



**Future model for acute
paediatric services in
Northern Trust hospitals**

Consultation Feedback Report

For consideration by Trust Board

March 2018

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Alternative formats

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Acknowledgement

The Trust wishes to extend its thanks and appreciation to all those individuals, elected representatives, groups and organisations who responded to the consultation process. The Trust also wishes to thank all those who met with or contacted the Trust to express their views.

Introduction

The nature of children's services has changed in recent years with a sharp decline in the number of children treated as hospital in-patients. More care is now provided in the community, outpatient departments and within rapid access or ambulatory care settings. We are also faced with a number of challenges within our acute paediatric services and the focus on rapid access, short stay care within paediatric services (which we will collectively term "ambulatory care"), has provided an opportunity to review how we deliver our acute paediatric services. Whilst maintaining our focus on providing high quality care for our young patients, we have considered the future sustainability of the service to find the most cost-effective way of ensuring that we can offer local people excellent health care that can be sustained over time.

We have consulted on the future model for acute paediatric services in Northern Trust hospitals from 28 November 2017 – 26 February 2018. This report should be read in conjunction with the associated consultation document available at www.northerntrust.hscni.net or by contacting the Trust's Equality Unit on 028 2766 1377 or at equality.unit@northerntrust.hscni.net.

This report describes the background to the consultation and gives a summary of the feedback we received and our response to this feedback.

We would like to extend our sincere appreciation to everyone who participated in this consultation process, by attending meetings or by providing considered responses. In the true spirit of partnership working we look forward to working with our staff, parents and young people to ensure the future provision of high quality paediatric services.

How we developed our proposal

Professional Advisory Group

We set up a Professional Advisory Group (PAG) to carry out a review of how our acute paediatric services are provided. Extensive work was carried out to inform this review including drawing on the recommendations from regional paediatric strategy, examining the number of children and young people using our paediatric hospital services in each area and carrying out site visits to models of good practice in other areas. Through the ongoing professional discussion we

developed a proposal for the future model for acute paediatric services in Northern Trust hospitals.

The PAG group met in the run up to the consultation period and was attended by cross directorate representatives from Antrim Area Hospital and Causeway Hospital alongside representatives from the General Practice (GP) Federation. These meetings ran regularly from February 2017 to September 2017.

Specialty interface meetings

It's important to recognise that acute paediatric services have interdependencies with other services provided at the acute hospitals including the emergency department, maternity services and surgical services for children. In order to take account of these interfaces representatives of the PAG group met with a number of other specialties. Meetings were also held with a number of general practitioners (GPs) who refer children to paediatric services. A list of the discussions that took place is set out below.

Date	Location
4 August 2017	Meeting with the Divisional Medical Director Paediatrics and Divisional Medical Director Medicine and Emergency Medicine
23 August 2017	Surgical Services
23 August 2017	Meeting with General Practitioners
29 August 2017	Paediatric Medical Services
29 August 2017	Paediatric Nursing Staff and Trade Unions
30 August 2017	Maternity Services
1 September 2017	Anaesthetic Services
5 September 2017	Trust Emergency Departments
5 December 2017	Mid Ulster Hospital Staff and Trade Unions

Views of service users and carers

We were committed to including the views of service users and carers during the review process and with this in mind we arranged three engagement events in Antrim, Causeway and Mid Ulster at the end of August 2017 and invited 837 families and carers of those who use our acute paediatric services. To encourage participation we held the events in the evening to accommodate parents who were working and the invitation provided information on the support available to allow people to attend such as payment of travel expenses. While we made every effort to encourage participation the events were poorly attended. We do not want to

undervalue in any way the information we gathered from the few people who did attend and we would like to reassure them that the rich feedback we received helped to shape our proposal.

Meetings with staff

We recognise that the key to success in any transformation is the involvement of our staff. We met with staff during the development of our proposals and have established processes to make sure that staff can raise issues and are involved in the on-going implementation of the proposals. Trade unions have been involved throughout the process.

Our consultation process

On 28 November 2017 we commenced a public consultation on the future model for acute paediatric services in Northern Trust hospitals. The consultation closed on 26 February 2018.

To raise awareness of the consultation process over 1500 groups, organisations and individuals listed in the Trust's Consultation Database received an email or letter informing them of the consultation arrangements. Consultation documents were made available on the Trust's website (i.e. available to the public) and intranet (i.e. available to Trust staff). Information about the consultation process was also disseminated to regular users of the service.

Consultees had the opportunity to respond using Citizen Space, an online consultation platform, to simplify the process of responding to the public consultation. This link was available and readily accessed on our websites. Our consultation document was available in easy read format on our website and other formats on request. In recognition that some people may prefer to respond in a different way, views were welcomed by a variety of means including in writing, email, telephoning and face to face meetings.

To ensure effective engagement during the consultation process, the Trust facilitated a public engagement event in Magherafelt to engage directly with service users, carers, the public and local representatives.

A total of 17 stakeholders participated in the public engagement event where they had the opportunity to clarify a number of issues and hear directly from the Trust staff who provide our paediatric services.

Meetings with interested parties

The Trust attended two additional meetings with political representatives during the consultation process as requested by consultees. This provided the opportunity for the Trust to talk about its proposals and gather feedback from participants.

A total of 13 written responses (see appendix 1) were received during the formal consultation. It is important to recognise that many of these responses were very detailed and informative and consultation meetings with service users, carers and staff provided an opportunity for direct engagement.

Promoting equality and good relations

The Trust is committed to promoting equality of opportunity, good relations and human rights in all aspects of our work. A preliminary equality screening of this proposal was carried out. The outcome of the screening was the decision to subject the review process to '**on-going screening**' given its strategic nature and the need for further information and data from the consultation process. The Trust is committed to the promotion of human rights in all aspects of its work and will make sure that respect for human rights is at the core of its day to day work and is reflected in its decision making process.

A copy of the equality screening template can be found on our website www.northerntrust.hscni.net. The screening outcome was consulted on at the same time as the Trust consulted on its proposal.

What we heard during consultation

Below we have detailed a summary of the responses to the consultation process, both in writing and the feedback gathered at the public engagement event.

Sustainability of paediatric hospital services

Consultees were asked if they felt that the Trust had identified the key factors that are impacting on the sustainability of the current services based across the Antrim, Causeway and Mid Ulster Hospital.

It was felt that document was a 'comprehensive summary of situation and current shortages' but there was some concern that the Trust had not considered the other essential services required for acute paediatric service and a suggestion

was made that allied health professionals should have been considered alongside medical and nursing staff.

The consultation document's reference to the 'Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community 2016-2026' was welcomed but it was suggested that the Trust must also 'take cognisance' of its duties under the Children's Services Co-operation Act (NI) 2015 which places an obligation on the providers of children's service to co-operate to achieve the best outcomes for children.

The view was expressed that for those living in rural areas, such as the Glens of Antrim, community support is important. It was also suggested that 'acute same day assessment' is used by GPs when they need a 'reassuring opinion' for a child who may be ill.

It was felt that the Trust should have considered the potential increased travel time for parents who have to go to Antrim Area Hospital and the other implications of having to travel further. There was concern that the proposal would lead to an increase in referrals from GPs into the Altnagelvin paediatric department.

It was suggested that a 'greater emphasis' should have been given to the problems in recruiting medical staff which has led to reliance in 'locum cover' and that this issue needs to be 'urgently' addressed by 'government'.

There was agreement that the Trust needs to 'ensure the sustainability of the current service' but it was suggested that this 'should not focus solely on the reduction of services provided at Mid Ulster Hospital'.

There was also a suggestion that the development of 'acute care at home' should consider the 'holistic management' of the child and all the associated allied health professional services (AHP) required.

It was felt that the consultation document indicates there 'is a move generally within health care to provide for children within community settings' but there is only 'a limited community service for children with more complex needs'. It was suggested that supports such as 'respite/short breaks' are limited and many families report that the levels of support that they receive under the 'UNCIONI assessment framework' does not meet their child's needs. There was a call for 'the strengthening of community support for children with complex healthcare needs and a greater variety of options available to those families who choose to care for their children at home.'

Trust Response

In developing our proposal the Trust established a professional advisory group with representation of all essential services, including allied health professionals that are required for the delivery of an acute paediatric service.

The Trust is mindful of its requirements in relation to Children's Services Co-operation Act (NI) 2015 and is committed to ensuring cooperation with all relevant agencies when required. It is important to note that this proposal related specifically to the delivery of acute paediatric services.

Our proposal details the future vision of paediatric services at Mid Ulster Hospital. We propose to provide rapid access clinics at Mid Ulster Hospital two to three times weekly. This will ensure a more sustainable and efficient service, responding to the demand and making effective use of the clinical staff resources.

The Trust recognises that the proposal may result in increased travel time for parents that need to go to Antrim Area Hospital in circumstances where the available rapid access clinic in Mid Ulster Hospital is not suitable. We believe that expanding the capacity of the ambulatory care service at Antrim Area Hospital by extending its opening hours, coupled with rapid access clinics in Mid Ulster Hospital, will provide improved access overall.

The Trust does not believe that its proposals will result in increased referrals to Altnagelvin paediatric department.

The Trust is committed to reducing its reliance on locum staff and is working regionally with other Trusts and the Department to address this issue. The Trust proposes to develop an acute care at home team to support the recommendations within the regional paediatric strategy. Acute care at home is a consultant led, nurse delivered service local children in their own home to manage acute and short term conditions. The Trust already has a well-established community children's nursing service who undertake assessment of and treatment to children in their own home. The purpose of the acute care at home service will be to develop a service model that will facilitate early discharge from hospital and prevent unnecessary admission. This will also be supported with the development of advanced paediatric nurse practitioners working into short stay paediatric assessment units.

The Trust recognises that short break provision for children with complex physical healthcare needs is lacking throughout Northern Ireland and that options are limited. The Trust has a community children's nursing service, which provides support to this cohort of children in their own homes.

Phased approach for developing a sustainable service

Most of the respondents agreed that the Trust should take a phased approach for developing a sustainable service and the 'extended' service in Antrim was welcomed. The view was expressed that this approach would keep 'local' people in their community.

It was suggested that statistics regarding the seasonal variations in the units and the birth rates in the areas should have been considered to assess if the proposed service will meet any potential increase in demand.

The view was expressed that local GPs use the ambulatory unit in the Mid-Ulster 'regularly' and find it 'invaluable' for 'a second opinion'. There was concern that these children now need to go to Antrim Area Hospital with over an hour of travel.

It was recognised that Causeway Hospital has found it difficult to 'recruit consultants' and 'does not have approval for middle grade training'. It was suggested this needs to be addressed to ensure the delivery of acute paediatric service in Northern Trust hospitals. The 'over reliance on locum posts' was also recognised and it was suggested that this clearly impacts upon the services available to children in Causeway Hospital. It was also suggested that this may lead to patients being transferred to Antrim Area Hospital should they require an overnight stay.

It was felt that while the consultation document recognises that Antrim Area Hospital will require significant investment there is 'no detail' on how this will be achieved.

Trust Response

As a result of this feedback the Trust has examined birth rates and changes in demand relating to seasonal variations. Birth rates have remained relatively static and there has been some fall in admission rates in Antrim and Causeway (approx. 20%) for June, July and August period. The Trust will take any future changes into account.

There is a need for investment in Antrim Area Hospital in terms of its physical space and workforce. The limits of space mean that the ambulatory paediatric unit is not located close to the acute paediatric ward. The Trust has identified the need to develop a new women's and children's unit at Antrim Area Hospital to provide a modern environment for these services.

Other factors requiring consideration

It was felt that the Trust has 'only' considered the medical and nursing staffing levels and not the 'associated needs' of the children.

It was suggested that the consultation document does not reflect that the Children's Social Care Statistics for Northern Ireland 2016/17 published by the Department of Health states that the Northern Trust had the largest number of 'children in need' at 5,326.

It was noted that the emergency department is a 'major player' but there was some concern that the emergency department is referring children to paediatrics 'when it is not required'.

There was also some concern that the community children's nursing (CCN) has not been considered during the planning process given that its aim is to 'promote early discharge' and it offers an 'acute service' as well as a service for children with complex health needs. It was also suggested that there will be a need for additional trained community nurses to care for "acutely ill children".

It was suggested that the proposal would impact on GPs who will have responsibility for caring for 'acutely ill' children being cared for in the community.

It was felt that rapid response clinics should consider 'step up' or 'step down' care to prevent hospital admission with complex needs and palliative diagnosis and provide a 'more suitable' environment for care. There was some concern about the 'risks' associated with discharging 'acutely ill children'.

There was concern in relation to the impact the proposal would have on the ambulance service if children are to be moved to the 'in-patient facility in Antrim'.

Trust Response

The Trust established the patient advisory group to ensure that is considered all the needs of children using its paediatric services.

Although not directly related with the consultation on this proposal, the Trust is aware of statistics relating to 'children in need' and continues to work in partnership to address this.

The Trust notes the concern relating to referrals from the emergency department but referral patterns differ in each Trust and it is important that paediatricians continue to be the judge of when a referral is required.

It is important to note that the PAG included representation from the community children nursing service. The Trust is mindful that in order to provide acute care at home there may be additional training required for community nurses and this will be facilitated as required.

Engagement with GPs has indicated a positive response to the proposals set out for acute paediatric services. The expansion of the ambulatory unit at Antrim Area Hospital, with extended opening hours and the delivery of rapid access clinics at Mid Ulster Hospital, provide improved access to rapid access services, largely referred to by GPs.

The Trust does not anticipate an impact on the NI Ambulance Service as a result of these changes. Children conveyed by ambulance to hospital are already taken to Antrim Area Hospital (or their nearest acute hospital, depending on their home address).

Equality considerations

There was general agreement with the outcome of the Trust's Section 75 screening process and the Trust's commitment to 'continuous screening' was welcomed.

One respondent felt that a full EQIA should be completed as there is the potential for 'differential adverse impact on children and young people'.

There was a suggestion that the proposal will affect families and carers of children and young people and will have an impact on parents who may not have access to a car and therefore rely on an 'already stretched' ambulance service for transport.

There was concern that the Trust has not 'carried out any direct consultation with children and young people' and a call for details of 'direct consultation with children and young people that the Trust has carried out, or intends to carry out on this proposal, including details and copies of any child accessible versions of the consultation'. It was suggested that 'failure to consult with children and young people is a breach of Section 75 of the Northern Ireland Act, Article 12 of the UNCRC and the Northern Trust's Equality Scheme'. There was recognition that 'staff have been consulted with' and a suggestion that any 'additional issues that are identified should be consulted upon further'.

Trust Response

In keeping with the commitments in the Trust's Equality Scheme the outcome of the equality screening of this proposal was to subject the implementation of the proposal to '*on-going screening*' in order to carry out further analysis throughout the implementation process. Where adverse impact is identified, the Trust will take steps to mitigate its effects.

The Trust completed the Section 75 screening of its proposal in line with the Equality Commission for Northern Ireland Section 75 Guidelines. Consultation on the screening outcome enables consultees to identify any adverse impact in relation to the 9 equality categories and allows the Trust to make a judgement on the extent of the impact on Section 75 groups.

While the Trust is mindful that this proposal may result in differential impact on children and young people because of the nature of this service it does not believe that the impact will be adverse. The Trust is committed to ongoing monitoring for any future adverse impact.

The Trust is committed to consulting with children and young people. During this consultation process the Trust consulted directly with families and carers given the age of the children using the acute paediatric services. An easy read version of the consultation document was available for consultees throughout the consultation process – a copy can be found on the Trust's website or by contacting the Trust's Equality Unit.

Rural needs

There was concern that 'rural areas have been largely overlooked' in relation to the provision of services. There was also concern about the length of time it will take parents living in rural communities to travel to Antrim Area Hospital and it was queried if there were any plans to 'improve transport links'.

It was suggested that 'the mainland UK' do not have the concentration of hospitals that Northern Ireland has and that the 'current set up' is unsustainable.

Trust Response

The Trust is committed to ensuring that all patients receive high quality care and have considered the future sustainability of the service to find the most cost-effective way of ensuring that we can offer local people excellent health care that can be sustained over time.

The Trust recognises that the proposal may result in increased travel time for parents who need to go to Antrim Area Hospital in circumstances where the available rapid access clinic in Mid Ulster Hospital is not suitable. We believe that expanding the capacity of the ambulatory care service at Antrim Area Hospital by extending its opening hours, coupled with rapid access clinics in Mid Ulster Hospital, will provide improved access overall.

Issues raised in relation to Causeway area

The consultation document stated that the model in Causeway Hospital will evolve over time and in collaboration with professionals from those specialties, commissioners, service users, staff and a wide range of stakeholders. Some issues and concerns were raised however about the future of the paediatric service in Causeway Hospital and impact on those living in the area.

It was suggested that the proposal has 'considerable changes' to the staffing levels of paediatric trained staff in Causeway Hospital which would 'significantly impact' on the emergency department, when '18% of the attendances' are children.

It was also suggested that the proposal would have an impact on the 'causeway area' as 'there are not enough beds within paediatrics' and contingency arrangements have to be put in place to facilitate care of children with complex health needs as well as children with acute conditions.

It was queried if the Trust had carried out an analysis of the increase in demand for assessment and management of children over the summer months in the causeway coast given it is a holiday destination. It was also queried if a child living in the Causeway area is involved in a major trauma would be airlifted to the Royal Belfast Hospital for Sick Children by air ambulance or if they would be managed in Antrim Area Hospital.

There was concern that sending children from the causeway area to Antrim if they require hospital admission will cause distress to both children and their parents and will also cause people to 'question the value of going to the Causeway at all'.

Trust Response

It is important to note that Causeway Hospital is critical to the Trust's long term plan for acute services, with Antrim Area and Causeway Hospital working together in a two site model. No changes are taking place at Causeway Hospital under these proposals. The consultation document has pointed to challenges the Trust face securing permanent doctors in Causeway Hospital paediatrics service, with a reliance on locum staff. However we are also mindful of the interdependencies of acute paediatrics to other specialties including the emergency department and obstetrics services. The service for the whole hospital must be taken into account. Paediatrics at Causeway Hospital will continue to be supported and staff developed, taking account of the challenges and engaging with the other specialties across the hospital site, and in collaboration with Antrim Area Hospital.

As stated above on page 10 the Trust has examined changes in demand relating to seasonal variations and there has been some fall in admission rates in Causeway Hospital during June, July and August.

Next steps

The feedback received has been considered by the Trust and the Health and Social Care Board. After careful consideration of the findings, it was agreed to proceed with the proposed changes.

Written responses were received from the following.

The Trusts received 13 written responses in total. One response was anonymous.

James Allister	MLA
Patricia Bradley	Mid Ulster Council
Sharon Cooper	NHSCT
Kieran Downey	WHST
Christine Dunlop	BHSCT
Dermot Grant	Individual
Pete Small	GP
Grace Stewart	NI Children's Hospice
Alan Walker	GMC
Lauren Walls	Parenting NI
Petr Zvolsky	NHSCT
Paddy Kelly	Children's Law Centre
Anonymous	

We want to thank everyone who took the time to be part of this consultation, either through attending one of the consultation meetings or by writing or filling in a consultation form.

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