

Brent Overview & Scrutiny Committee – 26<sup>th</sup> November 2014

## **Local impact resulting from changes to maternity, neonatal, paediatrics and gynaecology services at Ealing Hospital**

### **INTRODUCTION AND BACKGROUND**

In February 2013 the North West London Joint Committee of Primary Care Trusts (JCPCT) approved implementation of the Shaping a Healthier Future Programme (SaHF). Following a judicial review the Secretary of State (SoS) for Health made the decision in October 2013 to implement the programme in full. Implementation of this reconfiguration commenced with the closures of Central Middlesex and Hammersmith Hospitals Accident and Emergency Departments on 10<sup>th</sup> September 2014.

The next stage of reconfiguration is the changes to maternity services and the inter-dependent services at Ealing Hospital. Brent Clinical Commissioning Group is due to make a decision on delegating the decision on timing to Ealing Clinical Commissioning Group, along with the other CCGs across North West London, on 26<sup>th</sup> November 2014. Ealing Clinical Commissioning Group is due to make a decision on the timings of changes to maternity services, and the inter-dependent services at Ealing Hospital on 26<sup>th</sup> November 2014.

This paper summarises the anticipated impact on Brent residents of the changes to Ealing maternity, inpatient paediatrics services.

### **SUMMARY OF APPROVED CHANGES**

The SaHF programme, led by local clinicians, proposed changes to services in NWL that would safeguard high quality care and services for the local population. This included:

1. Consolidation of maternity and neonatal services from seven to six sites to provide comprehensive obstetric and midwife-led delivery care and neonatal care.
2. Consolidation of paediatric inpatient services from six sites to five sites to incorporate paediatric emergency care, inpatients and short stay /ambulatory facilities.

It was agreed that the key trusts for these services would be Chelsea and Westminster, Hillingdon, London North West Healthcare Trust, Imperial and West Middlesex.

Ealing Hospital was approved as the site to stop providing full maternity and paediatric services, with other units in NWL being developed to manage the additional capacity of women and children previously seen at Ealing.

### **Rationale for moving maternity and the inter-dependent services from Ealing Hospital**

1. Ealing Hospital is only able to achieve 60 hours of consultant presence on the labour ward

## Clinical Commissioning Group

2. Delivery activity at Ealing Hospital is at its lowest level in over three years and is one of the lowest in London
3. Ealing Hospital will require significant investment in obstetric consultant numbers to support training needs
4. Significant additional financial investment is required to maintain the maternity services at Ealing Hospital beyond 2014/15
5. There is an increasing risk that services will become unsafe, necessitating unplanned closure of the Ealing Hospital maternity service

The SaHF Clinical Board have reviewed all maternity interdependent services at Ealing Hospital and confirmed that the following services are critically interdependent:

1. Neonatal service – Maternity units must have a 24/7 Neonatal unit
2. Gynaecology service - *emergency/ in-patient gynaecology* at Ealing Hospital needs to move due to the shared staffing for obstetrics and gynaecology. Day-case and outpatient care will be retained at Ealing Hospital
3. Paediatrics service – due to shared paediatric-neonatology staffing, *paediatric in-patient* services are not sustainable at Ealing Hospital for more than three months after the transition of maternity/ neonatology.

### SUMMARY OF THE CASE FOR CHANGE

#### Maternity and neonatal

- There are an increasing number of women with complex healthcare needs during pregnancy
- This requires an increased consultant presence in obstetrics in order to reduce maternal mortality and poor outcomes
- It was agreed that this will be done by consolidating obstetrics into a smaller number of units with more consultant cover on the labour ward, as approved by the JCPCT and SoS in February 2013 and October 2013 respectively

#### Paediatrics

- Some children can be provided care at home or in an ambulatory setting as appropriate
- Staffing levels at Ealing Hospital are variable out-of-hours and there are too few paediatric doctors to staff rotas to safe and sustainable levels
- For high quality care, units need to be staffed properly. It was agreed that this would be done by concentrating emergency paediatric care and neonatal care into a smaller number of units, as approved by the JCPCT and SoS in February 2013 and October 2013 respectively

#### Gynaecology

- The current clinical opinion is that emergency and in-patient gynaecology at Ealing Hospital needs to move to alternative sites simultaneously with (or soon after) maternity transition due to the shared staffing for obstetrics and gynaecology.
- Day-case and outpatient care will be retained at Ealing Hospital and the staffing for this will be facilitated via the recent merger between Ealing Hospital and North West London Trust (now called London North West Healthcare Trust).

- Further work is required to understand the agreed gynaecology model to be retained at Ealing Hospital and the impact this will have for staff and trainees at Ealing and therefore the wider trainee rotations elsewhere in the system in NWL.
- The volume of activity this change will affect is minimal and no adverse impact is expected on the local health economy

### **IMPACT ON BRENT SERVICES AND RESIDENTS**

The impact on Brent residents and NHS services of the changes to maternity and inter-dependent services at Ealing Hospital is not expected to be significant.

#### **Maternity services**

In 2013/14 there were a total of 4795 births by women resident in Brent. Of these only 1% (44 births) happened at Ealing Hospital. The majority of Brent women chose North West London Hospitals (43%, 2057 births) or Imperial College Healthcare (41%, 1971 births).

In the same year Ealing Hospital performed a total of 2,407 deliveries; one of the smallest units in London.

The other maternity units across NWL are putting in place additional capacity to receive the maternity activity from Ealing; and by 2015 the other units will provide a total additional capacity of 4,200 births. Northwick Park Hospital has confirmed that it is able to receive some additional activity, however our modelling indicates that no more than 250 Ealing women per year will elect to use Northwick Park as their delivery unit of choice. Resultantly, additional capacity is planned which will comfortably facilitate the receipt of this activity.

It is not anticipated that the changes would prevent Brent women from booking a delivery at their local hospital or one of the other units in NWL.

A Maternity Booking Service (MBS) is being set up (commissioned) to manage demand and capacity to protect women's choice and improve patient experience. Imperial College Healthcare Trust have been selected to implement and manage the operation of this service.

Further studies were recently undertaken with women and GPs in Ealing to establish the actual increases likely at each maternity unit across NWL. This validated the modelling undertaken as a part of the SaHF Decision Making Business Case and confirmed that the number of Ealing women likely to use Northwick Park for their delivery will be fewer than 250 per annum.

#### **Paediatric services**

Ealing Hospital's paediatric services are relatively small and as a result the impact on moving the activity elsewhere is small. Based on current paediatric inpatient activity it is estimated that the other trusts across NWL will collectively need to accommodate an additional 21 A&E attendances per day and a total of 16 additional in-patient and observation beds (replacing the 16 currently in place at Ealing Hospital). Further modelling is being done to confirm these numbers. Indicative feedback from all Trusts suggests that they are in a position to transfer this activity by summer 2015.

**Gynaecology services**

Further work is being done to model the changes required to gynaecology at Ealing Hospital and the impact this would have elsewhere in the system in NWL. The volume of activity this change will affect is minimal and no adverse impact is expected on the local health economy

**Assurance**

A rigorous and robust assurance process is being put in place to ensure capacity and readiness of receiving sites. This assurance process will have multiple domains which are likely to cover topics such as;

1. Quality
2. Workforce
3. Operational and capacity
4. Communications and engagement
5. Travel and Access
6. Equalities
7. Finance
8. Emergency Preparedness, Resilience and Response (EPRR)
9. System Assurance
10. Risk of delay

Brent CCG, along with the other 7 CCGs across North West London will be involved in the assurance process. The changes will be implemented at the optimum time and when it is safe to do so.

**Conclusion**

The impact on Brent residents and NHS services of changes to maternity and inter-dependent services at Ealing Hospital is not expected to be significant. Local services have the capacity to receive additional activity from Ealing without causing a negative impact on accessibility for Brent residents.

Brent CCG will update Brent OSC on the outcome of the Ealing CCG decision on 26 November 2014 and confirm the planned timings for implementing the changes, noting that this will go through a rigorous and robust assurance process and the changes will take place when it is safe to do so.