

Report to: Brent Health Select Committee

Report from: NHS Brent, NHS Harrow and North West London Hospitals NHS Trust

Date of Meeting: 9 December 2009

RE: Public consultation on children's services

1. Purpose of report

To update the Health Select Committee (HSC) on the proposed reconfiguration of paediatric services across Harrow and Brent as part of the local Acute Services Review (ASR).

The local NHS has also asked the HSC to establish an additional meeting in early January 2010 to consider the proposed public consultation on the reconfiguration of paediatric services across Harrow and Brent.

The meeting would need to be held before 8th January 2010 to enable a full 12 week public consultation to be completed before an anticipated seven - eight week *purdah* is issued in advance of the general and local government elections.

2. Background

As discussed at the previous meeting the local NHS would like to establish two Paediatric Assessment Units (PAUs) at both Northwick Park Hospital (NPH) and Central Middlesex Hospital (CMH) and centralise the inpatient service at NPH. It is anticipated that this will reduce unnecessary admissions and improve the links with community child health services.

As Fiona Wise explained at the meeting on 20th October, the CMH PAU will be consultant led and will run from 10am to 10pm, 7 days per week. It is anticipated that the PAU at CMH will be able to treat 87% of paediatric presentations, with the remaining 13% requiring transfer to an inpatient unit (which will either be at NPH or St Mary's Hospital). The 13% equates to approximately three patients per day who would need to be transferred by ambulance to an inpatient unit. Both Imperial Healthcare (which runs St Mary's) and Ealing Hospital have confirmed that they are supportive of our plans.

3. Progress since the NHS' last report (20 October 2009)

Following two lively deliberative events held in Brent and Harrow on the 22nd and 24th September, the local health economy has also completed a detailed pre consultation campaign with the local community and voluntary sector; the local NHS and other groups including the Brent Youth Parliament and the Brent Area Consultative Forum. Full details are included in the separate report included with HSC papers.

In the meantime, the pre consultation business case for paediatrics has been reviewed with NHS London which has asked the National Clinical Advisory Team¹ (NCAT) to review the proposed clinical model. The Department of Health has also scheduled a three day gateway review which requires interviews with local stakeholders including patient representatives and members of Brent and Harrow's respective health scrutiny functions.

4. Why is the extraordinary meeting required?

The ASR Project Board had planned to present the draft consultation document at this evening's meeting however this has not been possible because, as a result of capacity constraints, the NCAT and DH reviews will not now be completed until 18 December.

As explained at the previous HSC² and in a subsequent letter³ to the chair the local NHS' ability to commence public consultation prior to Christmas was dependent upon securing both NCAT and Department of Health (DH) approval in advance of the Brent Health Select Committee on 9 December.

The next Harrow OSC is due on 28 January and the Brent Health Select Committee does not meet until 17 February which does not allow sufficient time to consult prior to the May elections.

The local NHS is therefore requesting that both scrutiny functions schedule two extraordinary meetings prior to 8 January to consider the public consultation proposal.

At their meeting of 24 November, Harrow OSC has requested that they send its two scrutiny health leads (as observers) to the proposed Brent HSC in January rather than establish their own meeting.

It is important to emphasise that the meeting is not required if NCAT does not approve the clinical model.

5. Why can't the public consultation wait until after the national and local elections?

HSC members will recall (from the presentation on 20 October) that the local NHS is eager to reconfigure children's' services in advance of the wider North West London sector review scheduled in later summer 2010. If public consultation is deferred until after the elections then the changes will have to be considered as part of the wider sector review. The ASR Project Board is concerned that this would delay the benefits to local people and tie our process into a complex sector arrangement.

As discussed earlier, HSC members have been sent a draft report on the pre-consultation process which has included 325 local parents and carers. 91% of the public agreed or strongly agreed with the case for change and 98% agreed with the local NHS' proposal.

HSC members will recall that under the proposed model of care, consultant paediatricians will be available to give children an expert assessment until 10 pm during the week, at both

¹ All reconfiguration proposals that require public consultation are subject to initial clinical assurance provided by NCAT members.

² 20th October 2009

³ 11th November 2009

hospitals with increased cover at weekends. This is an increase of over 100% in access to a paediatrician.

As a result, fewer children will be admitted to hospital with conditions like asthma and gastroenteritis which don't need to be treated in hospital; parents will receive the reassurance they require and resources will be saved to invest in alternative services and facilities closer to home.

4. Recommendations

Brent HSC members are asked to:

- i) Note the progress made to date;
- ii) Establish an additional meeting before 8 January 2009 to consider the proposed public consultation on the reconfiguration of paediatric services across Brent and Harrow. The two Harrow scrutiny leads for health would be invited to this meeting as observers. It is not anticipated that they will have speaking rights but would be able to ask questions through the chair.