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**Planned transition for maternity,  
inpatient paediatrics and inpatient  
gynaecology services from Ealing  
Hospital**

Brent CCG Governing Body

26<sup>th</sup> November 2014

# Purpose of this meeting

Brent CCG Governing Body is being asked to:

Formally delegate the authority to Ealing CCG Governing Body to undertake on its behalf:

- The decision on when the maternity unit operating on the Ealing Hospital site should close, in accordance with the decisions of the Secretary of State for Health in October 2013, based upon the expectation that this closure will occur in early 2015 or as soon thereafter as possible.
- Decisions about the move and timing of any other necessary, clinically interdependent service changes resulting from (1), based upon the expectation that this is in early 2015 or as soon thereafter as possible.

The Governing Body is also asked to:

- Request that the CCG Chair, CCG Accountable Officer and the Chair of the CCG Quality and Safety Committee (or equivalent) will advise this CCG's Governing Body if any major/significant unforeseen clinical or other issue arises such as, in their opinion, the risks of closure outweigh at that time the risks of delay.

The following presentation sets out a high level case for change and how the CCG will form an integral part of the overall decision making process for these proposed service changes

# Why services need to change – as outlined in the original SaHF Decision Making Business Case

## **Maternity**

- There is an increasing number of women with complex healthcare needs during pregnancy
- This requires an increased consultant presence in obstetrics in order to reduce maternal mortality and poor outcomes.
- This could be done by consolidating obstetrics into a smaller number of units with more consultant cover on the labour ward.

## **Paediatrics**

- Some children can be provided care at home or on an ambulatory setting as appropriate.
- Staffing levels are variable out-of-hours and there are too few paediatric doctors to staff rotas to safe and sustainable levels.
- For high quality care, units need to be staffed properly. This could be done by concentrating emergency paediatric care and neonatal care into a smaller number of units.

Working with hospital doctors, midwives, nurse leaders, providers of community care, volunteer groups and charities, SaHF developed a set of proposals in 2012 that aimed at transforming the way healthcare is delivered for people in North West London (NWL).

# The challenges facing Ealing Hospital in the year ahead are significant

- 1. Ealing Hospital is only able to achieve 60 hours of consultant presence on the labour ward**
- 2. Delivery activity at Ealing Hospital is at its lowest level in over three years and is one of the lowest in London**
- 3. Ealing Hospital will require significant investment in obstetric consultant numbers to support training needs**
- 4. Significant additional financial investment is required to maintain the maternity services at Ealing Hospital beyond 2014/15**
- 5. There is an increasing risk that services will become unsafe, necessitating unplanned closure of the Ealing Hospital maternity service**

## There is now a plan to implement the agreed changes as soon as possible

- **No decision has been made on the timing of the transition of maternity services.**
- However, on 19th March 2014, **Ealing CCG Governing Body made a decision to invest in contingency plans** for the transition of maternity and neonatal services from Ealing Hospital by 2015.
- This was in response to **concerns raised by Ealing Hospital to the Medical Director of NHS England (London region)** highlighting the issue of a reduction in deliveries for the Trust.
- Ealing CCG Governing Body agreed to meet again to discuss the issue **in Autumn 2014.**

## There is a clear imperative that action needs to be taken now

### Inpatient maternity\*

- There is increasing evidence that transition of these services should take place as early as practicable i.e. as soon as there is availability of sufficient workforce and physical capacity.
- Receiving Trusts have confirmed there will be sufficient physical capacity at all of the receiving Trusts by the start of March 2015 (see next section)

*\* Includes inpatient neonatal and gynaecology*

### Inpatient paediatrics

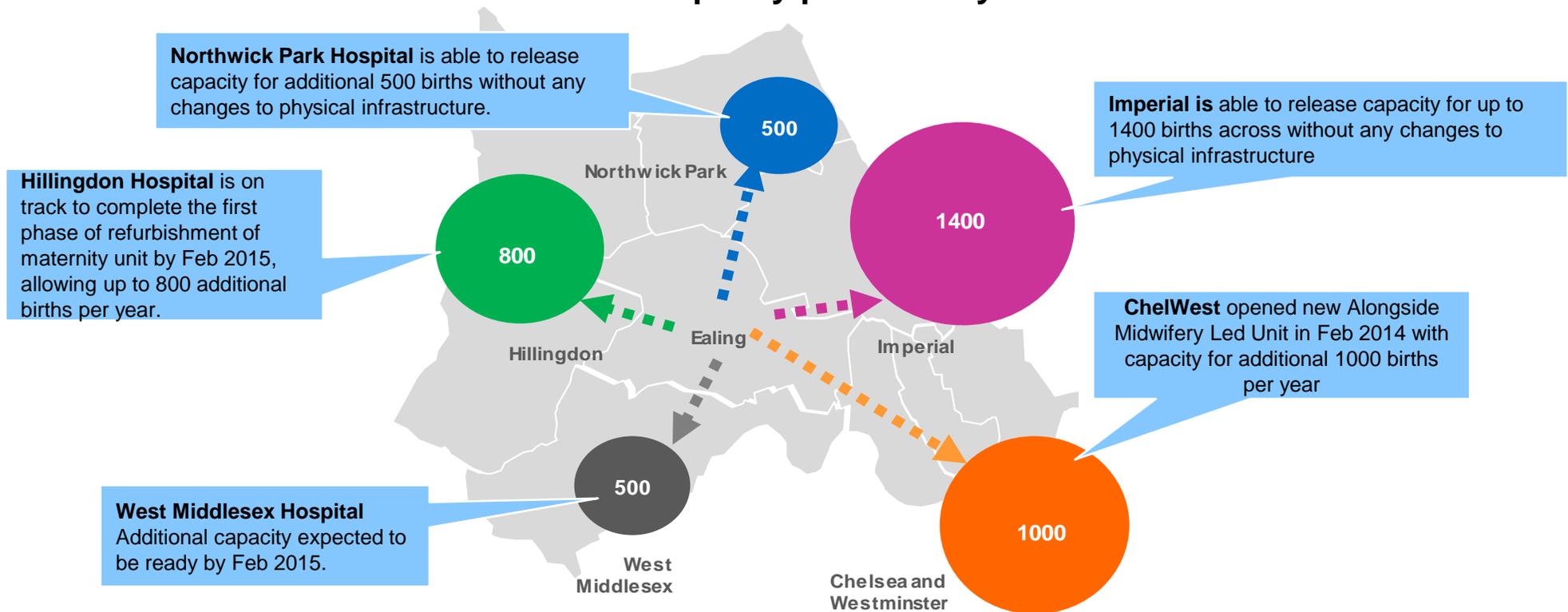
- In the opinion of the lead paediatricians, the transition of paediatric inpatient activity should follow the maternity transition by no more than three months.
- This avoids the destabilisation of the paediatric workforce (both in terms of disrupted training rotations and Ealing's ability to recruit and retain high quality staff).
- The period of peak activity (March – May) should be avoided, therefore if maternity transitions in March 2015, paediatric inpatient activity could transition from June 2015.

Further information and evidence to support the upcoming decision making process on the transition of Ealing maternity and associated services is included in the appendix

# We don't anticipate there will be any significant impact on choice of maternity services provider for other NWL CCG residents

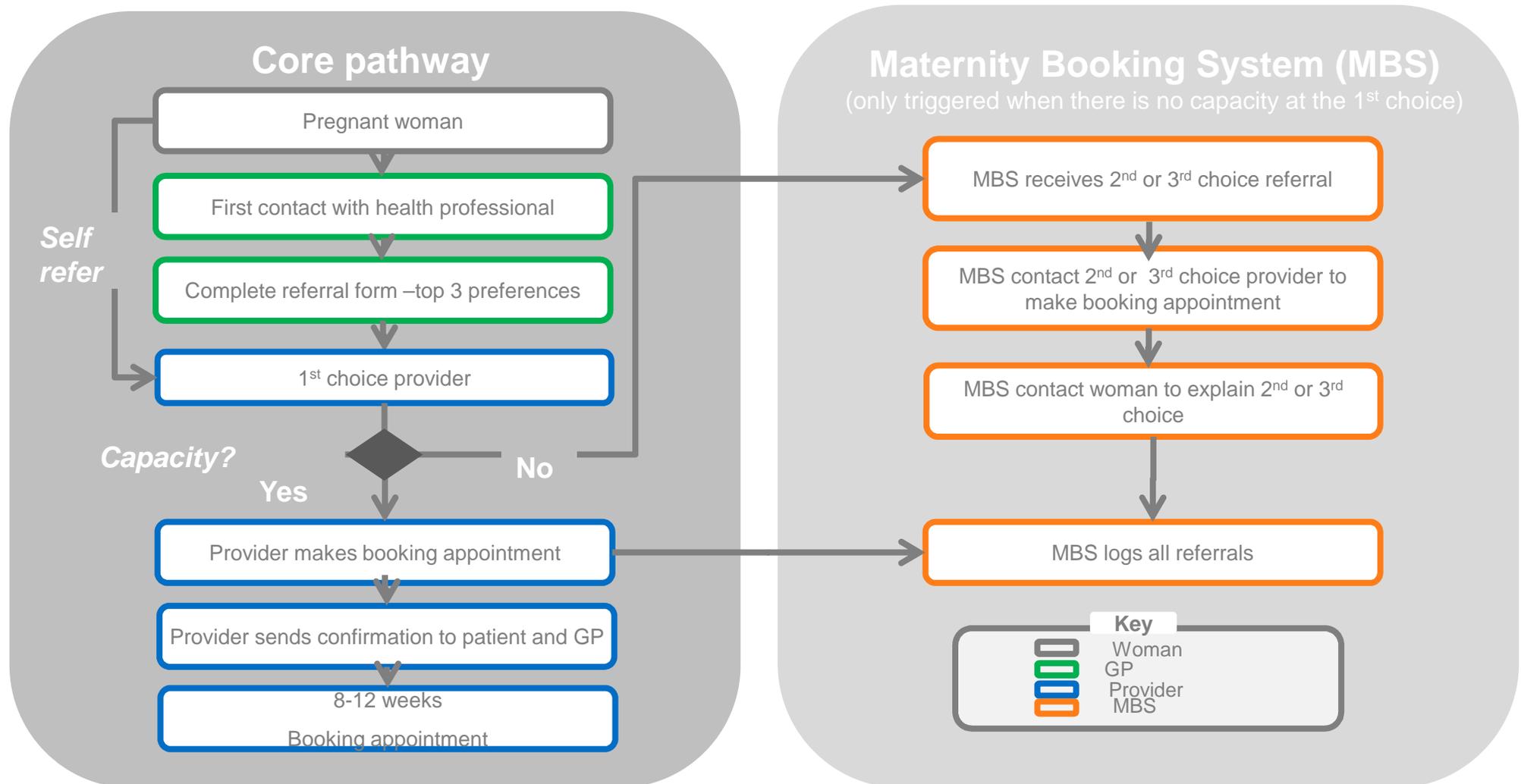
Receiving Trusts are putting in place additional capacity to absorb the maternity activity from Ealing. The diagram below depicts where additional capacity is being made available.

## Maximum additional capacity per Trust by 2015\*



- The Central Booking Process will manage demand and capacity centrally to protect women's choice, improve patient experience and prevent delays in achieving the national maternity 12 + 6 standard

# A Maternity Booking System in NWL will promote choice and manage demand and capacity during transition



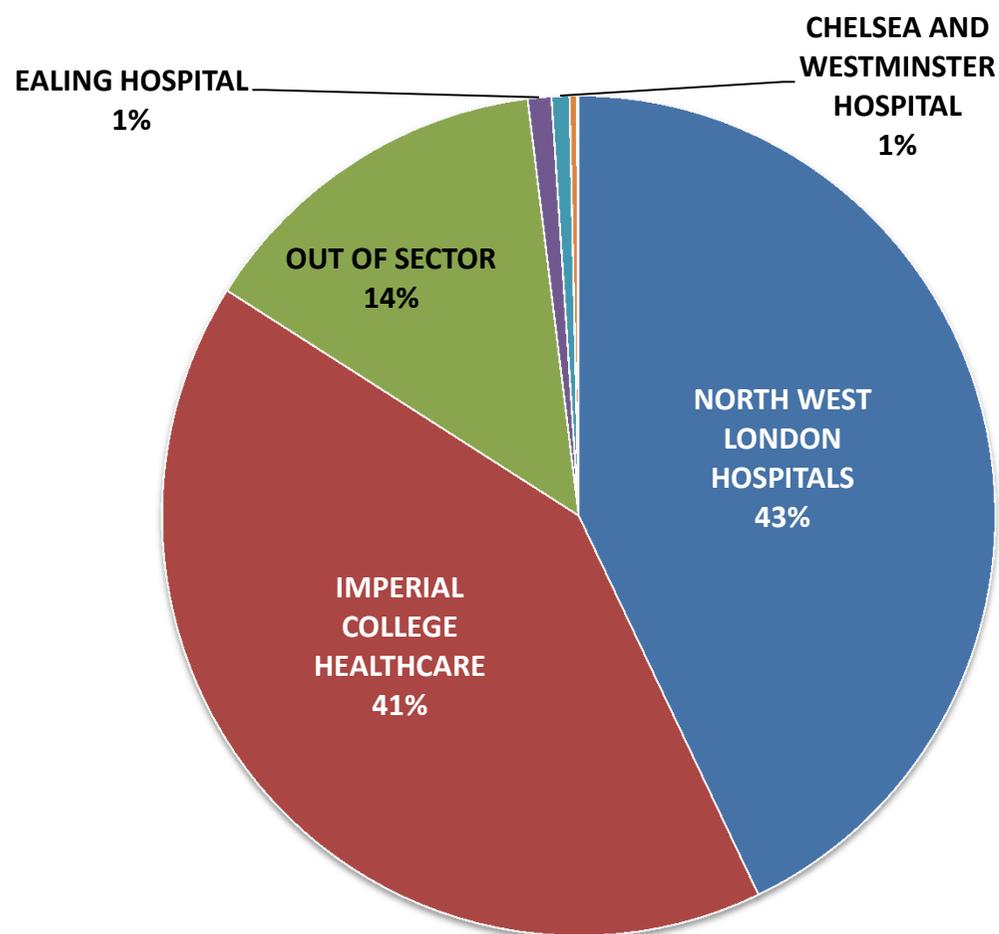
There are already women across NWL that do not get their first choice provider, MBS aims to provide a better service for those women by providing dedicated support.



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## Implications for Brent CCG

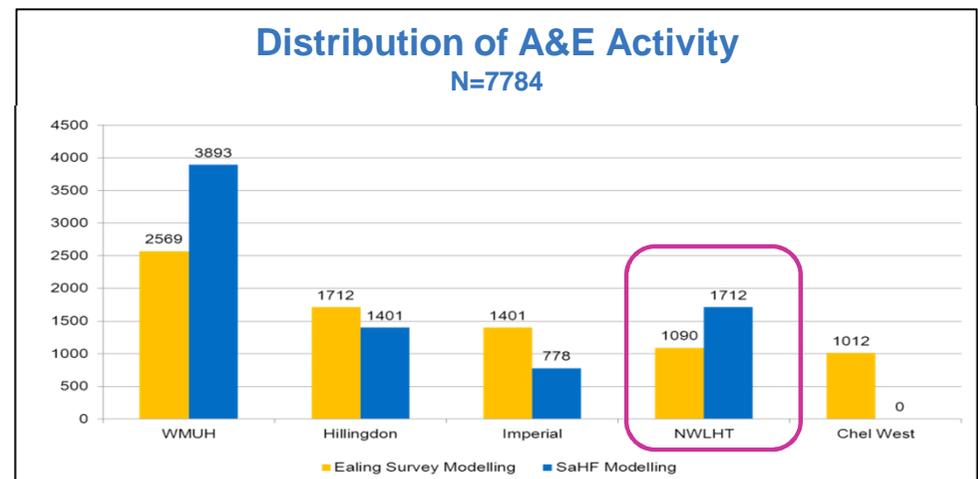
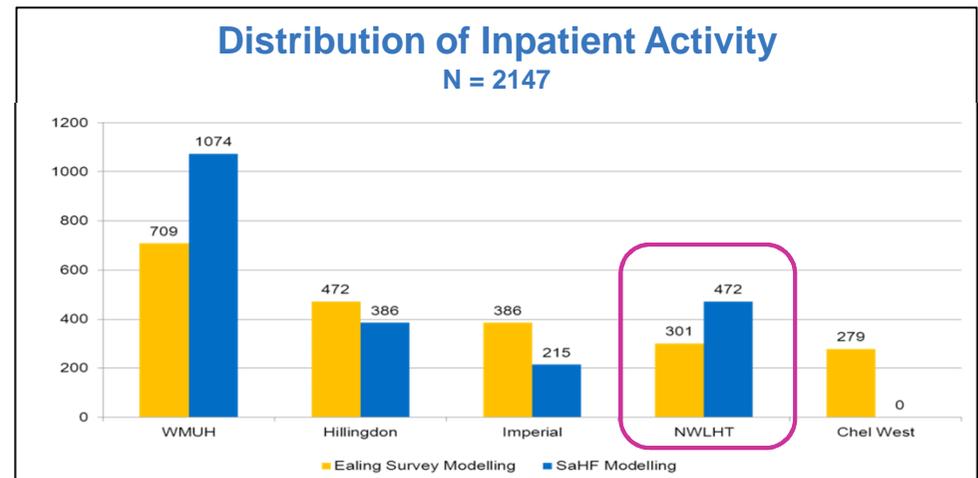
# Brent CCG birth activity by Trust (2013/14)



Provider	Sum of Birth Activity for Brent CCG (2013/14)
North West London Hospitals Trust	2057
Imperial	1971
Out of Sector	673
Ealing	44
Chelsea & Westminster	33
Hillingdon	14
West Middlesex	3
<b>Grand Total</b>	<b>4795</b>

# Implications for the Brent CCG of the transition of paediatrics services from EHT

- Paediatric inpatient and A&E activity will transition from EHT to neighbouring Trusts.
- A patient survey is currently underway to test the assumptions of the original SaHF modelling (DMBC) for the distribution of activity from EHT to receiving Trusts. The initial feedback indicates a need to amend the distribution of patients.
- Based on the current paediatric inpatient activity we estimate that Trusts will collectively need to accommodate an additional 11\* patients per day.
- Indicative feedback from receiving Trusts suggests that all are in a position to absorb this activity by summer 2015.





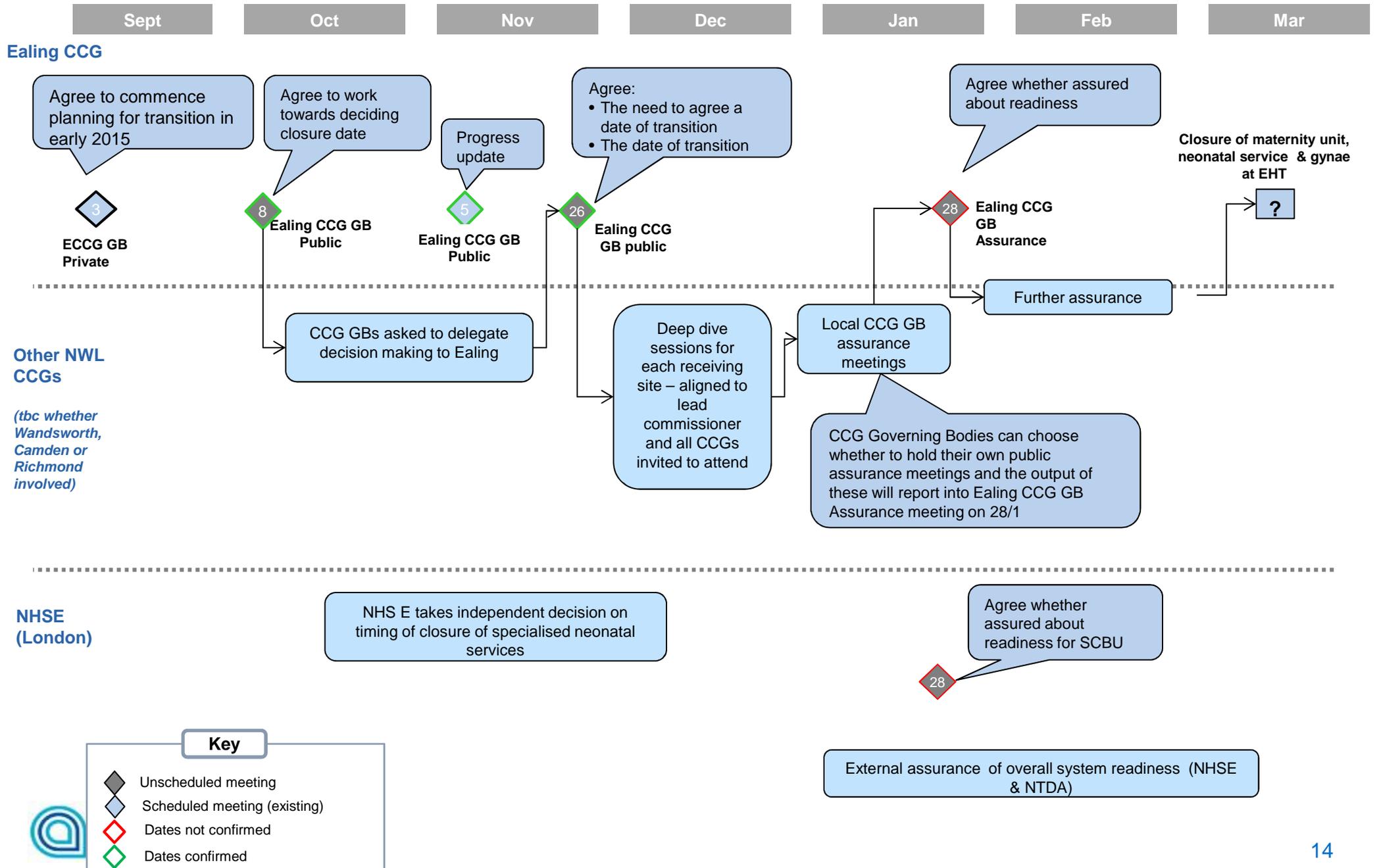
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## CCG Decision Making

# Principles of the decision making process

- The CCG Governing Body is being **asked to delegate to Ealing CCG Governing Body** the decision of the timing of the transition of Maternity and associated services from Ealing Hospital
- **Trust Boards for sending and receiving sites will need to consider readiness of their organisation for change** as part of the overall implementation process but do not have a formal role in this decision making process
- CCGs will be invited to attend **Commissioner Led ‘State of Readiness’ sessions with receiving sites** to provide assurance that these sites will be ready for the changes. Lead commissioner CCGs will run these sessions with their designated sites and all other CCGs will be invited to attend
- **A mechanism will be put in place to enable representatives from all CCG Governing Bodies to consider assurance materials** and submit their views to Ealing CCG Governing Body before it undertakes its public assurance meeting in January
- **NHS England is the commissioner for Specialist Neonatal Care Services** at Ealing Hospital. Anne Rainsberry (as the Regional Director for NHS England, London region) will take a separate decision about the future of the neonatal service at the appropriate time

# Proposed timeline for decision making on timing of service transitions





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## Appendix A

Background and original SaHF proposals for maternity  
and paediatrics



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## Case for change

Background and original SaHF proposals for maternity and paediatrics

# Inpatient maternity and paediatrics will be consolidated across fewer sites in NWL

The SaHF programme, led by local clinicians, proposed changes to services in NWL that would safeguard high quality care and services for the local population. This included:

1. Consolidation of **maternity and neonatal services** from seven to six sites to provide comprehensive obstetric and midwife-led delivery care and neonatal care.
2. Consolidation of **paediatric inpatient services** from six sites to five sites to incorporate paediatric emergency care, inpatients and short stay /ambulatory facilities.

The key trusts for these services would be Chelsea and Westminster, Hillingdon, London North West Healthcare Trust, Imperial and West Middlesex

The Joint Committee of Primary Care Trusts decision was reviewed by the Independent Reconfiguration Panel (IRP) on 13 September 2013, who made the following recommendations relevant to the transition of maternity services:

***“Commissioners and providers of acute hospital services across north west London must ensure that changes required to secure safety and quality for patients are made without delay.”***

***“Maternity and paediatric inpatient services should be concentrated on the sites identified by Shaping a Healthier Future.”***

***“The NHS’s implementation programme must demonstrate that, before each substantial change, the capacity required will be available and safe transition will be assured.”***

The Secretary of State accepted the recommendations of the IRP in his statement to Parliament in October 2013.

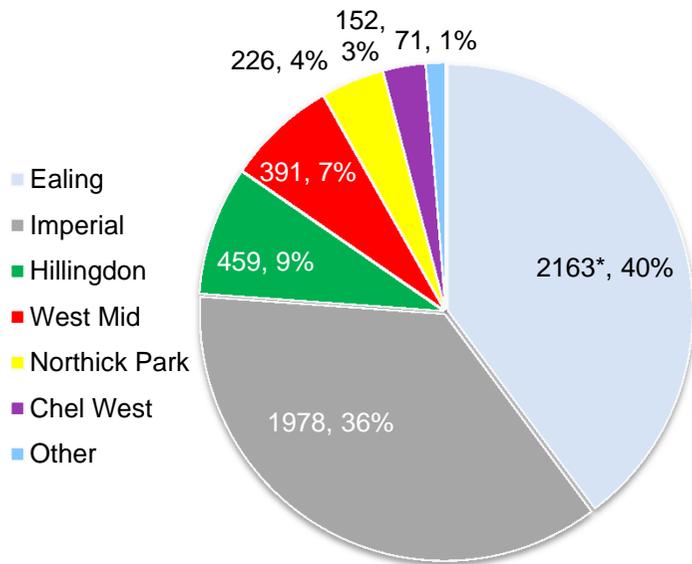


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## Challenges facing Ealing Hospital maternity services

# 59% of Ealing residents already give birth in the five receiving Trusts in NWL

## 2013/14 birth activity for Ealing residents, by Trust

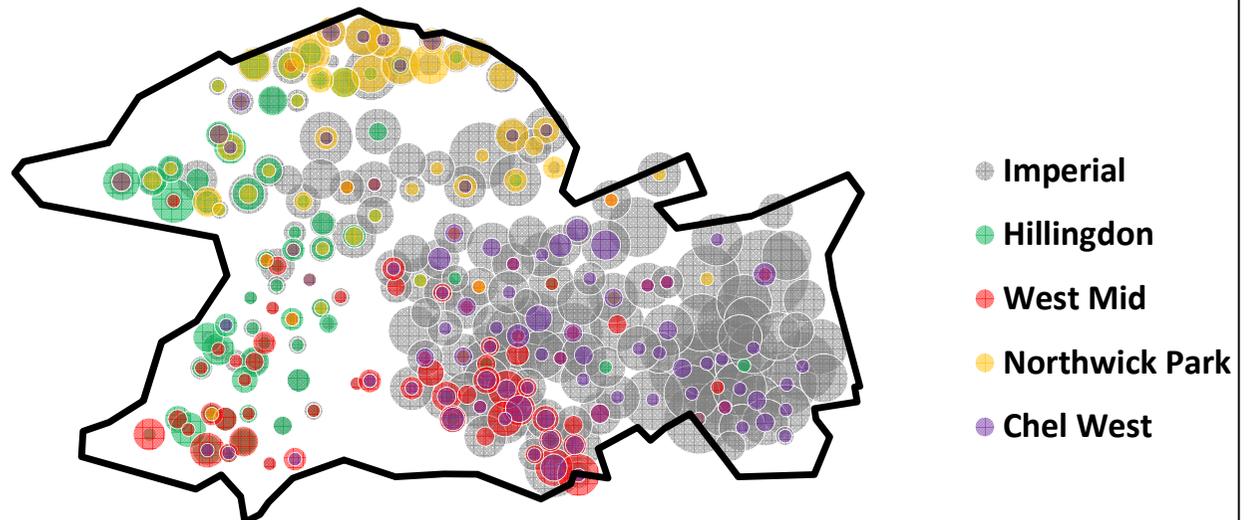


\* Ealing hospital performed 2,407 deliveries in 2013/14. 244 of these were for practices in neighbouring CCGs that border Ealing. Ealing hospital delivered 2,163 babies for women registered with Ealing practices.

This transition will build on a trend already underway across the geographical area

## 2013/14 Ealing CCG deliveries and recorded residence of mother

Bubble size represents the number of deliveries recorded in each area



# Ealing Hospital is only able to achieve 60 hours of consultant presence on the labour ward

- Because of the cost-inefficiencies of a small unit with a falling number of deliveries it has needed substantial financial subsidy.
- All other Trusts in NWL have achieved extended consultant presence in line with London Quality Standards (LQS) faster than expected. Therefore women accessing services at Ealing Hospital will become increasingly disadvantaged compared to women delivering at other units in NWL.
- The implication here is that the quality of care received by women accessing maternity services at Ealing Hospital is not as high as the quality of care received at other Trusts in NWL despite investment

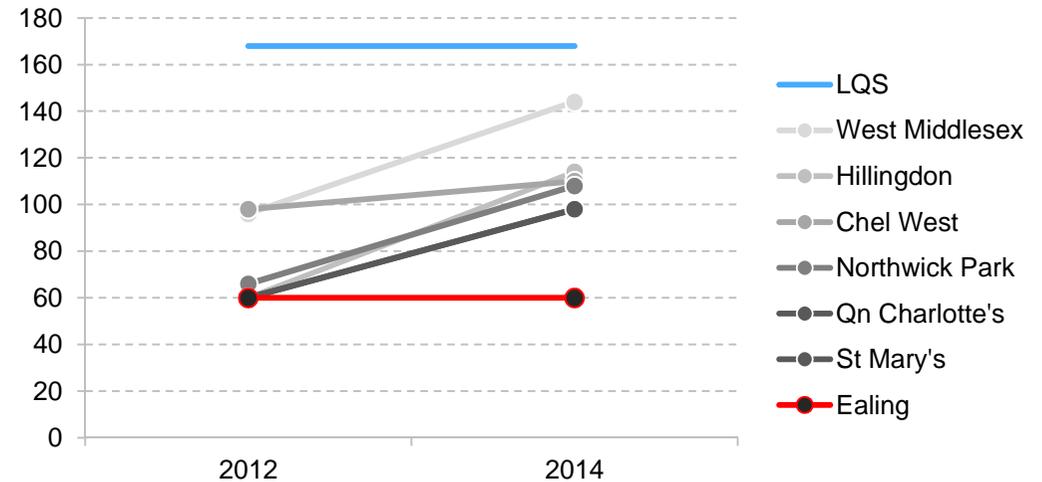


Figure 1: Number of hours of consultant presence on labour ward 2012-2014 by each Trust in NW London

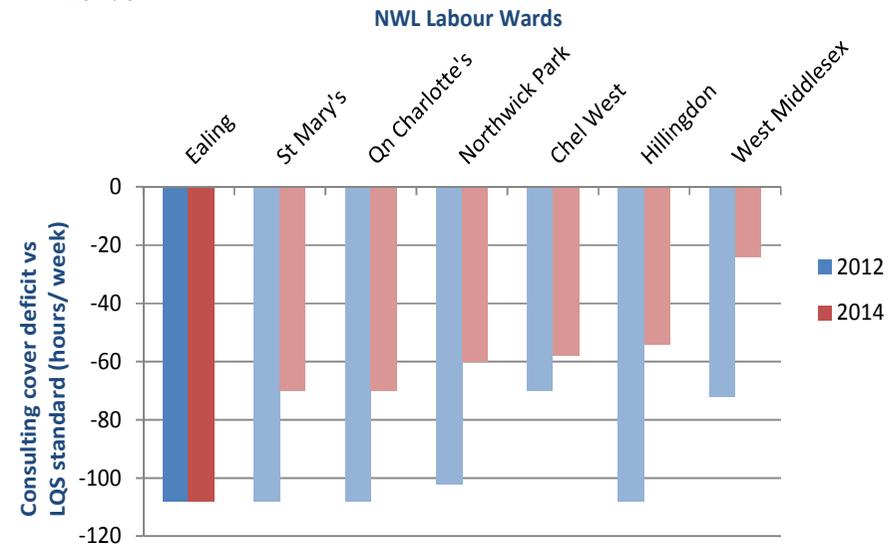
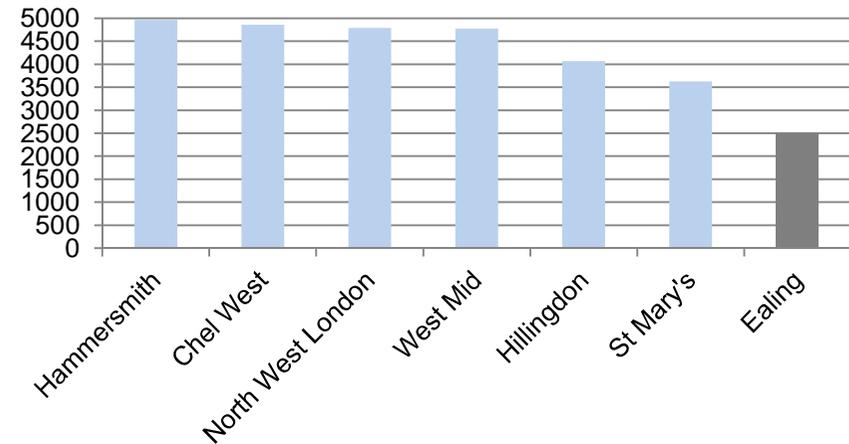


Figure 2: Improvement in consultant cover (hrs/week) vs LQS benchmark (168 hrs/week) on labour wards in NWL (Collected from Trusts as of August 2014)

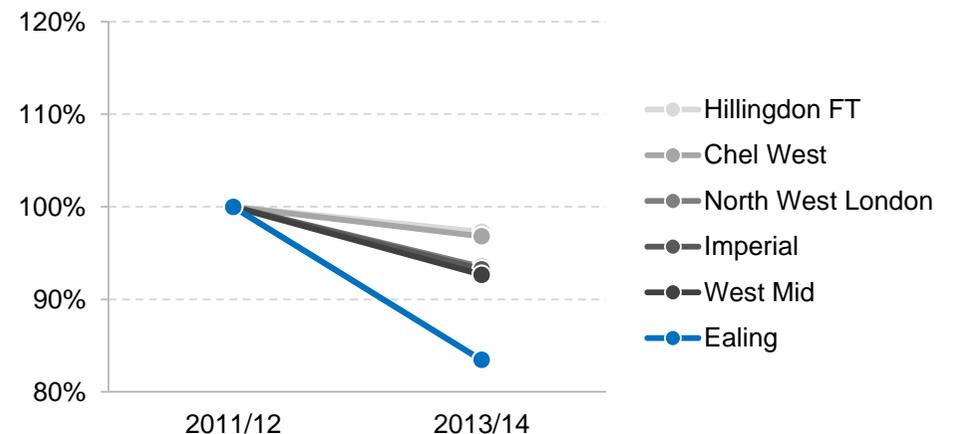
# Delivery activity at Ealing Hospital is at its lowest level in over three years and is one of the lowest in London

- This drop in activity is the most significant across all Trusts in NWL from 12/13 to 13/14 (12% compared to average of 4% for all Trusts in NWL)
- This has resulted in Ealing CCG having to invest significant unplanned supplementary funding (due to the reduced income) to ensure it continues to deliver a safe maternity service for the residents of Ealing
  - £2.6 m in 2013/14 and £1.9 m committed for the first three quarters in 2014/15.
- In addition, this drop in delivery activity could impact on the ability of trainees to acquire the necessary skills and experience, thereby jeopardising their ability to fulfil curricular requirements, as identified by Health Education North West London (HE NWL).
- Collectively, any further sustained drop in activity levels in deliveries and neonatal activity may lead to the withdrawal of trainees by HE NWL, compromising the safety of the service.

**Figure 5: Annual birth activity in each hospital in NW London in 2013/14**



**Figure 6: Average % change in birth activity across all Trusts in NW London from 2011/12 – 2013/14**



## From a purely training perspective, Ealing Hospital will require significant investment in obstetric consultant numbers to support training needs

- Ealing Hospital has generally been rated 'less good' than other NW London training locations for obstetrics and gynaecology for their overall experience and training.
- They would require significant investment in obstetric consultant numbers to support training needs, and would need to ensure sufficient clinical experience to enable trainees to cover the requirements of the obstetric curriculum - this is not feasible for the current/future levels of activity.
- The low levels of neonatal activity at Ealing Hospital are already impacting on the training experience.

## It is likely to be increasingly difficult to attract and retain maternity staff

- There is evidence that staff working at Ealing Hospital are already making enquiries about vacancies in receiving Trusts
- Any de-stabilisation of staff will present a real safety threat to Ealing Hospital
- Midwives and neonatal nurses are in short supply so even if funding could be found for additional staff, there is a risk that there would not be sufficient staff available to recruit. This would necessitate an over-reliance on temporary / locum staff which is not desirable in terms of either quality of service or patient experience. As a result, the risk of unplanned change due to workforce shortages will increase.

# Significant additional financial investment is required to maintain the maternity services at Ealing Hospital beyond 2014/15

- Ealing Hospital has already received £1.9m supplementary funding to ensure it continues to deliver a safe maternity service for the residents of Ealing for 2014/15.
- The introduction in 2014/15 of the Better Care Fund, transfer of funding to councils and the need to use any additional investment funding to develop new out of hospital services, mean that **continued investment in the maternity service at these levels until 2017/18 is not sustainable.**

## There is an increasing risk that services will become unsafe, necessitating unplanned closure of the Ealing Hospital maternity service

- Collectively, the challenges outlined mean that while doing nothing is still an option, it is one that presents significant and increasing risk to the public. The transition needs to be implemented in a planned manner.
- Providing additional funding is the only feasible solution to keep services running and this will not address all of the clinical safety issues.
- **The current view of the SaHF Clinical Board and Implementation Programme Board is therefore that the optimal solution should be to implement the transition of maternity services from Ealing Hospital as soon as practicable.**
- This will:
  - Create certainty and clarity for staff and women.
  - Enable Ealing residents to access better quality care.

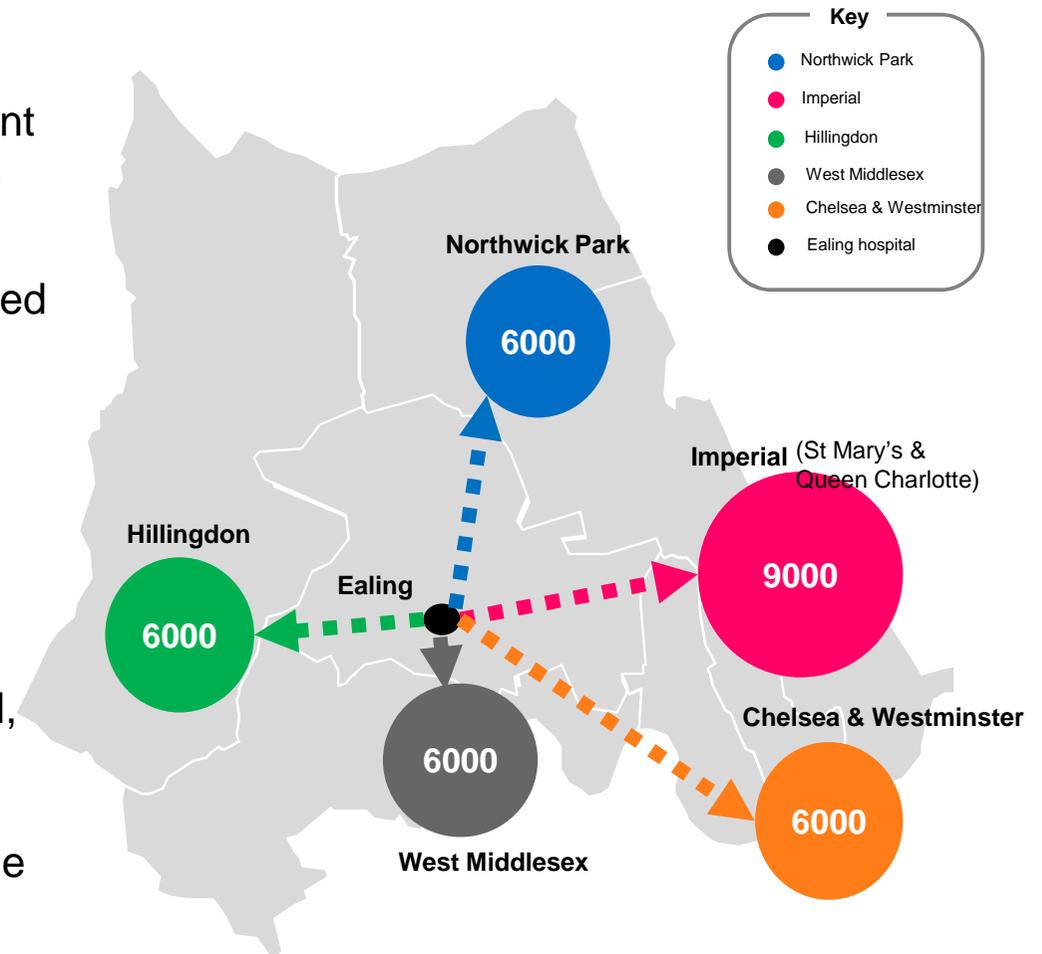


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## The proposed model of care for maternity services

# SaHF are committed to continuing the provision of maternity services in the Ealing community

- The transition of the Ealing Hospital in-patient maternity services does not mean that outpatient maternity services will no longer be available in Ealing.
- The model of care for maternity services is based on ensuring women have **access, choice and continuity of care** in their local area.
- Maternity Services will be delivered by the five receiving Trusts and they will **provide routine antenatal and postnatal care in the Ealing borough.**
- Each site will provide the full range of antenatal, birth and postnatal care for women and their families including scheduled and unscheduled care, outpatient, inpatient, community and home based services.



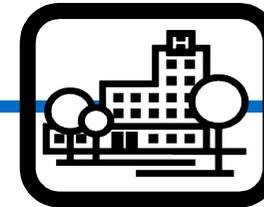
Maximum annual birth capacity all maternity units in NWL are planning for by 2017/18

# The proposed model of care for promotes access, choice and continuity of care for Ealing women



## Women

- Can choose their top three preferences for delivery unit from six choices in NWL
- Can choose to receive their antenatal and postnatal care either in the community or at the receiving trust site.
- Women on a low risk pathway will need to travel to their receiving trust for scanning appointments for their two scans (the first scan will be combined with their first visit to the unit)
- Women on an intermediate or high risk pathway will need to travel to their host provider for specialist input as required

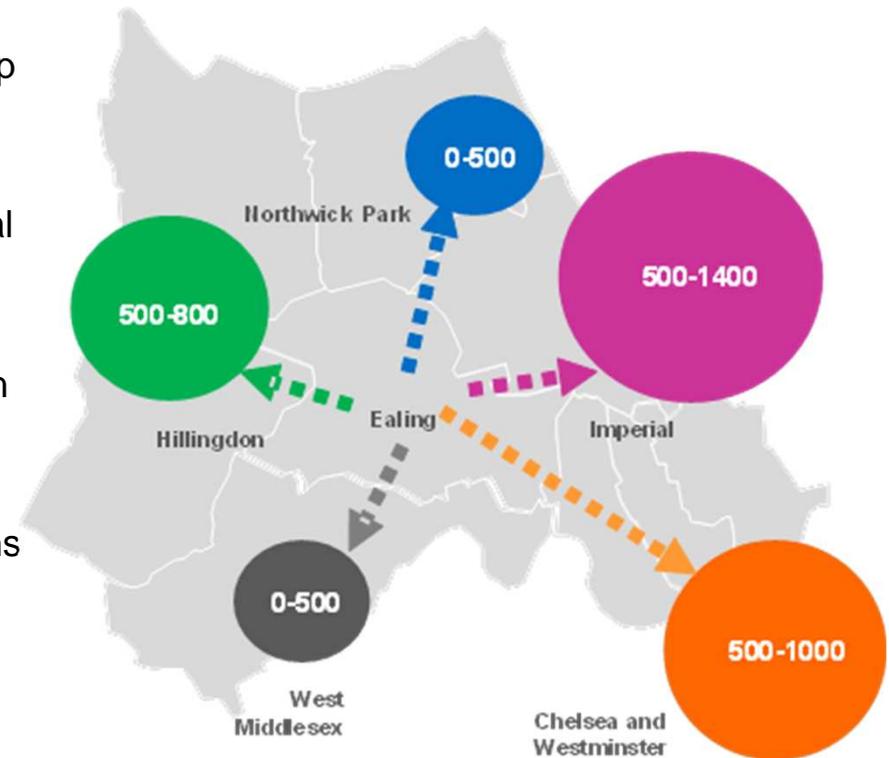


## Receiving Trusts

- Will agree a revised geographical area for provision of antenatal and postnatal care to maintain provision of care locally in Ealing
- Will offer women a choice of where to receive their antenatal and postnatal care depending on ongoing assessment of their clinical/social risk and needs.
- Will also work out of the Ealing Hospital Community Hub or Ealing Children's Centres to deliver:
  - Antenatal care (including booking appointment & phlebotomy)
  - Postnatal care
  - Parent education classes
  - Breastfeeding clinics
- Will offer scanning services at the host provider site (the first scan to be combined with first visit).
- Will continue effective local services where appropriate e.g. diabetes clinic

# Receiving Trusts in NWL have made significant progress in expanding their maternity and neonatal capacity by 2015

- **Hillingdon hospital** is refurbishing its maternity unit to allow for up to 800 additional births per year.
- **Chelsea and Westminster Hospital** opened its new Alongside Midwifery Led Unit in February 2014 with capacity for an additional 1000 births per year.
- **St Mary's Hospital and Queen Charlotte's Hospital** (part of Imperial College Healthcare Trust) have the capacity for between 500 and 1400 births across both sites without the need for any changes to their physical infrastructure.
- **Northwick Park Hospital** has capacity for an additional 500 births without the need for any changes to their physical infrastructure.
- **West Middlesex University Hospital** is on track to build a new maternity unit to handle up to 500 additional births per year.



Summary of the range of additional capacity that can be absorbed at each of the receiving Trusts in NWL by 2015

By March 2015, there will be more than enough physical capacity at each of the receiving Trusts to accommodate the transition of activity from Ealing Hospital.



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## Interdependencies with other services

# Interdependencies between maternity and other services at Ealing Hospital

The SaHF Clinical Board have reviewed all maternity interdependent services at Ealing Hospital and confirmed that the following services are critically interdependent:

1. **Neonatal service** – Maternity units must have a 24/7 Neonatal unit
2. **Gynaecology service** - *emergency/ in-patient gynaecology* at Ealing Hospital needs to move due to the shared staffing for obstetrics and gynaecology. **Day-case and outpatient care will be retained at Ealing Hospital**
3. **Paediatrics service** – due to shared paediatric-neonatology staffing, *paediatric in-patient* services are not sustainable at Ealing Hospital for more than three months after the transition of maternity/ neonatology.

**The SaHF Clinical Board have confirmed that the impact on all other services at Ealing Hospital is not material and therefore they can be safely retained – this includes the ability for Ealing hospital to retain its A&E department.**

All of the critical inter-dependencies must be fully investigated and understood before any decision on the relative timings of service transition can be taken

**Any decision around the timing of the maternity and neonatal transition must also include a decision on the timing for paediatrics and gynaecology**



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## Proposed model of care for gynaecology

# There is a clear inter-dependency between maternity and gynaecology services at Ealing Hospital

- The current clinical opinion is that emergency/ in-patient gynaecology at Ealing Hospital needs to move to alternative sites simultaneously with (or soon after) maternity transition due to the shared staffing for obstetrics and gynaecology.
- Day-case and outpatient care will be retained at Ealing Hospital and the staffing for this will be facilitated via the recent merger between Ealing Hospital and North West London Trust (now called London North West Healthcare Trust)
- Further work is required to understand the agreed gynaecology model to be retained at Ealing Hospital and the impact this will have for staff and trainees at Ealing and therefore the wider trainee rotations elsewhere in the system in NWL.



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## Proposed model of care for paediatrics

# Proposed model of care for post-transition paediatric services

## Retained at Ealing Local Hospital

## Provided in a community setting

### **Non-emergency paediatric services**

Including out-patients and day-cases (but not elective surgical day-cases).

### **Paediatric rapid access clinics**

Consultant-led out-patient services provided from up to three local hubs.

### **Rapid access clinics**

Including repatriated emergency care from the other providers which requires ongoing ambulation

### **UCC**

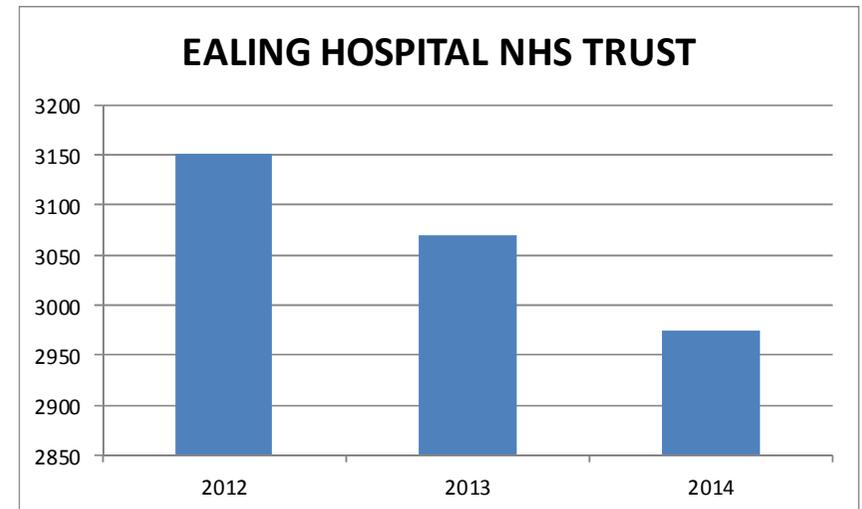
UCC located on Ealing Hospital site will continue to provide services for paediatric patients.

## Initial analysis has shown that the proportion of impacted paediatric activity is expected to be small

Paediatric inpatient activity at Ealing Hospital is at the lowest level in three years (figure). When considered with the low levels of neonatal activity at the Ealing Hospital site, this could in future impact on the training experience at Ealing Hospital if activity continued to decrease

Out of the total paediatric activity at Ealing Hospital in 2013/14 – 71% stays and 29% will need to transition.

Initial analysis of paediatric inpatient capacity at the receiving sites in NWL suggests there is more than sufficient capacity to accommodate the transfer of inpatient paediatric activity from Ealing



Summary of annual paediatric admissions at Ealing Hospital from 2012 to 2014

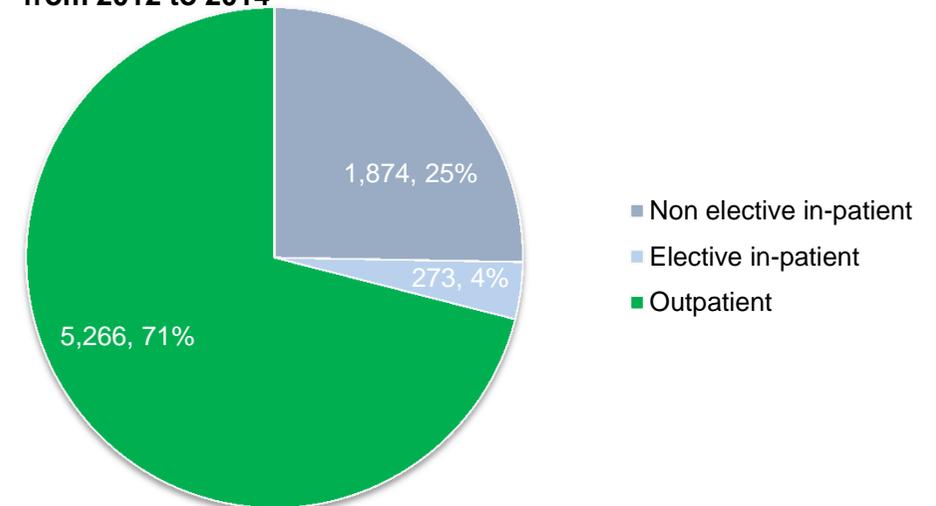


Figure: 2013/14 paediatric activity at Ealing Hospital split by non-elective inpatient, elective inpatient and outpatient activity (including day case activity).



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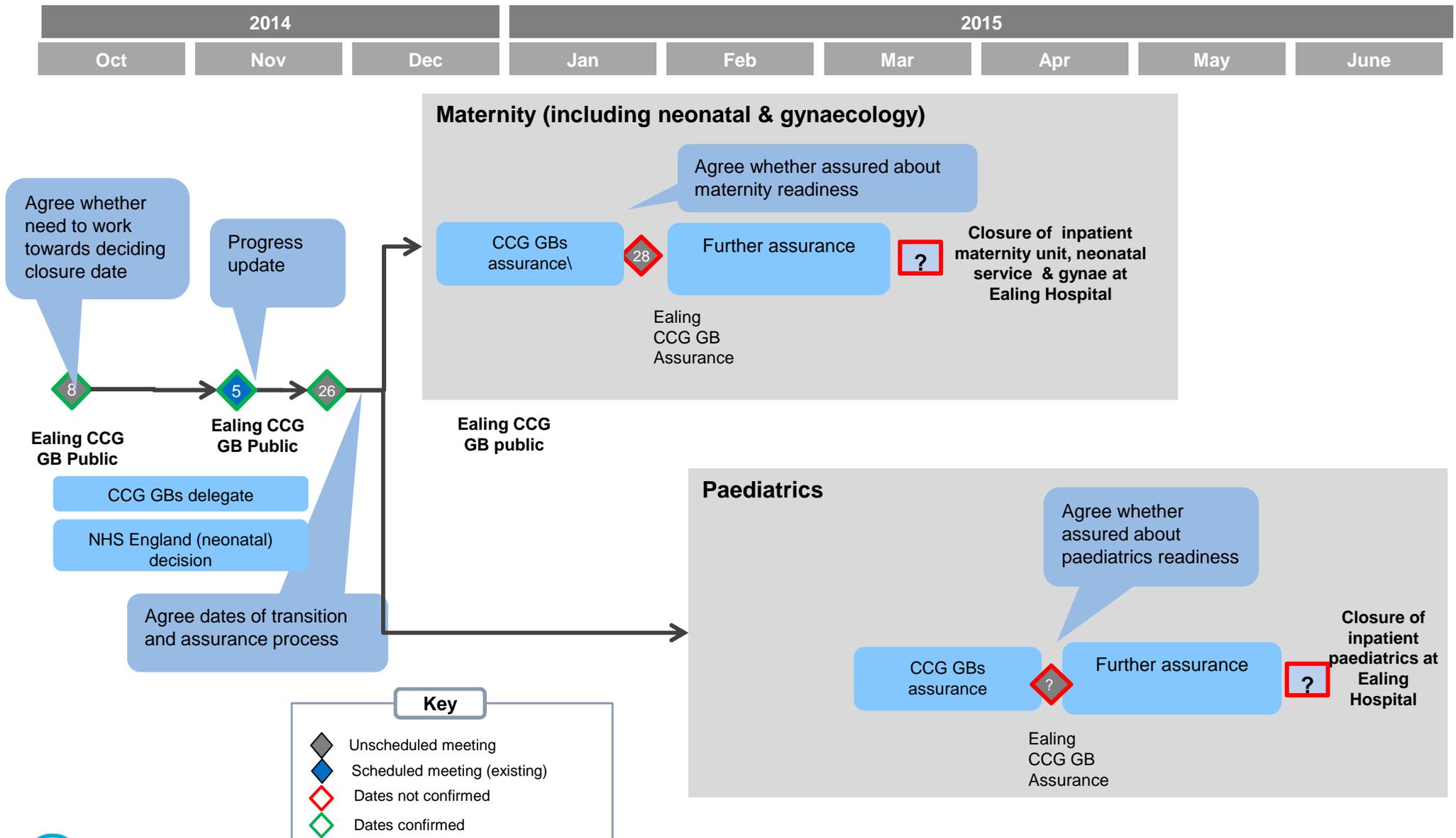
Decision making process

# Proposed assurance domains for CCG assurance process

The CCG will need assurances of the following prior to any move:

- **Clinical Quality** - Are correct policies and agreed pathways in place for safe transition of services to requisite level of quality?
- **Operational and Capacity Planning** - Is the capacity available at receiving Trusts and out of hospital sites with agreed operational policies?
- **Workforce** - Is a suitably capable workforce in place for a safe transition?
- **Communications and Engagement** - Has there been sufficient, patient and public engagement and is there a plan for this to continue?
- **Travel** - Have travel implications as a result of the transition been identified and addressed?
- **Equalities** - Have equality implications as a result of the reconfiguration been identified and addressed?
- **Finance** - Has due consideration been given to activity and financial implications of transition?
- **EPRR Planning** - Have statutory duties to prepare for responding to major incidents and ensuring continuity of priority services been satisfied?
- **System Assurance** - Have all affected organisations understood the change and are prepared to manage the transition?
- **Risk of delay** - Have the risks of delay been addressed?

# Proposed high level process to agree timing of service transitions



# Key milestones in the decision making process for the optimal timing for transition

- **6th October 2014:** Information around the potential timescales for services transitioning from Ealing Hospital became public. Letters were sent to women directly with phone line and all key stakeholders across NWL informed via briefings/letters.
- **8th October:** Ealing CCG Governing Body met in public and agreed there was a need to make a decision on timing and the process by which this should be made.
- **From 14th September– 4th November 2014:** CCGs in NWL will hold Governing Body meetings to consider the issue of delegation of decision making to Ealing CCG GB for the service transitions at Ealing Hospital .
- **23rd October 2014:** the SaHF Clinical Board reviewed the detailed clinical model and transition plan for maternity and interdependent services at Ealing Hospital. This will feed into the SaHF Implementation Programme Board on 30th October, where a recommendation on the timing for transition plans will be made to Ealing CCG Governing Body.
- **5th November 2014:** Ealing CCG GB (and other CCG Governing Body members that wish to take part) will review the information received to date (clinical model, business plans, workforce plans, implementation plans, Trust assurances, communications plans etc) and assess any additional requirements for the decision making meeting on 26th November.
- **26th November 2014:** Ealing CCG GB (having secured delegated decision making authority from all CCGs) will make a decision around the optimal timing for the transition of maternity and interdependent services from Ealing Hospital. NHS England will make a decision about the timing of transition for neonatal services.



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Communications

# We want to be open and transparent in our communications and engagement with the public and key stakeholders

Our overall objective is to ensure that clinical safety for patients in Ealing is maintained and subsequently improved. From a communications perspective, this will require a focus on:

1. Ensuring women are aware of their choices for accessing equitable maternity, neonatal and gynaecology services in NWL
2. Ensuring parents/carers are aware of the paediatric services available within the Ealing borough, in Ealing Hospital and across NWL
3. Ensuring GPs and other key clinicians are kept fully informed of the changes and on the key messages to provide clarity and reassurance to their patients during transition.

Specifically, the SaHF programme will seek to:

- Provide clarity to women who are already booked to deliver at Ealing Hospital on next steps.
- Put in place a communications campaign to prevent unplanned delivery, emergency gynaecology and paediatrics emergency attendances Ealing Hospital following transitions.
- Provide information and increase understanding for the clinical rationale and the case for change amongst key stakeholders and the public.
- Engage with GPs to provide up to date information and key messages about the changes to provide reassurances for their patients.
- Ensure that additional engagement is undertaken to reach all women, parents and carers, including protected and vulnerable groups.

# We are contacting key stakeholders to keep them informed

## Women already booked at Ealing for a delivery

- We have written to all women currently booked at Ealing Hospital to inform them that a decision on the timing for the transition of maternity services from Ealing Hospital will be made by late November and that the unit may close as early as March 2015.
- Women have been reassured that the unit is of a high quality and provides a safe service.
- There will be a dedicated number for women to call to speak to a midwife at Ealing Hospital to discuss any questions or concerns they may have about the changes.
- We have assured women that they do not to take any action or change their existing bookings.

## Pro-active communications with parents/carers

As most patients impacted by the timing of the inpatient paediatrics and gynaecology transition are not on a planned pathway and the potential timeframe for paediatrics transition could stretch as far as the following Autumn, pro-active and targeted communications with these groups will not take place until a decision on the timing takes place.

## GPs in Ealing

GPs in Ealing have been written to with information regarding the proposed changes and the presence of the helpline at Ealing.

## External Stakeholders e.g. London Borough of Ealing

We have written to external stakeholders with an interest in this matter to notify them of the proposed changes



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Immediate priorities

## Immediate priorities for the next four weeks

- **Launch dedicated phone line run by midwives** at Ealing Hospital to respond to any questions from women currently booked at the hospital, new women planning to book at Ealing and GPs
- **Launch SaHF general enquiries number** to answer general questions about the service transitions.
- Collect information from women booked at Ealing Hospital and new women planning to book on **their preferences for their delivery unit** via the Ealing Hospital phone line and via Ealing midwives at the woman's booking and antenatal appointments.
- Monitor demand and capacity for bookings and deliveries at all hospitals in NWL at the weekly Operations Executive meeting (attended by Chief Operating Officers from all Trusts in NWL)
- **Implement the Maternity Booking System** to monitor and manage referrals from women in NWL
- **Launch programme of targeted communications and engagement** with women, parents and carers, including protected and vulnerable groups around the service transitions.
- Continue to **engage with staff at Ealing** on the changes and the implications for them via face to face briefings and letters.
- Continue to **engage with all other key stakeholders** via meetings, briefings, letters etc
- Continue to **develop and refine plans for the transition** of maternity and interdependent services via SaHF Clinical Groups, Trusts Boards, CCG Governing Bodies and other relevant forums.