

Proposal to move Ward 15 in the Royal Alexandra Hospital in Paisley, to the new Royal Hospital for Children in Govan

Consultation Document

1. **About this document**

- 1.1 We are consulting on proposed changes to the children's service in Ward 15 at the Royal Alexandra Hospital in Paisley. This document explains what we propose to change, and how this will affect children who currently use the service.
- 1.2 It also explains how you can:
 - feed back your comments on this proposal
 - tell us what you think
 - find out more information.

2. **Current service**

- 2.1 The Royal Alexandra Hospital in Paisley has a children's ward (Ward 15) which currently treats children up to the age of 16 requiring hospital care from Inverclyde, West Dunbartonshire, Paisley and the wider Clyde area.

The children's ward includes:

- 16 beds for children who need to stay in hospital overnight
 - An area for up to 4 children who are coming in for day surgery but don't need to stay overnight
 - a 24-hour short stay medical assessment area for assessing and treating emergency cases, which has space for 6 children.
- 2.2 Currently, the Royal Alexandra Hospital sees children who arrive as an emergency. They might be:
 - sent by their GP
 - seen at A&E
 - Transferred from Inverclyde Royal Hospital Emergency Department or the Vale of Leven Minor Injury Unit and from community hospitals throughout Argyll and Bute.

3. **What we are proposing to change**

- 3.1 Under the proposal, services that will transfer to the Royal Hospital for Children will be children's:
 - inpatient admissions
 - short stay medical assessment
 - Day case activity, for example if a child needs surgery but doesn't need to stay overnight
- 3.2 Under the proposal if a child needs to go to A&E in an ambulance, or if they are sent by their GP, they would go to the Royal Hospital for Children instead of the Royal Alexandra Hospital.
- 3.3 The Royal Hospital for Children can care for patients who would have attended Ward 15 to the same high standard as the care they currently provide for children from across the West of Scotland. In the engagement process people wanted to know more about how the service would be provided:-

Ward 15 provides an emergency assessment service within a 16 bedded area. It sees between 10 and 20 children per day who have arrived at the Royal Alexandra Hospital in an emergency. Up to 6 children at a time are also seen in a short stay medical assessment area in the ward. Our

proposal is that these children would be admitted to Clinical Decision Unit and Acute Receiving Ward at the Royal Hospital for Children. Currently, these areas admit an average of 227 unplanned emergency admissions per week, the equivalent of between 20 to 40 per day. There are 47 beds dedicated towards this function with further flexibility to add more beds to these areas or access beds within other areas of the children's hospital.

Ward 15 also provides planned care for children who require surgery but do not need to stay in hospital overnight. There are 4 beds provided for this purpose and an average of 11 patients per week. Our proposal is that this care would transfer to the Royal Hospital for Children where we have 39 beds dedicated for this function.

The new Royal Hospital for Children has been operating for over a year. Our day to day experience of managing the wards during this time demonstrates that there is sufficient capacity to treat children who are currently seen in Ward 15.

4. What will not change

4.1 Outpatient services

A full range of paediatric outpatient clinics are held at Ward 15, for children with conditions such as diabetes, cystic fibrosis, allergies, and general paediatric care. These services will not be affected by this proposal.

4.2 Specialist Community Paediatric Services – PANDA Centre

The PANDA centre provides complex neurodisability and neurodevelopmental services, and provides facilities for a range of general community paediatric clinics including physiotherapy, occupational therapy, speech and language therapy. These services will not be affected by this proposal.

4.3 Children who arrive at A&E at the Royal Alexandra Hospital will still be seen

If you bring your child to A&E at the Royal Alexandra Hospital, they will still be seen and provided with a safe high quality and timely service with agreed protocols in place for transfer to the Royal Hospital for Children if required.

4.4 Neonatal Intensive Care Unit

Neonatal intensive care/special care is located on the Royal Alexandra Hospital site in the separate maternity hospital. There is no planned change to neonatal or wider maternity services provided in the Royal Alexandra Hospital as a result of this proposal.

5. Why we think we should make this change

5.1 Services at the Royal Hospital for Children

Parents have told us how much they value the quality of care provided in Ward 15. We want to improve even further the hospital care we offer to children from Paisley and the Clyde area by making sure children who need inpatient care can have access to a full range of children's specialists with expertise in surgery, radiology, and anaesthesia, as well as access to specialist allied health professions such as physiotherapy and dietetics.

The Royal Hospital for Children is a new specialist centre of excellence with 213 medical and surgical beds, with modern, state of the art clinical facilities. The move to the Royal Hospital for Children will provide access to dedicated adolescent facilities and to medicinema, teddy hospital, play park areas, roof gardens and the new patient entertainment systems available in all of our new inpatient wards.

We understand how valued the service at the Royal Alexandra Hospital is to local families but a local District General Hospital cannot match the services a specialist children's hospital can offer.

5.2 **National Clinical Standards**

In 2015, new clinical guidance was published setting out the standards that should be met by the NHS to ensure that every child is seen in a timely manner by a suitably experienced doctor. These standards set out the skills, expertise and specialist opinion which should be available for children in emergency settings. We need to ensure that we have the range of specialist services for all children who need care either as an emergency or as an inpatient. We can do this if all hospital inpatient services are provided for children on one hospital site.

Some of the key standards are set out below:

- Every child or young person who is acutely unwell and admitted to a paediatric department is seen by a senior doctor within 4 hours of admission.
- All Short Stay Paediatric Assessment Units 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 a high level of child protection experience and skills available to provide immediate 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 guidance also set out the concerns facing the paediatric workforce within the UK. They recognise that the current number of paediatric inpatient units in the UK is not sustainable.

We need to ensure that we have the required range of specialist paediatric services for all children needing emergency and inpatient care. The move to the new Royal Hospital for Children will allow this to happen. A move to the Royal Hospital for Children will extend the range of specialist treatments available. It is easily accessible, 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 at the Royal Hospital for Children which children can access directly. Our proposal will therefore enable us to deliver these standards.

5.3 **Enhanced Opportunities for staff training**

It is becoming more and more difficult for us to make sure the right number of doctors with the right level of expertise can care for children in both the Royal Alexandra Hospital and the Royal Hospital for Children.

Having all inpatient facilities for acutely unwell children in one hospital means we can give better training to our doctors and nurses because they are on one site. If the proposal happens, consultants would help with emergency care at peak times, which means more junior doctors can benefit directly from senior support. This learning would then transfer over to outpatient clinics when doctors see patients there.

Nurses who would move to the Royal Hospital for Children would benefit from caring for children with rare conditions in a paediatric centre of excellence treating children from across Scotland. With over 10 nurse educators and a broad pool of senior staff, the opportunities for on-going development, nurse mentoring and continued education are more readily available. Nurses would join a large community of paediatric expertise at the Royal Hospital for Children.

5.4 Reducing the need for children to go to hospital

Management of emergency care is improving to make sure that children are only admitted to hospital if they have to be. We have been working on:

- early access to dedicated General Paediatric Consultants
- access to urgent outpatient appointments
- development of nursing roles
- closer working across urgent hospital care and community services
- earlier discharge
- an ethos of supporting children at home wherever is possible and appropriate.

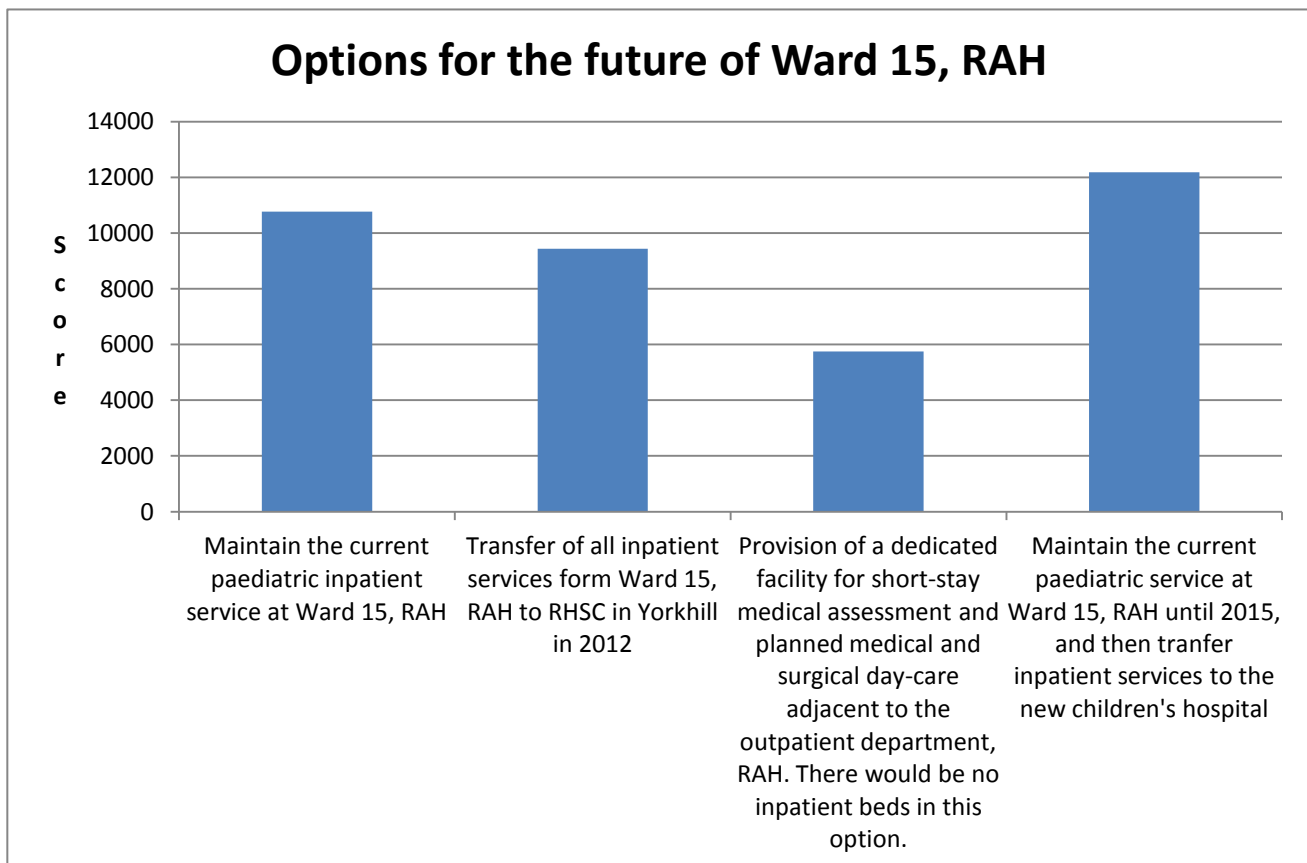
The impact of these changes is to reduce the likelihood of children being admitted unnecessarily and speed up their discharge home.

6. How we have reached this stage

6.1 In 2011, we involved patients, families, staff and communities in a review of children's inpatient services at Ward 15. These patients' families and members of the public shared their experiences on the ward, got involved in examining the issues we faced with staffing in the ward and helped us develop and assess the options for the future of inpatient beds (an option appraisal exercise).

6.2 An option appraisal exercise was also held over three days involving patients, families and the public as well as representatives from children's charities, members of staff from the ward and the emergency department to look at options for the future of the hospital and score them in terms of patient safety, quality of care and fairness.

6.3 The scores given to each shortlisted option as part of this exercise are below:



The preferred option was to maintain the current children's inpatient service at Ward 15, Royal Alexandra Hospital until 2015, and then transfer inpatient services to the new Royal Hospital for Children, Glasgow.

The proposal to transfer Ward 15 to the new Royal Hospital for Children is clinically led, however we have also carried out a financial appraisal of the proposal. The transfer of the ward would generate savings of around £840,000 almost all because the reduction in overall paediatric beds would mean we would need less nurses. It is important to confirm that NHS Greater Glasgow and Clyde has a no redundancy policy; if the proposal proceeds the Ward 15 staff would be redeployed to the Royal Hospital for Children, a small number would remain at the Royal Alexandra Hospital to deliver outpatient care. We would use vacancies to arrive at the new level of staffing.

6.4 In September 2016, we spoke to people again about this proposal, including:

- six drop in sessions for patients and parents to ask us any questions about the proposal, offer their feed back and comment. Four of these were in Ward 15, Royal Alexandra Hospital, one was in a paediatric clinic in Inverclyde Royal Hospital, and another in the Vale of Leven Hospital. We spoke with 19 people at these drop ins.
- two public engagement events for people to hear from clinicians about what is being proposed and why, and to hear from attendees what they think is important for the Board to consider. The events were attended by 35 people.
- emailing an extensive network of 400 people and organisations about the proposal, to inform them of opportunities to take part, spread the word, and have their say.
- People have spoken to us on the phone and via email, to ask questions, comment and feedback. 17 people have chosen to take up this opportunity.

6.5 The main themes of what we have heard from this further engagement were:

- People very much value Ward 15, and the high quality of care children have received there.
- People listened to the clinical views about why this change is better for children and emphasised the importance of explaining this in simple, clear language.
- People feel it is important to look into the impact the proposal might have on travel for patients and parents.
- People value the personal approach staff on Ward 15 have to parents and patients, where they know the staff and the staff know them. They would want the same in the new Royal Hospital for Children.
- People want to know how their views will be taken into account by the Board when making their decision.
- People want to be sure the Royal Hospital for Children has the capacity to care for patients who are currently seen in Ward 15.

We have tried to respond to these points in developing this consultation paper and the further material which we will be making available.

In October 2016, the Board considered the outcome of the engagement work and decided to proceed to formal public consultation on this proposal. This paper provides information for that consultation.

7. **What stage we are at now**

- 7.1 We are now consulting with the patients, parents and the public on this proposal, from Monday 7 November 2016 until Monday 6 February 2017. That consultation will include:
- Wide distribution of information
 - A range of opportunities for people to give their views, including public events in Paisley and Inverclyde.

8. **Next steps**

- 8.1 We will report what we have heard during the public consultation to the Board of NHS Greater Glasgow and Clyde in February 2017.
- 8.2 In February 2017, the Board will consider the clinical benefits, and all of the issues raised in the engagement and consultation process, and a decision which will be submitted to Scottish Government for their consideration.

9. **How to tell us what you think**

- 9.1 Comments on all aspects of our proposal are welcome. If you wish to comment on our proposal, offer alternative suggestions, or have any questions, then you can do this in a number of ways as an individual, group or organisation by:
- Calling: 0141 201 0309
 - Emailing: public.involvement@ggc.scot.nhs.uk.
 - Writing to: Rachel Killick, Patient Experience Public Involvement Team, 4th Floor, West Glasgow Ambulatory Care Hospital, Dalnair Street, Glasgow, G3 8SJ
- 9.2 We are committed to ensuring that everyone who wishes to comment can do so. If you wish you can call and speak directly to Rachel Killick, who is one of our Patient Experience and Public Involvement Managers, without giving your name.
- 9.3 Rachel will be happy to accurately record your feedback and present this to the NHSGGC Board on your behalf. If you have any questions or queries about the proposal or process you can contact Rachel directly on 0141 201 0309.
- 9.4 There is more detailed information available, including transport information, by calling us on 0141 201 0309 or online at www.nhsggc.org.uk/inform-engage-consult/Clydepaediatric
- 9.5 If you require this leaflet in an accessible format, such as large print or Braille, or in a community language, please telephone 0141 201 0309.