

May 2013

## **Update for Brent Health Partnership Overview and Scrutiny Committee**

This report provides an update on key developments that are being discussed in relation to emergency services at Northwick Park and Central Middlesex Hospitals.

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### **1. Update on emergency services at The North West London Hospitals NHS Trust**

#### **1.1 Overview**

The North West London Hospitals NHS Trust has struggled to meet the performance target for 95 per cent of patients to wait no more than four hours in its Emergency Departments. Despite the hard work of staff, the Trust failed to meet the target for the year ending March 2013. In particular, it has faced increasing pressure at Northwick Park Hospital. Our Trust and many others are finding it hard to keep up with unprecedented demand for emergency care.

It is true to say that attendances at Northwick Park Emergency Department have fallen overall since the opening of the new Urgent Care Centre, which now handles all the low acuity, fast turnaround work. However, London Ambulance conveyances have increased, as have admissions and the acuity of the conditions of patients attending Northwick Park. The number of patients visiting the Northwick Park site, including the UCC, has increased by 10 per cent for every year of the last three years, which in turn increases referrals to speciality teams. In contrast, attendances at Central Middlesex Hospital have sharply declined.

#### **1.2 The effect of these changes**

These changes, along with the opening of the Trust's Ambulatory Care Unit, have marginally increased the length of time that patients stay at its hospitals, as patients who would previously have stayed for a short time are now not being admitted at all. These short stays would previously have brought down the statistics for average length of stay. The Trust has a target for non-elective patients to stay in hospital for only 2.9 days, but, on average, patients are actually staying for 3.44 days. In addition, delays in discharging patients who are medically fit to leave hospital have resulted in fewer beds being available every day, thereby creating a blockage in the flow through the emergency pathway.

Despite the fact that actual numbers of delayed patients are not significantly higher, the patients themselves are presenting with increasingly complex conditions, which means length of stay has increased overall and fewer beds are available each day for other patients who are waiting to be admitted from the Emergency Department.

### **1.3 Mitigating arrangements**

At the beginning of the financial year 2012/13, a non-recurrent £10 million was invested in the emergency pathway, funding additional staff and escalation beds. None of this investment has been removed from the system, but admissions and acuity of patients' conditions have continued to increase.

The Medical Director of NHS London chaired a risk summit on 6 March 2013, involving the Care Quality Commission, the NHS Trust Development Authority, NHS England, The North West London Hospitals NHS Trust, and Brent and Harrow CCG.

The purpose of the risk summit was to discuss solutions to potential risks resulting from increased demand on emergency care and the impact this has had on patient experience and performance. Following on from this, the Trust and local CCGs submitted a high-impact action plan which will lead to an improved performance in the Emergency Department at Northwick Park, by delivering system-wide changes in a short timescale.

This has required the Trust to commit to some investment to its emergency pathway and required commissioners to commit resources to the out-of-hospital strategy in relation to unscheduled care.

## **2. Next steps**

The Committee may remember from the Trust's March report that, with support from commissioners, it has started discussions with staff and other stakeholders to explore how to reorganise emergency services across the Central Middlesex and Northwick Park sites to make the best use of staff and other resources. A project board is overseeing this work, which includes senior representatives and clinicians from the Trust and its NHS partners.

The project board has set up a number of workstreams for specific projects:

- care of elderly & therapy
- communication
- critical care, outpatients & theatres
- education & training
- estates & facilities
- information & finance
- medicine
- operational site management
- out of hospital/primary care (including LAS and UCC)
- paediatrics
- surgery & diagnostics
- workforce

## **2.1 Improvement programmes**

In summary, three of the changes the Trust intends to make immediately are:

- increasing bed capacity at Northwick Park;
- maximising capacity at Central Middlesex;
- moving more orthopaedic work to Central Middlesex.

## **2.2 Central Middlesex Hospital**

As part of its plans to make the most of the excellent staff and facilities at Central Middlesex Hospital, the Trust is planning to move recovery and rehabilitation care to the hospital for patients who have had surgery for hip fractures. There would be ortho-geriatric/medical cover, therapies input and a proposed enhanced recovery programme – the first of its kind for non-elective patients.

Central Middlesex would sustain an acute medical take, caring for patients with a medical problem who arrive by ambulance or are referred by their GP at any time of the day or night. This happens at the hospital during the day, but ambulance arrivals are not accepted out of hours at the moment.

This would exclude patients with chest pain, stroke and GI bleeds, who would continue to be seen at Northwick Park Hospital. This model has been used elsewhere (Hammersmith and West Herts) and the Trust would continue to retain an Intensive Treatment Unit at Central Middlesex. The Trust would also install a further 10 beds for medical patients to facilitate the additional workload.

## **2.3 Northwick Park Hospital**

With no change, Northwick Park would continue to struggle to meet the four-hour waiting time target. Therefore, the Trust is planning to:

- create additional bed space on existing wards, including a short-term change of 11 private beds on Sainsbury Ward to NHS beds;
- expand the ambulatory care unit and surgical assessment unit on Fletcher Ward to include the STARRS assessment lounge, in order to allow it to see another 10 to 15 patients a day; and
- move STARRS to focus on the front end (Emergency Department) in order to prevent unnecessary admissions.

## **2.4 Plans for improvements beyond the emergency pathway**

It is important for the Trust to improve the way in which it plans for patients to be discharged from hospital. This needs to be done at an early stage in the care pathway so that colleagues in primary care, such as GPs and Clinical Commissioning Groups, can organise the support services that patients require in the community when they leave hospital.

An example of a service that can help to join up the discharge process is the Trust's STARRS service. Working in close collaboration with GPs and hospital specialists, it helped reduce the length of hospital stay for more than 2,000 patients in Brent by supporting them at home in 2011/12.

## **2.5 Direct admission pathways**

In many cases, patients who need a surgical assessment don't have to be assessed in the Emergency Department first and could be referred directly to a consultant who is an expert in their conditions, for example, in ear nose and throat, maxillofacial, general surgery, gynaecology and urology departments. Plans for this are in development and being discussed with clinical teams across the health economy.

## **2.6 New £21 million Emergency Department**

Work has started on the Trust's new £21 million emergency department (ED), children's ED and urgent care centre at Northwick Park Hospital. The new department will incorporate 40 individual bays, to allow patients greater privacy, and waiting areas will be improved. In the longer term, the Trust will move the Acute Admissions Unit and Surgical Admissions Unit to the 3<sup>rd</sup> floor of the ward block, next to the new ED. This will enable the Trust to have more assessment beds.

## **2.7 New state-of-the-art operating theatres**

The Trust is investing £14 million in world-class, state-of-the-art facilities, including nine large new theatres, three refurbished theatres and a new interventional imaging suite for vascular surgery at Northwick Park Hospital.

Phase 1 is due to open in summer this year, with the remainder completed by Easter 2014. When the theatres open, patients will benefit from improved facilities for emergency, vascular, maxillofacial and colorectal surgery, and staff will have better working conditions and training facilities.

## **3. Care Quality Commission scrutiny**

Earlier this month, Northwick Park Hospital had an unannounced visit from the Care Quality Commission, which examined a number of wards and departments, particularly the Emergency Department. While the Trust has yet to receive an official report from the Commission, the overall feedback on the day was positive. Given that the inspectors visited a number of departments across the emergency pathway, this was a real credit to the hard work of Trust staff over a sustained period to maintain and improve standards of care for patients.

#### **4. Involving staff and the local community**

The Trust is engaging with a wide variety of local stakeholders, as outlined in its report to the Committee in March. In addition, meetings are planned with local interest groups as part of the programme to look at emergency care across both sites.

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