

DESCRIPTION OF THE CHANGES TO CLINICAL SERVICES AS PART OF THE CLINICAL SERVICES RECONFIGURATION WITHIN LEEDS TEACHING HOSPITALS

1. CHILDREN'S SERVICES CENTRALISATION AT LEEDS GENERAL INFIRMARY (LGI)

1.1 Children's service philosophy

Whilst many of the children's services on the two sites are different, or are delivered differently, the philosophy governing children's services is the same for both sides of the city and has influenced the service models and service delivery models for a centralised children's service at LGI. The philosophy has been developed, consulted upon and agreed with staff and with service users and with parents and carers:

- Children should be seen as children first, recognising their needs and abilities as they become older, rather than as a disease process or problem.
- The needs of the child should always be the first consideration and should take precedence over (though not exclude) the needs of carers.
- Provision of the highest quality of clinical care, both to the local population and for specialist tertiary services in support of other hospitals in Yorkshire and beyond.
- Services will be evidence based wherever possible, taking into account national guidance including national service frameworks, specialty reviews, confidential enquiries, NIHC guidance, Healthcare Commission reviews and Our Healthy Ambitions.
- Services will be provided on the basis of collaborative working between all the professional groups involved in the child's care, in partnership with the child's family and where appropriate, with the child him/herself.
- Services will be provided as close to home as safely, technologically and economically possible.
- Our aim is to make the interface between hospital and community based children's services seamless, strengthening community paediatrics and helping us keep more children out of hospital if appropriate, improving the quality of service for children as a result.
- Services will be provided in an environment which is welcoming to children, their families and carers, which is designed to support patients with disabilities.
- Further development of teaching and research is essential for all professionals through the integration of hospital services, improving the quality of clinical services.

1.2 DESCRIPTION OF CHILDREN'S SERVICES BY SPECIALTY.

1.2.1 Paediatric Accident and Emergency (A&E)

Current model

Currently, children's inpatients and critical care services are in two different parts of the city at St James's (SJKH) and LGI. Both are supported by an A&E service, although the one at LGI is dedicated for children whilst the one at SJKH 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.

Future model

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.

1.2.2 Paediatric Secondary Medicine

Current model

Paediatric secondary medicine is currently based on both sites. These services include diabetes, gastroenterology, rheumatology, dermatology and respiratory medicine. Cystic fibrosis services are provided at SJUH.

Currently between the two sites there are 50 inpatient beds across 4 small wards, 2 of which at SJUH are used for CF patients to allow for separation of infected and non infected CF children.

The wards take a very small number of elective patients, but mainly receive patients acutely via A&E and patients admitted acutely from outpatient clinics. The cystic fibrosis day hospital is an essential part of the service, integrated with the cystic fibrosis inpatient service - although this is currently on a separate part of the SJUH site to the inpatient wards.

Future model

The number of beds in future will change because of changed service models and some relocation of gastroenterology beds, currently part of the secondary paediatric medicine bed base at LGI, into the new liver/gastro and renal ward at LGI. Therefore

- 6 beds will be replaced by the new assessment unit
- 4 gastro beds move into a different ward space
- 4 beds will not be required because of new ways of working/the efficiencies of bringing together a number of beds, previously in 4 wards, into 2 wards.

Particular changes have been made to take account of cross infection issues. There will be 24 single rooms, more with ensuite facilities than current, and 12 beds in shared bays with all the Cystic Fibrosis specific cubicles having ensuite toilets and showers. Additionally, 2 long term ventilation beds will be adjacent to and part of the paediatric medicine ward in Jubilee Wing. The 2 medical wards will be in 2 different wings (Clarendon and Jubilee), to ensure B Cepacia Cystic Fibrosis patients do not come into contact with non B Cepacia patients and the Cystic Fibrosis day hospital will be on the ground floor adjacent to one of the two paediatric medicine wards that will house 6 Cystic Fibrosis cubicles, again for infection control purposes. One ward will have a minimum 48 hour stay focus; one will have a potentially longer stay cohort

Outpatient child protection services will be based at SJUH with inpatient beds available for these children at LGI.

Paediatric medical day cases will be undertaken at LGI - some within the day

hospitals (Cystic Fibrosis and Oncology) and the remainder in a paediatric medical day case unit.

1.2.3 Paediatric Specialty Medicine

Current model

SJUH delivers paediatric oncology and haematology and renal and liver medicine. LGI delivers paediatric neurology and cardiology - neurology patients nursed along side neurosurgery and cardiology patients cared for along side cardiac surgery.

1.2.3.i Hepatology, Gastroenterology and Renal services

Current model

Currently hepatology has 10 beds (incorporating approximately 2 gastroenterology beds) in a dedicated ward at SJUH. There are 6 renal beds within an 18 bedded nephro-surgical ward at SJUH and there is a purpose built 5 station paediatric haemodialysis unit in the Lincoln Wing at SJUH separate from all other paediatric services. There are 4 additional specialty gastroenterology beds at the LGI within the general paediatric ward.

Hepatology and nephrology services, incorporating transplantation, will be relocated with the PICU.

Future model

In the future proposed model these specialties will be combined in a single ward with two separate identities: one for children's liver services and one for renal/gastroenterology services with the renal haemodialysis unit located alongside.

The split will be: hepatology – 11 beds; gastroenterology - 4 beds; renal - 6 beds; and a five station haemodialysis unit. Beds for children with inflammatory bowel disease (currently on ward 48a) will remain on that ward - not in the new ward.

1.2.3.ii Oncology, Haematology and Bone Marrow Transplant (BMT)

Current model

Currently at SJUH, 17 children's beds, 9/10 teenage, 1/2 BMT = total 28 beds. There is separation (different buildings) of inpatient and day cases/outpatients but this is not regarded as satisfactory.

The ward is currently hepa filtered as a result of the building work for Bexley Wing on site. There are 7 day case beds in the day hospital and anaesthetics are currently also given in the day hospital.

Future model

In the future there will be the same inpatient bed numbers, including 4 high dose therapy/BMT beds. There will be an additional 3 day case beds located in the oncology day hospital reflecting changing practice and increasing patient numbers.

The oncology inpatient ward will be adjacent to the day hospital.

1.2.3.iii Neurology and cardiology

Current model

As described elsewhere in this paper children in these specialties are nursed in the same wards as their surgical counterparts i.e. neurology and neurosurgery together and cardiology and cardiac surgery together.

Future model

The position of neurology and cardiology will not alter and both will remain in their current wards at LGI. However, they will be affected generally as all childrens inpatients services come together.

1.2.4 Paediatric General Surgery

Current model

Paediatric general inpatient surgery is delivered both at LGI and SJUH with acute surgery already centralised at LGI and consists of GI, thoracic and urology surgery. Day case surgery is delivered at both SJUH and LGI. Virtually all neonatal surgery is undertaken at LGI although on rare occasions babies with liver or urological problems are operated on at SJUH.

Future model

Inpatient general paediatric surgery and urology will be transferred from SJUH to the existing paediatric surgical wards in Clarendon Wing LGI.

1.2.5 Paediatric Specialty surgery

Current model

This encompasses trauma and orthopaedics surgery, plastic surgery, ENT and oral maxillo facial surgery (including cleft lip & palate), ophthalmology, dentistry, neurosurgery, cardiac surgery and transplantation.

Most of these surgical specialties currently use wards 48, 48a and 55 in Clarendon Wing LGI along with paediatric general surgery. Most of the associated day surgery goes through the dedicated day case ward also in Clarendon Wing. Ophthalmology, mainly a day case specialty, is delivered from Chancellor Wing at SJUH. Cardiac surgery and neurosurgery are sited in Jubilee Wing ward 10 at LGI and transplantation is based at SJUH in Lincoln Wing.

Future model

All these specialties are already at LGI, apart from ophthalmology and transplantation. The main change as highlighted earlier, will be the move of day case surgery to SJUH wherever possible. Ophthalmology, as mainly a day case service, will continue to be provided from SJUH. A very small number of ophthalmology children may require an overnight stay and will be transferred to LGI following surgery. Acute ophthalmology cases will be admitted via paediatric medicine to LGI. Transplantation will be delivered from the new hepatology and gastro/renal ward at LGI.

1.2.5.i Cardiac surgery

Current model

Cardiac surgery and cardiology share a ward in Jubilee Wing with 19 beds (ward 10) and currently have a dedicated critical care ward.

Future model

There is space for significant expansion on the ward at LGI but this has been reserved in the long term to ensure we have the appropriate accommodation for expansion of the service, as part of the bid to become the Northern Cardiac Centre. The dedicated critical care ward will be relocated adjacent to (rather than opposite) the general PICU ward to increase flexibility and efficiency.

1.2.5.ii Transplantation

Whilst virtually all these services are managed by the paediatric teams, transplantation surgery is performed by adult transplant surgeons who transplant kidneys and livers to adults and children. Adult transplant surgery will remain based at SJUH whilst the inpatient paediatric service will be at LGI.

There are models in the UK and Europe where transplant surgery is based on one site and the team travels to the other to perform transplants and support the transplant service on that site. However the separation of transplant surgery from inpatient paediatrics is contentious and is being worked through carefully to ensure that the quality of the service is not compromised by this move. Paediatric services are currently working closely with adult transplant services to ensure that this is achieved and there are a number of models currently being reviewed. The aim is to ensure that transplant expertise is maintained and developed within paediatrics.

1.2.6 Theatres & anaesthetics

Current model

Currently, children's inpatient and day case operating takes place across a number of sites, Lincoln Wing and Chancellor Wing at SJUH, Clarendon Wing and Jubilee Wing at LGI and at Seacroft hospital.

There are elective inpatient and day case sessions, of which 2 are used for the robotic surgery, in Lincoln Wing SJUH. Additionally, renal and liver transplantation takes place, as and when organs are available, in theatre 9 Lincoln Wing.

There is a mix of elective inpatient and day case surgery in Clarendon Wing LGI. Currently there are 4.5 acute sessions.

Children's neurosurgery, cardiac surgery, orthotrauma and plastic surgery operating is undertaken in Jubilee Wing LGI.

Community dentistry (a PCT led service) currently takes place at Seacroft hospital but will be moved, because of governance issues, to LGI prior to centralisation.

As well as for surgery, anaesthesia is required for children for the following procedures amongst others:

Bronchoscopy, biopsies, Endoscopy, Laser dermatology, MRI scans, interventional radiology, line insertion, lumbar punctures, joint injections and teenage dialysis fistula fashioning. Anaesthesia is occasionally required for urodynamics, CT scanning, angiography and radiotherapy and is generally undertaken at the site where the related specialty takes place.

Future model

In future, after centralisation, all **inpatient** children's surgery, elective and acute, will take place at LGI in either Clarendon Wing or Jubilee Wing with day cases probably in Chancellor Wing at SJUH.

In Clarendon Wing theatres, it is intended to run day long sessions to make most efficient use of theatres. Complex children's day surgery will take place at LGI. There may be some reconfiguration of schedules between the C floor Clarendon Wing and Jubilee Wing theatres to ensure the most efficient use of theatre space. An additional theatre will be built within the current 4 theatre Clarendon Wing complex. It is hoped to increase the number of acute sessions to 10 but this has not yet been agreed.

The plan is to locate as much day case activity as possible at SJUH with all simple day case activity taking place at SJUH with the creation of a children's surgical day case unit. The most complex day case surgery will be at LGI.

There is a significant number of different day case **procedures** as well as surgery which currently take place in a variety of settings: it is intended the majority of these will take place in the children's surgical day case unit at SJUH or in the specialty procedures children's area in Bexley Wing SJUH

1.2.7 Critical Care

Current model

There is critical care provision for children on both sites; a mix of high dependency (HDU) and intensive care (PICU) depending on need. However, 15 beds are funded at LGI and 2 at SJUH: there is flexibility between the sites so that on occasions for example, 13 beds are used at LGI if 4 are being used at SJUH. Specialty HDU beds are located on appropriate specialty wards.

Future model

The clinical benefit of bringing the 2 units together will be realised if all the 17 beds are on the same floor and are co-located into adjacent wards 2 and 3. The beds on C floor Jubilee wing within the 2 wards will be expanded to create 19 beds. These will be grouped into cardiac, HDU and ICU but with flexibility across the groupings. Additionally, two long term ventilation beds will be one floor above, co-located with paediatric medicine. Critical care beds will be accessed by all paediatric specialties as appropriate and necessary. Specialty HDU beds will continue to be located on appropriate specialty wards.

1.2.8 Ambulatory services

Current model

Diagnostics are provided on both sites although some of the rarer procedures are undertaken on one site or another supporting the inpatient services provided on the site. Day case surgery and medicine and outpatients are provided at both SJUH and LGI without outpatients also at Seacroft.

Future model

Diagnostics and outpatients will still take place on both sites. Where possible, diagnostics will support inpatients at LGI and outpatients at SJUH, although specialty outpatients will continue at LGI with appropriate support.

1.2.9 Adjacencies across children's services

In relation to adjacencies within paediatrics and within the sites, most inpatient services at SJUH are close together in Gledhow Wing. The key adjacency issues are

- That renal dialysis is accommodated in another wing entirely (Lincoln Wing) separated from a paediatric infrastructure.
- The Cystic Fibrosis inpatient service is in a separate building to the day hospital and children with Cystic Fibrosis are not able to be isolated one from the other, because of cross infection issues, as easily as they should be.
- The oncology/haematology day hospital is in an entirely separate building to the inpatient wards.
- The distance between children's wards and theatres and diagnostics, which are in a separate building.

At LGI all inpatient children's services are in Clarendon Wing apart from the PICU/HDU and the cardiac/cardiology ward which is fairly self contained. These are both in Jubilee Wing which is directly linked to Clarendon Wing through corridors at two levels.

1.2.10 Links of children's services with adult services

At the LGI site there are very strong links with adult services where the same surgeons operate on both children and adults: in trauma and orthopaedics, plastic surgery, Cleft lip & palate, ENT and oral maxillo facial surgery, dentistry, cardiac surgery, cardiology and neurosurgery. At SJUH there are strong links with adult services where the same surgeons operate on both children and adults in renal and liver transplantation surgery.

Transition services are developing across a range of specialties with transitional clinics generally being based with the adult service.

1.2.11 Links with Maternity and Neonates

Maternity services and neonatal medicine are currently on both sides of the city in the same wings as the bulk of children's services. Neonates provide the bridge between children's services and maternity services. The services based at SJUH are slightly smaller than that at LGI. The feto maternal medicine service is delivered from LGI and from SJUH.

1.2.12 Parents' accommodation

On both sites there is broadly the same amount of support for parents needing to stay with their children (45 beds at LGI; 43 at SJUH) but again it is provided differently. St James's has a separate purpose built unit where parents and siblings can be housed (mainly used by families of oncology and liver patients), but no parents accommodation is available adjacent to wards. A parent can of course stay by a child's bedside. At LGI some parents accommodation is available adjacent to the wards - as well as the opportunity to stay at the child's bedside - and there is also parent/family accommodation within the hospital, mainly taking parents of children using cardiac/cardiology or PICU services.

After centralisation the Trust will provide a portfolio of accommodation for parents:

- At the child's bedside, with shower facilities nearby (when a parent cannot leave a child).
- In single/double rooms with ensuite wash hand basin, shower and wc adjacent to the clinical area. The planning assumption for accommodation adjacent to wards is that at least one parents unit will be created per ward, possibly a sitting room, a shower room and a bedroom.
- In a separate building on site (where a child is in hospital for some time and either the parent, with siblings, needs to stay, or where parents cannot readily go home because they live too far away).

Apart from in an emergency and in the very short term, it is not considered appropriate for siblings to stay in parents' accommodation adjacent to clinical areas.

There will be equity of provision in that **all** specialties will have access to parents/family accommodation dependent upon need.

The Sick Children's Trust is working with the Trust to provide the new family accommodation at LGI opposite Clarendon Wing.

1.2.13 Education

The Trust has a service level agreement with Education Leeds that schooling will be provided to children who have been in hospital for 5 days or more- although many children are seen much earlier than this.

Discussions are ongoing with Education Leeds to agree how the most modern ways of teaching - including the use of Leeds Learning Network - will be incorporated across all the childrens wards at LGI with age appropriate environments for teaching and learning away from the bed side.

1.2.14 Office accommodation

Currently, offices are within, or adjacent to, clinical accommodation and many people have single offices. Whilst it is recognised as being ideal, it is not practical -

or equitable - and it is already recognised that in a number of areas administrative/office accommodation is displacing direct clinical requirements.

After reconfiguration, clinical space will be at a premium in the reconfigured service. Good quality accommodation will first and foremost be used for clinical purposes. Therefore, the principle is that there will be a generic office within each clinical area. There will then be a small number of generic offices within the two wings adjacent to the clinical areas. The remainder of the office accommodation for both staff already based at LGI as well as staff transferring from SJUH will be in an open plan "office block" created in Martin Wing in the middle of the LGI site.

Some specialties at SJUH currently carry patients' notes on the wards. Discussions are in progress with medical records to look at stopping this practice and to have a discrete paediatric medical records department on A floor Clarendon Wing, adjacent to childrens services, following centralisation.

2. ADULT ACUTE MEDICINE AND OLDER PEOPLES MEDICINE

2.1 Philosophy and aims

- Provision of the highest possible quality of care making best use of human and other resources.
- Focus on patient safety and dignity and achievement of excellent clinical outcomes.
- Become the acute medical service of choice for patients, commissioners and all levels of staff.
- A well managed service able to respond quickly and flexibly to external changes and pressures.
- Early senior input to the care of acute medical admissions.
- Early input from appropriate specialists where necessary.
- No unnecessary steps in the patient pathway.
- Ambulatory patients managed as outpatients whenever possible.
- Focus on getting patients home or out of hospital as soon as possible.
- Build closer working relationships between, for example, acute medicine and A&E.
- Compliance with all national and local clinical standards, guidelines and directives.

2.2 Description of current service by specialty

2.2.1 Adult Accident & Emergency

Current model

Currently Emergency Departments (ED) are on both sides of the city at SJUH and LGI. There is a major Walk in Centre integrated with the ED at LGI. There are minor injuries/walk in facilities at WGH and the St Georges Centre run by the Trust. There is also a Walk in Centre in the LIGHT building in the centre of Leeds (not run by the Trust).

Since the centralisation of trauma, plastics and vascular in 2005/06, the nature of the two EDs in the Trust has changed to match the changing clientele of the hospitals with each department having patients streamed to them where the inpatient service is based on one site. Both sites continue to see large numbers of ambulance borne and walk in patients with the A&E at LGI becoming more the acute surgical 'hot' site.

Future model

All x-city GP referrals for acute assessment or admission for those specialties with beds on the SJUH site will be focussed on the SJUH site. On the SJUH site there will be a Medical or Multi speciality receiving department and a minor injuries unit as a minimum.

The LGI site will have a large ED including Resuscitation and Majors. There will also be an ambulatory care area (minor and moderate illness and injury), Paediatric ED, CDU and observation facility. This facility will take all 999 calls within the Trust (with the exception of some well defined longstanding exceptions such as Delivery Suite). This model will require sustainable arrangements to ensure that all GP admissions (except those who are critically ill) are managed in facilities outwith the ED.

Aside from the clinical reconfiguration outlined in this paper, future requirements for all seriously ill and injured patients to be assessed rapidly by 'senior clinical decision makers' in the ED are set out in the Yorkshire and Humber 'Healthy Ambitions' review. Delivering this important quality and patient safety initiative will require consolidation of Emergency Medicine services onto a single site.

In view of the close proximity of the city centre WiC to LGI it may be sensible to relocate the LGI WiC to the St James's site. Further developments may be possible with this model if the 'Darzi practice' is based near or on the St James's site.

2.2.2 Medicine for older people

Current model

This service is on both sites, SJUH and LGI with 5 wards in Martin Wing at LGI plus an acute admission ward and an older people's stroke ward at LGI on the old main site. At SJUH there are 4 wards in Beckett Wing, plus an acute admission ward in Chancellor Wing. There is a stroke ward at CAH which will move to Beckett Wing SJUH in September 2008. There is also an elderly care ward at WGH which operates as a step down/rehabilitation facility. Outpatients are located at CAH, LGI, WGH and SJUH.

Future model

Outpatients will remain as current. The older people's wards will move from LGI to SJUH and be co-located with other medical specialties in Gledhow Wing. Where clinically possible the wards will give a greater number of side rooms for maximisation of privacy and control of infection through the use of side rooms and doors on bed bays. It will also provide the opportunity to look at establishing single sex wards.

As a consequence of the move, the model of early senior medical assessment of each patient will allow maximum utilisation of community services facilitating people being able to stay in their own homes.

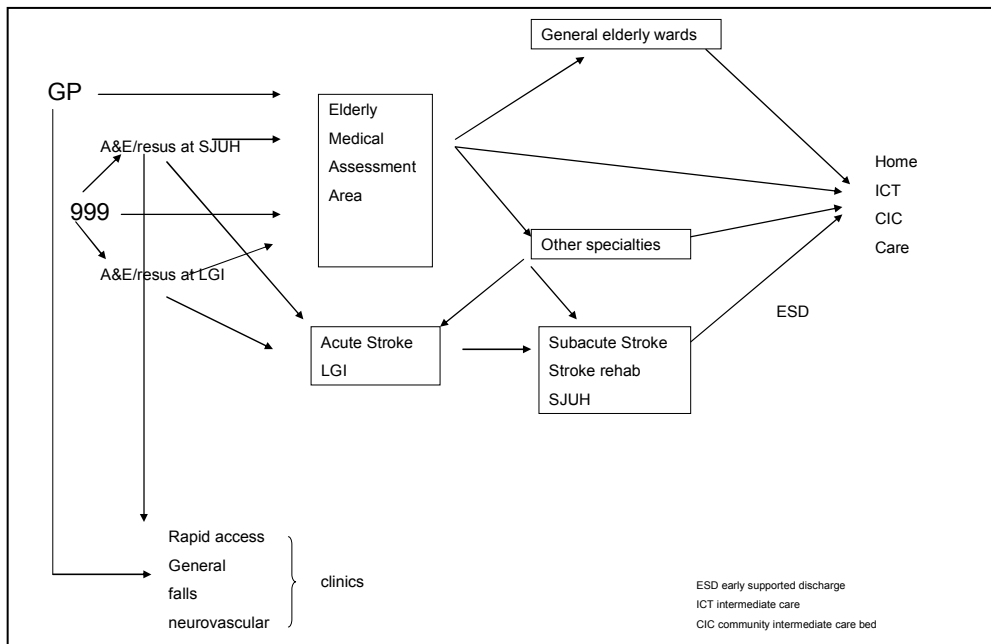
The hyperacute stroke ward will remain at LGI and be managed within neurology. A combined stroke unit will be established in Beckett Wing SJUH. Following their acute phase of care, patients requiring ongoing inpatient treatment will transfer to the stroke unit at SJUH or the neuro rehabilitation unit at CAH.

The SJUH wards will remain in Beckett Wing, but with the aim of moving them into Gledhow Wing should space become available.

The elderly care ward at Wharfedale will continue although in future it may be more

appropriate for it to be managed by the PCT - in a similar arrangement to that of V ward at Seacroft Hospital.

Flowchart describing future model of older people's hospital care.



2.2.3 Adult acute medicine Current model

Adult acute medicine is currently based at SJUH and LGI within 4 wards on the old main site LGI and 2 wards in Chancellor Wing SJUH (wards included general medicine, diabetes & endocrinology). Outpatients are located at LGI, SJUH and WGH.

Future model

In future acute medicine inpatient care will be centralised at SJUH. The plan is to provide an improved and less complicated pathway which delivers a flexible and responsive service to patient and which GPs will find very easy to use. The service will be provided in facilities which are attractive and welcoming for patients and staff alike. There will be robust links with other medical specialties, including gastroenterology.

There will be telephone access for GPs direct to consultant/SpR to provide early service input and opportunity for admission. A medical receiving unit will be in place including resuscitation. The medical admission unit will function as currently but with systems in place to ensure patients do not stay longer than 24 hours. There will be a short stay ward for patients needing either a specialty bed or likely to go home fairly quickly. The focus on the inpatient wards will be on treatment and discharge.

Support to other specialties at the SJUH site will include gynaecology, thoracic surgery, upper GI surgery and the acute surgical take.

It is recognised as being essential that there is appropriate acute medical support to the LGI site through an on site SpR with specified consultant backup. Discussion is still ongoing with colleagues as to the best way to provide acute medical support particularly to vascular, orthopaedic trauma, ENT/oral max fax, plastics and hand surgery as well as the acute surgical take at LGI.

Pathways are being developed in relation to A&E and 999 patients.

2.2.4 Diabetes & Endocrinology

Current model

Both of these sub specialties are part of acute medicine and are outpatient based with endocrine clinics at LGI and diabetic clinics at WGH, SJUH and LGI. There are a number of special clinics for patients who have other conditions which may exacerbate, or be exacerbated by, their diabetes.

Future model

Commissioners are intending to pull out significant amounts of diabetic activity from the acute Trust into primary care and there will be less outpatient activity at the two acute sites. The two outpatient departments will therefore merge at the SJUH site in Beckett Wing.

2.2.5 Gastroenterology

Current model

Gastroenterology provides an inpatient day case and outpatient service on both the LGI and SJUH sites with endoscopy also at SJUH, LGI and WGH. The majority of the inpatients are acutely admitted.

Future model

Gastroenterology will still be delivered on both sides of the city. The question is whether it is appropriate to locate all the beds on one side of the city or not. There are benefits for gastroenterology patients in both scenarios. The key issues are the difficulty in providing two junior rotas for each side of the city for out of hours care if beds continue to be on 2 sites, the requirement to provide support to colorectal surgery patients who are at LGI and the need to have a Gastroenterology input into acute medicine at SJUH.

Therefore further work is continuing with colleagues in acute medicine.