

| Report for: | Health and Social care Scrutiny Sub-Committee |
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| Date of Meeting: | 29 November 2022 |
| Subject: | London North West University Healthcare NHS Trust update on St Marks Hospital Services Relocation to Central Middlesex Hospital |
| Responsible Officer: | Simon Crawford, Deputy Chief Executive, London North West University Healthcare NHS Trust |
| Scrutiny Lead Member area: | Health: Councillor Chetna Halai |
| Exempt: | No |
| Wards affected: | All wards |
| Enclosures: | **Appendix 1** – History of St Marks Hospital |

| Section 1 – Summary and Recommendations |
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| This report provides an update on the provision of St. Mark’s’ hospital services and explains the circumstances driving the move, the benefits it has brought, and volume of activity undertaken at CMH since the move as well as confirmation of what St. Mark’s activity remains at Northwick Park and Ealing Hospitals. Recommendations: That the Health and scrutiny Sub-Committee note the following:   1. the success of the move of non-complex St. Mark’s surgery and supporting services to Central Middlesex Hospital in response to Covid-19 2. the additional benefits gained at Northwick Park Hospital consequently, through creating extra bed capacity to support the non-elective emergency pathway. |

## Section 2 – Report

### Introductory paragraph

**St. Mark’s Hospital Relocation Overview:**

St. Mark’s Hospital was relocated to the Central Middlesex Hospital site during the Trust’s response to Covid-19. St. Mark’s continues to also provide key services at Northwick Park and Ealing Hospitals, as ‘St. Mark’s at Northwick Park’ and ‘St. Mark’s at Ealing’.

The relocation in autumn 2020 was originally driven by the pandemic management strategy of LNWH where in-patient capacity needed to be rapidly released at Northwick Park. That need has continued and furthermore the relocation has improved the utilisation of excellent facilities at CMH. During autumn/winter 2020/21 the Trust engaged with representatives of both Harrow and Brent Councils officers and committee members explaining the rationale and benefits of the move that facilitated access to surgical and diagnostic treatment that would otherwise not been able to go ahead during the pandemic.

Since the move over **4,000** St. Mark’s colorectal elective operations have now been undertaken and **c45,000** outpatient and diagnostic appointments (22k colorectal, 23k gastro) since October 2020. Given the success of the move, which has benefitted patients accessing St Marks services as well as providing essential extra bed capacity on the Northwick Park site, St. Mark’s staff were formally consulted on a permanent move to CMH which was successfully completed in August 2022.

To continue improving the range and access to services at CMH, further major capital investment in five more St. Mark’s endoscopy suites is in progress. Coupled with the existing capacity across Northwick Park and Ealing this will provide St. Mark’s with medium term capacity for expected population growth in north west London and the clinical increase in therapeutic endoscopy.

Some St. Mark’s services will continue to be delivered at Northwick Park and Ealing hospitals, including complex cancer surgery, therapeutic endoscopy, bowel cancer screening and acute gastroenterology in-patient services.

**Background**

**Central Middlesex Hospital (CMH)**

CMH is a Private Finance Initiative hospital which is in year 14 of a 30-year contract. The site is divided into two sections: Ambulatory Care and Diagnostic Centre (ACAD) and Brent Emergency Care and Diagnostic Centre (BCAD). The hospital has won several awards including being the Prime Minister’s “Better Public Building Award” (finalist 2005), and Dr. Foster Hospital award – Highly Commended 2013.

CMH does not have an A&E Department and does not admit non-elective emergencies. It is therefore termed a ‘cold’ site where elective and planned care can proceed without disruption from variability in emergency demand. During Covid-19, relocating surgical procedures to CMH also ensured the site was better able to protect vulnerable patients undergoing surgical procedure from the risk of cross infection from Covid-19 positive patients.

The closure of the A&E, ITC and the acute ‘medical take’ in 2014 led to some areas of the hospital being vacated or underutilised. To manage bed capacity in response to Covid-19, ensure resilience during the winter and to deliver as much complex elective operating as practical, LNWH decided at the beginning of September 2020 to relocate 10 colorectal theatre lists and the Intestinal Rehabilitation Unit (IRU) service to the CMH site. To support this, it was also agreed an Enhanced Care Unit (ECU) would be required along with a 20-bed colorectal elective ward.

These complex clinical relocations were rapidly achieved and completed by the 12 October 2020. As a result, 50 non-elective beds were made available for emergency demand at Northwick Park Hospital, following the transfer of the Intestinal Failure Unit and colorectal surgical beds from Northwick Park Hospital.

Whilst an ECU could be established that provides appropriate post-operative care, level 3 critical care could only be provided at Northwick Park Hospital (NPH). This meant that two all day colorectal theatre operating lists remain at NPH.

**St. Mark’s**

For 187 years St Mark’s Hospital has been one of the world’s leading clinical centres of excellence for colorectal and digestive healthcare. For the past 27 years it has been based on the Brent/Harrow border on the same site as Northwick Park Hospital. When the recent pandemic put immense pressure at Northwick Park, most of St. Mark’s planned activity and services relocated to CMH.

St. Mark’s Hospital is one of very few hospitals in the world to specialise entirely in intestinal and colorectal medicine. It is a national and international referral centre for intestinal and colorectal disorders. It is the only hospital in the UK, and one of only 14 worldwide, to be recognised as a centre of excellence by the World Organisation of Digestive Endoscopy. St. Mark’s is also recognised by the Department of Health as a national Laparoscopic Training Centre for colorectal surgery and is a centre of excellence for teaching and pioneering new surgical techniques within colorectal surgery.

The additional info at the end of the paper provides further details on the history of St. Mark’s, how it’s become a nationally recognised centre of excellence, and how that is to the benefit of North West London.

**St. Mark’s services now at CMH**

LNWH transferred colorectal elective surgery and the national Intestinal Rehabilitation Unit (IRU) to the CMH site in October 2020. This required a supporting Enhanced Care Unit (ECU).

Subsequently other elements of the St. Mark’s division transferred in early 2021 to further aid clinical consolidation and safety. These are:

* Stoma care
* IBD
* Biologics
* Polyposis
* Psychological Medicine Unit - PMU
* All colorectal outpatient clinics
* Increase in gastroenterology outpatient clinics
* Management functions for the St. Mark’s division
* St. Mark’s Charitable Foundation
* St. Mark’s Academic Unit

In total c400 St. Mark’s staff relocated their primary work base to CMH.

In spring/early summer 2023 a c£10m capital redevelopment to create five new endoscopy rooms will be completed on the CMH site using the space previously occupied by the old A&E unit.

**Impact on Northwick Park Hospital (NPH)**

The transfer of St. Mark’s planned care released c50 in-patient beds at NPH. These were converted to additional non-elective emergency admission capacity. NPH has the busiest emergency department in London for ambulance conveyances. Without this additional bed capacity, the ability of LNWH and the NWL ICS to manage the pandemic would have been more severely compromised. Bed capacity pressures remain acute at NPH as post-pandemic like all hospital across the UK we continue to see un-relenting pressure on emergency departments and acute bed capacity. The Trust continues to work with its partners in health and social care to ensure we have as timely as possible discharges of those patients assessed as medically fit for discharge back hone or into community placements.

As described above, St. Mark’s have undertaken c4000 elective operations at CMH since October 2020. Had the services remained at NPH a fraction of this would have been possible, resulting in much longer waiting times for urgent operations, including cancer treatment. In addition, less urgent waiting times would have remained in excess of 2 years, whereas currently St. Marks have no patients waiting this long.

**St. Mark’s services at Northwick Park and Ealing Hospitals**

Several of St. Mark’s services will remain on the Northwick Park and Ealing Hospital sites – known as St. Mark’s at Ealing and St. Mark’s at Northwick Park – mirroring the approach adopted in many areas by Moorfields and its ophthalmic services.

St. Mark’s at Northwick Park will have the following services:

* c40 acute gastroenterology in-patient beds
* Stoma care supporting in-patient gastroenterology
* Some gastroenterology outpatient clinics
* 4 Endoscopy suites (including some therapeutic endoscopy and some bowel cancer screening)
* Non-elective inpatient colorectal beds
* Complex colorectal surgery requiring post operative Level 3 critical care (currently two all day theatre lists specifically for pelvic exenteration surgery where St. Mark’s is a national leader)

At Ealing Hospital St. Mark’s will have the following services:

* C30 acute gastroenterology in-patient beds
* Stoma care supporting in-patient gastroenterology
* Some gastroenterology outpatient clinics
* 2 Endoscopy suites (recently refurbished)

**Conclusion**

The transfer of most of the St. Mark’s planned care to CMH has been a success and fully vindicated within the North West London health system context. It now provides an excellent primary base to secure the long-term viability of the national centre of excellence within North West London, and thus to the benefit of the local population too.

**Ward Councillors’ comments**

Not applicable as report relates to all wards.

**Financial Implications**

There are no financial issues associated with this report.

**Performance Issues**

There are no performance issues associated with this report.

**Environmental Impact**

There is no environmental impact associated with this report.

**Risk Management Implications**

There are no risk management implications associated with this report.

**Equalities implications / Public Sector Equality Duty**

To ensure; Trust Strategy development has taken account of community, patient and staff views in its development and St Marks changes do not adversely impact patient care and outcomes.

Section 3 - Statutory Officer Clearance

Not required for this report.

Mandatory Checks

**Ward Councillors notified: No, as it impacts on all wards**

## Section 4 - Contact Details and Background Papers

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