

Appendix 1: summary of main service changes continuing today involving change in site location

Service	Change	Effective from	Rationale
Vascular cases (from joint ICHT & LNWUHT initiative)	AAA elective and emergency pathways consolidated at St Mary's Hospitals. LNWH consultants operate at ICHT for AAA. Except inpatient stay, the other parts of the pathway remain at local hospital	Aug-21	<p>GIRFT and Vascular Society minimum volume recommended to be 50+ AAA procedures per year to support better clinical outcomes. NWL outlier as an ICS having two aortic aneurysm vascular centres. LNWH averaged 40 cases per year prior to Covid and ICHT 120. Clinical case for change identified opportunities to improve care by joining pathway into ICHT centre, co-located with Major Trauma Centre.</p> <p>This change was communicated to all NWL local authorities in April 2021 and is a permanent pathway change.</p>
Elderly care rehab and medical inpatients	Site transfer -Central Middlesex to Northwick Park, Ealing and community	Apr-20	<p>Central Middlesex to be used as a green site, to enable elective surgical work to continue throughout wave 2 of the pandemic.</p> <p>Supported the NWL elective recovery programme, specifically the creation of a green surgical site for the NWL orthopaedic and ophthalmology services</p> <p>Consolidated model of care at NPH supported winter plan capacity and has enabled a reduction in length of stay for care of the elderly services, requiring fewer total medical beds than the CMH step down pathway previously required. This change reduced staffing pressures during Covid, made more challenging by staff Covid absences during Wave 2, and the time patients spent in hospital.</p>
Colorectal services (St. Mark's - includes elective surgery, intestinal rehab, outpatients, biofeedback, stoma care, IBD, psychological medicine and polyposis registry)	Site transfer - Northwick Park to Central Middlesex	Oct-20	<p>2020 Winter Plan identified acute medical bed capacity shortage at Northwick Park due to ring-fencing of elective 'green' pathway beds, infection control measures, and consolidation of frailty beds from CMH to enable it to be 'green' inpatient site. Transfer of St Marks services to unutilised ward capacity at CMH freed up necessary bed capacity at NPH to ensure safe emergency pathways through winter period. Further benefits that it protected cancer services and elective surgical work to continue throughout wave 2 of the pandemic.</p>

High volume, low complexity hubs	Change in service delivery model to expand urology, ENT, ophthalmology and orthopaedics at CMH	Autumn 2020	ICS strategy to expand access, consolidate expertise, and support best practice productivity on high volume procedures to support elective recovery across NWL. Prioritised expansion and support at Covid protected site without emergency care admissions. Part of ICS elective programme. Complementary changes at other acute sites also affecting General Surgery and gynaecology
Paediatric surgery	Site transfer - Central Middlesex to Northwick Park	Sep-20	Recommendation following the CQC inspection in 2019. Environment not considered sufficiently suitable for paediatric surgery.
Ealing trauma surgery	Reduction of service hours (24/7 to 8am-8pm)	Jul-20	<p>COVID response</p> <p>Historically, demand for emergency out of hours surgery has been low at Ealing Hospital (1-2 a week or less). LNWH has had to balance the deployment of resources. Specifically, between maintaining a CEPOD list and out of hours trauma rota at Ealing Hospital and maintaining additional critical care capacity and maximising elective recovery overall. Notably, COVID has also increased demand on anaesthetic and critical care staff, and theatre and recovery staff above pre-COVID levels.</p> <p>To maximise the efficient use of staff, trauma surgery was initially paused temporarily at Ealing Hospital and then subsequently reinstated for reduced hours. No change was made to the NPH trauma service, which continues to provide 24/7 cover. LAS protocols have been changed to convey trauma cases to NPH and additional triage arrangements put in place at Ealing to transfer patients to NPH.</p>
Mutual aid (predominantly gynaecology and colorectal surgery)	Additional capacity	Jun-21	<p>COVID - lack of critical care capacity and anaesthetic cover</p> <p>Mutual aid arrangements have been implemented as part of the NWL elective recovery plan. The focus is on providing additional capacity in areas where it has not been possible to bring backlogs of patients classified as priority P2 (procedure to be completed within 31 days) into equilibrium.</p> <p>The principal constraint is the availability of staffed theatre capacity, which in turn is due to shortages of anaesthetic cover due to the additional critical care bed</p>

			capacity and infection prevention control measures that require the separation of green pathways.
Independent sector provision of cancer surgery	Service provider changed from LNWH to independent sector	May-20	<p>COVID response</p> <p>Changes were initially made in response to the first wave of COVID, when surgery was temporarily suspended at the majority of NHS sites. ISP capacity was secured to enable cancer surgery to continue for the most urgent cases.</p> <p>Subsequently, ISP capacity has been retained by LNWH as part of NWL arrangements to provide additional capacity to reduce backlog waiting lists. The main providers being the Clementine Churchill Hospital and The London Clinic (complex colorectal cancers only).</p> <p>Ongoing use of ISP capacity mitigates the shortage of critical care capacity, in particular for green pathways, and shortage of anaesthetic staffing needed to meet the increased demands of elective recovery and the maintaining of higher levels of critical care capacity than pre-COVID.</p>
Independent sector outsourcing	Additional capacity for surgery, outpatients, radiology and endoscopy	May-20	<p>COVID response</p> <p>Additional ISP capacity was introduced for non-cancer priority P2 and long waiting patients, building on the model developed for cancer surgery. As part of the initial recovery phase following first wave of COVID.</p> <p>Current NWL plans are to retain additional ISP capacity for H2 2021/22 to support backlog waiting list reduction. The main providers for LNWH are the Clementine Churchill Hospital (general surgery, gynaecology, orthopaedics, colorectal, ENT and urology; radiology and endoscopy) and The London Clinic (complex colorectal only).</p> <p>Ongoing use of ISP capacity mitigates the shortage of critical care capacity, in particular for green pathways, and shortage of anaesthetic staff needed to meet the increased demands of elective recovery and the maintaining of higher levels of critical care capacity than pre-COVID.</p>