generate procurement and workforce efficiencies

- Investment in a new generation of care home capacity on hospital sites, building on the work done already by Lord Carter
- Promoting and encouraging additional partnerships including Trust/FT commissioning of clinical home healthcare provision and changed patient pathways in community physiotherapy

The independent sector is incredibly diverse and the areas above reflect just some of the areas where we believe we can support the NHS re-model services, attract external investment and generate bankable efficiency savings.

To do this we believe that a well-structured, strategic discussion on next steps offers real potential to build on the growing contribution which the independent sector is already making to NHS-funded services and to remove any barriers which exist to meeting common objectives.

I am aware that there are several commitments already in the diary where we will be seeing you both separately, including Simon's keynote speech at NHSPN's Partnerships Summit on 2 December, but we feel that there is merit in scheduling a joint meeting where we can collectively consider how we can make progress. If you would be happy to take up the offer I wonder if you could let me know and we can find a suitable time to meet.

Yours sincerely

David Hare
Chief Executive
NHS Partners Network
David.hare@nhsconfed.org
020 7799 8628

C.c. Ed Rose, NHS England and Helen Buckingham, NHS Improvement

[redacted]

From: [redacted]@nhsconfed.org>
Sent: 10 December 2015 15:12
To: [redacted]Jim Mackey
Cc: Helen Buckingham; Adam Sewell-Jones; [redacted]

Subject: Letter from David Hare, Chief Executive, NHSPN
Attachments: Letter to Jim Mackey- 10 December 2015.pdf

Dear Jim,

Please see the attached letter that I am sending you on behalf of David Hare, Chief Executive, NHS Partners Network.

Kind regards,

[redacted]

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[redacted]

NHS Partners Network
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By Email

Thursday 10 December 2015

Dear Jim,

Since the summer we have been working closely with tri-partite colleagues as part of the *Operational Resilience* programme to identify and secure independent sector surgical and diagnostic capacity to support Trusts and FTs experiencing problems with wait times. This follows last year's programme which transferred nearly 30,000 patients in the first three months of this calendar year.

Unfortunately progress this year has been frustratingly slow with just six patients confirmed as having transferred under the programme since it began in August. This is despite significant investment committed by NHS England to NHS South, Central and West CSU for administering the programme and 55,000 surgical procedures and 200,000 diagnostic tests having been made available by the independent sector to the end of this calendar year.

The current capacity information held by the CSU covers the period September to end December 2015 and I have recently been asked by the CSU, at NHS Improvement's request, to ask independent sector providers to update that information to end March 2016. Given this request I thought it timely to write to you to set out our thoughts and to ask for clarity over how NHS Improvement intends to approach utilising independent sector capacity in localities facing problems meeting wait times.

With the current situation clearly highlighting major obstacles to transferring NHS patients already on Trust/FT waiting lists I am not in a position to ask independent sector providers to re-populate capacity information when confidence in likely take-up of that capacity is so low. I'm sure you will understand that the resource which goes into mapping likely capacity over a three month period and ensuring that capacity is available when needed, often at short notice, is significant and that NHSPN members will therefore need more clarity over the approach which will be deployed to managing RTT pressures over the remainder of the winter period.

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020 7799 6666
nhspartnersnetwork@nhsconfed.org
www.nhsconfed.org/nhspn

I therefore wanted to ask that discussions take place within NHS Improvement and, ideally, with colleagues at NHS England over how you wish to take this programme forward and that you agree what message you wish to send to the independent sector about outsourcing this winter and beyond.

I would stress that NHSPN and its members remain committed to the objectives of the programme and to working with colleagues as part of the programme's Steering Group but we do believe that the time has come for a revaluation.

If you could come back to me with your thoughts I would be grateful.

Yours sincerely,

David Hare
Chief Executive
NHS Partners Network
David.hare@nhsconfed.org
020 7799 8628

C.c: Helen Buckingham, NHS Improvement, Adam Sewell-Jones, Monitor, James Scott, Monitor, Richard Bradford, InHealth, Martin Rennison, Spire Healthcare

[redacted] [redacted]

From: Johnny Marshall <Johnny.Marshall@nhsconfed.org>
Sent: 11 January 2016 10:28
To: Jim Mackey; Helen Buckingham; Coulbeck Ralph (NHS TRUST DEVELOPMENT AUTHORITY)
Cc: Adrian Masters; [redacted]
Subject: RE: Provider roadmap & Confed

Hi Jim

Happy New Year

I just wanted to take the opportunity to respond to your comment about NHS Confederation having "a very small number of providers as members relative to" NHS Providers, who themselves are corporate member of NHS Confederation, by sharing with you the current position regarding our membership.

We currently represent 190 out of 239 providers covering acute, mental health, community and ambulance services.

In addition, as part of the wider health and care economy we represent:

42 Independent sector providers
6 Community Interest Companies

184 out of 209 CCGs

All of the CSUs and AHSNs

NAPC (National Association of Primary Care) acts as our primary care provider voice and their membership currently encompasses a GP registered population of about 15 million people

As such we are well positioned to provide both a representative provider member voice, alongside NHS Providers, and also a unique perspective balancing all of the individual sector interests across the health economy in pursuit of sustainable health system wide solutions that benefit patients and tax payers alike.
Furthermore, we are working increasingly closely with the LGA in recognition of the interdependence of the health and care sector in achieving sustainable services and the delivery of better population based health & well-being outcomes through a place-based approach.

I hope that this information is helpful to you. Please let me know if you would like any further detail or clarification on any of this.

Best wishes

Johnny

Johnny Marshall
Policy Director
[redacted]

From: Jim Mackey
Sent: 10/01/2016 09:09
To: Coulbeck Ralph (NHS TRUST DEVELOPMENT AUTHORITY)
Cc: Helen Buckingham; Adrian Masters; [redacted] Johnny Marshall
Subject: Re: Provider roadmap & Confed

Can we remember to engage with Nhs providers also. Confer have a very small number of providers as members relative to them.

Jim

Sent from my iPad

On 9 Jan 2016, at 11:16, Coulbeck Ralph (NHS TRUST DEVELOPMENT AUTHORITY) <ralph.coulbeck@nhs.net> wrote:

> Thanks Helen,
>
> We can certainly make the connection and were intending to speak with the Confed quite soon in the development of the work.
>
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>
> Thanks,
> Ralph
>
> On 8 Jan 2016, at 13:41, Helen Buckingham <Helen.Buckingham@Monitor.gov.uk> wrote:
>
> > Hi Ralph & Adrian, I had a regular catch up with Johnny earlier today and we touched on the 'provider roadmap'. Johnny described some really interesting thinking in Confed on the development of primary and out of hospital care, which is linked to the new care models work, so you may well be aware of it. As Ralph and I discussed the need to make sure the roadmap speaks to all providers and not just hospitals, it struck me that there could be some useful joins to be made. Can I assume that you or Gina will pick that up with Johnny?
> >
> > Thanks
> >
> > Helen
> >
> > Helen Buckingham | Chief of Staff
> >
> > **Monitor**
> >
> > [redacted]
> >
> > www.monitor.gov.uk
> > Wellington House, 133 – 155 Waterloo Road, London SE1 8UG

[redacted]

From: Rob Webster <Rob.Webster@nhsconfed.org>
Sent: 11 January 2016 10:46
To: Johnny Marshall; Jim Mackey; Helen Buckingham; Coulbeck Ralph (NHS TRUST DEVELOPMENT AUTHORITY)
Cc: Adrian Masters; [redacted]
Subject: RE: Provider roadmap & Confed

Thanks Johnny - we also have a very strong Mental Health Network

Rob

Sent from my Windows Phone

From: Johnny Marshall
Sent: 11/01/2016 10:28
To: 'Jim Mackey'; Helen Buckingham; Coulbeck Ralph (NHS TRUST DEVELOPMENT AUTHORITY)
Cc: Adrian Masters; [redacted]
Subject: RE: Provider roadmap & Confed

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I hope that this information is helpful to you. Please let me know if you would like any further detail or clarification on any of this.

Best wishes

Johnny

Johnny Marshall
Policy Director
[redacted]

From: Jim Mackey
Sent: 10/01/2016 09:09
To: Coulbeck Ralph (NHS TRUST DEVELOPMENT AUTHORITY)
Cc: Helen Buckingham; Adrian Masters; [redacted]
Marshall
Subject: Re: Provider roadmap & Confed

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> >
> > Thanks
> >
> > Helen

Helen Buckingham | Chief of Staff

Monitor

[redacted]

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[redacted]

From: [redacted]@nhsconfed.org>
Sent: 11 February 2016 11:35
To: Jim Mackey
Cc: [redacted]
Subject: whistleblowing consultation
Attachments: Letter to Jim MacKey Feb 2016 - whistleblowing.docx

Dear Jim MacKey

Please find attached a letter from NHSPN and AIHO about you recent consultation on a whistleblowing policy for the NHS.

Kind regards

[redacted]

[redacted]

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By email

Dear Jim MacKey

Thank you very much for the opportunity to input into NHS Improvement's consultation on Freedom to Speak up: whistleblowing policy for the NHS. You will have noticed that the NHS Partners Network (NHSPN) did not submit a formal response to the consultation. As there was a signal for the independent sector to join the proposals we have developed our position here.

We notice NHS Employer's response to the consultation. Like them, our members are supportive of the principles of the policy and what it is aiming to achieve. All our members have strong whistleblowing policies in place that clearly identify the escalation process and the responsible persons for those that wish to raise concerns. Our policies align with the principles and the framework of the new policy and, in many cases, will be very nearly identical in procedure.

However, we agree with NHS Employers that further consideration should be given to how a new policy should be implemented. Many of our member organisations have undertaken extensive work to develop their current policies. These are responsive to the nature of their own organisations and have been developed in close partnership with staff. Any final proposals must acknowledge this and be sufficiently flexible to allow for existing policies which are known to be effective.

NHSPN and the Association of Independent Healthcare Organisations (AIHO) would be very happy to work closely with you in developing this policy further and we would like to invite your lead officials to attend one of our HR Directors Forum meetings where independent sector HR leads can offer some thoughts around potential translation and implementation. NHSPN and AIHO have recently joined their HR Directors Forums. This is now a very strong group of HR Directors that leads our HR work. With their expertise, we ensure we respond to government consultations appropriately but also we drive HR work in our member organisations ensuring we have a thriving role in developing an excellent workforce in the independent healthcare sector.

February 2016,

David Hare
Chief Executive
NHS Partners Network

Fiona Booth
Chief Executive
Association of Independent Healthcare Organisations

[redacted]

From: [redacted] on behalf of Rob Webster <Rob.Webster@nhsconfed.org>
Sent: 26 February 2016 13:31
To: 'keziah.halliday@nhs.net'; 'england.ccgaf@nhs.net'
Cc: Jim Mackey; 'Mackey Jim (RTF) NHCT'; [redacted]
Subject: Response to consultation on CCG assessment framework
Attachments: Response consultation on CCG assessment framework Feb 2016.docx

Dear Keziah

Please find attached my comments on the engagement document on the new CCG improvement and assessment framework in my capacity as co-chair of the independent group on learning disabilities.

I have shared a copy with Gavin Harding separately.

Best wishes
Rob

Rob Webster
Chief Executive
[redacted]
Twitter: @NHSConfed_RobW
www.nhsconfed.org

NHS CONFEDERATION

The voice of NHS leadership

Keziah Halliday
NHS England
Keziah.halliday@nhs.net
england.ccgaf@nhs.net

26th February 2016

Dear Keziah

Response to NHS England's engagement document on the new CCG improvement and assessment framework 2016/17

Thank you for inviting comments on the engagement document on the new CCG improvement and assessment framework 2016/17.

I am replying in my capacity as co-chair of the independent group developing the assessment and rating for learning disabilities. Given my very recent appointment to this role, and the fact the panel has yet to be agreed or to meet, I can confirm that these are very much personal views. I am copying to Gavin Harding as the other co-chair who I know will bring some additional insight and wisdom to the debate.

The focus on *improvement* within NHS England's (NHSE) framework for the accountability of CCGs is very welcome. To make a reality of an improvement approach, we need to ensure that the framework:

- Accurately reflects the things on which CCGs can genuinely have an impact
- Serves to support the development of a new kind of relationship with CCGs, focused on collaborative improvement
- Forms part of an approach to improvement which is consistent across the whole system

There are three issues with the approach currently proposed, which pose significant risks to NHSE's overall objective of securing consistent improvement of performance in commissioning.

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1. Use of aggregate, category-based ratings for CCGs

In commissioning learning disability services, CCGs will often need to work together over large geographical footprints, and collaborate with local authorities, third sector and independent providers and the NHS. The variety and complexity inherent in this will be masked by aggregate ratings. I note too that the King's Fund's recent report, *Measuring the performance of local health systems: a review for the Department of Health*, cautioned against use of aggregate ratings.

If aggregate ratings are adopted for CCGs, NHSE will need to develop a careful approach to communicating ratings to the public, learning from the challenges providers have experienced when their CQC ratings are published (for example, a rating of 'inadequate' can make it extremely challenging to recruit sufficient staff). I would also counsel that the use of the CQC labels - outstanding, good, requires improvement and inadequate. This may confuse this process with that of inspection and regulation, which is based on minimum standards, rather than an approach based on improvement towards excellence.

2. Need for robust data and road testing of new measures for each clinical area

Assessment of CCGs must be seen to be fair and credible, and the data on which decisions are based must be reliable. The engagement document states that, "a first assessment for each of these six [clinical] areas will be published as soon as possible, derived solely from the metrics in the new framework looking at current baseline performance". I am concerned that we must have sufficient credible data available to assess CCGs in the six clinical areas. Rather than immediately publishing ratings for organisations, the first year of assessing the clinical areas should instead be a benchmarking year, before CCGs receive ratings.

This important new facet of CCG assessment must be properly road tested to ensure the metrics, data and judgements on which it relies are robust enough for it to work as intended. And the intention is improvement and insight into where this should be focused.

3. The risk that ALBs develop misaligned approaches to improvement

To successfully implement the Five Year Forward View (5YFV), commissioners and providers must work in close partnership to reshape care for local populations.

Members of the NHS Confederation, of which I am Chief Executive, are currently concerned about the conflicting approaches of arm's length bodies. 86% of respondents to a member survey conducted at the start of this year felt that national bodies in the NHS work in a contradictory way. NHSE and NHS Improvement should work together to align their approaches to supporting improvement for CCGs and providers respectively. The two approaches appear currently to be developing to different timescales. The CCG improvement and assessment framework must be part of an overall approach to improvement which is consistent across the whole NHS and all of its arm's length bodies.

I recognise that the assessment categories, and the timetable for implementation, are set out in the Department's Mandate to NHSE, which limits your room for manoeuvre. The issues I raise do pose a significant risk to NHSE's ability to secure the consistent improvement of

commissioning which the Department has said it wishes to see. I hope that there will be a reconsideration and a more considered and coherent approach from the Department and its Arms Length Bodies, in order that an effective improvement approach can be implemented for CCGs.

If you would like any further detail on my response, please do not hesitate to ask.

Best wishes,

Rob

Rob Webster
Co-chair, independent advisory group on learning disabilities
CEO NHS Confederation
Visiting professor, Leeds Beckett University

CC: Gavin Harding
Independent Chairs
Jim Mackey

Jonathan Brown

From: Jim Mackey
Sent: 23 March 2016 09:33
To: 'david.hare@nhsconfed.org'
Cc: 'David.Thomas@nhsconfed.org' [redacted]
Subject: NHSI advisory panels

Dear David,

I understand your office has been in contact following the publication last week of membership of the new Chair and CEO advisory panels for NHS Improvement.

I would like to offer my reassurance that we absolutely seek the input and involvement of your membership in NHS Improvements' work. I am pleased that you and your members were able to have a good discussion with Stephen Hay and others after your AGM last week, and we will continue to work with you to ensure that the important role the independent sector has to play in improving NHS funded healthcare is high on our agenda.

The new panels we announced last week are particularly for NHS providers, they provide both a space for them to share with each other as well as help inform new policies and proposals. However as our conversation develops I am sure that members of the panels will use their participation to share their experiences of things working well in their own organisations, and that that will include successful partnerships and collaborations with other service providers.

A sustainable and effective NHS will rely on all parts of the system working well together. We are committed to helping NHS providers develop those effective partnerships. The new panels are only one aspect of that work and demonstration we hope of our focus on placing as much as possible into the hands of those responsible for delivering for patients.

I was sorry I couldn't join you in person last week, but I know I am meeting with you and Jim Easton soon, and look forward to discussing our engagement with NHS Partners further then.

Best wishes

Jim

Jim Mackey | Chief Executive Officer

NHS Improvement

[redacted]
Wellington House, 133-155 Waterloo Road, London SE1 8UG

[redacted]