

STRONGER *together*



The proposed merger of Ealing Hospital
NHS Trust and The North West London
Hospitals NHS Trust

Ealing Hospital 
NHS Trust

The North West London Hospitals 
NHS Trust

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Foreword

We have made a personal promise to patients to provide the highest quality of care in our hospitals and the community. In many ways we are doing this already. Both our Trusts are proud of the fact that infection rates are very low and our mortality rates are among the best in the country.

But we can always do more to improve.

We want our organisations to be in the strongest position to embrace the changes happening across the NHS and in medicine, such as higher quality standards, technological advances, and a focus on prevention and care outside hospitals.

For these reasons we have been looking at future options for our organisations.

The merger will allow us to create larger clinical teams so our patients can see specialists in their condition no matter what time of day or day of the week.

In Ealing, we were delighted to become an Integrated Care Organisation in April 2011, bringing together services at Ealing Hospital with community services across Brent, Ealing and Harrow. The merger gives us a unique opportunity to build on this and create one organisation providing hospital and community services - enabling us to have a healthcare system

which removes organisational barriers, focuses on the whole patient and prevents unnecessary admissions into hospital.

We recognise, of course, that change will not be without challenges. We are committed to supporting and involving everyone as we move forward.

Whilst this document covers an organisational merger and not immediate change to services, we will in the future need to look at how services are organised so we can continue to improve quality and ensure a sustainable future.

Our GP commissioners and local GPs will be vital in





This brochure sets out the reasons why we believe that merging will create a first-class organisation, delivering high-quality care across Brent, Ealing and Harrow. It also describes the benefits for patients and staff, and explains the next steps in the process.

“Our vision is to ensure that every person in our part of London has the best possible health care. From the hospital perspective, we want to offer large enough teams of specialists in all the major clinical areas to ensure we can meet all of the modern standards of care. From the community perspective, we want to work closely with GPs, other health professionals and social care teams to ensure more care is provided closer to home.”

Medical Directors Professor Rory Shaw at The North West London Hospitals NHS Trust and Dr Alfa Sa’adu at Ealing Hospital NHS Trust

helping us design the services patients need.

Whatever service changes are proposed, we are committed to ensuring that local people have a chance to express their views and be involved in shaping their local NHS.

At the heart of everything we do is our promise to improve care for patients. We believe merging our organisations will be a major step in achieving this. We believe we will be stronger together.

We look forward to discussing our proposals with you.

Julie Lowe,
Chief Executive

Ian Green,
Chairman

Dr Alfa Sa’adu
Medical Director

Ealing Hospital
NHS Trust

Peter Coles,
Interim Chief Executive

Tony Caplin,
Chairman

Professor Rory Shaw
Medical Director

The North West London
Hospitals NHS Trust

Why Ealing Hospital NHS Trust and The North West London Hospitals NHS Trust?

We started to look at a range of options for our organisations in 2010. This included staying the same and mergers with different combinations of Trusts in the North West London area (you can read more about this on our websites, see back page).

After assessing a range of options we agreed that a merger of the two Trusts would offer the best opportunity to provide the highest quality of care for people in Brent, Ealing and Harrow.

We believe a merger is the right choice:

- It offers a unique opportunity to create **one NHS organisation managing hospital and community services across Brent, Ealing and Harrow**. This will help to remove organisational barriers and provide more integrated care for local people. For our patients this will mean fewer hospital visits, shorter stays in hospital and more care closer to home.
- Through one organisation we can create **larger clinical teams** so we can deliver improved **quality standards** in the future and give patients the opportunity to be treated by specialists in their condition.
- By creating a larger organisation and larger clinical teams we will be able to create a **critical number of clinicians and knowledge**, enabling us to provide **more specialist care** for our local populations.

More information about why we believe merging our organisations can bring benefits to patients is continued on page 7.



Why we are considering a merger

The case for change

More services to be provided in the community

Across the NHS there is a drive to provide more services in the community, outside hospitals. At the moment many people go to hospital for some services which could be better provided out of hospital.

The vision for the future is that we have a healthcare system which is less dependent on hospital care. People will receive regular and urgent medical advice from their GP practice or a community-based urgent care centre. Specialist advice and diagnostic tests will be obtained outside hospital and care for people with long-term conditions and older people will be organised around their day-to-day needs in their own communities.

Changes to health needs and local population

Population growth in North West London and the growth of lifestyle-related diseases require a greater focus on disease prevention and delivering care in our local communities. We need to change the way services are delivered, with improved primary care, more integrated care and more centralisation of specialist care in order to achieve better outcomes for patients.

Changes in medicine

Medical knowledge advances at an astounding pace every year as new tests, sophisticated medication and new surgical procedures emerge.

Medicine is also becoming increasingly specialised, which has resulted in significant benefits for patients as doctors and their teams have become more expert and successful in their specific areas.

The generalist surgeon of the past has now been replaced by multiple specialists, each focusing on different parts of the body.

For senior staff and more specialised teams to deliver the high-quality care people expect and deserve, there needs to be a critical number of doctors focused on specific types of patients and procedures.

Individual clinicians and teams need to see enough patients to maintain their skills in treating certain conditions which they

Today when you go to an orthopaedic surgeon you will see a specialist in your particular problem – knee, hip or ankle. It's the same for cancer – if you have breast cancer you will be seen by a breast surgeon not a general surgeon.

If you are admitted as an emergency with major internal bleeding then to get the best clinical outcome means that we need to have specialist radiologists, surgeons and other staff available 24 hours a day, 365 days a year.

New quality standards are being introduced all the time.

A recent report about the care and treatment of patients receiving emergency surgery, published by the Royal College of Surgeons, makes nine detailed recommendations which, if implemented, will reduce complications and deaths for patients having emergency surgery.

Recommendations include fast access to operating theatres, better use of critical care and improved care after operations, including treatment of infection.

Merging our organisations would make it easier for us to achieve these new standards and improve care.

The Higher Risk General Surgical Patient: Towards Improved Care for a Forgotten Group. Published by Royal College of Surgeons. September 2011.



would not otherwise see often enough. This means clinical teams need to serve larger populations.

In order to maintain skills and expertise in specialist areas staff need to work in larger centres where they can obtain sufficient experience of different conditions.

Changes in the workforce

We need to make the most of the expertise we have. New policies mean nurses and doctors work fewer hours - quite rightly. Smaller teams can struggle to staff rotas fully, while reductions in the number of trainees mean we need to use all our resources to maximum effect.

Rising quality standards

To provide higher-quality care in the future, we want to meet the rising standards set out by professional bodies, such as the Royal Colleges, and the commissioners who fund our services.

For example, emerging quality guidelines will increase the amount of time consultants need to be present in hospital providing direct patient care, rather than being on call from home.

Financial drivers

While the key driver for merging our organisations is to improve clinical quality, we also have to consider what financial benefits merger will bring. Our services need to be affordable, as we know there will be a reduction in hospital income when resources shift to the community. We need to match our services to this change in funding.

The benefits

Our vision for patient care

Co-ordinating services across our hospitals will enable us to improve quality of care.

Integrating community and acute care

Merging our organisations would give us a **unique opportunity to integrate acute and community care** across Brent, Ealing and Harrow.

Ealing Hospital NHS Trust already manages community services across Brent, Ealing and Harrow, delivering benefits for patients.

We know services are not as well integrated as they could be. Some patients are discharged from hospital and find district nursing services may not know about their hospital admissions or about the treatment they need at home. Sometimes this also means they are admitted to hospital just to get advice from a hospital-based specialist.

By merging we could create one single NHS organisation for acute and community services across the three boroughs. This will allow us to provide more integrated care by removing organisational and geographical barriers, providing a seamless service for patients.



Integrating care means:

- **Fewer visits to hospital:** by developing more one-stop clinics with a range of professionals from different disciplines, all working together within one co-ordinated system
- **Shorter time in hospital:** merging will allow us to care for patients in their own homes, avoid unnecessary admissions, reduce the time people need to stay in hospital and prevent re-admission to hospital
- **Reduce duplication of tests and assessments:** information will flow better between professionals, as we will share record systems and guidelines
- **Continuity of care:** as care will be organised across our hospitals and communities in a more integrated way, it will involve professionals working together as an extended team
- **A focus on long-term conditions:** integrating community and acute care will help us to focus on the whole needs of a patient, over a longer period of time

One particular challenge that hospitals face is that patients admitted across London at the weekend have a significantly increased risk of dying compared to those admitted on a weekday. (Review of acute medicine and emergency general surgical services, NHS London and London Health Programmes, September 2011).

One of the most important factors in improving this is to ensure patients are assessed by an experienced consultant with the right expertise as quickly as possible. One example is the improvements made to stroke care since centralising specialist services in 2010. Eight Hyper Acute Stroke Units were opened in London including one at Northwick Park Hospital.

These dedicated centres ensure healthcare staff with the right skills and equipment are available to treat stroke patients, 24 hours a day. Emerging evidence is expected to show that centralising stroke services in London has saved hundreds of lives and reduced the risk of lasting disabilities after a stroke for many more people.

This is the kind of change that merger would allow us to improve in other services in Brent, Ealing and Harrow.



Improved quality of care

Patients will have the benefit of larger, multi-disciplinary teams, able to offer the highest standard of care.

The merged organisation would have sufficient critical mass to provide even safer consultant-led care.

There is clear evidence that individual teams seeing more patients and performing more procedures in their area of expertise increases the quality of care.

Larger units can ensure that all clinical teams see at least the minimum number of patients necessary to keep skills up to date and to demonstrate high-quality outcomes.

Better use of equipment and diagnostics

The latest clinical equipment is expensive and highly specialised. It also requires extensive training to be used effectively. In general this equipment needs to be used most of the time to make it worth the investment. By merging our organisations we will have a larger patient catchment area, helping us to keep pace with developments in technology and use them more intensively and cost effectively.

For instance:

- Interventional radiology enables life-threatening bleeding to be stopped and blocked arteries to be opened.
- New blood testing machines used in pathology can treat a much greater range of blood samples, more quickly than ever before.

Having more of a say about your health services

We aim to become a Foundation Trust, which would give us the flexibility to meet local health needs. It would also give our patients and local communities a much greater say in the way our organisation is run through its public membership and Council of Governors. It will be easier for us to achieve Foundation Trust status and meet the criteria if we merge our organisations.

Making the most of the resources we have

Moving to merged clinical teams will help us to reduce spending on overheads and management costs, and reduce waste and duplication. In the short and medium term, a merger will help us to:

- reduce administration costs and duplication in Boards and 'back office' functions such as management, finance and human resources; we have identified potential savings
- improve productivity in areas such as procurement (the way we buy products and services) and make better use of our operating theatres
- reduce expensive hospital care and the time people spend in hospital by developing community services
- make the most of our buildings - a merged organisation will be in a better position to develop its estate.

Creating a stronger future

- By merging we will create an organisation large enough to stand on its own and become a Foundation Trust
- We will invest in our medical services and our people to deliver better care to local people
- We will deliver on our promises to bring the best possible NHS services to the people who most need them



The new Trust

If a merger is approved, it would create a large NHS Trust including:

- Central Middlesex Hospital
- Community services across Brent, Harrow and Ealing, including Clayponds Rehabilitation Hospital and Meadow House Hospice
- Ealing Hospital
- Northwick Park Hospital
- St Mark's Hospital (a specialist and internationally-renowned hospital for the treatment of diseases of the bowel and gut)

The Trust would employ more than 7,000 staff and have an income of £570m. It would care for a local population of about 800,000.

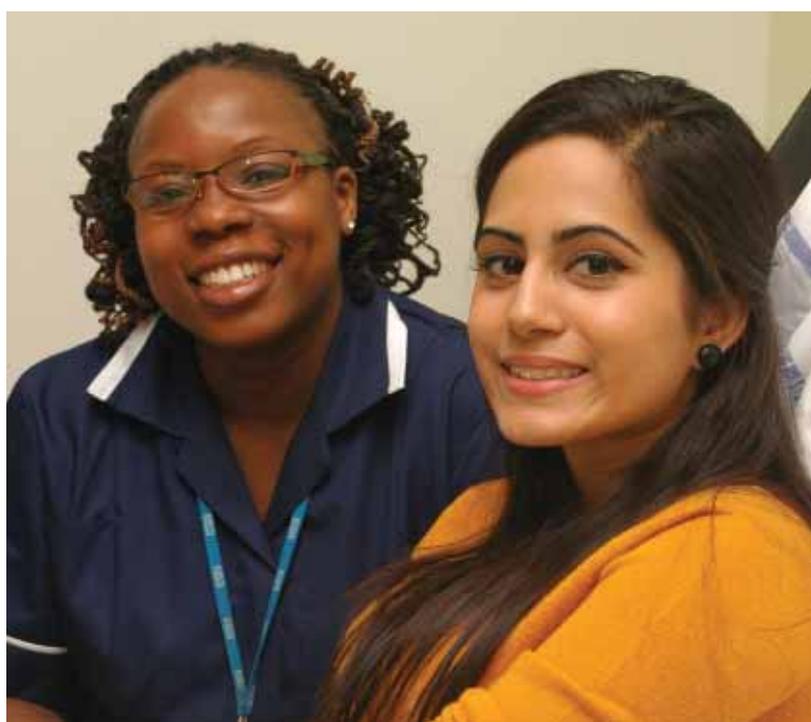
Our staff

Staff will also benefit through the retention of expert clinicians, a more stable workforce and the ability to attract new talent.

The merged organisation would employ more than 7,000 staff, ranging from hospital nurses and consultants, therapists and scientists to health visitors, administrators and community nurses. We believe there will be many benefits for staff if our organisations merge.

- **New career pathways and new job roles** will be developed over time, particularly as we integrate community and acute care
- **Attracting new talent:** a broader range of senior clinicians will be attracted to an organisation with a clear focus on integrated care
- **Specialist skills and expertise** can be accessed by teams in different care settings
- **Learning, development and best practice** will be more easily spread and transferred throughout the organisation

At the same time we recognise that this will be a period of uncertainty and change for staff. We are fully committed to working closely with staff and their representatives to manage any changes if merger is approved.



What happens next?

The Boards of both Trusts have approved an Outline Business Case (OBC). This sets out what the clinical and financial benefits would be if a merger goes ahead. We have highlighted many of these in this document. If you would like to read the full OBC then please visit our websites.

No final decisions have been made and we need to go through a number of decision making stages, including the development of a Full Business Case (FBC) and approval from the Department for Health, before any proposed merger is agreed.

Overview of timetable

- Outline Business Case signed off by NHS London - November 2011
- Full Business Case approved by the Trust Boards and NHS London - March/April 2012
- Submission for approval to Department of Health Transaction Board - May 2012
- Merger - July 2012

What does this mean for services?

If a merger is agreed, there will be no immediate changes to clinical services as a result of the organisational merger.

However, as part of the merger process clinicians from across our hospitals and the community have started to look at how any future organisation might deliver the highest quality of care in response to the development of new commissioning intentions from GPs. GPs commission healthcare services for their patients.

No decisions have been made about any potential service changes. Any changes would be subject to a separate formal consultation process led by commissioners (primary care trusts and groups of local GPs).

Whatever decisions are made about services in the future, we believe a merged Trust will be in a stronger position to meet the challenges ahead, deliver any potential reorganisation of services, and better care for our communities in the future.

Your views

There will be consultation regarding merger with the Brent, Ealing and Harrow LINKs (Local Involvement Networks) in November and December 2011, as required by the regulations. LINKs would be pleased to have any views on the merger. Their contact details are below. While we do not have to formally consult with the public about merger, we would still like to hear your views, so we can take them into consideration before we submit our full business case to the Department of Health. You can email us: merger@nhs.net

Contact details for LINKs in your area:

Ealing LINK

Email: ealinglink@hestia.org
Telephone: 020 8280 2276
or leave a message on their website: www.ealinglink.org
Write to: Ealing LINK,
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Email: info@harrowlink.org.uk
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Brent LINK

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This document is available in other languages, large print, Braille and Audio upon request 0800 783 4372.

هذه الوثيقة متاحة أيضاً بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة برايل للمكفوفين وبصيغة سمعية عند الطلب

این مدرک همچنین بنا به درخواست به زبانهای دیگر، در چاپ درشت و در فرمت صوتی موجود است.

આ દસ્તાવેજ વિનંતી કરવાથી બીજી ભાષાઓ, મોટા છાપેલા અક્ષરો અથવા ઓડિઓ રચનામાં પણ મળી રહેશે.

अनुरोध पर यह दस्तावेज़ अन्य भाषाओं में, बड़े अक्षरों की छपाई, ब्रेल और सुनने वाले माध्यम पर भी उपलब्ध है

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku, w alfabecie Braille'a lub w formie audio.

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ, ਬਰੇਈਲ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਈਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Dokumentigaan waxaa xitaa lagu heli karaa luqado kale, daabacad far waa-wayn, farta indhoolaha (Braille) iyo hab dhegaysi ah markii la soo codsado.

நீங்கள் கேட்டுக்கொண்டால், இந்த ஆவணம் வேறு மொழிகளிலும், பெரிய எழுத்து அச்சிலும் அல்லது ஒலிநாடா வடிவிலும் அளிக்கப்படும்.

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی، بریل اور سننے والے ذرائع پر بھی میسر ہے۔

Published November 2011

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