

## Update for *Shaping a Healthier Future* CCGs on the planning for implementation of changes to paediatrics services at Ealing Hospital

### 1. Background

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

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

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

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

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

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

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

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

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

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

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

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

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

The consolidation of paediatric service in North West London will also act as a platform for improvements to out of hospital care. One of the guiding principles of the Shaping a healthier Future programme is to provide high quality care as close to the patient's home as possible. In Ealing, work is already underway to improve the quality of paediatric out of hospital services. Initiatives include:

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

## 2. Decisions made by CCGs prior to May 2015

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Over the course of late 2014 and early 2015, the constituent CCGs of the Shaping a Healthier Future (SaHF) programme met to decide their role in the proposed closures of the Ealing Hospital maternity and paediatrics departments. Their decisions are summarised in the table below:

Commissioning Organisation	Decision taken
Central London CCG	Delegated to Ealing CCG
West London CCG	Delegated to Ealing CCG
Hammersmith & Fulham CCG	Delegated to Ealing CCG
Hounslow CCG	Delegated to Ealing CCG
Ealing CCG	Invited delegations, became prime decision maker
Brent CCG	Delegated to Ealing CCG
Harrow CCG	Delegated to Ealing CCG
Hillingdon CCG	Delegated to Ealing CCG
Camden CCG	Declared no material interest
Richmond CCG	Declared no material interest
Wandsworth CCG	Declared no material interest
NHS England (As specialised commissioner)	Took individual decision in public

For those CCGs which opted to delegate decision making responsibility (highlighted above) there was a commitment made by the programme to keep these CCGs regularly informed of progress and risks arising. This paper is the next iteration of that update process, which also gives an additional opportunity for CCGs to advise how they wish to be involved in the next phase of the implementation.

### 3. Decision of Ealing CCG 20<sup>th</sup> May 2015

Ealing CCG Governing Body met on 20<sup>th</sup> May 2015 and agreed the following:

#### (1) With regard to maternity services currently delivered on the Ealing Hospital site

(a) **AGREE** that, in line with the Secretary of State's decision of 30th October 2013 to endorse the transition of the Maternity service, a date should now be set for completion of the implementation of this change.

(b) **AGREE** that based on the information and recommendations presented to the Governing Body, the transition of the Maternity service should be completed on 1 July 2015.

#### (2) With regard to gynaecological services on the Ealing Hospital site

(a) **AGREE** that based on the information and recommendations presented to the Governing Body the transition of the defined range of emergency gynaecology services should be completed by 1 July 2015

#### (3) With regard to paediatric services currently delivered on the Ealing Hospital site

(a) **AGREE** that, in line with the Secretary of State's decision of 30th October 2013 to endorse the transition of the defined range of paediatric services at Ealing Hospital, a preferred date should now be set for the completion of the implementation of this change.

(b) **AGREE** that based upon the information and recommendations presented to the Governing Body there should be a clear implementation plan and assurance process developed to enable the proposed transition of paediatric services to be completed on 30 June 2016.

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The first two of these service changes were completed in July 2015, following a programme of work that implemented the decision of Ealing CCG. Planning now continues for the implementation of changes to paediatric services at Ealing Hospital, which are to be completed on 30 June 2016.

#### 4. Commencement of the Implementation Phase

As planning for implementation continues, the programme has established a number of workstreams that will be used to put in place the environment required for a successful transition of services.

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

A number of these workstreams have implications for certain CCGs, for example the reprocurement of UCC services at the St Mary's Hospital site is being led by Central London CCG, with support from the SaHF programme team. Furthermore, CCGs will likely need to progress a number of linked commissioning decisions, such as improvements to HDU and PAU services at their local acute providers. Whilst this work is outside the scope of the Shaping a Healthier Future programme,

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expertise, support and access to clinical opinion can be facilitated through the programme team on request.

Direction and leadership for this work is provided by the Paediatrics Project Delivery Board (PDB) which comprises clinical representation from all providers and CCG clinical leads from Ealing, Brent and Harrow CCGs.

It is expected that CCGs will want to take a particular focus on the assurance of the plans for implementation, in conjunction with the parallel process established by NHS England (details to follow). Last winter, as planning and assurance continued for the changes to maternity services, all CCGs took an active part in some part of this process, for example the co-ordination and presence at site visits of local providers. The following section of this paper explores in further detail how CCGs could be involved with the same process for the transition of paediatric services.

Initial planning discussions with NHS England and Ealing CCG have led to the creation of a two stage process which will cover the following:

#### **Stage One – Planning assurance**

- (1) How the balance of risks influences the timing of the agreed transition
- (2) System monitoring dashboard which shows current paediatrics performance and trends, workforce, activity and compliance with standards
- (3) Comprehensive implementation plans
- (4) Paediatric model of care for Ealing and across NWL
- (5) Letters from NHS England and London Clinical Senate demonstrating their assurance
- (6) Revised, externally validated activity model
- (7) Workforce baseline and gap analysis, including implementation plan
- (8) Comms, engagement and equalities plans (including travel analyses)

#### **Stage Two – Implementation assurance**

- (1) Ongoing assurance process and system monitoring framework
- (2) Progress made against submitted implementation plan

These plans will form the framework for subsequent incremental assurance activity on implementation readiness.

#### **5. Ongoing CCG engagement during implementation**

As a part of the prior agreement to delegate decision making responsibility for this change to Ealing CCG, other CCGs in NW will continue to be updated on progress being made with implementation.

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CCGs will be updated through:

- Ongoing Governing Body engagement from the SaHF implementation team and / or clinical members of the Project Delivery Board
- Written updates to the Chair / other clinical leads of the Governing Body following the completion of key milestones
- Pan-NWL discussions on the implementation programme at the North West London Collaboration Board

## **6. Resolutions for agreement**

- (1) **NOTE** the update provided to the CCG Governing Body on the implementation of changes to paediatrics services at Ealing Hospital and the manner in which the CCG will be kept informed.