



Scrutiny Committee

6 August 2014

Report from the Assistant Chief Executive

For Information

Wards Affected:
ALL

Closure of Central Middlesex Hospital Accident and Emergency Unit

1.0 Summary

- 1.1 The purpose of this report is to update the Scrutiny Committee on the Brent CCG's assurance process for the closure of the A&E unit at Central Middlesex Hospital and Brent changes to related services to ensure a high quality of health care is accessible to residents.
- 1.2 The strategy for modernising and improving healthcare in North West London (NW London) described in *Shaping a healthier future* (SaHF) includes changes to the way healthcare services are delivered with the aim to improve the quality of care and outcomes for patients across North West London. This strategy includes consolidating A&E services across NW London onto fewer sites, as a result of which the A&E department at Central Middlesex Hospital (CMH) will close and CMH will become an elective and local hospital. An outline business case is being developed for the local and elective hospital at CMH, with the current 24/7 Urgent Care Centre (UCC) being retained on site and delivering to an enhanced standalone specification.
- 1.3 Following a public consultation the SaHF recommendations were agreed by the Joint Committee of Primary Care Trusts (JCPCT) in February 2013. This decision was challenged by Ealing Council and an Independent Reconfiguration Panel (IRP) was set up to review the recommendations. The Secretary of State for Health (SoS) announced his decision on 30 October 2013 and, on the advice of the IRP, supported the recommendations in full and determined that Central Middlesex Hospital (CMH) and Hammersmith Hospital (HH) Accident and Emergency (A&E) departments should close "as soon as practicable". Commissioners and providers are now working to

ensure that these changes are implemented and that robust assurance arrangements for the closure are in place

- 1.4 This report sets out the CCG's assurance arrangements for the closure with the intention that any adverse impacts on patient care are mitigated.

2.0 Recommendations

- 2.1 The committee is recommended to question representatives of the CCG on the robustness of their assurance plans and the timescale for their implementation, as well as on what contingency plans are in place in case any of the proposals turn out not to be possible or feasible.

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