

 	Health and Wellbeing Board October 2021
	Report from the Director of Strategy and Deputy CEO, LNWH
LNWH NHS Trust Covid service moves: overview and update	

Wards Affected:	All
Key or Non-Key Decision:	Non-key decision
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	Appendix 1 – summary of main service changes continuing involving change in site location
Background Papers:	0
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Simon Crawford Director of Strategy and Deputy CEO simon.crawford1@nhs.net

1.0 Purpose of the Report

1.1 This paper provides an overview of the main service changes at London North West University Healthcare NHS Trust (LNWH) made since the start of the pandemic. Where changes have revealed emergent sustainable advantages over the antecedent (pre-Covid) situation, these are summarised. This is so that informed consideration can be given to agreeing how to assure and embed long-term and sustainable improvements, where they will support a collaborative tripartite of safe, effective, and reliant hospitals.

2.0 Recommendation(s)

2.1 The committee is asked to note the contents of the report

3.0 Detail

3.0.1 As part of responding to the Covid-19 pandemic, London North West University Healthcare NHS Trust (LNWH) has had to make changes to the way we provide clinical services across our three hospital sites. These changes range from temporary reductions in operating hours and service pauses, to partial or full service-relocations within sites and between sites.

3.0.2 All services, sites and points of delivery were affected to some extent, particularly during the first wave and the initial recovery phase over the spring

and summer of 2020. Some changes have now been in place for around 16 months.

3.1 Purpose of the paper

- 3.1.1 LNWH aims to build back better than normal. We must do so while meeting the new safety requirements necessitated by ongoing infection control pathways, and the resulting impact on both our physical environment and location, and our staffing levels. Achieving this will necessitate learning from our recent past, changing the way we work, and identifying sustainable improvements.
- 3.1.2 As we re-focus from recovery to a sustainable model of care for the future, it is important that we review all the service changes that have taken place. Some changes were necessary for patient and staff safety during the pandemic. However, the successful vaccine rollout and changing disease prevalence allows for their reassessment. Other changes prompted by Covid have brought benefits to patient outcomes and experience which we do not want to lose, both for the way LNWH operates and also as we move to being part of the North West London Integrated Care System (NWL ICS).
- 3.1.3 This paper provides an overview of the main service changes made since the start of the pandemic. Where changes have revealed emergent sustainable advantages over the antecedent (pre-Covid) situation, these are summarised. This is so that informed consideration can be given to agreeing how to assure and embed long-term and sustainable improvements, where they will support a collaborative tripartite of safe, effective, and reliant hospitals.

3.2 Approach for service change proposals

- 3.2.1 We will work closely with our partners and stakeholders on service change proposals, in accordance with the NWL ICS approach. As per best practice, the level of stakeholder interaction will be based on the three types of changes (minor, significant or substantial), and will increase as developments become more substantial.
- 3.2.2 The ICS recognises that there is no single, accepted definition of 'major service change'. However, this is generally understood to involve a significant shift in the way front line health services are delivered, usually involving a change in the geographical location where services are delivered.
- 3.2.3 Even with no changes to the services provided, a change in location alone would normally require consultation with the local authority. Of note, the threshold for reporting proposals to the local authority Overview and Scrutiny Committee (OSC) is higher than that for the duty to involve the public.
- 3.2.4 In considering any changes that may be valuable to sustain, LNWH will work with the local authority OSC to determine whether the changes are deemed to be substantial and what level of stakeholder engagement is warranted. In this way the local authority OSC (and, if necessary, the Joint Health Overview and Scrutiny Committee, or JHOSC) will agree the change level and engagement approach.

- 3.2.5 Ultimately a duty to consult remains with any service change proposals. In some circumstances, this may include informal engagement processes, should the OSC agree that there is not a need to formally consult. In particular, there may be a case for this approach in specific situations where changes have already occurred, have been in place for some time, and have demonstrable performance improvements including for example as a consequence of pandemic responsiveness.
- 3.2.6 It is therefore essential that we demonstrate a good understanding of patient impact and need when assessing which services we may want to sustain in their current configuration, rather than return to their pre-Covid situation.

3.3 Analysis of services moves

- 3.3.1 A task and finish group was convened at the beginning of June by the Director of Strategy, to take stock of service changes since the start of the pandemic. This process identified nearly 90 service changes, although many involved relatively small changes within sites or services that have since been restored.
- 3.3.2 The Covid drivers for change were and continue to be:
- safety
 - continuity
 - infection control.
- 3.3.3 In many cases, changes involved providing the same service, but in a modified and improved way. Where a service was moved to a different location, this was frequently within the same borough (and often within the same site). In many cases the resultant redesign of the patient pathway has led to an improvement in service.
- 3.3.4 The most significant temporary changes in site location in response to Covid took place at Central Middlesex Hospital. The Trust had historically transferred some patients receiving elderly care from Northwick Park to Central Middlesex Hospital for step-down recovery care and to improve patient flow on the highly pressured Northwick Park site. In the summer of 2020, these transfers were stopped. This had two key benefits:
- It allowed Central Middlesex Hospital to become a “green” site without emergency pathway pressures and where only staff and patients who had not tested positive for Covid could visit. This supported elective surgical work to continue safely throughout the second wave of the pandemic, something many other hospitals were unable to do or to the same degree
 - Elderly care patients did not have to move site as part of their patient pathway. Not only is this an improvement in patient and friends and family experience, but it also had a measurable impact on reducing the length of time these patients needed to stay in hospital, helping them return home sooner, and reducing the risk to exposure of hospital acquired infections.
- 3.3.5 The move to make Central Middlesex Hospital a “green” site has also allowed for the creation of a high volume, low complexity surgical hub at Central

Middlesex for LNWHT activity, including fast track hubs for Ophthalmology, Urology, Ear Nose and Throat surgery (ENT) and Orthopaedics. There is a clear link between the volume of procedures undertaken and the associated mortality (the more a surgical and clinical team performs a particular procedure, the better they get). The move therefore aligns with national guidance for minimum safe volumes per unit or 'hub' and enables the pathways to meet the "getting it right first time" ('GIRFT') guidelines for improved productivity.

- 3.3.6 In the autumn of 2020, and as part of the 2020-21 Winter Plan, many of St. Mark's Hospital (StM) services were relocated from the NPH site to CMH. This included the intestinal failure unit, a number of surgical procedures, outpatients, education and some offices.
- 3.3.7 The StM move to CMH has increased bed capacity at Northwick Park and supported delivery of the winter plan. Every winter sees an increase in certain conditions and a greater pressure on health services and beds. Covid service pressures and infection control needs further reduced available beds at Northwick Park. The move created essential additional bed capacity to support NPH's emergency pathway, which hosts one of the busiest A&Es in London. This created vital capacity during Wave 2 and has played a major part in ongoing improvements to A&E patient safety and performance. These improvements were among those noted by the CQC in April 2021. Recognising its impact last year and on-going Covid risks, this temporary configuration will continue in our Winter Plan for 2021-22.
- 3.3.8 Whilst this temporary move supported emergency pathways, it has also created significant benefits to StM and its patients. These included protected pathways and capacity, allowing surgery, cancer care and appointments to continue safely in the face of the pandemic, and these elective services are offered on a dedicated, modern, elective site.
- 3.3.9 Alongside moves between sites, there have been changes to outpatient pathways in response to Covid which have provided more care closer to patients' homes. From Spring 2020, a high proportion of consultations were conducted digitally and over the phone. Many patients and staff have shared positive feedback about the improved flexibility, reduction in travel stress, and time saved. Where remote consultations are appropriate to patient needs and clinical outcomes, they have continued even as lockdown restrictions have eased. The benefits of this have been recognised in national policy as being an important and integral part of the NHS outpatients going forward.
- 3.3.10 Other significant service improvements have taken place without changing site location. This includes the expansion of Same Day Emergency Care services at Northwick Park at Ealing Hospitals. These services provide diagnostic and treatment alternatives for patients who previously needed short-stay hospital admissions, allowing patients to return home quickly and without delays in a hospital bed. These pathways and their physical locations were expanded in response to Covid, allowing an enhanced service that now supports approximately half of patients needing support outside of the emergency department.

3.3.11 As our transformation programme gathers pace and our plans for each of the hospital sites clarify, we expect proposals for further service developments to arise. Other service changes will also emerge as sector clinical reference groups develop their clinical visions as part of the NWL acute strategy refresh. We have summarised in Appendix 1 the more significant service changes due to Covid, either involving changes in site location or restrictions in service and their rationale.

3.3.12 LNWH recognises that local authorities remain central to the smooth passage of service changes, and we welcome the opportunity to share a consistent narrative with our local authority partners. Agreeing a case for change early can, and often will, help surface potential issues sooner and avoid problems further along.

3.4 Next steps

3.4.1 The necessities of responding to the Covid pandemic have meant service changes of some scale were implemented. We recognise that though planned as temporary, these changes have been in-situ for some months and are incorporated into agreed plans for the coming winter. We also have feedback from engaging with patients and staff that they would value certainty over the longer-term arrangement of these services. Services operating under 'temporary' arrangements challenge recruitment, retention and economic cases for quality and productivity improving investments.

3.4.2 In light of the emerging benefits from the changes, we would welcome the opportunity to agree a process for assuring the public and the committee on the determination of longer-term service arrangements. We propose creating a detailed analysis of the case for change, including evidencing quality improvements and other benefits enabled by the in-situ changes, along with any challenges and trade-offs. The development of the case will include engagement with key stakeholders including; patients, staff, Local Authority, Healthwatch and NWL ICS. This report could then be scrutinised by the Health Overview and Scrutiny Committee and used to inform what further steps should be taken to embed longer term service changes.

4.0 Financial Implications

4.1 None

5.0 Legal Implications

5.1 None – the service moves summarised were made temporarily during Covid when NHS National Incident Level 4 was in effect. Agreement with the local authority on appropriate assurance and consultation would take place before any service moves could be made permanent.

6.0 Equality Implications

6.1 None

7.0 Consultation with Ward Members and Stakeholders

7.1 None

8.0 Human Resources/Property Implications (if appropriate)

8.1 None

Report sign off:

Simon Crawford

Director of Strategy and Deputy CEO, LNWH