

NOTTINGHAM UNIVERSITY HOSPITALS TRUST – PAEDIATRICS
Extract of Minutes – 11 July 2006

Jenny Leggott, Acting Chief Executive of the Nottingham University Hospitals Trust gave a presentation to the Committee on the proposed transfer of Paediatric Services to the Queens Medical Centre (QMC) campus. She explained that the best option for the provision of these services would be a purpose-built children's hospital, but this was not viable at the present time. The provision of services on a single site which would in future include a children's block and a designated entrance was the next best preference. She gave details of the general paediatric medical and surgical services for young people in Nottingham and the surrounding area, including inpatient, day care and outpatient services, in addition to emergency services (A&E) and specialist services for children in the East Midlands.

In response to Councillor Jacky Williams' question concerning the effect the extension of the tram network would have on the QMC campus, Jenny Leggott said she felt it would have little effect but it could make access easier for people attending the hospital and help with parking problems on the campus. Councillor Williams was also concerned about the transition of young people from children's to adult services. It was explained that this was an issue that particularly affected Cystic Fibrosis and renal patients and that the City Hospital had a very good system in place to help with the transition and this would also be used at the QMC.

Councillor Williams queried what would happen to patients who remained in hospital over the weekend if the proposal of closing wards at the weekend took place. Ms Leggott said it is not envisaged that patients would be moved from ward to ward and that the specialist help would follow the patient. Councillor Williams was also concerned about the threat of job losses caused by the move. Ms Leggott felt it was difficult to say what would happen, but natural wastage would account for some loss of posts and that a vacancy management system has been put in place to help minimise the effect.

Councillor Eileen Heppell wanted to know what impact the transfer would have on the specialist service provision for children in the East Midlands and beyond. Ms Leggott felt that Sheffield, Derby and Leicestershire Trusts would have to decide which one was going to specialise and in what; stand alone practitioners had not in the past provided a model of good care or best practice. Referring to cancer service provision, she said there was a programme of work that would go forward. Councillor Heppell wanted to know if services for teenage pregnancies and sexually transmitted diseases would be affected by the change, and was assured that there was nothing planned and that the provision would remain with the midwifery service. She was also concerned about access to and availability

of parental accommodation at the hospital. Ms Cargill, from the Trust said that the provision of accommodation for parents close by was crucial, and that access to facilities for parents during the day was also needed. Different models of how to provide this had been looked at. It was possible that a partnership arrangement between various charities may be the answer. Ms Martin from the Trust referred to the consultation that was taking place with families concerning what they would like to be provided and said a business case would be drawn up.

Councillor Heppell enquired if children had been consulted about the changes and also how provision of school services for children in hospital would be affected. Ms Cargill said it was very important that children were able to continue with their education whilst in hospital and that discussion was taking place with the schools which already provide this service. Councillor Mrs Cutts enquired what the average length of stay was for a child. Ms Leggott said that the majority of children, due to the nature of their illness, were admitted for two days but obviously this was longer for those with more serious conditions. Councillor Mrs Cutts asked which block of the QMC was to be used as the children's wing. Ms Leggott said it was envisaged that the East Block would be allocated and a new entrance would be created. She added that Accident and Emergency (A&E) would not be affected by the move. Councillor Mrs Cutts commented that the tram would only help with access problems to the site for those people who lived near the tram line. Ms Leggott said there were multiple problems with access to the site and talks had taken place with the bus companies to try and improve services. It was recognised there was a need to create a better bus exit system. She also said that the hospital was looking at making it possible for the helicopter to land on the roof rather than disrupt the whole of the traffic system around the campus as at present.

Councillor Mrs Males welcomed the creation of a unit for children with a single point of access. She enquired if it was possible to have designated parking spaces for parents. Ms Leggott said that a short stay drop-off zone for families could be created but it was not fair to other users to do more than that. It was felt important that people be encouraged to use public transport in particular the Park and Ride system, which was fully wheelchair accessible. Councillor Males wanted to know whether the new unit would create any additional emergency beds. Ms Cargill said there would be a reduction in the total number of beds, but the numbers available for emergencies was likely to increase after remodelling. She commented that there had never been a situation where there were not enough emergency beds.

Councillor Haymes wanted to know what effect this would have on the City and County Adult Social Care and Health Services and would there be any change to maternity services. Ms Leggott said there had been some discussions and this would continue throughout the process and that there would not be any changes to maternity services.

Concern was expressed about the cleft lip and palate unit moving to the QMC before the consultation process had been completed. Ms Leggott explained this was a very small unit which helped about one hundred cases per year and by moving to QMC it would be nearer services that linked in with the condition, for example orthodontics. A formal request was made for information regarding this area.

In response to a question from Councillor Llewellyn-Jones, Ms Leggott said that there would be very little impact on other hospitals. It was pointed out that some surgeons were already operating in other hospitals which were nearer to where the patient lived.

Councillor Llewellyn-Jones thanked every one for their contribution to the discussion.