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11 September 2009

Cllr Chris Leaman  
Chair  
Health Select Committee  
Brent Town Hall  
Forty Lane  
Wembley  
Middlesex HA9 9HD

Dear Chris,

### **Emergency Surgical Services at Central Middlesex Hospital (CMH)**

We have been keeping you and your committee up to date with the development of the Acute Services Review, since it was launched at the beginning of this year.

In our last report to you and the Harrow Overview and Scrutiny Committee, we pointed out that an independent clinical review, under the auspices of the National Clinical Advisory Team, was looking at whether we should continue to offer access to emergency surgery during the day at Central Middlesex Hospital, out of hours emergency surgery having moved some time ago.

I am writing to advise you that we have now received that report and a clear recommendation is made from the team that we should not continue to provide emergency surgery during the parts of the week it is currently offered. The reason for this is that the view of the independent reviewers is that it is not possible to maintain the high clinical standards required to ensure safe and effective emergency surgery at both the Northwick Park and CMH sites. Northwick Park Hospital (NWP) has a far greater mass of staff and emergency caseload and it is currently struggling to maintain support for an emergency surgical service at CMH.

You will be aware that for some time CMH has not been providing emergency surgery out of hours and at weekends. There is currently a 9am -5pm surgical receiving model at CMH with complex surgical cases and out of hours admissions transferred to NPH.

The London Ambulance Services already takes major trauma cases such as stab victims or road traffic accidents directly to NWP where there is a better equipped A&E department and a larger, more robust surgical infrastructure.

Implementing the recommendation would mean a further 7-10 patients a week would require transfer from CMH to NPH.

The transfer of emergency surgery does not undermine the continued existence of the Accident and Emergency Department at CMH. There are other hospitals in London with A&E departments that do not undertake emergency surgery. Nor would a transfer of emergency surgery change CMH's core role, of a local hospital offering A&E, emergency medical services, diagnostics, waiting list surgery and outpatient services.

To put the transfer into context, the 527 surgical cases transferring to NPH would be in addition to the 6,453 cases undertaken there in 2008/09 and would leave CMH with a case load of approximately 83,000 A&E attendances, 11,000 medical admissions, 17,000 elective surgical cases and 100,000 outpatients.

These changes would not be made for financial reasons. We do not expect there to be any savings arising from the transfer, rather it is to make sure that all patients have access to high quality care when they need it.

To this end, there are a number of actions we need to take to ensure high clinical standards are achieved.

1. We shall be devising a clear service standard for the revised surgical service at NWP with clear metrics so that we can be assured that the outcome of these changes is, as we intend, high quality surgical care.
2. We will need to ensure that sufficient capacity is in place at NWP to cope with the relatively small increase (8%) in emergency activity that this change will generate.
3. The North West London Hospitals NHS Trust will be developing an implementation plan to assure the local community that these changes can be successfully achieved, including a clear description of the protocols to be applied for transferring emergency surgical cases from CMH to Northwick Park.

You will be aware from previous briefings that there is one further service we are reviewing to ensure it meets current standards: the paediatric service at CMH. Local clinicians are discussing a revised model for the care of children which will comprise of two ambulatory care centres at the two hospitals and an expanded inpatient unit at Northwick Park. We are planning two public events to discuss children's services in Brent and Harrow on the 22 and 24 September. As proposals develop we will consider what, if any, engagement and consultation with the public might be needed before proposals are finalised

I am copying this letter to the Chief Executive of Brent & Harrow Councils and local MPs so that they are fully informed as to the changes we are proposing and the reasons for them.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Mark Easton', written in a cursive style.

Mark Easton  
**Chief Executive**

c.c. Gareth Daniel, CEO, Brent Council  
Michael Lockwood, CEO, Harrow Council  
Barry Gardiner, MP  
Dawn Butler, MP  
Sarah Teather, MP