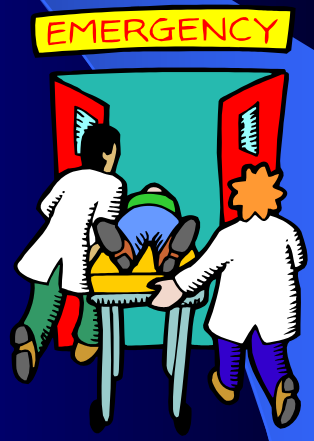
# Nottingham University Hospitals NHS Trust

# Proposed transfer of Paediatric Services to QMC Campus

- creation of a single site Children's Hospital unit in Nottingham

# What do the hospitals provide?

- General Paediatric medical and surgical services for children and young people in Nottingham and surrounding area
  - Inpatient
  - Daycare
  - Outpatient
- Emergency Care (A&E)
- Specialist services for children in East Midlands (and beyond)



# Services

## QMC

- Paediatric Intensive Care Unit
- Paediatric Medicine
  General, Respiratory, Rheumatology, Haematology, oncology, Gastroenterology, Cardiology, Endocrine, Diabetes
- Paediatric Surgery
  General, Orthopaedic, Neurosurgery, Spinal, ENT, Ophthalmology, Maxillo Facial surgery

## NCHT

- High Dependency Unit
- Paediatric Medicine
  General, Renal, Respiratory, Cystic Fibrosis
- Paediatric Surgery
  General (Elective), Urology, Burns, Plastics, Cleft Lip and Palate

# Activity 2005/06

| | QMC | NCHT |
|---|---|---|
| Admissions | 12,019 | 2,994 |
| Outpatients | 31,000 | 10,000 |
| A/E | 40,580 | - |
| Beds | 125 | 47 |

# Future bed requirements

- Bed modelling exercise shows total beds required

| | |
|---|---|
| Inpatient | 99 |
| Day care | 29 |
| Total | 128 |

- Reduction in bed number of 44 beds
- Allows average occupancy of 71%

- Requires reallocation of speciality beds between children's services

# Why?

***For our patients, two sites mean….***

- Split care
- Incomplete medical information
- Inequity in access to specialist opinion
- Delays in investigation
- Inadequate emergency cover
- Ward and unit closures at short notice
- Inter-hospital transfers

# Why?

- ***For the service, two sites mean….***

- The service is not financially viable
- Duplication of staff, facilities and support services
- Lack of cohesive service planning
- Inadequate medical staffing
- Split site working
- Lack of critical mass for staff training and development
- Poor communication

# Financial information

- Combined reference cost comparison for children's services is 123% **(04/05 data)**

| | |
|---|---|
| • Income | £18,757,470 |
| • Forecast expenditure | £27,188,743 |
| • Savings required to achieve financial balance | £8,431,273 |

# FINANCIAL GAP CAN BE MET BY:

**a) Reducing Expenditure**

Recurrent savings identified for 2006/07

Nursing reviews/restructuring

Reduction in spend on consumables

Close a ward at weekends

= £1,646,628

**b) Increasing income**

Reopen some services

Agreed funded developments

= £503,000

"Count" all activity

Estimated income adjustments

= £5,504,903

Recurrent gap by 07/08

= £1,602,280

# Identified as a direct result of merging onto one site

- Changes to specialist nurse structures 40,565
- Reduce overall bed numbers leading to medical, nursing, Administrative and overhead costs 1,083,507
- Reduce management costs 42,981

= £1,167,053



NB: key to releasing major costs is reduced bed numbers

# What do our patients want?

- To keep the best of both services
- Parent accommodation as close to the child as possible
- To know the staff caring for them
- Accommodation which allows young people space away from small children
- Food and entertainment/ activities appropriate to their tastes
- Minimal in-patient stays

# Criteria to judge our proposal against

- Financial viability of the service
- Better access to services
- Improved clinical quality of service
- Better continuity of care
- Opportunity to develop services in line with patient needs
- Effective use of resources
- Improved environmental quality

# Proposed Timescales and actions

- By September 2006: Submit Full Business Case to SHA
- By end of September: Reconfigure surgical services and transfer Regional Cleft Lip and Palate Service onto QMC Campus
- During Autumn/Winter 2006: Undertake Building alterations to accommodate specialised services, especially haemodialysis and Cystic fibrosis, including educational needs of children

# Action continued

- Optimise provision of parents accommodation, short term within existing resources, longer term in conjunction with a group of Charities
- In spring 2007: Complete in patient transfer
- During 2007/08: relocate out patient services across Nottingham, including on QMC campus in line with PCT plans and clinical needs.