Report from Imperial College Healthcare NHS Trust to Westminster City Council Adults, Health and Public Protection Policy & Scrutiny Committee

1. Introduction

The Adults, Health and Public Protection Policy & Scrutiny Committee has requested a report from Imperial College Healthcare NHS Trust ('the Trust') as part of the wider progress report on the NHS 'Shaping a healthier future' transformation programme for North West London, covering the Trust's clinical strategy and estate redevelopment plans.

2. Imperial College Healthcare NHS Trust overview

The Trust provides acute and specialist healthcare for a population of nearly two million people in North West London, and more beyond. We have five hospitals – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and Western Eye – as well as a growing number of community services.

With our academic partner, Imperial College London, we are one of the UK's seven academic health science centres, working to ensure the rapid translation of research for better patient care and excellence in education. We are also part of Imperial College Health Partners – the academic health science network for North West London – spreading innovation and best practice in healthcare more widely across our region.

3. Clinical strategy

The publication of the Trust's clinical strategy in July 2014 was a major milestone, kickstarting a long-term programme of clinical transformation to ensure we are able to meet future health needs and enabling our current services and models of care to respond to more immediate pressures. It reflected the wider healthcare strategy for North West London, led by our local commissioners, in the form of the 'Shaping a healthier future' transformation programme.

The clinical strategy is designed to improve clinical outcomes and patient experience, to help people stay as healthy as possible and to increase access to the most effective specialist care. It also responds to changing needs, with more of us living with multiple, long-term conditions like diabetes, heart disease, asthma and dementia.

The clinical strategy focuses on:

- creating more local and integrated services, to improve access and help keep people healthy and out of hospital
- concentrating specialist services where necessary, to increase quality and safety
- ensuring better organised care, to improve patient experience as well as clinical outcomes
- developing more personalised medicine, capitalising on advances in genetics and molecular medicine.

There are four new models of care:

Systematised planned care:

New models of systematised surgery are emerging that can transform quality while reducing costs. These are based on the redesign of clinical space, processes and roles to facilitate a higher throughput of patients and lower cancellation rates.

Integrated care:

As a major provider within a national pioneer area for integrated care, we have an opportunity to help transform care for patients with multiple and complex needs spanning the health and social care sectors – both frail, elderly patients and younger patients with chronic conditions.

Personalised medicine:

This is an emerging, potentially revolutionary approach to healthcare provision that takes advantage of advances in our understanding of health and disease at a genetic and molecular level. We are increasingly able to target and tailor the treatments that are most effective for particular individuals, or small groups of individuals, based upon analysis of genomes, clinically expressed traits and characteristics and identification of key biological markers. This is also enabling new approaches to identifying individuals at risk of disease and developing preventative responses.

Improved urgent and emergency care pathways:

Ensuring patients receive the right care and treatment in the right facilities and with the right expertise, seeking to avoid unnecessary hospital admission and long hospital stays.

Our clinical strategy also sets out how we can best connect the Trust's different services and specialties across its three main sites – and in the community - in order to achieve the best outcomes, sustainably – in line with the 'Shaping a healthier future' programme.

The Trust's clinical strategy sees our three main hospital sites building on their own distinctive, but interdependent, focus. This three-site approach sees:

- **Charing Cross Hospital**: evolving to become a new type of local hospital, with planned, integrated and rehabilitation care
- Hammersmith Hospital and Queen Charlotte's & Chelsea Hospital: extending their role as specialist hospitals
- St Mary's Hospital with a co-located Western Eye Hospital: being the major acute hospital for the area.

4. Trust estates redevelopment

A major investment in a redevelopment of the Trust's estate is planned to implement 'Shaping a healthier future' and the Trust's clinical strategy.

The Trust also needs to address the poor condition of much of its estate – it has one of the largest amounts of backlog maintenance in the NHS. This issue is most pressing on the St Mary's Hospital site where more than 95 per cent of the estate is over 25 years old.

The Trust's preferred redevelopment option set out in July 2014, at the same time that it published its clinical strategy, was for a significant re-development and new build on the St Mary's and Charing Cross sites, with Western Eye Hospital relocating to the St Mary's site, and a smaller re-development on the Hammersmith/Queen Charlotte's & Chelsea site.

These plans included selling off or leasing surplus land and using the money to reinvest in the re-development.

These redevelopment plans were submitted as an outline business case (OBC) to the North West London clinical commissioning groups (CCGs) who are working on the overall capital requirements for the NHS in the sector.

Since July 2014, the Trust has been undertaking further work on its estates redevelopment OBC and has also been exploring an additional, more significant redevelopment of the Hammersmith/Queen Charlotte's & Chelsea site to improve facilities, enable expansion of specialist services and tackle backlog maintenance.

As well as supporting continuing work on the overall North West London NHS capital requirements, we have been:

- developing detailed plans for the St Mary's Hospital re-development with input from clinicians, wider staff, patients and stakeholders
- working with CCGs on clarifying how Charing Cross Hospital can best be developed as a local hospital to form the basis of further internal and external engagement
- supporting wider sector work to establish the most appropriate urgent and emergency care model across North West London.

We are working in close partnership with Imperial College Healthcare Charity and with Imperial College London on all our estates proposals and planning.

5. St Mary's Hospital

St Mary's Hospital was founded in 1845 as a voluntary hospital for the benefit of the sick poor of North and North West London, and has been based at the same site in Paddington for over 100 years. The hospital originally opened with 50 beds in what is now the Cambridge Wing.

St Mary's Hospital is the major acute hospital for North West London as well as a maternity centre with consultant and midwife-led services. The hospital provides care across a wide range of specialties and runs one of four major trauma centres in London in addition to its 24/7 A&E department.

The Trust's vision for St Mary's Hospital sees it developing as the major acute hospital for the North West London region, covering a wide range of specialties. Our strategy sees the future co-location of the hyper-acute stroke unit with the 24/7 A&E and major trauma centre. Our plans involve the relocation of the services provided at the Western Eye Hospital to the St Mary's site which would continue to provide maternity, neonatology and paediatric services.

We have to modernise and expand the St Mary's Hospital estate in order to provide safe and efficient care as well as an excellent patient experience. Our plan is to create facilities that support the highest quality of healthcare, education and research through a combination of redeveloping parts of the existing estate, using land more efficiently, and building brand new facilities.

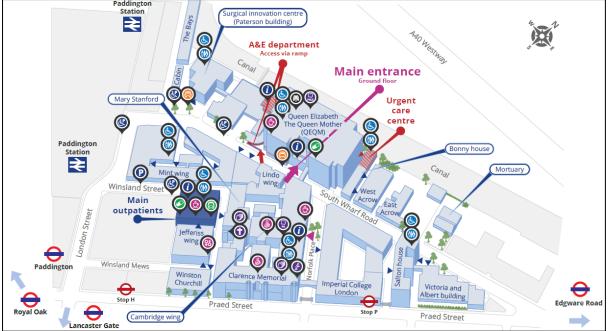
St Mary's Hospital also needs to change to meet changing health needs as part of the Trust's clinical strategy. We need modern facilities to support the hospital's key role as the major acute and emergency hospital for the area as well as continuing to be an important site for local access to outpatient and integrated care services.

The maintenance backlog for St Mary's Hospital stands at several hundred million pounds and is anticipated to increase. There are wards that do not currently afford the dignity of care that patients and their families rightly expect, around space, heating, lighting, the storage of equipment and general condition. This means the current environment is holding us back and impacting on care.

We are developing proposals that involve the re-development and refurbishment of the St Mary's Hospital site. This is a major initiative which involves a significant programme of work to develop our plans and deliver the benefits for our patients.

We are actively exploring opportunities and assessing the impact of the proposed redevelopment of 31 London Street, the former Post Office/Royal Mail building directly adjacent to the Trust's Main outpatients, Jefferiss wing and Winston Churchill buildings. We welcome Great Western Development's intention to improve connectivity to St Mary's Hospital and blend sympathetically with our own emerging development plans.

The Trust and wider local NHS also need to take the learnings from previous unsuccessful proposals for redevelopment, namely the Paddington Health Campus scheme (1998-2005). In relation to the current St Mary's Hospital redevelopment programme we have taken the important step at an early stage to make the appointment of expert advisors to support our in-house team.



St Mary's Hospital Site Map

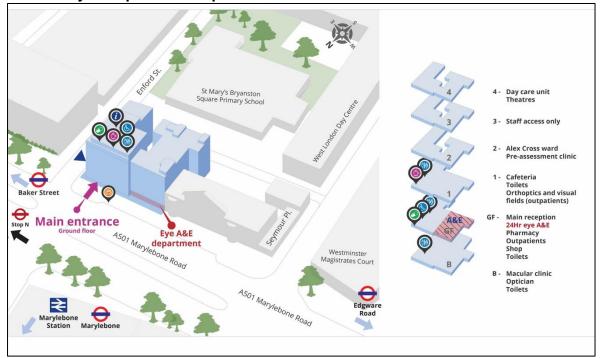
6. Western Eye Hospital

Western Eye Hospital started out life as a Georgian shooting box before it became a voluntary hospital. Since 1856, it has been based at a number of different sites before finally moving to Marylebone Road next to the Samaritan Hospital for Women.

It is a specialist ophthalmology eye hospital with an emergency department. Facilities include outpatients, inpatients, day case and inpatient surgery, and a 24-hour eye accident and emergency service.

The former Samaritan Hospital building is next to the Western Eye Hospital and both buildings are owned by the Trust. The current situation with this Listed Grade II building is that as a responsible owner the Trust has taken steps to ensure the building is weather tight and secure, while our security service is responsible for guarding it. Although the building is structurally sound it has been disconnected from water, drainage, electricity and heating systems. The building is, however, uninhabitable and it would be disproportionately expensive to bring into use.

As stated above, as part of the Trust's plans, we would move the Western Eye Hospital services to the nearby St Mary's Hospital site. The Trust believes it can make better use of its land and buildings, enabling us to sell or lease some of them to offset the redevelopment costs. It is intended that the Western Eye Hospital site - including the adjacent former Samaritan Hospital - would be sold/leased to help fund the total redevelopment costs. This would enable the Trust to reinvest proceeds to improve facilities for delivering NHS services.



Western Eye Hospital Site Map