Future of Minor Injuries Provision across The Hillingdon Hospitals NHS Foundation Trust

1. Purpose of the Paper

To seek approval from the Board of The Hillingdon Hospitals NHS Foundation Trust (THHFT) to consolidate minor injuries services into a single, clinically robust and financially sustainable model. This proposal recommends the relocation of the existing Urgent Care Nurse Practitioner Service (UCNPS) at Mount Vernon Hospital (MVH) to the Urgent Treatment Centre (UTC) at Hillingdon Hospital (HH). Our aim is simple: by strengthening and focusing our expertise, we can provide a more robust 24/7 urgent care service to the 310,000 people living in our borough.

The relocation of the UCNPS to the UTC at Hillingdon Hospital is a necessary and strategic step to improve urgent care provision.

2. Recommendation

The Board is asked to:

- Approve the closure of the Mount Vernon UCNPS
- Support the transition of staff to the Hillingdon UTC
- Endorse implementation of a single-site urgent care model that is clinically sustainable, financially viable, and aligned with Trust and system-wide priorities

3. Executive Summary: Strategic Rationale

Hillingdon Hospital faces significant constraints. We are responding to financial pressures, growing patient demand, and widening health inequalities, and we now must make carefully considered and equitable decisions about how we deliver care. Reconfiguring and fully optimising our services is no longer optional — it is essential to sustain safe, high-quality, and equitable healthcare for our local community.

Rising costs for staffing, infrastructure, and clinical supplies have outpaced available resources. Continuing to operate services in their current form is financially unsustainable. Hillingdon UTC serves a diverse population, including communities with higher levels of deprivation and poorer health outcomes than other similar areas in London. By centralising our clinical expertise and resources we will ensure the urgent care service we provide is more sustainable and equitable for the future.

The Trust currently operates two minor injuries services with significantly different scope, resilience, and reach:

- **Mount Vernon UCNPS**: A stable but limited service that does not meet the national specification for Urgent Treatment Centres (NHSE, October 2023). Activity trends and demographic analysis indicate suboptimal allocation of clinical resources (appendix 3&4).
- **Hillingdon UTC**: A broader, 24/7 walk-in service providing access to diagnostics and integrated emergency care — but hampered by chronic staffing challenges and over-reliance on agency cover.

This dual-site arrangement is inequitable and operationally inefficient.

Consolidating services at Hillingdon UTC would:

- Improve access for underserved populations
- Deploy a more stable, substantive workforce
- Deliver recurrent cost savings of £1 million per annum
- Eliminate unnecessary duplication
- Align services with NHSE urgent care standards and Core20PLUS5 equity objectives
- Support NHS 10-Year Plan priorities: shifting care closer to communities, reducing health inequalities, and strengthening prevention-focused urgent care

MVH will continue to provide cancer, outpatient, surgical and elective services. This proposal concerns only the reconfiguration of one urgent care pathway.

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4. Case for Change

a. Background and context

The Trust currently operates two minor injuries services with significantly different scope, resilience, and reach:

- **Mount Vernon UCNPS**: Appointment-based (8am – 8pm), excludes children under two, limited diagnostics, and predominantly serving lower-need populations. Mainly accepts minor injuries and limited minor illness. Has contact with approximately 40 to 50 patients per day. This is a more limited, appointment-only service, operating 8am–8pm, excluding children under two and offering only partial diagnostic access (e.g., X-ray until 5pm). Staffed by Emergency Nurse Practitioners (ENPs).
- **Hillingdon UTC**: A broader, 24/7 walk-in service providing access to diagnostics and integrated emergency care. Accepts all minor injury and illnesses. The service sees between 170 and 200 patients per day, with a midpoint estimate of 185. It operates 24/7, accepts walk-in patients, and provides full diagnostics and paediatric care. Staffed by GPs and ENPs (appendix 1,2 & 5).

b. Clinical Safety and Quality

- Hillingdon UTC delivers a broader clinical offer, co-located with an Emergency Department but with significant workforce fragility. Our aim is to strengthen this pinnacle service, ensuring our most vulnerable patients have the right expertise at the right time, in the right setting is potentially life-saving.
- A fifth of patients that come to UCNPS have to be diverted somewhere else, either because they should see their GP or because they need more complex support than MVH can offer. At HH, if patients present with more complex requirements or needs more sophisticated diagnostics, then the UTC is co-located with the main Emergency Department and emergency acute care provision.
- 45% of attendances in UCNPS could have been cared for in a primary care settings. Of these, 15% were dressing changes or minor illnesses better suited to redirection to GPs or pharmacies. The remaining 30% of patients required no treatment at all following assessment.

c. Equity and Access

It is vital that equity and access are at the heart of this decision, particularly for communities who may be disproportionately affected. The consolidation presents an opportunity to improve equity of clinical care by ensuring all patients - particularly the most vulnerable - can access a wider range of diagnostics and medical expertise in a single well-equipped setting.

Estimated travel times to drive to Hillingdon UTC from key wards such as Ruislip, Uxbridge, Ruislip Manor, West Drayton and Hayes Town range between 5 to 15 minutes.

Resource consolidation aligns with Core20PLUS5 and local Health Inequality Reduction strategies.

d. Workforce Resilience

- MVH benefits from a substantive, low-turnover Emergency Nurse Practitioner workforce.
- HH UTC is currently reliant on premium cost temporary staff (bank and agency).

e. Financial Efficiency (see appendix 6)

- The MVH service is a nurse practitioner led model, which sees c 14,000 attendances a year, at an average unit cost of £116 (2024/25 national cost collection average unit cost). The direct nursing workforce costs are £0.9 million annually.
- The Hillingdon Hospital urgent treatment centre sees c67,000 attendances per year at an average unit cost of £117 (2024/25 national cost collection average unit cost). The service at HH sees a higher acuity of patients than the service at MVH. The HH UTC service has a number of vacancies and therefore is currently reliant on premium cost temporary staff. HH bank & agency costs were £1.0 million in 2024/25.
- The net saving of consolidating services would be £1.0m recurrent benefit due to the consolidation of staffing at the Hillingdon site.

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5. Current Service Comparison

a. Hospital and Primary Care UTC Services in Hillingdon

Feature	**Hillingdon Hospital UTC**	**Mount Vernon UCNPS**	**Primary Care Same-Day Hubs (e.g. Pembroke, Uxbridge Civic Centre)**
Access	Walk-in, 24/7	Appointment only, 8am–8pm	Appointment only, extended hours
Staff	GPs + ENPs (agency reliant)	ENPs (permanent)	GPs, Advanced Nurse Practitioners, nurses
Diagnostics	Full (X-ray, labs)	Limited (X-ray until 5pm)	Minimal (e.g., phlebotomy only)
Children under 2	Yes	No	Varies by site
Local population	Higher deprivation	More affluent	Borough-wide catchment via referral
Patients seen daily	170–200	~50	Varies, often 20–50 per hub
Booking	Walk-in + NHS 111	Phone triage or referral	GP or NHS 111 referral only
CQC rating	Requires Improvement	Good	Not registered as UTCs individually

This comparison underscores the unique strategic importance of Hillingdon UTC as the only full-spectrum walk-in urgent treatment facility in the borough.

6. Options Appraisal

Option 1: Status Quo

- Maintains inequality in service access
- Sustains operational inefficiencies and staffing risk

Option 2: Reinvestment in Mount Vernon

- Requires capital investment in estate, radiology, and workforce development
- Duplicates provision without addressing HH fragility
- No additional funding available to expand capacity

Option 3: Consolidate at Hillingdon (Recommended)

- Improves access and equity
- Enhances workforce stability and skill mix
- Eliminates duplication and reduces agency dependence
- Releases £1m of recurrent savings
- The preferred option is to consolidate services at the Hillingdon Hospital site.

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7. Anticipated Impact of Option 3

a. Patients

- Hillingdon UTC will absorb redirected activity with improved service resilience
- Alternative pathways via GP, pharmacy, or NHS 111 remain available
- Consolidation provides the opportunity to deploy a permanent, multi-skilled team at Hillingdon, ensuring consistent quality and resilience.

b. Workforce

- Merging services allows redeployment of experienced staff to under-resourced areas. HH UTC has sufficient vacancies to enable this transition without risk of either redundancy or over-establishment and would reduce the reliance on bank and agency staff. There are 9.4 WTEs of Emergency Nurse Practitioners working at the MVH MIU who would be redeployed into vacant posts at the HH UTC under this proposal. This would be subject to an HR-led staff consultation.
- All MVH staff offered roles into vacancies at HH UTC

- Full HR consultation in line with organisational change policies
- Supports standardisation of workforce terms and conditions

c. Financial and Contractual Considerations

- Consolidation of services and transferring the patients to Hillingdon will save £1m per year and allow us to replace agency staff with substantive nursing professionals from MVH, improving the quality of care for all patients.
- There would be a part year effect of the savings in 2025/26 due to timing and also some non-recurrent costs of transition.

Any change in provision of urgent care at Mount Vernon will be accommodated for at the Hillingdon Hospital site. Therefore, there is no change in income or overall activity for the Trust as a whole. Activity will be reviewed with NWL ICB as part of the quarterly true-up process.

d. Equity and Strategic Alignment

- Delivers against Core20PLUS5 ambitions
- Supports borough-wide UEC redesign and Trust redevelopment goals
- Delivers urgent care that meets NHS standards

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8. Engagement and Communications

Our approach to engagement was to gather views, feedback, and insight from a range of stakeholders to help inform the future model of care and ensure it meets the needs of the local population. We are very grateful to everyone for their time, contributions and input to this process.

The Trust conducted targeted engagement with:

- Community groups and residents
- Healthwatch Hillingdon
- Staff and clinical teams
- Council of Governors
- Elected members including parliamentary and councillor representatives
- NHS Leadership, NHSE region, ICB leadership
- Primary care leadership including GP Federations
- Hillingdon London Borough Council

Messages have been consistent:

- MVH Hospital is not closing
- The proposal is clinically led, evidence-based and equity-driven
- Transparency and co-design remain central to implementation

In undertaking this engagement, we worked closely with key stakeholders and residents who shared a number of views in support and against the proposal which are detailed in (appendix 7). We ensured the proposals met the Department of Health and Social Care 5 key tests for service change. These tests are designed to ensure that service changes are safe, sustainable, and in line with quality and outcomes.

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9. Risk Summary and Mitigations

A full risk assessment has been completed. An Equality and Health Inequalities Impact Assessment (EQIA) has also been undertaken to ensure that the proposed service changes do not disproportionately affect any specific population group. The EQIA has informed both the engagement approach, and the mitigation strategies outlined below. A full risk assessment has been completed. Key mitigations include:

- Public communications: Clarity that only one service is affected; reassurance on continued access.
- Staff engagement: HR-led consultation and structured redeployment plan.
- Access continuity: Alternative services (GP, pharmacy, NHS 111) remain in place and signposted.

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10. Conclusion

This proposal represents a clinically justified, financially prudent and strategically aligned change in minor injury provision. It enhances:

- Equity of access for underserved communities
- Clinical resilience and staff wellbeing
- Financial sustainability

It delivers on the Trust's obligations to deliver safe, equitable, and high-quality urgent care.

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11. Board Action Requested

The THHFT Board is asked to:

- **Approve the proposal to consolidate and strengthen the Mount Vernon UCNPS**
- **Endorse implementation plans and ongoing public/stakeholder communications**
- **Support consolidation of all urgent care services at Hillingdon UTC**
- **Support commencement of a staff consultation to enable redeployment**

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12. Next Steps if Approved

If the THHFT Board approves the proposal, the Trust will proceed with the following implementation actions:

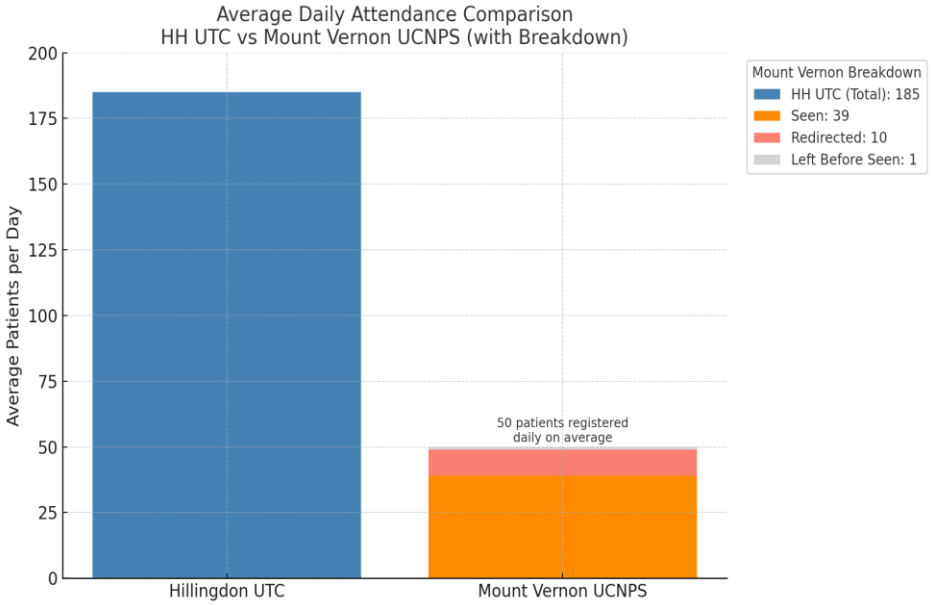
- Initiate formal staff consultation processes in line with HR policies and frameworks
- Develop and mobilise a detailed transition plan for service reconfiguration and workforce relocation
- Finalise and action internal and external communications, including updates to patients, public, and stakeholders
- Update service directories and pathways to reflect the change in provision (e.g. NHS 111, Directory of Services)
- Monitor and evaluate implementation impacts, reporting through appropriate governance structures
- Ensure ongoing visibility and responsiveness to patient experience and equity impacts during and after transition

Appendices

Appendix 1

This bar chart illustrates the comparative average daily attendance at the two minor injuries services within The Hillingdon Hospitals NHS Foundation Trust:

- **Hillingdon Hospital Urgent Treatment Centre (UTC)**: Sees between **170 and 200 patients per day**, with a midpoint estimate of **185**. It operates 24/7, accepts walk-in patients, and provides full diagnostics and paediatric care.
- **Mount Vernon Urgent Care Nurse Practitioner Service (UCNPS)**: Has **contact** with approximately **40 to 50 patients per day.** This is a more limited, appointment-only service, operating 8am–8pm, excluding children under two and offering only partial diagnostic access (e.g., X-ray until 5pm).



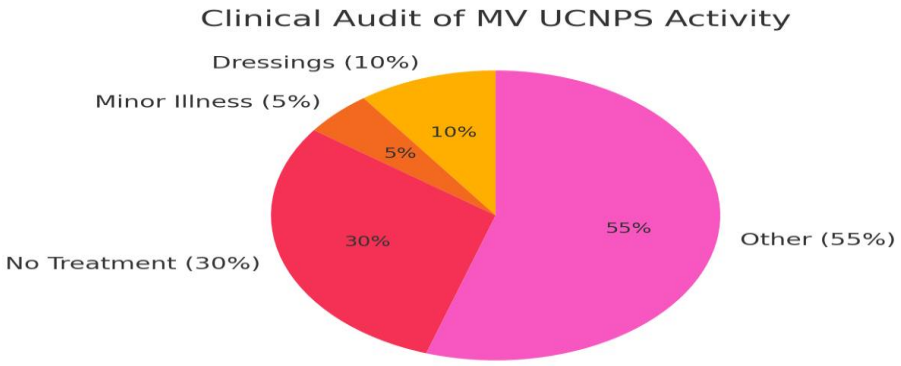
Appendix 2

Clinical Audit of MV UCNPS Activity

A recent clinical audit of patient presentations at Mount Vernon UCNPS found that:

- **10%** of attendances were for **dressing changes**, which are typically more appropriate for primary care settings.
- **5%** were minor illnesses better suited to redirection to **GPs or pharmacies**.
- **30%** of patients required **no treatment at all** following assessment.
- The remaining **55%** included a range of injuries suitable for urgent care, though not always requiring the MV-specific model.

This highlights opportunities for improved patient redirection and more efficient use of clinical time and resources.

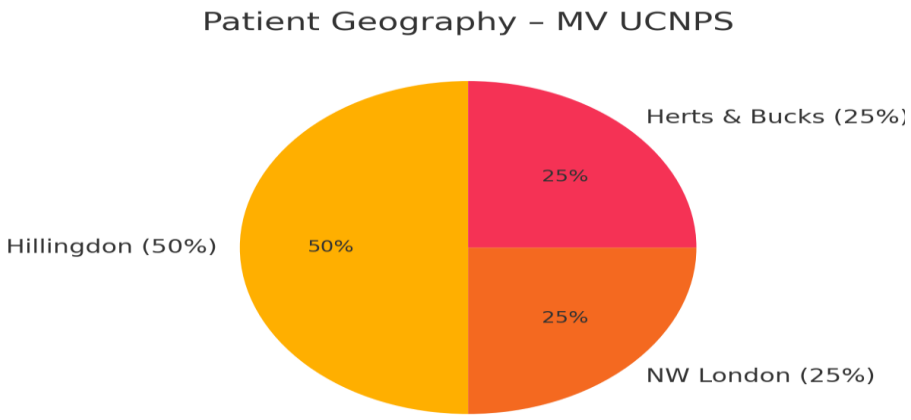


Appendix 3

Analysis of data shows that:

- 50% of patients using the Mount Vernon UCNPS live in the London Borough of Hillingdon.
- 25% are from the wider North West London area, reflecting cross-borough usage.
- The remaining 25% are from Hertfordshire and Buckinghamshire, likely due to geographic proximity.

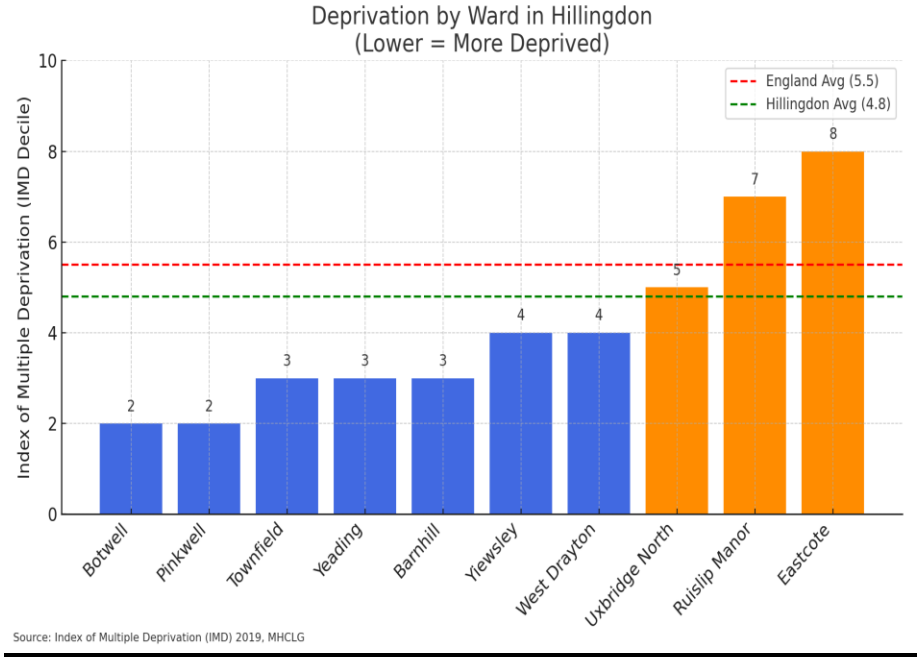
This broad, mixed catchment contrasts with the more deprived and higher-acuity population typically seen at Hillingdon Hospital UTC. It reinforces the case for focusing urgent treatment capacity where clinical need is greatest.



This chart shows the relative deprivation across selected wards in Hillingdon, based on the Index of Multiple Deprivation (IMD), where 1 = most deprived and 10 = least deprived.

- Highest deprivation is found in Botwell, Pinkwell, Townfield, Yeading, and Barnhill – all in the south of the borough and closer to Hillingdon Hospital.
- More affluent areas such as Eastcote and Ruislip Manor—located near Mount Vernon Hospital—score higher (less deprived).

This geographic disparity reinforces the strategic rationale for consolidating urgent care provision at Hillingdon Hospital, where both demand and clinical need are demonstrably higher.

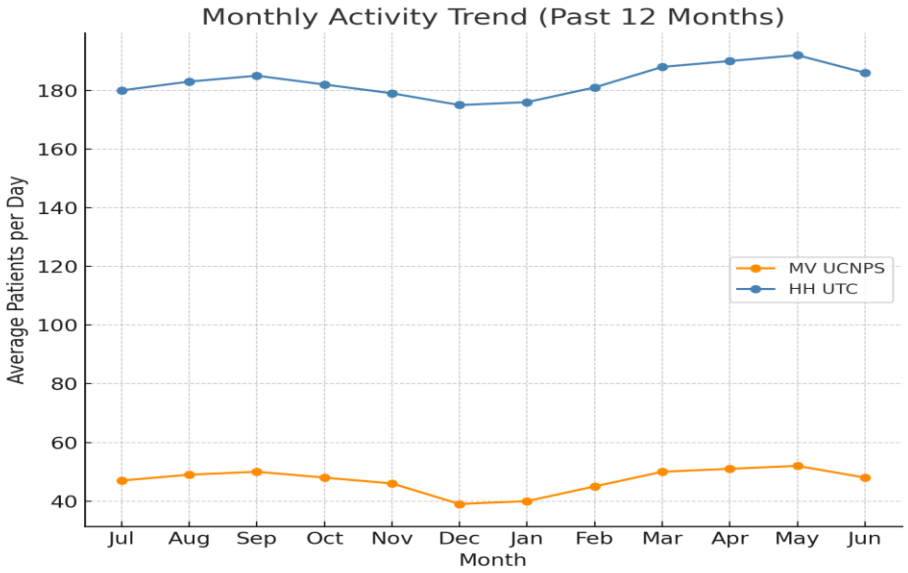


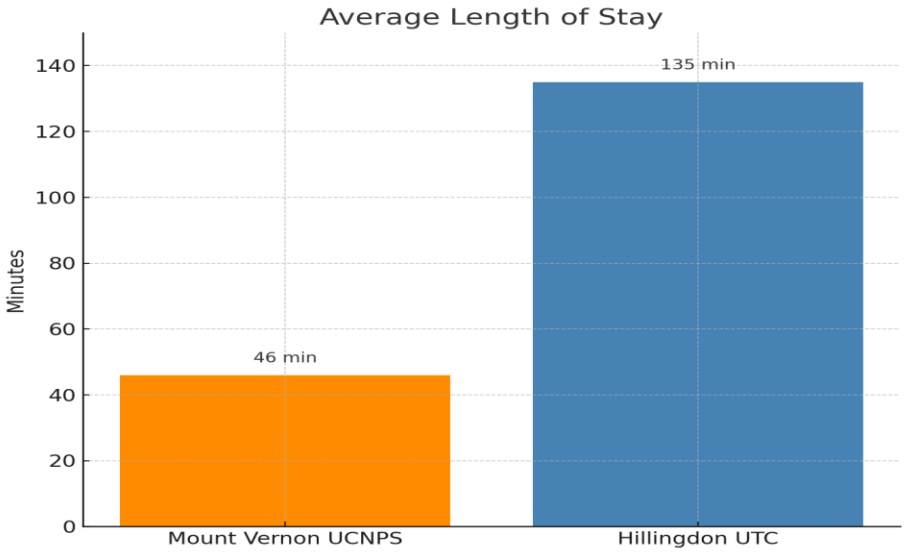
Appendix 4

Appendix 5

The first chart shows a stable pattern of daily activity across both sites. Mount Vernon UCNPS sees a consistent 45–50 patient contacts/day, with a seasonal dip in December–January. Hillingdon UTC consistently manages 175–190 patients/day, reflecting its broader clinical remit and walk-in model.

This stability demonstrates that the proposal is not driven by a sudden drop in demand, but by a strategic opportunity to streamline and improve care delivery.





Average Length of Stay

The second chart illustrates the significant difference in average patient journey time:

- Mount Vernon UCNPS: 46 minutes
- Hillingdon UTC: 135 minutes (2 hours 15 minutes)

This reflects:

- Greater complexity of cases at Hillingdon
- Broader scope of diagnostics and walk-in presentations
- A more pressured and high-demand clinical setting

These insights support the proposal to consolidate urgent care capacity at the site where clinical need is higher and resource reinforcement is most critical.

Appendix 6

This appendix outlines the financial analysis of the 3 options considered in this paper.

Option 1 – Status Quo

Based on 2024/25 expenditure, the direct nursing & non-pay costs are £1.0m for the MVH MIU service and £2.2m for the HH UTC service (excluding medical staffing costs), a total of £3.1m of direct nursing & non-pay costs across the 2 services.

Option 1: Status Quo

Description (24/25 Direct Costs)	MVH MIU (£000)	HH UTC (£000)	Total Direct Costs
Nursing staff costs	£903	£607	**£1,510**
Nursing agency & bank costs		£1,012	**£1,012**
Non-pay	£49	£548	**£597**
Total Cost	**£952**	**£2,167**	**£3,119**

Notes:

1. Excludes Medical & A&C staff

Option 2 – Reinvestment in MVH

This option includes the additional nursing staffing to open the MIU at Mount Vernon 24/7, but with no additional funding. The costs therefore increase by £0.9m compared to option 1 – status quo. This would also require significant capital investment to reinstate waiting room facilities lost during the pandemic; substantial changes to ENP training to enable minor illness and paediatric cover; a fundamental shift in primary care provision; and considerable effort and cost to recruit radiology staff. Importantly, this option would not improve the Hillingdon UTC service.

Option 2 - Reinvestment in MVH

Description (24/25 Direct Costs)	MVH MIU (£000)	HH UTC (£000)	Total Direct Costs
Nursing staff costs	£1,806	£607	**£2,413**
Nursing agency & bank costs		£1,012	**£1,012**
Non-pay	£49	£548	**£597**
Total Cost	**£1,855**	**£2,167**	**£4,022**
Movement From Option 1: Status Quo	**-£903**	**£0**	**-£903**

Notes:

1. Excludes Medical & A&C staff
2. Assumes no additional income

Option 3 – Consolidate at Hillingdon Hospital

In this option, the MIU staff are assumed to be redeployed to the HH UTC. Costs to run the HH UTC are expected to increase marginally (£60k) due to the increase in non-pay for the patients transferring to the service, but there is an overall saving of £1.0m due to the consolidation of the service and removal of premium bank and agency costs.

Option 3 - Consolidate at HH

Description (24/25 Direct Costs)	**MVH MIU** (£000)	**HH UTC** (£000)	**Total Direct Costs**
Nursing staff costs	£0	£1,510	**£1,510**
Nursing agency & bank costs		£0	**£0**
Non-pay	£0	£597	**£597**
Total Cost	**£0**	**£2,107**	**£2,107**
Movement From Option 1: Status Quo	**£952**	**£60**	**£1,012**

Notes:

1. Excludes Medical & A&C staff
2. Assumes no additional income
3. Figures are full year effect

Appendix 7

This appendix summaries stakeholder engagement and public/media interest in relation to the proposed changes to minor injuries provision at Mount Vernon Hospital and Hillingdon Hospital UTC. It includes positive feedback, concerns raised, and Trust actions in response.

Date	Stakeholder / Channel	Positive Feedback	Concerns / Queries	Actions / Response
Apr 2025 - June 2025	David Simmonds MP & Campaign		Concern about possible closure of MV UCNPS and impact on local access. Petition with over 12k signatories shows local support against the closure. The petition (c. 12,000 signatures) represents approximately 5% of the borough's estimated voting-age population (~240,000). While not a majority, it indicates significant local interest, particularly in affected areas.	Trust confirmed no plans to close hospital; ongoing engagement with MP.
May 2025	Council of Governors		Raised queries on whether it means MIU closing, what is the local offering for primary care concern	Agreed that there was a need for primary care offer to be clearly signposted and will bring to the attention to primary care providers.
May–Jun 2025	Community Groups Resident Associations	High levels of community engagement; shared interest in urgent care access.	Queries over perceived closure; confusion about MVH's future. More clarity needed on the Hillingdon primary care hubs	We have been engaging with local residents and Healthwatch Hillingdon on the proposal and are supporting more proactive signposting on the services available in the primary care hubs
Jun 2025	GP Federations, Hillingdon Health Partners Healthwatch Hillingdon	Supportive of consolidation and case for equity-driven service redesign.	Questions around diagnostics, transport and signposting for minor injuries.	Included letters of support for the proposal
Jun 2025	Elected Representatives	Interest reflects high public engagement and political accountability.	Concerns around visibility of community urgent care pathways.	The Trust is working with Hillingdon Health and Care Partners and Hillingdon Healthwatch, ICB on a stepped up proactive signposting on the hubs services- there is more work to be done to address the lack of awareness https://www.woodlanesurgery.nhs.uk/health-information/appointments/extended-access-hub/

For a number of years now, patients have increasingly reported to us long wait times to be seen in an overcrowded A&E department at the Hillingdon Hospital, drastically compromising patient safety and experience.

In the context of increased demand for urgent and emergency care, rising costs, workforce pressures, and the CQC reporting that Hillingdon's A&E department requires improvement, we must support quick and decisive action by the Hillingdon Hospitals NHS Trust to make the necessary improvements to ensure the sickest people, with the greatest need, receive high standards of care within the fastest amount of time.

We are assured by the Trust that the necessary Equalities Impact Assessments have been undertaken. However, whilst we accept the need for consolidating the Minor Injuries Unit at Mount Vernon to the Hillingdon site, we also acknowledge this change in service provision will be unpopular with residents in the north of the borough, and we have heard their concerns around the impact it may have on vulnerable residents.

Therefore, in mitigating any adverse impact of the proposed move, we strongly urge the Trust to work closely with their Health and Care Partners in Hillingdon to ensure residents requiring treatment for minor injuries and illnesses, in the north of the borough, are appropriately signposted to nearby alternative services, with clear communication about how and where those services can be accessed.

Healthwatch Hillingdon | 2 July 2025

Lynn Hill

Chair, Healthwatch Hillingdon

Hillingdon Health and Care Partners

On Behalf of Hillingdon Health and Care Partners

A decision to close the Minor Injuries Unit at Mount Vernon Hospital would align with the strategic shift in how Hillingdon Health and Care Partners plan to deliver urgent and emergency care across Hillingdon. Our local health and care system is evolving to deliver more **coordinated, neighbourhood-based care** that is **preventative, person-centred, and integrated across services** in line with the Governments recently published 10 Year Plan.

Rather than relying on fragmented, location-specific walk-in units, Hillingdon is implementing **three strategically located Neighbourhood Access Care Hubs (Super Hubs)**, one of which will be at the Pembroke Centre in Ruislip. These centres are designed to provide **same-day urgent care**, mobile diagnostics, and proactive support to patients closer to where they live—improving access, reducing duplication, and relieving unnecessary pressure on acute hospital settings.

Under the new model:

- Residents will benefit from **a 2-hour community crisis response** supported by integrated, multidisciplinary teams utilising mobile diagnostics
- Access to community based urgent care will be **more consistent**, with extended service hours, rapid assessment pathways, and seamless coordination with GPs, social care, and mental health services.
- The system aims to work together to **reduce pressure on the emergency department and the** Urgent Treatment Centre.

Maintaining a standalone Minor Injuries Unit at Mount Vernon would **duplicate services**, stretch limited clinical resources, and undermine efforts to consolidate care around fully integrated hubs that deliver **better outcomes and greater value for public investment**.

Furthermore, the transformation is in direct response to national policy imperatives from the **NHS Long Term Plan**, the **ICB Blueprint**, and the **London Neighbourhood Target Operating Model**, all of which call for the rationalisation of legacy services in favour of streamlined, integrated delivery at place and neighbourhood level.

Ultimately, the closure of the Minor Injuries Unit is not a loss of access but a **redesign of access**—part of a broader commitment to **safer, faster, and more equitable urgent care for all Hillingdon residents**.

Keith Spencer

Managing Director, Hillingdon Health and Care Partners