

Brent Overview & Scrutiny Committee – 26<sup>th</sup> November 2014

## **Developing Central Middlesex Hospital**

### **Background and Context**

With the agreement in 2013 to implement Shaping a Healthier Future (SaHF) and the change in services that sees Central Middlesex Hospital (CMH) become a Local and Elective hospital, Brent CCG in liaison with NWL CCGs and providers, now has the opportunity to redefine and transform how care is provided on this important site for the benefit of Brent residents.

As a local and elective hospital defined by SaHF, the services delivered at Central Middlesex Hospital are to include a 24/7 Urgent Care Centre (UCC), outpatients services, diagnostics, elective services and primary care.

We have done further work on how we can build on these services to offer a wider variety of services, ensuring that we are fully utilising what is some of our best NHS estate within North West London.

This additional work resulted in a Strategic Outline Case (SOC) being created and approved by North West London commissioners and providers for CMH which would offer additional services on site such as an; Elective orthopaedics centre, Mental health inpatient facility, primary care 'hub' and genetics laboratory.

The SOC also considered which services may benefit by being co-located on the CMH site, for which the rehabilitation beds currently located at Willesden have been considered.

We are currently developing an Outline Business Case (OBC) which builds much greater detail to scoping all of these services, including their layout within the site, how they would operate, staffing requirements and costs.

### **Proposals and Impact for Patients**

The intention is that a range of additional services will be provided at the CMH site to fully utilise this facility for the benefit of Brent and the NWL wide population, ensuring the long term clinically viable and financially sustainable future of the CMH site.

A Strategic Outline Case (SOC) was developed during 2013 and subsequently approved by the required boards in 2014. A SOC is a very preliminary assessment of costs, benefits, risks and funding and affordability and this was the first and initial step that was taken to scope a range of services that could be provided at CMH.

We are now developing an Outline Business Case (OBC) that builds upon the initial proposals and work undertaken in the SOC to further refine and develop the range of services at CMH. The OBC will provide more detailed development of the services than is contained in the SOC which will allow a more accurate costing of the services and ensuring clinical and financial viability.

### **Stakeholder Engagement**

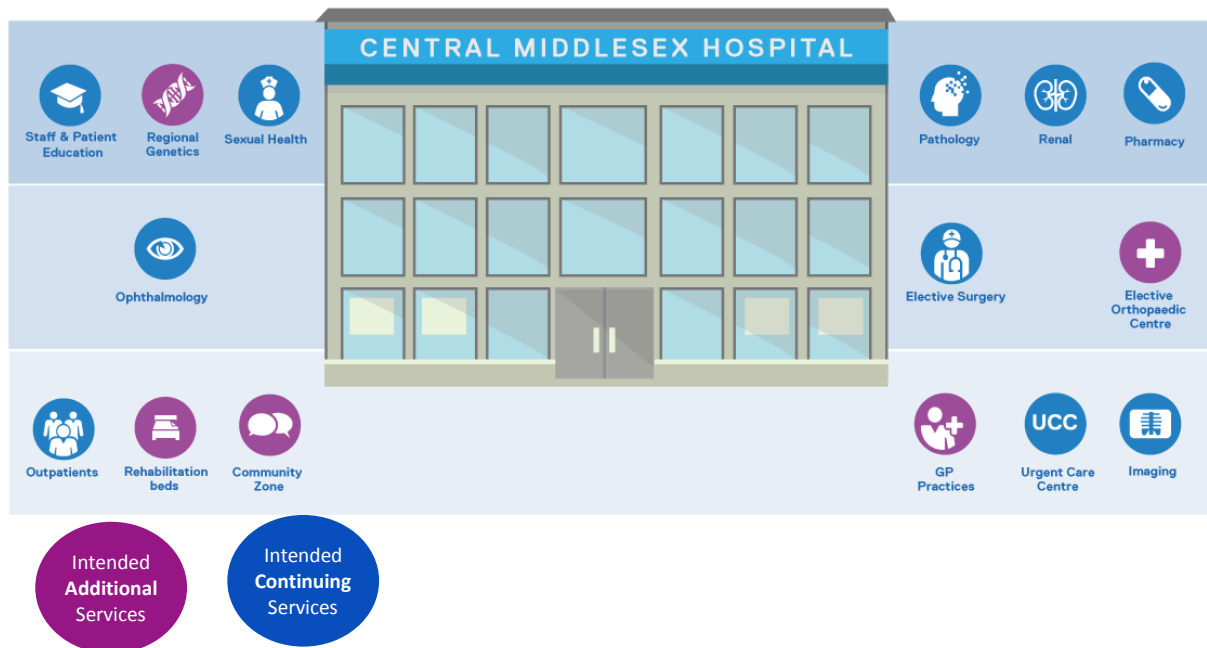
During the SOC stage there were a range of stakeholder engagement activities including a workshop on 14<sup>th</sup> January 2014 and a public engagement meeting on 19<sup>th</sup> February 2014.

As part of the SOC, travel analysis on affected patient/carer journeys was undertaken on the range of services affected. This analysis showed that there are no significant impacts that would prevent the inclusion of the range of services being considered for CMH. Similarly, equalities impact consideration highlighted no significant impacts that would prevent the range of services being progressed.

Further equalities and travel impact analysis is now being undertaken for those services that are being progressed at the OBC stage.

### **Proposed range of additional services being developed under the SOC:**

- Hub Plus for Brent—providing an extended range of community based services for Brent residents including primary care (GP services), out-patient appointments, diagnostics, community services and the relocation of the rehabilitation beds from Willesden Centre for Health
- Elective Orthopaedic Centre for London North West Healthcare NHS Trust and Imperial College Healthcare NHS Trust
- Relocation of mental health services from Park Royal
- Relocation of regional genetics service from Northwick Park Hospital



## Public engagement/consultation considerations for services planned to be sited at CMH

Following patient and public engagement during development of the SOC, further appropriate patient and public engagement has been undertaken from June to October in further developing the additional services being proposed for location at CMH.

The patient engagement element of this programme has been developed in collaboration with the patient representative members of the Partnership Board (which meets regularly to ensure this programme is appropriately governed and that key decisions can be made to ensure it is making appropriate progress). An engagement matrix has been developed to ensure that appropriate engagement is being conducted for the key service developments. The matrix is being used to track and review the engagement activities undertaken during the OBC development and will be further used to specify any ongoing engagement and consultation requirements necessary on completion of the OBC to meet health and care legislation.

A patient engagement event for CMH took place on 17<sup>th</sup> July 2014, which was well attended and gave patients and the public an opportunity to hear about the proposals being considered for CMH and to help us further develop and refine the options. These options will undergo further engagement until they are well enough defined for the OBC. A future public engagement event on CMH is taking place at the Brent Health Partners Forum on 19<sup>th</sup> November 2014.

It is noted that the majority of the proposed changes have already been subject to formal stakeholder consultation as part of Shaping a Healthier Future (SaHF).

An element of the Hub Plus proposed for re-location at CMH is the rehabilitation beds and community services currently based at Willesden Centre for Health and Care which was not addressed within SaHF. The clinical review identified a positive impact for patients in co-locating the rehabilitation beds on the CMH site due to it being sited with a wider range of services and support. The relocation from Willesden to CMH is a distance of 2 miles.

Travel analysis on affected patient/carer journeys was undertaken at SOC stage and overall it suggested that there were no significant impacts that would prevent relocation of the rehabilitation beds from Willesden. It is however noted that this would provide both positive and negative travel impacts for some patients and their carers dependent on where they live in the borough. CMH has good public transport links and it also benefits from ample and increased parking facilities compared to Willesden (which has very limited availability of parking both on site and in the vicinity). Patients requiring rehabilitation services are usually transported to the service via hospital transport services so there would be little impact for the patients being transported to CMH instead of Willesden. The main travel impact would be on carers or family in visiting patients at the CMH site.

**Brent CCG intends to continue engaging with stakeholders including patients and the public in planning for the possible relocation of rehabilitation beds and community services from Willesden Centre for Health and Care to CMH.**

The community services moving from Willesden relates to staffing required to deliver the rehabilitation services as well as some other teams that provide outreach services to the population, for example; district nurses and health visitors who will continue to see patients in their usual care settings, ie; at home, at GP practices and at health centres.

**Development of the clinical models for services planned to be sited at CMH**

Clinical models were developed through a series of workshops with clinicians and staff, enhanced by engagement sessions with service users and the public, and one to one meetings with clinical staff. This indicated the following:

- Elective Orthopaedic Centre: It was suggested that greater learning could be obtained through engagement with South West London Elective Orthopaedic Centre. The Director and Chief Nurse of the South West London Elective Orthopaedic Centre met with operational management and clinicians from London North West Healthcare NHS Trust and Imperial Healthcare NHS Trust on 15<sup>th</sup> October 2014

- Brent Hub Plus: An additional c.20 rehabilitation beds are to be relocated from Willesden, care co-ordination and patient education functions as well as continuing to progress discussions with GPs to relocate to CMH (led by NHS England)
- Mental Health – the clinical model was agreed to be appropriate if it included:
  - the psychiatric intensive care unit;
  - the mother and baby centre; and
  - quality improvements through enhanced designs to include additional open space, de-escalation space and therapeutic space.

### **Refining forecast activity levels for services planned to be sited at CMH**

Activity levels were brought up to date to incorporate 2013/14 activity levels which were used to develop refined forecast activity levels for 2017/18.

### **Developing an estates solution**

During the development of the clinical model clinicians stressed the importance of the co-location of the psychiatric intensive care unit (PICU). This service was not planned to move to CMH but it became clear that this would be needed to be co-located to maintain/improve the patient and staff experience. In addition, clinicians and the public emphasised the importance of open space, de-escalation space and therapeutic space. This required significant changes to be made to the hospital and compromises would have had to be made. Furthermore, the bespoke nature of the Mother and Baby Unit would require significant changes to be made to CMH in order to achieve a fit-for-purpose design.

The combination of further spatial demands arising from the clinical model development and refined activity forecasts indicated the requirement for approximately 6,000 m<sup>2</sup> to 7,000 m<sup>2</sup> in excess of the available space in CMH.

The additional requirements for mental health identified in developing the clinical model were incorporated into the estates plans and costed. It was agreed by Central North West London NHS Foundation Trust (the mental health provider), SaHF, London North West Healthcare Trust and BHH CCGs that the increase in capital cost arising from the enhancements for mental health services would not be economically appropriate and that CNWL would independently review other opportunities.

In order to determine the prioritisation of services to be located in CMH the following redesign principles were adopted by the CMH Working Group and ratified by the CMH Partnership Board:

1. As far as possible, space is used for the purpose it was initially intended. This would help to ensure that the capital costs required for refurbishment could be minimised
2. As far as possible, reasonable clinical co-locations will be achieved. This would help to maximise the operational efficiencies delivered at CMH
3. The high level building layout should be such that:
  - a) Ground floor – reserved for walk in services
  - b) First floor – reserved for beds and theatres
  - c) Second floor – remains largely unchanged

This would allow for a logical flow of services which builds on the existing service configuration at CMH.

The result of this prioritisation further validated the exclusion of the mental health services (as proposed in the SOC and expanded as the result of consultation for the clinical model). Including mental health services would mean that the future use of areas of CMH would not be as originally intended, resulting in high capital costs to change the hospital when there were other services which could use more of the hospital as it is currently designed.

Central North West London NHS Foundation Trust (the mental health provider) is supportive of this decision and will independently review other opportunities.

### **Details of the proposed additional services**

#### **(i) Brent Hub Plus providing an extended range of community based services for Brent residents**

This was proposed within SaHF and therefore formal stakeholder consultation has already been undertaken. This included primary care (c. 7,500 list size), community and Out of Hospital services, including access to diagnostics that were intended to be sited at Central Middlesex Hospital, and the intention to work up these plans with appropriate patient and public engagement in the co-design to provide a positive impact.

This proposal includes up to c. 167,000 out-patient appointments being provided from CMH and would result in the majority of Brent residents attending CMH for their out-patient appointments. As services will be co-located this will provide patients with the opportunity to receive a wider range of services from a single site and having the opportunity to organise appointments as a one stop service, reducing the need for multiple visits.



The relocation of rehabilitation beds (c. 40) and community services from Willesden Centre for Health to CMH was not addressed within SaHF. The clinical review identified a positive impact for patients on co-locating the rehabilitation beds on the CMH site due to it being sited with a wider range of services and support. The relocation from Willesden to CMH is a distance of 2 miles.

Travel analysis on affected patient/carer journeys was undertaken at SOC stage and overall it suggested that there are no significant impacts that would prevent relocation of the rehabilitation beds from Willesden. It is however noted that this would provide both positive and negative travel impacts for some patients and their carers dependent on where they live in the borough. CMH has good public transport links and it also benefits from ample and increased parking facilities compared to Willesden (which has very limited availability of parking both on site and in the vicinity). Patients requiring rehabilitation services are usually transported to the service via hospital transport services so there would be little impact for the patients being transported to CMH instead of Willesden. The main travel impact would be on carers or family in visiting patients at the CMH site.

Brent CCG would welcome the view of Brent OSC on the possible relocation of the rehabilitation beds from Willesden Centre for Health to CMH so that should this option be assessed as viable and approved at OBC stage, that any further engagement and consultation requirements can be built into the development timeline.

The community services moving from Willesden relates to the staffing required to deliver the rehabilitation services as well as some other teams that provide outreach services to the population, for example; district nurses and health visitors who will continue to see patients in their usual care settings i.e.: at home/at GP practices and at health centres.

#### **(ii) Elective Orthopaedic Centre for London North West Healthcare NHS Trust and Imperial College Healthcare NHS Trust (c. 5,000 procedures).**

An Elective service was proposed within SaHF proposals. This included the intention to undertake elective activity at Central Middlesex Hospital and the intention to work up these plans with appropriate patient and public engagement in the co-design of such services to provide a positive impact. It is noted that this engagement will need to be as wide as possible to include patients from further afield than Brent. The recent engagement event on 17th July included stakeholder and patient representatives from across Brent, Harrow, Ealing and Hammersmith & Fulham. The clinical review identified a positive impact for patients on setting up a dedicated centre for elective orthopaedic procedures that will bring about improved patient outcomes including reduced length of stay in hospital, lower infection and complication rates and higher patient satisfaction due to it being a single speciality service.

### **(iii) Relocation of genetics from Northwick Park Hospital**

This option was not addressed within SaHF. However, this is a laboratory service. Patients are seen across multiple healthcare sites for their outpatient appointments and this will not change as a result of relocation of the laboratory services. The clinical review identified a positive impact in allowing Northwick Park Hospital to develop and expand other services at the Northwick Park Hospital site.

### **Patient Engagement and Consultation**

Further patient and public engagement is planned including the Brent Health Partners meeting on 19<sup>th</sup> November, with other engagement scheduled at the appropriate time.

### **Importance of Decisions**

The relocation of rehabilitation beds from Willesden to CMH increases under-utilisation at Willesden Centre for Health and would result in increased costs to Brent CCG who holds the head lease for the site. The potential cost to Brent CCG of increasing empty space at Willesden and the requirement to subsidise rental costs for new services at both CMH and Willesden is high. The CMH site currently runs at an annual loss of £10.8M and the impact of moving services from Willesden adds a further c. £2m cost at Willesden to Brent CCG. Brent CCG is pursuing a number of initiatives to mitigate these potential increased costs, in partnership with NWL CCGs and providers as we expect the pressure to be absorbed across a number of organisations. The future decisions on CMH and Willesden have major service and financial considerations for Brent CCG and residents for many years to come.

### **Next Steps**

The OBC is being developed with stakeholder engagement across Brent and wider North West London for two elements of the OBC: Hub Plus for Brent and Elective Orthopaedic Centre.

Throughout the OBC process Brent CCG has and will engage with stakeholders and patients and public representatives to ensure that plans for services are tailored to the local population and an effective outcome for patients is achieved. **Brent CCG would welcome views of Brent OSC on the services being considered for CMH, support and advice on engagement in this process, and endorsement of the plans and approach detailed for the utilisation of CMH. Further engagement will be built into the development timeline should the OBC be approved to proceed to Full Business Case stage.**

The OBC will go through a formal approvals process through the affected statutory organisations, in the same way as was undertaken for the SOC approvals process.



