Consultation Paper

Redesigning Local Children’s Services for Inverclyde

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1. Introduction

1.1 NHS Greater Glasgow and Clyde took on responsibility for delivering healthcare in the Inverclyde area in April 2006.

1.2 Our predecessors, NHS Argyll and Clyde, had looked at new ways of organising paediatric (children’s) services located at Inverclyde Royal Hospital as well as those delivered from within local communities. They were responding to pressures felt by hospitals and NHS organisations all across the country resulting from new rules limiting the number of hours medical staff can work. These have had the knock-on effect of making it difficult to provide safe, 24-hour staffing of services across different sites.

1.3 They also had to face up to the fact that the number of young patients needing certain types of care at Inverclyde Royal Hospital was low. This was an unattractive prospect for some medical staff as they found it difficult to gain sufficient experience to maintain their skills and complete their required professional training. Consequently, it has proven very difficult to recruit and keep certain types of staff and there has been a need to rely on locums (temporary substitutes) for particular services.

1.4 In 2003, NHS Argyll and Clyde undertook an interim rearrangement of Children’s services in Inverclyde but were not able to go any further. In the period leading up to this, they had undertaken substantive planning and engagement processes with the involvement of community, staff and patient representatives.

1.5 Since NHS Greater Glasgow and Clyde assumed responsibility for these services, we have been looking at the options around this sensitive issue very carefully. Our overriding priority is to ensure continuing delivery of Children’s Services in Inverclyde. Our overall objective is to retain sustainable, safe and affordable clinical care locally wherever possible.

1.6 We are now in a position to take forward proposals for the future pattern of children’s services based in Inverclyde Royal Hospital and delivered in community settings. Our proposals are based on:

- the creation of a dedicated Inverclyde Children’s Centre bringing together a wide range of community, hospital and local authority services for children;
- an expanded range of outpatient and day services for children
- enhanced community and home nursing services, and;
- relocation of Inverclyde Royal Hospital’s Acute Assessment Unit.

This consultation paper sets out these proposals in detail.
2. **Background to the consultation**

2.1 In terms of general context, across the UK, the nature of children’s services has changed radically in recent years with a sharp decline in the numbers and lengths of stay of children treated as hospital inpatients and much more care provided in community and outpatient settings. With regard to Inverclyde, the background to the present service position is that until November 2003 the local paediatric service provided a range of inpatient and outpatient services for children up to the age of 16 years. The service was available for both emergency and planned care for surgery, orthopaedics, ophthalmology and dental services and planned care for ENT. The service was provided by a full complement of trained and experienced medical and nursing staff under the supervision of a team of 4 paediatric consultants, three of whom were based in the Royal Alexandria Hospital, Paisley (RAH) and one based in the Inverclyde Royal Hospital, Greenock (IRH). The clinical services were complemented by a range of community child health services provided through the Skylark Child Development Centre, which is situated adjacent to the main hospital.

2.2 At that time the paediatric ward was caring for approximately 1500 children each year. About 1100 were acute medical attendances, the remainder a combination of day case attendees and acute/non-acute surgical admissions. The majority of these children could be safely discharged after a few hours. Consequently the unit was frequently operating with very few inpatients. Over time, recruitment to the unit became increasingly difficult; available substantive positions were unable to be filled despite concerted efforts including advertising overseas and extensive use of recruitment agencies. Locum staff regularly staffed the unit; for example between April and October 2003, 15 different locums were employed with half of these working for one night only in the ward. A number of these staff were recruited at the last moment and consequently the continuity for service delivery and clinical governance became increasingly unsatisfactory and unsustainable.

2.3 This position was also influenced by a number of external factors which exacerbated these local challenges. These included:

- impact of legislation on junior doctors, changing the balance of their working time between clinical involvement and an enhanced training programme;
- progressive effect of European working time directive reducing the working hours of medical staff;
- demographic changes with a significant reduction in the birth rate;
- revised Royal College guidance from paediatrics, surgery and anaesthetics which has led to more children being treated appropriately by staff with specialist paediatric knowledge and skills;
- across Scotland, as a result of improvements in clinical practice, there has been a continuing reduction in length of stay for children in hospital.

2.4 The combination of local and national drivers outlined above led to the conclusion in late 2003 that the inpatient paediatric service could not continue to be provided on a safe and sustainable basis with this model of inpatient care. At that point Argyll and Clyde NHS Board introduced the current model of service which is outlined in more detail in the next section and which we now propose to change.
3. **Current paediatric services provided within Inverclyde**

3.1 The current service has a number of distinct components, which this section describes.

3.2 **Acute Assessment Unit**

The children’s ward at Inverclyde is open 8 hours each day from 9 am to 5 pm, Monday to Friday. Children who are referred for assessment, are observed and managed by on site paediatricians. Many of these children can be safely discharged after a short period of observation. When further treatment is required arrangements are made for safe transfer and care of the child to the RAH or other specialist tertiary services. Currently, on average, less than one child each day is referred to the acute assessment for conditions such as respiratory problems, rashes, diarrhoea and vomiting, and abdominal pain. Of the children attending the unit in the past year an average of 1 child per week was transferred for admission/ further assessment to the RAH or a specialist tertiary service depending upon the severity of the child’s condition or if the observation required was longer than 3 hours. The unit’s medical cover, which is essential to an acute assessment service, is currently provided by a locum middle grade doctor, as it is not possible to recruit permanently to the post for the reasons outlined in the next section. The level of activity experienced to date presents key challenges both in maintaining the skills and competencies of staff and for recruitment and retention, reinforcing the need for a sustainable model of care. **It is this element of the service we are proposing to change.**

3.3 **Emergency Care for Children**

The current pathways of care for children needing emergency services are:

- access to Accident & Emergency (A&E) via local GP services;
- direct access to A&E;
- via 999 call.

The A&E department in Inverclyde provides treatment to sick children 24 hours per day. If further treatment is needed children are transferred to the RAH or specialist tertiary service. If not, children are discharged and return home. **No change is proposed to this arrangement.**

3.4 **Clinics and Day Investigation**

The Inverclyde service also provides local day surgery, a range of paediatric out patient clinics including Port Glasgow Health Centre and community services across Cowal and Bute. **Under the proposed new arrangements these services would be strengthened and developed**
4. Proposed changes to current model

4.1 This section sets out the proposals for change to the current services. The primary reason to change the acute assessment service relates to the volume of activity and the effect of these on our ability to retain appropriately qualified paediatric medical and nursing staff.

4.2 In addition the Royal College of Paediatrics and Child Health has reviewed the educational components of medical staff training on the IRH site. Whilst the College have recognised service pressures and challenges it has advised that to secure ongoing educational accreditation, that further service changes are required.

4.3 Our proposal is to relocate the acute assessment unit from the IRH to the children’s centre at the RAH. This will enable the small numbers of children - less than one each day - who access the facility, to be treated in a comprehensive and sustainable inpatient facility, with the full range of on site specialist support. The service at the RAH would be accessible 24 hours a day, 7 days a week compared to the current Inverclyde unit’s opening hours of Monday to Friday, 9 am – 5 pm.

4.4 Most of the children coming into the acute assessment unit are be discharged within 4 to 12 hours and those who require longer lengths of stay are already transferred from the IRH to Paisley for the comprehensive specialist services available there.

4.5 The staff resources released by these changes will enable us to strengthen and develop the remaining local services including:

- continuing to provide paediatric day surgery services within the day surgery unit in IRH;
- consolidating additional nursing input to the A&E dept at the IRH to support the safe transfer of children to the RAH or other specialist services;
- expanding the Inverclyde community children’s nursing team, building upon the skills and experience of the current nursing workforce within the paediatric ward and complimenting the existing community children’s nurses based at the Skylark Child Development Centre;
- Creating a dedicated Inverclyde Children’s Centre that would combine a range of community and specialist services for children
- providing an expanded range of ambulatory paediatric services to the Inverclyde community, in collaboration with Primary Care Teams, Specialist Children’s Services, partner agencies and services users which would include:
  - out patient services including paediatric consultant clinics, nurse led clinics and planned medical investigations;
  - enhanced home nursing services providing support to children with a range of conditions;
- nursing support to children and their carers on discharge from inpatient services of the RAH.

4.6 One of the main changes arising from the proposals in terms of numbers of patients attending IRH would be with regard to the Acute Assessment Unit. Last year, a total of 291 children were seen at the unit – equating to less than one child a day (given that the unit is open only five days a week between 9 am and 5 pm).
4.7 Of this number, it is anticipated that arrangements could be put in place to ensure a large proportion of these young patients would still be able to receive care locally in Inverclyde. NHS staff based in Inverclyde intend to highlight and debate a number of potential options to achieve this in the course of the consultation period.

5. **Benefits of the proposals**

5.1 There are clear clinical benefits to these proposals, which are outlined below:

- the development of a range of specialist services including ambulatory paediatric care, specialist care for diabetes, respiratory conditions, epilepsy etc;
- access to specialist services on the same site through co-located integrated teams comprising Skylark Child development Team, Children with Disability team (Inverclyde Council) and the expanded Community Children’s Nursing Team;
- retain existing experienced and skilled paediatric nursing staff and improve opportunities for future recruitment;
- caring for more children in a community environment;
- the proposed model of service will conform to Royal College guidance, ensuring future educational accreditation for medical staff and medium term sustainability;
- the opportunity to develop closer working between GPs and Community Children’s Nurses facilitating timely and more integrated assessments.

5.2 A final key benefit will be the creation of a dedicated children’s centre through the capital scheme funded from The Changing Children’s Services Fund and NHS Greater Glasgow and Clyde. This will deliver the physical alterations required to the existing children’s ward within IRH to achieve the new pattern of children’s services.

6. **Staff affected by proposed changes**

6.1 The nursing staff currently working within the children’s ward and those linked to it from the Community Children’s Nursing team are integral to the proposed model of service and development of ambulatory paediatric services in Inverclyde. All these nursing staff will have the opportunity to be redeployed to work within the new service model and be provided with the training required to take up new roles.

6.2 Medical staff will continue to provide services and supervise the delivery of service within Inverclyde. As with the nursing staff the proposed model of service does not diminish the medical staffing required to deliver the model, however there will be considerable change in the way in which their day-to-day work is delivered. There will be increased opportunity for training of junior doctors within community child health services with exposure to wider training and the Skylark Child Development Centre.
6.3 A range of current staff who have supported the paediatric service in Inverclyde will continue to be integral to a paediatric model of service, with some changes in their role undoubtedly required as the new model of service is developed. This will include medical, nursing, allied health professional and administrative staff.

7. The consultation process

7.1 It is important to set the context in which this formal consultation takes place.

7.2 There has been a wide range of engagement of local interests in the development of the model of service which we are proposing and in the background to the service changes in 2003. The process we are now proposing is the end point of this programme of change and engagement which reflect the fact that there is a statutory requirement for NHS Boards to formally consult on service change. In order to meet that requirement we are carrying out a range of activities to inform and consult with the people of Inverclyde.

7.3 In addition to this consultation paper, we will also make widely available a summary leaflet as well as posters. These will be distributed via GP surgeries, pharmacies, opticians, nurseries, mother and toddlers groups, libraries, hospital waiting areas and also by mail via an extensive database of local community organisations, groups representing patients’ interests and individuals. We will also work with Inverclyde Council’s Education department in arranging distribution of a letter alerting to parents to the consultation.

7.4 Additionally, the NHS Greater Glasgow and Clyde website (www.nhsggc.org.uk/inverclydechildren) has been updated to include a section relating to the consultation. A full page advertisement was also taken out in the Greenock Telegraph with briefing material also sent to newspapers distributed in areas such as Largs, Cowal and Bute.

7.5 Face to face meetings have been arranged between key stakeholders and project leads and a full programme of staff briefings and engagement has been organised.

7.6 A key event is a public consultation workshop that is to be held in the Tontine Hotel, Greenock on the evening of Tuesday 18th July 2006 (see item 8.4 on the next page for details). This will allow members of the public to receive presentations from leading clinical staff and then join them in workshop groups in order to ask detailed questions, debate the issues and put forward their own points of view. Should the event be oversubscribed a second event will be organised quickly thereafter.

7.7 The process outlined above builds upon experience gained from previous public engagement processes. The process is also a starting point for longer-term public involvement and service monitoring.
8. **Responding to the consultation**

8.1 The consultation commenced on Friday 16\textsuperscript{th} June and will be completed on **Friday 28\textsuperscript{th} July**.

Responses should be sent to:

Mr John Hamilton  
Head of Board Administration  
NHS Greater Glasgow and Clyde  
Dalian House  
350 St Vincent Street  
GLASGOW  
G3 8YZ

Or by email to: inverclydechildren@nhsggc.org.uk

8.2 All communication and correspondence will be recorded and reported to NHS Greater Glasgow and Clyde Board for their consideration in concluding the submission to the Health Minister which will be required following the consultation process.

8.3 If you do not wish your response to be published, or wish to remain anonymous, you should state this **clearly** on your submission.

8.4 **Workshop Event, 18\textsuperscript{th} July 2006**

If you would like to attend this event, please note that it will take place at 6.00 for 6.30 pm on the evening of Tuesday, 18\textsuperscript{th} July 2006. The venue is the Tontine Hotel, 6 Ardgowan Square, Greenock PA16 8NG.

To attend you must register in advance by telephoning 0141 201 4908 during office hours. Attendance on 18\textsuperscript{th} July will be on a 'first come, first served' basis as, if more people register than the venue can hold, a second ‘overflow’ event will be organised at a later date.

8.5 On conclusion of the consultation, full feedback will be provided on the issues under consideration and the decision and actions that have been taken. Participants will also be notified of any agreed future engagement.

9. **Monitoring the new service provision**

9.1 A system of monitoring the quality of the new services, assessing any potential for further improvement and addressing any difficulties encountered in the new system will be put in place. This system will give both staff and service users the opportunity to flag up any quality issues as they occur in the new service. Measures to achieve this will include patient feedback forms for service users and the continuing engagement of the Patient and Public partnership forum.