
Report To: Health & Social Care Committee **Date:** 25 August 2016

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Inverclyde Health and Social Care
Partnership (HSCP) **Report No:**
SW/43/2016/HW

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Subject: NHS Greater Glasgow and Clyde Service Changes

1.0 PURPOSE

- 1.1 To update the Committee on the NHS Greater Glasgow and Clyde service changes and the proposed approach to engagement agreed at the NHS Board meeting of 16th August 2016.

2.0 SUMMARY

- 2.1 At the June 2016 meeting of the NHS Board, four service changes were agreed. These related to:
- Paediatric services at the Royal Alexandra Hospital;
 - Rehabilitation services at Lightburn Hospital;
 - Delivery Services in the Community Maternity Units;
 - Inpatient care at the Centre for Integrative Care.
- 2.2 Of these four areas of change, two are likely to have implications for Inverclyde residents, namely the move of paediatric services from the Royal Alexandra Hospital, and the changes to delivery services in the Community Maternity Unit at the Inverclyde Royal Hospital.
- 2.3 The latest NHS Board paper highlights that the proposal to move the Paediatric Inpatient Services in Ward 15 at the Royal Alexandra Hospital to the Royal Hospital for Sick Children had been agreed in 2012. Following engagement on the proposal, the preferred option was that the service should move, but this should be after the new Royal Hospital for Children opened on the new Queen Elizabeth University Hospitals Campus.
- 2.4 Changes to the delivery services in the Community Maternity Units mean that Inverclyde women will continue to receive antenatal and postnatal care at the local hospital, but intrapartum services (i.e. services to enable the actual delivery) will no longer be available.
- 2.5 These proposals for service change reflect the NHS Board's Clinical Services Strategy approved by the NHS Board in January 2015.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee notes the proposed service changes and the process for engagement and consultation.

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Inverclyde HSCP

4.0 BACKGROUND

4.1 At the June 2016 meeting of the NHS Board, four service changes were agreed. These related to:

- Paediatric services at the Royal Alexandra Hospital;
- Rehabilitation services at Lightburn Hospital;
- Delivery Services in the Community Maternity Units;
- Inpatient care at the Centre for Integrative Care.

4.2 Of these four areas of change, two are likely to have implications for Inverclyde residents, namely the move of paediatric services from the Royal Alexandra Hospital, and the changes to delivery services in the Community Maternity Unit at the Inverclyde Royal Hospital.

4.3 These proposals for service change reflect the NHS Board's Clinical Services Strategy (CSS) approved in January 2015.

4.4 The CSS sets out the high level service models to shape service provision, and identifies the key approaches to underpin the future service planning for the populations served by NHS Greater Glasgow and Clyde. The principles it sets out are:

- Improving health and prevention of ill health; empowering patients and carers through the development of supported self-care.
- Developing primary care and community service models; simplification of community models; focus on anticipatory care and risk stratification to prevent crisis.
- Improving the interface between the community and hospital to ensure care is provided at the right time in the right place; community and primary care services inward facing and hospital services outward facing; focused on patient and carers needs.
- Developing the ambulatory approach to hospital care, with inpatient hospital care focused on those with greatest need ensuring equitable access to specialist care.
- Redesign of specialist pathways to establish a consistent service model delivering the agreed clinical standards and good practice guidelines.
- Developing the rehabilitation model based on need not age; working across the service within primary and secondary care and with partner organisations to provide rehabilitation in the home setting where clinically appropriate.
- Changing how care is delivered - patient centred care; shifting the paradigm to deliver care differently for patients particularly for patients who have multiple conditions; helping patients and the public to develop and understand the new approaches to care.

4.5 The CSS established a clear framework to redesign, improve and modernise the Board's clinical services. It set key objectives for future service change.

- Care which is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway.
- Services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements.
- Sustainable and affordable clinical services can be delivered across NHS Greater Glasgow and Clyde.

5.0 REVIEW OF PAEDIATRIC INPATIENT SERVICES AT ROYAL ALEXANDRA HOSPITAL

- 5.1 The latest NHS Board paper highlights that the proposal to move the Paediatric Inpatient Services in Ward 15 at the Royal Alexandra Hospital to the Royal Hospital for Sick Children had been agreed in 2012. Following engagement on the proposal, the preferred option was that the service should move, but this should be after the new Royal Hospital for Children opened on the new Queen Elizabeth University Hospitals Campus.
- 5.2 The clinical case for change is predicated on the quality of the facilities of the new Royal Hospital for Children (RHC), the quality of clinical practice, and the enhanced opportunities for training, to support an environment of continuous improvement and clinical excellence.
- 5.3 The NHS Board paper describes the RHC as a state of the art facility, and notes that the hospital is one of the largest paediatric teaching hospitals in the UK and the largest in Scotland. The entire focus of RHC is around children and young people, with care provided in a child friendly environment with:
- The latest technology and specialist children's equipment, such as the MRI scanners, CT scanner, dedicated paediatric interventional radiology facilities and five state of the art laparoscopic theatres.
 - All paediatric medical, surgical and anaesthetic subspecialties including emergency specialists, general medical paediatrics, cardiology, neonatology, neurology, nephrology, respiratory, endocrinology, gastroenterology, immunology and infectious diseases, dermatology, haematology/oncology (including a dedicated teenage cancer unit), rheumatology, metabolic medicine, audiology, ophthalmology, ENT surgery, orthopaedics and general paediatric and neonatal surgery.
 - Child and adolescent psychiatry and AHP services facilities are located within the campus. Children who self-harm and may require admission to hospital are now treated on the RHC site.
 - An integrated neonatal medical and surgery unit as well as a paediatric critical care unit of 20 nationally funded intensive care beds and 2 high dependency beds are available on the RHC site to ensure that children who are or become very unwell receive world class care.
 - A dedicated paediatric theatre complex, comprising 9 full theatres, interventional and cardiac catheterization labs.
 - Dedicated diagnostic facilities providing the full range of imaging services including ultrasound, CT, MRI and nuclear medicine studies on site.
 - On site access to the full range of diagnostic laboratory facilities including haematology, blood bank, biochemistry, microbiology, virology, histopathology and genetics
 - 17 national designated services which are accessed from children across Scotland and are delivered from the hospital including cardiac surgery and interventional cardiology, bone marrow and renal transplantation, ECLS (extracorporeal life support) and complex airway service and cleft surgery.
 - A full range of dedicated children's services and facilities which cannot be replicated in a local district general hospital, such as RAH located approximately 7 miles from the new RHC.
 - A number of specialist adolescent facilities which are not replicated in the RAH: most notably zone 12, medicinema and dedicated young people workers. There are also dedicated age appropriate facilities for younger children such as the teddy hospital. In addition, educational support is offered.
 - Amalgamation of Ward 15 staff with the acute receiving and hospital at night teams will strengthen resilience of the core team, supporting rota to

be compliant with recommended staffing levels.

- The capacity within the new RHC will support the transfer of RAH paediatric inpatient activity to RHC. The Emergency Department has been sized to accommodate 65,000 attendances. The inpatient bed capacity will accommodate the change in inpatient admissions to the hospital.

5.4 The world class nature of the new RHC means that it will sustain and develop its position as a centre for excellence in a wide range of clinical interventions.

5.5 Outpatient clinics will not be affected by the move to the RHC, however day cases, elective inpatient admissions and emergency inpatient admissions will be to the new hospital. There is no planned change to neonatal or wider maternity services provided in the RAH as a result of this proposal. The neonatal service at RAH will become consultant led by the amalgamation of the workforce across the neonatal units at the QUEH maternity unit and RAH to provide a joint workforce model of patient care.

5.6 Proposed Engagement

The NHS Board Paper (August 2016) sets out a two-phase approach to engagement.

- Establish an extensive programme of communication with all stakeholders to describe the proposed change and give visibility to all elements of the previous process, particularly the option appraisal. The purpose of this phase is to ensure that all of the key interests have an opportunity to understand the proposal and make further comment. This process will run from the beginning of September until mid-October with a report going to the October NHS Board for a decision on proceeding to public consultation and the approach to consultation;
- If the NHS Board proceeds to consultation that process will run from the end of October for 3 months with a report back to the February NHS Board for decision.

6.0 CHANGES TO DELIVERY SERVICES IN THE COMMUNITY MATERNITY UNITS

6.1 Proposed changes to the delivery services in the Community Maternity Units mean that Inverclyde women will continue to receive antenatal and postnatal care at the local hospital, but intrapartum services will no longer be available. There are approximately 5,000 postnatal and antenatal contacts per year at the IRH, and these will be unaffected.

6.2 In addition to postnatal and antenatal services, the Inverclyde Unit currently provides intrapartum services for women. The table below indicates where Inverclyde babies have been delivered over the past 8 years.

	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
RAH	670	655	677	668	674	673	647	629
IRH	94	107	67	63	42	34	26	11
SGH/QUEUH	42	26	36	30	42	22	31	36
Other	29	20	9	15	7	9	7	9
Total	835	808	789	776	765	738	711	685

6.3 As can be seen from the table above, the number of births to Inverclyde women is decreasing year on year, and the number of women choosing to deliver their babies in the IRH has also declined. Despite continuous campaigns to promote delivery at the local unit, most women are deciding that for the intrapartum phase of their maternity, they would prefer to go elsewhere. In the 3 months between April and June 2016, 3

women chose to use the birthing service at the Inverclyde CMU.

- 6.4 The declining number of births at the Inverclyde CMU has led to problems in recruiting staff because of difficulties in maintaining intrapartum skills. The CMU needs experienced midwives and other staff, who live close enough to attend when a woman presents in labour out of hours. The combined effect of these two factors could potentially increase the risk of an adverse outcome if complications arise during delivery. Transferring the woman and/or the neonate in incidences of complications can in itself also increase the risk of an adverse outcome.
- 6.5 It should be noted that local women make good use of the antenatal and postnatal services available through the Inverclyde Community Maternity Unit, and these services will be unaffected by the proposed changes. The current Glasgow City home birthing team will be extended to cover the whole of the NHS Greater Glasgow and Clyde area, meaning that Inverclyde women who wish to deliver their babies at home rather than in a hospital will be fully supported in that option. Women who would prefer a midwife-led delivery will still have that option through the CMU at the RAH. That unit currently delivers around 300 babies per year, so intrapartum skills are maintained and improved amongst the unit's staff.

6.6 Proposed Engagement

The NHS Board proposes that re-engagement will take place to ensure all key stakeholders are aware of the proposal and have the opportunity to offer their views. The proposed approach to this re engagement is to establish a two stakeholder reference groups, one for each service, which will with work the NHS Board on the engagement process which will include:

- refreshing the outputs from previous public engagement,
- local workshops to enable stakeholders to hear and explore the proposal. This workshop will include explaining the issues with the option of retaining the status quo and enabling stakeholders to challenge the NHS Board's appraisal of those issues;
- A range of communication resources and a detailed communications plan;
- Ensuring the engagement enables all patient perspectives to be heard, on access or other issues
- Advise on the best means of engaging with those affected and local communities,
- public engagement events including outreach to mums and toddler groups and parent support groups.

The NHS Board has assured that the focus of the engagement will be on potential patients but will also enable wider local interest to express their views.

7.0 IMPLICATIONS

FINANCE

7.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

LEGAL

7.2 There are no legal issues within this report.

HUMAN RESOURCES

7.3 There are no human resources issues within this report.

EQUALITIES

7.4 Children with disabilities will have access to improved facilities at the RHC, rather than the outdated facilities at the RAH.

Pregnant women from deprived areas will have access to local ante and postnatal care, with a clear and easily accessed option of a consultant-led intrapartum service.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

REPOPULATION

7.5 There are no repopulation issues within this report.

8.0 CONSULTATION

8.1 Inverclyde Council contributed to the NHS consultation on its Clinical Services Strategy prior to its approval by the NHS Board in January 2015.

9.0 LIST OF BACKGROUND PAPERS

9.1 None.