



## **Brent Health Select Committee response to “Better Services for Local Children – A Public Consultation for Brent and Harrow”**

### **Introduction**

Brent Health Select Committee has prepared its response to the local NHS consultation, “Better Services for Local Children – A Public Consultation for Brent and Harrow” following a specially arranged challenge session and tour of the paediatric unit at Northwick Park Hospital on Wednesday 10<sup>th</sup> February 2010. The challenge session was carried out with members of the Harrow Overview and Scrutiny Committee to make best use of time and resources, although each committee will provide a separate response to the consultation.

Over the last nine months or so the Health Select Committee has held numerous discussions on the wider acute services review, from which the proposals for paediatric services have been developed. The committee is very familiar with the proposed changes to paediatric services and welcomes the opportunity to contribute to the consultation.

Overall, the Brent Health Select Committee supports the proposals for paediatric services provided by North West London NHS Hospitals Trust and believes that they will lead to better services and outcomes for the young people who have to use them. However, there are a number of points that members wish to raise in response to elements of the consultation.

### **Brent Context**

Although the consultation on Paediatric Services affects people in Brent and Harrow, the Health Select Committee’s response is concerned mainly for the well being of young people in Brent. Brent is a young borough - young people (under the age of 16) make up 21% of Brent’s population and Brent’s birth rate is rising by 3% per annum. Deprivation in Brent has increased in recent years and the borough is now the 53<sup>rd</sup> most deprived in England.

### **Healthcare for London**

The Brent Health Select Committee acknowledges that the plans for paediatric services at North West London NHS Hospitals Trust match Healthcare for London’s ambitions that in-patient paediatric services are delivered on fewer sites, and that resources are put into the development of paediatric assessment units to assess, diagnose and treat patients that come into hospital, but that ongoing care takes place in a community setting. The fact that nationally fewer than 13 children in every 100 who arrive at hospital are admitted to an overnight bed suggests that provision of services should be weighted towards assessment, treatment and discharge of young people rather than admission to hospital. The

development of two paediatric assessment units, one at Central Middlesex Hospital, a second at Northwick Park Hospital will help to meet this aim.

The committee supports the view that consolidation of inpatient services on one site will improve clinical outcomes for children. Throughout various Healthcare for London initiatives, such as the development of stroke services in London, emphasis has been placed on the need to achieve a critical mass of patients in order to give clinical staff the required number of cases to improve outcomes. The fact that there are only six inpatient beds at Central Middlesex Hospital leads the committee to believe that the changes proposed are inevitable and that in the long term paediatric inpatient services at Central Middlesex would be unsustainable. Duplicating in-patient services on two sites within the same hospital trust does not make sense for many reasons, not least that it spreads specialist staff across two sites and there is a need to provide care in community based settings, away from hospital and resources are needed to deliver this.

The committee was disappointed that the initial consultation document did not make reference to polyclinic developments in Brent, but this has been changed in the later version. If more services are to be delivered from community settings, and it is in the best interest of patients to do this, the Health Select Committee believes that plans for polysystems in Brent should be clarified at the earliest opportunity. The community based services that patients can expect to receive need to be made explicit. This is so patients and their parents can be reassured that alternatives to inpatient services are being developed and to help them understand the preferred patient pathways.

### **Signposting people to the right services**

Changes to the way that paediatric services are delivered and the development of an integrated paediatric service are laudable aims. However, patients need to be signposted to the right services so they make best use of what's available to them. At present too many people are accessing hospital inappropriately, when they could be treated in a primary care setting. As services are developed in community settings, it is important that the message is communicated to Brent and Harrow's communities so that they know the best place to go for the most appropriate treatment for their child. There is a risk is that people will still continue to use hospital inappropriately, even if the Urgent Care Centres at CMH and Northwick Park do keep people out of A&E.

Of course, once a child is brought to hospital it is crucial that they are placed on the correct clinical pathway. Communication between the teams involved in delivering paediatric services will be crucial, especially once the paediatric assessment units are in place. Communication with inpatient services, ensuring that children receive appropriate treatment is all important. This is especially the case across sites, where a child is being assessed at Central Middlesex Hospital, but inpatient services are at Northwick Park Hospital.

### **Capacity at Northwick Park Hospital**

It had been a concern to the committee that Northwick Park Hospital would not have the capacity to deal with additional paediatric in-patient cases that are currently treated at Central Middlesex Hospital. Therefore it was reassuring to be told on the tour of Jack's Place that there were currently 21 beds in the ward, but space to expand to 28 beds if necessary. There is also funding in place to employ additional nursing staff should the seven extra beds be needed in Jack's Place. Similarly, councillors were reassured to learn at the challenge session that there were no redundancies planned as a result of centralising paediatric inpatient services at Northwick Park Hospital. The challenge session was informed that the trust was over recruiting nurses in order to compensate for staff turnover. It is crucial that a full complement of staff is maintained to deliver services for this client group.

A second issue which came to members' attention on the tour was the need to provide a separate space for older children. The needs of teenagers are very different to those of toddlers and so it is reassuring that additional space will be available for older children to use if they are admitted to Northwick Park Hospital.

### **The future of Central Middlesex Hospital**

Although the consultation on paediatric services is not explicitly related to the future of Central Middlesex Hospital, it is inevitably an issue for Brent councillors and residents. Central Middlesex Hospital is a highly valued local hospital and it is a concern to some that services are being taken from it and placed at Northwick Park Hospital (which, it should be added, is also a highly valued local service), even though the clinical reasons for doing so make sense. Members were keen that the future of Central Middlesex Hospital was clarified during the consultation period, and they look forward to receiving a comprehensive statement on the future plans for the hospital. This will be especially valued by residents who live in South Brent and use Central Middlesex Hospital.

Another concern to councillors is that patients will seek alternative paediatric services (for example, at St Mary's) rather than use Central Middlesex Hospital once they know that CMH no longer has an inpatient service. Councillors will be keen to monitor patient flows to know how the reconfiguration is affecting the number of people using CMH's paediatric services. It is not clear from the consultation at what point the service could become uneconomical, but there must be a point at which it becomes uneconomic if user numbers at CMH decline. This will also affect the critical mass of patients needed to make the unit viable.

In recent weeks a draft copy of the North West London Integrated Strategic Plan has been made public. The plan is suggesting a reduction in the number of major acute hospitals in North West London and rationalisation of some services, including A&E. Throughout discussions during the consultation, councillors have been assured that the A&E services at CMH are not under threat. However, it is a concern that these services may be withdrawn from the hospital and so councillors would appreciate further reassurances with regard to the future of A&E services at the earliest opportunity. At present, uncertainty is adding further doubt as to the future viability of Central Middlesex Hospital, although it is appreciated that A&E services across London are being disaggregated, and so CMH is likely to have a different service to other hospitals.

### **Transport**

The closure of inpatient services at CMH means that any child who needs to be admitted to hospital from the CMH paediatric assessment centre will be transferred to Northwick Park Hospital. The Health Select Committee wants to reinforce the message to the London Ambulance Service to ensure it is fully geared up for this change, even though it affects a relatively small number of children. Councillors would be concerned if there were significant delays in transfers and believes that this should be closely monitored by the Health Select Committee once the service changes are made.

Transport links between Central Middlesex Hospital and Northwick Park Hospital are not particularly good and so parents of children admitted to Northwick Park from CMH could be reliant on either the staff minibus or taxis to transfer them to NWP if they don't have their own car. When their child is admitted to hospital, councillors understand parents will be anxious to get to the hospital as soon as possible and so public transport may not be the best solution in these cases. Councillors hope that funding will be available to pay for taxi's or improve the regularity of the staff bus to cater for parents in this situation. In the meantime, lobbying should continue to press for better public transport links between the hospitals.

Councillors hope that work is done to track patient transfers from CMH to NWP so that the experience can be improved for the patient and their family. The most appropriate transport arrangements should become clear once services are up and running and transfers are taking place on a regular basis.

### **Engaging Clinicians**

The proposals for paediatric services at North West London NHS Hospitals Trust were led by clinicians. Stakeholder support for the proposals in the pre-consultation phase was 96%, and yet at different times the Health Select Committee has picked up on some opposition to the plans from GPs in Brent. The point was made at the challenge session that within a group GPs there will be a range of views on the best way to provide paediatric services and inevitably, some won't approve of the options for change. The Health Select Committee hopes that work will continue with clinicians and non-medical staff within Brent and Harrow to convince them of the benefit of these service changes and to support the plans for paediatric services.

### **Sickle Cell**

Central Middlesex Hospital hosts specialist sickle cell services and the Brent Sickle Cell Centre is to remain at CMH, as well as day management of sickle cell cases. Young people suffering from a sickle cell crisis that require overnight admission to hospital will be transferred to Northwick Park once the changes to paediatric services are implemented. It is this group of patients in particular that the service proposals will affect.

Brent's has a significant number of people who are black Caribbean or black African, the two groups most susceptible to sickle cell. Ethnicity data for Brent is now out of date, but in the 2001 census 22% of Brent's population (57,000) recorded their ethnicity as either black or black British. This number is likely to have increased in the 9 years since the census was carried out. The Health Select Committee was concerned that sickle cell patients and their families should be consulted separately on proposals and are pleased that a sickle cell focussed consultation meeting is to take place in March 2010. However, it is a concern that in-patient services for children will be moved to Northwick Park Hospital but specialist services for sickle cell will remain at Central Middlesex Hospital. Councillors would like reassurance that sickle cell patients are satisfied with this arrangement and again, steps are taken to continue working with them during the implementation of service changes and after the new services have been implemented to ensure their needs are met.

Councillors were pleased to learn that funding is in place to support training for GPs in Brent to better recognise the signs of sickle cell crisis and manage the illness without needing an inpatient hospital stay. Members appreciate that management of illness and treatment outside of hospital is as important for sickle cell as any other long term condition and hope that this training helps to achieve this aim.

### **Consultation**

The Health Select Committee is satisfied with the consultation plan that is being implemented by North West London NHS Hospitals Trust for paediatric services in Brent and Harrow. Changes to the consultation plan and document suggested by councillors at the Health Select Committee meeting on the 7<sup>th</sup> January were implemented. However, some issues, such as the publication of a statement on the future of CMH are still to be addressed.

Councillors are slightly concerned that only 20 people attended the public meeting at Patidar House in Wembley on 11<sup>th</sup> February, as this figure also included trust staff. Members would have expected more people than this to turn up to the public meeting. Councillors are pleased that an additional public meeting at Central Middlesex Hospital has been arranged as it is felt that this may attract more people, as it is in south Brent and on the site where the

proposed changes will have the greatest impact. 10,000 copies of the consultation document have been distributed which is positive and it is hoped that a good number of people respond to the consultation.

The Health Select Committee wants to sign off the consultation exercise and consider the outcomes of the consultation, the final proposals for service change and an implementation plan before implementation of the new service begins. The committee's last meeting of the 2009/10 municipal year is on the 23<sup>rd</sup> March, before the consultation closes. Therefore, officers will be invited to attend the first meeting of the committee in 2010/11 to present their report. This meeting is likely to be in June 2010, although committee dates are still to be set.

Councillor Chris Leaman  
Chair, Brent Health Select Committee