

Birmingham Health Overview & Scrutiny Committee Briefing Paper

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

17th October 2017

1. Introduction

On 2nd August 2017 representatives from NHS England (Specialised Commissioning) (NHSE), The Royal Orthopaedic Hospital NHS Foundation Trust (ROH) and Birmingham Women's and Children's NHS Foundation Trust (BWC) attended the Health Overview and Scrutiny Committee to present the background to the ROH decision to cease providing paediatric surgery, and outline the plans of commissioners to both recommission services and engage with and inform patients, the public and wider stakeholders on the actions being taken to secure service delivery.

This report makes reference to the information previously provided in the stakeholder briefing of 14th July, the briefing to members of 2nd August, and the accompanying presentation given to the Health and Social Care Overview and Scrutiny Committee on 2nd August and serves to update the committee on the key elements. Recognising the pace of change associated with this programme of work, this briefing paper will be supplemented by a presentation to members on 17th October which will contain the most current information.

2. Options for Alternative Provision

NHSE has written to all providers of specialist paediatric surgery within the West Midlands to ascertain capacity and expressions of interest with regard to short-term and long-term service options. Responses were received in early September and meetings are taking place at present with providers to explore options further.

As outlined on the 2nd August, NHSE remain committed to retaining services within Birmingham where possible. In order to support this NHSE, ROH and BWC have undertaken a number of meetings to ascertain the equilibrium capacity requirements for moving paediatric activity from ROH to the Birmingham Children's Hospital (BCH) site. In order to deliver a sustainable service with sufficient capacity to meet waiting time requirements at BCH, capital work will be required to redevelop dedicated theatre and ward space

for this work. This work requires a full business case to be developed for approval by the BWCH board, it is anticipated that this will be presented in December 2017.

To support this, discussions between NHSE, ROH and BWCH are exploring what actions can be taken to continue the provision of paediatric services on the ROH site whilst this work is ongoing

Discussion is also taking place with a number of other providers including University Hospitals of North Midlands NHS Trust to explore increasing capacity within their existing services for geographically appropriate referrals.

At the time of writing, these discussions are still ongoing and the latest information will be provided in the presentation to HOSC members on 17th October.

3. West Birmingham Data

At the request of the committee further data analysis has been undertaken on the basis of local authority of residence. The data tables in the briefing paper of 2nd August, along with the pyramid from the presentation have been refreshed in Appendix 1 to this paper.

4. Patient & Public Engagement

A communications and engagement group has been established to plan and deliver appropriate messages and engagement activity, ensuring key stakeholders work together proactively to deliver consistent, transparent and timely messages, and clear, reassuring information for patients. The objectives of this group are to:

- Provide communications and engagement advice, strategy and leadership to the Oversight Board and the key commissioning and provider organisations;
- Develop, agree, implement and monitor the communications and engagement strategy, including agreeing key messages;
- Provide timely information and reassurance to patients and their families around the plans;
- Ensure that stakeholders receive timely, transparent and relevant information;
- Ensure that patients and key stakeholders have the opportunity to provide their views and feedback so that their voices may inform decisions

The development of the final strategy is awaiting the outcome of discussions on the clinical model, but the group has undertaken (or committed to) the following key actions since the HOSC meeting on 2nd August:

- Clinical workshop – 17th August
- Share communications plan with Healthwatch as soon as finalised
- Further engagement with HOSCs, including attendance at Birmingham HOSC – 17th October
- October stakeholder briefing – 16th October
- October patient update – w/c 16th October, to include invitation to patients to family workshop / open event at ROH – w/c 16th Oct
- Patient event at ROH – November
- Feedback to patients following patient event
- Update on websites – w/c 16th October
- Publish latest statement on social media – 17th October
- Production of patient facing material explaining new model, change process and timeline – following agreement of model
- Develop patient stories to support communications material
- Family open days at BCH – November / December
- ROH Governor workshop / communication
- Patient survey – identify questions once proposed model finalised (mid October), issue end October 2017
- Visit patient / community groups – end of October 2017 – January 2018
- Use the Equality Impact Assessment to identify and meet targeted communication requirements to ensure those adversely affected and seldom heard receive appropriate communication and have opportunities to feed back their views
- Establish patient experience measure to monitor during and following transition

Since this decision to cease paediatric surgery was made by the Trust Board of The Royal Orthopaedic Hospital, the Trust and its partners have worked proactively to ensure that as many patients and stakeholders as possible are informed and given opportunities to ask questions. This included:

- A letter to every paediatric patient listed at the Trust (awaiting an outpatient appointment or surgical procedure), which provided information about the decision and a dedicated email address and phone number
- A dedicated webpage containing a Q and A section and space to update as information becomes available
- Information around the paediatric ward about the decision

This was supplemented by work internally to ensure staff were briefed and able to have conversations with patients and their families. This included:

- An initial walk-about by senior staff to talk face-to-face with every member of staff directly affected by this decision
- A series of ongoing briefings to the organisation
- The establishment of a weekly drop-in session for staff
- The promotion of staff side support and counselling support
- The inclusion of a standing item in the monthly team brief which informs line managers of updates and routes for their staff to find support
- A dedicated intranet site containing a Q and A section and space to update as information becomes available

As we have been proactively communicating and this decision affects a relatively small number of patients, feedback has been limited. Calls received have generally focussed on where care will be delivered in the future.

However, we have recently begun to see a slight increase in calls from people asking for more information which is to be expected as we have not yet been able to share the final model. As described above, we are planning further patient communications this month that should address this.

5. Next steps

October – December 2017:	Further communications and engagement, Ensure services remain viable in the interim.
Dec 2017:	Submission of Full Business Case
January 2018:	Commissioner assurance and development of mobilisation plans. Contract award. Further communications and engagement re decision.
January – April 2018:	Transition plans finalised.

Appendix 1 – Data Tables

As requested by the Health Overview and Scrutiny Committee, analysis has been undertaken on Local Authority of residence rather than CCG of residence.

The following tables outline where children being treated at the ROH during 2016/17 live based on their Local Authority of residence.

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	5	4%
Rest of W Mids	22	19%
Rest of England	87	76%
Total	114	100%

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

	Activity	Percentage
Birmingham	3	6%
Rest of W Mids	4	8%
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 Local Authority of residence)*

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	67	28%
Rest of W Mids	155	65%
Rest of England	16	7%
Total	238	100%

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

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	268	35%
Rest of W Mids	419	55%
Rest of England	71	9%
Total	758	100%

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

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	110	32%
Rest of W Mids	199	58%
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 Local Authority of residence)*