Appendix 1

NHS Brent, NHS Harrow and The North West London Hospitals NHS Trust
Better Services for Local Children: a public consultation for Brent and Harrow

An Independent Review

Summary

As part of the Acute Services Review, NHS Brent, NHS Harrow and The North West London Hospitals NHS Trust consulted on a proposal to reconfigure acute children's services between 11 January and 4 April 2010. As part of the process, there was a commitment that the consultation process and responses to consultation would be analysed independently. This report, prepared by an Independent Consultant with experience in consultation, is the result of that independent analysis.

The report reviews in turn the preparation for consultation and consultation process and concludes that it was conducted in accordance with good practice guidance and achieved good stakeholder engagement. The report then summarises the outcome of consultation as evidenced by the report of stakeholder engagement and an analysis of the responses to the questionnaire. The conclusion is that there is considerable support for the principles on which the proposals are based and the proposals themselves. There are a number of themes arising from the consultation which will need to be taken into account when final decisions are taken and an implementation plan devised.

The key themes and messages arising from consultation are consistent with those identified prior to consultation. These relate to transport between areas and sites, the particular needs of sickle cell patients, the necessity of good information and communication, capacity at Northwick Park Hospital, and the future of Central Middlesex Hospital. There will be a continuing need to ensure that these issues are given due attention.

Background

As part of the Acute Services Review, NHS partners in Brent and Harrow recognised that current healthcare services for children and young people were not consistent with the recommended models of care set out in Healthcare for London and national guidance. Following a detailed review, including deliberative events with the public in 2009, proposals were developed as an initial step for meeting these models and for delivering new patient pathways consistent with the Acute Services Review. These proposals were designed to enable children to receive appropriate primary and community based treatment and care, alongside high quality, efficient secondary care services. The proposed changes would result in centralising inpatient services at Northwick Park Hospital (NPH), supported by extended hours Paediatric Assessment Units on both the Central Middlesex Hospital (CMH) and NPH sites, which would both be Consultant-led and run. The proposals were set out in Better Services for Local Children which was issued for formal consultation on 11 January for a 12 week period until 4 April 2010.

Preparing for consultation

Formal consultation on proposals for service change have been undertaken by the NHS for many years and there is a range of guidance and legal precedent which sets the framework for good practice. Department of Health guidance has established that any proposals to change services should, prior to consultation, be subject to independent clinical and management assessment. It requires NHS bodies planning to make proposals to re-configure services to go through a number of stages prior to consultation. Gateway reviews are designed to be undertaken at key stages of a programme or project to provide assurance that it is ready to proceed to the next stage in its lifecycle. The purpose is to gain assurance that there is a robust case for change, that there has been appropriate clinical involvement, that there is clarity about the proposed change and that the approach to consultation is appropriate.

The proposals were subject to a review by the National Clinical Assessment Team (NCAT) which is designed to test the extent of clinical involvement in proposed changes. It received a positive NCAT review which concluded that there was strong clinical leadership, a well led project team, and evidence of collaborative working between North West London Hospitals, Brent and Harrow PCTs. Overall its assessment was that it was a "sound and well considered proposal" which would "deliver the improvements needed in the quality and appropriateness of care." The NCAT Review gave positive support to the proposed changes to maximise skilled clinical staff resources and expertise and enable the delivery of better integrated services and was seen as in line with best practice nationally. The NCAT review helped inform the subsequent Department of Health Gateway Review.

The Department of Health Gateway Team undertook a review from 14 to 17 December 2009 of the outcomes and objectives for the programme (and the way they fit together) with the objective of confirming that they made the necessary contribution to government, departmental, NHS or organisational overall strategy. They found that the there had been good clinical engagement and that the proposed model of care had therefore been clinically led and owned and there was a broad consensus that the proposed changes would be of benefit to patients. Pre-consultation engagement with the public had been good and, in particular, they had heard that the deliberative events held in Brent and Harrow had been successful in aiding a better understanding of the proposals. The active participation of clinical staff in these events had undoubtedly been a key factor in this. They also concluded that the local authorities had been actively engaged and understood that the Overview and Scrutiny Committees (OSCs) had been kept fully informed throughout this project and were generally supportive of the proposed changes.

In the context of the above the Gateway Team had a number of key issues highlighted to them on which interviewees felt there needed to be clear statements communicated in the pre-consultation business case (PCBC) and through the consultation process. These were:

- consultation scope – a need to clarify that the consultation is only about the closure of six beds at CMH and the establishment of two PAUs. This being the first phase of system wide developments being planned by the PCTs.
- future of Central Middlesex Hospital (CMH) – the need for a simple, clear and consistent statement about the future of CMH to avoid these changes being seen as 'the thin end of the wedge'

- direct engagement with families of sickle cell patients – the need for a dedicated programme of engagement with these patients and their families/carers
- transport arrangements – the need for a commitment to families/carers and patients needing to return to Brent and assurances over patient safety issues involved in patient transfers out of hours
- Northwick Park Hospital (NPH) capacity – assurance that the changes would not adversely affect other services at NPH and that it can cope with the paediatric inpatient integration

There was also considered to be benefit in some further engagement with Brent GPs to ensure the changes and implications were fully understood by a broader group than it had been possible to communicate with to date. The resulting recommendation was that documentation was reviewed to ensure there were clear and consistent statements and assurances on the key issues raised during this review.

The review made a number of other recommendations which were to be taken into account in the next stage of the consultation approval process and implementation planning. The recommendations included ensuring consistency with commissioning intentions, clarification of the approval process for consultation, a fuller action plan to support consultation and the development of a comprehensive implementation plan. The approval process is covered below.

The final stage prior to consultation requires the Strategic Health Authority (NHS London) to approve a pre-consultation business case. This document sets out the case for change in the context of national, London and local policy, the reasons for consultation at this stage and the way in which it will be conducted. The pre-consultation business case took into account comments from the Gateway Review and received approval prior to the commencement of formal consultation. The pre-consultation business case specified that, at the end of the 12 weeks, an independent company with experience in this area would be contracted to undertake a detailed analysis of the response and prepare a report for the Project Board. The PCT boards would be asked to make their final decision about the proposal before being submitted to the OSCs for final scrutiny of the process. It was proposed that the post consultation analysis would be complete by the end of May and that an updated business case would be submitted to the respective PCT Boards on 17 June 2010 (NHS Brent) and 8 June 2010 (NHS Harrow). At the time, neither OSC had scheduled their summer meetings, but on the basis that the proposal could be approved by mid August, implementation of the proposal would commence on Monday 6 September 2010. NHS London approved the pre-consultation business case and consultation commenced on 11 January 2010.

The appropriate processes prior to consultation were followed and the necessary approvals were given. The Department of Health, NHS London and local authorities received the necessary assurance that good practice was being implemented.

Consultation process

The Stakeholder Engagement Report (Annex 1) prepared by the independent consultant who led this element of the consultation describes the approach to consultation and engagement activity in sections 2 and 3. In summary, there were a range of communication materials from the 16-page formal consultation document (with translation into 5 major languages used by local residents if requested), a 1 page summary

to promotional posters and a brief film from the Clinical Director making the case for change. There was a wide distribution (over 10,000) of copies of the consultation document with an even wider publication of information about the consultation. In support of this, there were three public meetings, two in Brent and one in Harrow, and a series of meetings to target high priority groups, for example sickle cell patients and young people, which had been identified as a key issue in the Gateway review. In addition, the proposals were discussed at regular meetings with partners during the consultation period as described in the report.

There is a requirement for Overview and Scrutiny Committees (OSCs) to be consulted over service change and good practice envisages early contact. This formed part of the pre-consultation process and both OSCs were supportive of the proposed consultation arrangements, which are confirmed in their responses which are attached at annex 2 (Brent) and annex 3 (Harrow). Guidance on consultation covering more than one area envisages the delegation of responsibility to a joint committee (for the relevant NHS bodies) and to a joint OSC. This approach is designed to simplify the arrangements for scrutiny and decision-making and minimise the risks of reconciling differing views. The OSCs arranged for a Joint Challenge Panel during the course of consultation to enable representatives of both committees to visit NPH and to ask key questions about the proposals in order to inform their comments. Despite the absence of formal joint committees, the process has worked effectively to date and no issues have been raised during consultation to test this approach.

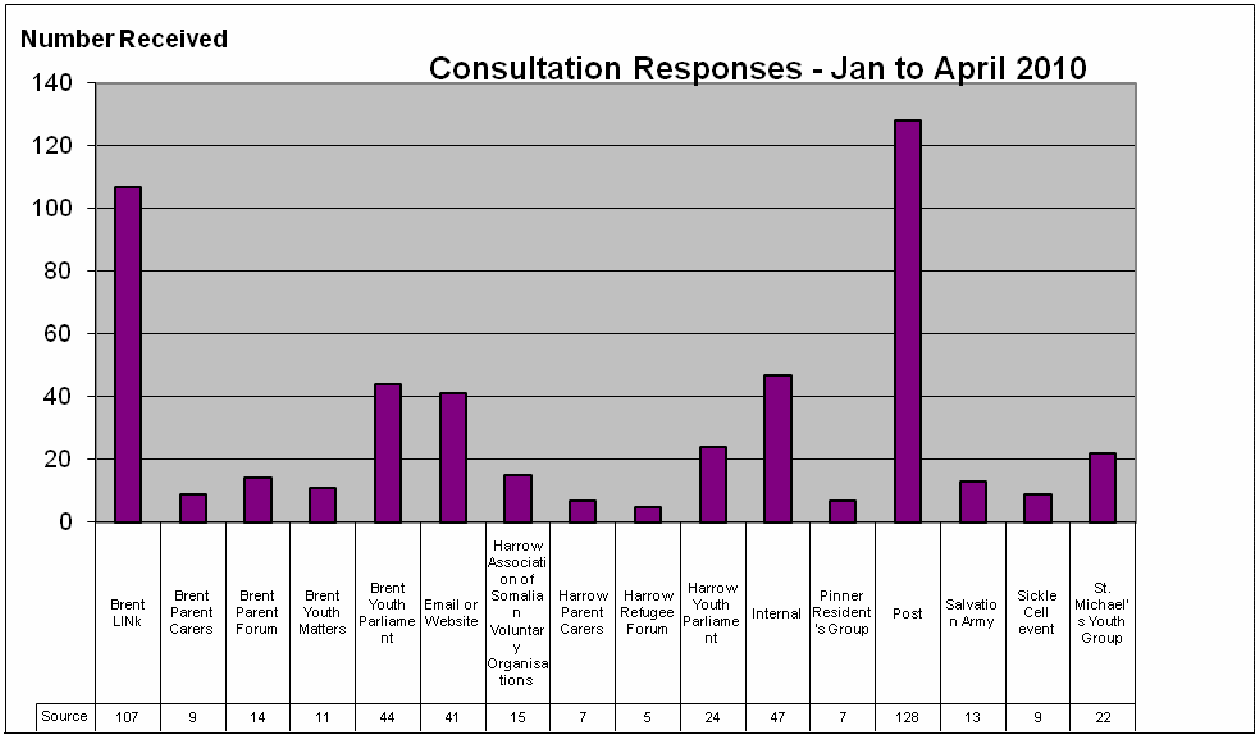
In response to consultation, the Brent LMC (annex 4) expressed its concern that the questionnaire was one sided and seeking answers to decisions already made. A similar comment was made by a handful of responders. This reflects the fact that support of the principles embodied in the questions would inevitably lead to support of the proposed change, which was a concern to those who wished to see 24-hour services for children at Central Middlesex Hospital. Good practice guidance for consultation is for there to be clarity about the proposals and, as there was only a single option for specialist children's services, the questions were clear and appropriate. As will be seen from the analysis of responses below, responders were able to indicate different levels of support to the principles and the proposed changes.

The consultation process had support from partners and followed good practice in its approach. Despite some concern at the level of attendance at public meetings, the targeted approach to stakeholder engagement ensured that proportionate efforts were made to involve those most affected by the proposals.

Responses to consultation

As identified in the preceding section, the consultation involved an extensive element of stakeholder engagement as described in the separate report. Views were expressed during the course of engagement and attenders at meetings were encouraged to complete the responses to the questions included in the questionnaire. A total of 503 questionnaires were received by mid April when the analysis of responses started and included any received following the formal end date of consultation. The table below shows an analysis of the source of the returned questionnaires from which it can be seen that 287 (57.1%) were the result of engagement meetings (including 107 Brent LINk), 169 (33.6%) came from postal/e-mail/internet returns and the remaining 47 were internal

returns (which could be staff involved with the service or with an interest as a local resident).



As part of the consultation process monitoring forms were distributed and a total of 270 were returned. However, with the exception of the information on gender, where almost two-thirds of respondents (64.6%) were female, there were relatively high numbers of individuals who preferred not to answer the questions. On ethnic origin 46.7% of responders preferred not to answer, while of those who did some 78.5% were non-white. There was a similar level of responders on age of which 27% were aged under 16. This limited information demonstrates that the stakeholder engagement did successfully engage groups which have proved harder to reach in consultation exercises.

Analysis of responses

The separate stakeholder engagement report reviews the outcome of those activities and it is not intended to replicate that information here, except in so far as the questionnaires form part of the total numbers. In the tables below the responses to the questions posed in the questionnaires are summarised. Its focus is on the responses received by post and internet, which account for a third of the total and do not relate to those completed at stakeholder engagement exercises.

Q1: Do you agree that it makes sense to provide most care for children outside hospital?

	Yes	No	No response	Total
Post/internet	116 (68.6%)	52 (30.7%)	1 (0.6%)	169
Total	418 (83.1%)	78 (15.9%)	7 (1.4%)	503

Q2: Do you accept the argument that it makes sense for specialist children's care to be facilitated in one place not two?

	Yes	No	No response	Total
Post/internet	107 (63.3%)	59 (34.9%)	3 (1.9%)	169
Total	364 (72.3%)	126 (25.0%)	13 (2.6%)	503

Q3: Do you believe that a co-ordinated service for children being cared for in and out of hospital should be provided across the two boroughs of Brent & Harrow?

	Yes	No	No response	Total
Post/internet	136 (80.4%)	28 (16.6%)	5 (3.0%)	169
Total	447 (88.9%)	41 (8.1%)	15 (3.0%)	503

Q4: Do you think an Urgent Care Centre at each hospital is a good idea, so children can be seen there rather than in A & E?

	Yes	No	No response	Total
Post/internet	146 (86.4%)	21 (13.4%)	2 (1.2%)	169
Total	468 (93.0%)	28 (5.6%)	7 (1.4%)	503

Q5: Do you think a Paediatric Assessment Unit, staffed by expert doctors and nurses, at each hospital is a good idea?

	Yes	No	No response	Total
Post/internet	152 (89.9%)	15 (8.9%)	2 (1.2%)	169
Total	473 (94.0%)	22 (4.4%)	8 (1.6%)	503

Q6: Overall do you support our proposed changes?

	Yes	No	No response	Total
Post/internet	107 (63.3%)	52 (30.8%)	10 (5.9%)	169
Total	401 (79.7%)	77 (15.3%)	25 (5.0%)	503

What is clear from these responses is that the support for the statements (those that answered yes) from those who were not engaged in stakeholder events (or internal respondents) is consistently at a lower level than those that were. Despite this, even amongst this group, the level of support (for the proposals) shows around a two-thirds majority at its lowest and considerably more for some of the questions.

There is a high degree of support (80% and over) for a coordinated service to be provided across the two Boroughs, an Urgent Care Centre and a Paediatric Assessment Unit at each hospital. Compared with total responses, the largest difference in view expressed by postal/internet responders relates to whether it makes sense to provide most care for children outside hospital where there is a 15 percentage point gap. The specific question

which gained least support related to the provision of specialist services in one place rather than two where a third of those responding by post/internet were opposed compared to a quarter of the total. The level of support from this group of responders matched closely with their support for the proposed changes, where for others there was a higher degree of support for the changes despite their view about specialist centres. Some respondents supported all the views in questions 1 to 5 but did not support or abstained from support for the proposed changes. This stemmed from their support of the principles but opposition to the loss of the service from Central Middlesex.

Key stakeholders

Some key stakeholders responded with a formal written response representing the views of those who they represent.

Local Involvement Networks (LINks)

The Local Involvement Networks are dedicated to improving local health and social care services. They are set up by Act of Parliament and have powers to enter and view premises, request information and refer matters to Overview and Scrutiny in respect of health and social care services. LINks have voluntary status and are supported by a Host organisation which supports them in their objectives.

Brent LINk formed part of the stakeholder engagement exercise and resulted in the completion of 107 questionnaires which appear in the totals described above and in the engagement report. The table below summarises their responses:-

	Yes	No	No response	Total
Q1	101 (94.4%)	4 (3.7%)	2 (1.9%)	107
Q2	96 (89.7%)	11 (10.3%)	0	
Q3	104 (97.2%)	3 (2.8%)	0	
Q4	106 (99.1%)	1 (0.9%)	0	
Q5	107 (100%)	0	0	
Q6	103 (96.3%)	4 (3.7%)	0	

The response shows overwhelming support for the plans for change with the lowest support (just below 90%) for a single specialist unit rather than two. As the proposed location of the unit disadvantages Brent rather than Harrow residents, the degree of support is still exceedingly high. The themes raised in addition have been captured in the stakeholder report including transport, access to services after hours and the evidence for the changes.

On behalf of Harrow LINk, Audrey Brightwell responded that she was "very satisfied that an in depth consultation has taken place and great regard has been taken to listen with sympathy to the views of everyone" and that "every opportunity has been given to include as many people as possible." She was also able "to make a positive response to all the questions on the consultation paper and feel assured that NWLHT has the welfare of the children at its heart."

Overview and Scrutiny Committees (OSCs)

The responses of the OSCs are included in full in annexes 2 (Brent) and 3 (Harrow). There is a recognition that the most immediate impact of the proposals (the transfer of 6 inpatient beds from CMH to NPH) affects the residents of Brent rather than Harrow. However, the themes and comments of the two OSCs are similar with both supporting the case for change and the centralisation of specialist children's services at NPH. Concerns about the capacity at NPH and the potential implications were alleviated at the Joint Challenge Panel visit but it will need to be monitored in practice.

The OSCs have identified a number of areas which will need effective handling to ensure that the planned changes achieve the desired improvements. Treating more children appropriately outside hospital will require good information and signposting to primary and community care. Transport between CMH and NPH is an acknowledged issue which will need considerable attention in terms of the effective operation of ambulance services and the needs of patients and their relatives for existing links between the two hospitals are inadequate. When the planned changes are implemented there will be a need to track patients to ensure that the arrangements are effective and patients return close to home at the earliest stage. Both OSCs acknowledge the critical importance of the service for sickle cell patients and the continuing need to ensure that there is good engagement work during implementation to ensure that the services continue to meet their needs.

There is a concern about the wider strategic context in which these specific changes are being planned and, in particular, the future of CMH. Councillors will seek to gain continuing reassurance of the secure future of CMH as a vital facility for Brent.

Local Medical Committees (LMCs)

The Local Medical Committee is the representative body for local general practitioners and general practice. A response to consultation has been sent separately by Brent and Harrow LMCs with the same content and it is attached in full at annex 4. In summary, the LMCs have a number of concerns which relate to the different needs of the two Borough populations and the impact on patients with particular needs. They are also concerned at the impact on the acute hospitals, in particular the Central Middlesex Hospital which will lose its specialist service, and the lack of recognition of a need for a transfer of resources from secondary to primary care to support a greater emphasis on care outside of hospital. These concerns echo those of other responders and will need to be taken into account when decisions are taken on the way forward.

Other NHS Organisations & Partners

The consultation document was sent to neighbouring NHS Trusts of which Imperial College Healthcare NHS Trust and The Hillingdon Hospital NHS Trust were the only ones to respond. Imperial College Healthcare NHS Trust supported the proposal to establish Paediatric Assessment Units at both Central Middlesex and Northwick Park and to centralise inpatient care at Northwick Park. It also anticipated that the changes would represent a manageable increase in demand for St Mary's for which there is an approach agreed in principle with the commissioners. The Hillingdon Hospital NHS Trust acknowledged that both West Middlesex and Ealing Hospital may feel any impact of the proposed changes more acutely than it would. The Trust emphasised the need for robust arrangements for transfers and contingencies in the event that further changes were made in future. It also drew attention to the importance of workforce planning to ensure that there were

appropriately-qualified staff for the new arrangements. Thames Valley University indicated their supported through a positive response to the questionnaire.

Themes

Against the background of considerable support for the proposals contained in the consultation document, the themes arising from the process remain the same:-

- transport arrangements – the need for a commitment to families/carers and patients needing to travel to/from Brent and assurances over patient safety issues involved in patient transfers out of hours
- sickle cell patients – the need for assurance that their needs will be met effectively by the specialist service at CMH and, where necessary, the service at NPH
- information – the need to ensure that there is good information about the services available in primary and community care and the new pattern of services as it is implemented
- NPH – the capacity and quality of the service to deliver the improved services as proposed, in the light of past experience
- CMH – concern at the immediate loss of the 6 beds and the implications for the future of the hospital as a whole

The implementation plan will need to ensure that these issues remain the subject of a clear focus. Monitoring arrangements will be necessary in order to provide the necessary assurance that the services are working as planned or to enable early action to be taken where that is not the case.

Conclusion

There is clear support for the principles which underpin the planned changes and the changes themselves as a result of consultation. There is natural concern from Brent residents at the transfer of beds to Northwick Park Hospital and the consequences of that move for those who will be admitted there. The implementation plan will need to address the concerns about transport and communications to ensure that the objectives of the changes are achieved and that the impact on those who will be treated at NPH rather than CMH is minimised. The needs of sickle cell patients will need to be kept in focus to ensure that they continue to be met appropriately. All will be seeking continuing reassurance that NPH is delivering the expanded services effectively and that the future of CMH is not being adversely affected.

The process leading up to consultation and the consultation itself was conducted in accordance with good practice.

David Hobbs
Independent Consultant
05 May 2010

Annex 1

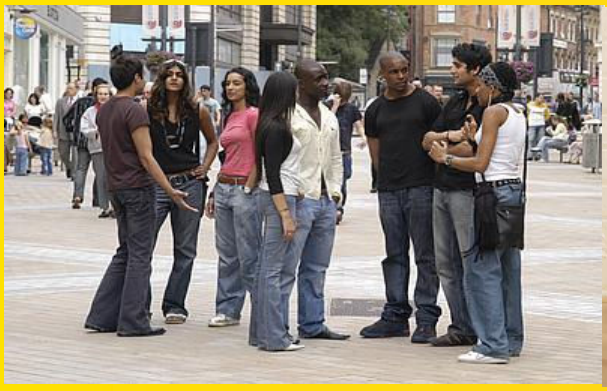
Stakeholder engagement report

Better services for local children consultation

Paediatric services in Brent and Harrow

Author: Faraz Yousufzai, Communications Consultant

April 2010



EXECUTIVE SUMMARY

Context

Between January 11 2010 and April 4 2010, the Acute Services Review conducted a 12 week statutory consultation across Brent and Harrow to discuss and seek feedback on a proposal to reconfigure acute children's services. The campaign was part of a continuous process of engagement and as such has been directly informed by previous learning and recommendations.

Activity Summary

MEETINGS	
Brent	18
Harrow	12
Total number of meetings held:	**30**

COMPLETED QUESTIONNAIRES RECEIVED	
via post	128
via web	41
via meetings	287
via internal	47
Total number of completed questionnaires	**503**

ENGAGEMENT AND INFORMATION DISTRIBUTION	
Total number of face to face engagement	843
Published copy distributed *[Brent and Willesden Times; Brent Housing Partnership; Harrow Observer; Harrow Times; Harrow People; The Brent Magazine)*	200,000plus
Direct Mailing – via post and email	169
Online visits	983
Maximum number of people engaged (face to face and via information distribution)	**201,995**

Stakeholders engaged

The five key stakeholder groups that were identified during the pre-consultation were re-engaged during this campaign but on a broader basis.

- **NHS staff**– GPs; acute and community nursing teams; A+E teams; general North West London Hospitals staff
- **Community/Voluntary** – Children centres; ethnic and gender specific groups; refugees
- **Frequent Users**– Parent carers; people with physical, learning and mental disabilities
- **Young People** – Youth parliaments; community youth groups; local authority youth forums
- **General Public** – Area consultative forums; public meetings

Key Outcomes

- **Nine out of ten people formally agreed with the case for change and supported the implementation of the proposal**
- **200,000+ people were directly targeted through a successful information distribution process**
- **More than 500 formal responses were received**
- **850 people met an Acute Services Review representative during the consultation**

Top five themes

1. **I support the proposals because…** giving parents more options, reducing the burden on A&E and centralising emergency surgery and overnight care at Northwick Park (NPH) means that most children and young people will get better care.' BUT…
2. **Perceived Critical Risks:** Failure to provide adequate public transport; Poor data transfer processes in emergencies; perceived poor customer service experience at NPH; capacity concerns during winter pressure; Ineffective communication of changes resulting in public confusion.
3. **The system must be made more children friendly for frequent users**. For example, reduced waiting times and providing transport (for families) between sites are considered crucial to improving patient care and experience for those most in need.
4. **Sickle Cell community need more assurance that their needs will be met at Northwick Park Hospital (NPH).** Specifically: Adequate staff awareness and expertise at NPH; programme of CPD as part of implementation plan; Targeted communications for sickle cell families

5. **If a child/young person presents at A+E after 10pm with an urgent condition** will Central Middlesex Hospital (CMH) team have sufficient overnight paediatric expertise to be able to stabilise and/or treat a patient effectively?

RECOMMENDATIONS

1. **SICKLE CELL PATIENTS:** Establish an advocacy task force made up of patients, medical and nursing leads, management and representation from the national sickle cell society. Its purpose would be to further consider the impact of the reconfiguration proposals and the co-development of training material and implementation of a training plan to educate and up skill relevant staff in the sickle cell condition and the needs of children and young people in crisis.

2. **TRANSLATION SERVICES:** Larger numbers of people from Brent speak English as a second language and require translation services. This becomes critical in an emergency situation. Key languages that are needed are Arabic and Farsi. A needs analysis of the situation is required as well as an investigation into the capacity of and access to existing NHS translation services. It has been suggested that the third sector may be willing to support this service.

3. **PRIORITY FOR CHILDREN WITH MULTIPLE LONG TERM NEEDS:** The issue of long delays in hospital waiting areas is a very serious one for parents with children that have complex behavioural needs. Parents report that their children become very distressed in these situations which often leads to long term deep anxiety that is directly associated with hospitals that they have to regularly frequent. The ASR Board should consider how they can utilise the reconfiguration opportunity to improve this experience.

4. **CUSTOMER SERVICE TRAINING:** To establish a rolling programme of customer services training for all front line staff in paediatrics. It has been a strong feature of the feedback throughout this continuous process of engagement that began in October 2008.

5. **TOP FIVE CONCERNS:** To specifically address the top five concerns as determined by stakeholders:

    - Failure to provide adequate public transport
    - Poor data transfer processes in emergencies
    - Perceived poor customer service experience at NPH
    - Capacity concerns particularly during the winter when demand is higher
    - Ineffective communication of changes resulting in public confusion

1. CONTEXT

The Acute Services Review (ASR) Board as part of their commitment to continuous stakeholder engagement has recently completed a 12 week statutory public consultation campaign on the proposal to improve children's health services across Brent and Harrow.

Running from 11 January to 04 April 2010, this consultation campaign sought views on the proposed reconfiguration of acute paediatric services.

The primary aims of the consultation were to distribute relevant information in a timely manner across Brent and Harrow, ensure significant face to face engagement with individuals and organisations and to capture as many formal responses as possible via a simple and concise questionnaire.

The terms and scope of this consultation have been directly informed by all pre-consultation activity held between September and December 2009. Where relevant, this consultation has taken into account the relevant recommendations in the pre-consultation report and has sought to utilise and build upon the intelligence gathered. For example, the ASR Board adopted the following core recommendations:

1. **To present a single proposal –** this was clearly delivered as evidenced by all the promotional materials.

2. **To engage more frequent users** and ensure reconfiguration meets their emergency needs – Harrow parent carers were engaged for the first time; other groups engaged included Brent Association of Disabled People, the National Sickle Cell Society and people from the deaf community.

3. **Include 'Community Services' as an intrinsic part of the overall narrative –** Not only was this sufficiently referred to in all communication and promotional materials but there was active PCT representation at the vast majority of meetings where plans for polysystems and enhanced community services were discussed.

An independent assessor will then review the consultation process and responses to consultation, after which a final recommendation for action will be presented to the boards of the three NHS organisations and the respective Boroughs' Health Select and Overview and Scrutiny Committees.

2. METHODOLOGY

The consultation was split into four overlapping phases:

Phase I: Produce communication materials

Phase II: Information distribution

Phase III: Proactive engagement

Phase IV: Gathering of formal responses

I) Produce Communication Materials

1. 16 page full colour Consultation Document
2. 1 page A4 Summary of Proposals
3. Promotional event posters
4. Power point presentations
5. Film of Clinical Director Dr Paul Mannix, setting the context, making the case for change and outlining the proposals. Made available online and at major meetings.
6. Multiple copy produced for a range of Brent and Harrow wide publications throughout consultation period.
7. Microsite www.brentharrowchildren.nhs.uk created
8. Press releases and briefings

II) Information distribution

1. **Over 10,000 copies of the consultation document distributed** across Brent and Harrow including:
   - GPs, pharmacies and health clinics
   - Libraries and schools
   - Voluntary and community sector organisations
   - Children's Centres
   - Local Authorities' one stop shops
   - Frequent users of services – such as Parent Carers

2. **Published copy with a distribution network of 200,000+** including paid advertisements and articles:
   - Brent and Willesden Times
   - Harrow Times
   - Harrow Observer
   - The Brent Magazine

- Harrow People

III) Pro-active Engagement

1. **Public meetings:** Three public meetings were held for the general public. They were extensively publicised via, inter alia:
   - A link to the consultation website featured on the front page of the websites of all three organisations.
   - Advertisement in main local newspapers
   - Other publications like the Brent Magazine, Harrow People and Brent Housing Partnership magazine.

2. **High priority meetings –** A number of discrete high priority meetings were scheduled to target specific groups. These include:
   - Young People
   - Parent Carers
   - Sickle Cell Patients
   - Children's Centres
   - BME-specific communities: Somali and Gujarati

   Please See Section three for a full listing of the meetings scheduled

IV) Gathering formal responses

1. **Security -** Where appropriate, questionnaires were distributed at meetings and all data on completed forms has been kept secure and confidential under the management of the ASR project support manager.

2. **Digitised data** – Throughout the consultation, the data from completed forms was digitised and used to review progress. The statistical analysis of all the data is included in section 4 of this report.

The importance assigned to this pre-consultation campaign is demonstrated by the fact that it represents a major area of effort for the communications and engagement staff within the partner organisations and is being supported by significant involvement of staff at the most senior levels of all three trusts, from chief executives, consultant clinicians and board directors to heads of services downwards.

It should be noted that any process of public consultation 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, to weigh the different arguments and take the final decision.

3. ENGAGEMENT ACTIVITY

Promotional materials were distributed widely to the general public as well as targeted at special interest groups such as NHS staff, community organisations, frequent user groups, such as parent carers and sickle cell families, young people and young parents.

An example distribution list for the consultation document across Brent:

Audience	**Copies per**	**Total required**
GPs		e-copies
Dentists	1 per dentist	134
Pharmacists	1 per pharmacist	170
Opticians and ophthalmologists	1 per optician	170
GP patients (bulk)	10 per practice	**720**
Community clinics (bulk)	100 per clinic	750
Libraries etc	12 x 20 copies	240
Local Authorities	for Cllrs	60
Local Authority	20 x 4	80
Mother and baby Groups, toddler groups and nurseries		Ad hoc
LINKs	**100+ email**	**100**
Public meetings	100	100
Stakeholder meetings	200	200
Supermarkets	500	500
Schools	82 x 20 copies	1640
		4864

All communications activity emphasised an *open door approach* and encouraged stakeholders to be pro-active in contacting them directly to arrange meetings.

There was senior ASR Board representation at almost every meeting. **See Table 1** on page 10 for a listing of the scheduled meetings that took place.

TABLE 1: Summary of Engagement Activity

	Organisation	Date	Participants
NHS			
1	HARROW Wide PBC exec	04-Feb-10	10
2	NWLH OPEN FORUM NPH	25-Mar-10	90
3	NWLH OPEN FORUM CMH	30-Mar-10	30
4	Paediatric NURSES	15-Mar-10	15
5	Paediatric NURSES	24-Mar-10	14
6	BRENT Community Nurses and School Nurses	22-Mar-10	3
7	Brent GPs	ongoing	10
VCS			
8	BRENT Area Consultative Forum Harlesden	12-Jan-10	38
9	BRENT Area Consultative Forum Kenton and Kingsbury	02-Feb-10	79
10	BRENT Area Consultative Forum Willesden	18-Feb-10	29
11	BRENT parent Forum	23-Feb-10	15
12	HARROW Association of Somali Voluntary Organisations	03-Mar-10	40
13	Harrow Somali Parents Group	16-Mar-10	23
14	BRENT Salvation Army Parents Group	22-Mar-10	45
15	HARROW Pinner Hill and Antony's Residents Group	23-Mar-10	5
16	HARROW Refugee Forum	23-Mar-10	6
17	BRENT Asian Women's Resource Centre	25-Mar-10	20
18	BRENT Children Centres/Groups	30-Mar-10	25
19	Brent Link with BADP and Age concern	ongoing	107

20	HARROW Asian Elders Group (Gujarati)	30-Mar-10	30
FREQUENT USERS			
21	BRENT Parent Carers	19-Mar-10	9
22	HARROW Parent Carers	24-Mar-10	10
23	BRENT Sickle Cell	25-Mar-10	10
YOUNG PEOPLE			
24	BRENT YOUTH PARLIAMENT	13-Feb-10	45
25	BRENT YOUTH MATTERS	02-Mar-10	25
26	BRENT ST MICHAEL'S YOUTH PROJECT	20-Mar-10	50
27	HARROW YOUTH PARLIAMENT	24-Mar-10	43
PUBLIC			
28	BRENT PUBLIC 1	11-Feb-10	15
29	HARROW PUBLIC	24-Feb-10	0
30	BRENT PUBLIC 2	11-Mar-10	15
			842

4. STAKEHOLDER FEEDBACK – The substantive Issues

In this section, the key issues raised by each stakeholder group have been selected. Care has been taken not to repeat the ad-hoc concerns that were included in the pre-consultation report but to focus on the feedback relating to the specific issues being consulted on.

Summarised feedback by stakeholder group is as follows:

4.1 NHS FEEDBACK

GPs

- **Support from Brent and Harrow GPs remains overwhelmingly in favour** of centralising emergency surgery and overnight care at Northwick Park Hospital with the establishment of Paediatric Assessment Units and Urgent Care Centres on both sites.

- **Ongoing communication with GPs is imperative** – to be done via the Practice-Based Commissioning leads, local clusters and email communications.

BRENT CHILDREN COMMUNITY NURSES

- **More care in the community will require joint commissioners to increase resource allocation to community services**

- **Children's Community Nursing resource is at full capacity –** resource needs to be urgently identified to support the concept of 'enhanced community services'

- **Junior doctors require more training to ensure appropriate referral procedures are followed –** In a 12 hour model it is imperative that time is maximised through efficient organisation.

4.2 COMMUNITY AND VOLUNTARY SECTOR FEEDBACK

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 Somali, Indian, Iranian, Polish, Italian, Pakistani, Bengali and Sri Lankan:

- **Adult experience of transfer process from Central Middlesex Hospital to Northwick Park Hospital noted as being poor.** This was due to lack of explanation of what was happening to the patient during the transfer process. This created unnecessary anxiety and fear at a critical time in the patient's health care pathway.

- **Long delays for outpatient appointments**

- **Concerns over proposed shuttle service between sites–** Will it be for families travelling from Central Middlesex? Will it run on a schedule?

- **Consistently poor experiences of A+E,** enduring long waits of up to 12 hours. Hence, the Paediatric Assessment Unit and Urgent Care Centre are welcomed if it means children will be seen quicker.

- **Multi-lingual workers** are required – Arabic and Farsi in particular. Without better translation services, people feel 'un-listened to' and perceive that they will be offered incorrect treatment

- **Is the local NHS really able to deliver** enhanced community services?

HARROW SOMALI PARENTS AND COMMUNITY

- **31,000 Somali population** across Brent and Harrow

- **Sense of being treated differently** – More language and gender sensitivity is required

- **Recommend the employment of Somali origin health promoters**. Approximate cost is £30k /pa for 2 PT workers

HARROW REFUGEE FORUM

- **Poor Patient Experience at Northwick Park –** long waits for pain relief following a dislocated collar bone.

- **Urgent Care Centre (UCC) and development of more polyclinics is a great idea** – it will be imperative to communicate this effectively

Recommend: Effective marketing flyers to be delivered to every household and not via publications. Belief that this would maximise audience engagement.

PINNER HILL AND ANTONYS RD RESIDENTS GROUP

- **Capacity concerns at Northwick Park –** 'Never seen an empty bed at NPH in years!'

- **Transfer process –** A child's condition can change rapidly. Will transport service/ambulance have expertise and resources to stabilise child in transit?

- **Existing staff shuttle service at Northwick Park is poor and unreliable**

- **Confusion –** What community service should I be using?

OTHER VCS FEEDBACK

- **Overwhelming support for the proposals** as it will improve delivery of services BUT: need to explain more about how you will 'enhance community services'.
- **'Better use of hospital staff and resources** as well as division of emergency care and A+E may reduce waiting times'
- **Can Northwick Park cope with the changes?**
- **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 18 months ago create fear** and anxiety about other services at Northwick Park.
- **Poor experience of customer services**
- **On balance - Good experience of long term care at Northwick Park Hospital.**
- **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

4.3 FREQUENT USERS FEEDBACK

SICKLE CELL GROUP

- **Acceptance that change is needed -** and that the proposal may address some of the challenges. Many concerns expressed including:

- **Sickle cell patients' poor experience of care at Northwick Park –** perceived lack of experience and expertise in sickle cell condition amongst clinical staff

- **National enquiry into sickle cell deaths –** found that lack of expertise contributed to high rate of avoidable deaths.

- **Recommend –** training programme to address knowledge, attitude and process among relevant staff

- **Complaints about adult inpatient sickle cell service at Central Middlesex Hospital –** CEO of North West London Hospitals committed to investigating situation and resolving.

- **Excellent co-ordinated care system –** Assurance that this will not be compromised

- **Transfer of histories -** Concern over split care between Central Middlesex and Northwick Park. Fear of loss of continuity of care.

BRENT PARENT CARERS / HARROW PARENT CARERS

- **'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 Urgent Care Centre 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 Urgent Care Centre and Paediatric Assessment Unit give us more options –** But several parent carers expressed concern that as frequent users, they have not yet been offered the Urgent Care Centre service at Northwick Park to date.

- **Is there a British Sign Language (BSL) translation service for emergencies?** How does a deaf person gain access to ambulance services?

- **Poor understanding of needs of autistic children –** this is the common experience of parents in both GP surgeries and NPH.

- **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.

- **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 poor 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 sense of lack of co-ordination and of not being listened to or supported.

- **Consider**: **Prioritising appointments** for children with long term and complex needs

- **More changing facilities urgently required** – essential and basic needs.

- **Will wheelchair service be affected**? Improved? Consider whiz kids?

- **Consider: Transition programme** for teenagers

- **Concern re 'patient notes transfer'**

- **Lack of confidence in 'enhanced community services' –** unless GP access is radically improved.

Consider: Customer service training for all front of house staff including receptionists and

nurses.

4.4 YOUNG PEOPLE FEEDBACK

4.5 GENERAL PUBLIC

BRENT YOUTH PARLIAMENT and ST MICHAEL'S YOUTH PROJECT

45 young people attended Parliament session from all over Brent. Overwhelming support via completed questionnaires.

- **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 there be any paediatric expertise overnight at Central Middlesex** in the event of an A+E presentation?
- **How will you ensure that the relevant notes are transferred with the child in an emergency?**
- **Will an ambulance take children from Central Middlesex to Northwick Park?** If so, how will you fund this? Is there not a shortage of ambulances?
- **Paediatric Assessment Unit sounds like a good idea** – as it's open when it is needed most.

HARROW YOUTH PARLIAMENT

43 young people attended this session.

- **More marketing will be needed** to explain how the different services work
- **Have you modelled capacity at Northwick Park Hospital around 'winter pressure'** for example?

5. CONCLUSION

The analysis of the comments and completed questionnaires during this public consultation mirror the findings of the pre consultation engagement process which found widespread consensus for the 'case for change' and an understanding and acceptance of the challenges that the local NHS faces.

There is however one significant and welcomed difference: The consensus in support of the proposals has deepened.

The division that was highlighted between frequent users, users and the general public in the pre-consultation report is not supported by these findings. This consultation demonstrates there is almost no observable difference in reaction between those that use the services and those that don't.

The only observable though highly subjective distinction is perhaps that as frequent users, they were more able to understand the impact of reconfiguration and voice their considered support with useful practical advice borne out of extensive experience.

There continues to be unanimous agreement on the issue of where services should be provided: 'More services should be provided closer to home in a community setting and this would do more for improving the everyday experience of health care services for children, young people and their carers than anything else'.

BRENT AREA CONSULTATIVE FORUM

BRENT LINK – STREET WALKING: Almost 100% agreed with the proposals

PUBLIC MEETINGS

- **General fear that Central Middlesex Hospital will eventually close down**
- **Public transport access must be improved**
- **Are you taking away 'choice'?** Concern that patients will be taken to Northwick Park Hospital regardless of patients' wishes.

Taking the responses as a whole, the messages that come across are 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.
- Stakeholders recognise that the local NHS has made a serious and proactive effort to listen to the views of the public, NHS staff, community organisations and frequent users. But stakeholders want to know that their concerns will be seriously considered and how they will inform and impact on the planning process going forward.
- 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 those directly engaged by the statutory consultation can therefore be summed up in the following statement:

'The proposal is good. It rightly proposes excellent specialist care in one hospital; it offers real alternatives to A+E and offers greater access to consultant paediatricians.'

`It seeks to provide more services in a community setting and so integrate better with our local health services.'

'We support this proposal to improve services in Brent and Harrow. But…'

'We believe that the success of these changes is wholly premised upon addressing our chief concerns' (See top five themes in executive summary on page 4).

Brent Health Select Committee response to "Better Services for Local Children – A Public Consultation for Brent and Harrow"

Introduction

Brent Health Select Committee has prepared its response to the local NHS consultation, "Better Services for Local Children – A Public Consultation for Brent and Harrow" following a specially arranged challenge session and tour of the paediatric unit at Northwick Park Hospital on Wednesday 10th February 2010. The challenge session was carried out with members of the Harrow Overview and Scrutiny Committee to make best use of time and resources, although each committee will provide a separate response to the consultation.

Over the last nine months or so the Health Select Committee has held numerous discussions on the wider acute services review, from which the proposals for paediatric services have been developed. The committee is very familiar with the proposed changes to paediatric services and welcomes the opportunity to contribute to the consultation.

Overall, the Brent Health Select Committee supports the proposals for paediatric services provided by North West London NHS Hospitals Trust and believes that they will lead to better services and outcomes for the young people who have to use them. However, there are a number of points that members wish to raise in response to elements of the consultation.

Brent Context

Although the consultation on Paediatric Services affects people in Brent and Harrow, the Health Select Committee's response is concerned mainly for the well being of young people in Brent. Brent is a young borough - young people (under the age of 16) make up 21% of Brent's population and Brent's birth rate is rising by 3% per annum. Deprivation in Brent has increased in recent years and the borough is now the 53rd most deprived in England.

Healthcare for London

The Brent Health Select Committee acknowledges that the plans for paediatric services at North West London NHS Hospitals Trust match Healthcare for London's ambitions that in-patient paediatric services are delivered on fewer sites, and that resources are put into the development of paediatric assessment units to assess, diagnose and treat patients that come into hospital, but that ongoing care takes place in a community setting. The fact that

nationally fewer than 13 children in every 100 who arrive at hospital are admitted to an overnight bed suggests that provision of services should be weighted towards assessment, treatment and discharge of young people rather than admission to hospital. The development of two paediatric assessment units, one at Central Middlesex Hospital, a second at Northwick Park Hospital will help to meet this aim.

The committee supports the view that consolidation of inpatient services on one site will improve clinical outcomes for children. Throughout various Healthcare for London initiatives, such as the development of stroke services in London, emphasis has been placed on the need to achieve a critical mass of patients in order to give clinical staff the required number of cases to improve outcomes. The fact that there are only six inpatient beds at Central Middlesex Hospital leads the committee to believe that the changes proposed are inevitable and that in the long term paediatric inpatient services at Central Middlesex would be unsustainable. Duplicating in-patient services on two sites within the same hospital trust does not make sense for many reasons, not least that it spreads specialist staff across two sites and there is a need to provide care in community based settings, away from hospital and resources are needed to deliver this.

The committee was disappointed that the initial consultation document did not make reference to polyclinic developments in Brent, but this has been changed in the later version. If more services are to be delivered from community settings, and it is in the best interest of patient's to do this, the Health Select Committee believes that plans for polysystems in Brent should be clarified at the earliest opportunity. The community based services that patients can expect to receive need to be made explicit. This is so patients and their parents can be reassured that alternatives to inpatient services are being developed and to help them understand the preferred patient pathways.

Signposting people to the right services

Changes to the way that paediatric services are delivered and the development of an integrated paediatric service are laudable aims. However, patients need to be signposted to the right services so they make best use of what's available to them. At present too many people are accessing hospital inappropriately, when they could be treated in a primary care setting. As services are developed in community settings, it is important that the message is communicated to Brent and Harrow's communities so that they know the best place to go for the most appropriate treatment for their child. There is a risk is that people will still continue to use hospital inappropriately, even if the Urgent Care Centres at CMH and Northwick Park do keep people out of A&E.

Of course, once a child is brought to hospital it is crucial that they are placed on the correct clinical pathway. Communication between the teams involved in delivering paediatric services will be crucial, especially once the paediatric assessment units are in place. Communication with inpatient services, ensuring that children receive appropriate treatment is all important. This is especially the case across sites, where a child is being assessed at Central Middlesex Hospital, but inpatient services are at Northwick Park Hospital.

Capacity at Northwick Park Hospital

It had been a concern to the committee that Northwick Park Hospital would not have the capacity to deal with additional paediatric in-patient cases that are currently treated at Central Middlesex Hospital. Therefore it was reassuring to be told on the tour of Jack's Place that there were currently 21 beds in the ward, but space to expand to 28 beds if necessary. There is also funding in place to employ additional nursing staff should the seven extra beds be

needed in Jack's Place. Similarly, councillors were reassured to learn at the challenge session that there were no redundancies planned as a result of centralising paediatric inpatient services at Northwick Park Hospital. The challenge session was informed that the trust was over recruiting nurses in order to compensate for staff turnover. It is crucial that a full complement of staff is maintained to deliver services for this client group.

A second issue which came to members' attention on the tour was the need to provide a separate space for older children. The needs of teenagers are very different to those of toddlers and so it is reassuring that additional space will be available for older children to use if they are admitted to Northwick Park Hospital.

The future of Central Middlesex Hospital

Although the consultation on paediatric services is not explicitly related to the future of Central Middlesex Hospital, it is inevitably an issue for Brent councillors and residents. Central Middlesex Hospital is a highly valued local hospital and it is a concern to some that services are being taken from it and placed at Northwick Park Hospital (which, it should be added, is also a highly valued local service), even though the clinical reasons for doing so make sense. Members were keen that the future of Central Middlesex Hospital was clarified during the consultation period, and they are pleased to have received a comprehensive statement on the future plans for the hospital. This will be especially valued by residents who live in South Brent and use Central Middlesex Hospital.

Another concern to councillors is that patients will seek alternative paediatric services (for example, at St Mary's) rather than use Central Middlesex Hospital once they know that CMH no longer has an inpatient service. Councillors will be keen to monitor patient flows to know how the reconfiguration is affecting the number of people using CMH's paediatric services. It is not clear from the consultation at what point the service could become uneconomical, but there must be a point at which it becomes uneconomic if user numbers at CMH decline. This will also affect the critical mass of patients needed to make the unit viable.

In recent weeks a draft copy of the North West London Integrated Strategic Plan has been made public. The plan is suggesting a reduction in the number of major acute hospitals in North West London and rationalisation of some services, including A&E. Throughout discussions during the consultation, councillors have been assured that the A&E services at CMH are not under threat. However, it is a concern that these services may be withdrawn from the hospital and so councillors would appreciate further reassurances with regard to the future of A&E services at the earliest opportunity. The statement published on the future for CMH does address this point, but the committee believes this can't be stressed often enough. At present, uncertainty in the sector is adding further doubt to the future viability of Central Middlesex Hospital, although it is appreciated at A&E services across London are being disaggregated, and so CMH is likely to have a different service to other hospitals.

Transport

The closure of inpatient services at CMH means that any child who needs to be admitted to hospital from the CMH paediatric assessment centre will be transferred to Northwick Park Hospital. The Health Select Committee wants to reinforce the message to the London Ambulance Service to ensure it is fully geared up for this change, even though it affects a relatively small number of children. Councillors would be concerned if there were significant delays in transfers and believes that this should be closely monitored by the Health Select Committee once the service changes are made.

Transport links between Central Middlesex Hospital and Northwick Park Hospital are not particularly good and so parents of children admitted to Northwick Park from CMH could be reliant on either the staff minibus or taxis to transfer them to NWP if they don't have their own car. When their child is admitted to hospital, councillors understand parents will be anxious to get to the hospital as soon as possible and so public transport may not be the best solution in these cases. Councillors hope that funding will be available to pay for taxi's or improve the regularity of the staff bus to cater for parents in this situation. In the meantime, lobbying should continue to press for better public transport links between the hospitals.

Councillors hope that work is done to track patient transfers from CMH to NWP so that the experience can be improved for the patient and their family. The most appropriate transport arrangements should become clear once services are up and running and transfers are taking place on a regular basis.

Engaging Clinicians

The proposals for paediatric services at North West London NHS Hospitals Trust were led by clinicians. Stakeholder support for the proposals in the pre-consultation phase was 96%, and yet at different times the Health Select Committee has picked up on some opposition to the plans from GPs in Brent. The point was made at the challenge session that within a group GPs there will be a range of views on the best way to provide paediatric services and inevitably, some won't approve of the options for change. The Health Select Committee hopes that work will continue with clinicians and non-medical staff within Brent and Harrow to convince them of the benefit of these service changes and to support the plans for paediatric services.

Sickle Cell

Central Middlesex Hospital hosts specialist sickle cell services and the Brent Sickle Cell Centre is to remain at CMH, as well as day management of sickle cell cases. Young people suffering from a sickle cell crisis that require overnight admission to hospital will be transferred to Northwick Park once the changes to paediatric services are implemented. It is this group of patients in particular that the service proposals will affect.

Brent's has a significant number of people who are black Caribbean or black African, the two groups most susceptible to sickle cell. Ethnicity data for Brent is now out of date, but in the 2001 census 22% of Brent's population (57,000) recorded their ethnicity as either black or black British. This number is likely to have increased in the 9 years since the census was carried out. The Health Select Committee was concerned that sickle cell patients and their families should be consulted separately on proposals and are pleased that a sickle cell focussed consultation meeting is to take place in March 2010. However, it is a concern that in -patient services for children will be moved to Northwick Park Hospital but specialist services for sickle cell will remain at Central Middlesex Hospital. Councillors would like reassurance that sickle cell patients are satisfied with this arrangement and again, steps are taken to continue working with them during the implementation of service changes and after the new services have been implemented to ensure their needs are met.

Councillors were pleased to learn that funding is in place to support training for GPs in Brent to better recognise the signs of sickle cell crisis and manage the illness without needing an inpatient hospital stay. Members appreciate that management of illness and treatment outside of hospital is as important for sickle cell as any other long term condition and hope that this training helps to achieve this aim.

Consultation

The Health Select Committee is satisfied with the consultation plan that is being implemented by North West London NHS Hospitals Trust for paediatric services in Brent and Harrow. Changes to the consultation plan and document suggested by councillors at the Health Select Committee meeting on the 7th January were implemented. However, some issues, such as the publication of a statement on the future of CMH are still to be addressed.

Councillors are slightly concerned that only 20 people attended the public meeting at Patidar House in Wembley on 11th February, as this figure also included trust staff. Members would have expected more people than this to turn up to the public meeting. Councillors are pleased that an additional public meeting at Central Middlesex Hospital has been arranged as it is felt that this may attract more people, as it is in south Brent and on the site where the proposed changes will have the greatest impact. 10,000 copies of the consultation document have been distributed which is positive and it is hoped that a good number of people respond to the consultation.

The Health Select Committee wants to sign off the consultation exercise and consider the outcomes of the consultation, the final proposals for service change and an implementation plan before implementation of the new service begins. The committee's last meeting of the 2009/10 municipal year is on the 23rd March, before the consultation closes. Therefore, officers will be invited to attend the first meeting of the committee in 2010/11 to present their report. This meeting is likely to be in June 2010, although committee dates are still to be set.

Councillor Chris Leaman
Chair, Brent Health Select Committee

Annex 3

Harrow Overview and Scrutiny Committee Response to "Better Services for Local Children – A Public Consultation for Brent and Harrow".

Harrow Overview and Scrutiny Committee warmly welcomes the opportunity to comment on the proposals set out in the NHS consultation document "Better Services for Local Children – A Public Consultation for Brent and Harrow". We thank colleagues from NHS Harrow, NHS Brent and NW London Hospitals Trust for bringing these proposals and the plans for consultation to our committee and discussing them with us in such depth.

In addition to the discussions at formal committee meetings, we have gathered further evidence to inform our response to the consultation through holding an extremely valuable challenge panel. Scrutiny councillors from Harrow and Brent came together to hold a joint Challenge Panel on 10 February 2010 at Northwick Park Hospital to question NHS colleagues about the proposals and the consultation process. This was preceded by a tour for members of the children's relevant wards and A&E which we found enormously helpful and we thank NHS colleagues for organising the tour.

The Challenge Panel consisted of 6 members, three representing Brent and three representing Harrow. Harrow's representatives were Councillors Vina Mithani, Rekha Shah and Janet Mote. The aims of the Challenge Panel were to:

- To gather sufficient evidence to inform Brent and Harrow scrutiny's individual responses to the consultation by NW London Hospitals Trust 'Better Services for Local Children'
- To be able to answer the questions within the consultation
- To make valuable input to the NW London Hospitals Trust's consultation process
- To be able to adequately assess the consultation process

Following the Challenge Panel, Brent and Harrow have individually drafted their separate scrutiny responses to the consultation. Harrow's Overview and Scrutiny Committee has formally 'signed off' this response at its meeting on 23 February.

In particular we wish to place on record our thanks to Fiona Wise and David Cheesman (NW London Hospitals Trust), Sarah Crowther (NHS Harrow) and Mark Easton (NHS Brent) for being so forthcoming with the plans for reconfiguration and consultation throughout the project to date.

Overall we support the changes proposed in the 'Better Services for Local Children' consultation document and wish to reiterate the following points about the proposals and their impact on Harrow residents.

Reconfiguring services

We are aware that, if implemented, the reconfiguration of the paediatric services is more likely to affect Brent residents than those from Harrow. That the groups and individuals that raised the most concerns during the pre-consultation phase were from Brent may indeed reflect this.

The current provision represents a duplication of paediatric services at Central Middlesex Hospital (CMH) and Northwick Park Hospital (NPH) where there are not the numbers to support this as a good use of clinical resources. Critical mass is vital to achieve best use of resources and more importantly the delivery of the best clinical outcomes for children and young people. Centralising services in one location would help achieve this.

As was highlighted during our tour of the children's facilities at Northwick Park Hospital, effective communication will be key in ensuring that the reconfigured services work, especially given the recent integration of the Urgent Care Centre with A&E.

Capacity at Northwick Park Hospital

An initial concern of Harrow scrutiny councillors was the capacity of NPH to take on extra services if paediatric inpatient care was to transfer from CMH to NPH. Harrow councillors at previous scrutiny committee meetings had asked for assurances that the changes will not adversely affect other services at NPH and that it can cope with the paediatric integration. Having been on a tour of the facilities and spoken to staff we are now more assured that there is capacity and infrastructure at NPH to accept these changes. The new system of integrating the Urgent Care Centre with the A&E is newly in place, since the start of February. Further, Jack's Ward has space for 28 beds although currently funded for 21 nursing staff, and therefore there is scope to expand to further beds should the transfers from CMH require NPH to accommodate a greater number of beds.

Should the changes require additional staffing, NPH is well placed to recruit paediatric specialists and junior doctors as it rates highly as a teaching hospital for trainee doctors and nurses.

Impact on children, young people and their families

The Chief Executive of the Hospitals Trust told us at Committee that an independent company had undertaken an exercise to consider the impact the transfer arrangements between CMH and NPH would have on patients. Resulting data had indicated that, with 83% of paediatric care currently being provided on an ambulatory basis and only 12.8% of patients requiring admission to CMH, there would be little impact on the vast majority of paediatric patients.

We would expect the Hospitals Trust to keep track of the patient numbers being transferred from CMH to NPH and ensure that services on both sites are set up appropriately to be able to meet the changing needs of the children, young people and their families. We must also stress that 'children and young people' are not one homogenous group and have different needs. For example, the needs of a teenager in an acute ward would differ from that of a toddler and we would expect the service and care provided at NPH to reflect this. To this end, we were glad to see on our tour that a young people's room is being provided on Jack's Ward to meet the needs and comfort of older children.

Engaging stakeholders

Clinical engagement, especially with GPs will be important to ensure that health professionals can explain to patients the changes and the ramifications of these. Especially in Brent, there may be concerns over residents having to travel further to access services.

We understand that the decision to reconfigure acute children's service across Brent and Harrow was a clinically led proposal, following much work with clinical clusters and therefore putting forward a clinically robust set of proposals. Further, this is fully in line with the direction set by Healthcare for London. We have heard that during the pre-consultation phase, the proposals secured approval from 96% of stakeholders involved. Any changes will only succeed if stakeholder and clinical engagement is maintained and therefore we would urge the PCTs and the Hospitals Trust to continue in their efforts to engage clinicians at all stages of this reconfiguration.

We would also encourage that the NHS continues to work in partnership with local authority colleagues in developing and delivering the best services for children and their families in the most holistic manner.

Future of Central Middlesex Hospital

We remain concerned that patients may progressively stop utilising the Paediatric Assessment Unit (PAU) at CMH on the basis that they may ultimately be transferred to NPH. This would make the PAU at CMH unsustainable in the long run. As a consequence public perception of the services offered by CMH is likely to suffer. To this end, it is paramount that the public are reassured as to CMH's future and what services (current, new and enhanced) it will offer local people.

Although there is a statement within the consultation document that the A&E department will remain at CMH with a separate communication on this subject planned, we await to see the direction set by the NW London sector's Integrated Strategic Plan on what each hospital in the region should offer in the future.

Transport arrangements

We would urge the Hospitals Trust to firmly state its commitment to children, young people and their families/carers around transport arrangements between the two hospital sites. Repatriation of young patients after overnight stays at NPH should be a key consideration. Although the consultation document refers to expanding the use of the staff shuttle bus to accommodate the needs of patients and families, we now understand that other options may be explored. We would also urge the local NHS to exploit the opportunities afforded by the Chief Executive of NHS Brent being the London NHS lead for liaison with Transport for London to progress local concerns around transport and accessibility to and between CMH and NPH.

Direct engagement with families of sickle cell patients

CMH has a good reputation for treating patients with sickle cell. Given its demographics, there is a higher than average prevalence of sickle cell in Brent and therefore CMH is particularly accessible for Brent residents who are sickle cell sufferers. We are therefore glad to hear that the sickle cell service will remain sited at CMH and most patients managed there on an outpatient basis. Young sickle cell crisis patients requiring overnight stays will need to be moved to NPH and continuity of care between the two sites will need to be addressed as a priority. This stresses one of the key factors in implementing any reconfiguration of services – the importance of effective communication. We are glad that sickle cell patients were identified as a key target group to approach and gauge the views of in the pre-consultation work. Therefore we are assured that their views have informed the public consultation phase of work.

Strategic landscape

We have heard that the impetus for timing this review has been to conclude it before the sector-wide review of acute services for children and young people, planned for late 2010. We understand the Acute Services Review Board's concerns that implementation of the sector-wide review would take significant time and this could be to the detriment to meeting the immediate needs of Brent and Harrow children. However we would ask the local NHS to exercise some caution and ensure that their plans align to the wider strategic landscape and there is 'strategic fit' with policy directions for example from Healthcare for London and opportunities across the sector.

Moving towards the Healthcare for London model of care, more children and young people should be treated outside of hospital and with more emphasis on treatment within the community. Polysystems of primary care will promote and facilitate this, as will colocating urgent care centres at acute hospitals, as is the case at NPH. However we are aware that changes will not occur overnight and much of the success of the Healthcare for London vision relies upon changing people's mindsets and behaviours. Much effort and aware-raising is needed in persuading people that hospitals are often not the most appropriate place to go if unwell. More appropriate care may be available in primary care.

Although this consultation focuses upon the acute part of the clinical pathway, this must be complemented by enhanced primary and community care. Better access to GPs will be important is ensuring the Healthcare for London vision is realised.

We wholeheartedly agree with the sentiments of the Hospitals Trust's Chief Executive who told us that it is more important decisions are made around ensuring the patient sees the most appropriate *person* to deliver their care rather than focus talk on the most appropriate *place* to provide care.

Consultation

It is scrutiny's responsibility to not only respond to NHS consultation but also evaluate the adequacy of the consultation process and consider the outcomes. As we are providing this response ahead of the close of the formal consultation period, we are unable to fully assess the adequacy of the consultation that the PCT has conducted around these proposals.

We are satisfied that the 18-day pre-consultation campaign across Brent and Harrow that took place in the autumn has informed the efforts for the formal public consultation phase. We hope that the forthcoming public events in both Brent and Harrow will be successful and capture the views of children, young people and their families, as well as more broadly the public. For our part, as elected members and we will use our role as community leaders to raise awareness of the proposals within our communities and encourage people to respond to these proposals.

We look forward to continuing our dialogue with NHS colleagues in the development and implementation of these plans. We ask that a further report is brought to Harrow's Overview and Scrutiny Committee to detail the outcomes of the public consultation exercise, the NHS' subsequent decision and implementation plan, and address the main issues raised in our response. To this end we would like to invite NHS colleagues to a future meeting of the Overview and Scrutiny Committee in the summer to update the Committee.

Sent on behalf of Brent Local Medical Committee (LMC)

1 April 2010

Dear Mr Easton,

Better services for local children: a public consultation for Brent and Harrow

Please find below the Brent LMC's response to the public consultation.
In general, the LMC was concerned that:

- There is no information on how the changes will be structured, implemented or funded.
- The questionnaire is one sided and seeking answers to decisions already made.
- Brent and Harrow have different patient population profiles and needs and this should be reflected in any proposals.
- This proposal will move services away from a more disadvantaged part of the local community (Central Middlesex area).

Detailed concerns are below.

Potential impact on patients

LMC members noted that Brent and Harrow have different patient population profiles and needs and this should be reflected in any proposals.

Sickle Cell

Brent has more patients with sickle cell than Harrow. The LMC noted that in -patient services for children would be moved to Northwick Park Hospital (NPH) but specialist services for sickle cell would remain at Central Middlesex Hospital (CMH). The LMC would like reassurance that sickle cell patients are satisfied with this arrangement and that steps are taken to continue working with them during the implementation of service changes and after the new services have been implemented to ensure their needs are met. This may need a separate consultation.

Signposting patients to the right services

The LMC noted that patients will need clear signposting to the right services so that they make best use of what will be available to them. Part of the case for change is that currently too many people are accessing hospital inappropriately. As services are developed in community settings, it is important that the PCT invests in patient education so that local communities know the best place to go for the most appropriate treatment for their child. There is a risk that people will still continue to use hospital inappropriately, even if the Urgent Care Centres at CMH and NPH keep people out of A&E.

There is also a risk that patients could seek alternative paediatric services (for example, at St Mary's Hospital) rather than use CMH once they know that CMH no longer has an inpatient service. This could destabilise the CMH unit and the LMC suggests that patient flows are monitored.

Patient Transport Issues

The LMC noted that the shift of services from CMH to NPH will disadvantage Brent patients in particular those that currently use CMH. The LMC noted there would be ambulance transport and an expansion of the current staff shuttle bus service to support patients to transfer from CMH to NPH and suggested that the PCT track patient transfers from CMH to NPH and ensure that there are appropriate transport arrangements for local residents.

Potential impact on the acute trusts

CMH is a highly valued local hospital, in particular by South Brent residents and the LMC would like reassurance as to the CMH's future.

The LMC noted the importance of ensuring that there is good communication between the teams involved in delivering paediatric services, especially once the paediatric assessment units are in place. Good communication with inpatient services is especially important across sites, where a child is being assessed at CMH, but inpatient services are at NPH.

Potential impact on primary and community services

LMC members did not think the proposals were achievable or safe without strengthening of primary and community care services. NHS Brent and Harrow have been working hard to strengthen community nursing recruitment, retention and standards and the LMC understands there are plans for additional recruitment, but the current health visiting services are not achieving their targets.

The LMC was disappointed that, although the proposals will shift services from secondary to primary and community care, there does not appear to be a related plan to move supporting resources. The LMC requests that any proposals to move services from secondary to primary and community care are preceded by 'invest to save' plans for the development of the primary care infrastructure. The PCTs appear to be targeting their resources in procurement and the development of APMS. The LMC requests investment in current primary medical services infrastructure to accommodate the shift in activity and recommends there is consultation with the PBC clusters over new care pathways and the resources needed. This could include investment in staff training (including the development of GPWSIs), an improvement grant process to support primary care practice premises development, local enhanced services and practice resources for patient education.

Kind regards
Lesley Williams
for
Brent LMC