

March 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.

1. Exploring a new model for emergency services at The North West London Hospitals NHS Trust

1.1 Overview

The North West London Hospitals NHS Trust is beginning to discuss with key stakeholders some developments in relation to its emergency services at Northwick Park and Central Middlesex Hospitals.

1.2 The case for change

In line with developments across the country, urgent care centres were commissioned at Northwick Park and Central Middlesex. At Central Middlesex this resulted in activity through the Emergency Department (ED) dropping significantly from an average of 200 to fewer than 40 patients per day.

The Trust has one of the lowest ratios of consultant-medical-staff-to-patient activity in London, and has been heavily reliant on locum medical staff at consultant and middle-grade levels for a number of years, despite repeated attempts at recruitment. For example, it has advertised for consultants three times in the last 12 months and is about to advertise again.

In October 2011, following concerns regarding the Trust's ability to provide consistent senior medical staffing in the CMH unit over winter, with NHS North West London it agreed an interim overnight closure of the ED, which commenced on 14 November 2011 and continues to date.

At Northwick Park Hospital (NPH), emergency activity has risen at a rate of at least 10% per annum for the last three years. This affects the Trust's ability to meet the four-hour waiting target and to schedule operations in a timely manner. In the last 12 months, the CMH ED overnight closure has accounted for only 2% of the total increase in emergency activity on the NPH site.

The Trust is reluctant to face another winter as busy as the last two, running two Emergency Departments with not enough permanent senior and middle-grade doctors, too much activity on the larger site and too few patients on the smaller site.

For example, Central Middlesex ED is seeing an average of only 38 people a day, but that has dropped to as low as 12 and is regularly below 25, and at the most only about 18 people a day are admitted to the hospital. Northwick Park regularly admits more than 70 patients per day and sees more than 250 patients in the ED each day.

1.2 Next steps

Taking all this into account, the Trust Board, with support from commissioners, has agreed that it should start discussions with staff and other stakeholders to explore how it reorganises its emergency services across the two sites to make the best use of staff and other resources, given the issues it is facing.

It has now established a project board to oversee this work, which includes senior representatives and clinicians from the Trust and its NHS partners. It met for the first time last month (February) to agree its terms of reference and, among other considerations, will examine how the Trust can develop a more robust emergency department at Northwick Park.

2. The future for Central Middlesex Hospital

2.1 *Shaping a healthier future*

You may also be aware that the Joint Committee of PCTs for north-west London met in public last month (February) and agreed with all the recommendations put forward by the *Shaping a healthier future* programme following public consultation, which includes the closure of the Central Middlesex Emergency Department:

<http://www.healthiorthwestlondon.nhs.uk/news/major-decision-made-future-healthcare-nw-london>.

The *Shaping a healthier future* programme has recommended that Central Middlesex becomes a local hospital. It would continue to provide planned procedures and services such as outpatients and routine surgery, as well as a 24/7 Urgent Care Centre. Acute services would, however, no longer be provided on site.

It is important to acknowledge that Central Middlesex Hospital will continue to have a very important role to play, albeit a different one, in caring for people locally in the future.

The kind of health problems local hospitals would treat include:

 Outpatients (check ups with consultants, treatments etc)	 X-rays, blood and other tests
 Urgent care: Illnesses, injuries, infections, scalds, sprains, strains and minor fractures	 Well baby, ante and post natal care, sexual health and contraception
 Some specialist/other services e.g. Maternity at Hammersmith	 Rehabilitation, social care, diabetes care and physiotherapy



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Although the *Shaping a healthier future* proposals are expected to take up to three years to implement, the Trust believes it is sensible to start discussions now (for the reasons mentioned above).

2.2 Staff engagement

The Trust understands that change can be very unsettling for staff and it is sharing as much information as it can with them. No changes will take place until it has worked through all the detail and can assure its Board that it understands all the implications of any changes to services. A key part of this assurance will be creating extra capacity at Northwick Park.

These changes are not a reflection on staff or the services provided at Central Middlesex, who continue to do a terrific job, but the Trust cannot pretend that there will be no changes. What is important is that any changes are made in a planned way and with their full involvement.

Staff are naturally anxious about what all these changes mean for them personally, but the Trust is clear that it does not want to lose the valuable skills and talent it has in the organisation and expects that, with its level of vacancies and staff turnover, and with flexibility on everyone's part, the likelihood of people losing their jobs is small.

Once there is a clearer picture about what these decisions mean for every ward and department, the Trust will discuss with every member of staff what any changes mean for them personally. None of these changes will happen overnight.

In the meantime, senior managers and executive directors have made themselves available on site every day at Central Middlesex for a period of two weeks and staff forums have been arranged at both the Trust's hospital sites.

2.3 Local engagement

The Trust is engaging with a wide variety of local stakeholders, including the following:

Operationally

- LAS (via Cluster)
- UCC (via NHS Brent)
- Ealing Hospital – ICO borough directors
- Imperial
- Barnet Hospital
- Royal Free
- Hillingdon
- West Middlesex
- West London Mental Health
- CNWL
- C&W
- CCGs – Brent CCG Chair due to take questions at CMH staff forum on 19 March
- All GPs

Opinion formers:

- MPs
- London Assembly member
- LBB & LBH
 - Leaders of Council
 - Chief Executives
 - Councillors
 - Directors
 - Overview and Scrutiny Committees/Health Select Committees
- NHS NW London
- PCTs and CCGs
- LINKs
- NHS London
- NTDA

Wider stakeholder groups

- All staff and staff side representatives
- Voluntary organisations, campaign groups, support groups, community leaders, faith groups
- DH, NHS London
- Professional bodies
- Health regulators (CQC)
- Deanery and Foundation school

These are never easy discussions to have and the Trust accepts that they may be difficult for the Committee and for local people generally, but it strongly believes this is in the best interests of patients and staff. By starting these discussions now it can ensure any changes are made in a planned way.

The Trust would like to acknowledge all the hard work of staff working in its two Emergency Departments and the emergency pathway generally. Its priority is to support them so it can continue to provide the best service it can.

Finally, I would like to thank you for the interest you have shown in this Trust over the years. Naturally, I will keep you updated in the coming weeks and months.

David Cheesman
Director of Strategy
The North West London Hospitals NHS Trust