



A proposal for the future of services for children and young people at Nottingham University Hospitals NHS Trust

Public consultation document 2006

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Introduction

We, the Board of Nottingham University Hospitals NHS Trust, invite you to consider our proposal to create a Nottingham Children and Young People's Unit on a single campus. There are currently several services for children on our two main campuses (Queen's Medical Centre and City Hospital). We propose to provide all inpatient care for children and young people from the Queen's Medical Centre campus.

Hospital care for children is becoming increasingly specialised. The demand for technological support for patients is growing. Working practices in teams are changing.

The future of services for children has been discussed a great deal over many years. There has been support for the idea of having a single children's hospital. The merger of the Queen's Medical Centre and Nottingham City Hospital in April 2006 has given more opportunity to make this happen.

We have developed and gained support for this proposal after discussions with local health and social services, with staff, patients, carers and the organisations that buy and plan our services.

Our vision is that we will go to exceptional lengths to put our patients at the centre of all we do. We will work to become the best teaching trust in the country by 2016, providing excellent patient care, teaching and research, effective partnerships with the organisations we work with, and value for money. We believe that our patients deserve nothing less.

To achieve this vision, our ambition for children's services is to have an inpatient facility that can provide excellent patient care, and to keep the existing range of specialist children's services over the next 10 years.

We believe that the best way to deliver this is to provide all inpatient services for children and young people at the Queen's Medical Centre campus. This will be a specialised children's hospital within a hospital and will give us the best opportunity to provide excellent services that can be maintained over the long-term.

We are convinced that, over the coming years, a service provided from a single campus will be safer, offer better care, and be more efficient than providing services on two sites. Our proposal is in line with the Government's programme of modernising the NHS, and national standards on the care of children and young people.

This document describes:

- the current services and where they are provided
- the options we have considered
- the reasons why we are convinced that a single site at the Queen's Medical Centre campus is the best option.

We are confident that you will share our vision for services for children and young people in Nottingham and we value your comments and ideas as we develop plans to achieve this.



one



The consultation process

The consultation process

We want to get the community's views on our proposal.

What we propose would be a significant change in the way we provide children's services, and a formal consultation is being carried out for us. This 12-week consultation runs from Monday 9 October 2006 to Friday 29 December 2006. During this period, we will be asking staff, patients, other organisations we work with or who have an interest in our work, and the general public for their comments on our proposal. We will also ask them for their ideas for the future of services for children and young people in Nottingham.

The consultation process gives people the chance to be involved in shaping how services are provided in the future.

We want the new children's and young people's unit to be up and running by June 2007. Between now and then, planning work will continue to make sure the results of this important consultation process can be put into practice as soon as possible for the benefit of the children and young people we serve.

If you would like more information before you make your comments, contact our

Consultation Office (contact details below), or you can go to one of the public meetings we will be holding in the autumn. You can find out the dates, times and venues for these on our website, from our Consultation Office and in local newspapers.

On page 23 there is a form which you can fill in and return with your comments. However, you may prefer to contact our Consultation Office for more details or to send in your views.

You can write to:

NUH NHS Trust
c/o PALS
Freepost
NEA 14614
Nottingham
NG7 1BR

You can e-mail:

PALS@nuh.nhs.uk

You can phone:

Freephone 0800 052 1195

You can look at the consultation website:

www.nuh.nhs.uk/consultations/

We can provide this document in large print, in Braille, on audio tape or in other languages. Please contact our Consultation Office for more information.

Na życzenie ten dokument może być dostarczony w postaci dokumentu drukowanego dużą czcionką, alfabetem Braille'a, nagrania na kasecie lub w dodatkowych językach. Proszę się skontaktować z biurem Nottingham Hospitals Consultation w celu uzyskania szczegółowych informacji.

یہ دستاویزات درخواست کرنے پر بڑی چھپائی، بریل، آڈیو ٹیپ پر یا متبادل زبانوں میں فراہم کی جاسکتی ہے۔ مزید معلومات کے حصول کے لئے برائے مہربانی نوٹنگھم ہسپتالز کنسلٹیشن آفس سے رابطہ کریں۔

इस दस्तावेज को अनुवाद करने पर बड़ी लिपि में, ऑडियो टेप पर या दूसरी भाषा में उपलब्ध किया जा सकता है। कृपया अधिक जानकारी के लिये नॉटिंगहम हॉस्पिटल्स कन्सल्टेशन ऑफिस के साथ सम्पर्क करें।



two



Children's services today

Children's services today

At the moment, a wide range of hospital-based services for children and young people is provided to the people of Nottingham and Nottinghamshire from the two main campuses of NUH: Queen's Medical Centre and City Hospital.

These units also provide specialist services, many of which have an excellent reputation in the UK and abroad, and offer teaching for undergraduates and graduates, in a range of professions.

Each unit currently provides inpatient, day-case, and outpatient services.

Table 1: services currently provided at each site

Queen's Medical Centre campus	City Hospital campus
Children's Intensive Care Unit	High Dependency Unit (HDU)
Children's Emergency Department	
Children's Medicine: General, Respiratory, Rheumatology, Haematology, Oncology, Cardiology, Neurology, Endocrinology, Diabetes, Dermatology, Gastroenterology	Children's Medicine: General, Respiratory, Renal, Cystic Fibrosis
Children's surgery: General, Orthopaedic, Spinal, Neurosurgery, Ear, Nose and Throat, Ophthalmology, Maxillo facial	Children's surgery: General, Urology, Burns, Plastics, Cleft lip and Cleft palate

At the back of this document there is a glossary explaining these services. The single Emergency Department in Nottingham is on the Queen's Medical Centre campus.

Table 2: number of children who come to each site

	Queen's Medical Centre campus	City Hospital campus
Planned inpatient care	12,000 a year	3,000 a year
Emergency Department	40,600 a year	-
Outpatients	31,000 a year	10,000 a year
Number of beds	125	47

Government policy is to continue to transfer services from the hospital to the community, where possible, so that care can be provided close to the patient's home. To support this, we have developed close working relationships with the full range of community (primary-care) services, including outreach support (services delivered in the community by our staff).

three



Why do we need to change?

Why do we need to change?

We are very proud of the reputation both Queen's Medical Centre and Nottingham City Hospital (now merged as NUH) have for the children's and young people's services they provide. We are also proud of the excellent feedback we receive from patients, families and carers, and from those organisations that monitor our standards. We want to improve this reputation and create a single focus and identity for the Nottingham children's unit.

Expansion of community services, and a better understanding of the advantages of keeping children out of hospital where possible, mean that fewer hospital beds are needed. Children who do not need high levels of specialist inpatient care are now managed in the community. Those children who come into hospital need increasing levels of care and access to specialist skills, tests and technology.

We are determined to make sure the children of Nottinghamshire have access to the very best hospital services in the country, and that we contribute as much as we can to improving the health of children and young people.

To do this we will have to improve the safety, quality and efficiency of our services. By providing services that are safer, meet excellent standards of care and provide better value for money, we will be able to maintain the range of services we currently provide (and which a children's hospital should provide).

Safety

The Kennedy Report (18 July 2001, ref 2001/0327) emphasised that safe services are those which:

- follow national recommendations on medical practice
- are not very small or are not isolated from associated services and facilities
- make sure that all staff have the necessary skills and experience
- make sure that continuous medical and nursing supervision is provided by staff of appropriate seniority and that teams maintain their expertise through day-to-day practical experience.

Quality

To maintain excellent standards of care our services must:

- take on scientific and medical advances
- receive investment in necessary technical advances, staff expertise and inpatient facilities
- provide inpatient services for children and young people in dedicated facilities
- provide one-stop services wherever possible
- make sure all children have equal access to services, regardless of where they are cared for or how complicated their needs are
- maintain and support training and education programmes for staff, especially when they have highly specialised skills and work in relatively small teams.

Efficiency

A service which delivers better value for money will:

- avoid services, staff, and processes being unnecessarily duplicated (provided or followed more than once)

- keep the length of hospital stay for children and young people as short as possible
- reduce delays in specialist tests that children and young people need
- make the most of investments in technology and facilities by making sure they are used to best effect (for example, that technology and wards are not unused for significant periods)
- avoid unnecessary movement of patients or staff between facilities.

We believe that the preferred option described below (the last option in Table 3, combine all children's services on the Queen's Medical Centre campus) will help us provide a safe, high-quality and efficient service for children and young people.

Table 3: options we have considered

Option 1: stay the same - continue to provide the service from two sites	
Benefits	Disadvantages
No change to locations which staff, current and past patients and their families, and other organisations are familiar with.	Some specialist services may not be able to be provided in the future, because they are based away from the majority of specialist services, the Emergency Department and the Children's Intensive Care Unit.
There is no change to travelling distances.	Children cared for at the City Hospital campus will not have access to the full range of specialist care.
A choice of site is still available.	National standards for the care of children and young people will not be easily met.
	The way services are currently provided does not tackle the weaknesses relating to safety, standards of care and value for money.
	This arrangement does not fit with Nottingham's overall plan for the future of inpatient services (the Nottingham Health Community Acute Services Strategy).
	The specialist workforce is divided between the campuses, and so skills and expertise may not be used most effectively or efficiently. Staff travel time to and between campuses may unnecessarily reduce their availability.
	Resources may not be readily available to maintain the highest standards of accommodation and technical facilities on both campuses.
	Small inpatient facilities are more prone to closing at short notice because they depend on a very limited number of specialist staff. So, patients may have to move from one campus to the other, even during a single period of care. Specialist investigations may be delayed if they depend on transferring to the other campuses.
	It is more difficult to maintain training and education programmes for staff who belong to a small group, especially when they provide 'super-specialist' skills.
Option 2: combine all children's services on the City Hospital campus	
Benefits	Disadvantages
Weaknesses in the way services are currently provided, many of which arise from services being provided from two campuses, would be tackled, as duplication would not happen.	Significant investment, including new buildings, are needed to transfer a large number of services from the Queen's Medical Centre campus.
Oncology and renal services for adults and for children would be on the same campus.	The process of transferring services from the Queen's Medical Centre campus is complicated.
	Many major services provided to children by specialists based at the Queen's Medical Centre campus (for example, Trauma and Orthopaedics, Ear Nose and Throat and Ophthalmology) would become disjointed.

	The large number of children and young people who go to the Emergency Department and need to stay in hospital would have to be transferred from the Queen's Medical Centre campus to the City Hospital campus.
	A new children's intensive care unit would be needed on the City Hospital campus.
	Travelling distances would be increased for some patients.
Option 3 (the preferred option): combine all children's services on the Queen's Medical Centre campus	
Benefits	Disadvantages
Weaknesses in the way services are currently provided, many of which arise from services being provided from two campuses, would be tackled, as duplication would not happen.	Travelling distances would be increased for some patients.
The option provides best value for money.	
Services would be moving into an established, large, high-quality service.	
Most services and facilities are already provided at the Queen's Medical Centre campus.	
The Emergency Department and the children's unit will be on the same campus.	
Several specialists for adult care will also be able to provide necessary expertise to children's services.	
There will be a dedicated operating theatre for children.	
There is an established Children's Intensive Care Unit on the Queen's Medical Centre campus.	
Only modest investment (no new buildings) is needed to transfer a small number of services from the City Hospital campus.	
The process of transferring services from the City Hospital campus is less complicated.	

four



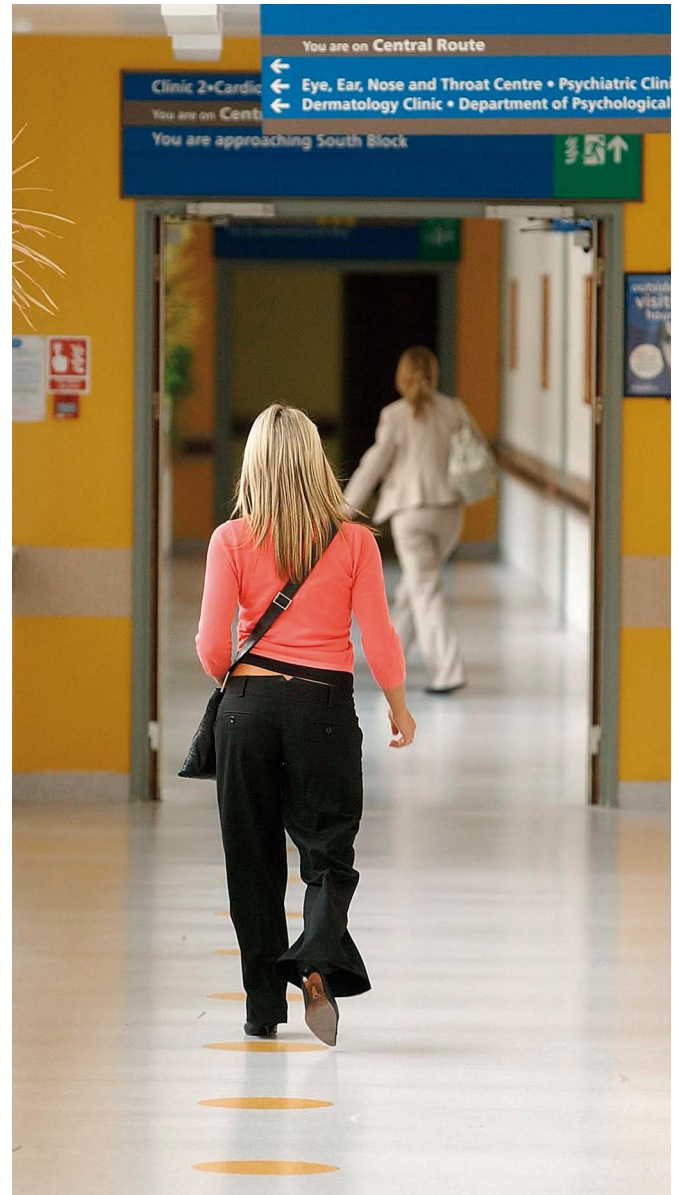
What we have done to make sure we have fully considered all options

What we have done to make sure we have fully considered all options

Over the last three years we have carried out a great deal of work to make sure everyone with an interest in the proposals has worked with us to consider the future of children's and young people's services in Nottingham.

We have involved people through:

- patient questionnaires
- face-to-face interviews with children, young people, families and carers, to find out their experience of the current service and how it might be improved
- complaints we have received
- feedback from the Patient and Family Forums on both sites
- service users' (patients and carers) involvement in the Project Team's work to examine how children and young people gain access to services, and to identify ways of improving patients' experiences.



five



What would the new children's service look like?

What would the new children's service look like?

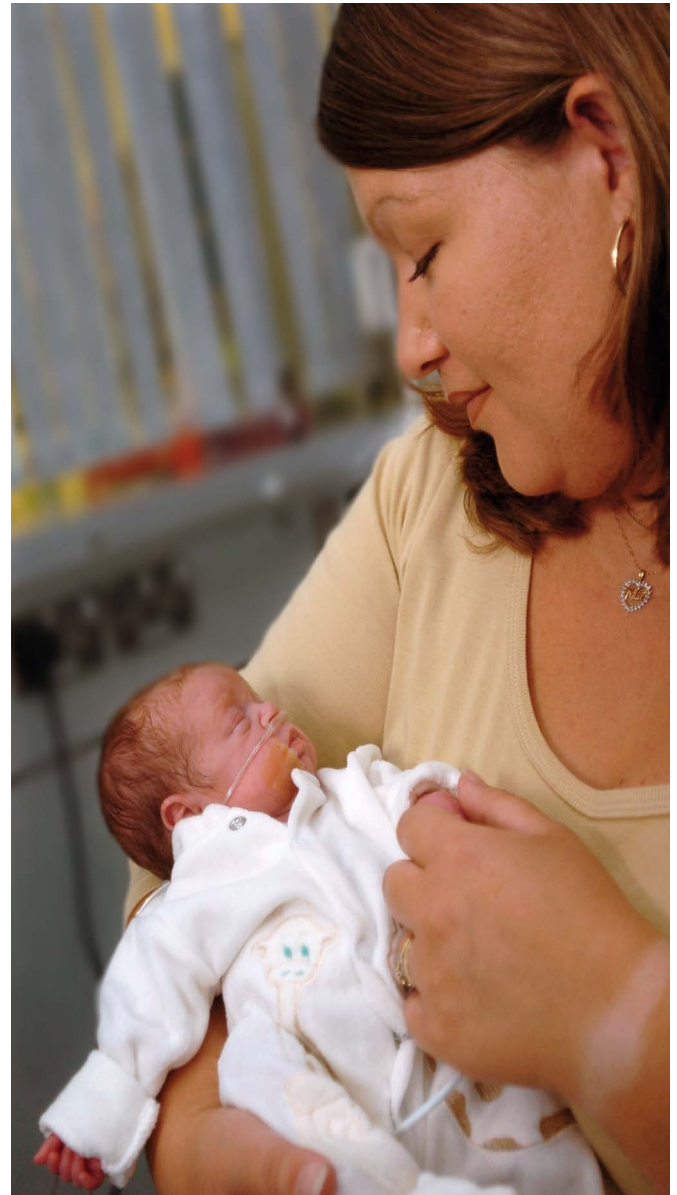
The new service would provide all inpatient services for children and young people on the Queen's Medical Centre campus. We think this move could be made in the summer of 2007, as long as the community supports this proposal (this consultation process aims to find out whether there is such support).

If this proposal is supported, the new unit will provide the following services on one campus.

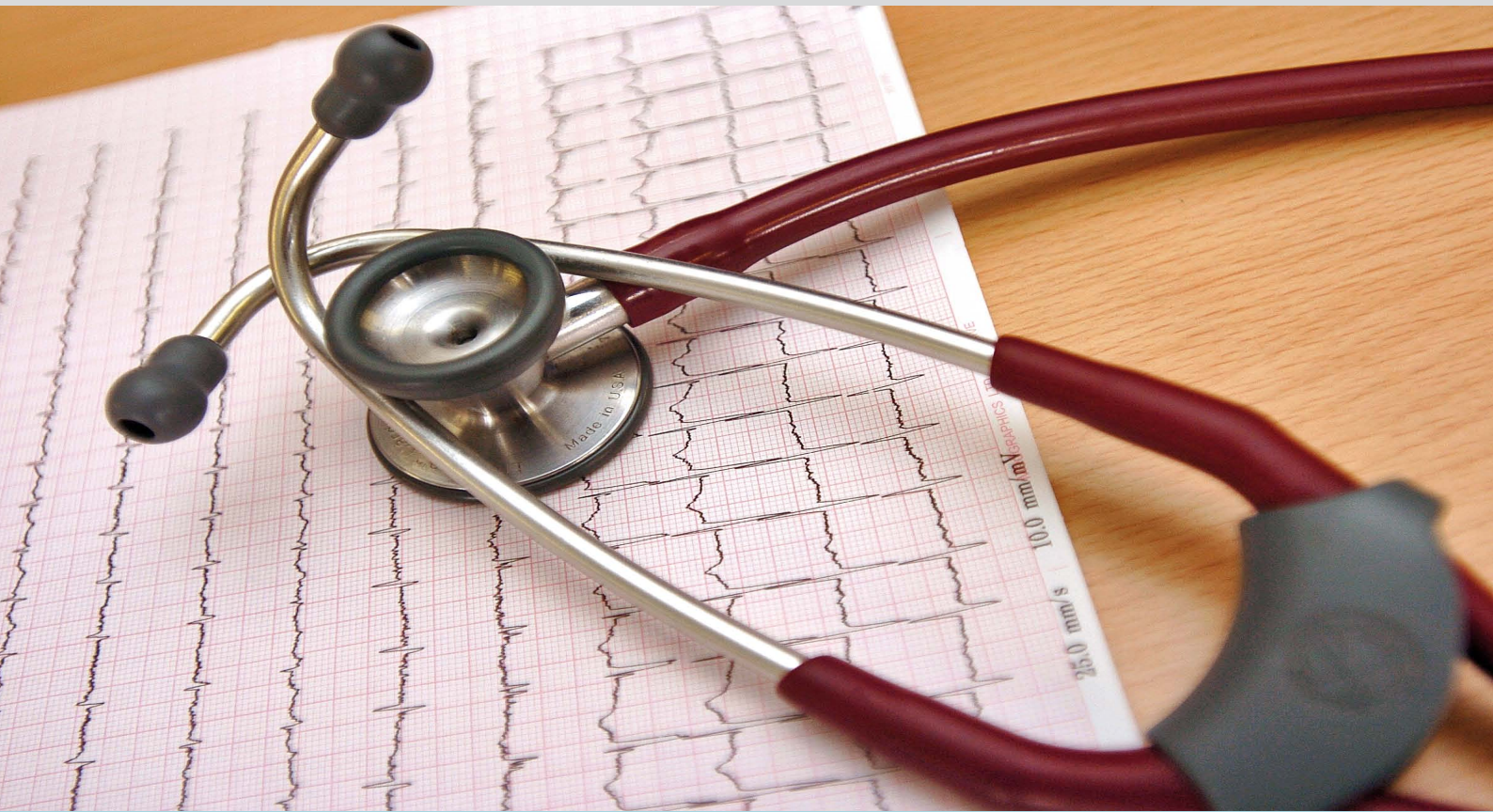
- A children's Short-Stay Assessment Unit
- A children's medical ward
- A children's Oncology and specialist medical ward
- A children's Neurology and Neurosurgical ward
- A children's surgical ward, including surgery for cleft lip and cleft palate
- A children's Orthopaedic, Ear, Nose and Throat, and Ophthalmology ward
- A children's day surgery unit (Ambulatory Care Unit)
- Purpose-built facilities for children with cystic fibrosis
- Two purpose-built wards for children and young people in order to accommodate respiratory, cystic fibrosis and nephrology services on the Queen's Medical Centre campus
- Purpose-designed dialysis unit (including dialysis stations)
- A children's High-Dependency Unit
- A children's Intensive-Care Unit
- A children's Outpatient Department
- Children's operating theatres and recovery area only used for children
- A department that will provide children's physiotherapy, occupational therapy, speech and language therapy and dietetics
- A children's Emergency Department. (This is already based on the Queen's Medical Centre campus)
- Ward accommodation that meets the highest standards and allows flexibility in how beds are used
- Excellent play and school facilities for children and young people
- Appropriate accommodation for parents and carers to stay as close to their child as possible

- Access and accommodation that meets the needs of, and is better than the expectations of, children, young people, parents or carers who have a disability
- We expect to be able to build a separate entrance to the children's unit (or to the women and children's units) by 2011.

We are also looking into using funding from charities, alongside NHS funding, to provide new, and replace old, equipment and facilities.



six



Effect on patients

Effect on patients

Overall, we expect significant improvements in the experiences of patients and their families, and improvements to the quality of care for the reasons described earlier. A limited number of children will have their treatment programmes moved to the Queen's Medical Centre campus. Medical teams will manage this transfer sensitively and in ways that maintain as much continuity of care as possible. Familiar medical, nursing and other staff from the City Hospital campus will still care for most patients who are transferred, as the staff will transfer too.

Some patients will have travelling distances increased (the campuses are six miles apart), but others will have less distance to travel. The Queen's Medical Centre campus is well served by public transport and a park-and-ride service, and has patient and public parking facilities.



seven



How you can have your say

How you can have your say

As we plan for combining services onto one campus, it is essential that we take account of the views of our patients, families, staff and others with an interest in the matter.

Response form

Do you agree with the plans to move all inpatient children's services onto the Queen's Medical Centre campus?

Yes No Not sure

If yes, why do you think this is a good idea?

.....
.....

If no, or you're not sure, what are your concerns?

.....
.....

How could these concerns be dealt with?

.....
.....

What do you think the new children's services should be called?

.....
.....

Your name:

.....

Your address and postcode:

.....
.....

Your age:

.....

Are you male? female?

What is your ethnic background? (You do not have to answer this.)

White: British Irish Other

Asian/British Asian: British Indian Pakistani Bangladeshi Other

Black: British African Afro-Caribbean Other

Mixed race: White and Asian White and black Other

Chinese:

Other:

Not known:

If the view you are giving is on behalf of an organisation, which one?

.....

Are you a:

patient? parent or carer? member of staff?

representative of an organisation?

.....

Are you interested in helping with fundraising for this proposal ?

Yes No

Please return this form to: NUH NHS Trust, c/o PALS, Freepost, NEA 14614, Nottingham, NG7 1BR

Disclaimer

We are committed to protecting your confidentiality. We will process the information that you have provided in line with the Data Protection Act 1998 for the purposes of this consultation. We will not share information that would identify you personally with anyone else. We will produce statistics from the questionnaires and these will be reported anonymously.

Competition

Children's wards in hospitals have changed a lot in the last 100 years. Here's a photo of a ward from around 1900 and from around 2000. Draw a picture (in the box on the next page) of what you think a children's ward might look like in another 100 years. Draw all your best ideas, like new gadgets you think there might be, and the winner will be picked by a panel from the hospital. The prize will be four tickets to the pantomime Aladdin, courtesy of Nottingham Theatre Royal, and valid until Sunday 21 January 2007.



Entries must be received by 29 December and must be accompanied by a completed response form. The winners will be told as soon as possible. Please make sure you fill in your contact details below, along with your age. Good luck!

Name

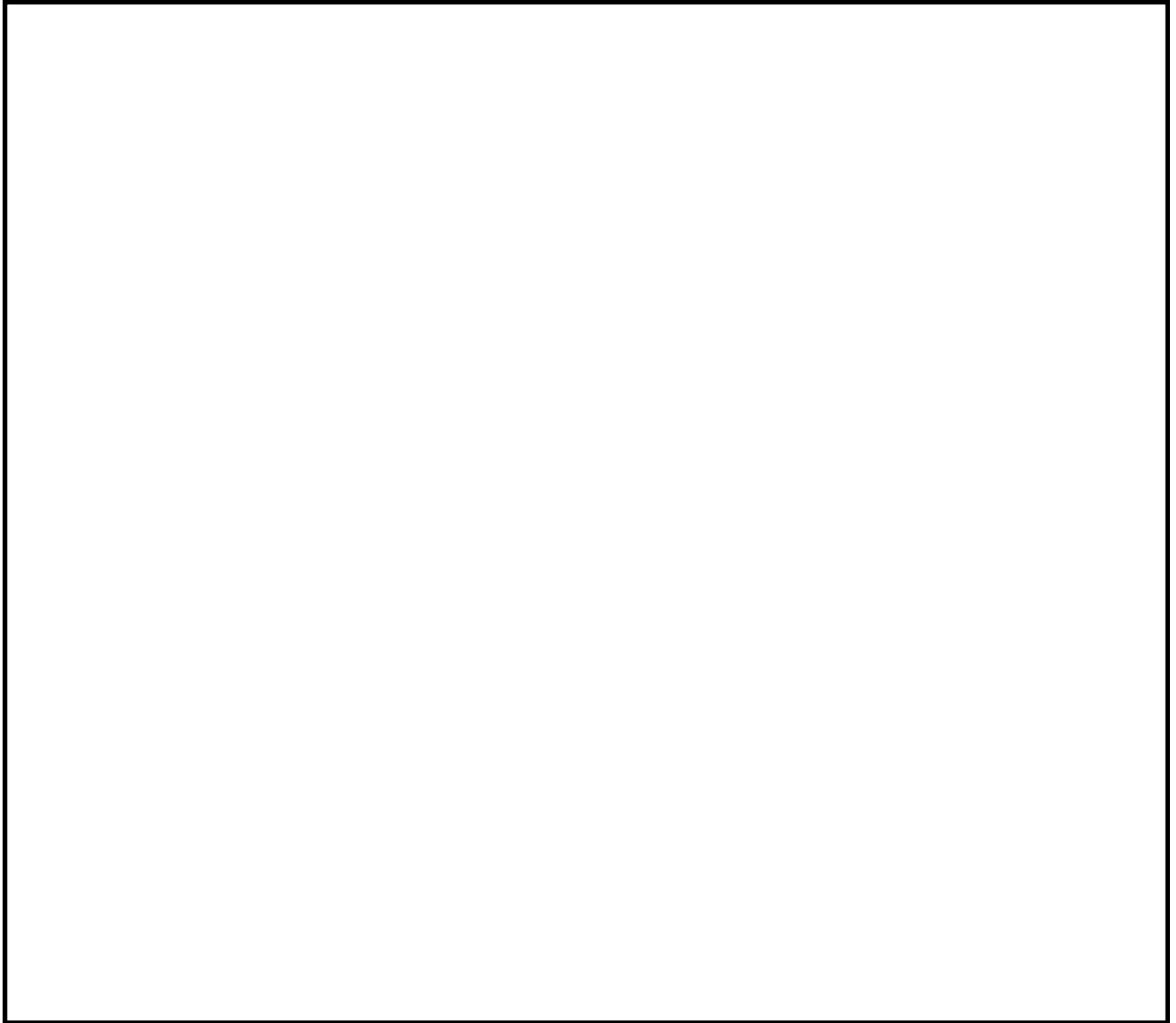
Age

Address

Phone

E-mail

Please draw your picture here.



Glossary

Continuity of care

Organising health care so that the patient does not notice a break in the care that is being provided when services are transferred, usually between hospitals.

Day care

Care for patients who need only a short stay in hospital (less than 24 hours).

Emergency care

Care for patients whose visit to or stay in hospital is not planned.

General services

Patient services that exist at most major hospitals (for example, general surgery, general medicine, outpatient clinics).

Specialised services

Patient services that are not provided at every hospital.

Code of Practice on Consultation

We have produced this document in line with the Cabinet Office 'Code of Practice on Consultation' which sets out six rules that an organisation should follow when consulting the public.

- 1 Consult widely throughout the process, allowing 12 weeks or more for a written consultation to be carried out at least once while the policy is being developed.
- 2 Be clear about what your proposals are, who may be affected, what questions are being asked and the timescale for responses.
- 3 Make sure your consultation is clear, concise and widely available.
- 4 Give feedback on the responses received and how the consultation process influenced any decision made.
- 5 Monitor the effectiveness of their consultation, while it is going on, including through using a consultation co-ordinator.
- 6 Make sure the consultation follows best practice on regulation, including carrying out a Regulatory Impact Assessment (to describe the issue giving rise to the need for regulation and compare options for dealing with that issue), if appropriate.



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