

Report to: Brent Health Select Committee

Report from: The North West London Hospitals NHS Trust
NHS Brent
NHS Harrow

Date of meeting: 26 July 2011

RE: Paediatric Services at Central Middlesex Hospital

1. Purpose of report

To describe the impact of the Brent Urgent Care Centre on paediatric services at Central Middlesex Hospital (CMH) and propose a new model of care for consideration by the Health Select Committee (HSC).

2. Background

CMH used to provide an overnight children's service (based on six beds) on Rainbow ward. Following a successful public consultation in early 2010, the local NHS established two consultant led Paediatric Assessment Units (PAUs) at both Northwick Park Hospital (NPH) and Central Middlesex Hospital (CMH) and centralised the inpatient (overnight) service at NPH. The aim of the reconfiguration was to reduce unnecessary admissions and improve the links with community child health services.

The PAUs have been open since October 2010 and Rainbow ward now closes at 10pm every night. The LAS now take all 999 calls to Northwick Park instead of CMH. This system has been working well over the past six months.

There was no adverse media coverage during both the consultation and implementation phases. 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.

In summer 2010, NHS Brent commissioned Care UK to establish an urgent care centre (UCC) at CMH. The new unit opened on 28th March 2011 and provides a 24/7 GP model of care. As part of its service specification, the UCC is expected to see 75% of all children seen at CMH. In order to support this target, the UCC is staffed by a paediatric trained nurse on 24/7 basis. In addition all GPs and nurses are qualified in level 3 safeguarding.

The remaining 25% of children who cannot be seen by UCC staff are referred to the CMH PAU. The small number of children requiring specialist paediatric care out of hours (OOH) will be transferred to Northwick Park by the Trust's internal ambulance service.

3. Current position

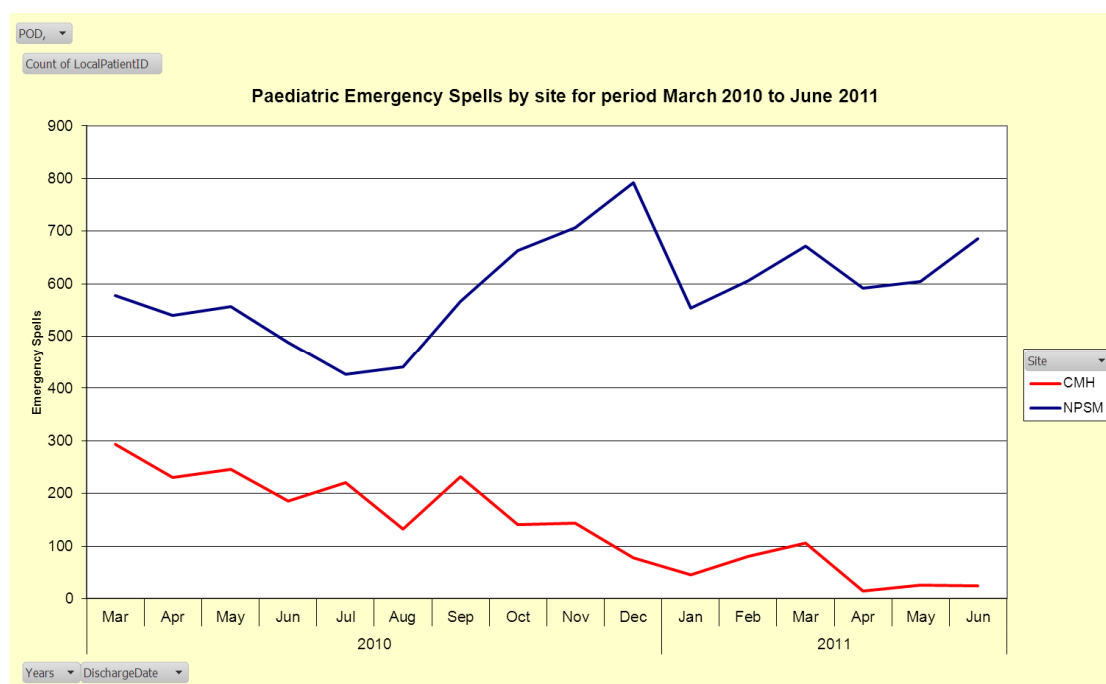
3.1 Impact on patients admitted at CMH and NPH

The PAU at CMH has been operational since 18th October 2010. Although patients can be admitted to the PAU, overall there has been a significant reduction in the number of emergency patients admitted at CMH. This is positive as it corresponds with the original plan (to reduce admissions).

In the first weeks following implementation there was a corresponding growth in admissions at NPH. Following a fall in December, this trend is increasing once more (ie January to June 2011) but at a lower rate. This is welcome because A&E attendances have generally remained stable while adult admissions have grown (notably LAS journeys).

In other words both NPH and CMH continue to see the same number of patients arriving via A&E/UCC but less patients are now being admitted to the hospital (eg as an overnight stay).

Chart 1 Emergency spells (incl. observations) at CMH and NPH March 2010 – February 2011



The chart above demonstrates that:

- The average number of children admitted has fallen from 7.1 per day to 2.3 per day (68% reduction) at CMH since October;
- The average number of children admitted at NPH has increased from 16.6 to 21.1 per day (for the same period). This represents a 27% increase.

3.2 Impact of the UCC on the CMH PAU

The CMH UCC has been operational since 28th March 2011. Although it has only been open for three months, the impact on the PAU at CMH has been significant.

In January the average number of PAU attendances per week was 215. As illustrated in the table below this number has fallen to just 30.6 per week (4 April to 4 July 2011). This represents an 85.7% reduction in demand.

Total activity (over a 24 hour period) for the NWLH paediatric service (ie provided by PAU in hours and A&E out of hours) is also very low as the UCC has absorbed on average 87% of paediatric demand since opening.

Central Middlesex Hospital					% of all activity seen by UCC
Week No.	Week Commencing	Total attendees PAU	Total attendees A&E OOH	Total attendees UCC	
1	04/04/2011	46	10	350	84%
2	11/04/2011	33	10	289	85%
3	18/04/2011	31	9	323	88%
4	25/04/2011	36	8	344	87%
5	02/05/2011	31	9	291	86%
6	09/05/2011	37	9	306	85%
7	16/05/2011	27	8	293	88%
8	23/05/2011	36	7	306	86%
9	30/05/2011	18	4	279	92%
10	06/06/2011	25	7	254	87%
11	13/06/2011	31	6	299	88%
12	20/06/2011	26	8	269	87%
13	27/06/2011	27	3	328	91%
14	04/07/2011	25	13	324	88%
<i>Average</i>		30.6	7.9	303.9	87%

Admissions to the CMH PAU (for observation and treatment) have also fallen significantly from an average of 18 admissions per week (Jan – March 2011) to just 4.6 per week (see table below).

Week No.	Week Commencing	PAU Admissions
1	04/04/2011	10
2	11/04/2011	2
3	18/04/2011	2
4	25/04/2011	3
5	02/05/2011	7
6	09/05/2011	8
7	16/05/2011	2
8	23/05/2011	3
9	30/05/2011	6
10	06/06/2011	2
11	13/06/2011	6
12	20/06/2011	6
13	27/06/2011	3

Average 4.6

3.3 Impact on staff and potential risk to patient safety

Both medical and nursing staffing working on the PAU have raised concerns that they are becoming deskilled as a result of the reduced demand. On most days there are more staff working in the PAU than patients. There have already been a number of resignations amongst nursing staff.

The Trust is concerned that it will become increasingly difficult to retain staff in the PAU given the current lack of demand. This is already creating difficulties in effectively staffing the unit. The Trust is concerned that further loss of staff (which has already been mooted) will impact on ensuring that correct standards of quality and safety, are maintained, potentially putting both patients and staff at risk.

3.4 Financial impact of the UCC

The current direct costs of providing the PAU at CMH are £716k pa (excluding overheads) or £13,769 per week. The full breakdown is included in the table below.

	Current Direct Cost of PAU service at CMH
Costs	£'000s
Medical	230
Nursing	441
Non Pay	16
Drugs	29
Additional transport for relatives	0
TOTAL	716

As described in section 3.2, the PAU has treated the following patients since the UCC opened at the end of March:

Week No.	Week Commencing	Total attendees PAU	PAU Admissions
1	04/04/2011	46	10
2	11/04/2011	33	2
3	18/04/2011	31	2
4	25/04/2011	36	3
5	02/05/2011	31	7
6	09/05/2011	37	8
7	16/05/2011	27	2
8	23/05/2011	36	3
9	30/05/2011	18	6
10	06/06/2011	25	2
11	13/06/2011	31	6
12	20/06/2011	26	6
13	27/06/2011	27	3

Note: total attendance data will also include the total number of admissions.

If the following income assumptions are applied, the financial viability of the PAU can be assessed:

- PAU/A&E attendance - £120 (incl. MFF)
- Admission for observation £739 (incl. MFF)

Week	Date	Total attendees PAU	Income	Total admissions PAU	Income	Total income
1	04/04/2011	46	£ 5,520	10	£ 7,390	£ 12,910
2	11/04/2011	33	£ 3,960	2	£ 1,478	£ 5,438
3	18/04/2011	31	£ 3,720	2	£ 1,478	£ 5,198
4	25/04/2011	36	£ 4,320	3	£ 2,217	£ 6,537
5	02/05/2011	31	£ 3,720	7	£ 5,173	£ 8,893
6	09/05/2011	37	£ 4,440	8	£ 5,912	£ 10,352
7	16/05/2011	27	£ 3,240	2	£ 1,478	£ 4,718
8	23/05/2011	36	£ 4,320	3	£ 2,217	£ 6,537
9	30/05/2011	18	£ 2,160	6	£ 4,434	£ 6,594
10	06/06/2011	25	£ 3,000	2	£ 1,478	£ 4,478
11	13/06/2011	31	£ 3,720	6	£ 4,434	£ 8,154
12	20/06/2011	26	£ 3,120	6	£ 4,434	£ 7,554
13	27/06/2011	27	£ 3,240	3	£ 2,217	£ 5,457

As demonstrated in the table below the PAU is now losing on average £6,629 per week (direct costs less direct income). This loss would be greater if 28% overheads were applied to the costs.

Table Comparison of direct costs vs. direct income for PAU activity (April 2011)

		Cost of service	Total income	Var.
1	04/04/2011	£ 13,769	£ 12,910	-£ 859
2	11/04/2011	£ 13,769	£ 5,438	-£ 8,331
3	18/04/2011	£ 13,769	£ 5,198	-£ 8,571
4	25/04/2011	£ 13,769	£ 6,537	-£ 7,232
5	02/05/2011	£ 13,769	£ 8,893	-£ 4,876
6	09/05/2011	£ 13,769	£ 10,352	-£ 3,417
7	16/05/2011	£ 13,769	£ 4,718	-£ 9,051
8	23/05/2011	£ 13,769	£ 6,537	-£ 7,232
9	30/05/2011	£ 13,769	£ 6,594	-£ 7,175
10	06/06/2011	£ 13,769	£ 4,478	-£ 9,291
11	13/06/2011	£ 13,769	£ 8,154	-£ 5,615
12	20/06/2011	£ 13,769	£ 7,554	-£ 6,215
13	27/06/2011	£ 13,769	£ 5,457	-£ 8,312
			<i>Average</i>	<i>-£ 6,629</i>

4. Proposed way forward

In light of reduced demand and the adverse impact it has had on staffing and the Trust's financial position, the CMH PAU is considered clinically and financially unviable. As a result of reduced demand, the service is losing approximately £345k pa (based on a straight line forecast) and the position is likely to deteriorate further as the UCC service matures and sees increased numbers of patients.

It is therefore proposed that:

- The paediatric assessment function is absorbed into the Care UK UCC service;
- The NLWH PAU service is decommissioned at CMH; and
- The paediatric outpatient service and Brent Sickle Cell service would remain at CMH

This proposal would result in all assessment and day care beds being centralised with the inpatient service at NPH.

This would mean that the Trust would not have a specialist paediatric emergency service at CMH. Children who attend the UCC/A&E department would be either seen by a GP, ENP or A&E doctor.

Patients requiring specialist opinion or overnight care would be transferred to Northwick Park by the Trust's internal ambulance service.

5. Risks

The Reconfiguration Team (made up of doctors, nurses and managerial staff) has identified the following as the most significant risks to the Trust in achieving the proposed reconfiguration:

- i) Very sick child arriving at CMH;
- ii) Delayed transfer for child from CMH to inpatient unit;
- iii) Loss of nursing staff who will not wish to transfer to NPH for the centralised service;
- iv) Unable to support the need for high quality care for sickle cell patients transferred to NPH
- v) Lack of specialist support for children receiving surgical care in ACAD

The reconfiguration team has developed the following risk assurance framework which is monitored on a monthly basis.

Risk name	Description/impact of risk	Impact	Likelihood	Risk rating	Mitigation
Failure to manage a very sick child arriving at CMH	UCC and A&E staff unable to manage complex children who self-present	3	1	3	<ul style="list-style-type: none"> • The UCC specification requires the service to deploy a paediatric trained nurse on (24/7). All GPs and nurses must be qualified in level 3 safeguarding. • All permanent (ie non locum) nursing and medical staff in CMH A&E have attended APLS/PILS training. • Nursing and medical staff began rotating between CMH A&E and paediatrics from September 2010 to ensure there was cross fertilisation and better integration. • A&E transfer matrix in place to support CMH staff to ensure that patients are quickly and safely transferred. • St Mary's have agreed to accept the rare critically unwell child (column 5 of the matrix) who arrives at CMH. CMH A&E staff will contact LAS control room (as per LAS' critical

Risk name	Description/impact of risk	Impact	Likelihood	Risk rating	Mitigation
					transfer protocol). <ul style="list-style-type: none"> The LAS will continue to take all 999 calls to Northwick Park instead of CMH.
Delayed transfer for child from CMH to inpatient unit	A child waits longer than 60 mins for a transfer to an inpatient unit	2	4	8	<ul style="list-style-type: none"> Service standards agreed with the Trust's private ambulance service so that patients do not wait inappropriately. This system is currently well established for emergency surgery and has been operating in paediatrics since October 2010; and A&E transfer matrix in place to support CMH staff to ensure that patients are quickly and safely transferred.
Unable to support the need for high quality care for sickle cell patients transferred to NPH	The current paediatric service may be undermined as patients requiring overnight care are transferred to NPH. NPH staff too inexperienced to manage the patients overnight.	2	2	4	<ul style="list-style-type: none"> The majority of children using the CMH service are seen and discharged on the same day and will not require transfer; Combined training programme in place for nursing and medical staff to ensure necessary skills transfer.
Loss of nursing staff who will not wish to transfer to NPH	Staff currently based at CMH will not want to work overnight at NPH	3	1	3	<ul style="list-style-type: none"> Senior nursing staff have been actively involved in the design of the clinical model. Staff concerns that they are becoming deskilled (due to reduced demand) and therefore recognise the need to centralise service.
Lack of specialist support for children receiving surgical care in ACAD	Surgeons may not want to admit children to ACAD without on-site specialist paediatric back up at CMH	TBA	TBA		TBA

5. Involvement and engagement

5.1 Local Overview and Scrutiny Committees (OSCs)

The local health economy recommends that the HSC should consider active stakeholder engagement regarding any proposed changes to service configuration in line with Section 242 of the National Health Service Act 2006 – involvement of the public and patients in the planning and development of reconfiguration proposals. This should include developing the evidence base to support the proposal meeting the four tests (see below).

5.2 Four new tests

In addition the local NHS will satisfy the four new tests laid out in the Revised Operating Framework (2010/11):

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base; and
- Consistency with current and prospective choice.

The approach is summarised in the table below:

Test	Action
Support from GP commissioners	<ul style="list-style-type: none">• Meetings have been held with GP representatives from both Brent and Harrow.
Strengthened public and patient engagement	<ul style="list-style-type: none">• Trust staff to meet with Brent and Harrow LINKS• Trust to engage with local press and seek support for new GP led model of care for children at CMH• Trust team to engage with local community groups (Brent Sickle Cell Association, Brent Carers etc.)
Clarity on the clinical evidence base	<ul style="list-style-type: none">• Demonstrate the reduced demand for the PAU service and the level of service provided by the UCC for children
Consistency with current and prospective choice	<ul style="list-style-type: none">• Demonstrate the reduced demand for the PAU service and the negligible impact on choice.

5.3 The views of local GPs

Local GPs recognise the impact of significantly reduced demand at CMH for children's acute services. GPs we have spoken to, have all recognised that the current arrangements for the PAU are not sustainable both financially and clinically and are keen to ensure that key stakeholders are fully informed about the proposed changes.

6. Recommendation

6.1 The Health Select Committee is asked to support the recommendation that:

- The paediatric assessment function is absorbed into the Care UK UCC service;
- The NLWH PAU service is decommissioned at CMH; and
- The paediatric outpatient service and Brent Sickle Cell service would remain at CMH

6.2 The HSC are asked to agree the level of engagement proposed with key stakeholders outlined above, in line with section 242 of the NHS Act 2006.

David Cheesman
Director of Strategy
The North West London Hospitals NHS Trust

Jo Ohlson
Borough Director
NHS Brent

July 2011