

REVIEW OF PAEDIATRIC INPATIENT SERVICES AT ROYAL ALEXANDRA HOSPITAL

1. Introduction

In 2012 there was a proposal by the Women and Children's Services Directorate to move the Paediatric Inpatient Services in Ward 15 at the Royal Alexandra Hospital, Paisley to the Royal Hospital for Sick Children, Yorkhill. Following engagement on the proposal and options with patients/parents, families and professionals, the preferred option was to transfer the inpatient service when the new Royal Hospital for Children opened on the new Queen Elizabeth University Hospitals Campus. This paper updates and restates the basis of the proposal to enable re engagement in advance of formal public consultation on the proposed transfer.

2. Current Service

2.1. Outpatient service

A full range of paediatric outpatient clinics are held at Ward 15. These include the following:

General Paediatrics	Diabetes
Endocrine	Cystic Fibrosis
Rheumatology	Neonatal
Neuro-developmental	Neurological
Renal	Allergy
Paediatric Dermatology	Paediatric Dietetics
Clinical Genetics	

2.2. Planned Care

Ward 15 also provides planned care services where children can be admitted for day surgery and elective procedures or can be admitted for planned investigations or treatment on a day case or elective inpatient basis.

Day treatments include allergy testing, infusions and transfusions; endocrinological investigations; cystic fibrosis annual review; micturating cystograms; and general blood/urine/stool testing. To support this there are day care area comprising of 4 beds and 2 chairs.

2.3. Emergency Care and Medical Assessment

Ward 15 operates a 24 hour Short Stay Medical Assessment facility for assessing children as well as admitting patients for inpatient emergency care.

There are 16 inpatient beds and a short stay assessment facility consisting of 5 beds and 1 chair. In 2015/16 there were 4839 short-stay patient episodes in Ward 15.

Emergency patients are admitted in a number of ways:

- Direct referral by GP
- Following presentation and assessment in the Emergency Department (ED).
- Transfer from Inverclyde Royal Hospital ED or the Vale of Leven Minor Injury Unit and from community hospitals throughout Argyll and Bute.

The level of Acute Activity in 2015/16 is shown in the table below:

	Activity	Bed days	Average LOS
Outpatients	4563	n/a	n/a
Day Case	542	n/a	n/a
Elective Inpatient	125	447	3.8
A&E Attendances	10045	n/a	n/a
Emergency Inpatient	4839	3379	1.8

2.4. Specialist Community Paediatric Services – PANDA Centre

Co-located with Ward 15 is the PANDA centre hosts complex neurodisability and neurodevelopmental services, and provides facilities for a range of general community paediatric clinics including physiotherapy, occupational therapy, speech and language therapy

3. Clinical Case for Change

This proposal is driven by clinical considerations; the rest of the section outlines the clinical case for change and sets out the new clinical model which we are proposing to implement.

3.1. The Royal Hospital for Children

The new Royal Hospital for Children (RHC) provides a state of the art facility and is one of the largest paediatric teaching hospitals in the UK and the largest in Scotland. The entire focus of RHC is around children and young people, with care provided in a child friendly environment with:-

- The latest technology and specialist children's equipment, such as the MRI scanners, CT scanner, dedicated paediatric interventional radiology facilities and five state of the art laparoscopic theatres.
- All paediatric medical, surgical and anaesthetic subspecialties including emergency specialists, general medical paediatrics, cardiology, neonatology, neurology, nephrology, respiratory, endocrinology, gastroenterology, immunology and infectious diseases, dermatology, haematology/oncology (including a dedicated teenage cancer unit), rheumatology, metabolic medicine, audiology, ophthalmology, ENT surgery, orthopaedics and general paediatric and neonatal surgery.
- Child and adolescent psychiatry and AHP services facilities are located within the campus. Children who self harm and may require admission to hospital are now treated on the RHC site.
- An integrated neonatal medical and surgery unit as well as a paediatric critical care unit of 20 nationally funded intensive care beds and 2 high dependency beds are available on the RHC site to ensure that children who are or become very unwell receive world class care.
- A dedicated paediatric theatre complex, comprising 9 full theatres, interventional and cardiac catheterization labs.
- Dedicated diagnostic facilities providing the full range of imaging services including ultrasound, CT, MRI and nuclear medicine studies on site.
- On site access to the full range of diagnostic laboratory facilities including haematology, blood bank, biochemistry, microbiology, virology, histopathology and genetics.
- 17 national designated services which are accessed from children across Scotland and are delivered from the hospital including cardiac surgery and interventional cardiology, bone marrow and renal transplantation, ECLS (extracorporeal life support) and complex airway service and cleft surgery.

- A full range of dedicated children's services and facilities which cannot be replicated in a local district general hospital, such as the RAH located approximately 7 miles from the new RHC.
- A number of specialist adolescent facilities which are not replicated in the RAH: most notably zone 12, medicinema and dedicated young people workers. There are also dedicated age appropriate facilities for younger children such as the teddy hospital. In addition, educational support is offered.
- Amalgamation of Ward 15 medical staff with the acute receiving and hospital at night teams will strengthen resilience of the clinical team, supporting rota to be compliant with recommended staffing levels.
- The capacity within the new RHC will support the transfer of RAH paediatric inpatient activity to RHC. The Emergency Department has been sized to accommodate 65,000 attendances.
- Single rooms with ensuite patient accommodation within the RHC offer dedicated facilities to support parents with fold down beds. Whilst access to self-catering facilities, shops and food outlets on site add further convenience.

3.2. National Clinical Standards

In Facing the Future Report the Royal College of Paediatrics and Child Health (RCPCH) set out a number of standards as the requirement to ensure high quality health care is delivered to children and young people. It is believed that the implementation of these standards will contribute to better outcomes for children and young people and at the same time ensure greater efficiency of the service, maximising the contribution consultants and other health professionals make to providing effective future services. Some of the key standards are set out below:

- Every child or young person admitted to a paediatric department with an acute medical problem is seen by a paediatrician on the middle grade or consultant rota within 4 hours of admission.
- Every child or young person who is admitted to a paediatric department with an acute medical problem is seen by a consultant paediatrician (or equivalent staff, speciality and associate specialist grade doctor who is trained and assessed as competent in acute paediatric care) within the first 14 hours.
- All Short Stay Paediatric Assessment Units (SSPAUs) have access to a paediatric consultant (or equivalent) opinion throughout all the hours that they are open.
- A paediatric consultant (or equivalent) is present in the hospital during times of peak activity.
- All children and young people, children's social care, police and health teams have access to a paediatrician with child protection experience and skills (of at least a level 3 safeguarding competencies) available to provide immediate advice and subsequent assessment, if necessary for children and young people under 18 years of age where there are child protection concerns. The requirement is for advice, clinical assessment and the timely provision of an appropriate medical opinion, supported with a written report.
- At least two medical handovers every 24 hours are led by a consultant paediatrician.

The Report also set out the concerns facing the paediatric workforce within the UK. It recognised the significant pressures across the paediatric service nationally, which are seriously challenging the services' ability to:

- Staff in a safe and sustainable way all of the inpatient rotas that currently exist
- Comply with the European Working Time Directive (EWTD)
- Continue with the present number of consultants and trainees

The Royal College of Paediatrics and Child Health (RCPCH) recognise that the current number of paediatric inpatient units is not sustainable. The 'Facing the Future' Standards of Care for Paediatric Emergencies set out clear expectations for

the skills, expertise and specialist opinion which should be available for children in all emergency settings.

We need to ensure that we meet the required range of specialist paediatric services for all children presenting as emergencies and those requiring inpatient care. The move to the new Royal Hospital for Children on the Queen Elizabeth University Hospitals campus will allow this to happen.

It will extend the range of specialist treatment, in a dedicated child friendly environment and with specialist paediatric trained staff across a range of services and disciplines. In addition, there are a range of consultants who are on call for specialist services e.g. dermatology, rheumatology, Specialist Child Protection Service and many other specialties at the RHC which children can access directly. Our proposal will therefore enable us to deliver these standards

3.3. Enhanced Opportunities for Training

Impact of Modernising Medical Careers is a major reform of postgraduate medical education and is having an impact on medical staff provision in clinical areas across West of Scotland Boards.

Currently, within GGC and across neonatology and in medical paediatrics, it is not uncommon for consultants to have to provide unplanned extended day working and, in extreme situations, 24/7 middle grade shift cover as a result of these emerging rota gaps. This senior medical cover when used as such is at a financial and workforce capacity premium to the wider system. It is not sustainable in the mid to long term as a counter solution to managing what will become a more frequent occurrence.

NHS GGC has recruited additional consultants in all specialties and also developing the role of specialty doctor, advanced nurse/allied health professional practice, e.g. advanced neonatal and paediatric nurse practitioner role.

The single site provides opportunities for enhanced training for medical and nursing staff. Meeting RCPCH standards with consultants contributing to emergency care at peak times allows trainees to benefit directly from senior support. General paediatric outpatient training will be enhanced on both sites as a consequence.

Both registered and unregistered nurses currently based at the RAH will benefit from exposure to specialist patient groups, many of whom are nationally unique to the RHC site. With over 10 nurse educators and a broad pool of senior staff, the opportunities for on-going development, nurse mentoring and continued education are readily available. Nurses become part of the broader community of expertise prevalent throughout the RHC.

A single site will allow Advanced Nurse Practitioners (ANP) to attain and consolidate core competencies in addition to having access to specialist skills within paediatric subspecialties.

3.4. Emergency care

Management of emergency care is evolving to provide alternatives to and prevent unnecessary admission. These centre around early access to dedicated General Paediatric Consultants and are supported by access to urgent outpatient appointments, development of nursing roles, closer working across acute and community services, earlier discharge and an ethos of supporting children at home wherever is possible and appropriate.

The impact of these changes is to reduce the likelihood of children being admitted unnecessarily and speed up their discharge home.

4. Future Services at the RAH and in Renfrewshire

4.1. Our proposal is to move inpatient and day case care from the Royal Alexandra Hospital(RAH) to the Royal Hospital for Children (RHC), this will allow effective use of our clinical teams to maintain strong clinical presence in outpatient services at the RAH and compliance with Royal College standards at both sites.

4.2. Children's services will continue to be provided at the Royal Alexandra Hospital (RAH) as follows:-

- A&E will continue to receive paediatric patients who self present;
- Outpatient clinics will continue to be provided;
- Specialist Community Paediatric services (PANDA Centre);

4.3. Services that will transfer to the Royal Hospital for Children (RHC) will be:

- Emergency inpatient admissions, including short stay medical assessment
- Elective inpatient admissions
- Day case activity including day surgery and planned investigations

4.4. The impact of these changes will be:

- Just under 7500 attendances self present at A&E, these will continue to be seen at the RAH.
- Just over 2500 attendances are GP referrals or come by ambulance and will go directly to the RHC.
- 16% of A&E attendances (1570) currently result in an admission – these will transfer to the RHC
- All emergency admissions (inclusive of the 1570 attendances above) will transfer to the RHC.
- All elective and day case activity, 667 episodes will move to the RHC
- For outpatients the 1520 new and 3043 outpatient appointments, total 4563, will continue to be delivered at the RAH.

Summary of activity changes

	Stay at RAH	Move to RHC
Outpatients	4563	
Day Case		542
Elective Inpatient admissions		125
A&E Attendances	7500	2500
Emergency Inpatient admissions		4839

4.5. In summary, a total of around 8006 episodes of care will transfer to RHC and 12063 will continue to attend RAH.

4.6. We are aware that access for the RAH catchment population to the RHC will be a significant concern. We are updating previous analysis so this can be scrutinised and debated as part of the engagement process and considered in final decision making. It is important to note that the RHC already provides these services for the rest of the Greater Glasgow and Clyde population and the hospital is relatively accessible to the Renfrewshire area.

4.7. Neonatal Intensive Care Unit

Neonatal intensive care/special care is located on campus in the separate maternity hospital. There is no planned change to neonatal or wider maternity services provided in the RAH as a result of this proposal. The neonatal service at RAH will become consultant led by the amalgamation of the workforce across the neonatal units at the QUEH maternity unit and RAH to provide a joint workforce model of patient care.

5. Proposed Engagement

This proposal was originally made in 2012 and there was an extensive programme of engagement at the time with patients/parents, families and professionals. This included an option appraisal from which the preferred option was to transfer the inpatient service in 2015 when the new Royal Hospital for Children opened on the new Queen Elizabeth University Hospitals Campus as there were real concerns about access to the RHSC at Yorkhill.

Our proposed approach to this further engagement has two phases:-

- Establish an extensive programme of communication with all stakeholders to describe the proposed change and give visibility to all elements of the previous process, particularly the option appraisal. The purpose of this phase is to ensure that all of the key interests have an opportunity to understand the proposal and make further comment. This process would run from the beginning of September until mid October with a report going to the October Board for a decision on proceeding to public consultation and the approach to consultation;
- If we proceed to consultation that process would run from the end of October for 3 months with a report back to the February Board for decision;

The case for change set out in this attachment will provide the basis for the engagement and the feedback from the engagement will inform the consultation material. That material will be developed by a stakeholder reference group (SRG).

The detail and final timing of this programme will be agreed with the Scottish Health Council

The SRG will include representatives from:-

- Kids Need Our Ward
- Action for Sick Children
- Women's and Children's Family Council
- Parents Support Group, Renfrewshire Carers.
- A public partner representative from each of the patient engagement for Renfrewshire, Inverclyde and West Dunbartonshire Health and Social Care Partnerships.

The Group will also have responsibility for working with us to shape the consultation process which will be set out and discussed with stakeholders after the engagement process is complete.

We will look at how patients can be engaged in the group with outreach to the young people on Ward 15 ensuring that their views, queries or comments are fully fed into the process. If required focus groups of children and young people will be facilitated.

6. Conclusion

The above proposals enable NHSGGC to provide equity of access for all children to emergency and specialist paediatric assessment; inpatient and operative procedures, in a dedicated children's hospital whilst maintaining local access to suitable urgent assessment (via ED) and ambulatory outpatient care for the majority of children in Clyde.