

NHS GREATER GLASGOW & CLYDE NHS BOARD

Board Meeting

Tuesday 18th October 2016

Board Paper No:16/58

Director of Planning and Policy Medical Director

Outcome of Engagement on Transfer of Paediatric Inpatients and Daycases from Ward 15 RAH to RHC and next steps

Recommendation: the Board is asked to:

- Note the outcome of the engagement on proposed changes to paediatric inpatients and day cases at Ward 15 RAH included in the approved 2016/17 Local Delivery Plan.
- Approve the commencement of formal public consultation on the proposed changes from early November 2016 until February 2017.

1. Background and Purpose

- 1.1.** At the August 2016 NHS Greater Glasgow and Clyde (NHSGG&C) Board meeting, the Board approved the establishment of a programme of engagement and communication with stakeholders on proposed changes to paediatric services at the Royal Alexandra Hospital, Paisley. The purpose of this paper is to report back on this engagement, the issues raised and to propose next steps.
- 1.2.** These proposals were originally made in 2012 when there was an extensive programme of engagement with patients, parents, families and professionals, including an option appraisal. The outcome of that option appraisal was that the preferred option was to transfer the services to the new Royal Hospital for Children when it opened on the Queen Elizabeth University Hospitals Campus as there were real concerns about access to the RHSC at Yorkhill.
- 1.3.** Given the time elapsed since the previous engagement process the approach set out in the August Board paper was to establish a programme of re engagement on the proposals in advance of formal public consultation on the proposed transfer. Our aim was that re engagement would give visibility to all elements of the previous process, including the option appraisal to ensure that all of the key interests have an opportunity to understand the proposal and make further comment.
- 1.4.** The commitment was this process would run during September and early October with a report back to the October Board to make a decision on whether to proceed to formal public consultation.

2. Engagement Proposal

- 2.1.** With the move of RHC to the Queen Elizabeth University Hospital campus our proposal enables the preferred option from 2011 to be delivered. The proposal is to move inpatient and day case care from the Royal Alexandra Hospital (RAH) to the Royal Hospital for Children (RHC). This proposal is clinically focussed on improving the acute and specialist services offered to the children of Paisley and the wider Clyde area. The proposal will improve access to paediatric specialists including in surgery, radiology, and anaesthesia and also delivers access to specialist allied health professions such as physiotherapy and dietetics. A move to the RHC also enables access to dedicated adolescent facilities and to medicinema, teddy hospital, play park areas, roof gardens and the new patient entertainment systems all of our new inpatient wards provide. We understand how valued the service at the RAH is to local families but a local District General Hospital cannot match the functionality a specialist children's hospital can offer.
- 2.2.** Changing clinical standards for paediatric services across the UK are also contributing to the case for these changes which will enable clinical teams to be used to best effect in maintaining a strong clinical presence in the services remaining at the RAH and delivering compliance with Royal College standards at both sites.
- 2.3.** Children who would have attended RAH Emergency Department (ED) by ambulance will be taken direct to the RHC but the majority of children's services will still be provided at the RAH. All paediatric outpatient and community services will remain locally and the RAH ED will continue to see children and provide a safe high quality and timely service with agreed protocols in place for transfer to RHC if required.
- 2.4.** The detail of the proposal on which we engaged is set out in attachment one to this paper. Attachment two presents the material that we used for the public events.

3. Engagement Process

Stakeholder reference group

- 3.1.** The engagement process started with a Stakeholder Reference Group comprising parents and carers and representatives from interested groups to offer advice and perspectives on how we should inform and engage with patients, carers and the public on the proposal. Members of the SRG included representatives from:-

- Parents of children regularly using Ward 15
- Engage Renfrewshire
- Your Voice Inverclyde
- Argyll and Bute Health and Social Care Partnership
- Action for Sick Children Scotland.

The SRG met early in September to discuss and shape our thinking on how to inform and engage with people on the proposal. Points raised at this meeting included discussion of:-

- Refreshing understanding of previous engagement and the options appraisal exercise undertaken in 2011.
- Further developing our material in relation to the clinical case for change to ensure the language is clear and understood.
- Experiences of using Ward 15 and the Royal Hospital for Children
- Clarity on which services would continue to be provided under the proposal, and which would transfer to the Royal Hospital for Children
- The potential impact the proposal on travel time for patients and parents currently using Ward 15.

- Ensuring that those who work during the day, or have child care responsibilities, are able to contribute their feedback and questions into the engagement

A second meeting of the Stakeholder Reference Group was held early in October. The group heard about engagement to date, and offered their views and perspectives on how we should shape the next phase of the process. Points raised at this meeting included:-

- A variety of approaches are needed to ensure that parents are aware of the proposal and their opportunity to comment.
- The public events were felt by most to have been well promoted, had good presentations, and it was positive to have clinicians present.
- The importance of continuing to engage the large number of families using Ward 15 who are not local to Paisley.

3.2. Engagement programme:

Material about the proposal and how people could contribute was developed as the information and engagement process evolved, in response to feedback. Materials were created in the form of posters, handouts, email bulletins, and documents.

Communication approach: Information about the proposal and how people could get involved was available on NHS Greater Glasgow and Clyde's website. Four electronic bulletins were distributed to an extensive network of over 400 local community councils, councillors, parents, and organisations, informing people of the proposal and of various opportunities to get involved. Posters promoting different opportunities were displayed in local community centres, hospitals, paediatric clinics, and on social media. The email address and phone number of a Patient Experience, Public Involvement Manager were widely circulated to enable those who could not attend events or other engagement opportunities to have their say by speaking with them directly. 17 people chose to contact us either by phone or in writing.

Drop ins: Six drop in sessions were held for parents and patients to speak to someone about the proposal, ask any questions and offer comment. Four drop in sessions were held in Ward 15, Royal Alexandra Hospital, over two afternoons and two evenings. One session was held in Inverclyde Royal Hospital, during their busiest paediatric clinic time. A final session was held at the Vale of Leven Hospital during their busiest clinic. Drop ins were promoted on the ward and clinic a week in advance, and clinic staff were provided with contact details of the Patient Experience Public Involvement Manager, to enable those who may not have been able to attend to provide comment using alternative means. During this time, 19 parents were spoken with.

Public events: Two public events were held, one in the afternoon and a second in the evening. To support those who may have child care needs, a crèche was made available at the events, and venues were accessible. At the events attendees were able to hear from clinicians about what was being proposed and why, and had the opportunity to comment, ask questions, and feedback. 35 people - councillors, parents, members of the public and representatives of local community organisations attended these events.

Briefing for MSPs: a briefing session was held for MSPs.

3.3. EQIA on the engagement plan: An equality and diversity impact assessment was carried out on the draft involvement and communication plan. Of particular consideration for this proposal were:-

- Written information: Materials presented at the Stakeholder Reference Group, displayed in the Royal Alexandra Hospital, and discussed at the open public events, were easy to read. They were available in different formats and languages if requested. Verbal explanations of the proposal were also offered; at the Stakeholder Reference Group, public events, and drop in sessions. Information about the information and engagement process, and

opportunity to feedback or comment on the proposal, was available online to enable those who had difficulties travelling to participate.

- **Physical accessibility:** A Patient Experience and Public Involvement Manager undertook assessments to ensure that venues for meetings and events were accessible. The preliminary drop in sessions were held near to Ward 15 and in paediatric clinics to ensure the opportunity was as convenient as possible for people. Reimbursement of travelling expenses, and the arranging of transport, was offered to Stakeholder Reference Group members.
- **Children with disabilities:** During this engagement, it became clear that relatively few parents of children with complex chronic conditions chose to speak with us about the proposal. Should we proceed to consultation, this is something we will look at with the Stakeholder Reference Group.
- **Age appropriateness:** Posters displayed in the Royal Alexandra Hospital were age appropriate. Ward 15 has a lounge for teenagers which could have been utilised to engage with them. We planned to ensure that the views, queries and comments of children and young people were fully fed into the process. During this engagement stage, there was limited uptake of the offer to speak with children and young people about the proposal. Should we proceed to consultation, this is something we will focus on.

3.4. Feedback on the engagement process

The Scottish Health Council has worked with us, and quality assured the engagement undertaken to date, by:

- Attending Stakeholder Reference Group meetings
- Receiving copies of communication given to wider stakeholders, councillors, and Community Councils
- Attending both public events
- Undertaking joint evaluation of the Stakeholder Reference Group, and public events.

Feedback from the Scottish Health Council about the initial Stakeholder Reference Group meeting was that:

- Membership on the group appears representative of key stakeholders and the discussion appeared constructive.
- It may have been helpful to agree some ground rules e.g. agreement of what information or key messages can be shared with individuals' networks following each meeting
- More work was required to be clear what the 'clinical drivers' for change were - consider how these key messages are framed (some participants after the meeting questioned whether finance was the main reason for change).
- This engagement stage is to bring people up-to-date with what happened following the initial engagement activity in 2011. To support this exercise it is important to share the report from the option appraisal exercise that was undertaken in late November/early December 2011.

We took this feedback into account as we progressed the engagement activity.

3 evaluation forms were received from members of the Stakeholder Reference Group. Feedback from these forms was that:-

- The Stakeholder Reference Group meetings were well facilitated
- The information provided at meetings was easy to understand
- Members were offered support to participate fully.
- Members got enough information about our plans to inform and engage with people
- Members felt that they were given an opportunity to feed back and give their views on how we inform and engage with people.
- Members felt that any feedback they provided was listened to.
- Members felt that any questions they asked were answered satisfactorily.
- Members rated our engagement on the proposal overall as very good.

17 evaluation forms were received from attendees at the public events on 27 September 2016. Feedback from these forms was that overall:-

- The venue and location were rated as easy to access, a good distance, good facilities and refreshments.
- Some people felt we could be clearer about the reasons for the proposed transfer of paediatric inpatient services from the Royal Alexandra Hospital to the Royal Hospital for Children, Govan.
- Some people felt we could be clearer about how we developed our proposals.
- People felt they had been given opportunity to give their views on the proposals and ask questions.
- People felt their views were listened to and answered.
- People understood how a decision will be made on the next stage in the process.
- The meeting overall was good.

This feedback will help us to shape the consultation process as will the further feedback we expect to receive from the SHC.

4. Issues Raised in the Engagement Process

4.1. Ward 15 Service

The engagement process has confirmed the value parents and families put on the Ward 15 service. Particular positively highlighted are the continuity of care and direct access to the ward for complex, chronically ill patients. Our clinical leads are considering whether there are ways in which need to strengthen these aspects of care at the RHC, although most families who had accessed both services were also positive about the RHC.

4.2. Clinical Case for Change

Through the engagement we have been able to share the clinical case for change with a wide range of interests. We have been able to establish a better understanding of what is proposed and why. We have been able to reassure people that the majority of services children's services will still be provided at the RAH, including community services, outpatients and self referral to Accident and Emergency. We will continue to develop our material in relation to the clinical case for change to ensure the language is clear and understood. It has been particularly helpful to explain how changing clinical standards for paediatric services across the UK are contributing to the case for these changes.

4.3. Ambulance Services

People have been concerned about longer journeys by ambulance and about the impact on other ambulance services across the area. We have been able to be clear with people that if the proposed changes proceed the required changes to ambulance arrangements will be in place and that we continually work with the ambulance service to ensure that ambulances are organised to support the right model of clinical service delivery. We are already working with the SAS and we will describe that work in the consultation process. The proposed changes will reduce blue light ambulance times for some patients and also reduce secondary transfers, delivering more patients directly to definitive care at the RHC. We will publish a joint statement about ambulance services as part of material for the consultation process.

4.4. Capacity

There has been concern that the RHC does not have capacity to cope with the additional workload and we do have capacity at the RHC and need to make clear in the consultation material how that capacity will be delivered.

4.5. Access

A number of access issues have been raised, these are described in more detail below:-

Parking was raised as an issue although we also had feedback from some families who have used both hospitals that RHC parking is easier than at the RAH, and is further improving with the opening of new facilities. Access to the QEUH campus multi storey car parks for those in larger vehicles to accommodate wheelchairs has been raised as an issue and we are looking at how to mitigate that. We are currently monitoring the impact of the new parking arrangements at the QEUH campus following the introduction of the new multi storey car park, and findings from this will inform the transport analysis.

Public transport: Concerns were raised about public transport to the RHC, particularly for the near catchment of the RAH and in relation to changes to the bus services which had been in place when the QEUH campus opened. We are completing a detailed analysis of the transport routes although it is worth noting that our previous analysis of how parents travelled to services indicated the overwhelming majority visit by car or taxi and return by car or taxi if their child is admitted. Issues were also raised about hardship for poorer families and we will assess this further and consider any potential mitigation during the consultation process. In the previous analysis visitors were more significant users of public transport and therefore the public transport analysis we are updating is also important.

Travel time: In terms of travel time, what has become clear in our engagement is that for some patients currently attending the RAH the RHC is actually more accessible, these include patients from Inverclyde and West Dunbartonshire.

The locations where patients who would need to go to RHC live are shown below

Patients admitted as an daycase/elective or emergency to Royal Alexandra Hospital
 By postcode district
 Admissions during 2015/2016

Area the admissions come from		Number of times people from that area were admitted	Percentage of total admissions
PA2	Paisley (South)	625	11.35%
PA3	Paisley (Northwest), Linwood	559	10.15%
G78	Barrhead, Neilston, Uplawmoor	392	7.12%
PA5	Johnstone, Brookfield, Elderslie	379	6.88%
PA16	Greenock	377	6.85%
G82	Cardross, Milton	339	6.16%
G83	Ardlui, Balloch, Bonhill, Gartocharn, Luss, Renton, Tarbet	324	5.88%
PA4	Renfrew, Inchinnan	303	5.50%
PA1	Paisley (Central, East and Northeast), Ralston	283	5.14%
PA15	Greenock	233	4.23%
PA8	Erskine	229	4.16%
G84	Clynder, Cove, Garelochhead, Kilcreggan, Rhu, Rosneath, Shandon	216	3.92%
PA14	Port Glasgow, Langbank	171	3.11%
Sub total		4430	80.46%
All other areas		1076	19.54%
Grand Total		5506	100%

This information illustrates that patients come from a wide catchment area to the RAH service. Initial analysis suggests that on average, people would have an approximately additional 2 minutes on their journey time by car but there is a greater impact for patients who live close to the RAH. We are developing this analysis further to assess the impact on patient travel and how we can mitigate any issues.

Our further analysis will include:-

- Car parking at the Royal Alexandra Hospital and the Royal Hospital for Children
- Travel times by car to the Royal Alexandra Hospital and the Royal Hospital for Children, including at rush hour and other times of day.
- Travel times by public transport to the Royal Alexandra Hospital and the Royal Hospital for Children
- Feedback from parents, patients and visitors in Ward 15 about how they travelled to the Royal Alexandra Hospital
- Financial support available for families attending Ward 15 and the Royal Hospital for Children.

It is also important to note that most paediatric patients are admitted for a day or very short stay but for patients staying longer accommodation is available at the Royal Hospital for Children.

4.6. Finance

People wanted to know what savings will be generated by the proposal, we emphasised that the proposal was driven by clinical considerations but we will share that information as part of the consultation material.

4.7. Staff Issues

In addition to the engagement with parents and stakeholders there has been engagement for staff. The issues raised are summarised below and will be resolved through joint work between the Clyde and Women and Children's clinical leadership teams:-

Child friendly facilities in the RAH: children will continue to directly present to the RAH ED as they do to other ED's across NHS GG and C and more widely across Scotland. The ED team suggest we consider whether there are changes we can make to strengthen the child friendly environment in the RAH ED.

Ambulance transfers: ensuring that there are clear care pathways and arrangements for patients awaiting transfer to the RHC having self referred to the RAH.

Staff training: ED staff want reassurance to maintain their skills to deal with paediatric cases. A programme of nursing staff rotation between RHC and Ward 15 RAH is currently in place and provides paediatric clinical skills updates to emergency department staff nurses. RHC already supports similar programmes for adult Emergency Departments across NHS GGC and throughout Scotland.

5. Proposed Consultation Process

5.1. The detail of the consultation process will be developed with the SRG which has agreed to meet to continue to provide advice. The process will include:-

- Consultation material in both a summary and full consultation document designed in a format that ensures clarity and accessibility and tested with the Stakeholder Reference Group.
- Consultation materials distributed widely;
- The material shaped to reflect the issues raised in the engagement, covered earlier in this paper.
- Public consultation events in Paisley and Inverclyde

5.2. The consultation will include the opportunity for the Renfrewshire HSCP to formally consider the proposal. Feedback from local GPs has not raised any concerns and has confirmed the potential for the continuing services at the RAH ED.

6. Conclusions

6.1. This proposal is driven by clinical considerations to enable us to deliver the best service to children across the Board area. The engagement process has enabled us to explain and test the proposal and we remain of the view that achieving the highest quality and most sustainable paediatric service for NHS GG and C requires the transfer of services from ward 15 at the RAH. We should therefore move to formal public consultation to enable the Board to make a final decision on this proposal in the new year.

6.2. The engagement process has enabled us to:-

- Ensure that the scope and impact of the proposal on current services is understood;
- Identify and address a number of areas which are of concern to stakeholders;
- Understand issues which we would need to address if this proposal proceeds and put in place additional work to resolve those.

7. Recommendation

7.1. That the Board :

- Note the outcome of the engagement on proposed changes to **paediatric in-patients and day-cases at Ward 15 RAH** included in the approved 2016/17 Local Delivery Plan
- Approve the commencement of formal public consultation on the proposed changes from early November 2016 until February 2017.

Catriona Renfrew
Director, Planning and Policy

Dr Jennifer Armstrong
Medical Director

Attachment 1

EXTRACT FROM THE AUGUST BOARD PAPER

PROPOSED CHANGES TO PAEDIATRIC SERVICES AT ROYAL ALEXANDRA HOSPITAL

1. Current Service

1.1. 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	

1.2. 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.

1.3. 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

1.4. 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

2. 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.

2.1. 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.

2.2. 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, specialty 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

2.3. 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.

2.4. 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.

3. Future Services at the RAH and in Renfrewshire

3.1. 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.

3.2. 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);

3.3. 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

3.4. 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

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

3.6. 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.

3.7. 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.

Attachment 2

**Review of Children's Hospital Service in Clyde following the opening of the new RHC
Public Engagement Event
27th September 2016
Dr Jennifer Armstrong
Medical Director
NHS Greater Glasgow and Clyde**

Today

- Background to this proposal
- Why we are proposing this
- Your opportunity to offer early comment or feedback on the proposal

The Proposal

To transfer paediatric inpatient and day case activity from the Royal Alexandra Hospital, Paisley, to the new Royal Hospital for Children.

Why is it being proposed?

To improve care for children in Clyde by giving them access to world class facilities

- The Royal Hospital for Children
- National Clinical Standards
- Enhanced opportunities for training
- Emergency Care

Paediatric Services Clyde

- **RAH Paisley**
 - Inpatient Ward
 - Neonatal Unit
 - Outpatient Clinics
 - Community & Specialist Children's Nursing Team
 - Child Development Centre
 - AHP Teams
- **IRH Greenock**
 - Outpatient Clinics
 - Community Children's Nursing Team
 - Child Development Centre
 - AHP Teams
- **VOL Alexandria**
 - Outpatient Clinics
 - Community Children's Nursing Team
 - Child Development Centre
 - AHP Teams
- **Remote and Rural Areas (7)**
 - Outpatient Clinics
 - Community Children's Nursing TEAM
 - Child Development Team
 - AHP Teams

What would continue to be provided at RAH

- Emergency Department
- Neonatal Unit

- Full range of Outpatient Services
- Community and Specialist Children's Nursing Team
- PANDA Child Development Centre
- 60% Care Episodes

What will this mean for children?

Robert age 3 with cerebral palsy

- Seen in clinic in RAH and attends PANDA centre regularly
- Epilepsy nurse from RAH visits at home and school
- Community children's nurse visits regularly at home
- Already attending RHC to see surgeon and for tests such as EEG
- Previously admissions to intensive care

Robert age 3 with cerebral palsy – current system

- Has long seizure at school in Paisley
- Taken by ambulance to RAH
- Seen in ED
- Admission to ward 15 if stable
- Transferred to RHC if needs intensive care
- Specialist team covering whole Scotland needed

Robert age 3 with cerebral palsy – proposed system

- Has long seizure at school in Paisley
- Ambulance would take him directly to ED in RHC
- Triage in ED by children's nurse and then seen by children's emergency doctor
- Treatment started in ED and continued in ward or intensive care if required
- Once discharged follow up by Paisley team as before

Taylor aged 7 from Oban – current system

- Seen by GP with tummy pains and constipation
- Current system sent by GP to RAH
- Seen ward 15 and assessed - ? appendicitis
- Children's x-ray doctor not always available and no children's surgeons in RAH
- Second ambulance journey to RHC

Taylor aged 7 – Oban – proposed system

- Seen by GP with tummy pains and constipation
- Sent to RHC and seen in children's ED
- Some signs of appendicitis so ultrasound by children's x-ray doctor
- Appendicitis on scan – taken to theatre

Archie aged 9 from Houston – current system

- Fall from swing in park
- Wrist sore and bruised
- Taken by mum to emergency department, RAH
- X-ray shows small fracture
- Cast applied and send home

Archie aged 9 from Houston – proposed system

- Falls from swing in park
- Wrist sore and bruised
- Taken by mum to emergency department, RAH
- X-ray shows small fracture
- Cast applied and sent home

Emergency Care at the Royal Hospital for Children

- Paediatric Emergency Department
- Purpose built to manage > 60,000 attenders/year
- Resuscitation room
- Majors area
- Minors area
- Treatment rooms
- Clinical Decision Unit

Emergency Care at the Royal Hospital for Children

- Consultant delivered care
- Specialist paediatric emergency nursing team
- Easy access to Radiology/Paediatric Intensive Care/Operating Theatres
- On-site multiple speciality opinions

Next Steps

- Inform, engage...consult
- Continue to engage until Monday 10th October 2016
- Board reviews engagement on 18th October 2016 – decision on whether to proceed to public consultation
- Consultation – 12 weeks. Refinement of materials, undertake transport analysis, further engagement and listening opportunities

Any Questions?

Group Discussion

- Do you have any questions about the proposal?
- What do you think the Board need to consider?
- Would you like to give any feedback or make comment on the proposal?

Thank you

If you have any further questions or feedback, please do not hesitate to get in touch:-

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