

LEEDS TEACHING HOSPITALS NHS TRUST
REPORT TO LCC HEALTH SCRUTINY BOARD

22nd JULY 2008

**CLINICAL SERVICES RECONFIGURATION AT LGI AND SJUH
ENGAGEMENT & INVOLVEMENT PROGRESS UPDATE**

1. INTRODUCTION

The Trust is working closely with the Leeds PCT on this work and has been reporting back to the Health Scrutiny Board sub group on both process and progress since the Minister for Health, Ann Keen, confirmed her support in autumn 2007 for centralisation of children's inpatient and critical care services at Leeds General Infirmary.

Members of the Health Scrutiny Board are asked to:

- Note the extensive engagement with public, patients and parents on developing proposals for new hospital facilities for children.
- Note the involvement of clinicians in developing the clinical aspects of the changes; and that the clinical models will be approved by the PCT's Professional Executive Committee and Children's & Maternity Clinical and Professional Network.
- Confirm that the engagement and involvement work to date meets their expectations for this kind of service change.

2. BACKGROUND

The Trust has been moving to a position where, for clinical governance reasons, the majority of inpatient services are to be located on the two acute main sites, LGI and SJUH and most specialties are centralised on one acute site or the other. The three remaining LTHT hospitals, Seacroft, Wharfedale and Chapel Allerton are becoming a mix of locality and specialist hospitals with ambulatory centres each developing a unique identity in addition to providing some outpatient services for their local populations.

Whilst a key facet of the Trust estate strategy is to move out of the oldest, most unsuitable estate, in particular the old parts of the LGI – intensive clinical use is planned for the two remaining wings at LGI **and** the five wings at SJUH. At the same time we must maintain and develop each acute site with appropriate clinical adjacencies and with each acute site being clinically complementary to the other.

The current distribution of specialties between sites since the centralisation of orthopaedic trauma, plastics and vascular surgery as part of the Acute Services Reconfiguration which completed at the end of 2006 and the centralisation of colorectal surgery as a result of the opening of the Bexley Wing shows that the LGI is becoming more the acute surgical 'hot' site and this is already reflected in the developing different functions of the two A&E departments.

A range of challenges are highlighted across children's services and older peoples / acute medicine. These can be summarised as follows:

Interdependent services for children and some related adult services are split across a range of sites and buildings which creates a potential clinical risk. This ranges from poor patient and family experience, to a complex patient pathway which lacks flexibility to cope with changes in demand. This clinical risk is evident through children being seen in inappropriate environments and the complexity of cross site transfers of inpatient

children. Furthermore the sub-optimal service disposition increases the difficulty of achieving national standards and split site working makes staffing more problematic.

Older patients are being admitted inappropriately because of the lack of suitable preventative facilities. The Leeds strategy for older people envisages a different approach with an emphasis on admission avoidance, early discharge and local rehabilitation through the use of developing community facilities.

Much current hospital care for older people/acute adult medicine is delivered in unsuitable accommodation, with few single room facilities and infection prevention being more difficult than necessary in a number of areas because of the less modern wards in which these patients are looked after.

3. THE PLAN

This is a clinically led plan to bring all children's inpatient services together at LGI and as an enabling move, - but again, clinically led - bring together all inpatient adult acute medicine and older people's medicine at St James's. The full document summarising the clinical changes is attached as an appendix to this paper but in summary:

3.1 Already at LGI are the children's inpatient specialties (each supported by A&E/Walk in facilities) of:

Respiratory Medicine*
Diabetes
Gastroenterology*
Rheumatology*
Dermatology
Neurology *
Cardiology *
General surgery (GI thoracic, urology) *
Acute general surgery *
Neonatal surgery *
Orthopaedic trauma
Orthopaedics *
Plastic surgery *
ENT/Oral maxillo facial including cleft lip & palate *
Dentistry
Endocrine*
Neurosurgery *
Cardiac surgery *
Critical care *

3.2 These will be joined by the children's inpatient specialties from SJUH of:

Diabetes
Gastroenterology*
Cystic Fibrosis*
General Surgery (GI thoracic, urology)*
Oncology / Haematology *
Renal and Liver medicine *
Ophthalmology
Transplantation *
Critical care *

* specialties with large numbers of non Leeds patients

3.3 Currently, childrens day case and outpatients take place at both sites (and some outpatients at Seacroft hospital), normally at the site at which the inpatient service is located. In future, outpatients will still be on both sites (and at Seacroft) but only complex day case surgery will be based at LGI; the less complex work will be undertaken at SJUH in a childrens day case surgery unit.

3.4 Currently, children's inpatients and critical care services are in two different parts of the city at St James's (SJUH) and LGI. Both are supported by an A&E service, although the one at LGI is dedicated for children whilst the one at SJUH is not.

Children referred by GPs and those taken by ambulance are already directed to the A&E on the side of the city which is supported by the relevant inpatient children's services. There are walk-in services for children on both sides of the city.

In the future, walk-in services for children will continue to exist on both sides of the city. With all children's inpatient services at LGI, children referred by GPs and those arriving by ambulance, will come to LGI, into the purpose built children's A&E.

Additionally, a new paediatric assessment unit is being built at LGI adjacent to the paediatric A&E and this will be part of the children's urgent care pathway. Prior to centralisation, the unit will be open 8.30am to midnight with the last admission at 9pm. A review of opening hours will take place at centralisation. The unit will be multi specialty and for patients requiring short stay (4-6 hours only). The ethos will be one of rapid turnaround and assessment/treatment by senior children's medical staff. It will be the hub for children's ambulatory outreach services. Rapid access clinics will be run from the unit daily.

3.5 Whilst adult acute medicine and older people's medicine outpatients will stay on their current sites, the acute medicine and older people's medicine wards at LGI will move across to SJUH into Gledhow Wing to join the wards already on that site.

The only adult outpatient department that will move is diabetes and endocrinology where much of the current outpatient work in the Trust will be moved by the PCT into primary care and so the current departments at LGI and SJUH will be combined at SJUH in Beckett Wing.

3.6 Gastroenterology is currently delivered on both sides of the city on an inpatient and an outpatient basis. The service is reviewing the options for centralising on either the LGI site, the SJUH site or remaining on the 2 sites.

4. ENGAGEMENT AND INVOLVEMENT

4.1 The proposals were devised by the Clinical Directors in childrens services and acute and older people's medicine and are strongly supported by consultant and nurse staff within the specialties. The work to develop the proposals is being led by the Clinical Directors.

4.2 The process of engagement and involvement in relation to staff, reflects the structure of the project. Therefore, the operational work to review the clinical models, the adjacencies and the design of areas that are going to be refurbished is being undertaken by multidisciplinary teams of staff (Primary Planning Groups) who work in the individual clinical areas. The terms of reference for these groups include the responsibility to share the information and ideas from the group with their colleagues in their respective clinical professions.

Similar processes operate in cross cutting areas such as radiology and anaesthetics that are likely to be affected by the changes in childrens and adult acute and older people's medicine.

Trust groups such as the Trust Consultation and Negotiation Committee (TCNC) are regularly briefed.

Twice monthly, staff open meetings are being held on both sides of the city which outline the proposals, describe the process and discuss issues raised by staff in the meetings and outside them.

Summary information is issued to all staff, via the Trust's GroupWise e-mail, covering all staff on all sites. The latest examples of this are the clinical plans for childrens services and those for acute and older people's medicine which have been circulated throughout the Trust to all levels and types of staff to stimulate debate.

Clinical Services Reconfiguration has its own site on the Trust intranet. All agendas, papers and notes of all planning meetings are posted on here as are the schedules of accommodation for each of the areas to be redesigned. In the next few weeks the architect's drawings will also be posted for information and comment.

- 4.3** The Trust is starting to engage and involve external groups for example
- We are now working with the Sick Childrens Trust (and parents) to create family accommodation where the child patient is very sick and/or the family lives a long way from Leeds.
 - We are working with Education Leeds on the reprovision of education and learning facilities across LGI.
 - A number of organisations have expressed an interest in becoming involved in supporting the reconfigured childrens services.
 - Discussions have begun to engage with both social work and the ambulance service.
- 4.4** In relation to engagement of parents, carers and service users, a significant amount of work is underway. Matrons in children and adult specialties have a key responsibility for leading on patient and public involvement and training sessions have been run to support them in this work.

In childrens services Leeds has a long history of trying to bring services together, and whilst the current plan cannot deliver a Childrens Hospital, the parents who have supported our previous efforts have been very supportive of this current reconfiguration plan. As a result of parent's and staff - and children's - comments on the current service, a number of short term improvements (around childrens food, outpatient waiting areas, parents' rooms and an assessment unit) are being acted upon prior to centralisation.

We have built on the earlier support and involvement to take parent and user involvement forward across childrens services. We recognise what a major commitment it can be for parents/carers to become involved in this type of project (particularly when they are already looking after a sick child) and we are working on a range of different ways - with parents - that parents and carers can be involved.

- A parents forum takes place approximately every two months.

- A small core parents group meets with the Trust on a monthly basis to review and understand progress and any barriers that have appeared in much more detail than is possible with a larger group.
- Two parents have become 'parents champions' and are a link between any parents who would rather talk to another parent rather than a member of Trust staff about things that they would like to see.
- Parent representatives are involved in the planning team looking at the provision of parent and family accommodation.
- Separate specialty open meetings for parents are being held, run by clinical staff, focussing on the issues that concern parents of children attending specialties that are at SJUH and are moving to LGI - particularly childrens cancer, cystic fibrosis, liver and kidney problems and transplantation.
- Parents belonging to the parents forum are e-mailed/written to on an 'as and when' basis to let them know of particular developments in between regular meetings.
- Special meetings are to be held, once architect's drawings are available for the refurbished areas, specifically for parents to make their comments.

4.5 Involvement and engagement on the centralisation of adult services.

By their very nature, there isn't as much user/carer engagement in this area as in childrens services.

However, the involvement is growing, building on the city wide Forum for Older People, and a number of specialty patient support groups - such as that for patients with diabetes - and by the involvement of "expert patients" with the planning teams.

4.6 Example of Trust involvement/engagement meetings with parents, users and staff for both adults and childrens services reconfiguration (5 week period 30/6/08 - 1/8/08)

Monday 30 th June	Education Leeds
	Theatres planning group
Tuesday 1 st July	Paediatric Surgery planning group
	Pathology planning group
	Paediatric radiology planning group
Wednesday 2 nd July	Core parents meeting
	Trust IT leads
	Childrens cancer planning group
	Acute medicine planning group
Thursday 3 rd July	Childrens cystic fibrosis parents group open meeting
	Childrens Management/Clinical Directors
	Neonatal planning group
Friday 4 th July	PICU/HDU planning group
	Childrens liver/renal/gastro planning group
	Diabetes and endocrinology planning group
Monday 7 th July	Open meeting for staff
Tuesday 8 th July	Staff theatre design meeting
Wednesday 9 th July	Adult Medicine Project Operational Team
Thursday 10 th July	PCT PEC
	Childrens Management/Clinical Directors
Friday 11 th July	Teenage Cancer Trust
Monday 14 th July	Sick Childrens Trust
	Adult radiology planning Group

Tuesday 15 th July	Core parents group tour of LGI
	Accident & Emergency planning group
	Childrens radiology planning group
Wednesday 16 th July	Acute medicine planning group
Thursday 17 th July	Childrens oncology parents group open meeting
	Childrens Management/Clinical Directors
Friday 18 th July	Staff theatre design meeting
	Childrens and maternity Network
	PICU/HDU planning group
Thursday 24 th July	Staff acute medicine design meeting
	Paediatric surgery planning group
Friday 25 th July	Staff older people's design meeting
	Childrens cystic fibrosis planning group
Tuesday 29 th July	Staff childrens liver/gastro/renal design meeting
	Pathology planning group
	Paediatric radiology planning group
Wednesday 30 th July	Staff open meeting
	Staff oncology design meeting
	Acute medicine planning group
Thursday 31 st July	Childrens Management/Clinical Directors
Friday 1 st August	Staff childrens medicine/cystic fibrosis design meeting
	PICU/HDU planning group
	Accident & Emergency planning group

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