Briefing Note for the 8 NWL Inner OSCs and Officers
12th May 2009

NWL Collaborative Programme
Paediatric Initiative
'Improving Surgical Services for Children and Young People in Hospital'

Executive Summary (extract from the Pre-Consultation Business Case document)

The **Improving surgical services for children and young people in hospital** project is a key component of the North West London Collaborative Commissioning Programme, covering a population of around 1.85 million, developed by the NWL PCTs (NHS Brent, Harrow, Ealing, Hammersmith & Fulham, Hillingdon, Hounslow, Kensington & Chelsea, Westminster) for the period 2009 to 2014.

Improving health and social care services for children, young people and maternity services to the levels expected within the *National Service Framework (NSF) for children, young people and maternity services (2004), Every Child Matters* and *Healthcare for London* has been identified as a key initiative within the plan. However, it is also recognised that this is a large piece of work, some of which is being done at a local level and some of which requires collaboration. In response to clinical concerns about the fragmentation of complex neonatal and paediatric surgery and critical care, the NWL PCTs agreed to focus on improving surgical services for children and young people in hospital as the first phase of the collaborative work. The aim of this project is to ensure the ongoing safety and sustainability of surgical services for children and young people (0-18 years) and to transform the quality of care, wherever it is provided, to a level equivalent to the best in the world.

Case for Change

Clinical Drivers for change

The literature on specialist paediatric surgery and critical care (Appendix 2) makes a strong clinical and organisational case for the development of a Lead Centre for specialist, in-patient Paediatrics, which would be the 'hub' for a paediatric network, within a given geographical area.

Such an approach is known to reduce mortality and morbidity due to the concentration and co-location of facilities, skills and expertise. Changes in medical education and the effect of the European Working Time Directive (EWTD) will also dilute expertise in District General Hospitals (DGHs) making it even more critical that specialist paediatric care is concentrated in a 'hub' with more routine care being provided in the 'spokes' with support being provided from the 'hub' as required.

No formal review of paediatric services within NWL had been undertaken in the last 10 years and as a result:

- Specialist paediatric services (surgery and medicine) are fragmented
- There is no clearly designated Lead Centre for Paediatrics
- Paediatric Intensive Care (PIC) beds are on 2 sites and the site undertaking the majority of complex surgery does not have a Paediatric Intensive Care Unit (PICU)
- PIC and Neonatal Intensive Care (NIC) services are arranged in networks but are still fragmented
- There are clear standards for the provision of PIC, NIC and Paediatric surgery. At present there is little evidence to demonstrate that these are being complied with
- Information to demonstrate the effectiveness and quality of care is poor

The NWL Clinical Reference Group (CRG), which provides clinical leadership to the NWL Collaborative Programme, identified the provision of neonatal and specialist paediatric surgery on three sites as a significant clinical governance issue and in need of urgent attention in the summer of 2007 (Appendix 1).

As part of the, then, CRG paediatric work stream, initially led by Dr John Fell, Consultant Paediatrician at Chelsea and Westminster Hospital, it was identified, after significant dialogue with the key clinical stakeholders the neonatal and specialist paediatric surgery, paediatrics, neonatology, anaesthetics and critical care in North West London that there was a clinical consensus that the services should be centralised on one site.

The NWL Clinical Reference Group (CRG) recommended in Oct 2007, the co-location of paediatric and neonatal surgery (the majority of which is currently provided at Chelsea and Westminster Hospital) and paediatric intensive care (currently available at St Mary's Hospital) is essential to ensure a high quality, risk minimised service.

Clinical case for change

The original CRG recommendations are supported by a wealth of literature demonstrating the deficiencies in general and specialist paediatric care, and outlining the standards to which services should aspire. By 2014 providers of paediatric services will be expected to comply with the standards described in the NSF for children, young people and maternity services (2004). NWL PCTs, as the commissioners of care, are required to ensure that the NSF is achieved by this date.

Three key publications set the context for the review of specialist paediatric surgical services in NWL.

1. *The National Service Framework for children, young people and maternity services (2004)*

2. *Healthcare for London: Children's Pathway Report (March 2008)*
3. Commissioning Safe and Sustainable Specialised Paediatric Services: A Framework of Critical Inter-Dependencies (August 2008)

These publications support the development of a formal network of care for paediatric services if services are to remain safe and sustainable. The focus of the work should be on improving access to services for all children according to their needs, particularly by co-locating services and developing managed Local Children's Clinical Networks for children who are ill or injured.

Following agreement on the case for change, the NWL Strategy Reference Group made a decision in February 2008 to establish a Paediatric Project Group to scope and specify the service required and make recommendations on action to be taken to improve the quality and safety of services. At this meeting it was also agreed to tender for a provider for the specialist element of paediatric surgery currently undertaken within the NWL sector.

Project Structure

Project approach
In view of the concerns expressed by the NWL Clinical Reference Group about the need to co-locate paediatric and neonatal surgery with paediatric (and neonatal) intensive care, the Paediatric Project group decided to approach the work in several phases outlined below.

Phase 1: To resolve the current fragmentation of specialist, in-patient neonatal and paediatric surgery by optimising the number of centres that provides a service and aligning paediatric and neonatal critical care with that centre.
Phase 2: To create a children's surgical provider network, co-ordinated by a lead centre, that ensures that surgical care for children within NWL is children-centred, high quality, provided as close to home as possible, meets national standards and is sustainable within the context of the Children's NSF.
Phase 3: To rationalise general paediatric care (medical and surgical) in line with the outputs from the Darzi review of healthcare in London.
Phase 4: To develop a Managed Clinical Network for Babies, Children and Young People.

The project group made recommendations to the NWL JCPCT in October 2008 that Phases 1 & 2 (Appendix 3) should be combined and that this work should proceed urgently because of ongoing concerns about fragmentation of care. However, the process of developing a surgical network and any recommendations from it should be evolutionary and should dovetail with the emerging work from HfL.

Objectives of the proposed scheme
The project aims:

1. To resolve the current fragmentation of in-patient, neonatal and specialist paediatric surgical care from critical care in NWL by April 2010;
2. To designate a hospital as the lead centre for an evolving children's surgical provider network across NWL; and
3. To develop a Managed Clinical Network for Children, Young People and Maternity Services commencing in April 2009, with full implementation in April 2010.

Objectives 1. and 2. are the focus of this business case.

Governance
The programme is governed in accordance with the North West London Collaborative Programme - Governance Arrangements (November 2008) (Appendix 12).

A Paediatric Project group was established to oversee the work and to make recommendations on proposed changes for decision by the NWL JCPCT. The work of the Project group was supported by advice from external clinical experts, PricewaterhouseCoopers, Capsticks Solicitors LLP and Participate Ltd.

Independent review of the process was undertaken by the Health Gateway team, National Clinical Advisory Team (NCAT) and The Consultation Institute.

Tendering the Services
To obtain approval from the NWL JCPCT to tender for a provider that could address the issues identified in the sections above regarding the current provision of complex neonatal and paediatric surgical services, first it was necessary to define the 'case mix' of surgical cases for the children and young people of NWL for which such concerns were held. This was to be quantified both in terms of volumes and cost.

The eight NWL PCTs have 28 providers that undertake complex in-patient neonatal and paediatric surgery for children and young people aged between 0 – 18 in NWL. The estimated annual volume of cases by

PCT that met the requirement of the 'case mix' that was to be tendered within Phase 1 (based on the methodology defined in this document) is included in the table below.

Responsible PCT	List A - Complex		List B – Non-complex	Total	List A –Complex
	0-1 year	1-14 years	0-1 years	0-14 years	15-18 years
Brent	21	42	24	**87**	**21**
Ealing	12	53	22	**87**	**16**
Hammersmith & Fulham	20	18	18	**56**	**14**
Harrow	13	12	8	**33**	**18**
Hillingdon	12	14	20	**46**	**18**
Hounslow	19	41	18	**78**	**26**
Kensington & Chelsea	8	18	13	**39**	**13**
Westminster	12	16	15	**43**	**8**
Total				**469**	**134**

The estimated cost of these cases is circa £2.3m.

Based on data from the eight NWL PCTs the network will manage a surgical patient population of circa. 13,000 cases aged 0 – 18.

Stakeholder Engagement

An extensive programme of stakeholder engagement was developed for the project. Engagement support was commissioned from an organisation called Participate Ltd who are experts in public involvement and communications. Participate is also an Approved Partner of the Consultation Institute. Participate developed a comprehensive engagement plan (Appendix 7) for the programme and co-ordinated the development of an identity and a series of workshops, focus groups and a comprehensive public dialogue process.

The insights from the stakeholder engagement in general supported the case for change and the development of a children's surgical provider network.

All of the insight and information generated from the engagement process was used to refine the Service Specification and the High Level Evaluation Criteria.

Information gleaned from the original CRG recommendations, and the Bidder dialogue process and Clinician event in early February 2009, was used to review the Service specification to ensure that it appropriately reflected the need for safe, high quality, co-ordinated care. In particular, the Service Specification was refined to give greater emphasis to:

- Governance
- Leadership
- Efficient use of resources
- Addressing the HfL principle of "localise where possible, centralise where that improves the quality of care"
- Use of technology
- Understanding the differing needs of different age groups/stages of development
- Clearly defining the scope of the Provider Network

Key issues arising from the Patient/Carer and Parent/Public events included the importance of:

- Staff and resources - right staff will deliver everything else
- Facilities – reflecting the holistic aspects of care
- Quality of care
- Communication – in its broadest sense

All of these issues were covered in the final ITT and will be addressed in more detail through the transition and mobilisation phases of the procurement process; directly through the contract with the lead provider and indirectly through the work of the children's surgical provider network.

In addition, the Evaluation Panel was cognisant of stakeholder feedback when evaluating the Bids. For example, "Teenagers have a voice: give them an adolescent ward; space and privacy; don't patronise them; let them have a say in what happens."

C&WFT received a higher score on involvement of children and young people (in particular adolescents) because they already have an adolescent unit and demonstrated that they had involved young people in the production of a DVD about children's services at the Trust

Option Appraisal

Two final Bids were received from:

- Chelsea and Westminster Hospital NHS Foundation Trust
- Imperial College Healthcare NHS Trust

Both Trusts submitted compliant Bids with models of care for the complex surgery which met the requirements of the Invitation to Tender (ITT). The bids were evaluated against an agreed set of evaluation criteria and the overall scores for each organisation are shown in the table below.

Table 1: Overall Scores

Workstream	Criteria	Chelsea & Westminster %	Imperial %
1. Service Specification	A - Provision of Care	11.13	8.51
	B - Strategic Fit	12.06	9.14
	C - Governance	5.35	4.76
	D - Quality of care	9.45	7.20
	E - Focus on Child and Family	8.70	5.71
	F - Workforce for the provision of Surgical Services	4.37	3.45
	G - Facilities	3.38	2.66
	H - Physical Access	1.17	0.88
	J - Networks	10.91	8.84
TOTAL (out of 90%)		**66.52**	**51.16**
2.Commercial and Legal	A - Financing Proposals	2.13	1.57
	B - Pricing and Performance Monitoring	2.21	1.94
	C - Transitional Arrangements	2.87	1.80
	D - Legal	N/A	N/A
TOTAL (out of 10%)		**7.20**	**5.27**
GRAND TOTAL (out of 100%)		**73.72**	**56.46**

Chelsea and Westminster NHS Foundation Trust scored higher than Imperial College Healthcare Trust across all criteria. The relatively smaller differences between the Trusts in relation to governance, proposed

facilities, physical access and sections A and B of the Commercial and Legal criteria was to be expected given the known capability of the organisations, their relative locations and the fact that the payment mechanisms lie within the PbR regimen.

The service options proposed are summarised below.

Chelsea and Westminster Hospital NHS Foundation Trust

The text below is extracted from the executive summary provided by the Trust.

"The Chelsea and Westminster Hospital NHS Foundation and its antecedent The Westminster Children's Hospital have recently celebrated 100 years of providing specialist paediatric care. We now submit our proposal to continue to be the acute hub for children and young people with complex surgical needs. The Trust is already the provider of 63% of this complex surgery on-site and our surgeons deliver 77% of the total work either at our site, at The Royal Brompton Hospital or at St. Mary's Hospital. For complex surgery undertaken on our site, critical care support is provided in the Trust's excellent Level 3 Neonatal Intensive Care Unit, which is the hub for neonatal surgery in North West London, and the Trust's Paediatric High Dependency Unit. The Trust intends to double the capacity of its Paediatric High Dependency Unit and to extend the scope of its work to cover short term post-operative ventilation, enabling us to provide on-site critical support for over 98% of the children and young people with complex surgical needs covered by this tender.

Chelsea and Westminster is submitting this proposal in partnership with Great Ormond Street Hospital for Children NHS Trust and the Evelina at Guy's and St. Thomas' NHS Foundation Trust. Great Ormond Street will be supporting the Trust in the design, development and ongoing operation of our extended Paediatric High Dependency Unit. In those few cases, estimated to be no more than ten per year, in which children require the support of a full Paediatric Intensive Care Unit with associated on-site specialty support, Chelsea and Westminster will coordinate transport directly to one of our tertiary partners via the Children's Acute Transport Service (CATS).

Chelsea and Westminster is also submitting a proposal to be the lead centre of the North West London paediatric surgical network. We will bring together a federation of London's premier specialist children's providers, to create London's first formal clinical network for paediatric surgery. The federation will be anchored by four centres of excellence in the delivery of paediatric care – Great Ormond Street, Guys and St. Thomas's, The Royal Brompton & Harefield and Chelsea and Westminster Hospital.

We will together ensure that the North West London surgical network is underpinned by the combined expertise and experience of the four centres to enable delivery of the highest standards of care throughout the network. Coordinated by Chelsea and Westminster, working together we will deliver safe and streamlined pathways of care for every child requiring specialist surgery.

Combining our expertise in research, education, innovation and the strength of our workforce we will also support other providers within the network to ensure that they can provide safe, high quality paediatric surgical care close to home wherever possible.

As the lead centre/hub we would anticipate playing a crucial role in supporting the development of the Managed Clinical Network for Children, Young People and Maternity Services in North West London."

Imperial College Healthcare NHS Trust

The text below is extracted from the executive summary provided by the Trust.

"The proposal is for a partnership which brings together the excellence in clinical services of GOSH with ICHT. Furthermore, as constituent elements of Imperial College Academic Health Science Centre (AHSC) and University College Partners AHSC, our two lead organisations can bring to bear the expertise of two of the world's leading universities, both committed to integrating research and education with clinical services

to develop and implement innovative techniques and approaches that improve patient outcomes. The location of specialist paediatric services within these centres of excellence, in partnership with the North West London Paediatric Surgical and Critical Care Network, offers exciting possibilities for the improvement of the health and well-being of children and young people in North West London.

Provision of surgical services - the model of care

GOSH and ICHT are already significant providers of specialist neonatal and paediatric surgical and medical care in North West London. Our network model follows that proposed by the Children's Surgical Forum for Paediatric Managed Surgical Networks (Royal College of Surgeons 2007). Roles within the network are as follows: local hospitals will undertake mainly day case surgery; ICHT as the regional hub centre will undertake secondary and tertiary level surgery with full critical care support; and GOSH as the supra-regional hub centre will undertake tertiary and quaternary level surgery, again with full critical care support. ICHT and GOSH will work closely together to lead the network, in particular for training, education, setting standards, audit and research. Our network model is consistent with the standards laid out by the NSF for Children and Young People, Health Care for London and NWL and Specialist commissioner intentions. We are convinced that this model has the potential to improve significantly standards of surgical care for local children.

ICHT as the regional network hub

ICHT already provides specialist neonatal and paediatric surgery with intensive care on one site within the North West London sector, St Mary's Hospital, co-located with other essential paediatric surgical and medical services, including: 24-hour A&E; a 24-hour consultant-led paediatric anaesthetic service; a paediatric intensive care and high dependency unit; a neonatal intensive care and high dependency unit; a full radiology (including paediatric radiology) and pathology service; a nationally rated foetal and antenatal service; ENT surgery for airway support; orthopaedics; ophthalmology; infectious diseases; haematology & bone marrow transplantation; respiratory medicine; neurology; nephrology: allergy and immunology. Additional paediatric medical support for gastroenterology will also be sought as part of our bid. Within the network we will identify appropriate clinical pathways for cases to ensure that, as far as possible, children are transferred to the appropriate hub centre from the outset.

GOSH the supra-regional network hub

As an internationally renowned children's hospital, GOSH provides a comprehensive range of highly specialised services for children, in particular for surgery including: general paediatric surgery, urology, cardiothoracic surgery, neurosurgery and maxillofacial surgery. ICHT will link very closely with GOSH for referral of children requiring these tertiary and quaternary services. The Children's Acute Transport Service, (CATS) is based at GOSH, and teams from both the ICHT and GOSH PICUs already support this excellent service".

Pros and Cons of the options

C&WFT currently provides the majority of in-patient complex surgical care and requires minimal investment in workforce or facilities to meet the requirements of the tender.

The Trust has proposed a model of critical care support for the service that is endorsed by both GSTT and GOSH and meets the majority of the requirements of the *'Commissioning safe and sustainable specialised paediatric services: a Framework of Critical Inter- Dependencies (Aug 2008)* provided robust pathways are in place to ensure that the care of children who require the support of a full PICU service can access it rapidly and that ongoing care is co-ordinated through strong partnership arrangements. The Evaluation Panel was reassured at the Bidder Presentation Day that the Trust had considered the staffing required to deliver this model of care and this would be developed further in conjunction with GOSH.

ICHT described a model of care that also meets the majority of the requirements of the *'Commissioning safe and sustainable specialised paediatric services: a Framework of Critical Inter- Dependencies (Aug 2008)*, in particular in relation to co-location with surgery and support services.

However, the Project group had considerable concerns about the assumptions made by the Trust in relation to their experience of providing in-patient neonatal and paediatric surgical services for the cohort of patients and their plans for staffing the service by April 2010. In particular, the assumption was made that all staff working in the current service at C&WFT would TUPE across to ICHT. There was little acknowledgement of how difficult this process could be, or that an alternative staffing plan (or the likelihood of its being required) should be in place.

Risk

Overall, the information provided by C&WFT gave the Evaluation Panel greater confidence that the model of care proposed, particularly as the Trust was already providing a significant part of the service being tendered, would achieve the aim and objectives of the project with minimal risk. The Panel felt that any residual risk could be mitigated through the mobilisation phase of the project.

The Panel had considerable concerns about ICHT's workforce model, in particular, their assumptions around TUPE and the lack of any contingency plan should staff not transfer under TUPE. There were also concerns about the Trust's ability to deliver the project within the agreed timescale.

Conclusions

The organisation of in-patient surgical care for children and young people (0-18 years) in NWL is fragmented. Clinicians in NWL raised concerns about fragmented care and the risks to the ongoing safety and sustainability and quality of care in 2007.

The NWL PCTs responded to these concerns by tendering for a lead centre to resolve the current fragmentation of in-patient, neonatal and specialist paediatric surgical care from critical care in NWL by April 2010 and to be the designated lead centre for an evolving children's surgical provider network across NWL.

Two final Bids were received from:

- Chelsea and Westminster Hospital NHS Foundation Trust
- Imperial College Healthcare NHS Trust

Both Trusts submitted compliant Bids with models of care for the complex surgery which met the requirements of the tender documentation. Chelsea and Westminster NHS Foundation Trust scored higher that Imperial College Healthcare Trust across all evaluation criteria.

Overall, the information provided by C&WFT gave the Evaluation Panel greater confidence that the model of care proposed, particularly as the Trust was already providing a significant part of the service being tendered, would achieve the aim and objectives of the project with minimal risk. The Panel felt that any residual risk could be mitigated through the mobilisation phase of the project.

The Panel had considerable concerns about ICHT's workforce model, in particular, their assumptions around TUPE and the lack of any contingency plan should staff not transfer under TUPE. There were also concerns about the Trust's ability to deliver the project within the agreed timescale.

Recommendations

The recommendation from the Project group is that Chelsea and Westminster Hospital NHS Foundation Trust be selected as the Preferred Provider of complex, in-patient neonatal and paediatric surgery for children and young people (0-18 years) residing in North West London and that the Trust should be designated as the Lead centre for the NWL children's surgical provider network.

NWL JCPCT meeting in Public

At their meeting in Public held on 12th May 2009 the NWL JCPCT accepted the recommendation from the Project Group that:

> Chelsea and Westminster Hospital NHS Foundation Trust be selected as the Preferred Provider of complex, in-patient neonatal and paediatric surgery for children and young people (0-18 years) residing in North West London and that the Trust should be designated as the Lead centre for the NWL children's surgical provider network.

The recommendation was approved subject to:

- Pre-consultation Business Case considered by NHSL at their NHSL Executive Meeting on the 18th May 2009
- OSCs to consider whether the change is substantial and requires formal consultation

Next Steps

- Consultation, if required
- Appointment of Preferred Provider – changes to commence 1 April 2010
- Mobilisation phase
  - Agree contract
  - Ongoing stakeholder engagement*
  - Mobilisation plan
    - Facilities
    - Staffing etc.
  - Establish Children's surgical provider network
- Contract commences 1 April 2010

* Ongoing Stakeholder Engagement
  - Throughout the transition and mobilisation phase to establish the complex in-patient surgical service as defined in the Service Specification.
    - Input to design of facilities
    - Input to review of policies and procedures
    - Development of a Lead centre patient/carer forum
  - In the development of the Children's surgical provider network
    - Establishment of a stakeholder forum
    - Stakeholder involvement in the development of the structure and governance arrangements for the network
  - In the development of a Managed Clinical Network for Children, Young People and Maternity Services
    - Stakeholder involvement in the project group
    - Establishment of stakeholder groups to support the work streams arising from the deliberations at the Project group
  - Regular briefings to key local stakeholders throughout the mobilisation period and early stages of the development of the network to provide reassurance that the objectives of the project are being met and the benefits realised within the agreed timetable.