

Birmingham Health Overview & Scrutiny Committee Briefing Paper

Paediatric Services at The Royal Orthopaedic Hospital (ROH) NHS Foundation Trust

2nd August 2017

1. Introduction

In early July, in order to ensure that children receive the best possible services and following advice from experts in paediatric care, a decision was made by the Board of the ROH to cease providing paediatric surgery by 1st January 2018. The Trust is now working with commissioners and other providers on a plan for the transition of services to another Birmingham provider over the next five months.

The purpose of this paper is to introduce members to the issues that will be discussed following a presentation to be given to the Birmingham Health Overview and Scrutiny Committee on 2nd August.

2. Background

Paediatric surgical procedures performed at the Royal Orthopaedic Hospital (ROH) are primarily commissioned by NHS England's specialised commissioning team.

Specialised services are the least common and often most costly services that tend to be provided from a smaller number of hospitals with the facilities to provide the appropriate specialised care.

The specialised paediatric services at the ROH fall into four main categories which are described in more detail later in this document:

- Spinal Surgery
- Cancer (bone tumours)
- General Orthopaedics
- Other

The services at ROH were reviewed in 2015 by the Care Quality Commission (CQC) and subsequent to this the Royal College of Paediatrics and Child Health (RCPCH) was asked to review the medical model for paediatric care at the ROH. This resulted in a series of recommendations around continuing to improve paediatric care in line with national guidelines and standards.

The Trust has undertaken a significant amount of work and investment to meet these recommendations. However, a recent external review by the West Midlands Quality Review Service has reiterated that paediatric inpatient surgery does not, and cannot, reach the required medical and nursing staffing standards, and would be better delivered in a hospital setting with access to extensive centralised care facilities at all times.

The Board has made its decision to cease paediatric surgery at ROH after careful consideration and in the best interests of children to ensure services are sustainable into the future and meet Royal College standards. It is supported by NHS England's Specialised Commissioning team and NHS Improvement who are working closely with ROH and provider stakeholders to ensure a smooth transition to new arrangements.

This means that over the next few months, plans will be developed to move the services to another hospital or hospitals which are better placed to provide the specialist care the children need.

Discussion is underway about where these services will be delivered in the future, and organisations are working together on a Birmingham-based solution. The Trust, along with NHS England who is responsible for commissioning these services, is committed to ensuring that patient and stakeholder views inform future commissioning decisions.

Whilst a solution will need to be found quickly, members can be assured that there will be no immediate changes for patients waiting for surgery as although there are long waiting times, current services for children at the ROH remain safe.

3. Services Affected

The ROH provides a range of paediatric services from general paediatric orthopaedic services to complex paediatric spinal surgery and Highly Specialised Primary Malignant Bone Tumour diagnosis and surgical treatment for which it is one of only five centres in England.

The services commissioned by NHS England include all new and follow up outpatient appointments with a consultant, all paediatric day case and inpatients, and the paediatric High Dependency Unit. Some outpatient diagnostics and physiotherapy and other outpatient therapy services are commissioned by local Clinical Commissioning Groups.

1,506 day case and inpatient stays took place at ROH during 2016/17 for patients from England. A proportion of these are undertaken by ROH surgeons at Birmingham Children's Hospital (BCH) – for example procedures on children under 5 and children with complex medical needs. The ROH also carries out a small number of procedures on children from Scotland and Wales.

A breakdown of activity by age range and activity type is provided in table 1. Please note that 'activity' relates to the number of procedures and stays, not the number of children treated as some children will have received more than one procedure in the year and therefore be counted more than once.

Age Group	Day Case	Inpatient Stays	Total
Age 0-5	31	42	73
Age 6-15	345	597	942
Age 16-18	258	233	491
Total	634	872	1,506

Table 1 – Breakdown of Activity Type and Age Range

The following tables outline where children being treated at the ROH during 2016/17 live based on their CCG of residence. Data provided for Birmingham is based on patients treated who reside within either Birmingham Cross City or Birmingham South Central CCGs.

3.1 Cancer

Cancer services for children include biopsies (to diagnose cancer), surgery and other inpatient stays relating to primary and secondary malignant bone tumours, soft tissue sarcomas. The ROH is one of only 5 centres nationally that treats primary and secondary bone tumours.

	Activity	Percentage
Birmingham	4	4%
Rest of W Mids	23	20%
Rest of England	87	76%
Total	114	100%

Table 2 – Breakdown of where patients travelled from for a **biopsy** in 2016/17 (based on CCG of residence)

	Activity	Percentage
Birmingham	0	0%
Rest of W Mids	7	13%
Rest of England	45	87%
Total	52	100%

Table 3 – Breakdown of where patients travelled from for **cancer surgery or other related treatment** in 2016/17 (based on CCG of residence)

3.2 Spinal Surgery

Spinal services for children include surgery for spinal deformity, spinal tumours (cancerous and non-cancerous) and other spinal surgery/ procedures.

	Activity	Percentage
Birmingham	49	21%
Rest of W Mids	173	73%
Rest of England	16	7%
Total	238	100%

Table 4 – Breakdown of where patients travelled from for **spinal procedures** in 2016/17 (based on CCG of residence)

3.3 General Orthopaedics

This includes a full spectrum of orthopaedic services for children from highly complex/major surgery to minor procedures, on a range of joints and limbs.

	Activity	Percentage
Birmingham	243	32%
Rest of W Mids	443	58%
Rest of England	72	9%
Total	758	100%

Table 5 – Breakdown of where patients travelled from for **orthopaedic surgery** in 2016/17 (based on CCG of residence)

3.4 Other

Other services for children include other day case or inpatient stays relating to an episode/condition managed by ROH which are not included in the data above.

	Activity	Percentage
Birmingham	99	29%
Rest of W Mids	210	61%
Rest of England	35	10%
Total	344	100%

Table 6 – Breakdown of where patients travelled from for **other treatment** at ROH in 2016/17 (based on CCG of residence)

4. Progress to date

26 th June 2017	A meeting was held to discuss key concerns raised by Specialised Commissioners regarding long waiting times and the Trust's ability to safely manage paediatric waiting lists. At that meeting was representation from ROH, NHS England, Clinical Commissioning Groups, NHS Improvement, CQC, Healthwatch and other local providers. It was agreed to monitor progress at an Oversight Board jointly chaired by NHS England and NHS Improvement.
14 th July 2017	The Board at ROH informed staff and key stakeholders of its decision to notify Specialised Commissioners of its intention to cease providing paediatric services. Press briefings followed.
20 th July 2017	Members of the executive teams of the ROH and BCH (its primary delivery partner), and the specialist commissioning senior team met to discuss options for the future provision of the service.
24 th July 2017	The Regional Specialised Commissioning Senior Management Team met and agreed to pursue a commissioning approach that enables the maximum amount of stability for patients.

5. Next Steps

- **Specialised paediatric surgical services for ROH patients will remain in Birmingham**

Work is to begin with Birmingham Children's hospital and other partners on a Birmingham solution for the majority of paediatric services currently provided at the ROH. The trusts will now start developing operational plans, working with clinical and support staff at each hospital, to ensure a smooth transition to the new arrangements.

Commissioners will also begin discussions with other trusts that may be able to offer some patients a choice of another hospital if they do not wish to have their care in Birmingham.

- **There will be no immediate change to the services.**

Plans will be developed to transfer the services over the next few months.

There is a small group of patients, (primarily spinal deformity), who will not be able to be treated at Birmingham Children's Hospital soon enough to meet waiting time standards, so are likely to be offered treatment sooner in other specialist centres.

- **Specific plans for staff will be developed with clinicians to identify those who will have the opportunity to move with the service, and those who will remain at ROH.**

Staff are understandably anxious about the changes. Work has begun to identify which staff would be able to move with the service and to give staff the opportunity to engage in the development of plans.

- **Engagement with patients and the public**

Letters have been sent out to patients and discussions held with Healthwatch explaining the situation.

Potential issues were flagged confidentially with the Birmingham HOSC during May, and a private meeting arranged with the Chair on 11th July. A meeting on 2nd August marks the first opportunity to present the issues to the full committee.

A communications and engagement plan is being developed with NHS England, NHS Improvement, Birmingham Cross City CCG, the Royal Orthopaedic Hospital NHS Foundation Trust, the Birmingham and Solihull Sustainability Transformation Partnership (STP), Birmingham Women's and Children's NHS Foundation Trust and University Hospital Birmingham NHS Foundation Trust, and will be shared with Healthwatch.

The organisations involved are committed to engaging with patients and the public as the plans are developed and implemented and will employ a variety of methods to keep people informed and give them the opportunity to input into plans - including letters, face to face opportunities, and e-communications.

- **Timescales for decision making**

Moving a service to a new provider (known as mobilisation) usually takes 3-6 months. Therefore, a swift decision is required (i.e. mid-September) on where each service is to be provided, to enable the detailed work that must take place for services to be ready for children by the end of December 2017.

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