



Health Select Committee (Special)

Thursday, 7 January 2010 at 7.00 pm

Committee Rooms 1 and 2, Brent Town Hall, Forty Lane, Wembley, HA9 9HD

Membership:

Members

Councillors:

Leaman (Chair)
Crane (Vice-Chair)
Baker
Clues
Mrs Fernandes
Jackson
R Moher

first alternates

Councillors:

Castle
Jones
Mendoza
Tancred
Mistry
Ms Shaw
Mrs Bacchus

Second alternates

Councillors:

Hashmi
J Moher
HB Patel
CJ Patel
HM Patel
Dunn
Ahmed

For further information contact: Jonathan Howard, Democratic Services Officer
0208 937 1362, jonathan.howard@brent.gov.uk

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The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members

Item	Page
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1	Declarations of Personal and Prejudicial Interests	
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Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.

2	Deputations (if any)	
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3	Acute Services Review - Paediatric Services in Brent and Harrow	1 - 28
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A report on the Acute Services Review – Paediatric Services in Brent and Harrow has been produced following a request from NHS Brent and North West London NHS Hospitals Trust for members to consider the consultation proposals for paediatric services provided at Northwick Park and Central Middlesex Hospitals at a Special meeting of the Committee.

Reports on the National Clinical Assessment Team Review and Better Services for Local Children – A Public Consultation for Brent and Harrow are also attached.

4	Date of Next Meeting	
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The next Ordinary meeting of the Health Select Committee is scheduled for **Wednesday, 17th February 2010 at 7.00 pm.**



Please remember to **SWITCH OFF** your mobile phone during the meeting.

- The meeting room is accessible by lift and seats will be provided for members of the public.
- Toilets are available on the second floor.
- Catering facilities can be found on the first floor near the Grand Hall.
- A public telephone is located in the foyer on the ground floor, opposite the Porters' Lodge



Health Select Committee 7th January 2010

Report from the Director of Policy & Regeneration

For Action

Wards Affected:
ALL

Acute Services Review – Paediatric Services in Brent and Harrow

1.0 Consultation on Paediatric Services in Brent and Harrow

- 1.1 The Health Select Committee will recall that a special meeting has been requested by NHS Brent and North West London NHS Hospitals Trust in order for members to consider the consultation proposals for paediatric services provided at Northwick Park and Central Middlesex Hospitals. It is proposed that inpatient paediatric services will be centralised at Northwick Park Hospital and two paediatric assessment units will be created, one at each hospital. Each paediatric assessment unit will operate extended opening hours and be consultant led services.
- 1.2 The changes to paediatric services are part of the acute services review in Brent and Harrow, which has already resulted in all emergency surgery services being brought into one site, Northwick Park Hospital. The paediatric service proposals are the second element of the review.
- 1.3 The local NHS has to consult on the changes to paediatric services. The consultation period will begin on 11th January 2010 and last for 12 weeks, which is the standard consultation time for significant services changes in the NHS. The Health Select Committee has the opportunity to comment on the consultation proposals prior to consultation starting and to make recommendations for changes.
- 1.4 The changes to paediatric services within North West London NHS Hospitals Trust will have an impact on children and their parents in both Brent and Harrow. For that reason, councillors from the Harrow Overview and Scrutiny

Committee have been invited to attend the meeting on 7th January so they can also consider the consultation proposals with the Brent members.

- 1.5 The committee will have the opportunity to fully consider the consultation documents and respond to the service proposals. This will be done during the consultation period. However, any comments made at the meeting on the 7th about the service changes will also be sent to the Acute Services Review project team. However, the focus of the meeting on the 7th January should be the consultation plans rather than the specific service changes.
- 1.6 With that in mind, members should consider whether the consultation is clear on a number of issues highlighted by the Department of Health gateway review of the project proposals:

Consultation scope – there is a need to clarify that the consultation is only about the closure of six beds at CMH and the establishment of two PAUs.

Future of Central Middlesex Hospital (CMH) – the need for a simple, clear and consistent statement about the future of CMH to avoid these changes being seen as 'the thin end of the wedge' (Health Select Committee has also made this point previously to the local NHS as it had the same concerns).

Direct engagement with families of sickle cell patients – the need for a dedicated programme of engagement with these patients and their families/carers

Transport arrangements – the need for a commitment to families/carers and patients needing to return to Brent and assurances over patient safety issues involved in patient transfers out of hours

NPH capacity – assurance that the changes will not adversely affect other services at NPH and that it can cope with the paediatric inpatient integration

- 1.7 Comments and recommendations made by the committee on the consultation plans will be forwarded to NHS Brent and North West London NHS Hospitals Trust.

2.0 Recommendations

- 2.1 Health Select Committee is recommended to consider and comment on the consultation proposals for paediatric services in Brent and Harrow.

3.0 Financial Implications

- 3.1 None

4.0 Legal Implications

- 4.1 None

5.0 Diversity Implications

5.1 None

6.0 Staffing/Accommodation Implications (if appropriate)

6.1 None

Contact Officers

Andrew Davies, Policy and Performance Officer

Tel – 020 8937 1609

Email – Andrew.davies@brent.gov.uk

Phil Newby, Director of Policy and Regeneration

Tel – 020 8937 1032

Email – phil.newby@brent.gov.uk

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Report to: Brent Health Select Committee

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

Date of Meeting: 7 January 2010

RE: 12 week public consultation on children's services

1. Purpose of report

To seek formal Health Select Committee (HSC) approval for a 12 week public consultation on proposed changes to children's services. The consultation is scheduled to take place from Monday 11 January to Sunday 4th April 2010.

2. Progress since the NHS' last report (9 December 2009)

As explained at the previous HSC¹ and in a subsequent letter² to the chair, the local NHS requires approval from the following bodies prior to formal submission to the HSC:

- National Clinical Advisory Team (NCAT);
- Department of Health (DH) Gateway Team Review; and
- NHS London.

2.1 NCAT

All reconfiguration proposals that require public consultation are subject to clinical approval by the National Clinical Advisory Team (NCAT). NCAT met with key stakeholders on 8 December to assess the plans and confirmed that ours was 'a sound proposal and well considered.' The report, which is attached along with the consultation document, also noted that *'the quality of clinical engagement, leadership and passion for care shown by those interviewed was outstanding and a great foundation for future progress.'*

The report concluded that if the change is *'conducted as planned...then it will deliver the improvements needed in the quality and appropriateness of care.'*

2.2 Gateway Team Review

The DH's Gateway Review Team interviewed key stakeholders from 14 – 17 December, including the HSC Chair and Harrow's Council's health scrutiny lead. The review team noted the *'good and effective working between both Brent and Harrow PCTs and the North West London Hospitals NHS Trust.'*

¹ 20th October 2009

² 11th November 2009

The review 'also found that there had been good clinical engagement and that the proposed model of care has therefore been clinically led and owned and there is a broad consensus that the proposed changes will be of benefit to patients.'

2.3 NHS London

As a result of these positive independent assessments and following submission of a robust business case, NHS London has allowed the local NHS to proceed to Health Select Committee approval.

3. Next steps

Copies of the NCAT review and the consultation document are attached for HSC approval.

The Chief Executive of NHS Brent has also written to local MPs so that they are aware of the latest position and the associated timescales.

On the basis that the HSC approve the consultation request a detailed consultation timetable will be implemented which includes two public meetings in Brent (11 February at Patidar House) and Harrow (24 February, Zoom Leisure Centre), a comprehensive publicity drive including flyers, press releases, advertisements, letters and distribution of the document to key stakeholders and public buildings. We will also offer face-to-face meetings and focus groups for key stakeholder groups.

At the end of the 12 weeks, an independent company with experience in this area will be contracted to undertake a detailed analysis of the response and prepare a report for the Acute Services Review Project Board. The PCT boards will be asked to make their final decision about the proposal before it is submitted to the Health Select Committee in summer 2010.

4. Recommendations

Brent HSC members are asked to note the progress made to date and approve the request for 12 week public consultation on the reconfiguration of paediatric services across Brent and Harrow, commencing 11 January 2010.

It is also recommended that regular updates are provided throughout the consultation process.

National Clinical Assessment Team (NCAT) Review

Proposals for changes to the provision of healthcare services for children and young people in Brent and Harrow.

Report by Dr. Steve Ryan, Medical Director, Alder Hey Children's NHS Foundation Trust Liverpool.

Report To

SRO

Chief Executives of NHS Brent, NHS Harrow, North West London Hospitals Trust

Date of NCAT Review 8th December 2009

Evidence used as basis of review

- a) Preconsultation Business Case; Healthcare Services for Children and Young People in Brent and Harrow Draft (Version 1.2).
- b) Draft report on the preconsultation campaign for the Acute Services Review of Children's Services in Brent and Harrow 16th November 2009.
- c) Report on reconfiguration of children's services across Brent and Harrow to Children's Partnership Board 5th November 2009.
- d) Paediatric reconfiguration – interviewee's brief prepared by Dr. Paul Mannix, Clinical Director and David Cheesman, Director of Strategy, NWLHT.
- e) Data on length of stay at both paediatric units (Central Middlesex Hospital – CMH and NWLHT). Upto date statistics on length of stay.
- f) Interviews held with Stakeholders at Northwick Park on 8th December 2009 (Appendix 1).

OUTLINE OF PROPOSAL

In essence this proposal is centred on improving the quality and appropriateness of care for Children and Young People in Brent & Harrow, through changes to the

model of care from community through primary and secondary care pathways and should be seen in that context. The key proposal at the centre of this reconfiguration is the transfer of all overnight inpatient care from two hospital sites to a single site at Northwick Park Hospital, but at the same time enhancing the provision of extended hours, consultant – run and led services for children in Brent & Harrow. If conducted as planned and if part of the “bigger picture” then I believe it will deliver the improvements needed in the quality and appropriateness of care.

KEY DRIVERS AND RESPONSE TO THEM

- a) The existence of a six bedded inpatient unit supported by a separate on-call system, with an average length of stay of below 1 day, almost in itself makes a case for reconfiguration. It is clear that this situation is in part due to the relatively low dependency casemix of children admitted to CMH but also a testament to the evolving ambulatory model of care at that hospital. The average length of stay at Northwick Park is even shorter and given that more specialised care is delivered to some groups of patients, suggests that there are a large number of patients who could benefit from an ambulatory approach, such as delivered in Paediatric assessment unit on both sites. I believe that the establishment of effective Paediatric Assessment Units will, with the flexible capacity at Northwick Park, ensure that there is an adequate number of beds for children and young people who require them.

- b) A clear driver for use of hospital acute services through Accident and Emergency, particular at the Central Middlesex Site is self-referral. The local population clearly see this as their first port of call for unplanned care needs significant improvement, rather than primary care provision. This is a national problem and a London problem, but seems as significant as anywhere in Harrow and Brent. At interview not one person disagreed that 50-70% of children were accessing hospital services inappropriately. Clearly the model of care needs to change, so that the paediatric services can focus on the care that they need to deliver. My understanding is that an unplanned care centre (Primary Care delivered) will be established on the Central Middlesex Site. This is an important key step which will free up the paediatric team to further develop the quality of care they should appropriately deliver. My understanding is that capability and parental confidence in primary care for children presenting with unplanned care needs significant improvement. There’s a real opportunity to use the Paediatric Team in the future to support the building and maintenance of these improvements. This would also help towards developing a more integrated delivery model. Communication to users is quite rightly seen as a key enabler to success, but will be challenging given

the culture, language, literacy and deprivation issues that are prevalent in the population served.

KEY ISSUES TO ADDRESS WITHIN THE PROPOSAL

- a) Waiting times and hand-offs should be reduced to a minimum in the interactions between A&E, urgent care centres and paediatric assessment unit and the inpatient service.
- b) Sickle cell patients need confidence in the inpatient service proposed at Northwick Park.
- c) Clarity is needed on the right terminology of describing the use of consultants at the front line. Using them to be the first receiver for the large “primary care” workload is not consistent with effective and efficient practice.
- d) The transport system for children moving from Central Middlesex to Northwick Park needs to be of the correct level for quality and safety. Further consideration needs to be given to ‘transport back’ and transport of families to Northwick Park.
- e) There needs to be confidence that there will be sufficient capacity for inpatients in the future (enough beds).
- f) The potential reduction in tariff based income for the Trust may significantly outweigh cost reductions that are possible.
- g) Access to the inpatient beds at Northwick Park needs to be equitably accessible across the patch.
- h) There is a need for standardisation and harmonisation of Clinical Pathways for community and unplanned care pathways across the Brent and Harrow and Hospital footprint.
- i) There is a need to get clinical adjacencies right for children on both sites (inpatient, paediatric assessment, accident and emergency, unplanned care centre).
- j) Different models of community nursing and safeguarding activity and access to therapists where outlined across the two PCT areas and hospital sites.
- k) The uncertainty caused by the delay in agreeing moving to a solution has had an effect on nurse requirement.

THE BENEFITS OF PATIENTS RECEIVING ALL INPATIENT CARE AT THE NORTHWICK PARK SITE.

- Improved access to a range of medical expertise specialties, urgent anaesthesia intensive care, neonatal care, out of hours surgery, 2 senior paediatric residents; increasing resilience.
- Improved access to a range of therapy services
- More cost effective use of resources
- Allows investment in care closer to home

THE BENEFITS OF PAEDIATRIC ASSESSMENT UNITS ON BOTH SITES

- Builds on current ambulatory provision
- Consultants at the frontline – they get to see the right patients quickly
- Will avoid some overnight stays

CONCLUSIONS AND RECOMMENDATIONS

This is a sound proposal and well considered and had the support of all parties interviewed. It is focussed on patients and quality of services and it is appropriate that the options outlined and the preferred option go forward to formal public consultation. The proposal is coherent with national guidance, regional frameworks and local strategy. It is not a blind alley, and allows further improvement in the future and the opportunity for vertical and horizontal integration. The proposals are clinically owned and clinically led. The preconsultation engagement is impressive. The quality of clinical engagement, leadership and passion for care shown by those interviewed was outstanding and a great foundation for future progress. In terms of key issues to consider, I attach a table to summarise my recommendations.

I would like to thank all those involved in the process but most particularly Delia Mills and David Cheesman for their care in preparing for review.

Steve Ryan
MEDICAL DIRECTOR
ALDER HEY CHILDREN'S NHS FOUNDATION TRUST

ISSUE	RECOMMENDATION
<p>Waiting times and hand-offs should be reduced to a minimum in the interactions between A&E, urgent care centres and paediatric assessment unit and the inpatient service.</p>	<p>Develop clear protocols for transfers between the elements, or signposting. Develop a system for monitoring waits along the whole pathway. Consider moving management of A&E for children at Northwick Park to the Paediatric Team.</p>
<p>Sickle cell patients need confidence in the inpatient service proposed at Northwick Park.</p>	<p>Ensure very specific consultation with this group, building on excellent work so far. Engage young people in designing the service (systems, processes, and look and feel of facility). Engage young people in training staff at Northwick Park.</p>
<p>Clarity on using the right terminology of using consultants at the front line using them to be the first receiver for the large “primary care” workload is not consistent with effective and efficient practice.</p>	<p>Clearly define what consultants – at – the front line means.</p>
<p>The transport system for children moving from Central Middlesex to Northwick Park needs to be of the correct level for quality and safety. Consideration needs to be given to ‘transport back’ and transport of families to Northwick Park.</p>	<p>Ensure that ambulance transport system meets acceptable standards for safe and effective transfer of sick children. A hybrid model may be required. Describe service for transfer back home.</p>
<p>There needs to be confidence that there will be sufficient capacity for inpatients in the future (enough beds).</p>	<p>Current proposals should address this issue.</p>
<p>The potential reduction in tariff based income for the Trust may significantly outweigh cost reductions that are possible.</p>	<p>The business decisions related to this change should result in a ‘win’ for the patients, a ‘win’ for the hospital Trust and a ‘win’ for the PCT. Appropriate levers should operate to allow this risk sharing to support vertical integration.</p>
<p>The need for access to the inpatient beds at Northwick Park to be equitably accessible.</p>	<p>Current proposals should address this issue.</p>
<p>The need for standardisation and harmonisation of Clinical Pathways for community and unplanned care pathways</p>	<p>A top ten approach to key pathways is suggested. This will be a helpful focus for clinicians. Suggested</p>

across the Brent and Harrow and Hospital footprint.	pathways include Asthma, Diarrhoea and vomiting, sickle cell disease, the child with fever.
The need to get clinical adjacencies right for children on both sites (inpatient, paediatric assessment, accident and emergency, unplanned care centre).	Clinical adjacencies should be considered as part of estates strategies.
Different models of community nursing and safeguarding activity and access to therapists where outlined across the two PCT areas and hospital sites.	To consider developing unified models of community nursing, safeguarding provision, access to therapists that operate across both PCTs and hospital sites, that maximise equitable, needs-based access and deliver cost effectiveness and quality.
The uncertainty caused by the delay in agreeing moving to a solution has had an effect on nurse requirement.	To further consider how nursing teams are supported through this proposed change to ensure a high quality workforce is received and retained.

Better services for local children

A public consultation for Brent and Harrow



11 January 2010

www.brentharrowchildren.nhs.uk

NHS
Brent

NHS
Harrow

The North West London Hospitals **NHS**
NHS Trust

About this document

Wide-ranging discussions have taken place with local residents, GPs, hospital staff, local authorities and others since November 2008 to examine local health services – both those provided in hospitals, in GP practices and in the community – to see where improvements can be made.

We want to make sure that we are offering local people health care that provides the right services for them in the right places, and that can be sustained over time.

We also need to consider value for money when we are providing NHS services for the future, and find the most cost-effective way of doing this, while maintaining high quality at all times.

This document focuses on local services for children or paediatric services as they are known. These have emerged as in need of improvement, following changes in the way children are treated across the NHS.

This consultation document seeks the views of local people on a proposal that is being put forward after extensive local discussions held with residents in Brent and Harrow.

We are making these changes because we believe the way in which we provide services to children can be improved. The proposals have been

developed by doctors, nurses and therapists who work with children in hospital and in the community. They have been subject to scrutiny by outside experts from the National Clinical Advisory Team who have strongly supported our proposed model of care.

These changes support the roles of our two local hospitals: Northwick Park as a major acute centre providing specialist services and Central Middlesex providing a full range of local hospital services including an A&E service.

We hope as many local people as possible will respond to this consultation so that we can be sure that we have gained the views of those who matter most – local parents, carers and residents.

The final date for comments on this document is **Sunday 4 April 2010**. You can find out how to respond on page **13**.

Mark Easton,
Chief Executive, NHS Brent

Dr Sarah Crowther,
Chief Executive, NHS Harrow

Fiona Wise,
*Chief Executive, North West London
Hospitals NHS Trust*



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The case for change – improving the quality and appropriateness of care for children and young people

These days children rarely have to stay in hospital overnight because of improved medical treatment and the defeat of childhood diseases like polio and diphtheria. Fewer than 13 children in every 100 who arrive at hospital for treatment are admitted to an overnight bed. Most children who are admitted to hospital now have a short length of stay.

It is also the case that too many children come to hospital to be seen when they can be treated by GPs or community nursing staff. We have found that the majority of children who come to Central Middlesex fall within that group and could be treated closer to home.

Some children are admitted overnight in hospital when their condition could be treated without a hospital stay – particularly if they have conditions such as asthma or gastroenteritis. These children could be treated successfully in an Urgent Care Centre, a polyclinic, or at home by a community nurse. Unnecessary admissions to hospital are

disruptive to family life and education and should be avoided.

There is an Urgent Care Centre at Northwick Park Hospital and one is planned for Central Middlesex. These centres treat patients with urgent problems who do not need full A&E expertise, and the vast majority of their patients will return home the same day.

A new development in London is the polyclinic, which includes local GPs and a range of services including outpatient clinics and diagnostic services that were previously only available by going to hospital. Polyclinics are open extended hours to make them more convenient for patients.

The first local polyclinic has opened at Alexandra Avenue, between Rayners Lane and South Harrow, and there is a new purpose-built GP-led health centre, the Pinn Medical Centre in Pinner, where both children and adults can walk in and be seen by a GP without an appointment, even if they are



not registered there as a patient. Another GP-led health centre will open in East Harrow in January 2010, with more polyclinics planned too.

It is also possible to provide consultant (senior doctor) clinics for children closer to where they live, in polyclinics or GP surgeries, and even children with long term conditions can be seen and treated at home except in an emergency. Both Brent and Harrow are developing community nursing teams as well as paediatric therapy teams to provide much more care to children outside hospital.

In order to cover medical rotas 24 hours a day for two hospitals, large numbers of senior and junior doctors are needed. But hospitals can have problems in recruiting trained paediatric doctors and nurses, as there is a national shortage. The Working Time Directive, which requires doctors to work no more than 48 hours a week, means more doctors are needed to provide overnight cover, which makes recruitment even harder.

For all these reasons the local health bodies believe an integrated paediatric service is required across Brent and Harrow that links together GPs, hospitals and community staff to improve the way children are cared for. This will bring major benefits both for children and their families.

Please read on to find out about the changes we are proposing.

Why children's services need to change:

- Too many children go to hospital for care which can be better provided in the community;
- Children do not have enough access to senior children's doctors at times when they are most needed;
- It is becoming increasingly difficult to cover medical rotas 24 hours a day for two hospitals; and
- We need our local health services to reflect changes in NHS policies which call for specialist overnight care in larger hospitals and more community-based services.

Our proposal for change

Currently, there are two children's departments at Northwick Park Hospital and Central Middlesex Hospital providing inpatient (overnight), day case and outpatient services.

Children at Central Middlesex who require emergency surgery are transferred either to Northwick Park Hospital or to Chelsea and Westminster Hospital for more complex procedures.

You can read more about current health services for children on pages 9 and 10.

We are proposing:

- New **Paediatric Assessment Units (PAUs)** at both Northwick Park and Central Middlesex hospitals staffed by specialist children's doctors and nurses, open 12 hours every day from 10am to 10pm to examine children and carry out treatments. These opening hours have been chosen because they cover the time that most children come to hospital. The new units would be based within Rainbow Children's Centre at Central Middlesex and at the children's unit at Northwick Park. It is estimated

that the PAUs would look after almost one in nine children who currently use the hospitals.

- **All inpatient (overnight) care** for children would be at **Northwick Park Hospital**. This means that around three children each day are likely to require transfer from Central Middlesex. Children who need emergency surgery would be transferred either to Northwick Park Hospital or to Chelsea and Westminster Hospital or Great Ormond Street Hospital for more complex procedures, as happens now.
- A new **Urgent Care Centre (UCC)** at Central Middlesex, similar to the one at Northwick Park, which treats both children and adults with non life-threatening conditions without going to A&E.
- **Central Middlesex would retain its A&E service for children.** The Rainbow Children's Centre would continue to provide planned day surgery for children and outpatient services as now. More planned surgery would take place at Central Middlesex to free up space at Northwick Park.



The simplest way of explaining our proposal is that we plan to create 12 hour paediatric assessment units (PAUs) at both Northwick Park and Central Middlesex hospitals, where senior doctors would be on hand to see what the problem is and organise treatment. These units will deal with the vast majority of children's need for hospital treatment. Children who need overnight care will be admitted to at Northwick Park which will have a better staffed facility than currently.

The vast majority of children come to hospital within the 10am to 10pm period covered by the PAU and this will enable expert staff to be available to see children quickly throughout this time.

Consultants (senior doctors) would be at hand to ensure that patients are seen quickly and safely. Outside these hours A&E for children would still be provided at both hospitals and senior doctors would be available on call.

- Northwick Park's children's ward, **Jack's Place, would be open 24 hours a day every day** and would have close links with the maternity department and neonatology unit, where expert paediatricians care for newborn babies.
- More children will be cared for in GP surgeries, polyclinics and children's homes, with a key role for **community paediatric teams**.

(see **page 10** for a diagram setting out the proposed changes).

Our proposal has the support of local doctors and nurses and has been tested with local people at meetings we held to consider it. At these events there was clear support for these changes. Our proposal was recently assessed by a specialist children's doctor from the independent National Clinical Advisory Team (NCAT), who said it was a "sound and well considered proposal" which would "deliver the improvements needed in the quality and appropriateness of care."

The benefits to patients from our proposal include:

- Too many local children now go to hospital when they could be treated locally. We are expanding services in local communities and we want to make hospital services better at the times when children need them most.
- Specialist children's doctors are spread too thinly across two hospitals. We would concentrate overnight care in one hospital, not two, where the larger team would be able to provide 24 hour care.
- We would open two new Paediatric Assessment Units at Central Middlesex and Northwick Park both to care for children's urgent needs and to make sure senior doctors could see and assess patients. This would mean an increase of more than 100 per cent in access to a paediatrician, resulting in quicker diagnosis and treatment and very often a quicker discharge home.



The three NHS organisations considered a range of other options, including keeping services as they are currently, however we do not think this is viable because of the reasons outlined in the case for change on pages four and five. For example, we believe too many children go to hospital for care which can be better provided in the community.

The vision shared by clinical staff in hospital and in the community is for a service that provides safe, high quality, integrated care to children and young people in Brent and Harrow, in the right place as close to home as possible. This will be achieved by the hospital team working in partnership with colleagues in primary and community care, including GPs.

Children should be seen by the most appropriate health professional in the most appropriate location as and when they are needed to be seen. This should reduce unnecessary hospital admissions and allow children to be discharged home earlier, with help at home from community nursing teams and their own GP.

How would the proposed changes affect Central Middlesex Hospital patients?

The new Paediatric Assessment Unit would provide assessment, diagnosis and treatment for all children who come to Central Middlesex Hospital. For those with complex needs there would be observation beds so that the doctors could keep an eye on patients who might need further investigation or treatment. If the child needs longer treatment or is not well enough to go home at 10pm, they would be transferred by ambulance to an overnight bed at Northwick Park Hospital.

Services for children with sickle cell disease, which are based at Central Middlesex Hospital and have a national reputation, would remain there, although the small number of children requiring overnight care would be transferred to Northwick Park. Therapy and child health services would also be provided at both hospitals.

Children who need A&E care after 10pm could still attend the A&E department at Central Middlesex, where there would be nurses trained in paediatrics. If children required inpatient care with a specialist doctor they would be transferred to Northwick Park Hospital.

All current planned paediatric outpatient appointments and day case operations would still take place at Central Middlesex Hospital.

We expect an average of just three children would need to be transferred each day from Central Middlesex Hospital to Northwick Park or a hospital closer to the patient's home if we go ahead with our proposal for change.

We would vary the number of paediatric beds at Northwick Park, to allow a reduction in staffing in the summer when demand is low and increase them when it is higher in the winter. Currently there are 21 beds at Northwick Park (and 18 cots for the newborn) and six at Central Middlesex.

Care in our boroughs now... services for children outside hospital

Many children live healthy lives and rarely need medical treatment. For those that need treatment the bulk is already provided in the community

In our boroughs over 8,000 children are admitted to hospital as inpatients each year, and last year almost 18,000 children were seen as new patients in hospital outpatient clinics. This may seem like a lot of activity, but, in contrast, over 7,000 children **every month** in Brent **alone** are treated at home by a health visitor or community nurse.

Rightly, most care for children takes place outside hospital, provided by both NHS and social services teams as well as specialist help for children with mental health needs, learning disabilities or long-term medical problems. We want children only to go to hospital when there is no better alternative.

NHS Brent and NHS Harrow are working with their local authorities to improve a wide range of services in local communities, including support in the home.

Brent is focusing on nutrition, obesity and immunisation, ensuring an integrated approach with local authority children's centres, education and child and adolescent mental health services. It is also working on improving services for 'looked-after children' (fostered or in care) and children with learning disabilities. It has good links with maternity services and is developing ways of reducing teenage pregnancies.

Harrow is developing child-based services in schools, children's centres and at home. It is working with other agencies to tackle health inequalities and their causes, increasing screening and health promotion, developing services for children with disability and complex needs, further improving the health visitor and school nursing services and working to raise immunisation rates.

Conditions managed by the community nursing team in Harrow include:

- Long-term conditions including respiratory problems such as asthma
- Congenital (existing from birth) heart disease
- Diabetes
- Cancer
- Epilepsy.

They also help children with complex needs, including those with tracheotomy (surgical incision in the windpipe) and on life support machines.

Services provided by the Brent Community Services include:

- Children's medicals
- Autism clinics
- Enuresis (bedwetting) clinics
- Managing children with special needs in four schools
- Training carers in respite homes or at home
- Training in schools, eg how to fit a catheter
- Continuing care including ventilation/intensive care
- Audiology (hearing)
- Challenging behaviour
- Child health surveillance
- Cancer, including leukaemia chemotherapy
- Sleep apnoea studies (where a child's breathing is interrupted at night).

How the hospitals work now

There are paediatric departments at Northwick Park and Central Middlesex Hospitals, both providing care for children during the day and overnight. Each department is led by five paediatric consultants (senior doctors), providing 24 hour cover. The average time any child spends in either hospital is less than one day, but some have to stay overnight or longer.

Northwick Park has the bigger children's centre and is also the base for the community child health and community nursing service for Harrow, and neonatal (new born babies) services for both boroughs. There is also more therapy provided for children at Northwick Park than at Central Middlesex.

Discussion about the provision of paediatric services amongst doctors and other clinical staff, both from the hospitals and local GP practices, established a clear view on the following areas of agreement:

- Closer working between home-based care, community and hospital services is a key requirement, whatever option is agreed for how hospital services are provided.

- Consistent 'care pathways', where clinical staff work to agreed good practice models, are required.
- A Paediatric Assessment Unit (PAU) where children are seen, assessed and treated is the preferred model of care and would ensure consultant (senior doctor) involvement in the early assessment of children's problems. PAUs would not be open after 10pm, when emergency services would still be available.
- Nationally, a total of 87 per cent of all hospital care for children can be provided without the need for overnight care. This figure is broadly the same at our hospitals, where just 17 in 100 children coming to hospital are admitted to an overnight bed.
- Children's Centres are a positive new development, combining health, education and social care in a local setting that is convenient and accessible by parents and families.

The diagram below summarises what services for children will be provided in the future if the proposal goes ahead.

	Northwick Park Hospital	Central Middlesex Hospital
24/7 Accident and Emergency Services	✓	✓
24/7 Children's ward Jack's Place (NPH) and Rainbow Ward (CMH)	✓	12hrs/day
Day care Appointments, minor operations and observation beds	✓	✓
Night care	✓	
Emergency surgery	✓	
Children transferred to NWP per day for all overnight stays		3 children
Consultant led Paediatric Assessment Unit PAU open 12hrs/day	✓	✓
24/7 Urgent Care Centre for non life threatening emergencies	✓	✓
Specialist Sickle Cell Day service		✓
Enhanced community based services (via GP, nurses and home visits etc)	✓	✓

Questions and answers from us to you

Q1. Would your proposal mean that Rainbow Children's Centre at Central Middlesex will close?

A. No, the only change would be that the beds would not be used at night. We estimate that 87 out of every 100 children who are currently treated at Central Middlesex Hospital would continue to be cared for by the team there. Children would not stay overnight, and the ambulance service would take emergencies direct to Northwick Park. If a child came to the A&E at Central Middlesex with a serious problem they would be transferred by ambulance to Northwick Park.

Q2. If you argue that children should be treated closer to home, why reduce the service provided in Brent borough?

A. We do not believe we would be reducing the service by making these changes. The vast

majority of children do not need an overnight stay so would continue to be treated at Central Middlesex. We think that changing hospital services in this way is the first step in a process that would establish closer links with primary care-led Urgent Care Centres and community based services that will improve care for children overall in Brent and Harrow. The new arrangements would ensure children received the care they needed in the right place.

Q3. Are these changes being proposed just to save money?

A. No, they are reflecting changes that are happening across many parts of the country in the care of children. Our aim is to provide a better service. But we cannot ignore the cost of care, particularly when duplication of services at two hospitals four miles apart means we cannot provide the better service we would like to. So we



would expect our proposal to result in some savings, estimated to be about £250,000 a year on a total cost of £5 million. However, the savings might be less if many children went to other hospitals instead, such as St Mary's. Any savings would be reinvested in the service.

Q4. If I turn up at Central Middlesex with my child and have to go to Northwick Park instead, it's a nightmare journey. Will you provide special transport?

A. In the unlikely event that the team at Central Middlesex would suggest a transfer to Northwick Park you and your child would be taken there by ambulance. We also plan to expand the use of the shuttle bus for staff which runs regularly between the two hospitals, to include patients and families. Were you to call an ambulance from home after 10pm you would be taken direct to Northwick Park.

Q5. You have taken emergency surgery, the birthing centre and the direct gynaecology unit away from Central Middlesex, and now this. Surely you are just running the hospital down so you can close it?

A. No, both hospitals have a very bright future together, with Northwick Park as the main emergency and specialist hospital and Central Middlesex as an excellent local hospital with very modern buildings and equipment. It is one of the most up-to-date hospitals in London and despite some of the changes we have made it is as popular as ever and the busiest it has ever been. We want to improve the quality and appropriateness of healthcare for children which will involve removing unnecessary duplication of services at both hospitals.

Q6. These changes will potentially mean an extra 1,000 admissions a year to the paediatric unit at Northwick Park, do you have enough beds?

A. We believe the extra numbers of patients coming to Northwick Park from Central Middlesex will be at most three each day and the children's department at Northwick Park has sufficient flexibility to cope. For example, we have space for more beds in the winter when we are busier and can close beds in the quieter summer months.

Q7. Do you have facilities for parents to stay overnight at Northwick Park?

A. Yes. Jack's Place, Northwick Park children's ward allows parents to remain on the ward with their sick child. For children who have their own room, there is an extra bed for someone to stay overnight. For children who are in a bay or cubicle, close by is Ronald McDonald House for family members to use overnight. Ronald McDonald house has five beds, kitchen area and ensuite facilities.

Have your say on our proposal

You can respond to this consultation online by going to www.brentharrowchildren.nhs.uk and making your comments directly. Or you can fill in the form below and send it to us. No need for a stamp.

Please fill in the form then fold it along the indicated lines and pop it in the post.

Five questions to help you decide

Q1. Do you agree that it makes sense to provide most care for children outside hospital?

YES NO

Q2. Do you accept the argument that it makes sense for specialist children's facilities to be in one place not two?

YES NO

Any other comments you may have:

Q3. Do you believe that a coordinated service for children being cared for in and out of hospital should be provided across the two boroughs of Brent and Harrow?

YES NO

Q4. Do you think an Urgent Care Centre at each hospital is a good idea, so children can be seen there rather than in A&E?

YES NO

Q5. Do you think a Paediatric Assessment Unit, staffed by expert doctors and nurses, at each hospital is a good idea?

YES NO

Your name (optional)

Your address (optional)

Postcode

Your email (optional)

Thank you very much for taking part in this consultation.

Overall, do you support our proposed changes? Please tick one box.

YES NO

Please ensure your response gets to us before the closing date - Sunday 4 April 2010.

← FOLD AND STICK EDGES

← FOLD AND STICK EDGES

Consultation Manager
FREEPOST XXXX

NO
STAMP
REQUIRED

Have your say on our proposal

Please ensure your response gets to us before the closing date - Sunday 4 April 2010

Public meetings

Brent - 6pm Thursday 11 February
at Patidar House, 22 London Road,
Wembley HA9 7EX.

Harrow - 6pm Wednesday 24 February
at Eastman Hall, Zoom Leisure Centre,
Harrow HA2 6QQ.

Better services for local children

