

Update on the transition of paediatric in-patient services from Ealing Hospital

**North West London Joint Health Overview and
Scrutiny Committee**

14th October 2015

1. Introduction

The purpose of this paper is to:

- Set out progress made to date with paediatric reconfiguration implementation planning;
- Describe the programme of work to be undertaken in the 9 months prior to the transition of paediatric in-patient services on 30th June 2016.

2. Background

The 'Shaping a Healthier Future (SaHF)' programme, led by local clinicians, proposed changes to services in North West London (NW London) that would safeguard high quality care and services for the local population. The principles behind this are about putting the patient at the centre of the NHS, providing more accessible care and establishing centres of excellence so that more expertise is available more of the time.

These changes have the unanimous support from all medical directors in NW London, who have written to the Health Secretary setting out that 'there is a very high level of clinical support for this programme across NW London' and that these changes will 'save many lives each year and significantly improve patient's care and experience of the NHS.'

A clear rationale for reconfiguring the way in which paediatric in-patient care is delivered in NW London was identified as part of a sector wide review. This rationale is set out in more detail in the SaHF Decision Making Business Case, however, the main elements can be summarised as:

- Some children can be provided with care at home or in an ambulatory setting as appropriate.
- Staffing levels are variable out-of-hours and there are too few paediatric doctors to staff rotas to safe and sustainable levels.
- For high quality care, units need to be staffed properly. This could be done by concentrating in-patient paediatric care and neonatal care into a smaller number of units.

In response to this, SaHF proposed the consolidation of paediatric inpatient services from six sites to five sites to incorporate paediatric emergency care, inpatients and short stay/ambulatory facilities. The five sites are aligned to the five major hospitals to allow a full array of support services including diagnostics and surgery:

- Chelsea and Westminster hospital
- St Mary's hospital (part of Imperial Trust)
- Hillingdon hospital
- West Middlesex hospital

- Northwick Park hospital

These changes will result in the closure of paediatric in-patient services at Ealing Hospital and the re-distribution of Ealing paediatric in-patient activity to other major hospital sites in NW London.

Consultant cover at Ealing Hospital is below the standard recommended by the Royal College of Paediatrics and Child Health and The London Quality Standards (LQS). The Royal College of Paediatrics and Child Health and LQS recommend that all general acute paediatric rotas are made up of at least 10 (WTE) consultants, all of whom are European Working Time directive (EWTD) compliant. EHT currently employ 5.7 (WTE) consultants, significantly below the Royal College standard. Whilst there is no suggestion that the service is clinically unsafe, the lower number of consultants at Ealing means that there is less senior paediatric cover out of hours (including weekends) than at comparable departments elsewhere, and is thus carrying higher clinical risks than other units.

It is not possible to address this through simply recruiting more consultants to build a rota at for Ealing for the following reasons:

- There is not enough paediatric activity at Ealing Hospital to support a larger consultant establishment in terms of maintaining and developing the clinical skills and competencies necessary to provide a high quality service.
- There is insufficient resource to support this level of consultant establishment. This is both in terms of recruitment, there is a relatively small pool of paediatric consultants in London meaning it is unlikely that candidates of the requisite quality could be found, and also the financial resources to support this number of new positions.

Consolidating paediatric care (and therefore, staffing) to fewer sites will help us to meet the minimum levels of consultant cover needed to achieve this goal. The implication here is that the quality of care received by patients would be improved if paediatric services were transitioned to alternative sites.

Improving the level of consultant cover at fewer centres of excellence will deliver the following benefits:

- Enable NW London to provide consistent 7 day services
- Reduce paediatric Serious Untoward Incidents (SUIs) / Incidents
- Reduce paediatric emergency admissions
- Reduce mortality rates
- Increase patient satisfaction
- Expose trainees to a wider range of complex cases

The consolidation of paediatric service in North West London will also act as a platform for improvements to out of hospital care. One of the guiding principles of the

Shaping a healthier Future programme is to provide high quality care as close to the patient's home as possible. In Ealing, work is already underway to improve the quality of paediatric out of hospital services. Initiatives include:

- **The establishment of a consultant-led paediatric Rapid Access Clinic at Ealing Hospital.** The RAC is a GP-referral only service designed to provide GPs with an alternative to referring patients to A&E, where the need is not urgent. This service will improve the quality of care in Ealing by providing patients with access to specialist paediatric opinion early in the patient journey.
- **Connecting Care for Children pilot in Southall.** This service is designed to provide secondary care-type paediatric services in a community setting, reducing admissions and re-admissions, and upskilling GPs in the provision of paediatric care.
- **Relocation of the Children's Community Nursing Team** and integration with existing day-care services at Ealing Hospital. Relocating the community team will enable paediatric services to be tailored to patient need as patients can be provided with a home visit or asked to attend the day-care service as needed (rather than these functions being fulfilled by separate services).
- **Paediatric care information exchange** – an online resource for (parents of) children with multiple conditions. The information exchange provides access to patient records and self-management advice.

On 20th May 2015, the Ealing CCG Governing Body set a date for the closure of paediatric in-patient services at Ealing Hospital. These services will close on 30th June 2016, contingent on Ealing CCG Governing Body being assured that sufficient capacity exists at receiving sites and that the transition can be delivered safely.

In response to Ealing CCG's decision, the SaHF programme has undertaken detailed implementation planning work, overseen by the SaHF Paediatric Project Delivery Board and Ealing CCG.

3. Paediatric work packages

The figures below set out the key Paediatric work-packages, objectives and deliverables. As the lead commissioner and delegated decision maker (on behalf of NW London CCGs) Ealing CCG Governing Body will be updated regularly on progress against these items over the next nine months. Comprehensive implementation plans will be presented to Ealing CCG Governing Body for review and approval before Christmas.

Work packages	Objectives	Key deliverables
1 Clinical pathway re-design	<ul style="list-style-type: none"> To enable patient referral from Ealing A&E to alternative in-patient depts. To enable the seamless repatriation of Ealing children back into the borough for on-going out-patient/ out of hospital care 	<ul style="list-style-type: none"> Further detailed pathway development Pathway 'operationalisation' (pro-formas, clinical/ information governance, IT) Pathway testing
2 Clinical service re-design	<ul style="list-style-type: none"> To develop a consistent Paediatric Assessment Unit specification for local implementation across NWL. To develop recommendations for Paediatric High Dependency Care in NWL 	<ul style="list-style-type: none"> NWL paediatric HDU model of care and associated activity modelling. NWL Paediatric Assessment Unit common specification.
3 Rapid Access Clinic	<ul style="list-style-type: none"> To establish a Paediatric Rapid Access Clinic at Ealing Hospital to provide Ealing Children with access to specialist paediatric opinion as early in the patient journey as possible 	<ul style="list-style-type: none"> RAC implementation RAC GP communications RAC evaluation
4 Trust capital builds	<ul style="list-style-type: none"> To expand physical capacity at receiving sites such that they are able to receive paediatric activity from Ealing. To expand physical capacity at receiving sites to improve service quality and resilience 	<ul style="list-style-type: none"> Trust Building work mitigation plans Trust building work winter resilience plans Pan-NWL resilience plan Expansion of physical capacity at NPH, WMUH, Hillingdon, St. Mary's
5 Workforce	<ul style="list-style-type: none"> To ensure (via recruitment and redeployment) that receiving sites have the staff they need to manage additional activity from Ealing. To ensure a smooth transition of some Ealing staff to alternative sites 	<ul style="list-style-type: none"> Ealing staff redeployment Ealing trainee redeployment Trust Middle Grade recruitment Paediatric nurse recruitment
6 Activity modelling	<ul style="list-style-type: none"> To project likely patient flows from Ealing to alternative sites such that receiving sites can undertake robust capacity planning and build in significant extra capacity for unforeseen circumstances 	<ul style="list-style-type: none"> Paediatric activity model refresh Impact (if any) of transition on HDU provision at receiving Trusts
7 UCC re-procurement	<ul style="list-style-type: none"> To ensure that St. Mary's Hospital has sufficient capacity to absorb Ealing activity by optimising UCC performance To monitor Ealing UCC re-procurement and ensure alignment with transition timeline 	<ul style="list-style-type: none"> SMH UCC business case SMH UCC activity model SMH UCC procurement plan Ealing UCC re-procurement plans
8 Assurance	<ul style="list-style-type: none"> To ensure that the proposed post-transition clinical and operational model of care is subjected to robust scrutiny. To ensure that NWL's operational readiness for the changes is tested and confirmed 	<ul style="list-style-type: none"> Update for London Clinical Senate (Oct 15) Comprehensive plans & model of care for review and approval by Ealing CCG GB in Dec Papers for incremental sign off by NHSE/ Ealing CCG as work is completed.
9 Communications and engagement	<ul style="list-style-type: none"> To ensure that patients, public and healthcare professionals are fully involved in the redesign process. To ensure that patients, public and healthcare professionals are fully aware of the changes being made 	<ul style="list-style-type: none"> Patient and public comms and engagement plan Health & Social Care professional comms and engagement plan Comms materials/ meetings in various media
10 Equalities	<ul style="list-style-type: none"> To ensure that impact of changes on protected groups is understood and mitigated proportionately. To ensure that the duty to reduce inequality of access is fulfilled proportionately. 	<ul style="list-style-type: none"> Travel analysis and recommendations. Equalities analysis and recommendations. Evidence that recommendations have been acted upon in a proportionate way.

3. Key risks and mitigations

The programme maintains a detailed risk register and reviews this on a regular basis. The key risks can be summarised as follows:

#	Risk	Mitigation
1	There is a risk that staff attrition will mean that the Ealing paediatric in-patient service becomes unstable. This could result in unplanned closure prior to 30 th June 2016.	<ul style="list-style-type: none"> Innovative approaches to maintaining Ealing workforce, including incentives for staff and schemes to enable other Trusts to recruit staff and second them back to Ealing for the duration of the transitional period. Shared rotas across Ealing and Northwick Park Hospital being explored (enabled by Trust merger)
2	There is a risk that paediatric activity will move away from Ealing Hospital prior to 30 th June 2016, putting pressure on paediatric services elsewhere.	<ul style="list-style-type: none"> Robust monitoring of activity to provide early warning of activity shift. This is regularly reviewed by senior operational staff from across NWL, who will intervene if necessary. Communications strategy focussed on ensuring Ealing residents know that Ealing Hospital will continue to treat children (both before and after 30th June 2016).
3	There is a risk that receiving Trusts will be unable to recruit (or receive via redeployment from Ealing) enough staff to manage the additional activity expected from Ealing.	<ul style="list-style-type: none"> Robust redeployment plan (based on maternity approach) to ensure no staff are lost to the sector. Innovative approaches to recruitment, including working with Health Education NW London to incorporate training elements into clinical roles, making them more attractive to candidates. Development and implementation of Trust-specific recruitment plans as early as possible. Robust monitoring of vacancies (and associated trajectories) enabling intervention well before transition if necessary.

#	Risk	Mitigation
4	There is a risk that St. Mary's A&E will have insufficient capacity to manage additional activity from Ealing. This could potentially delay the transition as commissioners need to be assured that appropriate system capacity is in place.	<ul style="list-style-type: none"> Commissioners are working with St. Mary's Urgent Care Centre (UCC) and A&E to increase the (currently relatively low) proportion of paediatric activity currently managed by the UCC. All options will be considered to optimise UCC performance.
5	There is a risk that patient flow modelling does not reflect actual patient choices. This could result in under-capacity at some receiving sites and over-capacity at others.	<ul style="list-style-type: none"> Detailed activity modelling has been conducted to anticipate patient flow. Patient flow assumptions are based on postcode analysis and a survey of Ealing service-users. Commissioners plan to re-provide capacity equivalent to at least 127% of current Ealing paediatric activity to ensure significant contingency exists in the event of unforeseen activity flow. Activity model thoroughly tested internally and will be submitted for external review to validate assumptions and outputs.

4. Conclusion

Work will be undertaken to progress the work packages set out above with a view to implementing the paediatric services changes on 30th June 2016. A robust assurance process will be put in place to enable detailed scrutiny and approval of each element of the transition by the Ealing CCG Governing Body, NHS England, the Trust Development Authority and others.

The programme will bring regular updates on progress to JHOSC and local OSC meetings for the duration of the programme.