Redesigning Local Children’s Services for Inverclyde

This leaflet explains proposed changes to the way Children’s Services, delivered in Inverclyde Royal Hospital and in the local community, are organised and tells you how you can put forward your views.
Foreword

NHS Greater Glasgow and Clyde took over responsibility for Inverclyde Royal Hospital in April 2006.

Our predecessors, NHS Argyll and Clyde, had looked at new ways of organising children’s services at the hospital and across the area as a whole. They were responding to pressures being felt by hospitals all across the country resulting from new rules limiting the number of hours medical staff can work. This had the knock-on effect of making it much more difficult to provide safe 24-hour staffing of services across different sites.

They also had to face up to the fact that the number of young patients needing certain types of care at Inverclyde 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.

In 2003, NHS Argyll and Clyde undertook an interim rearrangement of Children’s Services at Inverclyde but were not able to go any further. Since we took over responsibility, 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 and our overall objective is to retain sustainable, safe and affordable clinical care locally wherever possible.

In the following pages we have set out proposals to change Inverclyde’s services and bring in new resources. We think they will benefit local children and their parents. We want to know what you think and we value your opinion.

I hope that you can take time to read this leaflet and, by using the methods described on the last page, put forward your comments.

Dr Brian Cowan
Medical Director
NHS Greater Glasgow and Clyde

Introduction

Inverclyde Royal Hospital provides Paediatric (Children’s) Services for young people aged less than 16 years.

Most of the care Inverclyde gives to children is planned in advance – such as daytime appointments, investigations and routine surgical operations. But there is also emergency care including the Accident & Emergency (A&E) Service. Even here, most children are sent home after a few hours and very few indeed need to be admitted to hospital as inpatients (staying in a hospital overnight or longer). Inpatient paediatric care is provided at the Royal Alexandra Hospital in Paisley and specialist regional children’s services are provided at the Royal Hospital for Sick Children in Glasgow.

Why change services?

Hospitals across the UK are facing up to new challenges that mean the way many services were organised in the last 20 years or so won’t meet the needs of 21st Century healthcare. The world is moving on and our hospitals must do so too:

- The birth rate has fallen dramatically over many years – this in turn affects the number of children our doctors and nurses can see and treat. If they don’t see enough patients they can’t keep their skills up to the level required and might not be able to complete their professional training
- In any service with too few patients attending, we find it very difficult to attract and keep staff – this is a particular problem with one element of Inverclyde’s services – the Children’s Acute Assessment Unit
- Improving technology means that we are able to treat far more children within a single day as outpatients with less need for overnight or longer stays in hospital – this means we have to change the balance of what we do towards outpatient and community-based care
- New guidelines from the Royal Colleges which set training standards for doctors and nurses mean that the current arrangements at Inverclyde are no longer appropriate
- Safety is the key issue and for emergency care this means qualified staff being on hand – national changes to the hours doctors and consultants can work makes constant, safe staffing coverage over many sites very difficult to achieve

Taken together, these issues mean we have to come up with a way of making Children’s Services at Inverclyde both safe and sustainable.
What we propose to do at Inverclyde Royal Hospital and in local communities

The table below sets out the services currently at Inverclyde, the issues affecting each and how we propose to change them.

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<th>Service</th>
<th>Current Arrangements</th>
<th>Issues</th>
<th>Proposed New Arrangements</th>
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| Accident & Emergency (A & E) | 24-hour emergency care which includes treating children referred by their GP or 999 ambulance services | • Children should be treated by appropriately trained staff  
• Treating children alongside adults in an A & E is not best practice – it is better they have services devoted to their needs | Inverclyde’s A & E would continue to treat children needing urgent attention and the A & E service will continue to be operational 24/7:  
• More nurses would be employed to offer care and organise the safe transfer of young patients to specialist services at the Royal Alexandra Hospital (RAH) in Paisley |
| Acute Assessment Unit | Children suffering symptoms like breathing problems, rashes, severe diarrhoea and vomiting are taken in for observation. Most are discharged again within four to twelve hours as no serious problems develop. A small number have to be transferred for specialist paediatric inpatient care at the Royal Alexandra Hospital in Paisley | • The unit is open Mon-Fri between 9.00am and 5.00pm  
• On average, only one child a day is admitted to the unit – most often arriving by ambulance  
• Children who need specialist paediatric care have to be moved to the RAH – so may face two journeys  
• The low volume of patients makes training and keeping staff difficult  
• Even with so few patients, the unit needs a full contingent of qualified staff | The Acute Assessment Service would be moved to the Royal Alexandra Hospital:  
• This would allow direct access to specialist care for children, without the need to be moved again if they need further treatment other than in exceptional circumstances  
• The service could be run within a larger pool of specialist staff at the RAH which would guarantee safe cover  
• Highly experienced children’s nurses would be redeployed locally to support Inverclyde children discharged from the RAH and their parents  
• Resources would be freed up which could be ploughed back into the other Children’s Services at Inverclyde Royal Hospital |
| Pre-arranged (elective) Day Surgery, Clinics and Planned Investigation | Routine appointments for diagnosis of non-urgent conditions (e.g. with endoscopic cameras and x-ray imaging), minor operations and other treatment. Services include local clinics run in Port Glasgow and across Cowal and Bute. A range of community services are also provided by the Skylark Child Development Centre located within the hospital grounds | • More than 80% of the children who attend Inverclyde Royal Hospital use these sorts of services  
• Demand for outpatient-type care is growing and will continue to grow  
• Our policy is to retain and provide as much locally-based care as possible | Children's Services at Inverclyde will be strengthened and developed:  
• Day surgery services would continue  
• There would be an expanded Community Nursing team working in partnership with the Skylark Centre  
• An expanded range of outpatient/day children’s services would be introduced including paediatric consultant clinics, nurse-led clinics and planned medical investigation (organised in partnership with Primary Care teams including GPs)  
• Home nursing services for children with a range of conditions would be enhanced  
• The existing Children’s wards at Inverclyde would be refurbished as a dedicated Inverclyde Children’s Centre, purpose-designed to deliver child-friendly day and outpatient care |
What would the proposed changes mean?

**FOR CHILDREN AND PARENTS IN INVERCLYDE:**

- Local community-based services would be enhanced

- The one child a day now seen at the Acute Assessment Unit at Inverclyde would be taken to the Royal Alexandra Hospital in Paisley for specialist observation. The small proportion of those children whose condition worsens would be admitted directly to specialist care without the need to be moved on again (unless, as happens on rare occasions, they need access to regional services based at the Royal Hospital for Sick Children in Glasgow)

- The bulk of Children’s Services in Inverclyde would stay in Inverclyde and in fact would be expanded in a way that guarantees they can go on serving local communities into the future

- Better, purpose designed children’s accommodation would be funded at Inverclyde Royal Hospital

- The local A & E service would carry on treating children but with more nursing staff trained to work with children on site

**FOR STAFF:**

- Nursing staff would have the opportunity to be redeployed within the expanded range of services remaining at Inverclyde Royal Hospital and in the local community

- There would be no redundancies

- New working arrangements for medical staff and more training opportunities could be accommodated

- Optimum staffing cover and supervision would be ensured

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What do you think?

Public consultation on these proposals was launched on 16th June 2006.

**CONSULTATION PAPER**

If you would like a copy of the full consultation paper containing detailed background information and proposals, you can download it from www.nhsggc.org.uk/inverclydechildren. Or, you can call 0141 201 4908 during office hours.

**PUBLIC EVENT**

An evening consultation workshop event is to be held at the Tontine Hotel, 6 Ardgowan Square, Greenock PA16 8NG at 6.00 for 6.30 pm on Tuesday 18th July 2006. To attend, you must register in advance by telephoning: 0141 201 4908 during office hours. If more people wish to attend than the venue can accommodate, a second event will be organised – attendance on the 18th of July is therefore on a ‘first come, first served’ basis. The event will offer an opportunity to hear presentations from the NHS staff and clinicians proposing the changes. You will be able to ask questions and put forward your point of view in workshop sessions.

**STAFF EVENTS**

A series of events for NHS Greater Glasgow and Clyde staff will be organised over the course of the consultation period. Details will be provided via Staffnet, Core Brief and line managers.

**PUTTING FORWARD YOUR POINT OF VIEW**

To make a formal response as part of the consultation, you can either:

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

or email - inverclydechildren@nhsggc.org.uk

THE CONSULTATION WILL END ON FRIDAY, 28TH JULY 2006.