

Hillingdon Hospital Redevelopment

Needs Case Summary

Introduction

This note summarises the research that led to the sizing of the proposed new hospital. The hospital needs case was developed in consultation with all strategic partners and has been set out in a series of reports and presentations to Hillingdon Council and the GLA as part of the design development stages of the proposals between November 2020 and submission of the planning application in May 2022.

The purpose of this note is to summarise the key conclusions of this work.

Context

The Hillingdon Hospital estate is largely life expired, with some elements built in the 1940s as emergency wartime accommodation still in use today. This puts patient safety at risk, negatively impacts the staff and patient experience and contributes to the Trust's financial deficit. The current buildings mean that the Trust is unable to exploit efficiencies available from new models of care, the North West London (NWL) health and social care system is unable to fully exploit the benefits of integrated care, and patients miss out on better outcomes available through more effective care being provided closer to home.

The proposed scheme supports delivery of the overarching plan for the NHS set out in The NHS Long Term plan (2019) and has been developed in the context of local plans set out by the NWL Health and Care Partnership and the Hillingdon Health and Care Partners.

Hillingdon Hospital was selected for redevelopment as part of the Hospital Infrastructure Plan (HIP) – now the 40 Hospitals Programme - in September 2019 as the condition of the hospital is amongst the worst in England. This was also reflected in the Trust's most recent Care Quality Commission (CQC) review, rating Hillingdon Hospital as 'Inadequate' with regards to safety, largely due to the estate.

The current layout of the hospital results in significant inefficiencies.

The Trust therefore developed a Strategic Outline Case (SOC) for the redevelopment of the hospital site to meet modern care standards and the future capacity requirements. This Strategic Outline Case was subjected to scrutiny and approval from:

- The Trust Board and non-executive directions of THHT
- Hillingdon CCG
- North West London Integrated Care Partnership
- NHS London
- NHS England and Improvement
- The Department of Health and Social Care.

Input into the Strategic Outline Case was also received from the full Redevelopment Partnership Board, which included:

- THHT Executives, Clinicians and Non-Executive Directors
- Healthwatch Hillingdon
- Hillingdon CCG
- Central and North West London NHS Foundation Trust

- Brunel University London
- Hillingdon Council
- London North West University Healthcare NHS Trust
- NHS England and Improvement
- Heathrow Airport
- West London NHS Trust
- NW London Health and Care Partnership Lead
- Hillingdon GP Confederation
- Greater London Authority
- Buckinghamshire New University
- Imperial College London
- Local Ambulance Service

Following approval of the Strategic Outline Case, an Outline Business Case (OBC) was developed by the Trust and approved by the Trust Board in July 2022.

Needs Assessment

In preparation for the redevelopment of the hospital the Trust developed a Clinical Services Strategy, in partnership with a range of organisations from within the Redevelopment Partnership Board (above). Across eleven speciality areas the development of this Clinical Services Strategy identified the future needs of Trust's catchment population.

The eleven clinically led working groups identified the trends in the needs of patients, how these needs could be best met in future, in order to improve patient care, experience and the efficiency of the hospital. The outputs of these eleven groups were brought together by the Clinical Services Strategy Steering group into a consistent strategy.

Detailed demand and capacity modelling using these proposed models of care and future demographic projections allowed the sizing of a new hospital to fulfil the Clinical Services Strategy. The Redevelopment Programme is a direct consequence of this work, as it fulfils the strategy the Trust published earlier in 2020.

The overall methodology behind the Demand and Capacity modelling is summarised below:



This demand and capacity modelling has been developed with 5, 10 and 20 year time horizons in accordance with best practice. The definitions of these elements of the methodology can be summarised as:

Current Activity: The Trust's records of care delivered in the 2019 calendar year. This is the most recent annual period of 'normal' service before activity was significantly disrupted by COVID.



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Demographic Growth: Population projections from the ONS for LBH allow activity to be inflated into the future, and this forms the 'Do Nothing' scenario.

New Ways of Delivering Care: There are national and local plans to change how health and social care services are delivered, and how resources are allocated.

Therefore health and social care providers and commissioners in Hillingdon have come together to develop a new model of care.

These plans are set out in the HHCP Integrated Business Case which was co-produced and approved by all partner organisations (NHS Trusts, the Hillingdon CCG and H4All) in March 2019. This included consultation with Adult Social Care, LBH and the Trust has drawn from this in developing assumptions to inform the demand and capacity model for the new hospital.

Key drivers and assumptions included in the model for out of hospital shifts relate to:

- Inpatients – non-elective admissions avoided and length of stay reduced
- Urgent and Emergency Care – attendances avoided
- Outpatients – referrals avoided

Further, the new building will enable the hospital to operate in a much more efficient way with in built flexibility to allow for changes in department demands.

Assumptions of how these changes will take effect have been developed with local and national stakeholders and signed off by the Trust's Board and the North West London Integrated Care Partnership.

Specific initiatives from this plan were mobilised from September 2019 and focussed on:

- Implementation of 7 Care Connection Teams to intensively case manage the 5000 patients most at risk of a non-elective episode based on risk stratification
- High Intensity Users (HIU) –managing the top 50 ED users
- New Care Home Support Service

These have already had a positive effect with non elective admissions reducing after implementation.

Other elements covered by the New Ways of Delivering Care include:

- Developing flexible spaces
- Efficient departmental adjacencies
- Higher utilisation of theatre space
- Extending operating hours for planned work ie from 40 to 48 hours per week
- Same day emergency care in line with NHS policy
- Virtual outpatient appointments
- Technology changes reducing the length of stay
- Increased screening



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All of these have a direct influence on the need for space and the time people spend in a hospital.

Future Need: Overall, the future need will be a different shape to today's. In most areas, including the overall bed base, only a modest increase in size is planned and needed. In some areas -e.g. diagnostics - much greater expansion is required to improve the efficiency of patient journeys.

Conclusion

The needs case for the New Hillingdon Hospital has been developed in full consultation with all strategic health partners. The methodology and assumptions were then shared with Council and GLA and a series of meetings held to discuss this prior to submission of the planning application.

Prior to submission of the planning application the Council confirmed:

Adult Social Care (ASC) have reviewed the information provided about the Hillingdon Health and Care Partners (HHCP) transformation work, which underpins the hospital capacity assumptions and, through direct involvement in this transformation and the associated governance structure, can confirm, the detail set out represents an honest and realistic representation of that work. Given this, ASC supports the modelling set out in the THH needs case. ASC raised the point about de-risking the proposals through allowing space, should it be required, for future repurposing and can see that this is now included.

Likewise the GLA concluded:

“Based on this needs assessment and pre-application discussions, it is clear that the Hillingdon Hospital Trust (THH), working in partnership with the Hillingdon Health and Care Partnership, has developed a robust and inclusive process which aligns with clinical requirements. The assessment and modelling is in line with other similar hospitals within the New Hospital Programme...the proposal has undergone extensive scrutiny via NHS England & Improvement (NHSE/I), ensuring that integrated care and the NHS 10 year Plan are reflected. In addition, new ways of working have been factored into scenarios in light of recent pandemic challenges. The assessment also considers future expansion by incorporating expansion capacity and exit strategies within their modelling to ensure maximum use of space for future changes in demand, including identifying ‘soft spaces’ within the building. A plot within the site has also been identified to facilitate the provision of additional capacity if needed in the future.

“In view of the above, the replacement hospital is strongly supported in line with London Plan Policies S1 and S2 and Good Growth Objective GG1.”

On this basis, the hospital is correctly sized to meet current and projected needs. In addition - and as a future proofing measure - a plot within the masterplan site (the surface car park) is allocated to allow expansion space should this ever be required. This could include development of new building(s) above a retained car park or in combination with a reduction in car parking space based on assessed demand.