

Appendix 1



Report to: Brent Health Select Committee

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

Date of Meeting: 15 July 2010

RE: Better services for local children – a public consultation for Brent and Harrow.

1. Purpose of report

To share the independent review of the recent public consultation process and update the Health Select Committee (HSC) on progress with implementation.

2. Background

Wide ranging discussions have taken place with local residents, GPs, hospital staff, local authorities and others since November 2008 to examine local health services to see where improvements can be made. As part of this review, the local NHS undertook a 12 week public consultation on proposals to establish two consultant led 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.

The proposals were developed by doctors, nurses and therapists who work with children in hospital and in the community and were approved by experts from the National Clinical Advisory Team who strongly supported the proposed model of care. Further details are available in the independent review (appendix 1).

HSC members will recall that here was no adverse media coverage during the whole process despite the election pressures. NHS partners believe that this is a result of the smooth management of the process, excellent joint working across the local NHS and widespread public support for the proposals.

3. Independent analysis of the consultation process

Following completion of the public consultation on 4th April, an independent assessment of the consultation process and the responses to the consultation was undertaken.

The review confirms that 503 questionnaires were received with strong support for the case for change, the proposal to establish the two PAUs and centralise all overnight inpatient care at NPH. In summary there was:

- 94% support for a PAU at each hospital
- 72.3% acceptance of the argument for centralisation of specialist care
- 79.7% support for the proposed changes.

Brent LINK recorded 96.3% support for the proposals while Brent's previous Health Select Committee supported the plans but wanted assurances about the future of CMH, NPH's ability to manage increased demand, proposed transport links, and the need for excellent patient information.

The independent review concluded that there is "clear support for the principles which underpin the planned changes and the changes themselves as a result of the consultation". The consultation process itself "was conducted in accordance with good practice."

The review echoes some of the questions raised during the consultation process and recommends:

- The implementation plan needs to address concerns about transport and communications to ensure that any adverse impact is minimised; and
- The local NHS should continue to liaise closely with the local sickle cell community to ensure that their needs are appropriately met.

4. Next steps and proposed timetable

Given the strong support for the proposed reconfiguration, confirmed by the independent review, the PCT and acute Trust Boards have approved the development of an implementation plan that seeks to establish the two PAUs and centralise inpatient care in autumn 2010.

The implementation plan is being led by the current reconfiguration team (which includes PCT, hospital and local authority staff) and the Clinical Reference Group (GP, consultant and senior nursing staff) and includes the following key tasks:

i) Clinical

- Agreeing service specifications for the new service model that include:
 - Clear transfer protocols between acute sites;
 - A system for monitoring waits along the whole pathway;
 - Standardised clinical pathways for community and unplanned care.

ii) Operational

- Establishing a transport service for members of public that is available on 7 day week basis;
- Ensuring the ambulance transport system is able to meet acceptable standards for safe and effective transfer of sick children; and
- Ensuring that there are enough beds at NPH to support anticipated increase in demand.

iii) Public

- Enrolling the local sickle cell population in the design of NPH inpatient service and staff education programme; and
- Engaging with local patient and carer groups to ensure proposed service changes are effectively signposted.

iv) Staff

- Undertaking appropriate staff consultation and where necessary redeployment.
- Review all consultant job plans so that staff able to rotate between the inpatient unit and the two PAUs.

Assuming both Brent Health Select Committee and Harrow OSC are content with progress, the PAUs would be scheduled to open in autumn 2010 which coincides with the new intake of junior medical staff at NWLH. It is not anticipated that any staff will be displaced by the proposed changes but if additional staff consultation is required then the launch date would be deferred accordingly.

4. Recommendations

HSC members are asked to:

- Consider the independent assessment of the public consultation; and
- Note that the consultation process was undertaken in line with best practice, Department of Health guidance and the recommendations of the Health Select Committee and that the outcome of the consultation has shown clinical and public support for the proposed changes.

David Cheesman
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