

## Greater Glasgow and Clyde NHS Board

### Board Meeting

Tuesday 27<sup>th</sup> June 2006

Board Paper No. 2006/32

Director of Acute Services, Strategy, Implementation and Planning

### **SITING OF NEW CHILDREN'S HOSPITAL OUTCOME OF CONSULTATION PROCESS**

#### **RECOMMENDATION:**

##### **The Board is asked to:**

- Note the issues raised in the consultation for the new children's hospital which will be addressed through the detailed planning process for the project;
- Approve the siting of the new children's hospital on the Southern General campus, the transfer of services, and the related closure of the Royal Hospital for Sick Children (RHSC).

#### **A. BACKGROUND AND PURPOSE**

- 1.1 The Clinical Advisory Group appointed by the Minister for Health and Community care, chaired by Professor Andrew Calder, reported in March 2006. The group agreed with the conclusion reached by NHS Greater Glasgow that the Southern General Hospital represents the most suitable and only practicable site on which to provide a new Glasgow Children's Hospital that achieves triple co-location of adult, children's and maternity services. This enabled NHS Greater Glasgow and Clyde to move ahead with the detailed planning process required to achieve the best possible facilities for Women and Children in Glasgow and the West of Scotland.
- 1.2 The strands of prior process and engagement to this consultation include :-
  - Preconsultation and development work for the Maternity Services Strategy in 2003;
  - Formal public consultation on that strategy in late 2003 and early 2004;
  - Work of the Calder Ministerial Group between September 2005 and January 2006;
  - Option appraisal process on potential children's hospital sites run by NHS Greater Glasgow in October 2005.

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- 1.3 In February 2006, a paper outlining the proposed consultation process for the siting of the new children's hospital was agreed by Greater Glasgow NHS Board. It was based on the requirements of the Scottish Executive Health Department March 2004 guidance "Informing, Engaging and Consulting the Public in Developing Health and Community Care Policies and Services". The paper described prior engagement and emphasised that this consultation was the beginning of an extensive process to involve patients, parents, staff and the voluntary sector in the design and development of the new facility.
- 1.4 On 3<sup>rd</sup> April 2006, an eight week (minimum) consultation period was launched with the wide distribution of a consultation paper *Proposal for a New Children's Hospital – Delivering Better Services For Mothers, Babies and Children*. The launch was supported by a widely publicised public event, a follow-up session for those unable to come, four staff meetings, and a briefing session for MSPs. Early discussions with the Scottish Health Council were held to ensure it was informed, and supported the process.

### B. CONSULTATION RESPONSE

- 2.1 48 written responses were received during the consultation period, (3<sup>rd</sup> April 06 – 2<sup>nd</sup> June 06) including comments from local authorities, other Health Boards, voluntary sector organisations and individuals. A summary of these is available at Appendix 1.
- 2.2 Four staff meetings were held at various sites and times to brief staff on consultation issues and to hear their views.

Date	Time	Venue	Nos Attending
02/05/06	4pm	QMH	15
05/05/06	2pm	PRMH	18
09/05/06	12md	SGH Maternity	14
17/05/06	7pm	QMH	7

The issues raised at the meetings were recorded and are available to members should they wish to see a copy.

- 2.3 65 delegates attended to consultation workshop event at the Holiday Inn, Glasgow City, West on 27<sup>th</sup> April 2006, 6.30pm. Invitations were sent to those on the NHS Greater Glasgow and Clyde involving people database, and the event was advertised on the website and in the local press. Participants heard a series of presentations to ensure they had key information to effectively take part in discussions. A short plenary followed with questions to a panel and delegates then moved into five workshops to discuss the main themes of the consultation process:

- location;
- services for young people;
- antenatal care in West Glasgow;
- emergency services for children;
- long-term engagement.

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- 2.4 The event was facilitated independently by FMR research and a full report of the event is available to members on request.
- 2.5 29% of delegates completed a feedback questionnaire. Of the respondees, 73% described the evening as good or very good and 11% as poor. The best aspect of the event was thought to be the workshops and the information given. A full analysis of the feedback is available.
- 2.6 A small number of people were unable to attend the event so a follow-up session was offered. Two people took up this offer and an informal session was arranged with the planning team.

### C. KEY THEMES FROM CONSULTATION AND HOW WE WILL ADDRESS THEM

- 3.1 The themes emerging from each constituent part of the consultation were similar. These are noted below with comments on how the planning team and service providers will address them.

#### 3.2 Age Range and Adolescents

In line with recent guidance, our consultation documentation proposed that the new children's hospital treats young people up to 16<sup>th</sup> birthday (currently up to 13<sup>th</sup> birthday). Views were sought about an appropriate model of care of young people and about the transition into adult services. A number of comments and ideas were proposed about facilities for young people including suggestions about food portion size, social areas, activities, independence and environment. Young people made the point that they would find it difficult to sleep if there were babies crying. Staff identified the need for training to work with adolescent age range, particularly in areas such as mental health and sexual health. Concerns were also expressed about the different problems which are likely to present in A&E units with drug and alcohol induced behaviour. The parent of a young person with learning disabilities raised the issue that chronological age may not be appropriate to use if young people are functioning at a lower age.

*The planning team for the new children's hospital will work with clinicians and young people to develop a model of care which recognises these concerns, learning from models in other areas. Data will be sought from the adult services to accurately inform this process and on-going engagement will ensure that we continue to listen to young people. We will consider age appropriate services, rather than applying rigid chronological rules. Links are being made with Local Authority colleagues in Education and Culture and Leisure Services and with the Scottish Commissioner for Children and Young People to ensure that a wide range of views are heard.*

#### 3.3 Transport and Parking

Significant concerns around public transport to the Southern General were raised by a number of consultees. Concerns centred on the lack of direct transport to South Glasgow, proximity to train stations and the cost of transport. It was recognised that similar access problems exist at the current site, but there is a strong view that health services need to work with other agencies to commit to better direct transport links to

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the south. Parking at the Southern General site was raised as a concern by staff, and some respondents asked about parking costs.

*The Board recognises the importance of accessibility of services for patients, families, staff and visitors. Discussions are ongoing with key partners about the development of transport services in Southern Glasgow. A number of developments are already planned eg –*

- *The new Clyde bridge at Finnieston with four lanes, two reserved for public transport (completion 2006)*
- *The M74 extension (completion 2008)*
- *The proposed crossrail link between the centre of Glasgow and Glasgow Airport;*
- *The proposed light railway transit system (trams) along the south and north sides of the Clyde*

*The Boards car parking policy will recognise the needs of families visiting children who spend lengthy times in hospital.*

### **3.4 Upgrade Facilities at Southern Maternity**

Staff asked for further details about the upgraded and expanded maternity services at the Southern General. They were keen to be involved in planning for this service change. The need to minimise the time that maternity and paediatric services are separated was emphasised by staff and public.

*The maternity strategy for Greater Glasgow sees two delivery units in Glasgow: Princess Royal Maternity Unit (to deliver 6500 babies) and the Southern General (to deliver 5500 babies). The final facility will include:*

- *Co-location of gynaecology and obstetric services;*
- *Extended and upgraded delivery facilities;*
- *A major new neonatal unit;*
- *An expanded outpatient department and state-of-the-art ultrasound facilities;*
- *Modernised obstetric and gynaecology theatres.*

*A detailed planning structure, process and communication plan is being developed to ensure that maternity work is informed by the planning process for the new children's hospital.*

### **3.5 Design and Facilities in New Children's Hospital**

The young people who attended the consultation event were enthusiastic about visiting other hospital sites and wanted to be close to the design of the new building. Staff involved in providing services for children including medical staff, nursing staff, Allied health professionals (AHPs), psychologists and others expressed enthusiasm about being involved in the planning process, highlighting the importance of health

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improvement and wellbeing in hospital design. Staff were interested in knowing how pan-Glasgow strategies for laboratories and pharmacy would affect the new children's hospital. They also pointed out that staff involvement would be key to ensuring that the day to day running of wards and departments was as smooth as possible. Issues were raised about educational facilities and wider psychosocial needs. Previous examples of poor detailed planning were cited. Mental Health staff were concerned that this service was not specifically mentioned in the consultation document and asked for reassurance that the new hospital will include mental health services. The response from Lothian highlighted the need for us to plan within the context of other work which is underway on specialist tertiary services

*Six clinical groups have now been set up as part of the clinical advisory structure to plan the new hospital. Each will have patient/user input. Additionally, a public engagement group will be set up to bring the strands of engagement work together. General health and well being will be at the heart of the design which will take into account the wider needs of the child and their families including educational facilities. Existing mental health services will be considered as part of the clinical planning for the new hospital. The adolescent mental health unit at Stobhill will proceed as planned and there will be clear links between the new hospital and the new unit. The Project Team will work closely with colleagues in Lothian and nationally to ensure that changes in proposed patterns of care are reflected where possible.*

### **3.6 Timescales**

Consultees asked for clarity on timescales.

*A detailed planning process will be undertaken to consider the issues related to the closure of the Queen Mothers Hospital between 2007 and 2009. The Outline Business Case for the new children's hospital will be submitted to the Scottish Executive in December 2006, with a view to progressing to Full Business Case by summer 2007. This will be followed by a 3-year build and commissioning period to follow. A number of things may affect this timing eg links with the new adult hospital. The tight timescale for the OBC submission means that the clinical sub-groups need to engage quickly and effectively with staff and patients. It is vitally important that there is clarity around some of the national specialist services to accurately inform the planning process.*

### **3.7 Communications**

At the consultation event young people told us that they wanted to communicate using text and mobile phones and Internet chat rooms. Staff asked that key documents, minutes of meetings, updates etc to be placed on a website that people can easily access.

*A communications plan for the project is being drafted, using the methods suggested in consultation. We are keen that communication is on-going over the planning period, and beyond – and that this consultation is not seen as a one-off exercise.*

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### 3.8 Non-Clinical Services

Concern about non-clinical support services was a recurring theme raised in consultation. In particular, many written responses referred to the parent and family accommodation provided in Ronald McDonald House and CLIC, and to the significant financial and other contributions made by the voluntary sector. Specific questions were raised about the chaplaincy service and the involvement of play specialists.

*Discussions with the voluntary sector organisations involved in Yorkhill have begun, recognising the important part that this sector plays. We aim to improve parent accommodation in the hospital, learning from models in other hospitals, but there will always be a need for off-site accommodation where a child is in the Intensive Care Unit or where one or more family member has travelled a significant distance.*

### 3.9 Emergency Services

The key comments raised through the consultation process was the need for clarity and education about the definition on minor injuries (which will be treated locally). At the Southern site, consultees identified the need for clear signage to the adult and children's A&E departments and suggested that the entrance routes should be together. Staff highlighted the need for adequate paediatric training for those working in minor injury units. Potential patient plans from Lanarkshire, depending on the outcome of that strategy, were also highlighted.

*The planning team will work closely with A&E staff in children's and adults' hospitals, to address the points raised including future staffing arrangements in the minor injury units across the hospitals in Greater Glasgow..*

### 3.10 Maternity Services in West Glasgow

There was strong support for a local community midwifery service, avoiding the need for women to travel to acute hospitals for antenatal care.

*This will be addressed in the detailed planning around the maternity strategy and closure of the Queen Mother's Hospital.*

## D. CONCLUSION

- 4.1 This consultation exercise is just the start of an extensive period of engagement on the new children's hospital. It has allowed us to gather together views from a wide range of people to inform the process over the next few years.
- 4.2 There was full support for the concept of triple co-location, and the Southern General site was perceived to be the most sensible option. However, people are concerned about transport and parking, and it is essential that planners work with other agencies to improve access to the site. They want the need for accommodation for families to be taken account of and they want to be assured that the funding envelope is sufficient to build a gold standard hospital.

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- 4.3 Consultees agreed that raising the age range for the children's hospital to 16 was desirable, and indeed should be a minimum. Young people themselves want to be involved in designing that environment. There is strong support for improving the transition to adult services. We do however need to be alert to the additional needs, services and training requirements which will arise as we treat this wider population effectively.
- 4.4 Treating children with minor injuries locally is supported if it is underpinned by education and awareness raising for the general public and parents, and paediatric training for those working in minor injury units.
- 4.5 There was strong support for community midwives, with the model which has been developed in Rutherglen being quoted as an example of good practice.
- 4.6 Finally, consultees valued the opportunity to express their views through the consultation process. They highlighted the need for good publicity and communication around the exercise and recognised that engagement must be done in a variety of ways to reach all groups. They want to use existing groups and structures, and are clear that children and young people must be given the opportunity to air their views. Staff views are also perceived to be critical. Most importantly, we must demonstrate that we have listened to those views.

### **RECOMMENDATION**

The Board is asked to:

- Note the issues raised in the consultation for the new children's hospital which will be addressed through the detailed planning process for the project
- Approve the siting of the new children's hospital on the Southern General campus, the transfer of services, and the related closure of the Royal Hospital for Sick Children (RHSC)

Thereafter, Ministerial approval for the closure of the site at Yorkhill will be sought.

**Publication:**     **The content of this Paper may be published following the meeting**

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**NHS GREATER GLASGOW AND CLYDE**

**Summary Of Written Responses Received  
To The Consultation Document :  
“Proposal for a New Children’s Hospital”**

Professional and Advisory Committees

- Carla Carmichael, Secretary, Area Optometric Committee
- Carla Carmichael, Secretary, Area Pharmaceutical Committee
- William S Marshall, Secretary, Area Dental Committee
- William S Marshall, Secretary, Area Medical Committee
- Henry Smith, Chairman, Area Allied Health Professions Committee

NHS Organisations (CHPs, GPs and Other Groups)

- Richard M Carey, Chief Executive, NHS Grampian
- Tim Davison, Chief Executive, NHS Lanarkshire
- Dr W G Fruh
- Kirsten Major, Director of Strategic Planning & Performance, NHS Ayrshire & Arran
- Dr Heather Maxwell, Chair, Young People’s Service Development Group, RHSC
- Isabel J McCallum, Clinical/Project Director, Edinburgh Children’s Hospital Reprovision Project, NHS Lothian – University Hospital Division
- A Member of one of the Public Partnership Groups, NHS Tayside
- Laura Mill, NHS Tayside
- Jackie Sansbury, Director of Strategic Planning and Modernisation, NHS Lothian
- Dr J H Stuart-Smith

NHS Staff

- Acute Services Oral Health Directorate
- Gavin Allison, Diabetes Nurse Specialist, Yorkhill
- Dr Joan Burns, Acting Lead Clinical Psychologist for Paediatric Psychology, Queen Mother’s Hospital
- Dr Myra C David, Chair, Greater Glasgow Division of Child and Adolescent Psychiatry
- Charles Diaper, Consultant, Southern General Hospital
- Peter G Feeley, Co-ordinator, Hospital Education Service, RHSC
- Kathryn Foye, Maureen Grey and Elizabeth Hume, Staff Nurses, Dan Young Neonatal Surgical Unit, RHSC
- Marjorie Gillies, Senior Nurse (Patient Services), RHSC
- Dr Sarah Hukin, Consultant Child and Adolescent Psychiatrist, Yorkhill Hospital
- Wendy McPhie, OT Institute, Southern General Hospital
- Dr John Mooney, National Cancer Networks Manager
- Dr Michael Morton, Consultant Child and Adolescent Psychiatrist, Yorkhill Hospital
- Paediatric Liaison Psychiatry Team, RHSC
- James Wallace, Chief Pharmacist, on behalf of Pharmacy Services, Yorkhill Hospitals

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### Local Authorities and Community Councils

- Chief Executive, West Dunbartonshire Council
- Glasgow City Council
- Elizabeth King, Wallacewell Community Council
- Joe O'Connor, Broomhouse Community Council
- Harry Stevenson, Executive Director, Social Work Resources, South Lanarkshire Council
- Councillor Niall Walker, Glasgow City Councillor

### MSPs/MPs

- Jo Swinson MP, East Dunbartonshire

### General Public

- Karen Gilligan
- Lesley Johnstone
- E MacDonald
- Margaret R Urquhart

### Other Organisations

- Dr R L C Cumming, Chairman, Scottish Health Campaigns Network
- Joe Di Paola, Branch Secretary, UNISON Scotland
- Anne Flannigan, Glasgow Branch Secretary, The Scottish Association of Children with Heart Disorders
- Dagmar Kerr, Area Co-ordinator for Strathclyde, Action for Sick Children (Scotland)
- Dr P V Knight, Honorary Secretary/Registrar, Royal College of Physicians & Surgeons of Glasgow
- Graham MacIntosh, Lecturer, University of Glasgow
- Dr Adrian C F Margerison, Scottish Officer, Royal College of Paediatrics & Child Health Scotland
- Martha Wardrop, Policy Officer, Glasgow Council for the Voluntary Sector

## **PROFESSIONAL AND ADVISORY COMMITTEES**

### **Carla Carmichael, Secretary, Area Optometric Committee**

- Note with interest that Ophthalmology and Orthoptists are not mentioned in the document – is this an oversight?
- Due consideration should be given to having a dedicated Eye Unit with all the necessary services in the new Children's Hospital.

### **Carla Carmichael, Secretary, Area Pharmaceutical Committee**

- The clinical case for triple co-location is well made and gives opportunities for development of innovative services for mothers, children and young people. It is important, however, that planners do not lose sight of the need for separate child friendly facilities, staffed with suitably competent and experienced staff. This is particularly important in support services like pharmacy and diagnostic imaging where there will be pressure for shared services for cost and space efficiencies.
- The raising of the maximum age of patients to sixteen, while important for provision of suitable services for the adolescent groups, will completely change the patient profile of the children's hospital making the current mixed age ward model unworkable.
- Consideration needs to be given to ensuring enough space is available on the Southern General site for future developments.
- The public transport needs of the proposed Southern General Hospital need to be in place before the concentration of services swamps what is provided, in particular direct links with the city centre and regular transport services to and from Govan Underground.

### **William S Marshall, Secretary, Area Dental Committee**

- Wishes to remind the Board that a children's general anaesthesia day case service currently operates at Yorkhill as an integral part of the theatre suites.
- Yorkhill also provides two dental surgeries where advice and treatment is provided to medically compromised children.
- The Committee considers it vitally important that these services are continued at the new children's hospital and that the Board ensure that they are part of the plans being developed for the Southern General Hospital site.

### **William S Marshall, Secretary, Area Medical Committee**

- The Committee re-iterates its support for the principle of triple location of children's services, maternity services and adult acute services on one single adult hospital site as soon as practicable.

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- The Committee welcomes the proposal to extend the age group to those treated up to the age of 16 years. Hopefully, this will assist the transition to adult services and provide a more appropriate service for the young people themselves. The accommodation needs of this subgroup will be different from those of younger children and the Committee would expect this to be taken into account.
- Consultants at Yorkhill, General Practitioners and Consultant Psychiatrists have all expressed concern regarding the siting of a new adolescent psychiatry inpatient unit at Stobhill Hospital separate from the proposed new children's hospital. This seems something of a departure from the preferred model of integrated care on one site and the Committee would ask that the Board reconsider this particular option.
- Agrees with the proposal that minor injuries in children should be dealt with in the new proposed Minor Injuries Units around the city. It is essential that staff are appropriately trained to provide this care and that clear protocols are in place to transfer children to Yorkhill for more serious or major injuries.
- The concept of triple location will only provide benefit if the geography of the site enables rapid transfer of sick mothers to adult facilities and sick neonates to children's facilities. The Committee is strongly of the view that the relevant clinicians need to be consulted as to the details of these patient flows.
- The Committee continues to have concerns regarding the adequacy of transport links to the Southern General Hospital site from outlying areas. It is vital that these services are easily accessible to the population they serve. The Committee is not entirely convinced that the proposed new transport links deliver the degree of access that is required and would appreciate more detail on this particular issue.
- The Board may wish to look at the future of the Maternity Hospital in Paisley. There has been much local debate about its future in the past not the least of which concerns the deteriorating condition of the fabric of the building itself.

### **Henry Smith, Chairman, Area Allied Health Professions Committee**

- Having previously supported the proposals contained within the Modernising Maternity Services consultation document, the Committee reiterates its support for the location of children's, maternity and adult services on a single site.
- Acknowledges the importance of not losing the expertise gained at the Royal Hospital for Sick Children and welcomes the proposal to give staff at Yorkhill the opportunity to be redeployed to the new children's hospital.
- Noted that the new children's hospital will have its own A & E Department although minor injuries will be seen at local units. The Committee suggests that this may have an impact on current staff workloads. There is also a suggestion that on-call arrangements may become an issue.
- Welcomes the various initiatives underway to improve links between the north and south sides of the River Clyde.

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- Notes the proposal to extend the age group to be treated at the new children's hospital from 12 years to 16 years of age. The Committee considers that further work needs to be done in this area as, whilst it may be appropriate to treat some 16 year olds, eg with child-specific illnesses in a children's hospital, it may be less appropriate to treat others.
- Clarity is needed about the plans for local ante-natal care in the West of Glasgow and the Committee awaits further details about this when the NHS Board consults on its proposal to close the Queen Mother's Hospital.

### NHS ORGANISATIONS (CHPs, GPs AND OTHER GROUPS)

#### **Richard M Carey, Chief Executive, NHS Grampian**

- Welcome the development of a new children's hospital in recognition of the need to replace the outdated Yorkhill Hospital.
- Happy to see that many of the positive moves adopted for the new Aberdeen Children's Hospital are to be replicated in Glasgow ie physical attachment to the main adult hospital. This is in line with every other new children's hospital project.
- Interesting to see the proposed timescale of five years – this is a very challenging timeline to work to.
- It will be interesting to see the fund raising element, if any, to be included in the project.
- No mention of the provision of Oncology Services in Yorkhill.
- The opportunity to redesign the provision of care in the new Yorkhill is not mentioned ie the increased provision of community care as opposed to caring for children in hospital.
- Agree with the desire for the new hospital to retain a separate identity from the adult hospital albeit potentially physically linked.
- In order not to duplicate services provided in Grampian/Tayside, it will be necessary to be very clear about the scope of clinical services to be provided from the new build.
- It is hoped that clarity will also be provided soon regarding the services to be included in the proposed new children's hospital for Edinburgh. It is important that the continuation and/or potential expansion of services in these two new children's hospitals do not detract from current service provision in Aberdeen and plans for the future.
- Overall, this is a very positive move for paediatric services in Scotland.

#### **Tim Davison, Chief Executive, NHS Lanarkshire**

- Note that in the description of planned facilities, a major new Neonatal Unit is described as part of the maternity hospital development. Believe it is of critical importance that this Unit needs to take

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into account national and regional strategies for neonatal care. It is important that the Unit is appropriately sized to ensure that activity in neonatal intensive care can be managed effectively across the West of Scotland, if not on a Scotland-wide basis.

- Note the range of national and secondary services to be provided at the new children's hospital. Believe that the development of a new children's hospital provides an outstanding opportunity to review the place of the Glasgow Children's Hospital in the scheme of regional paediatric provision. When Yorkhill was originally built and indeed until recently, there were a large number of small Paediatric Units in the West of Scotland District General Hospitals. Over the last five years, these have become amalgamated so the paediatric provision now consists of a single hospital unit in each of the six West of Scotland NHS Boards. In the larger NHS Boards, these are paediatric units of significant size with a large volume of both outpatient, day case and inpatient activity. Believe it is important that the provision of services from the New Children's Hospital should be sized appropriately taking into account the changing demands arising from neighbouring NHS systems as more secondary care is provided from the District General Hospital Units.
- Should not assume that the financial flows will remain at the current level when scoping out the service provision in the new hospital. Consideration will have to be given to issues such as paediatric surgery where the lack of general surgeons with training and experience in paediatrics is likely to lead to increased centralisation of services.
- The proposal to extend the age range of children treated at the RHSC to 16 is welcome. Anticipate that the children's hospital will play an important lead for all in developing services for young people. Welcome the proposal to develop transition services and emphasise that the development of these services must take place on a regional basis as many children who receive specialist care at the Hospital for Sick Children will transfer into adult care from their local District General Hospital.
- Disappointed that the proposal only considers the A & E strategy for Glasgow and does not take into account the pattern of emergency services for children across the whole of the West of Scotland. Other recent documentation states "Regional Planning Groups and NHS Boards should identify the level of care to be provided at each of their emergency care sites in accordance with the proposed Emergency Care Framework". From these important national policy documents, the place of the children's hospital in the Framework of Emergency Services for Children is critical and this aspect of the proposal must be taken forward in a regional context.
- Commend the pattern of ante-natal clinics and day care centres provided in NHS Lanarkshire which has enabled a successful delivery of an integrated maternity service over a population which covers an area rather wider than the north western limit of Greater Glasgow.
- Encouraged by the enthusiasm to engage with service users. Suggest that the Board Community Engagement Team and External Management Consultants might not, however, be the best people to engage actively with children and young people. This is a highly specialised area and there are organisations that have significant experience in this field – hope they will be used for this purpose.
- Hope that the interests of young people from across the West of Scotland will be taken into account. There are a number of local youth consultation organisations in all areas of the West of Scotland which can be used for that purpose.

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- Note that a clinical advisory structure will be set up to allow staff an opportunity to influence the model of care. Suggest that there should be the opportunity to involve clinicians external to the children's hospital to ensure that a fully rounded concept of children's services is obtained.
- Believe the planners must be aware of the risk that engaging only with views from within the Sick Children's Hospital runs the risk of distortion due to insular perceptions. It is important that in building a children's hospital for the future, every opportunity is taken to ensure this dovetails with wider service delivery across the West of Scotland.

### **Dr W G Fruh**

- Object to the proposed closure of the hospitals in Yorkhill.
- The current drive to close hospitals across Glasgow (and Scotland in general) and to create fewer and larger hospitals is driven by the current philosophy that bigger is better with all hospital departments on single sites. Larger institutions suffer from escalating inefficiencies in the system as the co-ordination of so many departments is very difficult. Such administrative inefficiencies will both cost money and affect patient care.
- Large hospitals with many departments lead inevitably to delays in patient care.
- Having hospitals located throughout a city or region provides the best access to health care to the population as well as access for visitors of patients. The role of visiting relatives in the healing process should not be underestimated.
- The local economy benefits from local hospitals.
- The transport and access as presented by the consultation leaflet is misleading. The statement that travel times by bus would change very little is plainly wrong for patients and visitors coming from north of the river. While the Yorkhill site is served by numerous bus routes linking it directly with large parts of Glasgow and surroundings north of the river, there are very few buses crossing the river which operate to a timetable with longer waiting times.

### **Kirsten Major, Director of Strategic Planning & Performance, NHS Ayrshire & Arran**

- The website link to additional information is welcomed and helped provide some background for deliberations.
- Welcome the concept of siting the new hospital in the same campus as a range of other adult and related services and agree that the siting close to the motorway connections and a range of other public transport connections is crucial for both patient and carers. What is less clear is the impact of the proposal on deprived communities and their access to services and perhaps this could be addressed more specifically as the proposal evolves.
- Welcome the integration of mental health services for children and young people on the same site, however, it is not clear if the integration of children and young people's mental health service is more with adult services than with children's services. Further clarity would be gratefully received.

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- Re-emphasise the view that the focus should remain on service development via a building that is fit for the future, rather than a build a per se and accordingly would welcome the offer of future engagement with the PFPI team and clinical leads as the project develops.
- Feel strongly that Ayrshire and Arran need to be clear about a number of issues including:
  - repatriation of patients
  - regional planning and decision making
  - links with Primary Care
- When NHS Greater Glasgow & Clyde amend protocols that will have an impact on services received by patients NHS Ayrshire & Arran would wish involvement in the process to ensure equity across all patients, users and carers who access the services.
- Highlight the needs of a group of children and young people who are not mentioned, these being children and young people who display challenging behaviour which cannot be managed in the usual place of residence. This might include children with autism who have other complex needs. Whilst these children are few in numbers, they do occasionally present challenges for inpatients and suggest considering their needs on a regional or national platform as part of this piece of work.
- Aside from the aforementioned issues associated with the ongoing development of the proposal, NHS Ayrshire & Arran fully supports the proposed location.

### **Dr Heather Maxwell, Chair, Young People's Service Development Group, RHSC**

- Delighted to see that recognition and commitment to meeting the care of adolescents has been raised in this consultation document. This project presents a unique and ideal opportunity to improve the care of young people.
- Delighted that there is a proposal to provide dedicated facilities for young people. Hope that they will be adequate to cater for both inpatients and outpatients and afford young people their right to age appropriate care in age appropriate facilities.
- It will not be possible to care for all young people in a dedicated adolescent unit – suggest that care is taken to site these facilities in such a way as to maximize their usefulness and to ensure that all young people receive equitable access to alternative facilities to allow them privacy, confidentiality, study/relaxation space and services that encourage their independence and promote life skills.
- Delighted that new models of care are to be taken forward. Psychosocial aspects of care have a huge impact on well-being and treatment success in this patient group. This is an ideal opportunity to develop a joined up, multi-agency, multidisciplinary service for young people; one that addresses mental health and psychosocial issues, education and youth work, careers advice, family involvement and social inclusion, as well as physical health.
- In developing new models of care, it is hoped that existing services that directly support the medical and social care of young people and their families are continued and remain on site for maximum patient benefit.

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- There is an opportunity to consider some further service development for young people with complex problems at the Southern General and urge this matter to be pursued as part of the planning process.
- Ask that the new models of care are patient centred and take account of issues of consent, confidentiality, privacy, mental health, education, independence and transition across the whole hospital and that all young people have access to this dedicated team.
- Transition must also be an important aspect of any new model of care. Proximity of paediatrics to adult services should not allow staff to be lulled into a false sense of complacency over this difficult issue. Proximity may aid transfer in some respects but is the least important aspect of the process of transition for most young people.

### **Isabel J McCallum, Clinical/Project Director, Edinburgh Children's Hospital Reprovision Project, NHS Lothian – University Hospital Division**

- This is a clear and helpful document that sets out the planned range of specialties well
- It includes an ambitious timetable for delivery
- Section 2.1 - There is an assumption that "children with serious head injuries" will be cared for in the new hospital - the decision on the adult neurosurgical sites and location of paediatric neurosurgery will be made by the Scottish Neurosurgical Review (chaired by J Glennie)
- Section 3.5 – states that the new Southern General site **will** provide adult services of neurology/neurosciences, and regional / national services of spinal surgery, spinal injuries and neurosurgery – the decision about the adult neurosurgery centre (s) will be made by the Scottish Neurosurgical Review which is due to report by the end of 2007.
- Page 5 – section D – The preferred site for the Children's Hospital - the Edinburgh RHSC Reprovision Project will learn from the experience of the Glasgow process, which will help us to progress our own process.
- Section 4.6 – timetable – OBC to be produced by Sept 06, and full Business case by April 07. It is recognised that Glasgow has been set a very challenging timescale, however this indicates that the Business Case will have been completed prior to Tertiary Service decisions being reported by the Specialist Children's Services Steering Group during 2007, which gives rise to concern.
- Section 4.7 - The document indicates an assumption for a need for capacity for "additional development of regional and national services in Glasgow". At the moment the Children's Service bed capacity is submerged in total bed complement of 1500 on whole Southern General site (section 4.15). It would be helpful to have clarity on what has been specifically included before bed capacity and layout is agreed.
- Section 4.15 – The Edinburgh Reprovision Project Board are in full support of the principle of requiring a distinct, self-contained children's hospital, with 'potential' for direct links to adult and maternity services – it has been suggested that the 'direct links' should be a requirement.
- Section 7.2 – an offer to support public meetings in other Scottish NHS Board areas, including a supply of consultation material –Lothian would be interested in hosting such an event.

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- The NHS Lothian RHSC Reprovision Project formally acknowledges the importance of their continued close collaboration with the Glasgow Reprovision Project, to ensure shared understanding and clarity on the Projects Assumptions. The Edinburgh Project Board also wished to propose that there were regular joint meetings of the 2 Reprovision Groups (in Edinburgh and Glasgow) in future.
- The Edinburgh RHSC Reprovision Project wish every success to the Management of this Project in their endeavours to create a new hospital that provides not only an efficient and appropriate facility but also an environmental space for ‘healing’ for the children and families of Glasgow and further a field.

### **A Member of one of the Public Partnership Groups, NHS Tayside**

- Will there be sufficient qualified staff to ensure efficient operation of the equipment and general running of wards?
- Will the existing hospital be sold to developers and, if so, what happens with the money received from the sale. Does it –
  - (a) get put into the NHS pot?
  - (b) used for the new hospital?
- Much research has gone into the accessibility regarding the new location but will patients and members of staff find it as easy to commute to and will this have an impact on staffing and customer satisfaction.
- Is there a possibility of centralising the facilities to the new location and as a result may be to the detriment of users in other areas?
- Have there been any guarantees of securing funding to ensure the long-term operation of the new hospital?
- Page 2, 3.2 – what does “able to deliver 5500 women” actually mean?
- Will the decreasing demographic trends have any impact of the service required by the local population?

### **Laura Mill, NHS Tayside**

- Welcomes the opportunity to comment on the proposals.
- No additional comments to make

### **Jackie Sansbury, Director of Strategic Planning and Modernisation, NHS Lothian**

- The reprovision of the two Children’s Hospitals in Glasgow and Edinburgh provides us with an opportunity to work jointly through the national working group to establish a coherent structure for tertiary paediatric specialties in Scotland. By working together with Aberdeen and Dundee, we will be able to provide more effective specialist services to children across the whole of Scotland.

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- The consultation document does not fully reflect the current position. By identifying a long list of specific specialties, it seeks to pre-judge the outcome of the national discussions and in doing so it puts at risk the sustainability of specialist paediatric services in all four centres. We would wish to see an acknowledgement that the list of specialties is indicative, not prescriptive, and subject to revision following the outcome of national discussions.
- As well as considering how we deliver tertiary services between us we need to take into account the future role and needs of the general acute and community child health services. An important function for the specialist services will be to provide specialist advice and support to this network of more generic services. In developing a plan for specialist services we need to link in with:
  - the work of the regional plan groups
  - the general paediatric services in the DGHs
  - the primary care and the community child health services

Doing so will help us deliver the decentralised model of service envisaged in the Kerr Report and endorsed in “Delivering for Health”, providing as much care and treatment as locally as possible.

- There is a substantial agenda with considerable implications for services in Edinburgh and Glasgow which have to be planned in a relatively short timescale. As well as having a presence on each other’s Project Board, therefore, we would be interested in exploring other opportunities for working together in developing the plans for each hospital. Some sharing of experience and ideas around clinical models of care might be a good starting point.
- The assumption that “children with serious head injuries” will be cared for in the new hospital will depend on number of neurosurgical sites and location of paediatric neurosurgery.
- Agree with most of the assumptions re national services as these are presently delivered within Yorkhill. A decision is awaited, however, about the Oncology and Haematology MCN and where this will be centred.
- Welcome the recognition that decisions are required from national discussions re tertiary paediatrics before the new hospital can be designed for the future.
- As there is no decision yet at a national level regarding the provision of neurology/neurosciences and regional/national services of spinal surgery, spinal injuries and neurosurgery, it is not possible to be quite as prescriptive about what adult services the new Southern General site will provide. The disposition of these services will be informed by current work following “Delivering for Health”.
- As the National Specialist Children’s Services Steering Group is not expecting to report its recommendations on Tertiary Service until 2007, the timetable for the OBC and FBC will be later than given in Section 4.6.
- There is comment on an assumption of need for capacity for additional development of regional and national services in Glasgow. What additional national services? It is important that this needs to be specified before bed capacity and layout are discussed. At the moment, the children’s service bed capacity is submerged in total bed complement of 1500 on whole Southern General site.

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- Support the principle of a distinct, self-contained children's hospital but suggest that direct links to adult and maternity services are really a requirement.

### **Dr J H Stuart-Smith**

- Object to the proposed closure of the hospitals in Yorkhill.
- The current drive to close hospitals across Glasgow (and Scotland in general) and to create fewer and larger hospitals is driven by the current philosophy that bigger is better with all hospital departments on single sites. Larger institutions suffer from escalating inefficiencies in the system as the co-ordination of so many departments is very difficult. Such administrative inefficiencies will both cost money and affect patient care.
- Large hospitals with many departments lead inevitably to delays in patient care.
- Having hospitals located throughout a city or region provides the best access to health care to the population as well as access for visitors of patients. The role of visiting relatives in the healing process should not be underestimated.
- The local economy benefits from local hospitals.
- The transport and access as presented by the consultation leaflet is misleading. The statement that travel times by bus would change very little is plainly wrong for patients and visitors coming from north of the river. While the Yorkhill site is served by numerous bus routes linking it directly with large parts of Glasgow and surroundings north of the river, there are very few buses crossing the river which operate to a timetable with longer waiting times.

## NHS STAFF

### **Acute Services Oral Health Directorate**

- The dental services which currently exist in Yorkhill (two dental surgeries and two theatre lists) and also the proposed dental day case GA all need to be in the new facility but this has not been mentioned in the document.
- It is really disappointing to note that the dental services provided in the Children's Hospital have been ignored. This is especially disappointing given that the current Children's Hospital at Yorkhill is being adapted to accommodate a new theatre exclusively for dental use.
- It is imperative that senior colleagues do not continue to consign dental services to the tail end.

### **Gavin Allison, Diabetes Nurse Specialist, Yorkhill**

- With the relocation of the children's hospital to the Southern site (and the redrawing of Health Board boundaries) there will be hospitals offering paediatric and maternity services within approximately 15 minutes drive of one another and within the same Health Board area. Although no plans for the closure of the Royal Alexandra Hospital in Paisley, there can be no prospect of it

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continuing to provide the same level of services it does presently. In particular, could foresee the amalgamation of community services (such as diabetes care) to the one site.

- It would be extremely short-sighted not to consider such a move happening within 5-10 years of the new hospital being built. With that in mind, the new hospital building must be large enough to accommodate such expansion and movement of staff. The Yorkhill site is short of space, especially outpatient facilities and office space – to build a new hospital based on the current building specifications would ultimately create a building that would not be sufficient for the 21<sup>st</sup> century.
- The proposal to increase the age up to which the children's hospital would see patients must be considered very carefully. Not only would this further enlarge the space required for the hospital and patient facilities, so too would the requirement for staff.
- Agree that for a 13 year old to be treated in an adult hospital ward seems inappropriate but no more so than that same 13 year old to be treated in a ward full of babies and toddlers. Encourage the Health Board to take the opportunity to advance adolescent services by providing a unit specifically for this age of patient. This does not necessarily have to be on the site of the children's hospital, but could be integrated into one of the adult hospital sites.
- If young people up to the age of 16 were to be looked after in paediatrics, this would mean that vast resources would have to be invested in current services for children.
- Applaud the improvement of adolescent care – at present it is not only inadequate but non-existent. This service could not simply be absorbed by paediatrics without substantially increasing staff numbers and inpatient resources.

### **Dr Joan Burns, Acting Lead Clinical Psychologist for Paediatric Psychology, Queen Mother's Hospital**

- There will be an increased demand on current staffing levels with additional mothers and babies from the new maternity services at the Southern General Hospital with the planned closure of the QMH and a resultant funding issue which will need to be addressed.
- Dedicated facilities and services for young people need to be respected and carefully planned. Work has already been progressed by the Young Persons Service Development Group and further work is being carried out. Current dedicated facilities exist within the current hospital but can be closed to young people due to reported misuse and resources issues. For all children, we need to seriously address the resources and facilities needed.
- The document fails to specify how an improved working environment and staff facilities will be achieved or how this will be shown/measured.
- Whilst an injury may be minor from a physical point of view, it may still present as a significant stressor to a child and their parent since it is partly the recipient's perception of that trauma that determines their reaction to it. There is a clear training issue implicit in this model of care to ensure that staff are trained appropriately and that facilities are also appropriate. There exists, at RHSC, a wealth of resource to help support such a development through training and consultation and we would welcome further dialogue around this. Any training/consultation using existing resources also, however, carries a resource allocation implication.

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- Currently within the QMH, clinical psychology provides dedicated input to women and babies in both the antenatal and postnatal period. The reorganisation of maternity services provides an opportunity for service development across hospital and community settings and we would be pleased to be involved further in helping shape future services.
- It is a lost opportunity for highlighting the holistic model integral to all our care that the document fails to reflect the fact that at least both psychological and psychiatric services have been included in a clinical advisory structure.
- Overall, it is felt that the document neglects to reflect an integrated bio-psychosocial model of care for families. This should include services from Family Support to Play Specialists, Social Work, Chaplaincy, Education as well as Clinical Psychology and DCFP.

### **Dr Myra C David, Chair, Greater Glasgow Division of Child and Adolescent Psychiatry**

- The paper does not take into account the increasing emphasis on a holistic approach to children's health which includes children's mental health.
- Mental health services should be included within the framework of a children's hospital – the importance of such services are well documented and have always been co-existent in children's hospitals.
- The emotional environment in which a child's physical health is managed while in hospital is an important aspect of a child's overall management and can have significant benefits to a child's physical health.
- Children and young people can experience severe mental health problems which require hospitalisation in specialist psychiatric units – there should be close links ie co-location in a children's hospital, particularly with the proposal that inpatient paediatric services extend into adolescence up to the age of 16.
- Disappointed that no mention is made of the Inpatient Psychiatric Units, the Paediatric Liaison Psychiatric Team or the Scottish Centre for Autism.
- It is important that the Academic Department of Child and Adolescent Psychiatry continues to be located in the heart of Paediatric Hospital Services with linkages to the Academic Department of Child Health.
- Further discussion is required around what will be provided in terms of Child and Adolescent Mental Health Services.

### **Charles Diaper, Consultant, Southern General Hospital**

- No mention has been made of the following services in the consultation document:
  - Paediatric ophthalmology
  - Orthoptic services and amblyopia/squint screening
  - Regional paediatric ophthalmology and ocular oncology
  - ROP screening and regional ROP treatment
  - Visual impairment of children with neurological deficits

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- Cover for paediatric ophthalmology outwith times that paediatric ophthalmologists are in clinics/theatre (no full time paediatric ophthalmologists in Glasgow)
- Paediatric Oculoplastics
- Paediatric Vitreoretinal
- It is also not yet established clinically that the main adult ophthalmology site should be at GGH and that SGH would be the better site. If the adult ophthalmologists have to cover from GGH there will be a lot of movement of doctors and/or patients.
- Not all current eye departments are fully equipped for child friendly waiting areas.
- Long established referral of childhood eye emergencies to RHSC as high rate of admission and/or requirement for anaesthesia. Currently only RHSC will anaesthetise patients under 12 years old in Glasgow.

### **Peter G Feeley, Co-ordinator, Hospital Education Service, RHSC**

- Feel strongly that education should be an integral part of the life of a children's hospital. Children's rights to receive an appropriate education are enshrined in legislation and it is important that the planning process should take account of the arrangements which will be necessary to ensure that this happens.
- This is not merely about bricks and mortar although suitable accommodation and situation are essential. The routine of the hospital should incorporate the education of the children and the involvement of education in the planning process will help to address issues around communication and co-operation.
- Enjoy a very good relationship with the existing structure and hope to be able to build on current good practice. Grateful for the early opportunity to meet with key personnel and look forward to contributing to the development of the new build.

### **Kathryn Foye, Maureen Grey and Elizabeth Hume, Staff Nurses, Dan Young Neonatal Surgical Unit, RHSC**

- Do the proposed plans include provision for a dedicated unit for surgical neonates? There is no mention of such in the consultation paper and this is causing concern and uncertainty.
- Look towards the bright future the Board is promising the community of Yorkhill.

### **Marjorie Gillies, Senior Nurse (Patient Services)**

- The benefits of physically linking adult and children's hospitals are clear – there will be different security issues to consider with the access to the children's hospital.
- It looks as though child psychiatric services will be in with adult services – if this is the case how appropriate is this in terms of caring for children who have very different needs. If this is not the case, separating the two in future publications would clarify the position.
- Does this include accessing young people via youth clubs (GCC Culture and Leisure)?

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- One option might be to retain part of the Western site and build a small purpose built service there for pregnant ladies from the west.
- Overall paper was clear and concise and up to the point – it read well.

### **Dr Sarah Hukin, Consultant Child and Adolescent Psychiatrist, Yorkhill Hospital**

- Deeply disappointed that under Section 3.3, National Services are listed but the Children's Inpatient Psychiatric Unit is not listed despite having being designated a national service on 1 April 2006.
- There are other national and regional psychiatry services based at Yorkhill Hospital currently (including the Scottish Centre for Autism and the Paediatric Liaison Psychiatry Team) as well as Glasgow University Department of Child and Adolescent Psychiatry which are not mentioned. At a time when both the Royal College of Psychiatrists and the Royal College of Paediatrics and Child Health are emphasising the importance of a holistic approach to children's health care, this seems to be a particularly grave omission.
- Under Section 3.5, which lists the adult services to be provided at the Southern General site, under Mental Health Acute Psychiatry, adult and child is mentioned along with perinatal mental health. It is not clear how this should be interpreted although it does seem that the link between the adult mental health services is possibly being seen as a higher priority than the link between child psychiatry and other children's health services. It is vital to maintain links with other children's health services as we are as dependent on our colleagues in other paediatric specialties as they are on us.
- Under Section E, Implications for Staff, welcome the acknowledgement that the staff working at the RHSC are the most critical resource for the continued provision and development of the highest quality children's services. It would be reassuring to know that the staff working within the Child and Adolescent Mental Health Services based in Yorkhill Hospital are included in the numbers provided at Section 5.1.
- If the omission of Child and Adolescent Mental Health Services within an integrated child health service based at the SGH is an oversight rather than a plan, it would be necessary to re-issue an altered document in order to obtain a meaningful stakeholder consultation.

### **Wendy McPhie, OT Institute, Southern General Hospital**

- How are we going to incorporate the views of children into the new build? Saw a TV programme re the design of a new children's hospital in London, which had a very consultative process, incorporating the children's ideas, eg no long dark corridors, a central glass atrium.
- Think it is imperative to improve public transport links to the SGH, eg new bus links and shuttle buses from underground station. Even with the increased number of staff going to be on site, it may be worth considering putting on buses for staff with fixed pick-ups from various areas of the city. A forum for car sharing should also be initiated.

### **Dr John Mooney, National Cancer Networks Manager**

- Welcome the commitment to treat children at the new children's hospital up to the age of 16 rather than 13 although concerned that teenagers and young adults with cancer should have appropriate

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transitional arrangements. This would involve children diagnosed before age 16 continuing to be treated in the children's hospital beyond that age and, if thought appropriate, patients diagnosed as teenagers or young adults receiving treatment in the children's hospital.

### **Dr Michael Morton, Consultant Child and Adolescent Psychiatrist, Yorkhill Hospital**

- In Section 3.3 there is a description of the “full range of clinical services” currently provided at Yorkhill organised under the heading of National Services and Secondary Services. Mental Health Services have been omitted from both lists.
- It is of great importance that the integrated approach to child health (via the DCFP Liaison Team, Paediatric Psychology Services and the Academic Department of Child and Adolescent Psychiatry) should be maintained during the transition to the new hospital.
- Item 3.5 contains a description of the adult services provided on the Southern General site. It is very surprising that Child Psychiatry is listed in this section. Had many concerns about the break-up of the integrated Children's Services of the Yorkhill Division but greatest fears did not include the idea that NHSGG would come to see Child Psychiatry as an adult service. This should be corrected as it portrays a mindset which would be inimical to quality children's service provision.
- In Section 5.1 there is a list of staff working on the Yorkhill site – does this list include DCFP staff and staff in Clinical Psychology?

### **Paediatric Liaison Team, RHSC**

- Surprised to find that the only mention of Child Psychiatry within the consultation document was as an “Adult Service” provided at the Southern General Hospital. Understand that this was an error that emerged in compiling the document but it is unfortunate and misleading.
- All existing services provided would be required to be maintained within a new hospital to ensure the mental health and psychosocial needs of children and young people were being addressed effectively.
- Welcome the proposal that adolescent medicine might be developed in the new children's hospital and support the emphasis on the health needs of young people which have often been inadequately resourced to date. This will be a challenging task as the needs of adolescents are not necessarily the same as those of younger children.
- The provision of specialist adolescent facilities requires considerable psychosocial input, including input from mental health professionals which is not currently provided. The provision of a generic adolescent ward would offer many opportunities for improvements in the care of young people but this would be greatly enhanced if there were also some adolescent mental health inpatient provision on the new children's hospital site.
- Highlight the importance of the facilities both within and surrounding the core building. This is particularly important for all families whose children have long term or frequent and recurrent hospital admissions and where the needs of other family members have to be considered as well as those of the child in hospital. It is to be hoped that great care will be given to considering the psychosocial resources required to support families when they have children in hospital on the Southern General site. These should include amenities which will engage siblings.

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- There is a need to maintain and develop the holistic approach to child health represented by the Yorkhill Hospital. Given the reorganisation of services in Glasgow with mental health, community child health and Allied Health Professionals groups moving from joint management in the Women and Children's Division to a separate management structure, particularly keen to ensure that these groups have a significant contribution to the planning of the new children's hospital.

### **James Wallace, Chief Pharmacist, on behalf of Pharmacy Services, Yorkhill Hospitals**

- Agree that the clinical case for relocation of services from Yorkhill to allow the bringing together of maternity, adult and children's services on to a single site is well made. It gives a great opportunity for co-operation and development of innovative services for women and children. It is important, however, that the specialist nature of children's services and the need for child-friendly facilities and training and experienced staff, is recognised in the process. This is particularly important for support services where there may be pressure to share services with adults for cost efficiency thereby losing the child-friendly and specialist service.
- Many people have reservations about the suitability of public transport to the SGH site. It is vital that before all the proposed concentration of clinical services is completed on this site that public transport issues are resolved. Note that there are a number of plans to improve access but there is still a concern that there is no continuity of public transport from the city centre to the Southern General. This needs to be a high priority issue between the Health Board and the Local Authorities.
- Recognise that the children between 13 and 16 years of age have no suitable facilities within the city at present and agree this requires action.
- The proposal to extend the age group to be treated in the children's hospital to 16 will have a significant effect on patient demographics within the children's hospital and require increased staff resources with specialist skills. The consideration must also be given to the difference in physical size which will require investment in surgical instrumentation and other equipment. The current mixed-age model at Yorkhill will not be suitable for this age group.
- Agree that children with minor injuries should be seen quickly and locally. It is important, therefore, that triage and referrals systems for these children are carefully constructed and that adequately trained and experienced staff are in place within the local minor injuries units.
- The transfer of maternity services from the Queen Mother's Hospital to the Southern General site should occur as closely as possible to the time that paediatric services transfer.
- Important that clarity is obtained soon about tertiary paediatric services such as neurosciences and oncology so that it can be incorporated in the planning process for the new children's hospital.
- There needs to be more clarity about the change process involved for staff currently working within the Yorkhill campus.
- It is important in the design of the new facilities on the Southern General site that adequate space is available for future developments.

## **LOCAL AUTHORITIES AND COMMUNITY COUNCILS**

### **Chief Executive, West Dunbartonshire Council**

- People living in Dumbarton and Alexandria have long complained about the difficulties in accessing hospital sites south of the River Clyde. The proposals if taken to conclusion will result in an increased number of West Dunbartonshire residents experiencing such difficulties, given that public transport routes mainly follow corridors north and south of the river into Glasgow. West Dunbartonshire outpatient attendees and visitors to inpatients are likely to experience lengthy, complicated and expensive journeys to the Southern General site. The consultation highlights advances in transport infrastructure that will help access to the Southern General site. More clarity is needed about how these opportunities will translate into better public transport services.
- There is no specific mention of the former NHS Argyll and Clyde territory of Lomond and it is unclear how the distribution of these patients will be split between the Southern General and Royal Alexandra Hospitals. The table at paragraph 4.16 of the consultation attempts to indicate where current patient flows are located. However, it is not clear whether this table relates to the current Southern General or Queen Mother's Hospitals, a combination of both or some other configuration. It is also not clear what proportion of the former NHS Argyll & Clyde patients come from areas that are now within the new NHS Greater Glasgow & Clyde system. It is important to clarify these points because the paper asserts that access is a regional or West of Scotland issue rather than a local one. If the table relates only to the Queen Mother's Hospital and a high proportion of the 28% NHS A & C patients are from the north of the Clyde corridor, there is a clear access issue for local people (rather than regional).
- The access issues highlighted in respect of the general population are exacerbated for pregnant women who have other vulnerabilities such as addiction, long-term limited illnesses, mental health problems or disability which may require access to specialist services for both them and their newborn babies. While paragraph 7.6 of the consultation indicates that alternative arrangements for accessible antenatal care will be made for the West of Glasgow, there is no commitment to the level of these arrangements or whether these will be appropriate for more vulnerable pregnant women.
- The proposal to extend cover for young people up to 16 years of age is welcome.
- The proposed closure of the QMH prior to the completion of the Southern General site development needs to be explained more fully. The absorption of the former NHS Argyll & Clyde Acute Sector within the NHS Greater Glasgow Acute Services Strategy will be complex. It will be important for patients and communities across West Dunbartonshire to believe that their needs have been addressed adequately.
- The consultation does not offer options but expresses a single proposal by NHS Greater Glasgow and Clyde that the new children's hospital should be sited at the Southern General Hospital. The purpose of issuing the paper as a consultation is therefore unclear.
- The paper outlines planned facilities and investment and the clinical benefits of these, however, there is no clear rationale for why these benefits should be specific only to the SGH site. The explanation within the consultation that there are insufficient adult and maternity services at

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Gartnavel has been made without any apparent exploration of the feasibility of transferring existing maternity services in the SGH to Gartnavel. The site at Gartnavel which was originally identified for cardiothoracic services may offer sufficient physical space for such a transfer.

- Current maternity service configurations were developed prior to the expansion of NHS GG & C and without regard to maternity services at the RAH. If the new hospital is sited at the Southern General, there will be a concentration of provision south of the Clyde with very little to the north or west of Glasgow.

### **Glasgow City Council**

- The paper states that the developments to achieve a fully integrated adult, maternity and children's services will be in three parts, resulting the Southern General site providing an extensive range of seamless services. In relation to the maternity and children's services, it will be important that appropriate interim arrangements are in place during the phased development and that there is wide public and agency understanding of what these are.
- The implementation of the stated developments should impact positively on access to the Southern General; should there be delays in the implementation, there are likely to be some access difficulties which would need to be considered further. The public transport system is often the only travel means for many people in the city and it remains vital that good public transport access is available from across the city to the new children's hospital; at present this is not the case for the Southern General site. Planning of the new site should include increased car parking spaces, in view of the increase in service users and as a consequence visitors. Further, the Southern General grounds are currently very congested and it would be hoped that any new developments on the site would not add to this congestion.
- The opportunity to extend the age group range at the new children's hospital is welcome. It is not clear whether this will include the adolescent mental health service currently provided from Gartnavel Royal Hospital. In addition, there is no mention of the education suite or collocated services. Consideration needs to be given to these for example the possible increase in bed numbers and the consequent increase in the level of services required by education and social work. Work needs to take place in collaboration with the Council in this regard and to ensure the requirements of the ASL legislation are met effectively.
- The proposal to make available local Minor Injuries Units throughout the city is welcome. There may still be access issues, that is, in terms of distance and the practicalities for some city residents of getting to the Southern General site on an emergency basis, if children and young people with more serious injuries/conditions can attend only one A & E in the city, at the children's hospital. Although there are clear benefits to this in terms of clinical expertise, the difficulties in speedy access may mean that some children and young people are put at unnecessary risk.
- It would be helpful if the proposed community based developments could be expanded and built on existing structures. These developments would be consistent with Glasgow City Council's commitment to provide inclusive services to protect and support the most vulnerable children and their families through early intervention and prevention.
- The further proposed engagement with interested parties, in particular children, young people, and their families in the development of the new hospital is noted and welcomed.

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- Glasgow City Council supports developments that will provide better facilities and collocated teams of specialist staff who will be able to meet the needs of a wide range of patients.

### **Elizabeth King, Secretary, Wallacewell Community Council including Barmulloch Balornock & Robroyston**

- Community feel consultation is a joke as Board has already made up its mind what they intend to do.
- The communities and Community Council views are total irrelevant.
- Sending consultation out after so called consultation was held a few months ago – there was not a community representative on the scoring groups.
- To ask the views of the community now is an insult to the intelligence of the community and total waste of time and taxpayers' money.

### **Joe O'Connor, Broomhouse Community Council**

- Understand the reasons for such a move to bring all the services onto one site to cut costs on administration and hopefully lead to a much improved service to the parents and children of Glasgow and Scotland.
- Hope that the new hospital does not lose its unique status for the people of Scotland and that it remains and operates at the highest standard in the future.
- Concerned about the longer distance people have to travel to the new site even though it is not that far from Yorkhill it will become a factor for people from the north of the city in an emergency situation.

### **Harry Stevenson, Executive Director, Social Work Resources, South Lanarkshire Council**

- Appreciate the view of NHS Greater Glasgow and Clyde to take this opportunity to create a centralised facility with the co-location of maternity, adult and children's services on one site.
- Whilst this move is supported, note that the highest patient distribution to the Southern General is from Lanarkshire with 36% of patients. Actively support, therefore, the comments on engagement with service users to ensure the people of South Lanarkshire are represented in this process. There are a number of local network groups of service users and carers who could contribute effectively to this process and would be happy to link directly with the NHS Greater Glasgow Community Engagement Team.
- Ask that comments reflected at the consultation event on 27 April 2006 are noted particularly regarding the location of this site and the difficulties in reaching the site via public transport from various parts of the city and surrounding areas. The FARE4All report has been considered and hope this influences the planning process.

### **Councillor Niall Walker, Glasgow City Council**

- Not convinced about the strategy of centralising services and sees no evidence that patient care improves in large centralised hospitals.

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- Move will increase traffic congestion in Glasgow. Notes that only 38% of Glasgow patients live on the south side. Patients travelling from the north will be exposed to delays on the Clyde Tunnel or one of the Bridges.
- The M74 extension is still subject to a legal challenge and politically it may still be challenged.
- The NHS needs to improve efficiency of its current operations rather than pursuing a policy of rationalisation.

### MSPs/MPs

#### **Jo Swinson MP, East Dunbartonshire (on behalf of a constituent – Mr Campbell)**

- Worried that the level of charitable contributions would decrease as he feels that Yorkhill attracts a great deal of donations due to its status as a children's hospital.
- Important to preserve the Yorkhill identity within the Southern General to ensure the fundraising capabilities remain unaffected.

### GENERAL PUBLIC

#### **Karen Gilligan**

- Concerned about the timescale between the Queen Mother's Maternity Hospital closing and the new build at Southern General Hospital being completed. Would hope that this would be as short as possible.

#### **Lesley Johnstone**

- Have any plans been proposed for the transfer of support accommodation such as the Ronald McDonald House and the Clic House? It is imperative to keep such accommodation for the parents of very ill children who have to be close to their children at all times.
- Will it be guaranteed that only child consultants will remain in charge of the child care at the hospital? Worried that adult consultants will end up sharing the care – currently with a separate child's hospital, the care children receive is by consultants who deal with children on a daily basis.
- From personal experience, it made no difference that a maternity hospital was situated on site with an adult hospital.
- Strongly disagree with the proposed psychiatric village situated on site with both the maternity and child hospitals. This should be kept as far from a child's hospital as possible.
- Is it fair to charge for parking for parents of children attending hospital?

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### **E MacDonald**

- Although the new bridge is due for completion in 2006, it will not make much difference to the people in the west.
- Regarding the new light railway transit system going along south and north of the Clyde, where does it start and end – obviously the people on both sides of the river require easier access to the new hospital.
- At the moment, the transport is a joke if you want to visit someone in the Southern General – you would take a taxi as no buses go the southside from Whiteinch, Yoker, Clydebank etc – also the same applies, no direct transport coming through the Dumbarton Road corridor to southside.
- Do not agree with the new proposals as until the transport problems have been sorted out the Health Board must have assurances from bus companies that they will still be there for people to use and not taken off when it suits them.
- If there is a breakdown/traffic jam at the Whiteinch Tunnel it is a nightmare and if a patient requires urgent attention is the ambulance going to take wings to get to the Southern General Hospital as it could mean life or death.
- There has not been enough consideration given to the public and, as usual, the public views are not taken into account.
- Decision was made even before the consultation paper went out.

### **Margaret R Urquhart**

- How will provision be made to ensure that people north of the river will not be held up by traffic in the tunnel?

## OTHER ORGANISATIONS

### **Dr R L C Cumming, Chairman, Scottish Health Campaigns Network**

- An unknown timescale for the co-existence of the new maternity unit and the new sick children's hospital. The implementation of the Acute Strategy Review and the slippage in the timescale of the development of the new Stobhill and Victoria facilities gives little confidence as to when this might be achieved.
- There is no mention of the replacement of Ronald McDonald House – a vital cornerstone in the provision of the national childcare which the new development will be. Historically, the provision of mother/child care has been a combination of charitable donations and NHS facilities. It would seem to be a serious oversight that the provision of mother and child accommodation is not even mentioned in the document.

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### Joe Di Paola, Branch Secretary, UNISON Scotland

- Focus must remain on family centred care – fully support the provision on site of facilities equal to or more superior than the present facilities of Ronald MacDonald house and flats owned by CLIC cancer charity.
- Seek reassurances about the future of Hawthorn House – a service for adults affected by the death of child and for children and young people aged 7-17 years. This provides one-to-one care and group therapy where appropriate.
- Support the provision of equal facilities for siblings of inpatients such as the crèche currently provided and the on site nursery for the children of staff working on site or in the community.
- No loss of national/regional services currently provided at Yorkhill – bone marrow transplantation, renal services.
- No shared services for children example, radiology services, ancillary staff, porters, catering and domestic.
- Questions over children receiving radiotherapy treatment at the Beatson – anxieties over how this would continue.
- No loss or reduction of services currently provided.
- Laboratory services – concerns that a merger would result in reduction of services. Concerned that any loss or reduction would ultimately affect the life of a child.
- A & E Services – currently provides exclusive service for children with appropriately trained staff. Concerns over children's services being just a part of an adult service.
- ACADs and minor injuries units proposed for Glasgow – ensure that the public, GPs and NHS24 staff are all educated in the use of these new concepts. Concerns over appropriately trained staff in these new units. Do not wish to see situations where children have to be redirected to an A & E with possible detriment to them. Seek reassurance over the priority of ambulance provision for these new units.
- Question how 26 sick neonates can be accommodated in either of the other neonatal units in Glasgow during this interim period.
- Much adverse publicity over the lack of neonatal intensive care cots in Britain which has caused genuine stress to both parents and staff working in these areas. Wish to see a robust plan in place that is widely communicated to the general public. Feel it is the responsibility of the Board to ensure that no further distress is caused.
- Neonatal transport – concerned that there may be a false sense of security over the transportation of sick neonates. Whilst the transport service has been recently upgraded, this should not become the norm because QMH is closed.
- Consultation with all groups who currently use services at Yorkhill or in the community areas linked with Yorkhill. There must be a firm and consistent line of communication with these groups.

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- Maternity service provision – proposed interim closure of QMH – this is a major concern. Wish to establish a firm line of communication in this area. Key staff must be involved in discussions and planning and staff must be kept updated in face to face sessions.
- Staff on Yorkhill site – staff of all designations have fears and concerns that have so far not been addressed and feel that regular staff briefings from local managers would avoid conflict, low morale and loss of staff.
- Expect all changes to be dealt with under the Managing Workforce Change Policy.
- Hope that with careful planning and consultation with people who are experts in their field that the new sick children's hospital will continue to flourish and provide the world renowned service that thousands of neonates, babies, children and their families currently receive.

### **Anne Flannigan, Glasgow Branch Secretary, The Scottish Association for Children with Heart Disorders**

- Will the Ronald McDonald House facility (currently available at Yorkhill) be available at the Southern General?
- Currently, Yorkhill parents can go to various places in the vicinity – at the Southern General there is nothing in walking distance to give respite from the hospital environment.
- There is a sewage plant near to the Southern General emitting a pungent smell most of the time which will filter into the wards. If you are sick and recovering, this would not be a pleasant experience.
- Is it possible, through the press, to put a telephone number in the papers to allow the public to vote Yes or No to the move for those who cannot attend the consultation meetings?

### **Dagmar Kerr, Area Co-ordinator for Strathclyde, Action for Sick Children (Scotland)**

- Hope is that the commitment to meet the specific needs of young people will result in dedicated areas for them as well as adopting a whole new model of care that looks at their needs in a holistic way. This will include adopting a multi-disciplinary and multi-agency approach to the care of the young people with services not just for their physical conditions but also psychological aspects of illness or disability, its effect on personal development, mental health, education, independence and career advice.
- Transition into adult care will need careful planning and support. Co-location to adult services may aid this but it is not the answer to this important issue. Much education and better understanding of adolescent issues across professionals from both the paediatric and the adult sector is needed to assist this delicate process.
- It is apparent from the consultation paper that there is an honest willingness to involve as many people as possible from all backgrounds in the planning of the new hospital and to aid this process proposing a clinical advisory structure of six groups. Concern is that there should be two more groups that will have to work in close relationship with the six clinical groups, namely, one dedicated group with the interests in mind of the specific and different needs of adolescents to inform the six clinical groups of all aspects of the care for young people and secondly, a group for

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the planning of all support services. Members of this group would have to feed into all six clinical groups but should have a dedicated working group to plan all aspects of care involving their input.

- Yorkhill is currently providing a very good service in many areas but these often developed because of specific fund raising or after long campaigning efforts. It would be devastating for sick children, young people and their families if any of these services were to be forgotten or added on as an after thought. They all form an important, integral part of holistic and child centred care.
- The Action for Sick Children would be delighted to be involved in the planning process of this new hospital and help to make the best of this wonderful opportunity.

**Dr P V Knight, Honorary Secretary/Registrar, Royal College of Physicians & Surgeons of Glasgow**

- Triple co-location of maternity, adult and children's services is welcome. It is essential to maintain co-location of fetal medicine, perinatal medicine in addition to medical, surgical and cardiac neonatal intensive care services to retain the unique advantages of the current Yorkhill Hospitals site.
- The new children's hospital will provide opportunities for academic development for the future. All components of a Department of Developmental Medicine, other than the Academic Department of Obstetrics, will be represented on the Southern General Hospital site. I might improve opportunities for collaborative research if this department was co-located with Fetal Medicine at the Southern General site.
- In order to minimise clinical risk and the risk of disruption of specialist teams the period of disruption following closure of the Queen Mother's Hospital must be as short as possible.
- In planning for the new hospital, the Board must recognise recommendations for change from bodies such as the British Association of Perinatal Medicine and the Scottish Neonatal Consultants Group regarding future provision of neonatal intensive care. These changes are necessary primarily for workforce reasons which cannot be ignored.
- The Scottish Executive continues to promote development of national networks for paediatric specialties with 14 paediatric subspecialties now recognised. Further national services are likely to be required and the new facility on the Southern General site must be future proofed.
- The Board must ensure facilities for service and staff can be provided to up to the age of 16 years. Development of the extended age range of children's services and of transition services will require careful engagement with all appropriate adult specialties.
- Concerns remain regarding links to and from the Southern General site and ease of parking on site especially for parents attending with children with disabilities. Staff parking charges combined with public transport difficulties may lead to problems of recruitment and retention of specialised staff key to the success of the new hospital.
- It seems likely the new hospital will lead to changes in self-referral and GP referral patterns within GG & C which may destabilise existing women's and children's services within the Clyde Division. The Board must take this into account and plan for models of care which are sustainable beyond 2011.

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### **Graham MacIntosh, Lecturer, University of Glasgow, Nursing & Midwifery School**

- Access to hospital from the North of the City if major delays in Clyde Tunnel or expressway.
- Will there be enough parking at SGH when development is complete?
- Note that there is a high proportion of patients from Lanarkshire which geographically is large – concerned with the traffic congestion on link routes such as M8 if match is on at Ibrox or concerts at the SECC.
- Will the new hospital have its own laboratories or will it be a shared venture with the new SGH – concerned that centralising the labs will place extra burdens on the lab staff.

### **Dr Adrian C F Margerison, Scottish Officer, Royal College of Paediatrics & Child Health Scotland**

- Triple co-location of maternity, adult and children's services in welcome. Specifically current maintaining co-location of fetal medicine, perinatal medicine and medical, surgical and cardiac neonatal intensive care services will retain the unique advantages of the current Yorkhill Hospitals site.
- The new children's hospital will provide opportunities for academic development for the future. All components of a Department of Developmental Medicine, other than Obstetrics, will be represented on the Southern General Hospital site.
- In order to minimise clinical risk and the risk of disruption of specialist teams, the period of disruption following closure of the QMH must be as short as possible.
- In developing the footprint of the new hospital, the Board must recognise recommendations for change. These changes are necessary primarily for workforce reasons which cannot be ignored.
- The Scottish Executive continues to promote development of national networks for paediatric specialties with 14 paediatric subspecialties now recognised. Further national services are likely to be required and the new facility on the Southern General site must be future proofed. Close co-operation between the Glasgow reprovision and the proposed reprovision of Edinburgh Children's Hospital is essential in this regard.
- The Board must ensure that the facilities for service and staff can be provided up to the age of 16 years of age. Development of the extended age range of children's services and of transition services will require careful engagement with all appropriate adult specialties.
- Concerns which must be addressed remain regarding transport links to and from the Southern General site. Many parents attending the Yorkhill site comment on the difficulty in parking, especially those with children with disabilities. Staff parking charges combined with increased travel distances and public transport difficulties may lead to problems of recruitment and retention of specialised staff key to the success of the new hospital.
- It seems likely the new hospital will lead to changes in self-referral and GP referral patterns within GG & C which may destabilise existing women's and children's services within the Clyde Division. The Board must try to predict and plan for models of care which are sustainable beyond 2011.

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### **Martha Wardrop, Policy Officer, Glasgow Council for the Voluntary Sector**

- Seeking commitment for consultation with children and young people in the development of the new children's hospital as follows:
- Support for real engagement from children and young people from equalities groups. The term "equalities" is used in its widest sense and would encompass not only gender, race, disability and sexual orientation but also individuals and groups facing discrimination on the grounds of age, language or social origin or of other personal attributes, including beliefs or opinions such as religious beliefs or political opinions.
- Recognition of the key role of the voluntary and community sector can play in supporting children and young people's engagement in service developments.
- Community involvement based on participation not just consultation. This can be facilitated by the introduction of effective participation network for children and young people across local authority areas.
- There is a need to improve the communication channels between statutory and voluntary sectors. As a key component in the establishment of the new children's hospital, there is a need for investment in a dedicated resource for effective guidance and support to voluntary sector's children and young organisations to effectively engage and impact on service developments.
- There are systems and processes for reviewing, evaluating and continuously improving children and young people's involvement.
- This process could enable the development of a joint and stronger voice from the children and young people who are involved in the community and voluntary sector organisations and ensure that mutual support and understanding can be built with NHS Greater Glasgow and Clyde.
- There should be recognition of voluntary and community organisations various roles.
- Resources should be provided in order for voluntary sector youth serves to continue to engage in the service development process.
- Voluntary and community sector is committed to playing a full and equal role in the development of the community engagement with children and young people. There are, however, resource implications in achieving this. A helpful approach to community engagement is recognition of the importance of people from all partner organisations working together and developing joint discussions.

For any enquiries regarding this summary Appendix or to view the full responses please contact Shirley Gordon, Secretariat Manager, on 0141 201 4477