

**NHS Greater Glasgow and Clyde NHS Board**

**NHS Board**  
**15 August 2006**

**Paper No. 06/46**

**Director of Acute Services, Strategy, Implementation and Planning**

**INVERCLYDE ROYAL HOSPITAL  
REDESIGNING CHILDREN'S SERVICES IN INVERCLYDE  
OUTCOME OF CONSULTATION PROCESS**

**RECOMMENDATION**

**The Board is asked to:**

1. Note the outcome of the consultation exercise and the themed issues that emerged about the proposal to redesign children's services in Inverclyde.
2. Based on clinical advice about the non-viability of being able to provide safe and sustainable services, and taking into account the public's views, responses and feedback, approve the implementation of the proposals to redesign children's services for Inverclyde, including:
  - Retaining the vast majority of Children's Services in Inverclyde, and expand these services in a way that continues serving local communities into the future;
  - Creating a dedicated Inverclyde Children's Centre, bringing together a wide range of community, hospital and local authority services for children, and enhancing community based services, out-patient and day care services;
  - The transfer of a small number of patients (currently approximately 1 or 2 per week) requiring acute assessment at Inverclyde Royal Hospital to the Royal Alexandra Hospital in Paisley for specialist observation;
  - Maintaining the Inverclyde Royal A & E services and putting in place training and development programmes for nursing staff working with children on site.

**1 BACKGROUND AND PURPOSE**

- 1.1 Inverclyde Royal Hospital (IRH) 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. There is also emergency care including the Accident & Emergency (A&E) Service. 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.
- 1.2 NHS Greater Glasgow and Clyde took over responsibility for Inverclyde Royal Hospital in April 2006. The former NHS Argyll and Clyde NHS Board had looked at ways of reorganising children's services at the hospital and across the area as a whole. The Board was responding to pressures being felt by hospitals 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.

- 1.3 In addition, 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 arrangement of Children's Services at Inverclyde but were unable to progress the then proposed redesign of services.
- 1.4 In April 2006 NHS Greater Glasgow & Clyde became responsible for services provided by the former Board and as a consequence had the opportunity to review options to address locally based services for children at Inverclyde. In that respect, the organisation's overriding priority was to ensure continuing delivery of Children's Services in Inverclyde with overall aims of retaining sustainable, safe and affordable clinical care locally, wherever possible. In that regard and with the support of local GPs, children's doctors and nursing staff currently working in Inverclyde, proposals for these services, including providing additional resources, to benefit local children and their parents were launched on 16<sup>th</sup> June 2006 with a closing date for responses of 28th July 2006.

## **2 NATIONAL CONTEXT**

- 2.1 Hospitals across the UK are facing many new challenges in the way many services have been organised over the last 20 plus years and which no longer meet the needs of 21st Century healthcare for children and young people:
- The birth rate has fallen dramatically over many years – this in turn affects the number of children doctors and nurses can see and treat. Without sufficient patient activity medical and nursing staff cannot maintain their skills to the levels required for training and professional purposes, and these staff run the risk of being unable to complete their professional training
  - In any service where there are low levels of patients attending it is extremely difficult to attract and retain staff. This is a particular problem for one element of Inverclyde's services – the Children's Acute Assessment Unit.
  - Improvements in technology and treatments mean hospitals are able to treat far more children within a single day as outpatients, with less need for overnight or longer stays in hospital, and this means we have to change the balance of what we provide for outpatient services and community-based care services
  - 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. 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 meant we had to review the Children's Services at Inverclyde and put in place services that are both safe and sustainable.

## **3 THE PROPOSALS FOR CONSULTATION**

- 3.1 The proposals include the transfer the Acute Assessment Unit within the Children's Ward at IRH to the Royal Alexandra Hospital (RAH). This would free up staff and resources that could be redeployed in the local community to provide increased support to families including the parents of children who have chronic illnesses and complex needs.

- 3.2 There are no plans to close the Children's Ward. Outpatient clinics and day surgery for children will continue to be provided by specialist paediatric nurses and doctors at the IRH. In addition, children will continue to access the full range of services provided by A&E at the IRH, 24hrs a day, seven days a week.
- 3.3 By providing increased support and preventative care in the community it is the intention to reduce the numbers of children who have to be admitted to hospital in the future. The aim is to provide as much care as possible in the local area and reduce, where possible, the number of children who have to be transferred to Paisley or Glasgow for their treatment.
- 3.4 For children and parents:
- The creation of a dedicated Inverclyde Children's Centre, bringing together a wide range of community, hospital and local authority services for children;
  - Enhancing community based services, out-patient and day services;
  - The one child a day (on average) currently 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, the child needs access to regional services based at the Royal Hospital for Sick Children in Glasgow);
  - The vast majority of Children's Services in Inverclyde would stay in Inverclyde; being expanded in a way that continues serving local communities into the future;
  - Local A&E service provided from Inverclyde Royal Hospital would continue to treat 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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#### **4 CONSULTATION PROCESS**

- 4.1 A public consultation document outlining the proposals for change was issued on 16<sup>th</sup> June 2006. The consultation was also posted on the organisation's web page inviting written responses by 28<sup>th</sup> July 2006. A summary of the written responses received is attached at Appendix 1.
- 4.2 An evening event to provide face-to-face public consultation was held at the Tontine Hotel, Greenock, on Tuesday 18th July 2006. This was organised to provide an opportunity for the public to hear more about the consultation and its background, and to provide a forum for the public to express their views directly to clinicians and management. Potential consultees were invited from the Involving People Database, in addition to the event being advertised on the web and in the local Greenock press. Ninety people registered their intention to attend the event, and 70 people attended on the evening. In addition, a meeting with representatives of Inverclyde Council's Health & Social Care Committee was held on 26<sup>th</sup> June 2006.

- 4.3 In addition, contact was made with neighbouring NHS Boards with an offer to help brief groups in their locality or organise local meetings. Information was passed to the local media serving neighbouring areas in the catchment, including Bute and North Ayrshire. Summary leaflets and posters were distributed widely to communities and groups across Inverclyde and neighbouring catchment area. Inverclyde Council's Education Department kindly arranged distribution of the letter (which included notification of the Tontine Hotel event) via all school children to take home before schools finished up for the summer vacation. The mailing database was drawn together from a variety of sources to ensure wide local and neighbouring catchment area coverage - including a database provided by Inverclyde Community Care Forum.
- 4.4 FMR Research was commissioned as independent facilitators to the event and to independently report on the outcomes of the discussions that took place. A copy of the full FMR Summary Report is attached at Appendix 2.
- 4.5 A series of events for NHS Greater Glasgow and Clyde staff was organised over the course of the consultation period. In addition, the organisation's Staffnet, Core Brief publication and briefings by line managers were undertaken to ensure staff were kept fully informed and engaged throughout discussions about proposals to redesign services.
- 4.6 Following consideration of the outcome of the consultation process by the NHS Greater Glasgow & Clyde Board, the recommendations of the Board will be communicated to all consultees.

## 5 CONSULTATION RESPONSES

- 5.1 **Written Responses:** A total of eight written responses were received in response to the consultation document. A summary of the key issues identified in the written responses is attached at Appendix 1.
- 5.2 **Key Themes:** The themes emerging from the FMR report and from feedback from the public consultation event held on 18<sup>th</sup> July 2006 are echoed in the written responses received. The themes from the consultation are summarised as follows:
- **Transport:** The RAH was not perceived to be easily accessible from Inverclyde and those who use services locally. The lack of direct and integrated public transport was raised as an issue, as was the cost of travel. Consultees were therefore keen to see NHSGGC liaising with transport agencies in order to address these issues. It was requested that consideration should be given to such things as co-ordinating bus and ferry timetables, and this was specifically raised in connection with transport to and from Cowal. Journey time when travelling by car was highlighted as an issue; with a minimum journey time of 25 minutes quoted, not accounting for poor weather, peak travel times or accidents, which can increase the time to travel to an hour or more. Any attempts to co-ordinate/share taxis for those travelling to and from IRH and RAH would also be appreciated. Transport was raised as a particular issue for single parents (or those whose partners are at work when a child becomes ill) who have other children or family members to care for, especially if there is a night time emergency.
  - *Response: A Transport Project Manager has recently been appointed to NHS GG&C. A key priority within the postholder's work plan is to scope out the local bus services, integration with ferry timetables and to promote the bus service within the local community. The effectiveness of the service will be evaluated in terms of meeting the local population's needs*

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*in accessing health services: if evaluation shows the service is not achieving this, alternative options will be explored.*

- *There is a new innovative bus service (No. 350) funded by the NHS and managed by Strathclyde Passenger Transport, which operates between IRH and RAH. This service leaves IRH 6 times daily, Monday to Friday and 4 times daily at weekend and public holidays, and has four other pick-up/ drop off stops within Inverclyde area. Cost of this service £2 per journey, and there is a system in place to reimburse people on social security benefits.*
- **Ambulance Transport:** Emergency transport was of concern to a number of consultees, in terms of whether the Scottish Ambulance Service could cope with increased demand in going to RAH, given the extra distance to travel and possible flooding/delays on the roads. The service is perceived to be over-stretched at present by those with this concern.
- *Response: Liaison with the Scottish Ambulance Service (SAS) has commenced and the issues raised during the consultation are being taken forward in liaison with the SAS.*
- **Information and communications:** Services that become fragmented were considered to then suffer from communications difficulties. Consultees were unsure whether parents would know where the most appropriate place was to take their children when they become ill if there are options to choose from. Information and communication to parents and carers is therefore something NHSGGC should consider with any service change.
- *Response: Work to define the service model will be taken forward as part of an implementation plan. The implementation plan will include a detailed communication plan, inclusive of GP practices and NHS 24. Implementation groups will have public representation. The pathways for emergency care are unchanged, i.e. access via a patient's GP/ NHS 24, via 999 or self-presentation at A&E.*
- There was a perceived lack of communications between Inverclyde and Paisley hospitals, and poor communications between GPs, community nurses and other service providers were also cited by some consultees through personal experience of using services. Referral processes and communications generally were deemed to be in need of improvement.
- *Response: Current practice includes prompt access to IRH case records for children attending RAH. Discharge communications include a hand held discharge letter, with a copy to the GP and the IRH case record. Junior doctors are given clear written instructions regarding protocols and practice, consultant clinics and contact details. Referral processes will be reviewed as part of the detailed implementation plan.*
- **Royal Alexandra Hospital:** The Royal Alexandra Hospital (RAH) was not perceived positively by a few consultees, who did not consider it to be a good hospital generally. Obtaining a car parking space at the RAH was considered to be very difficult, and the sloped car park was thought to be subject to regular flooding.
- *Response: Flooding is not a recurring issue within the car park at RAH. There was a specific issue last year due to a burst water main. Car parking issues are being progressed through NHS GG&C Managed Car Parking Group.*
- Some consultees indicated it was difficult to reach the RAH by public transport. Although an additional bus service had recently been introduced those participating suggested that the

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service is not widely known about in the local community. The sign posting at RAH was rated poorly.

- *Response: Signage for children's ward was reviewed and improved in 2005. In addition general signage within the RAH has recently been reviewed, and issues identified will be addressed. The comments from this consultation have been fed into this process.*
- There was concern, from a small core of consultees that services are being centred at RAH rather than at the IRH, which is a further distance for people in the Inverclyde area to travel to. Some consultees questioned why the RAH was being favoured as a centre rather than the IRH.
- *Response: The Board is committed to providing safe and sustainable services locally, wherever possible.*
- The fact that RAH is just a few miles from the Southern General raised concerns for some of the consultees. For example, any future rationalisation of services may favour the Southern General Hospital (SGH). These consultees suggested that children from Inverclyde should go directly to the SGH given the proposals for the new Children's Hospital on the hospital campus, and expressed a desire that planning generally considers a West of Scotland perspective as well as locally based services.
- *Response: The Board's planning processes are integrated into the West of Scotland regional planning processes; with planning structures both national and regional services being specifically strengthened for the health of children and young people. These processes incorporate the planning issues for the population of NHS Greater Glasgow & Clyde and local implications. Robust planning structures for the new children's hospital and to implement the maternity strategy are established*
- **Inverclyde Children's Centre:** The proposal to establish a dedicated children's centre was generally welcomed by consultees. There were different views on where the children's centre could and should be located. There was support for the facility being "closer to the community" and in a non-clinical setting, for example in Skylark. However, other consultees expressed the view that it would be more beneficial to locate the centre within the IRH in order to access relevant medical equipment, such as x-ray machines.
- Those favouring a non-hospital setting explained that the disadvantages of IRH were that it is very clearly a medical setting and can be off-putting for children. Parking is also difficult. Although the Skylark Centre had been targeted with communications about the proposals for change, some consultees felt that users of the Skylark Centre should be specifically consulted in taking forward the Children's Centre. There was concern that proposed changes would place an additional burden on staff and volunteers at the Skylark Centre.
- *Response: This proposal provides the opportunity to progress the integrated children's services agenda within available resources. Further work will be taken forward through the Children's Services Strategy Group (Inverclyde Council) including to scope options for a purpose designed children's centre within the Inverclyde area which will include user and public involvement.*
- **Outreach Services:** There was generally positive feedback on the existing service provided by community nurses, which is very much appreciated by parents. Consultees were therefore keen to see outreach services extended in the area, not only for children's services, and for community and hospital medical staff to work better together to serve the needs of patients in

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a community setting. It was suggested that given the different services provided and by different disciplines of staff, and the geography, the local community would welcome clarity and improved communications about the services provided, when and where, and by whom.

- *Response: Following the consultation and on agreement of the service model, an implementation plan will be developed including a detailed communications plan to ensure details of outreach services are clarified and made known throughout the area covered by the service.*
- Consultees requested reassurance that community nurses would provide the same quality of support to children who currently receive their care in hospital. In addition, developing the services to provide 24-hour cover for children with complex needs was put forward for consideration. Given the geographic location of residence for some children, e.g. Cowal, and that these children come under the responsibility of another Board, NHS Highland. There was concern that these children might not receive the same levels of support following discharge from hospital, or adequate levels of outreach support from community nursing services.
- *Response: There is a structured development plan for nursing staff to maintain and enhance skills and competencies within a community setting. The proposed nursing model will provide an enhanced community children's service to the Cowal area. Joint working and dialogue with NHS Highland is ongoing to deliver services, including equity of service provision for children.*
- **Opening Hours:** Consultees were keen to see opening hours extended to allow greater flexibility to fit in with lifestyle. It was suggested that area of residence should be taken into account with regard to the allocation of day surgery or clinic appointments. For example, those travelling from further afield, by ferry, should not be given appointments at the very start or end of the day to enable them to get to the appointment and return home without the need for an overnight stay. Evening clinics were also suggested. In more remote geographical areas it was recommended that community services are enhanced and developed to serve these communities.
- *Response: These issues will be part of the detailed implementation plan which will include exploring staffing and demand for evening or late p.m. clinics.*
- **Views on the Consultation Process:** Some consultees expressed concerns about whether their views would be taken into consideration. Some consultees also expressed a view that they feared service change because it could mean losing the IRH altogether. Consultees suggested that a physical symbol of investment in NHS services in Inverclyde would be required in order to rebuild public trust in the NHS given historical decisions and processes around decision-making for the area.
- In the additional issues raised during the discussion at the event, one consultee expressed a view that a decision had already been made and therefore the consultation was a "sham", as the public view would have no influence on the decision-making process. Consultees were asked what process of consultation should be put in place and it was suggested that different options with the pros and cons of each explained in terms of the effect each would have on patients, their families and staff would have been preferred. It was also suggested that not all groups were represented at the event and others' needs should be taken into account, e.g. drug addicted babies, in taking forward the proposals. Because the consultation was running over the school holidays, when family routines were out of the ordinary, meant families may not have been aware of the consultation.

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- Some consultees suggested that more information should have been given about the financial position in the consultation document. The lack of this information had led to a lack of transparency, making it difficult to give a full response to the proposals.
- The lack of representation from NHS Highland, NHS Ayrshire & Arran and the Scottish Ambulance Service was considered to be poor by consultees. It was felt that without that representation at the event it was difficult to express views or to have questions answered by the organisations highlighted.
- *Response: The NHS Greater Glasgow & Clyde Board is committed to taking public, user and partner views into account in all aspects of service planning and delivery of services on an ongoing basis. That commitment to involve the public, users and partners will be continued into the detailed implementation of the proposals for the redesign of children's services in the Inverclyde area.*

## 6 CONCLUSION

- 6.1 The consultees who expressed positive views made it clear that they now hoped that the aspirations expressed by NHS personnel present at the event and in the consultant document itself, which they supported, would be backed by adequate levels of resources to fully achieve those aspirations.
- 6.2 The consultation exercise is the start of an ongoing commitment by the Board to engage with the local community to gather views from service users, the public and partner agencies in the development of safe and sustainable, locally based, services for children in the Greenock area and at Inverclyde Royal Hospital.
- 6.3 In taking forward on going engagement, additional meetings have been arranged, which will take place during August 2006, to meet representatives of the Inverclyde Council, representatives of the Inverclyde Council on Disability, and the Largs Community Council.
- 6.4 From the responses received, there remain a small number of objections to the proposals. However, the majority of responses broadly welcome the proposals providing the concerns and suggestions highlighted are actively addressed. The majority of responses welcome the development of a Children's Centre which dedicates resources to children's services locally.
- 6.5 All of the key issues identified from both written responses and at the public event are being actively addressed by the Board's Planning Department and responses to these issues will be communicated to the local community as part of the ongoing commitment to continue to engage will local people about locally based children's services.

## 7 RECOMMENDATION

The Board is asked to:

- Note the outcome of the consultation exercise and the themed issues that emerged about the proposal to redesign children's services in Inverclyde.
- Based on clinical advice about the non-viability of being able to provide safe and sustainable services, and taking into account the public's views, responses and feedback, approve the implementation of the proposals to redesign children's services for Inverclyde, including:



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- Retaining the vast majority of Children's Services in Inverclyde, and expand these services in a way that continues serving local communities into the future;
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Publication Author:	The content of this Paper may be published following the meeting Dorothy Cafferty, Planning Manager, Women's & Children's Acute Services, NHS Greater Glasgow & Clyde
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**INVERCLYDE ROYAL HOSPITAL  
REDESIGNING CHILDREN'S SERVICES IN INVERCLYDE  
OUTCOME OF CONSULTATION PROCESS**

**SUMMARY OF FORMAL WRITTEN RESPONSES TO PUBLIC CONSULTATION  
DOCUMENT**

- Duncan McNeil, MSP: Mr. McNeil asks the NHS Greater Glasgow & Clyde Board for a clear commitment to strengthen and develop children's services in Inverclyde. In addition, because of the levels of deprivation and health in parts of Inverclyde that the area has a dedicated children's centre, and emphasising the need to ensure community based services for children with chronic diseases rather than hospital admissions. Mr. McNeil also asks for an assurance that local A&E services will be maintained as a 24 hour 7 day a week service for the whole community. The community's lack of confidence in access, transport and patient transfer arrangements are areas that must be addressed. In particular, assurance is sought from the Scottish Ambulance Service that transfers will be carried out safely.
- Mrs. Irene Edwards: Mrs. Edwards, Development Officer Cowal Community Care Forum (CCCF), set out a number of areas of response on behalf of the Cowal Community Care Forum. The CCCF broadly welcomes the proposals, if properly implemented, which promise high quality services for the future. In particular the CCCF positively responds to the development of the dedicated Children's centre. Areas of concern highlighted by the Forum include the need for assurance that NHS Highland and NHS Greater Glasgow & Clyde are actively working together in the delivery of healthcare services, and specifically in order to fully understand any impacts for the residents of Cowal and Bute. If the IRH proposals were to result in any reduction to that community's services the proposals as outlined would be unacceptable.
- The CCCF asks for clarification about how the Scottish Ambulance Service plans to operate within the proposals for the IRH, and for clarification about transport services generally. There are concerns that transport services for patients and relatives travelling from Cowal and Bute to Greenock and then on to Paisley have not been fully addressed. Mrs. Edwards concludes by highlighting the need to provide detailed information about the financial framework underpinning service redesign and of the need to fully engage with service users at all stages of service change.
- Mr. R. Lowry Mr. Lowry is opposed to the proposals, indicating that a return to a full-time and consultant led children's ward should be put in place.
- Mr. Stuart McMillan, Greenock & Inverclyde SNP: Mr. McMillan strongly objects to the proposals, highlighting that the proposals will contribute to a centralisation of services in Paisley and the downgrading of the Inverclyde Royal Hospital, leading to a dramatic cut in services to the populations of Inverclyde, South Argyll and North Ayrshire. Mr. McMillan adds that if the IRH loses paediatric services, what is there to stop NHS GG&C from issuing another consultation next year, or in a few years' time about another change in service in order to balance the books.
- Mr. McMillan attended the public consultation event held at the Tontine Hotel and felt that the consultation was a sham, believing that the decision had already been taken to make changes to the service. Mr. McMillan also comments on the failure of the Westminster Governments to implement training and employment policies to prevent the shortage of doctors and specialists which exists in the NHS Scotland today.

- Mr. McMillan also highlights in his response the levels of poverty and deprivation in the Inverclyde area and the transport cost implications for local people, especially those without cars travelling to Paisley. The absence of a representative of the Scottish Ambulance Service at the Greenock event meant that questions about the transporting of patient to the RAH from IRH remain unanswered.
  - Mr. Neil Graham: Mr. Graham, Chair of the Children’s Services Plan, Strategic Group, Inverclyde Council, wrote indicating that overall the proposals are broadly supported. In particular the proposals to develop a Children’s Centre need the engagement of the full range of partners delivering care and services to children. That broad support is however tempered with concerns that the consultation papers do not adequately spell out the problems caused by the proposal to close the paediatric unit and transfer it to Paisley. For example, an option to shut the Paisley unit and ‘force’ all patients to use the IRH facility was not identified. Transport and access to Paisley services were highlighted as requiring urgent attention to ensure that the most vulnerable people in Inverclyde are not disadvantaged by the change in services.
  - Councillor Sandy Nimmo: Cllr Nimmo, Inverclyde Council, wrote asking for clarification and assurance about any impacts to services as a consequence of planned changes to laboratory services for the area. In addition, Cllr Nimmo stressed the importance of working closely with local GPs as this would be critical to the success of the proposed service change; having the full support of local GPs for the service model. Cllr Nimmo went on to highlighted the need for the NHS Greater Glasgow & Clyde Board to recognise a lack of public confidence, and the need to address this by ongoing engagement with the local community.
  - Marjorie Gillies: Marjorie Gillies, Senior Nurse (Patient Services), Research and Practice Development, Royal Hospital for Sick Children, wrote supporting the proposals. More information about the service plans for children up to the age of 16 years would be helpful, taking into account the recommendations of Professor Kerr’s Report. More detail of the arrangements to be put in place for transporting children from the IRH to Paisley, including any nurse escort arrangements, is needed. In addition, some families currently experience access difficulties with public transport, and the cost of taxis is prohibitive. Clarity about the parent facilities for those staying beside hospitalised children would be helpful. The engagement of children and young people appears to be lacking, and while it is important to obtain parent and carer views, it is important to obtain the views of the children and young people using the services.
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