

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

EXECUTIVE SUMMARY

Context:

The Acute Services Review conducted an 18 day pre-consultation campaign across Brent and Harrow to discuss a single proposal to reconfigure children's acute services within the wider context of community based services.

Activity Delivered:

Number of BRENT meetings/events	12
Number of HARROW meetings/events	8
Total number of face to face participants	325
Total number of days of Pre Consultation	18
Average number of people engaged per day	18.1

Stakeholders Engaged:

5 key stakeholder groups were identified: *NHS staff; Community and Voluntary Sector; Frequent Users; Young People; and the General Public*. The purpose of the campaign was to build on the deliberative events held in September and take the reconfiguration proposal to a wider and more diverse audience. This was done through 20 face to face activities including meetings, workshops and events that ensured over 325 Brent and Harrow residents were directly engaged with an opportunity to 'have their say'.

Key Outcomes:

- **91% agreed or strongly agreed with the case for change**
- **98% agreed with the proposal presented**

Top 5 themes:

- 1. What will be done to 'enhance community based services' and provide more care closer to home?** What will be done to make the following services more accessible in the community: Occupational Therapy, Physiotherapy, Speech/Language Therapy and GP access?
- 2. 'I fully support the proposals because...'** giving parents more options, reducing the burden on A+E and centralising emergency surgery and overnight care at NWP means that children and young people get the best care possible.'
- 3. Why is the system not child friendly for the ones that use/need it most.** Children with learning difficulties and long term conditions cannot continue to wait 3 hours be it for scheduled appointments or emergency help at A+E, the PAU or the UCC.
- 4. Will the long term care of Sickle Cell sufferers become fragmented between CMH and NWP?** There are an estimated 2,000 'sicklers' in Brent and Harrow that make up over 3% of all annual hospital admissions in the region.
- 5. If a young person presents at A+E with a psychotic incident,** will the PAU or UCC be equipped with the expertise to manage the situation appropriately and effectively?

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

1. CONTEXT

The Acute Services Review Board as part of their commitment to continuous stakeholder engagement has recently completed a 3 week pre consultation campaign on proposals to improve children's health services across Brent and Harrow.

Running from 19 October to 11 November 2009, this pre-consultation campaign lasted 18 days and sought views on the proposed reconfiguration of acute paediatric services within the wider context of community based services.

This included capturing stakeholder experience of existing children's health services and discussions about how primary care trusts might extend significantly the range and scale of services to be delivered closer to home and so protect young patients from unnecessary hospital visits.

It is important to emphasise that this campaign was an informal pre-consultation and forms part of a continuous stakeholder engagement campaign that began in October 2008.

The terms and scope of this pre consultation have been directly informed by the two deliberative events held in Brent and Harrow in September 2009. Based upon the report for these events, the key terms for this campaign were identified as:

1. To present a single proposal for change, rather than a complex set of options that require significant and detailed explanation.
2. To engage a more diverse group of stakeholders that represent varied and specialist interests across the two Boroughs
3. To strengthen the understanding of the 'case for change'
4. To determine the level of consensus on the proposed new model across a more localised and diverse audience including 'seldom heard voices'.
5. To place acute services within the wider context of primary care community based provision through exploring stakeholder experiences and seeking their views on what 'enhanced community services' means to them.

The campaign has been timed to present its findings to the ASR Board in November 09 and the Health Select Committees and Overview and Scrutiny Committees for both Brent and Harrow in early December. This will ensure readiness for the launch of a full 12 week statutory consultation in December 09 / January 10, should it become necessary.

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

2. METHODOLOGY

To achieve optimum and meaningful engagement in the time allocated for this stage of the Acute Services Review, activity has focussed exclusively on creating as many face to face engagement opportunities as possible through events, workshops and meetings. This has ensured informed and immediate feedback.

However, it must be stated that this represents a slight departure from the original engagement plan, in that information has been disseminated in a targeted way (i.e. only presented face to face) and written feedback via post and email has not been encouraged at this stage.

This has not had any negative impact upon the delivery of an effective pre-consultation and is noted here only as a departure from the plan submitted to the ASR project board on October 14th 09.

Due to the nature of the engagement activity taking place (i.e. predominantly within time constrained existing meetings) it is important to note that this report is primarily qualitative in nature and presents the substantive issues arising from the feedback of participants.

Where events have been held, it has been possible to capture and present quantitative evidence of stakeholder feedback, allowing us to quantify the level of support for both the case for change and the reconfiguration proposal.

Detailed demographics of the participants will be included as part of the final pre consultation submission.



Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

3. ENGAGEMENT ACTIVITY

Stakeholder communications were targeted at special interest groups such as NHS staff, community organisations, frequent user groups, young people and parents through posters and event invites. They emphasised our open door policy and encouraged stakeholders to be pro-active in contacting us directly to arrange face to face meetings or attend scheduled events.

The importance assigned to this pre-consultation campaign is demonstrated by the fact that it represented the major area of effort for the communications and engagement staff within the partner organisations throughout the engagement period and was also supported by significant involvement of staff at the most senior levels of both NHS Brent, NHS Harrow and NWLHT, from chief executives and Board Directors to Heads of services downwards.

Engagement consisted of 3 types of face to face activities:

1. 'Mini - deliberative style events' are specifically organised with targeted stakeholders to raise awareness, knowledge and create an open space for more in depth discussion and feedback. (up to 3 hours long)
2. 'Presentations' take place as tabled items on an existing agenda and often permit only a limited opportunity for immediate discussion and feedback. (15mins)
3. 'Workshops' offer a mix between these two approaches. (up to 60mins)

The most productive engagement method was via workshops and the mini deliberative style events which offered the greatest time and flexibility to discuss the issues. Where joining an existing meeting, only verbal presentations were permitted. These were usually no longer than 15 – 20 minute agenda items. Soft engagement activity was limited to raising awareness usually by promoting events and distributing flyers to encourage further engagement. See Table 1 for summary of engagement activity.

Please See Appendix 1 to view the materials used at scheduled events, which includes the power point slides, proposal summary and participant questionnaires. All of these are modelled off previously agreed materials utilised during the September deliberative events.

It is therefore the view of this report that relative to the stage of development, targeted stakeholders were given significant opportunity to comment on the proposals and that a more than adequate response was generated within the prescribed time period.

It should be noted that any process of public engagement is not intended to be a popular referendum on the proposals being considered. In seeking to identify the best way forward, NHS organisations are required to take full account not only of public views, but also of the professional judgement of clinicians and the financial affordability of services.

Clearly, the ideal is for these three perspectives to coincide, but where they do not, it is the task of NHS Boards, which always have a majority of independent non-executive members, to weigh the different arguments and take the final decision.

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

TABLE 1: Summary of Engagement Activity

Organisation		Date	Number of Participants
NHS			51
1	BENT CSP - Clinical Stakeholder Engagement Event	26-Oct-09	-
2	HARROW School Nursing Team Presentation	03-Nov-09	15
3	BRENT Children's Services (Leads) Presentation	05-Nov-09	11
4	HARROW Wide PBC exec Presentation	05-Nov-09	10
5	BRENT GP Paediatrics Event	11-Nov-09	15
COMMUNITY AND VOLUNTARY SECTOR			102
6	HARROW Patient Forum meeting Presentation	10-Oct-09	10
7	BRENT Daniels Den – Mum/toddler group Presentation	22-Oct-09	38
8	BRENT multi faith Forum Presentation	04-Nov-09	10
9	HARROW Association of Somali Voluntary Organisations	06-Nov-09	15
10	HARROW VCS Engagement Event	09-Nov-09	3
11	BRENT VCS orgs Engagement Event	10-Nov-09	12
12	BRENT Parent Forum Workshop	11-Nov-09	13
13	HARROW Parent Partnership interview	10-Nov-09	1
FREQUENT USERS			36
14	BRENT Somali Parent Carers Event	13-Oct-09	18
15	BRENT Sickle Cell Youth Workshop: 'Broken Silence'	20-Oct-09	9
16	BRENT Parent Carers Event	05-Nov-09	9
YOUNG PEOPLE			62
17	BRENT YOUTH PARLIAMENT Workshop	24-Oct-09	42
18	HARROW YOUTH PARLIAMENT Workshop	11-Nov-09	20
GENERAL PUBLIC			74
19	BRENT Area Consultative Forum (over 40's) Presentation	03-Nov-09	65
20	HARROW St Georges Centre engagement road show	31-Oct-09	9
			325

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

4. STAKEHOLDER FEEDBACK – Headline statistics

Quantitative feedback

Although this is predominantly a qualitative report of the substantive issues raised during the pre-consultation campaign, there is a limited amount of hard quantitative data that was captured during 3 events and 1 extended workshop covering both Harrow and Brent (See activities 10, 11, 16 and 18 in table 1 above). This only covers 13% of all participants but represents a good cross section of age, interest and geography. The following 2 core questions were asked of participants as part of their feedback questionnaire with the following responses:

1. To what extent would you agree or disagree that changes are needed to the way hospital services are provided for children in Brent and Harrow?						
	Brent Parent Carers Event	Brent Community and Voluntary Event	Harrow Youth Parliament Workshop	Harrow Community and Voluntary Event	Totals	%
strongly disagree						
disagree						
neither			4		4	
agree	3	10	4	2	40	91%
strongly agree	6	2	12	1		

2. Do you agree with the proposal for change?						
					Totals	%
Agree with Proposal	9	12	19	3	43	98%
Disagree with Proposal	0		1		1	

In addition to this, the qualitative feedback indicates an overwhelming consensus of agreement for both the case for change and the proposed reconfiguration of acute services.

The next section highlights the most frequent comments, concerns and questions raised within each stakeholder group.

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

5. STAKEHOLDER FEEDBACK – The Substantive Issues

In this section, the key issues raised by each stakeholder group have been selected. Where applicable, issues that were given limited treatment in the deliberative events report, and were raised during this campaign, have been prioritised to reduce unnecessary repetition and to offer the ASR board a greater diversity of insights.

A full and unabridged transcript of all captured feedback at each of the 20 meetings and events listed in Table 1 is being compiled as a separate appendix to this document.

Summarised feedback by stakeholder group is as follows:

DRAFT

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

5.1 NHS

GPs

- **Support form Brent and Harrow GPs** who attended the Paediatrics event on 10th September and the 11th November and/or the Harrow Wide Executive meeting, were overwhelmingly in favour of centralising emergency surgery and overnight care at Northwick Park Hospital with the establishment of PAU's and UCC's on both sites.
- **Effective and direct communication / consultation with GP's is imperative** – Clinical leads and GPs have advised that it is imperative that any proposals are effectively communicated to all GP's and that they are given a reasonable time in which to comment and respond.

HARROW SCHOOL NURSING TEAM

A team of 15 staff including 12 qualified school nurses to varying degrees.

- **'Nothing New'; 'Sounds like more Duplication'** – Reference was made to the 8 bed PACU unit at NWP that was opened in 1998 and closed in 2007 even though there was considerable independent research that found that the PACU model was 'perceived to be an effective alternative to standard A&E services for the assessment and early management of acutely ill children and their families attending a hospital'.
- **Would like to see more services delivered in the community.** Specifically: Diabetics, Epilepsy, TB and bed wetting clinics delivered closer to home. There was a suggestion that currently, an individual can visit their GP, be sent to NWP and then directed to the school nursing team. This is a poor use of resources leading to poor patient experience and care.

BRENT CHILDREN SERVICES LEADS

This was a team of clinical and non clinical managers, paediatricians and nurses led by Assistant Director at Brent PCT, Janet Matthews.

- **General scepticism and sense of being ignored during the ASR process** – Scepticism may be due in part to the limited time available to present the proposal in sufficient detail. Broad acceptance of the changes but further ongoing engagement is required.
- **Joint Commissioners must seriously consider our bids to expand community services** – for example: children admitted for hydration and who do not require an intravenous solution, their care could be delivered by a Community Children's Nurse in a community setting, if they have had the correct training.
- **Parents demand more OT, speech therapists and Physiotherapists** – A paediatric therapy manager noted that Brent has enough staff to meet the demand but parents and carers are not carrying out rehabilitation programmes with their children. Special schools do not work in partnership as they are unwilling to employ sufficient staff to support children with complex needs. Parents need to be supported and trained. This could be done by Health Visitors. Delivery must take place in a community setting – not at NWP or CMH where possible.

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

5.2 COMMUNITY AND VOLUNTARY SECTOR

BRENT AND HARROW MOTHER AND TODDLER GROUPS

These were a mix of informal play groups and parent forums made up almost entirely of mothers from diverse ethnic groups including immigrant Indian, Polish, Italian, Pakistani, Bengali and Sri Lankan. Average age range was 30 – 43. There were some parent carers in the groups as well.

- **'When we get into Hospital, everything more or less falls into place** so what you are proposing sounds brilliant'
- **'The system does not work for children.** Children with long term conditions, particularly those with Learning Difficulties, cannot wait! They physically cannot wait. Its hell for us and them'.
- **Can Children's dentists be based in new Polyclinics** so we don't have to go to the high street?
- **Repeated experiences of GP's not recognising symptoms of major conditions** such as pneumonia and patients having to go to A+E just to be seen. No trust in GPs.
- **Are there Children specific clinicians?** GPs, nurses and receptionists need training in how to deal with people and children under 5.
- **Consistently poor experiences of A+E**, enduring long waits of up to 12 hours. Hence, the PAU and UCC are welcomed if it means children will be seen quicker.
- **Why has there been a reduction in baby clinics over the years?** Will more services be provided at children's centres and large centres like Wembley? Will they provide blood tests for under 12's? Or will I be sent to NWP?
- **Multi-lingual workers** would be helpful for the immigrant communities.
- **Are we really able to deliver** enhanced community services?

HARROW SOMALI COMMUNITY

15 all female Harrow residents between the ages of 33 and 60

- **'If these proposals make sure that my child gets what he/she needs, when she needs it, then I support you!'**
- **GP services are completely unresponsive** to us. Forced to travel to Finland to get appropriate medical attention.
- Several experiences of being left in Hospital corridors without pain relief or support
- **Sense of being treated differently** because they are immigrants

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

HARROW SOMALI COMMUNITY (CONTINUED)

- **Although they can speak English, sometimes they need language support** to be able to express complex symptoms and feelings. GP doesn't listen when a patient finds it hard to express themselves and it is often used as a means to not deal with the patients needs.
- **Waiting times are too high** and Hospital doctors do not keep their scheduled appointments.
- **Positive recent experience as an in-patient at NWP** for 2 weeks.

BRENT COMMUNITY AND VOLUNTARY SECTOR

12 participants predominantly from the south of the Borough attended. Participants included young mothers, Children Centre workers, an Afro-Caribbean voluntary group, Brent Social services and Brent LINK. Ethnic mix of Indian, African, Black British and English. Ages 30 – 60+

- **Overwhelming support for the proposals** as it will improve delivery of services BUT: need to explain more about how you will 'enhance community services'.
- **There is an absence of Voluntary and Community sector organisations** in the proposed plans - Will the third sector be built into the commissioning process
- **'Better use of Hospital staff and resources** as well as division of emergency care and A+E may reduce waiting times'
- **Can NWP cope with the changes?** Can the NHS really deliver better services?
- **Communications must be effective** – It is irrelevant that leaflets are produced by the pct if they are not getting to the people that need them.
- **Poor maternity experiences from 18months ago create fear** and anxiety about other services at NWP.
- **Deep concern expressed for young people with mental health issues.** They need early intervention but are not getting the support that they need, when they need it.
- **Poor experience of customer services at GPs.**
- **Fantastic experience of long term care at NWP.**

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

HARROW COMMUNITY AND VOLUNTARY SECTOR

3 participants attended. An executive member of Harrow Link, a retired Doctor and a junior officer from the Harrow Overview and Scrutiny Committee.

- **'Proposals make sense' BUT** - need to elaborate much more on what is meant by Community based services.
- **Communications must target older young people** – they need easy and relevant access to information on eating disorders, self esteem and substance abuse.
- **Poor access to children's health services** – is a common finding from Harrow Link surveys and informal intelligence gathering.
- **Poor Access to specialist Paediatric Mental Health care** – lack of information for young people
- **Children still regularly translate for migrant parents** – this is not appropriate at all. Harrow needs to be able to provide this service today and then communicate that effectively to the relevant audiences so they know about it

DRAFT

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

5.3 FREQUENT USERS

BRENT SICKLE CELL PATIENTS

These participants were between 18 and 24 and described their ethnicity as Black British.

- **Acceptance that change is needed** - and that the proposal may address some of the challenges. Many concerns expressed including:
- **Transition wards needed for 18 year olds** – it is very distressing for a young sickle cell sufferer who is in crisis to be left on an adult ward after years of care in a children's ward. Participants talked about suddenly being around elderly people who were dying and the anxiety and fear that creates.
- **'Sickle cell patients hate NWP!'** – Several participants expressed grave concern and fear of the perceived poor hygiene at NWP and how that might particularly affect a 'sicklers' compromised immune system. One participant cried to the ambulance driver not to take her to NWP while in crisis.
- **Overwhelmingly negative experience and perception of NWP** – This includes being transferred from CMH to NWP on a weekend. Contrasted with one positive experience of good nursing care in the Children's ward.
- **Transfer of Histories** - Concern over split care between CMH and NWP. Fear of loss of long term care relationships and lost histories.
- **Prejudice prevents care** – there is a growing sense that the reason for the perceived low levels of awareness and provision of community services for sickle cell sufferers is tied up with race as the vast majority of sufferers come from an African or Caribbean heritage background.

BRENT PARENT CARERS

A small group of parent carers between the ages of 30 and 48 from diverse ethnic backgrounds including black, Asian, white and mixed heritage. They represented children with varying degrees of autism, learning difficulties and special needs. 2 of the participants were parents of children who attended Grove Park and Hay Lane Special schools.

- **'No problem with the proposal'** – There was almost unanimous agreement that the proposals will provide better care for their children because 'centralising staff and services means our children can get whatever help they might need'.
- **'Travelling is not a problem'** – We are used to going to wherever we have to, to get the best care for our child'.
- **Often need simple help at night** – 'It sounds like the UCC will deal with my child's breathing difficulties and I agree A+E is not the place to go, if there is an alternative'.
- **The UCC and PAU give us more options** – 'which means we will go to A+E less'.

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

FREQUENT USERS (Continued)

BRENT CARERS (CONTINUED)

- **Looks like a great model but will it reduce 'waiting'** – Waiting times are critical to children with Autism as they are physically and emotionally incapable of waiting.
- **Proposal needs more information on 'enhanced community services'** – what does that mean?
- **Poor experience of diagnosis and care of Autism** – There needs to be more awareness about the special needs of children with disabilities. Issues concerning waiting times and sign posting to services need to be addressed.
- **Struggle to access community based care** – 'there is no support for parents with autistic children unless you are prepared to shout and scream for it'. 'It took me 10 years to secure Speech therapy for my son'.
- **What services are provided and where?** There is a profound sense of lack of co-ordination and of not being listened to or supported.
- **Involve parents more in care** – Self management is crucial to bringing care closer to home. Are there training sessions available? What about the Expert Patient Programme?

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Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

5.4 YOUNG PEOPLE

BRENT YOUTH PARLIAMENT

40 young people attended this Parliament session from all over Brent. The group was split into 3 groups: 10-11 yrs; 12-15 yrs; and 16+. The predominantly focussed on 2 issues: the transferring of children at night and the cost/resource effectiveness of the proposal.

16+ GROUP:

- **What will happen if a child is too sick to be moved?** Is this not dangerous? Children may find this very unpleasant and cause them unnecessary anxiety.
- **Will an ambulance take children from CMH to NWP?** If so, how will you fund this? Is there not a shortage of ambulances?
- **General sense that we don't need A+E, PAU and UCC** – lack of clarity as to their function and how they all work together to provide the best care possible.
- **PAU sounds like a good idea** – as its open when it is needed most.
- **Would it be better to centralise and designate NWP as the Children's Hospital?** Therefore you would not need to set up PAU's and UCC at CMH. Might it be better to have total concentration of resources, funds and effort?
- **Have there been PAUs before?** Do we know how effective they will be?
- **Does this make good financial sense?**
- How would more rooms help if there is a shortage of doctors?

10-11 GROUP:

- Leave the beds – NWP is too far for some people
- Do not move children over night as their condition might get worse.
- Have an even split of beds at both Hospitals

12-15 GROUP:

- Will NWP be more crowded and mean more illnesses?
- If this saves the NHS money, could you use the money to set up 'urgent care units' in between the two hospitals, so children don't have to travel too far?
- How will they staff 2 new PAU's and a new UCC, if there is shortage of staff?

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

HARROW YOUTH PARLIAMENT

20 young people attended this session. In complete contrast to the Brent group, there was much more support for the proposal and acceptance of the case for change.

- **Primary experience of health services is characterised by 'waiting'** – whether it be at GP's, A+E or scheduled out patient's appointment.
- **The vast majority believed that the proposal will meet the challenges** that we face, and provide quicker and more efficient services.
- **Are PAU's necessary?** Expanding the urgent care centre will be more efficient and less expensive OR...
- **Invest in better community services and the NHS will save through 'prevention'** rather than cure. Community settings are more accessible and more comfortable for children and families.
- **Concern – will people be sufficiently educated** about these new services?

DRAFT

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

5.5 GENERAL PUBLIC

BRENT AREA CONSULTATIVE FORUM HARROW ST GEORGES SHOPPING CENTRE ROAD SHOW

In contrast, this stakeholder group were all over the age of 40 with the majority being 50+. Interestingly, they had stronger views against both the case for change and the proposal itself. This stands in stark contrast against the other stakeholder groups, but particularly against parent carers and frequent users of children's services, who declared their overwhelming support both verbally and in written form.

- **Fear that CMH close down** – CMH is just a shell of what it used to be and NWP is a 'horrible concrete jungle!'
- **Strong feelings against NWP** – 'Blood on the floor!'
- **Are you taking away 'choice'?** Concern that patients will be taken to NWP regardless of patients wishes. Though this was explicitly refuted, it was the source of many questions.
- **Alternative Solution to the case for change: 'limit the birth rate'** – via more aggressive family planning provision.
- **Reference to allegedly unused NHS buildings** - 'We want more community based services!'
- **Is this really affordable?** It is hard to see how it will save the NHS money.

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

6. CONCLUSIONS

The analysis of the comments made during the engagement campaign revealed a widespread consensus for the 'case for change' and a thorough understanding and acceptance of the challenges that we face.

There is also broad consensus in support of the proposals though there is a clear demarcation between those that use the services and those that don't as those that do, are quicker to voice their support for the reconfiguration of acute services.

There is however a unanimous agreement on one issue: That more services should be provided closer to home in a community setting. And that this will do more for improving the everyday experience of health care services for children, young people and their carers than anything else.

Taking the responses as a whole, the messages that come across are fairly clear:

KEY MESSAGES:

- People want to be sure they will receive/deliver the best possible care. This means being able to access services easily, patient access to care when and where its needed, better coordination across different providers, better post hospital care, being treated with dignity and more support closer to home.
- The views and wellbeing of parents, carers and frequent users of services need to be better considered and taken into account
- People are concerned about whether the changes can be implemented by NHS BRENT, NHS HARROW and NWLHT within the staffing and funding available and still meet patient demand.

The message from the pre-consultation campaign could therefore be summed up by the phrase:

'The proposal is good. It rightly proposes excellent specialist care in one hospital; it offers real alternatives to A+E and aspires to create services that are closer to home and easier to access. But can you deliver?'

Draft Report on the Pre Consultation Campaign for the Acute Services Review of Children's Services in Brent and Harrow

16 November 2009

7. RECOMMENDATIONS

- All subsequent consultations on this reconfiguration of acute services should present a single proposal to the public as a means to meet the challenges that the case for change presents. Further options should only be included if they are as practically and economically viable and there is a real choice to be made between them. This would require all options to receive equal treatment in any materials produced as opposed to inclusion without due consideration. This campaign opted to present a single proposal with a clear and strong presentation of the 'case for change' which engendered clarity, resulting in overwhelming support.
- To support the budgeting and planning process, it may be prudent to include the following question in the final consultation document: *'Should these proposals come into effect, which hospital would you choose to go to in an emergency during the night?'*
- Frequent users of services and in particular 'parent carers' have volunteered to act as good will ambassadors at ASR consultation events and meetings to strengthen the case for change and add further credibility to the proposed reconfiguration.
- More needs to be done to engage *mental health, sickle cell and deaf* stakeholders to ensure reconfiguration meets their emergency needs as well.
- 'Enhanced Community Services' was the unanimous consensus from all stakeholders and it is crucial that it is seen as an intrinsic part of any proposal for reconfiguration of services, rather than an after thought. It must therefore appear in strength within the consultation document as well as in the substantive questions to stakeholders.
- NWP enjoys an extremely low brand image in the eyes of Brent residents and to a lesser extent, Harrow residents. It is clear that much of this is based on perception as opposed to actual reality. Perceptions are based either on pre 2007 experiences or on the continual re-telling of out dated 'horror stories'. It is recommended that NWP plans and executes a mid to long term integrated and multi channel communication and media strategy to positively engage Brent residents and shift attitudes. A comprehensive crisis media strategy also needs to be in place to limit the ability of an unforeseeable crisis to undermine public trust in the institution as a whole.
- Provider Services in Primary Care need to urgently revise their communication strategy for information distribution. This review should be done immediately and in partnership with an advisory 'community panel'.
- Joint Commissioners to seriously consider more commissioning of VCS organisations to provide a micro engagement function into local communities.
- New mothers lists to be shared with Children Centres (DPA issues?) so they can follow up with services.

**Draft Report on the Pre Consultation Campaign for the Acute Services
Review of Children's Services in Brent and Harrow**

16 November 2009

APPENDIX 1 – MATERIALS

- 1. Handouts – Summary of Proposal**
- 2. Power point slides used at events**
- 3. Participant Questionnaire**

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