



15 September 2009

Statement on Acute Services Review

The local NHS has been reviewing the provision of acute services since the beginning of this year.

As part of this we asked for an independent clinical review from the National Clinical Advisory Team into whether we should continue to offer access to emergency surgery during the day at Central Middlesex Hospital (CMH), out of hours emergency surgery having moved some time ago.

We have now received a clear recommendation 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 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 (NPH) 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.

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 NPH 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.

The Acute Review has concluded that there is one further service that needs to be looked at to ensure it meets current standards: the provision of paediatric care across the two hospitals. Local clinicians are discussing a revised model for the care of children across Brent and Harrow. We are planning two public events to discuss children's services. As proposals develop we will consider what further engagement and consultation with the public might be needed before proposals are finalised

Ends