

Investing in excellence

Consultation outcome report

January 2005

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1 Introduction

1.1 Consultation outcome reports

1.1.1 Purpose of this report

This report is an analysis of the public consultation undertaken between 7 September and 7 December 2004.

It aims to help Gloucestershire's Primary Care Trusts reach decisions about the proposals for change in *Investing in excellence*.

There are reference files that support this report. They are:

- Launch and distribution of materials file
- Public consultation events file
- Informal events and other feedback file
- Correspondence file

These are all available at www.gloshealthservices.org.uk/getinvolved.

1.1.2 Other reports to help decisions

There are a number of other reports that will complement this one.

The first will be from Gloucestershire Hospitals Foundation Trust. The Primary Care Trusts have asked for its response to views put forward during the consultation, including by some of its clinicians.

The second will be from the County's Health Overview & Scrutiny Committee. During the consultation period, the Committee responded to the proposals and the NHS replied. In early January 2005, a meeting will be held with Committee members whose role has included taking an interest in this consultation. This discussion will allow the full Committee to give consideration to the proposals at its meeting on 19 January 2005.

Finally, a framework for taking decisions will be prepared. This framework will be used to assist a Joint Sub-Committee of the Primary Care Trusts that has been established. The purpose of this Joint Sub-Committee is to agree County-wide recommendations on the proposals of this consultation. It will meet on 19 January 2005.

Its recommendations will be presented to the Board of each Primary Care Trust. All three Boards meet on 8 February 2005. Each Board will take its decisions on the proposals.

1.2 Involving people

On 17 July 2003, around 155 people got involved in an event at Cheltenham Racecourse. The event was about shaping future health services for mothers, babies, children and young people.

118 of these people got involved in one of three special sessions that aimed to:

- Start our consultation with patients and the public
- Identify important issues for the services
- Raise awareness
- Find volunteers to get involved in further discussions

The event launched *Investing in children and young people*. This was a document produced by the Primary Care Trusts, which plan the County's health services.

It was a document to start discussion on our plans. It set out how we planned to involve local people and reasons why we needed to think about changing services.

Its focus was on maternity services, particularly where there were risks in childbirth for the baby, and the sick child at home and in hospital.

Over the next six months, there were more events whose focus was to get views from people and groups for whom the services were particularly relevant. The dialogue was with patients, the public and staff. It aimed to find out priorities, reactions to the reasons for change, and how each part of health and social care might play its part. In this way, it defined what was possible and this informed options for change.

The document, *Investing in children and young people*, reports from the launch event and of the first phase of patient and public involvement are all available on the *Get Involved in Gloucestershire* website at www.gloshealthservices.org.uk/getinvolved.

1.3 The move to public consultation

The County's *Children's Health Planning Group* is where the Primary Care Trusts come together with other Gloucestershire health and social service organisations and with representatives from the voluntary sector and public.

Within process of involvement, this group considered what changes might be needed.

In March 2004, Gloucestershire Hospitals asked for further time to consider the full implications and to discuss these internally. This process ended in May 2004.

From this, the Children's Health Planning Group was clear that most services seemed well-fitted for purpose. There were two areas, however, where forces for change seemed still to be overwhelming. It is change to these two areas that was the subject of the formal public consultation.

The document supporting the consultation is called *Investing in excellence*. It was published on 7 September 2004.

The two change proposals are:

Intensive care for newborn babies

The high dependency and neo-natal intensive care unit should be located **either** at Cheltenham General **or** at Gloucestershire Royal Hospital.

However, at both hospitals there would continue to be:

- Special care baby units, and
- Neo-natal resuscitation

Care of children who need inpatient hospital treatment

The children's in-patient ward should be located **either** at Cheltenham General **or** at Gloucestershire Royal Hospital.

However, there would continue to be *Paediatric Assessment Units* at both hospitals.

The *Assessment Unit* at the *partner hospital* (the one without the children's in-patient ward) would operate extended opening times.

There would also be more investment in children's home and community nursing.

In addition to these parts of a change proposal package, the Primary Care Trusts asked for views on setting up a nurse-led children's ward at the *partner hospital*.

1.3.1 Preferred option

The consultation document expressed a preference to locate neo-natal intensive care and the children's inpatient ward at Gloucestershire Royal Hospital.

It did so understanding that:

- The two services needed to be located together
- For Gloucestershire Hospitals, this option was the more practical way forward

1.3.2 Further implications

During the course of Gloucestershire Hospitals' internal discussions, clinical staff pointed to future challenges that might provoke further change in maternity services.

Though it was not clear that change would be needed, the implication was included in *Investing in excellence*. It was mentioned at this time because this consultation was likely to limit the choice of location for any future changes to maternity services.

No proposal is included about maternity services in *Investing in excellence*. The document was clear that a proposal for change would call for a further process of patient and public involvement.

2 Public consultation process

2.1 Launch environment

The involvement plan originally scheduled March 2004 as the start of formal public consultation. As noted, this date was deferred.

In January 2004, some parents attending an involvement session at Cheltenham General Hospital were concerned that the proposals meant that Battledown Children's Ward was at risk of closing.

A *Save Battledown Campaign* was launched. The campaign was joined by Cheltenham's local newspaper, the *Gloucestershire Echo*. The *Echo* made the campaign one (of two currently) that it supported.

During the spring, summer and autumn the campaign organised a petition. By the time of the launch of the formal public consultation, the petition was well underway. There had been articles about the campaign in the *Echo* throughout the summer. The campaign organised a demonstration on 11 September to coincide with the start of the consultation.

The public consultation was launched into this environment with considerable public interest in Cheltenham and the North Cotswolds, though little, if any, elsewhere in the County.

2.2 Launch arrangements and distribution of materials

2.2.1 Pre-launch

In advance of the launch, A5 flyers that publicised the consultation arrangements were distributed. These were sent across the County to bookshops (20), children's shops (15), supermarkets and food shops (43), private hospitals (2) and colleges (7). Each received 20 copies of the flyer and further copies were sent out on request.

In this way, 2,000 flyers were sent in advance to places considered to be relevant to residents who might have an interest in the consultation.

2.2.2 Press launch

A press pack was sent to local and regional television, radio and newspapers on 6 September. It comprised a press release, question-and-answer sheets and copies of the public consultation document. The detail of this and all distributions of materials can be seen in the *Launch and distribution of materials file*.

2.2.3 Distribution of materials

More flyers and copies of both the summary and full versions of *Investing in excellence* were distributed from 6 September.

These went to:

- The Gloucestershire NHS Patient Forums (6)
- All maintained schools, special schools and private schools (some 215)
- Gloucestershire County Council (6 relevant departments)
- Borough and District Councils (6)
- Parish and Town Councils (283)

- Voluntary and child focused Gloucestershire groups (210 groups)
- Members of Parliament (6)
- *Save Battledown Campaign (500 copies)*
- NHS general medical, dental and ophthalmic practices (315)

In all, more than 2,000 copies of the summary public consultation document were distributed in this first wave. This total included 20 copies for the population of travellers accessed courtesy of Tewkesbury Borough Council.

Gloucestershire Hospitals ensured that a flyer was given to each parent accompanying a child to an outpatient appointment at the following clinics:

- | | |
|-------------------------------------|----------------------------------|
| ▪ Bourton-on-the-Water Hospital | ▪ Gloucestershire Royal Hospital |
| ▪ Cheltenham General Hospital | ▪ Lydney Hospital |
| ▪ Cirencester Hospital | ▪ Moreton-in-Marsh Hospital |
| ▪ The Dilke Hospital | ▪ Tewkesbury Hospital |
| ▪ Fairford Hospital and GP practice | ▪ Winchcombe Hospital |

Reception staff were asked to offer a copy of *Investing in excellence* to those who requested more information.

In addition, copies were supplied to the children's wards and maternity units at both general hospitals.

Gloucestershire Hospitals also arranged distributions to staff and 10 events where the proposals could be discussed.

2.3 Public consultation meetings

Twelve public consultation meetings were arranged for various times of the day and in locations across Gloucestershire.

During the course of the consultation, there was criticism of the location of the Gloucester City event and of the adequacy of events in the Cotswolds. As a result, two further meetings were arranged for 29 and 30 November.

The fourteen events attracted around 300 people¹ and there was about 23 hours of questions, views and debate. 40% of people attended Cheltenham events with a further 40% attending events in the Cotswold and Tewkesbury areas. Meetings in the 3 council areas in the south and west of the County comprised only 20% of audiences. The table shows the detail.

District Council area	Numbers present at events
Cheltenham Borough Council	125
Cotswold District Council	80
Tewkesbury Borough Council	61
Stroud District Council	25
Gloucester City Council	23
Forest of Dean District Council	1
TOTAL	315

The meetings took the form of a film in which clinical staff put forward reasons for change. There was then a brief presentation of the proposals and their background. This was followed by question and answer sessions.

¹ This number is based on an audience head-count taken at the start of sessions.

Though formal, such events are the backbone of a consultation. In this case, the total audience gave up over 600 hours of their time. The events form a significant piece of work.

Full details of the events, including questions and answers, views and comments can be seen in the *Public consultation events file*.

2.4 Correspondence

Sixty-seven letters were received. About one fifth did not give a reply address.

Of the remaining fifty four letters, 80% were from correspondents in Cheltenham and Tewkesbury areas and north Cotswolds².

2.4.1 *Save Battledown Campaign* petition and another

A petition with 22,193 signatures is included. This was collected by the *Save Battledown Campaign*. The petition was presented to Ruth FitzJohn, Chair of Cheltenham & Tewkesbury Primary Care Trust on 15 November 2004 (the date of the final scheduled public meeting).

The petition reads: "Battledown Children's Ward could be about to move from Cheltenham General Hospital to Gloucester. If you oppose the plan, please sign below."

A petition of 150 names who wished to join the *Save Battledown* petition was received from Highbury Congregational Church.

2.4.2 Local councils and councillors

Cheltenham Borough Council responded on 9 November. It set out the reasons it opposed the proposals. Three other Councils replied, often citing Cheltenham Borough Council's response. They were Tewkesbury Borough Council and Cotswold and Forest of Dean District Councils.

A number of Parish Councils responded: Prestbury, Leckhampton with Warden Hill, Bourton-on-the-Water and Up Hatherley.

Councillors Jonquil Naish and Sandra Holiday also responded opposing the proposals.

2.5 Overview & Scrutiny Committee

The Health Overview & Scrutiny Committee responded to the proposals on 29 November 2004. The letter and reply to it are shown in the *Correspondence file* (item 21). There is to be a meeting on 6 January 2005 to discuss the points and enable the full Committee to further consider the matter at its January meeting.

2.6 Informal events and other feedback

2.6.1 Informal public events

There were 32 informal public events.

There was participation in two major local events, *Working Together*, *Working in Partnership* at Gloucester's GL1 leisure centre and the *Asian Mela* at the Guildhall. Both of these were awareness raising sessions. There were 160 enquiries at the first event. At

² 60% (36) were from Cheltenham and area (GL50, GL51, GL52 and GL53), 17% (9) were from the north Cotswolds (GL54, GL56 and WR12) and 6% (3) were from Tewkesbury and area (GL20).

the second, staff estimated that most people present called at the stall. There were 700 people present.

There was a further awareness session for 60 people at Cheltenham *SureStart*. *Winston's Wish* wrote to 350 families, a session being felt inappropriate.

Two youth conferences were held as well as sessions with students at Gloscat and University of Gloucestershire.

There were two Q&A sessions for members of the *Save Battledown Campaign*.

There were briefing sessions for Cheltenham and Tewkesbury Borough Councils.

There were 9 *opinion-finding* sessions with a range of groups. In the earlier phase, such sessions were the core of involvement. This time it proved more difficult though 56 people each devoted an hour of their time to this work.

Full details can be seen in the *Informal events and other feedback file*.

Patient & Public Involvement Forums

There were discussions at Forums that relate to most of the County's NHS Trusts.

Responses were received from the *Patient and Public Involvement Forum* that relates to Gloucestershire Hospitals Foundation Trust and (by report of the discussion) from the *Patient's Forum* that relates to West Gloucestershire Primary Care Trust. Cheltenham & Tewkesbury's Forum also contributed a response.

Governors of Gloucestershire Hospitals Foundation Trust

Governors represent constituencies across the County and met on 29 November to discuss the proposals.

2.6.2 NHS events

There were 21 events for staff and 144 attended. 15 events were used to gather opinions and 68 staff engaged with this.

2.6.3 Opinion finding and feedback forms

Each consultation document included a tear-off response form. There was also a website version of this form. It invited responses to a number of statements together with the opportunity of free text.

The statements have been criticised as not being value-free (and therefore being leading). Similar statements were used in the earlier involvement phase to seek opinions. The set in the consultation document carried forward some of these but also tested (a) the assumptions on which the *Children's Health Planning Group* based its option preference and (b) whether the preferred option is acceptable.

A total of 118 feedback forms were returned or completed on the website. Two-thirds of respondents were from the Cheltenham, Tewkesbury and north Cotswolds areas³.

Informal public and staff events used the same statements to test opinions.

³ Post codes GL20, GL50, GL51, GL52, GL53, GL54, GL56 and WR 12. During the consultation, batches of identical responses were posted to the website. These numbered over 300 in all and each gave a Cheltenham or area post-code. All responses strongly agreed with all statements. These batch responses have not been included in the analysis.

2.7 Consultation beyond Gloucestershire

Within Gloucestershire, the proposals in *Investing in excellence* were treated as "substantial change". It is this definition that triggers formal public consultation.

As part of the process, primary care trusts whose residents had used Gloucestershire Hospital's services⁴ were asked to consider whether or not the Gloucestershire proposals amounted to "substantial change" for them. They were asked to discuss this point with their *Overview & Scrutiny Committees*.

8 primary care trust areas might have concluded that the proposals did represent substantial change. They are South Worcestershire, Sir Fynwy Bwrdd Iechyd Lleol, Herefordshire, Kennett and North Wiltshire, Southwest Oxfordshire, South Gloucestershire, North Somerset and Swindon.

None has concluded that the Gloucestershire proposals are "substantial change" and, by the end of the consultation period, 6 had confirmed this view with their *Overview & Scrutiny Committees*.

Further details of consultation beyond Gloucestershire are available on request.

⁴ The services were elective procedures and emergency in-patient care for children, and hospital obstetric or midwifery care for women.

3 Content of the public consultation

3.1 Public consultation meetings

A *Public consultation events file* supports this report. It is a file of notes taken at the public consultation events. It is not a report of every word that was said. It is a summary of questions, comments and views and of the answers given.

Main issues

277 questions, comments and views are listed in the file⁵. The questions, comments and views range widely. The most frequently raised were:

- Whether the numbers of hospital beds planned for children were enough (26)
- Access to Gloucester and transport there (25)
- Inter-hospital transfers of children (23)
- Overnight access to care and beds in Cheltenham (22)
- The staffing reasons behind the proposals (16)
- Maternity services in the longer term (14)
- The maternity service in Cheltenham in the light of current proposals (13)

It is mainly these issues that the Primary Care Trusts will want to consider.

The proposals on neo-natal intensive care attracted little attention. They do not appear to be contentious.

Other issues about the proposals

There were, of course, other issues raised, including:

- Strong support for the current services, notably Battledown Ward
- Concern at less choice
- Whether there was no alternative to the proposal that affected Cheltenham
- Emergency care
- Making more services locally available (North Cotswolds)
- Community support services
- Clinical consensus

Consultation issues

There was criticism of the consultation process:

- Venues and times of events
- Distribution of materials
- The consultation's feedback form
- The validity of the process and whether it was "listening"

This is the first public consultation in Gloucestershire to operate under new national arrangements for involving patients and the public in planning health services⁶. There have been many lessons drawn from it. It is planned to publish the list of lessons, not least those on how to do better. This will be available in time for the Primary Care Trusts' February Board meetings and will be posted on the website.

⁵ Questions, views and comments tested the options, particularly the preferred one. People were therefore concerned about "Cheltenham services" rather than those at the "*partner hospital*". They are reported here in this way.

⁶ This national policy stems from Section 11 of the *Health and Social Care Act, 2001*.

Implementation issues

Finally, there were questions about implementation. People wanted to be assured that any developments associated with the proposals would be implemented before any thought of closing the in-patient service in Cheltenham.

3.2 Correspondence

85% (58) of letters received expressed an opinion. 98% opposed the proposals.

Overall, correspondents raised 151 points. The most frequently raised points about the proposals were:

- Access to Gloucester and transport there (41)
- Support for Battledown Ward and the current service (27)
- Overnight access to care and beds in Cheltenham (17)
- Whether the numbers of hospital beds planned for children were enough (11)
- Future services in Cheltenham (10)
- Maternity services in the longer term (6)
- Clinical consensus (6)
- Inter-hospital transfers of children (3)
- The staffing reasons behind the proposals (3)
- The maternity service in Cheltenham in the light of current proposals (3)

There were also comments on the consultation process. In the main, these mirrored the criticisms raised in the public consultation events and outlined above.

3.3 Informal events and other feedback

3.3.1 Informal and NHS events

There was a range of events: awareness, briefing, Q&A and opinion finding. Issues from the Q&A sessions mirrored those already outlined from public consultation meetings and correspondence.

An event of interest to this outcome report was the meeting of the Governors of Gloucestershire Hospitals Foundation Trust where the proposals were debated and a vote taken. It is interesting because the Governors represent constituencies across the County. When it came to a decision, voting followed a pattern detected throughout this report. Most (17) were prepared to accept that the change was in the interest of patients. A minority (4) spoke up for Cheltenham and put forward strong and passionate views against the proposals.

3.3.2 Opinion-finding and feedback forms

There were 8 statements inviting response on the feedback forms and a space for free text.

There were marked variations in views between respondents giving (1) Cheltenham, Tewkesbury and north Cotswolds post codes and (2) all others⁷.

⁷ However, note that over 300 identical responses were posted to the website each giving a Cheltenham or area post-code. All strongly agreed with all statements. These responses have not been included in the analysis. There were several groups in the Cheltenham area, however, who expressed very strong views in favour of the proposals, unlike most other responses from the area

There was a County-wide consensus on 4 statements, though agreement was less marked in Cheltenham, Tewkesbury and north Cotswolds area:

(1) Intensive care of newborn babies is a specialist service where safety is the most important thing

Area/source Opinion	Website and feedback forms		Informal public events	Staff events
	Cheltenham and area	Rest of County		
Agree	88%	98%	93%	100%
Disagree	8%	0%	2%	0%

(2) If three-out-of-four children seen in a Children's Assessment Unit can go home the same day, the care of the one-in-four needing to stay in hospital is specialist care

Area/source Opinion	Website and feedback forms		Informal public events	Staff events
	Cheltenham and area	Rest of County		
Agree	52%	78%	59%	61%
Disagree	42%	11%	8%	28%

(3) (1) Intensive care for the newborn, (2) deliveries of babies at high risk of complications and (3) children's in-patient services are closely linked and should be located together

Area/source Opinion	Website and feedback forms		Informal public events	Staff events
	Cheltenham and area	Rest of County		
Agree	48%	88%	77%	95%
Disagree	48%	10%	6%	2%

(4) For children, the highest priority for investment is in better services at home and in the community for sick children

Area/source Opinion	Website and feedback forms		Informal public events	Staff events
	Cheltenham and area	Rest of County		
Agree	51%	72%	64%	62%
Disagree	34%	11%	18%	23%

On the remaining 4 statements, there were markedly divergent views:

(5) Where childbirth is a high risk to a baby, one hospital in Gloucestershire should provide the specialist care

Area/source Opinion	Website and feedback forms		Informal public events	Staff events
	Cheltenham and area	Rest of County		
Agree	25%	78%	84%	80%
Disagree	72%	21%	2%	18%

(6) Concentrating staff and equipment in one place will result in safer services

Area/source Opinion	Website and feedback forms		Informal public events	Staff events
	Cheltenham and area	Rest of County		
Agree	16%	73%	67%	82%
Disagree	82%	21%	4%	12%

(7) People should be prepared to travel for specialist NHS care

Area/source Opinion	Website and feedback forms		Informal public events	Staff events
	Cheltenham and area	Rest of County		
Agree	18%	76%	80%	97%
Disagree	78%	13%	9%	3%

(8) The proposal in this consultation to focus intensive care and children's in-patient treatment at Gloucestershire Royal Hospital makes sense

Area/source Opinion	Website and feedback forms		Informal public events	Staff events
	Cheltenham and area	Rest of County		
Agree	12%	64%	67%	95%
Disagree	88%	23%	16%	5%

4 The issues from the consultation

4.1 Intensive care for newborn babies

4.1.1 The preferred option proposal

The high dependency and neo-natal intensive care unit should be located at Gloucestershire Royal Hospital. However, at both hospitals there would continue to be Special Care Baby Units and neo-natal resuscitation.

4.1.2 Issues

By and large, people seem to have accepted that this proposal generally (a) formalises current practice and (b) provides the opportunity for neo-natal intensive care to expand.

The main questions have been how self-sufficient the County would become and when the expansion would take place.

The answers to these questions have to assume that both proposals are accepted and change to the current arrangements can take place.

A self-sufficient service for Gloucestershire babies and families

As things stand, with 4 cots in Gloucestershire Royal Hospital's Neonatal Intensive Care Unit (or *NICU*), around 80 babies⁸ a year need to be transferred out of the County for care. It is about the same number of babies who received treatment in the County's *NICU* (81 in 2003-04).

As it increases its cots to 8, Gloucestershire stands to become self-sufficient.

It is important, however, to understand that *NICUs* across the South West work as a network. This is the best way to ensure that there is always a cot for a baby who needs one, albeit sometimes distantly. It is also the case that there are unpredictable peaks and troughs in demand.

Whilst 8 cots should make Gloucestershire self-sufficient in neonatal intensive care, there may still be occasions when the *NICU* may be unable to admit a Gloucestershire baby for the reasons given above or because the baby required care only available in regional or national specialist *NICUs*. That said, all areas in the South West are developing larger *NICUs*. As this happens, we can expect that in future most babies would be admitted to the County's *NICU*.

This is a significant improvement on the current position where half the number of Gloucestershire babies who need intensive care cannot get it locally. It would avoid considerable additional stresses and burdens to families affected.

⁸ This answer is a best estimate with qualifications. (1) The larger number of transfers is of a mother still bearing her baby. This will happen after an assessment of risk. On occasions, once at the location of the specialist service, the risk may pass or become manageable. The mother may then transfer back to the originating hospital and give birth there. So, from Cheltenham General Hospital in 2003-04, there were 52 transfers arranged. 5 mothers transferred, came back and were later transferred again. So, in all, 47 mothers transferred. About half (24) returned to Cheltenham and gave birth there. (2) The answer needs to take account of multiple births. Those 47 mothers included one who gave birth to triplets in Bristol and 5 sets of twins, some or all of whom were born away from Cheltenham General Hospital. (3) In addition to babies who transfer with mother, there were 15 new born babies from Cheltenham and 25 from Gloucester transferred to units out of the County. Some of these were babies who needed to go to regional or national specialist *NICUs* and these transfers will continue.

Pace of neonatal intensive care expansion

The pace of expansion will depend on the rate at which the Primary Care Trusts are able to find additional revenue and the pace that Gloucestershire Hospitals feels able to adopt considering issues such as recruitment.

This matter will next arise in March 2005 when the Primary Care Trusts consider service developments. They do this each year and make plans for the following three years.

4.2 Maternity services

The consultation document did not make a proposal about maternity services. There was an implication from the proposal for neo-natal intensive care. However, as the proposal merely formalised current practice, there was no real change implied.

4.2.1 The maternity service in Cheltenham in the light of current proposals

Despite this, there were questions about the continued availability of maternity services in Cheltenham, particularly those for mothers whose pregnancies were not straightforward and normal.

For clarity, the nature of Cheltenham maternity services, should the proposals be agreed, is shown in the box below.

Cheltenham maternity services in light of <i>Investing in excellence</i>	
Midwife-led care	As now, for all mothers with suitable risk profile
Consultant led obstetrics	As now, for all mothers to give birth except where there is a high risk for the baby
Resuscitation	Resuscitation and stabilisation of babies born pending transfer, if necessary to a neonatal intensive care unit
Special Care Baby Unit	Including, as now, a stabilisation cot for babies needing to be transferred for intensive care

Gloucestershire Hospitals has been clear that there are no implications for maternity services in Cheltenham arising from the proposals.

4.2.2 Maternity services in the longer term

Investing in excellence did, however, devote a chapter to the longer term. It did so on account of the proposal to centralise neonatal intensive care. Because this supported high risk childbirth, any future changes to maternity services would tie the higher risk service to the hospital with the neo-natal intensive care unit.

The document made clear that there was no more than a possible implication for future maternity services. This remains the position.

The issues about the longer term remain so unclear that it is impossible to set out implications.

On the one hand, we have a *National Service Framework for Maternity* that expects our services "to facilitate normal childbirth wherever possible, with medical interventions recommended only when they are of benefit to the woman and/or her baby". This is a strong force to maintain the current pattern of maternity care.

On the other hand, the same *National Service Framework* expects services to provide "good clinical and psychological outcomes for women and babies". For some elements of care, where risks are high to the mother or baby, this requires us to ask whether our current pattern of services is able to ensure the highest quality clinical care.

We also live in a society that is increasingly litigious, in particular around childbirth. This is an issue of our society rather than the NHS. The NHS will, however, need to balance what risks it can take over childbirth against the costs of taking these risks.

In short, then, the Primary Care Trusts did not think they could embark on this consultation without saying that there might be an implication for the future of maternity.

This longer term issue was the fifth most frequently raised item at public meetings.

People criticised the absence of an overall strategy for maternity care. A public undertaking has been given to rise to the challenge of developing one. We shall be assisted by the publication of the *National Service Framework for Children* which includes a chapter on Maternity Services. As in this consultation, we shall operate from the principle of involving people in planning.

4.3 Care of children who need inpatient hospital treatment

4.3.1 The preferred option proposal

The children's in-patient ward should be located at Gloucestershire Royal Hospital.

There would continue to be *Paediatric Assessment Units* at both hospitals and the *Assessment Unit* in Cheltenham would operate extended opening times (from 8 00 am to 10 00 pm every day).

There would also be more investment in children's home and community nursing.

In addition to these proposals, the Primary Care Trusts asked for views on setting up a nurse-led children's ward in Cheltenham.

4.3.2 The effect of this on Cheltenham services

The Health Overview & Scrutiny Committee made the point that the consultation document would have been improved by listing clearly all the services that were to remain unchanged. They are shown here in the box.

Cheltenham children's services in light of <i>Investing in excellence</i>	
Accident and Emergency	Full emergency service with 24/7 on-site paediatric medical cover and (as now) consultant paediatricians on call
Children's Assessment Unit	For sicker children to be referred from A&E or GPs. 7 day service from 9 00 am to 10 00 pm
Diagnostic services	X-ray, pathology, scanning
Day case procedures	Paediatrics and all surgical specialties ⁹ (excluding ear, nose and throat surgery)
Out patient consultations	Paediatrics and all surgical specialties (including ear, nose and throat surgery)
Therapy	Children's physiotherapy, occupational therapy, speech and language therapy, podiatry and gait analysis, audiology, dietetics, optometry
Education	School refocused to needs of day patients
Community and specialist nurses	Including current home care and respiratory and diabetic specialists and increased numbers of nurses as a result of the proposals

The scale and scope of the change is very limited and is described in greater detail in section 4.3.5, below.

⁹ Including ophthalmology (provided now for the County from Cheltenham General Hospital) and excluding ear, nose and throat surgery (provided now for the County from Gloucestershire Royal Hospital).

The main Issues arising from the consultation

4.3.3 The staffing reasons behind the proposals

The staffing reasons behind the proposals were set out in *Investing in Children and Young People*. This was the document that launched the involvement process in July 2003. The reasons were repeated in *Investing in excellence*, the public consultation document.

In public consultation meetings, the staffing reasons were often taken to be issues about recruitment. People pressed Gloucestershire Hospitals to try harder to recruit and suggested where doctors might be found.

Gloucestershire Hospitals' reply showed that it understood well how to recruit and was comparatively successful. Despite this, the Hospitals regretted that good applicants for some paediatric consultant posts had withdrawn from recent recruitment because the current pattern of service was not considered by them to be optimal or attractive to work in.

The Hospitals' reply also showed how recruitment was not a solution to the staff issue. The current pattern of hospital in-patient services requires doctors who are simply not available locally, nationally or internationally. Even if there could be recruitment of such numbers, Gloucestershire Hospitals stated that it would be unable to sustain the training requirements for these doctors.

In short, Gloucestershire Hospitals stated that, if the current public consultation resulted in no change, it would still face the same staff problems. The picture it painted in these circumstances was of a declining paediatric service.

No alternative solutions to the staffing issue arose in the public consultation.

4.3.4 Whether the numbers of hospital beds planned for children were enough

The numbers of hospital beds planned is reduced from 60 to 44.

Whether this reduced number was adequate was questioned throughout the consultation period at public and informal events, in correspondence and other feedback and also by some of the hospital clinicians.

Gloucestershire Hospitals replied that on all but three occasions during the past full year, 44 beds would have accommodated all children who needed to be in hospital.

Gloucestershire Hospitals added that the numbers of children admitted to a hospital bed had been in long-term decline nationally, including in the County. This, and the length of time children stayed in hospital, continued to reduce.

In addition, Gloucestershire Hospitals pointed out that the peaks- the times when most children's beds were full- were associated with how operating theatre lists were managed. There was now the opportunity to spread these more evenly over the week, thus helping to ensure that there would always be sufficient beds.

Housing developments

There were questions about the effect of housing developments in the County on the need for children's hospital beds. People pointed to large housing developments, not least, in and around Cheltenham.

Clearly, these developments have local impacts. The question of whether they change the number of children's hospital beds needed is answered by whether they affect the County population overall. This would be the case regardless of the proposals in *Investing in excellence*.

National housing policy tends to plan future dwellings to meet population forecasts. Housing, then, tends to reflect population needs (rather than vice versa).

Government and County population estimates and forecasts for Gloucestershire show decreases from 2004 in the numbers of children and young people over the period to 2020. The table below shows such a forecast calculated in February 2004. It specifically takes in the effect of house building as reflected in the *County Structure Plan*.

Population estimates and forecasts- dwelling led population projections¹⁰

Year	2004	2005	2007	2009	2011	2013	2015	2017	2019	2021
Children and young people aged 0-15 years										
Males	56,341	55,778	54,679	53,818	53,002	52,708	52,679	53,067	53,544	54,065
Females	53,137	52,840	52,043	51,605	51,245	51,009	50,966	51,281	51,843	52,380
Total	109,478	108,617	106,722	105,422	104,247	103,718	103,644	104,348	105,387	106,444
Change on 2004		-1%	-3%	-4%	-5%	-5%	-5%	-5%	-4%	-3%
Children and young people aged 0-18 years										
Males	67,009	66,795	66,107	64,996	64,151	63,562	63,318	63,511	63,620	64,090
Females	63,896	63,683	63,036	62,380	61,793	61,746	61,787	62,010	61,979	62,470
Total	130,904	130,478	129,143	127,375	125,944	125,309	125,105	125,521	125,598	126,560
Change on 2004		0%	-2%	-3%	-5%	-5%	-5%	-5%	-5%	-4%

The table shows a steady decline in numbers to around 2009 with stable numbers then for about a decade followed by a small increase.

These forecasts can seem at variance with the evidence of housing developments we can see before us. What we need to bear in mind is that housing policies take into account all aspects of the future population. This includes the reduction in the size of the average household, which means that many more dwellings are required for the same population size.

4.3.5 Access to Gloucester and transport there

Transport and access were the main issues to arise in the consultation. The consultation provided a focus for people to tell us about this matter. The issue is one that does not just apply to the services under consideration: it is a general one.

It is also true that it is not one that the NHS on its own can solve. The work of the Health Overview & Scrutiny Committee¹¹ has revealed the breadth and depth of the subject.

There are several points to be made about the issues that arose in the consultation.

First, for most children and young people the proposals actually make no change to access. The list of services that would remain in Cheltenham illustrates this. Outpatient clinics are held at no fewer than ten hospitals across the County.

¹⁰ This file was produced by MAIDEN using the scenario file X:\Forecast\glos-inp_6b\scenario6b.xls. It was run on 13/02/2004 at 13:34:20. Local fertility and mortality trends included alongside national trends. Migration to/from the rest of the UK included, no international migration. 1992-2001 populations constrained to their known mid-year estimates (ONS). Housebuild constrained to allocation as by the Structure Plan 3rd Alteration.

¹¹ *Transport to NHS Services Inquiry*, Mike Lawlor (Inquiry Chairman) and Tony Hicks (Committee Chairman), Gloucestershire Health Overview and Scrutiny Committee, November 2004.

The overwhelming number of journeys of children to hospitals will be unaffected. 40,000 outpatient appointments, 17,000 accident department attendances, 4,000 children's assessments and 2,750 day cases will all be provided in the current locations.

It is only those children who have to be admitted to hospital whose families are affected. Of these, it is only a minority who has to stay longer periods in hospital.

In addition, the travel arrangements for those affected are unlikely to be more difficult than many Gloucestershire residents now face.

From early representations, the proposals were altered to include (in the preferred option) extended opening of the Cheltenham *Paediatric Assessment Unit*. Also included in the consultation was an invitation for thoughts on a nurse-led ward there. These were done as a specific response to improving the access element of the proposals.

During the consultation, the general point of more local access to more health services arose strongly in the north Cotswolds. Cotswold & Vale Primary Care Trust gave an undertaking to take this point forward and see what more the health service could decentralise.

For families affected by these proposals, there are ways in which those in need of financial help can receive it. When a child has to stay, the Hospital tries to make this as easy as possible for parents. This will include (if the preferred option is agreed) family accommodation at Gloucester. Where a child has to stay longer in hospital, it is also policy to offer a parking permit valid for the duration of the stay to avoid car park charges.

That said, the NHS is aware of the shortcomings revealed in the Transport Report of the Health Overview & Scrutiny Committee. It will wish to work with the Committee and other agencies with an interest in transport to improve access to services.

4.3.6 Inter-hospital transfers of children

A number of comments criticised the state of preparedness to cope with transfers.

Gloucestershire Hospitals will only be in a position to make a firm arrangement about transfers of children from Cheltenham if the preferred proposal of this consultation is agreed. Until then, all that can happen is discussion.

What the Primary Care Trusts asked Gloucestershire Hospitals and the Ambulance Trust to do was to be clear about risks, safety and practicality of a transfer arrangement.

Risk

Throughout the NHS, patient transfer is an aspect of life. To secure the right service, it is often necessary for a patient to go to another, perhaps more specialist, hospital.

Gloucestershire Hospitals considered the impact of the proposal both in terms of the numbers of children likely to be affected and in terms of the risks.

Based on the current pattern of opening of the Paediatric Assessment Unit (9 00 am - 5 00 pm on weekdays) and on the preferred option, the Trust estimated that 875 children a year might need to be transferred for emergency care. This estimate is at the very upper end on what is likely to happen.

It is now proposed that the Paediatric Assessment Unit at the *partner hospital* will open every day and for longer hours each day¹². Because of this, there will be fewer children to be transferred.

Because the numbers are small and there is no direct experience of the Assessment Unit opening those longer hours, it is difficult and probably unhelpful to try and give a more accurate prediction.

Gloucestershire Hospitals also conducted an assessment of the risks of a child requiring emergency inpatient care arriving at the *partner hospital* between the hours of 10 00 pm and 9 00 am. The risk management strategy covers the following:

- Actions to reduce the likelihood of children presenting at this hospital
- Actions to ensure resuscitation skills are available on site
- Actions to maximise the safety of transfers to the hospital with inpatient beds.

Action to reduce the likelihood of children presenting at hospital with no inpatient unit

Gloucestershire Hospitals has close relations with general practitioners. Many develop their skills working in the hospitals or attending educational events. The Trust advises GPs on referral arrangements and protocols.

If the proposals were agreed, communication with GPs would form an integral part of the implementation plan. It is inappropriate and confusing to give advice in advance of any change being agreed. The planned communication would, however, include guidelines for referral.

GPs are very familiar with how the hospitals work and have a good understanding of how best to refer. All children collected by an emergency ambulance would automatically be taken to the *specialist hospital*¹³.

Action to maximise the safety of transfers to inpatient hospital

If transfer is indicated, Gloucestershire Hospitals has been clear that it would take responsibility for that arrangement. Transfers would always be by ambulance.

In most cases, a parent (or parents) is able to go with their child in the ambulance. Sometimes, though rarely, equipment or medical/nursing staff may also need to accompany a child. This could prevent a parent from travelling with their child. If this happens, the Hospitals at their own expense would arrange for a taxi to take the parent(s), if that is the best solution for the parent(s).

Gloucestershire Hospitals and the Ambulance Trusts have reached agreement on the key aspects of transfer arrangements:

- Gloucestershire Ambulance Trust would undertake the transfers
- This would be achieved through investment from Gloucestershire Hospitals to expand ambulance resources available so that other priorities would not be compromised
- Gloucestershire Hospitals would make its own provision for any transfers of specialist staff with the Ambulance Trust's advice and assistance

4.3.7 Overnight access to care and beds in Cheltenham

The consultation revealed a number of cases of children whose conditions were not critical but who were said to need in-patient care.

¹² The partner hospital is without the inpatient ward, in the preferred option that is Cheltenham General Hospital. At this hospital, the Paediatric Assessment Unit would open 9 00 am to 10 00 pm, 7 days a week.

¹³ In the proposals, this is the hospital where the inpatient ward is located, in the preferred option that is Gloucestershire Royal Hospital.

The consultation did specifically ask about providing a nurse-led ward at the *partner hospital*. The Primary Care Trusts have asked Gloucestershire Hospitals for a response to this point.

This issue is not straightforward and it is important to understand the dilemma.

Good practice (for example, in the *National Service Framework for Children*) insists we keep each child's length of stay in hospital to an absolute minimum. The *National Service Framework* recommends this be achieved through improved co-ordination of community-based care. The proposals in the consultation to strengthen community and home nursing care work directly towards this aim.

A child can become acutely ill very quickly but it is also usual that he or she makes an equally very quick recovery.

So, most children should be in hospital only because and when it is **medically** necessary. Otherwise, care and treatment at home is usually by far the best option.

This, then, is the dilemma. We really should only plan for care such as a nurse-led ward if:

- There is a group of children we can reliably identify, who
- Can safely be cared for in a ward with no medical paediatric presence and
- Where their care is better provided in a hospital rather than in their own homes.

That said, The Primary Care Trusts did undertake in the consultation to give thought to children who for non-critical and longer term care now stay in hospital. The main response to this point will be included in the report from Gloucestershire Hospitals.

4.3.8 Clinical consensus

When the consultation document was drafted, the Primary Care Trusts understood that there was a common clinical view on the proposals. In its language, the document reflected that understanding.

With hindsight, it might have been more sensible to acknowledge that there are bound to be differences of opinion. This is an important learning point. It is regrettable that the language of the document may have inadvertently given some people the (wrong) impression that something was being withheld. This could only serve to cause public concern.

As the consultation proceeded, so the diversity of views of Gloucestershire people was revealed. This included the hospital clinicians.

Views expressed at a public consultation meeting

On 4 October, there was a public consultation meeting in Cheltenham. Simon Ackroyd, consultant paediatrician, Cheltenham General Hospital attended.

Dr Ackroyd spoke, saying that he was happy neither about the consultation process nor about the prospect of change. He continued, "that does not mean that we cannot have change". Dr Ackroyd then made a number of points that are set out more fully in the *Public consultation events file* (pages 14-15).

Dr Ackroyd concluded that he did not have confidence that the current proposals had properly covered the issues he raised and ended by saying he believed that he spoke for his Cheltenham colleagues.

Dr Ackroyd's contribution received support from Patrick Robinson, consultant radiologist, Cheltenham General Hospital.

Views expressed in response to the consultation

6 consultant paediatricians¹⁴ wrote on 30 November. They raised a number of similar issues. They put forward an alternative sequence of change that could lead to the current proposals being implemented.

On 3 December, Gavin Holt, Clinical Co-Director of Trauma & Orthopaedics and colleagues¹⁵ responded to the consultation. They expressed the view that there were aspects of their surgical specialty, which could not take place at a hospital without overnight admission facilities for children and presented a clinical case for developing a nurse-led ward in Cheltenham.

Alan Day, consultant paediatrician to Cheltenham General Hospital wrote on 6 December. Dr Day added comments on issues already raised.

All the letters can be seen in the *Correspondence file*.

Response from Gloucestershire Hospitals Foundation Trust

Gloucestershire Hospitals Foundation Trust has been asked to respond to the issues that its clinicians have raised. The Primary Care Trusts expect this to include a response to the following issues, (which are here expressed in the way the clinicians put them forward):

- Whether the estimate of the numbers of transfers is right and whether there will be more children having to go to Gloucester
- Whether workload is underestimated by simply collecting information on how many beds are occupied at each midnight
- Whether the building at Gloucestershire Royal Hospital has serious drawbacks that will prevent it from providing the right service, including for adolescents
- Whether the staffing rationale for change can justify taking apart the Cheltenham General Hospital clinical paediatric team
- If this were to happen, whether Gloucestershire Royal Hospital would need more staff
- Whether the proposals for community staff are adequate and how consideration will be given to the need for therapists, dietitians and other professionals, in addition to the nurses proposed
- Whether the proposal will bring fair access to community support across the County
- Whether there will be a drift of children's services westward, (as alleged followed ENT when centralised at Gloucestershire Royal Hospital)
- Whether there is a clinical case for night stay in Cheltenham for children, not least for those who have had surgery
- Whether paediatric support proposed for maternity and the Accident Department in Cheltenham is of a high enough level
- Whether there is a risk to the future of paediatric radiology
- Whether reductions in children's bed numbers in surrounding hospitals are a material consideration

¹⁴ R S Ackroyd, A J Day and M Hamilton-Ayres, consultant paediatricians to Cheltenham General Hospitals and S Kinder, S de Gressi and K Martin, community consultant paediatricians.

¹⁵ J Craig, Clinical Co-Director, Trauma and orthopaedics, Gloucestershire Royal Hospital, G Rooker and R Brown, consultant specialists in paediatric orthopaedics and B Banks, paediatric orthopaedic practitioner.

4.3.9 Implementation

During the consultation, issues about implementation arose. Most frequently, the issue raised was the order in which the changes would take place. If the proposals are agreed, there is a range of issues that the Primary Care Trusts will need to consider monitoring. From the consultation feedback, these might include:

- Developed operational policies to ensure continued safe and effective services
- Work with individual families affected by the change for arrangements to meet their child's future clinical needs
- A plan and timetable for change
- A communications plan

4.4 Other outcomes from the consultation

During the consultation, NHS clinical and Primary Care Trust directors made a number of undertakings. These included the commitment to work with the families of children who may need special access arrangements for their care mentioned above.

They also included:

- Work towards better rural access to outpatient and other services in the North Cotswolds (Cotswold & Vale PCT)
- Thought on how to involve parents in evaluation processes (Cheltenham & Tewkesbury PCT)
- Developing a strategy for maternity (Gloucestershire NHS)
- How obstetricians will provide a service where the doctor follows the mother's care rather than the mother having to change doctor if she has to change hospital (Gloucestershire Hospitals)

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