

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,
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Contents

- 4 The case for change in paediatrics
- 6 Our proposals to improve services
- 9 Care in our boroughs now
- 10 How the hospitals work now
- 11 Questions and answers from us to you
- 13 Have your say – how you can respond to this consultation
- 15 Public meetings



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

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Have your say on our proposal

**NO
STAMP
REQUIRED**

Consultation Manager
FREEPOST XXXX

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

