The North West London Hospitals NHS
NHS Trust

Wednesday 24 July 2013

Brent Overview and Scrutiny Committee

CONFIDENTIAL

Transforming emergency care

The following briefing provides information about what we are doing to improve emergency care at our hospitals.

Introduction

About 37% of the patients who visit our hospitals use our emergency departments at Northwick Park and Central Middlesex Hospital (based on figures for 2011/12). Sometimes they need to be admitted for more treatment or surgery, but in other cases they can go home or be cared for by another part of the NHS.

Whatever care our patients need and whenever they need it, we all want to provide the very best. While our clinical outcomes are good, some patients do not have as good an experience as we would like and we owe it to them and our staff to do better.

At Northwick Park Hospital, the number of patients visiting our emergency department (ED) has gone up by at least 10% a year for the last three years. At Central Middlesex, we have seen numbers arriving in the emergency department decline. In winter 2011/12, we decided to close the ED at Central Middlesex overnight, as we did not have enough permanent senior staff to run the department out of hours. Currently at CMH there is a 24/7 Urgent Care Centre, (UCC), with ED open from 8am to 7pm, and a 24/7 acute medical team taking patients from the UCC, ED (when open) and GPs.

Despite repeated attempts over many years, like many other Trusts we continue to struggle to recruit to substantive ED medical posts across the Trust. As a result of extra pressure on our emergency services and despite the hard work of our staff, we failed to meet the target of 95% of patients waiting no longer than four hours in our EDs for the year ending March 2013.

So what are we doing about it?

We have already taken some immediate action and continue to invest in emergency care. This included an extra £10 million for more staff and emergency beds last year (2012/13).

We have set up a project board to look at reorganising our emergency services to make best use of our staff and other resources. Although none of us want to start thinking about the winter months ahead this early in the year, it is vital to put in place sustainable changes in time for then.

We are closer to opening our new £21 million emergency department and £14 million operating theatres, which will be more efficient and closer to each other. Building work is well under way and developers held an open day on the new emergency department site in June for staff and members of the public to have a look round. With our staff, we are making plans to increase capacity and working with clinical teams to change systems and processes to improve care for patients and our working environment.

This briefing provides more information about what we are doing to renew our focus on transforming emergency care

What we are doing

You may remember that, with support from our commissioners, we have started discussions with staff and other stakeholders to explore how to reorganise our emergency services across the two sites to make the best use of staff and other resources. We have a project board to oversee this work, which includes senior representatives and clinicians from our organisation and our NHS partners.

It 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
- management of fractured neck of femur (hip fractures)
- medicine
- operational site management
- out of hospital/primary care (including LAS and UCC)
- paediatrics
- surgery & diagnostics
- workforce

Our improvement programmes

In summary, three of the changes we intend to make immediately are:

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

We will be exploring further options with our local commissioners and will update you once we have more information.

What's happening at 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 – to allow us to see another 10 to 15 patients a day

- **remodel STARRS to focus on the front end** (ED) in order to prevent unnecessary admissions

- **following on from this, we are also looking at creating a new 25-bed ward** by removing offices used by paediatric staff from Carroll Ward – we aim to do this by October

What's happening at Central Middlesex Hospital?

We want to make the most of the excellent staff and facilities at Central Middlesex Hospital. Plans include:

Moving recovery and rehabilitation care to CMH
For patients who have had surgery for hip fractures (fractured neck of femur). A few days after surgery, patients would be transferred by ambulance to CMH. Eventually, it might be possible to accept other patients who have had surgery at NPH who require lengthier inpatient stays.

Sustaining an acute medical take at CMH
This means caring for patients with a medical problem (not requiring surgery) who arrive by ambulance or are referred by their GP at all hours of the day or night. This happens at CMH during the day, but ambulance arrivals are not accepted out of hours at the moment.

This would exclude patients with chest pain, stroke and upper gastrointestinal bleeds, who would continue to be seen at Northwick Park Hospital. This model has been used elsewhere (Hammersmith and West Herts) and is common during a transition period. We would continue to retain an intensive therapy unit at Central Middlesex.

Creating a further 10 beds for medical patients
To facilitate the new medical model detailed above.

It’s not just about the emergency department

Improving care means that all our services need to work together so that everything is joined up as patients travel through our hospitals. One of the most important things to improve is the way we plan for patients to leave hospital. We need to do this at an early stage so that our colleagues in primary and social care, such as GPs, Clinical Commissioning Groups and social services, can plan the services that are required in the community to support them when they go home.

An example of a service that can help to join up the discharge process is our STARRS service. Working in close collaboration with GPs and hospital specialists, it helped reduced the length of hospital stay for more than 2,000 patients in Brent by supporting them at home in 20011/12. STARRS is a multi-skilled, multidisciplinary team of nurses, physiotherapists, occupational therapists, therapy technicians and assistant practitioners. Pivotal to its efficiency is the single point of access administration team, who process all referrals, audit the service, support clinicians and answer patient queries.

The team regularly liaises with GPs and hospital specialists, agreeing patients’ individual plans and providing progress updates to ensure safe and excellent patient care. While patients benefit from not having to leave their homes (where many elderly patients tend to feel most at ease), the service also helps to free up beds in our hospitals. It has been working on a similar model in Harrow for 18 months.

Direct admission pathways
In many cases, patients who need surgical assessments do not need to be assessed in the emergency department first and could be referred directly to a consultant who is an expert in their conditions. We are discussing with ear, nose and throat, as well as maxillofacial divisions, how this could be organised, alongside general surgery, gynaecology and urology.

Impact on staff
As is normally the case, we will continue to ask staff to work flexibly to meet the needs of our patients. We will also be recruiting more staff in certain areas.

New £21 million emergency department
Work has started on our new £21 million 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 as part of the state-of-the-art design. In the longer term, we will move the acute admissions unit and surgical admissions unit to the 3rd floor of the ward block, next to the new ED. This will enable us to increase the number of assessment beds.

State-of-the-art operating theatres
We are 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 of our building programme is due to open in summer 2013, 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.

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 ED. The feedback in regards to ED 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.

Quality monitoring

In order to ensure we maintain a safe and good-quality service for our patients, the emergency pathway team, which includes all staff disciplines, meet weekly to look at the data relevant to quality, such as time to assessment for patients arriving in ED, time to treatment, patients who waited more than 4 hours and LAS handover times, to name a few. In addition, the department's development manager reviews all the reported clinical incidents every day.

Every month, we triangulate clinical incidents, complaints and performance data to review as a whole ED (NPH and CMH together) how we could improve the service we give to our patients. It is vital that we keep open communication with our staff and we achieve this by daily staff team briefings, weekly meetings and informal floor walks by director at least once a week. The senior team, general manager and head of nursing are on the floor every day, along with the service manager and matron.

We also monitor patients' experiences, which is another way to monitor quality. As well as taking part in the National Friends and Family scheme, we run a local ED-based campaign called 100 Voices. This has led to lots of minor, but important, changes; for example, a health care assistant is available to support patients who have individual care needs while in the department, and we have installed a television in the waiting room.

We are now addressing the need to have water available in the waiting room and to reduce the current situation in which patients have to give their medical histories several times to different healthcare professionals. I am happy to update you on this at a later date.

Tina Benson
Director of Operations
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