

Agreed transition of maternity and interdependent services from Ealing Hospital

Harrow Health and Wellbeing Board

June 2015

Contents

1. Introduction	3
1.1 Assurance	4
1.2 Circumstances under which the decision was made	5
1.3 Improving maternity and neonatal services	8
1.4 NWL provider trust position and capacity	10
1.5 Increasing the number of midwives and consultants.....	11
2. Improving maternity care in North West London.....	13
2.1 New model of care for maternity	13
2.2 Overview of the new NWL maternity and neonatal model of care.....	14
2.3 The current model	15
2.4 The future model	17
2.5 Changes to Community Maternity service model in Ealing Borough	20
2.6 NWL transformation plan	24
2.7 Benefits of the proposed community model.....	26
2.8 Key transition dates	27
2.9 Transition and Quality Dashboards.....	29
2.10 Tracking information from other areas	30
2.11 Escalation	30
3. Changes to Gynaecology Services.....	31
3.1 Context.....	31
3.2 Key features of the future model of care	31
4. Changes to Paediatric Services	33
4.1 Proposed Ealing Hospital paediatric model of care	33
4.2 Consultant- led Rapid Access Clinic	34
5. Communications and engagement	36
5.1 Communications and engagement strategy.....	36
5.2 How we are keeping local people updated	37
5.3 Materials available.....	37
5.4 GP engagement and information.....	38

1. Introduction

In February 2013 the Joint Committee of PCTs agreed to proceed with the Shaping a Healthier Future proposals. This included the consolidation of maternity units in North West London from 7 to 6 leading to the closure of Ealing Hospital Maternity Unit.

In October 2013, the Secretary of State endorsed these plans, although no decision was made on the timing of the transition of maternity services.

In late 2013 Ealing Hospital raised concerns to the Medical Director of NHS England (London region) regarding the issue of a reduction in deliveries for the Trust and the risk this posed to the quality of care.

In response to the concerns raised by Ealing Hospital, on 19th March 2014, Ealing CCG Governing Body made a decision to invest in contingency plans for the transition of maternity and neonatal services from Ealing Hospital by 2015.

Ealing CCG Governing Body met again to discuss the issue in October 2014 and agreed to plan for the implementation and assurance of these changes.

The Governing Body considered the initial outputs of the first phase of assurance at its meeting in March 2015 and agreed that further work was required.

Ealing Clinical Commissioning Group (CCG) Governing Body met on 20 May 2015 and set a date for the transition of maternity activity from Ealing Hospital.

- The Governing Body considered the initial outputs of the first phase of assurance at its meeting in March 2015 and agreed that further work was required
- The Governing Body considered the outputs of this assurance work and decided that a date can now be set for the transition

The Governing Body considered a range of documents and heard from clinical leaders regarding this change.

All of the papers for this meeting are available to view on the CCG website:

- The case for change (maternity & paediatrics)
- An overview of the new North West London (NWL) model of care for maternity
- Feedback from a review undertaken by the London Clinical Senate
- The modelling of activity following the transition (maternity and paediatrics)

- Readiness for the proposed changes
- Outputs of the assurance processes undertaken by CCGs in North West London, NHS England and the Trust Development Authority (TDA)
- An implementation plan for the changes which would be enacted following the CCG decision on timing
- An overview of the communications, engagement and equalities work planned

The Governing Body took questions from the public before its decision on whether to set a date for this change.

1.1 Assurance

Detailed assurance has been undertaken to support this decision.

Assurance	Scope	Outcome
London Clinical Senate Review (February 2015 report)	<ul style="list-style-type: none"> • Case for change • Whether the clinical models for maternity and paediatric services are still appropriate • Proposed timing of these changes 	<ul style="list-style-type: none"> • Review Team found no material issues that alter the strategic case for change presented in 2013 • At an operational level the Review Team found that the drivers for change have accelerated since the case for change was accepted. • Overall the Review Team considered the clinical models remain appropriate
CCG led assurance	<ul style="list-style-type: none"> • Provider assurance sessions and clinical site 	<ul style="list-style-type: none"> • Several key assurance themes emerged that were incorporated

	visits led by lead commissioning CCGs	into Trust and SaHF programme implementation plans <ul style="list-style-type: none"> All NWL CCGs confirmed that they remain assured and support Ealing CCG to make a decision on timing
NHS E / TDA assurance	Stage One (pre-decision) assurance areas: Workforce, estates, operational roles, MBS, gynaecology model	<ul style="list-style-type: none"> NHS E and TDA confirmed that they were fully assured against all Stage One assurance areas
Ealing CCG site visits	Ealing CCG chair and Managing Director attended clinical site visits at all sending and receiving sites to: <ul style="list-style-type: none"> Discuss transition plans with trust maternity and paediatrics clinicians Review preparations for transition of maternity services 	<ul style="list-style-type: none"> Ealing CCG Chair and Managing Director confirmed they were satisfied with the progress of the sending and receiving sites against their implementation plans

1.2 Circumstances under which the decision was made

Ealing CCG took its decision on timing now in response to multiple factors affecting quality and safety (1/2).

From a purely training perspective, Ealing Hospital will require significant investment in obstetric consultant numbers to support training needs:

- Ealing Hospital has generally been rated 'less good' than other NW London training locations for obstetrics and gynaecology for their overall experience and training.
- They would require significant investment in obstetric consultant numbers to support training needs, and would need to ensure sufficient clinical experience to enable trainees to cover the requirements of the obstetric curriculum - this is not feasible for the current/future levels of activity.
- The low levels of neonatal activity at Ealing Hospital are already impacting on the training experience.

It is likely to be increasingly difficult to attract and retain maternity staff at Ealing Hospital:

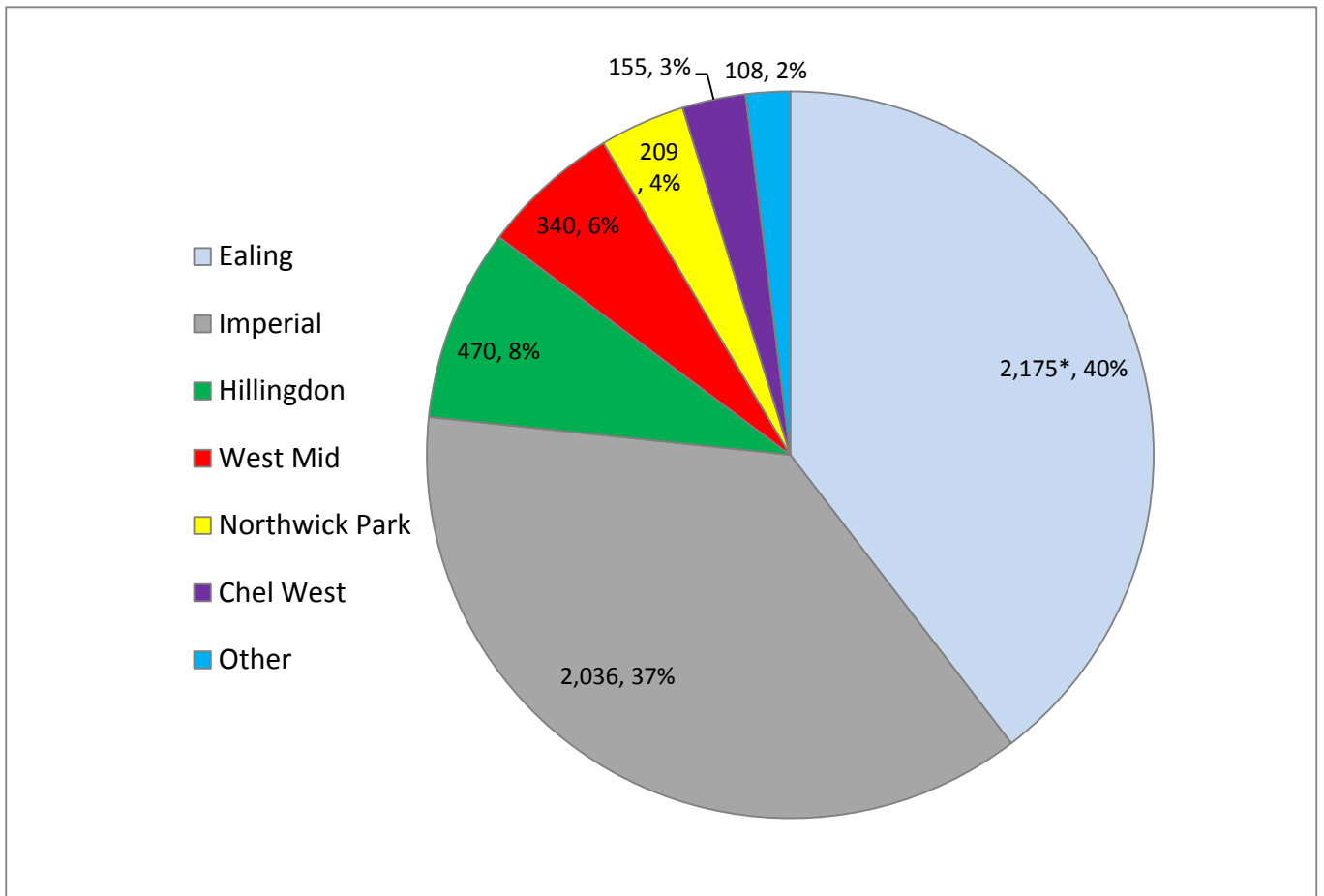
- There is evidence that staff working at Ealing Hospital are already making enquiries about vacancies in receiving Trusts
- Any de-stabilisation of staff will present a real safety threat to Ealing Hospital
- Midwives and neonatal nurses are in short supply so even if funding could be found for additional staff, there is a risk that there would not be sufficient staff available to recruit. This would necessitate an over-reliance on temporary / locum staff which is not desirable in terms of either quality of service or patient experience. As a result, the risk of unplanned change due to workforce shortages will increase.

There are significant financial challenges facing the maternity service at Ealing Hospital:

- Ealing Hospital has already received £2.6m supplementary funding to ensure it continues to deliver a safe maternity service for the residents of Ealing for 2014/15.
 - The supplementary funding could be better used to fund or improve other services for Ealing patients
- The introduction in 2015/16 of the Better Care Fund, transfer of funding to councils and the need to use any additional investment funding to develop new out of hospital services, means that **continued investment in the maternity service at these levels until 2017/18 is not sustainable.**

This reduction in activity is highlighted by the fact that 60% of Ealing women already choose to give birth at a different unit.

2014/15 birth activity for Ealing residents, by Trust



Note: Ealing hospital performed 2,390 deliveries in 2014/15. 215 of these were for practices in neighbouring CCGs that border Ealing. Ealing hospital delivered 2,175 babies for women registered with Ealing practices.

1.3 Improving maternity and neonatal services

Clinicians and commissioners in NW London are committed to improving the quality and delivery of maternity and neonatal services in NW London through reconfiguration of existing services

- There is an increasing number of women with complex healthcare needs during pregnancy
- This requires more consultant presence in order to reduce maternal mortality and poor outcomes.
- The units need to meet the London standards for obstetric consultant cover
- This could be done by consolidating obstetrics into fewer units allowing more consultant cover on the labour ward.
- The new service configuration for maternity and neonatal care will see birthing units and labour ward activity **concentrated across six sites** in upgraded facilities, with expectant mothers able to **choose between midwife-led or obstetric-led units.**
- For many women, **antenatal and postnatal care will still be provided on the Ealing hospital site** as well as in children's centres, health centres and GP surgeries in Ealing. Maternity
- The new service configuration will **enable choice of the environment in which expectant mothers give birth** with all units able to provide higher quality and safer maternity care and improved access to home delivery.
- The case for consolidating the number of maternity units remains strong as it will **enable all Trusts in NW London to provide significantly more consultant-led care than currently,** working closer towards the London quality standard for obstetric units to provide 168 hour consultant presence every week.
- In addition, it will enable Trusts to **provide more individualised midwifery care** through making it easier for maternity units to work towards **the standard for 1:30 midwife to birth ratio.**
- **Neonatal services will expand on all six sites in NW London.** This will provide for a greater number of cots across NW London. At Hillingdon and West Middlesex Hospital separate

consultant rota for paediatrics and neonatal services will be implemented providing dedicated cover for neonatal services – these already exist at the 4 other sites.

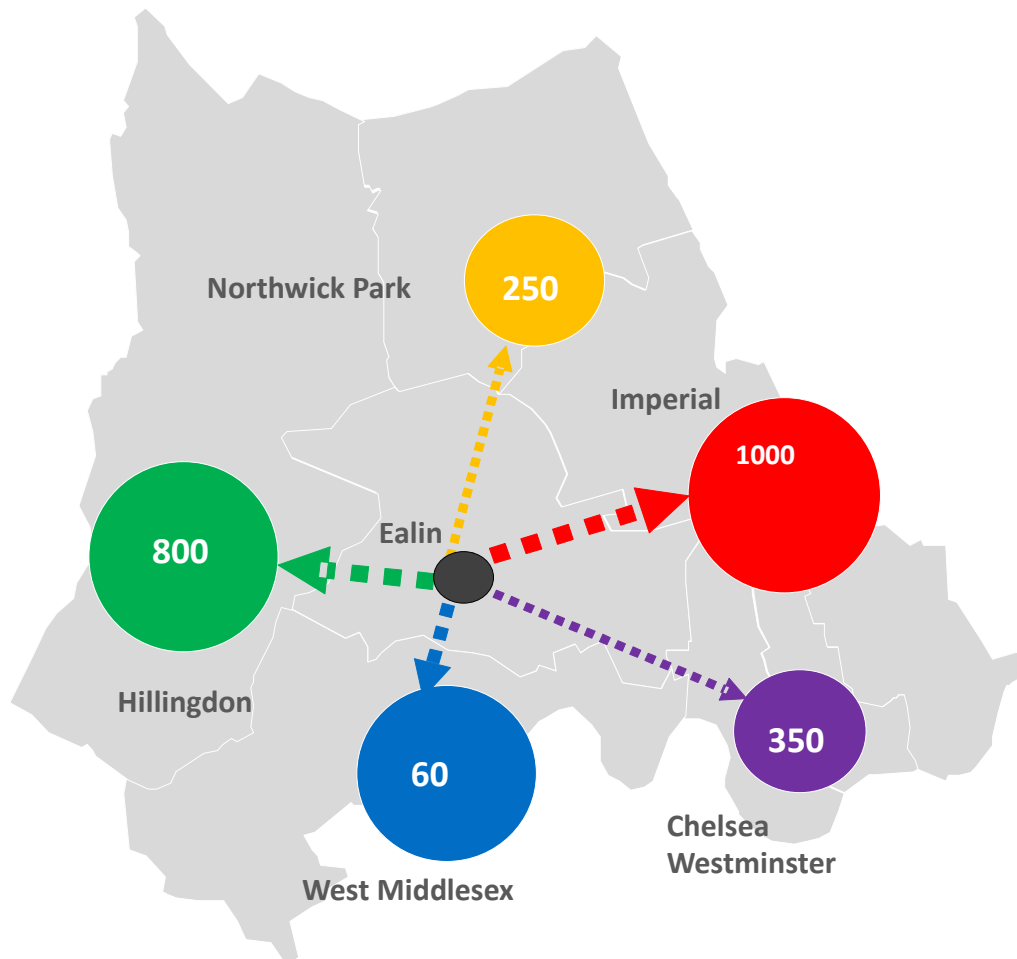


Figure 1: Summary of agreed additional maternity activity receiving Trusts can handle upon closure of Ealing Hospital maternity unit

1.4 NWL provider trust position and capacity

- Ealing CCG has received the following letters of support confirming that each of the NWL providers are operationally ready and fully support the proposed transition of maternity and interrelated services from Ealing Hospital.
- All NWL trusts have more than enough capacity to manage the expected number of births in NWL
- West Middlesex have extended the maternity and neonatal unit to provide capacity for an additional 600 births and 3 Special Care cots
- Hillingdon is refurbishing the existing maternity unit to take an additional 800 births per year, the work will be completed by 19th June 2015. However, Hillingdon currently has sufficient capacity to handle the maternity activity that would transition from Ealing Hospital.
- Imperial College Healthcare will complete the expansion of its maternity and neonatal capacity across both the Queen Charlotte's and St Mary's sites by end May 2015 to manage up to 1000 additional births and 6 special care cots
- Chelsea and Westminster and Northwick Park do not require any changes to their maternity and neonatal infrastructure to support the transition

1.5 Increasing the number of midwives and consultants

- There are currently 934 WTE midwives in NWL and based on current plans there will be an additional 107 WTEs once recruitment is complete.
- For O&G consultants there are currently 98 WTE and once recruitment is complete there will be an additional 8.
- These consultants and midwives will be based in one fewer site so the increase will be magnified as there will be the additional staff across only 6 rotas rather than 7.

Hospital	Consultant hours on labour ward		
	2013/14	2014/15	Post change
Chelsea & West.	98	110	115
Queen Charlotte's	60	98	140
St Mary's	60	98	98
Northwick Park	60	98	108
The Hillingdon	98	96	114
West Middlesex	98	144	164
Ealing	60	60	-
Average (post change)	76	101	122

This change will improve the level of Consultant presence on labour wards in North West London.

- All other Trusts in NWL have achieved extended consultant presence in line with London Quality Standards (LQS). Therefore women accessing services at Ealing Hospital will become increasingly disadvantaged compared to women delivering at other units in NWL
- This drop in activity is the most significant across all Trusts in NWL from 12/13 to 13/14 (12% compared to average of 4% for all Trusts in NWL).
- This has resulted in Ealing CCG having to invest significant unplanned supplementary funding (due to the reduced income) to ensure it continues to deliver a safe maternity service for the residents of Ealing (£2.6 m in 2013/14 and 2014/15).
- In addition, this drop in delivery activity could impact on the ability of trainees to acquire the necessary skills and experience, thereby jeopardising their ability to fulfil curricular requirements, as identified by Health Education North West London (HE NWL)

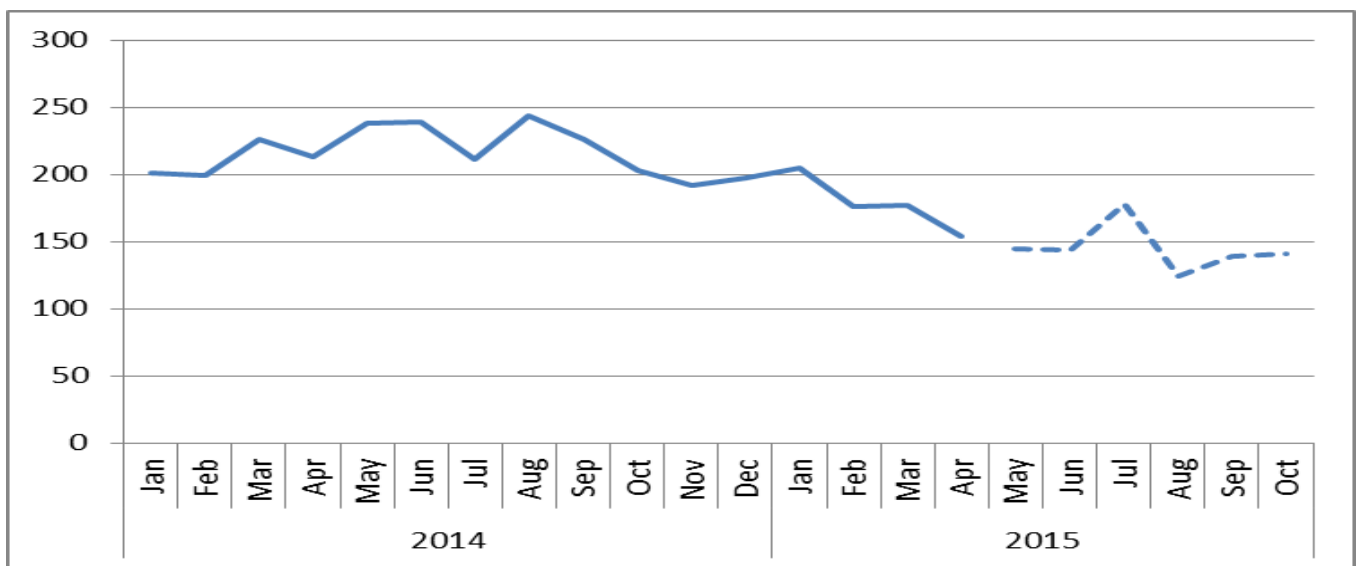


Fig 4. Bookings at Ealing Hospital have fallen considerably since September 2014

2. Improving maternity care in North West London

2.1 New model of care for maternity

A new model of care for maternity will improve services for Ealing women.

Strong local services:

- All hospitals will be **expanding their midwifery led community model into the Ealing borough** to ensure consistent antenatal and postnatal care is provided in **community settings close to home**. Most women will see **the same team of midwives for all their maternity care**.
- This will be expanded into **children's centres** in Ealing and other boroughs in NW London to be **co-located with health visitors and other children's services**.

Supported by specialist maternity units:

- Birthing units and labour ward activity will be concentrated **across six sites in upgraded facilities**, with expectant mothers able to **choose between midwife-led or obstetric-led units**.
- All of the Trusts in NW London are investing in hiring **more consultants to work on labour ward and more midwives to provide more individualised care to women** during pregnancy, birth and after birth.
- Neonatal services will expand across NW London. **This will provide for a greater number of cots across NW London**.
- At Hillingdon and West Middlesex Hospital, separate consultant rotas for paediatrics and neonatal services will be implemented providing dedicated cover for neonatal services – these already exist at the 4 other sites.

2.2 Overview of the new NWL maternity and neonatal model of care

- The majority of women who live in Ealing borough choose not to deliver at Ealing Hospital (~60% in 2013/14).
- These women receive fragmented maternity care, with different parts of the maternity pathway delivered by different providers. For example:
 - Both Hillingdon and Imperial offer ante-natal and delivery services to Ealing women, but post-natal treatment for these women is always delivered by Ealing Hospital.
 - For women choosing other sites, such as West Middlesex or Northwick Park their antenatal care and delivery care is delivered at the maternity services provider site and there is no option for care delivered locally
- These women will now be able to **access all midwifery led antenatal and postnatal care in community settings.**
- Women in Ealing who currently choose another NW London maternity provider, may not get into their chosen units due to preferential treatment for women from their host CCG boroughs (this is currently the case for Ealing women choosing Queen Charlotte's hospital). With the new model, there will be **common acceptance criteria** for all women in NWL.
- The **Maternity Booking Service** in NW London will give sector wide Management Information, enabling joint decisions across the system on demand, capacity and service improvement.
- Women in NWL will now have access to more information about their choices of maternity unit in NWL, via the development of a **NWL maternity leaflet and other supporting travel and communications materials.**
- NW London is **hiring more consultants to work on labour ward and more midwives** to provide care across the maternity pathway than ever before.

2.3 The current model

For the majority of women living in Ealing, the current model of care does not provide continuity of care across the maternity pathway

The majority of women who live in Ealing borough choose not to deliver at Ealing Hospital (~60% in 2013/14). These women receive fragmented maternity care, with different parts of the maternity pathway delivered by different providers. For example:

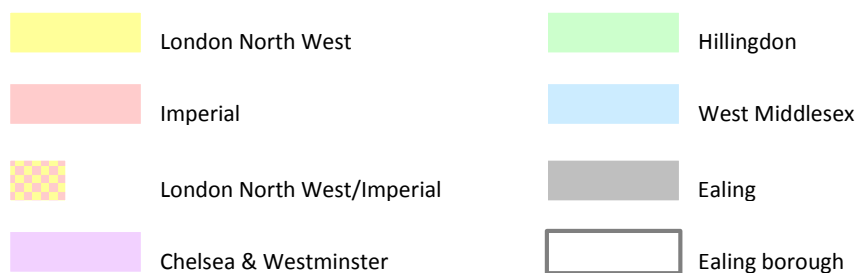
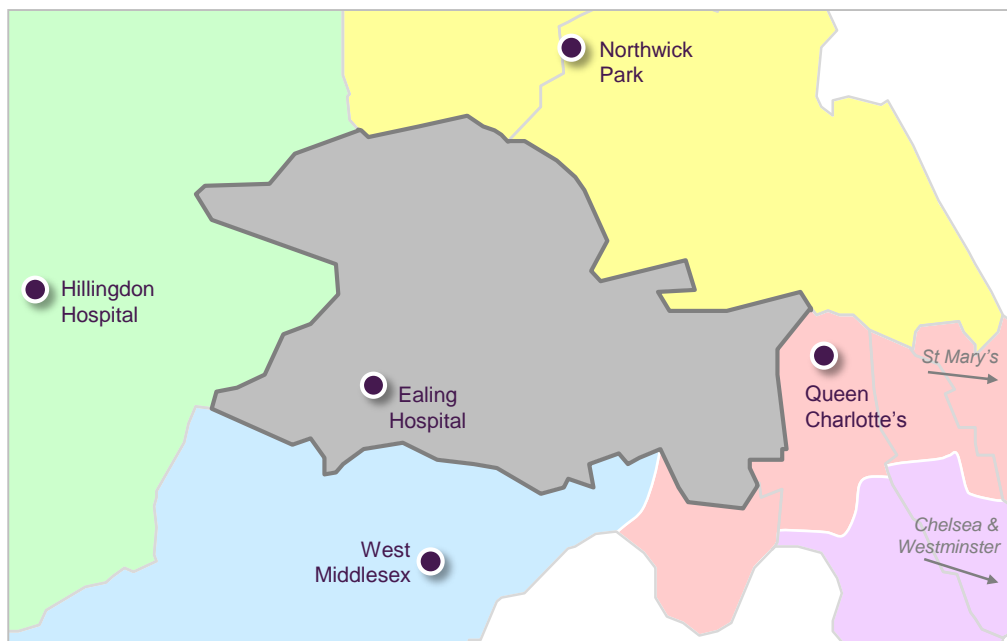
- Both Hillingdon and Imperial offer ante-natal and delivery services to Ealing women, but post-natal treatment for these women is always delivered by Ealing Hospital.
- For women choosing other sites, such as West Middlesex,, Northwick Park and Chelsea & Westminster ,their ante-natal care and delivery care is delivered at the host provider site and there is no option for care delivered locally
- Women in Ealing who currently choose another NW London maternity provider, may not get into their chosen units due to preferential treatment for women from their host CCG boroughs (this is currently the case for Ealing women choosing Queen Charlotte’s hospital)
- The majority of women in the Kilburn area of Brent currently choose Imperial and therefore receive their antenatal and delivery care from Imperial but their postnatal care from London North West Healthcare

There are different acceptance criteria between maternity providers in NW London - most prioritise women from their own ‘host’ CCG boroughs

There is currently no sector wide Management Information (MI) which results in:

- Lack of understanding of the proportion of women from NW London that receive their first choice which makes it difficult for the sector to manage capacity appropriately
- Women book at more than one site in NW London; this makes it difficult for trusts to accurately and effectively plan their services and workload

Current catchment areas in and around Ealing borough



Women's stories – what currently happens...?

- *Currently, a woman booking at Ealing Hospital receives all her care from Ealing Hospital, either at the hospital or at one of the children's centres/health centres in the community*
- *If a woman from Ealing chooses West Middlesex for delivery, she will have all of her antenatal and delivery care at the West Middlesex hospital and her postnatal care will be delivered by Ealing. There is limited choice over where women access their care.*

2.4 The future model

For the first time, there will be a consistent sector wide community model with all providers in NW London that aims to improve access, choice and continuity of care for women in NW London

NW London's providers, through the Maternity Network and Maternity & Neonatal Project Delivery Board have collaborated on the development of a new community transitional model

There are two key aspects of the model of care which will change:

1. Expansion of catchment areas for all trusts delivering maternity services

Receiving trusts' midwifery teams will offer care in the new community as per the revised boundaries and catchment areas on the map on the right

Receiving Trusts will utilise the Ealing Hospital site, Children Centres (CC) and Health Centres (HC) in Ealing to provide routine antenatal and postnatal care. Services, will in the main, mirror (or be enhanced from) existing Ealing service provision (sessions/days)

Hillingdon and London North West Hospital Trust will also provide obstetric appointments at the Ealing site. Remaining Trusts will review demand for Borough Obstetric clinics post-implementation of changes.

London North West Hospital Trust will provide scans at the Ealing site and Hillingdon hospital will also provide scans at the Ealing site for women on an intensive pathway.

Chelsea and Westminster will offer routine antenatal and postnatal care in Chiswick (currently an Imperial catchment area) enabling Imperial to expand further into Ealing. If demand requires, then Chelsea & Westminster can expand further into Ealing in the future

Parts of Brent will be shared with (or transferred to) Imperial (currently a Northwick Park catchment area) to align with existing referral patterns (over 70% of women in this area already choose Imperial)

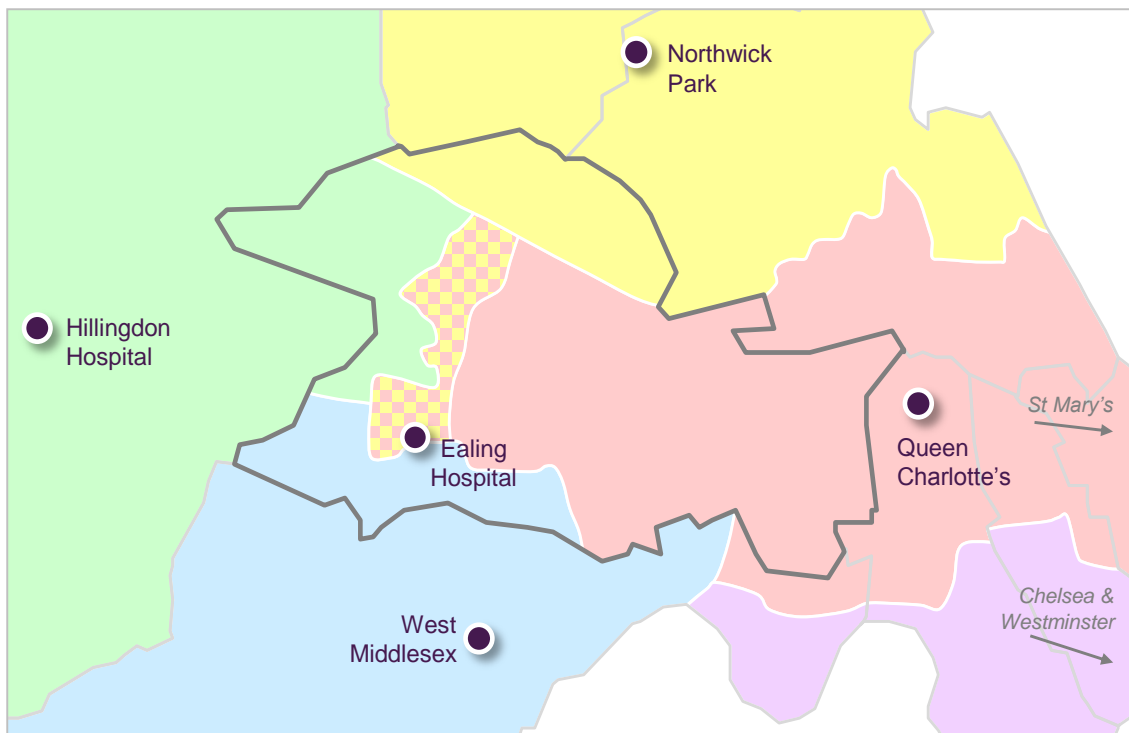
2. Common framework across all trusts in NW London

The Maternity Booking Service in NW London will give sector wide MI, enabling joint decisions across the system on demand, capacity and service improvement

Acceptance criteria will be the same for all women (prioritised as below)

- 1) Women from the Trusts local community area (as defined in figure in the previous slide)
- 2) Women with medical or social need
- 3) Women that have previously given birth at the hospital
- 4) Women in north west London
- 5) All other women

Proposed catchment areas in and around Ealing borough

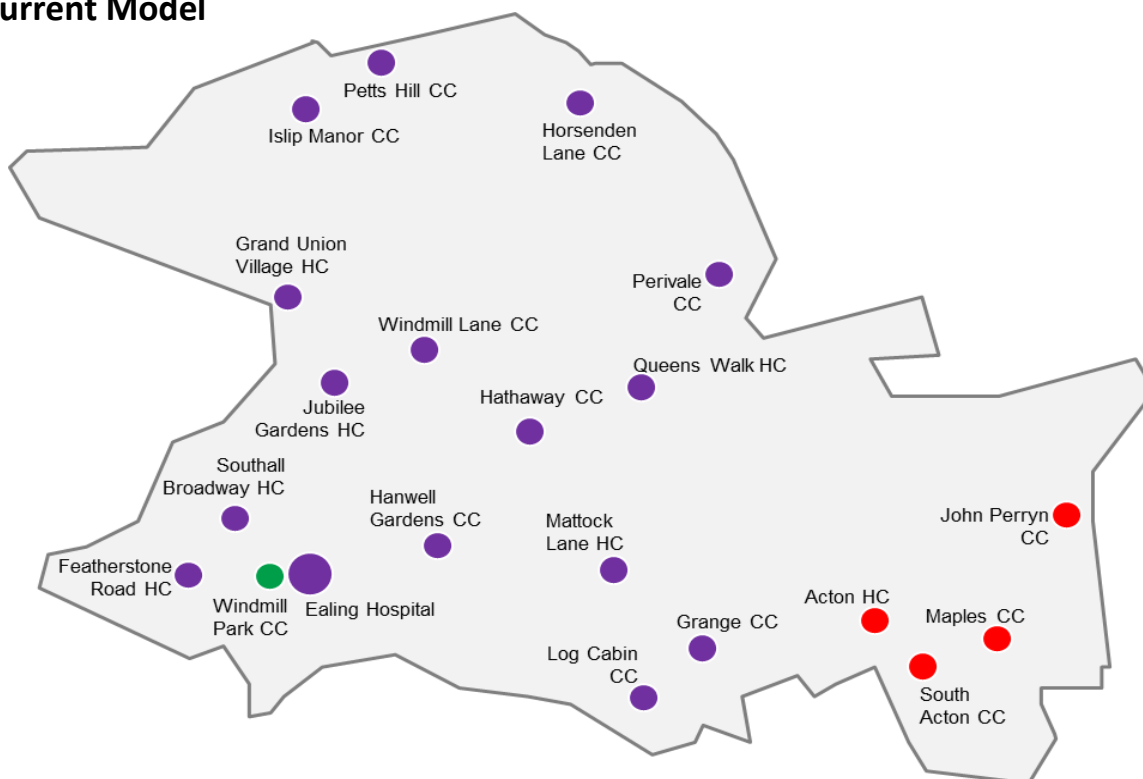


Women's stories – what will happen in the future...?

- *If a woman living in the blue (West Mid) area of Ealing chooses Queen Charlotte's, she has the option to have her antenatal care at Ealing Hospital, a children's centre in the red Imperial area or Queen Charlotte's site if she requires specialist input or a scan. She can receive her post natal care from either Queen Charlotte's (at Ealing Hospital or a children's centre) or from West Middlesex (either in her home or a local children's centre in the blue area.)*
- *If she chooses West Middlesex, she will receive the full pathway from West Middlesex, choosing between at home, locally at a children's centre or at Ealing hospital or at West Middlesex Hospital itself.*

2.5 Changes to Community Maternity service model in Ealing Borough

Current Model

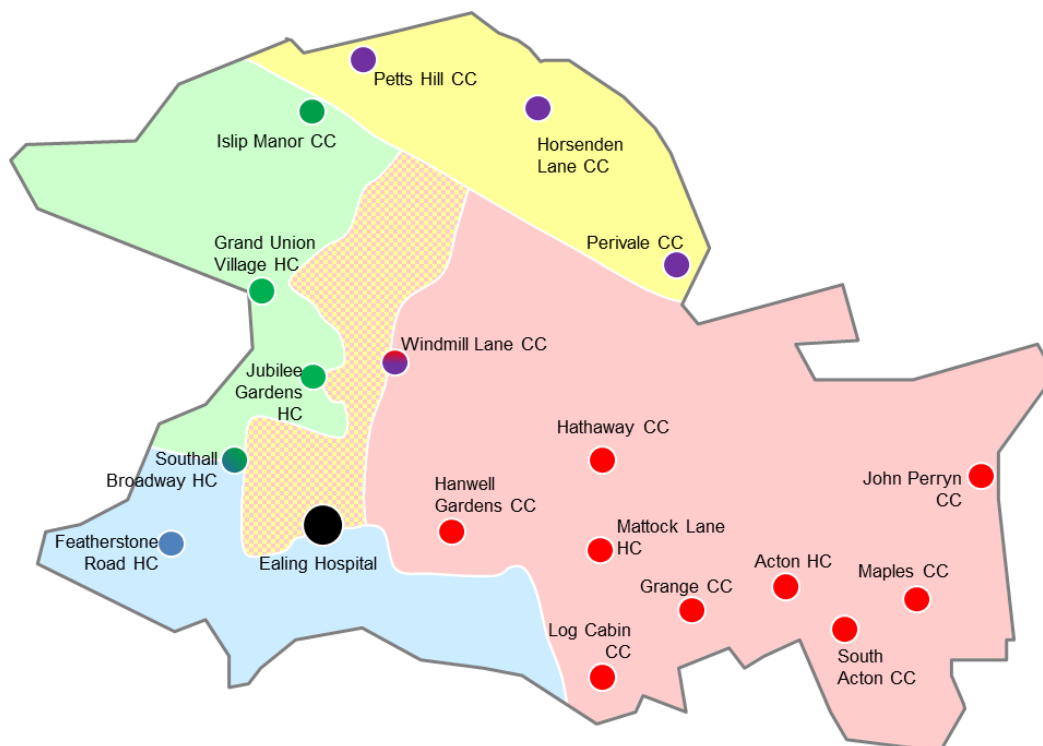


<p>EALING BOROUGH CHILDREN'S CENTRES (CC)</p>	<ul style="list-style-type: none"> ANC & PNC provided in 13 CCs by LNWHT (Ealing)(9 sites), ICHT (3 sites) & THHFT (1 site) midwifery teams No contracts in place with LBE
<p>LNWHT HEALTH CARE CENTRES (HC)</p>	<ul style="list-style-type: none"> ANC & PNC provided in 3 x LNWHT owned HC by LNHWHT (Ealing) midwifery team and 1x LNWHT owned HC by ICHT (Acton HC)
<p>PRIVATE HEALTH CARE CENTRES (HC)</p>	<ul style="list-style-type: none"> ANC & PNC provided in 2 x CHP owned HC and 1 privately owned HC by LNWHT (Ealing) team Contracts in place between LNWHT & hosts for use of space
<p>EALING HOSPITAL (HUB)</p>	<ul style="list-style-type: none"> AN & PN care provided by LNWHT (Ealing) midwifery team

Transition activity

EALING BOROUGH CHILDREN' S CENTRES (CC)	<ul style="list-style-type: none">• Agree sessions• Negotiate new contracts• Implement IT connectivity• Procure equipment (inc. IT)• Arrange blood couriering & waste mgmt
LNWHT HEALTH CARE CENTRES (HC)	<ul style="list-style-type: none">• Agree sessions• Negotiate new contracts• Implement IT connectivity• Procure equipment (inc. IT)• Arrange blood couriering & waste mgmt
PRIVATE HEALTH CARE CENTRES (HC)	<ul style="list-style-type: none">• Agree sessions• Negotiate new contracts• Implement IT connectivity• Procure equipment (inc. IT)• Arrange blood couriering• Cease provision at Queens Walk
EALING HOSPITAL (HUB)	<ul style="list-style-type: none">• Agree sessions• Negotiate new contracts• Implement IT connectivity• Procure equipment (inc. IT)• Arrange blood couriering

Future Model



<p>EALING BOROUGH CHILDREN'S CENTRES (CC)</p>	<p>ANC, PNC & PC service provision:</p> <ul style="list-style-type: none"> • 3 sites retained by LNWHT (NPH team) • 3 sites retained by ICHT (no change) • 6 sites transferred to alternative providers • Service at Windmill Park CC transferred to Ealing Hospital site
<p>LNWHT HEALTH CARE CENTRES (HC)</p>	<p>ANC, PNC & PC service provision:</p> <ul style="list-style-type: none"> • 3 sites transferred to alternative providers (THHFT, ICHT, WMUH), including 1 shared (THHFT & WMUH) • 1 site retained by ICHT (Acton HC), no change to service provision
<p>PRIVATE HEALTH CARE CENTRES (HC)</p>	<p>ANC, PC & PC service provision:</p> <ul style="list-style-type: none"> • 2 sites transferred to THFFT (CHP owned HCs Grand Union Village and Jubilee Gardens) • No service at Queens Walk (private own and limited activity)
<p>EALING HOSPITAL (HUB)</p>	<ul style="list-style-type: none"> • Midwife-led AN care for WMUH, THHFT, ICHT, LNWHT • Obstetric-led AN care for LNWHT • Provision of sonography and phlebotomy support (THHFT only)

Key

Key:



*Activities relate to sites currently occupied by Ealing midwifery teams only unless specified.

** Future sessions will mirror (or be slightly enhanced from) those currently provided by the Ealing midwifery team.

ANC = Antenatal care

PNC = Postnatal Care

PC = Parent Craft sessions

CC = Children's Centres

HC = Health Centres

2.6 NWL transformation plan

Improving maternity services in NWL is part of a long term transformation plan and we are in transition of service phase.

Year 1

Phase 1: Operational planning

- Workforce strategy and planning
- Physical capacity and infrastructure planning and scoping
- Models of care and pathway development planning
- Systems monitoring development
- Communications and engagement strategy and planning

Year 2

Phase 2: Operational readiness

- Workforce planning and recruitment on track
- Physical capacity and infrastructure at receiving sites and community sites ready for use
- Models of care and pathways scenario planning and testing
- Systems monitoring in place
- Communications and engagement tested and ready for launch
- Maternity Booking Service (MBS) operational

Phase 3: Transition of Services

Hospitals in NW London are ready to move to transition of services

- Transfer of all Ealing midwifery and neonatal community and inpatient staff to new units
- Receiving units recruitment plans on track
- Receiving units physical inpatient & community capacity in use
- Communications to all women and GPs informing them of new arrangements
- Ealing no longer accept referrals or bookings (GPs no longer refer to Ealing)
- Receiving sites accepting all new Ealing referrals and bookings

- Receiving sites operating new community model of care
- Receiving sites operating inpatient model of care (including deliveries)
- Closure of Ealing maternity and neonatal unit

Years 3-5

Phase 4: Review

- Comprehensive review of the community model and development of proposed enhanced community model (if necessary)
- End to end review and stress testing of maternity and neonatal pathways
- Review of MBS and development of enhanced MBS (if necessary)
- Development of sector wide service spec and roles for Safeguarding and perinatal mental health
- Development of transitional care education package for NW London

Phase 5: Ongoing performance improvement

- enhanced community model (if necessary)
- changes to end to end pathways (if necessary)
- enhanced MBS (if necessary)
- Ongoing engagement with local communities on the changes

2.7 Benefits of the proposed community model

For the first time, North West London will have a standardised service across the whole sector with common MI to manage the system and common acceptance criteria at each site. This, alongside the development of both midwifery and consultant led community care aims to provide greater access to, choice and continuity of care.

Current	Future
Some women in Ealing who choose to deliver at another hospital in NW London (~60% in 13/14) can't access their antenatal care locally	<ul style="list-style-type: none"> Over half of Ealing women will be able to have the choice of having their antenatal and postnatal care in Ealing in either Children's Centres, Health centres and Ealing Hospital Hub. Those choosing Hillingdon or LNWHT will be able to access consultant led antenatal care from the Ealing hospital site
Ealing women currently have variable continuity of care across the antenatal & postnatal pathway	<ul style="list-style-type: none"> Women will experience improved continuity of care as a result of NW London units providing antenatal and postnatal care in Ealing Hospital and children's centres in the Ealing borough
Queen Charlotte's currently cannot accommodate Ealing demand and are turning Ealing women away	<ul style="list-style-type: none"> Queen Charlotte's will be able to accommodate more women from Ealing due to the expansion of its maternity unit on both the QCCH and SMH sites Units, including Queen Charlotte's, will treat women from Ealing the same as women that live in their host CCG borough, thereby increasing the number of women from Ealing able to access their first choice provider

2.8 Key transition dates

Following the Ealing CCG GB decision to transition Ealing maternity services on 1st July, the following key dates will apply for the service transition phase.

21-22 May

- Letter sent to all women booked at Ealing confirming decision and next steps for them (include NW London maternity leaflet & travel map)
- Letter sent to all GPs in NW London notifying them of decision, to no longer refer to Ealing hospital and informing them of new community boundaries (include NW London maternity leaflet, patient stories & travel map)
- Ealing hospital no longer accept new bookings – will be diverted to MBS
- Letter sent to Ealing midwifery and neonatal staff notifying them of decision and dates for their transfer to their new Trust in NW London

25 May onwards

- Ealing Multi-Disciplinary Team (MDT) contact all women booked to communicate transfer process and next steps
- Ealing MDT begin to transfer women to chosen receiving unit in order of EDD and intensity pathway
- Letter sent to Ealing midwifery and neonatal staff from their new hospital, welcoming them to their new Trust and providing key staff transfer dates and contact points

8-12 June

- Community midwifery staff (antenatal) from Ealing transferred to receiving Trusts
- Receiving trusts start doing new bookings from Ealing women and antenatal follow up appointments

15 -19 June

- Community midwifery staff (postnatal) from Ealing transferred to receiving Trusts
- Receiving Trusts start doing new postnatal appointments (Ealing will complete postnatal care if already started)
- Receiving Trusts working out of children's centres/health centres according to newly agreed community boundaries

22 June

- Majority of inpatient midwifery staff from Ealing transferred to receiving trust (small group of those transferring to Northwick Park remain on Ealing site until final closure day)
- Obs & Gynae medical trainees from Ealing rotate to Hillingdon and West Middlesex

24 – 26 June 2015

- Last induction at Ealing hospital and Maternity unit closes to all new admissions (24th June)
- Last elective C-section at Ealing hospital (25th June)
- Ealing divert spontaneous deliveries & babies to other providers from 24th June onwards

29 June - 1 July 2015

- All babies discharged from Ealing neonatal unit (29th June)
- All mothers discharged from Ealing maternity unit (1st July)
- Final closure of labour ward, birth centre and neonatal unit at Ealing (1st July)
- Last group of staff to transfer will be neonatal nurses, medical team, the reduced number of staff on labour ward, birth centre and postnatal staff

2 July onwards

- Maternity transitional team stay on Ealing site for 24 hours post closure
- All women requiring transfer will be relocated back to their receiving trust if it safe to do so
- Ealing hospital opens for service with all other receiving units for antenatal outpatient appointments.

2.9 Transition and Quality Dashboards

Background

A set of metrics has been agreed to enable the system to monitor the effectiveness of the transition. The purpose of the dashboards is primarily to monitor capacity and demand to quickly identify issues in the system, and support the creation of mitigating actions to ensure safe operations of our services across NWL. A secondary purpose is to monitor key performance and quality metrics to be able to monitor any changes post transfer and develop mitigating actions required, to facilitate this. Maternity bookings and deliveries (activity) will be monitored on a weekly basis and quality metrics for Maternity, Paediatrics and Emergency Gynaecology services will be monitored on a monthly basis (due to data availability).

Weekly dashboard – Maternity only

- Appointments
- Referrals
- Bookings
- Deliveries

Monthly dashboard

- Demand
- Capacity (i.e. Workforce)
- Quality
- Systems Resilience

Quality Baseline

Key maternity quality metrics (where data is currently available) have been baselined to provide a view of the pre – transition position. Specifically:

- Emergency C-section and Elective C-section deliveries have remaining steady across NWL accounting for c.15% and c.12% of deliveries respectively.
- Births born before arrival in NWL have averaged at approx. 13 births per month.
- 12+6 weeks booking rate in NWL is decreasing, currently at 90% (meeting target)
- Post partum haemorrhage remains low and decreasing over the year, currently at c. 1% across NWL.

The dashboard will review activity against these and other baseline data to enable us to track improvements or deterioration in the quality of maternity care.

2.10 Tracking information from other areas

We will also track information from other areas including:

- Complaints
- Feedback from patients
- Feedback from GPs and other NHS staff

2.11 Escalation

Once information is received it is considered and escalated through the Maternity Booking Service for resolution.

It is escalated further if needed.

3. Changes to Gynaecology Services

3.1 Context

Maternity services are transitioning from Ealing Hospital

- In February 2013, the Joint Committee of Primary Care Trusts agreed that Maternity and Paediatrics services should transition from Ealing Hospital to six receiving sites across North West London
- Gynaecology services are interdependent upon the maternity services at Ealing Hospital site
- The key interdependencies are staffing and activity from pregnancy related conditions
- During and after the maternity transition, it is essential to provide emergency gynaecology services at Ealing Hospital site to support the Emergency Department – providing continuity of care to the women from the area
- Ealing Hospital will continue to provide elective out-patient & in-patient services on-site as before

3.2 Key features of the future model of care

- Enhanced gynaecology emergency clinic (GEU) in the core hours during the week – an increase of 20 hours during the week
- Introduction of the GEU services on the weekends – now available for 8 additional hours on the weekends
- Single point of review – early pregnancy unit (EPU) and gynaecology emergency clinic unified to a single Gynaecology Emergency Unit (GEU)
- Dedicated middle grade cover for emergency gynaecology patients (in hours and out of hours) – 24/7 cover

- Consultant cover for gynaecology emergencies: in hours – on site and out of hours from Northwick Park Hospital site
 - LNWHT has experience of delivering acute gynaecological services at distant sites
 - Central Middlesex Hospital (CMH) with support from Northwick Park (NWP) gynaecology department has dealt with urgent gynaecology attendances in a safe and clinically sustainable manner for a number of years since it closed its maternity unit

- Patients who require urgent surgical intervention – out of hours, will be transferred to Northwick Park site or a hospital of their choice

4. Changes to Paediatric Services

4.1 Proposed Ealing Hospital paediatric model of care

The Ealing CCG Governing Body agreed that the transition of paediatric in-patient services from Ealing Hospital should be completed on 30 June 2016.

- Paediatric in-patient services will ultimately close at Ealing Hospital, however the Urgent Care Centre (UCC), Out-patient and day-care services will be retained on-site
- **BUT** from now until 30 June 2016 (i.e. for 13 months) there will be **no** reduction in Ealing Paediatric services

Proposed Ealing Hospital paediatric model of care

Retained services	New /enhanced services	Closed services
<ul style="list-style-type: none"> • Paediatric urgent care provided by the Urgent Care Centre (UCC); • ALL existing general and specialist paediatric Outpatient services (i.e. clinics on site plus community delivery of diabetes, asthma); • Non-emergency, low-acuity day-care services such as day-cases, orthopaedics, Liaison Child and Adolescent Mental Health Services (CAMHS), Ear Nose and 	<p>Consultant-led paediatric Rapid Access Clinic (RAC):</p> <ul style="list-style-type: none"> • 7 day, GP referral-only service. • Aim is to reduce A&E attendance by providing GPs with an alternative to referring to A&E. • Timed same-day/ next-day appointments with paediatric specialists offered to patients. • Enhanced Day Unit range of services • Enhanced Community 	<ul style="list-style-type: none"> • Paediatric in-patient services

<p>Threat (ENT) clinic, physio</p> <ul style="list-style-type: none"> • A&E resuscitation – to stabilise children attending UCC before transfer 	<p>Children’s Nursing service</p> <ul style="list-style-type: none"> • Enhanced medical trainees experience (stabilises workforce) 	
---	---	--

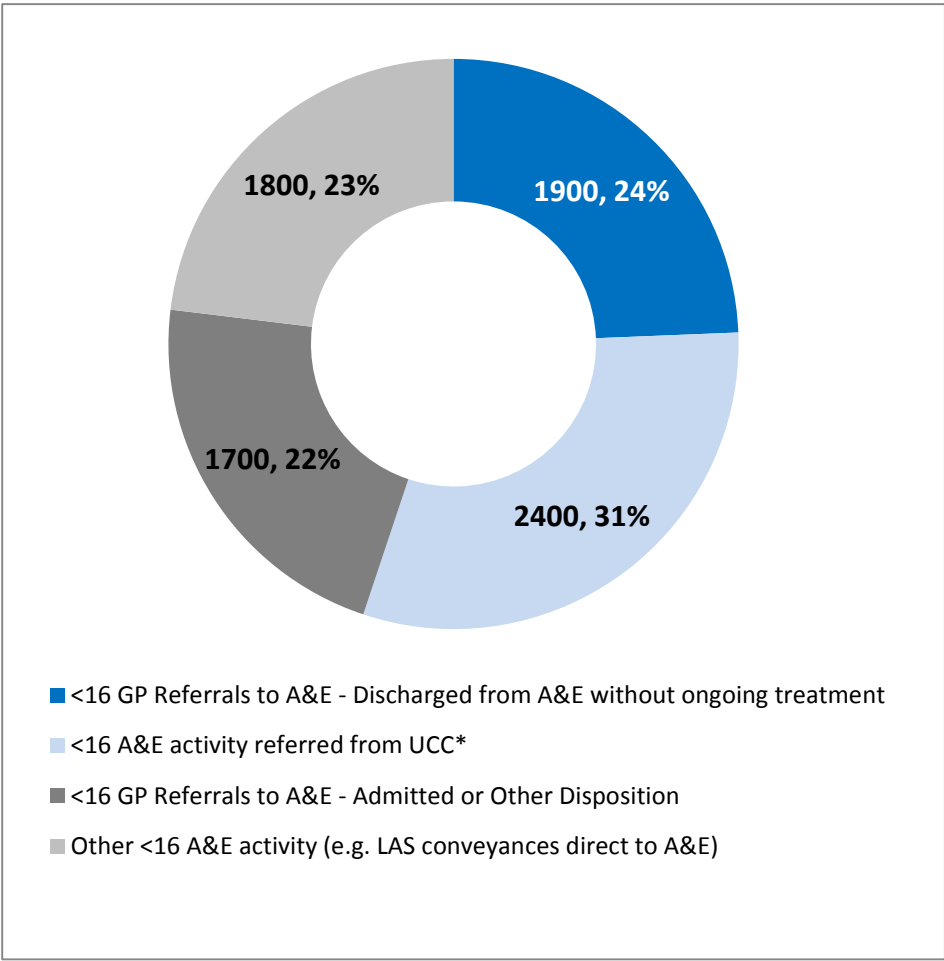
*At first, the RAC will not accept referrals from the UCC, however, this will be reviewed after 3 months.

4.2 Consultant- led Rapid Access Clinic

A new consultant-led Rapid Access Clinic (RAC) will improve care for Ealing children and reduce A&E attendance.

- Aim is to **reduce paediatric A&E attendance** at Ealing Hospital by 1,900 pa.
- **7 day, GP referral-only** service.
- **Timed same-day/ next day** appointments.
- **Service not intended to manage urgent or emergency** cases and will not accept referrals from the UCC (at least initially).
- **Co-located with the current Ealing Day Care Unit** and run in parallel
- **Staffed by one (1) consultant**, one (1) nurse and one (1) training post
- **Open from 11am – 7pm on week days and a minimum of three hours per day on weekends** – will pick up referrals from morning and evening GP surgeries

Chart to show the proportion of current annual <16 yrs A&E activity at Ealing Hospital that would be suitable for care at the RAC.



The RAC will be implemented at Ealing Hospital during summer 2015, initially as a one-year pilot.

*At first, the RAC will not accept referrals from the UCC, however, this will be reviewed after 3 months.

5. Communications and engagement

5.1 Communications and engagement strategy

Extensive work has been undertaken to develop the communications and engagement activity in coordination with Ealing CCG, London North West Healthcare Trust and the lay partner groups in NW London.

Objectives

- Raise awareness of changes and how they will improve maternity services in NW London
- Help women make informed choices about maternity units
- Provide reassurance about the changes
- Provide information on maternity units in NW London
- Hear feedback and answer questions
- Ensure women and their families have access to information
- Ensure regular and consistent information to women
- Ensure healthcare professionals are informed and equipped with information to assist women

Audiences

- Women currently requiring maternity services
- Potential users of maternity, neonatal and gynae services
- GPs and CCGs
- Community, voluntary and hard to reach groups

- Workforce – Ealing Hospital (midwives, special baby unit, gynae and paed staff), Health Visitors and Social Workers
- Political stakeholders
- NHS stakeholders
- Media

5.2 How we are keeping local people updated

- Letters to all women booked to give birth at Ealing Hospital both before and after 24 June 2015 (last birth date)
- Midwives are speaking to and/or visiting every women who needs to give birth elsewhere to discuss options and make arrangements
- Public information – booklets/posters/maps/newsletter delivered to all GP surgeries, hospitals and children’s centres
- Engagement – face-to-face engagement across Ealing and North West London
- Email updates to local groups with information provided to disseminate in their newsletters, on forums, etc.
- Working with the media (press releases, interviews)
- Online – updates to websites etc

5.3 Materials available

There is a range of material available in English, Punjabi, Tamil, Urdu, Arabic and Polish, this includes:

- Booklet
- Maps
- Poster

5.4 GP engagement and information

Date	Activity
21 May	Email to all NW London GPs: <ul style="list-style-type: none"> • Explaining decision • Confirming referrals to Ealing Maternity Unit cease immediately • Confirmation of closure date • Providing information on public information material • Including FAQs
From 22 May	Update in Ealing CCG weekly bulletins as appropriate and to all other CCGs
By 26 May	System 1/emis information updated: <ul style="list-style-type: none"> • Electronic booklet uploaded • NB: referral form remains the same
By 27 May	Email to all NW London GPs: <ul style="list-style-type: none"> • Reminder on decision, date and referrals • Preferred pathways for locality • Maternity Booking Service information • Community model of care and any changes to referrals • Public info materials
As appropriate	Ealing Network meetings Briefing to Ealing network managers (1 June 2015) Ealing Practice Manager forums Ealing Practice Nurse Forums

Between 28 May and 3 June	<p>Public information materials arrive at surgeries:</p> <ul style="list-style-type: none"> • Booklets and poster delivered to all GP surgeries • Receptionists/Practice Managers should be informed in advance to look out for these and display them • All practice GPs should be made aware and have copies in their room
As necessary	<p>Restock booklets as required</p> <ul style="list-style-type: none"> • Contact sahf@nw.london.nhs.uk