

GREATER GLASGOW AND CLYDE

NHS BOARD MEETING

Director of Planning and Policy
Medical Director

21 February 2017

Paper No 17/03

Outcome of Consultation on Transfer of Paediatric Inpatients and Day Cases from Ward 15 RAH to RHC and Next Steps

Recommendation:

The Board is asked to:

- note the outcome of the consultation on proposed changes to paediatric inpatients and day cases at Ward 15 RAH included in the approved 2016/17 Local Delivery Plan;
- approve the submission of the proposed changes to the Cabinet Secretary for her consideration.

1. Background and Purpose

- 1.1 In October 2016 the Board considered the outcome of a programme of engagement and communication with stakeholders on proposed changes to paediatric services at the Royal Alexandra Hospital, Paisley and agreed to proceed to formal public consultation in early November 2016.
- 1.2 This paper describes the consultation programme and the issues which have emerged to enable the Board to consider whether to approve the proposed changes for submission to the Cabinet Secretary who will make a final decision as this is deemed major service change.
- 1.3 The proposal is to move paediatric inpatient and day case care from the Royal Alexandra Hospital (RAH) to the Royal Hospital for Children (RHC). This proposal is clinically focussed on improving the acute and specialist services offered to the children of Paisley and the wider Clyde area. That clinical case for change includes:
 - quicker access to definitive care for the most seriously ill children;
 - improved access to paediatric specialists including in surgery, radiology, and anaesthesia for all children;
 - access to specialist allied health professions such as physiotherapy and dietetics;
 - improved facilities accessed by RAH catchment children;
 - inpatient and daycase paediatric care are now delivered to smaller numbers of patients and to meet modern clinical standards require consolidation, including concentration of medical staffing to improve cover for all children;
 - many of the children with serious chronic illnesses already have some of their care at the RHC.

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- 1.4 Changing clinical standards for paediatric services across the UK are also contributing to the case for these changes which will enable clinical teams to be used to best effect in maintaining a strong clinical presence in the services remaining at the RAH and delivering compliance with Royal College standards at both sites.
- 1.5 A move to the RHC also enables access to dedicated adolescent facilities and to medicinema, teddy hospital, play park areas, roof gardens and the new patient entertainment systems all of our new inpatient wards provide.
- 1.6 We have heard in the consultation how valued the service at the RAH is to local families but a general hospital cannot match the functionality a specialist children's hospital can offer.
- 1.7 The detail of the proposal is set out in attachment one to this paper, the proposal would mean that:
- children who would have attended RAH and IRH Emergency Departments (ED) **by ambulance** will be taken direct to the RHC;
 - the RAH and IRH emergency departments will continue to see children who **self refer** and will provide a safe high quality and timely service with agreed protocols in place for transfer to RHC if required;
 - all paediatric outpatient and community services will **remain locally**, the majority of children's services will still be provided at the RAH.
- 1.8 These proposals were originally made in 2011 when there was an extensive programme of engagement with patients, parents, families and professionals, including an option appraisal. The outcome of that option appraisal was that the preferred option was to transfer the services to the new Royal Hospital for Children when it opened on the Queen Elizabeth University Hospitals Campus as there were real concerns about access to the RHSC at Yorkhill.
- 1.9 Given the time elapsed since the previous engagement process the approach set out in the August Board paper was to establish a programme of re engagement on the proposals in advance of formal public consultation on the proposed transfer. This engagement gave visibility to all elements of the previous process, including the option appraisal to ensure that all of the key interests had an opportunity to understand the proposal and make further comment.

2. Engagement and Consultation Process

- 2.1 This section describes the engagement and consultation process with the detailed consultation report - attachment two to this paper
- 2.2 The engagement process included:
- A Stakeholder Reference Group (SRG), made up of parents and carers and representatives from interested groups to offer advice and perspectives on how we should inform and engage with patients, carers and the public on the proposal.
 - Information and engagement activity carried out in this period included:
 - public events in Inverclyde and Paisley with the clinical team presenting the case for change;
 - six drop in sessions in Ward 15 and paediatric clinics in the Vale of Leven and Inverclyde Royal Hospitals;

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- four electronic bulletins distributed to an extensive network of 400+ community contacts, including those in Argyll and Bute;
- a briefing session for MSPs;
- two press releases.
- promoting engagement opportunities on facebook and twitter;
- regular updates of dedicated engagement pages of the website with more information about the proposal and how people could tell us what they think.

2.3 The consultation process started on 7 November 2016 involved a range of ways to promote the opportunity for patients, parents and the public to make their views on the proposal known. The SRG met three times to shape the process which included:

- public events in Inverclyde and Paisley with the clinical team presenting the case for change;
- nine drop in sessions in Ward 15 and paediatric clinics in the Vale of Leven and Inverclyde Royal Hospitals;
- six electronic bulletins distributed to an extensive network of 400+ community contacts, including those in Argyll and Bute;
- five press releases;
- five drop in sessions in the Royal Hospital for Children, to speak to young people about their views on hospital care;
- promoting engagement opportunities on facebook and twitter;
- regular updates of dedicated engagement pages of the website with more information about the proposal and how people could tell us what they think;
- speaking to two groups, East Renfrewshire PPF and Inverclyde Carers;
- distribution of leaflets to every GP surgery, pharmacy, and library in Renfrewshire and Inverclyde;
- paid adverts in the Greenock Telegraph, Renfrewshire Gazette, and Paisley People;
- two features in Health News.

2.4 Feedback from the engagement process included issues with enabling contributions from:-

- children with disabilities;
- age appropriateness.

2.5 We addressed this in the consultation process by

- speaking to parents of children with disabilities, and young people themselves, in Ward 15, paediatric clinics in the Vale of Leven and Inverclyde Royal Hospitals;
- speaking to parents and children with disabilities in wards in the Royal Hospital for Children to find out what is important to them when in hospital;
- ensuring organisations who work regularly with these groups, such as PAMIS and Action for Sick Children Scotland, were contacted regularly about the consultation;
- inviting parents of children with disabilities to be part of the Stakeholder Reference Group;
- including responses to a 'how are we doing' survey carried out with parents, young people and children on a regular basis in Ward 15.

3. Issues Raised in the Consultation Process

3.1 This section sets out and responds to the issues raised in the engagement and consultation.

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3.2 Ward 15 Service:

The engagement process has confirmed the value parents and families put on the Ward 15 service. Particular positively highlighted are the continuity of care and direct access to the ward for complex, chronically ill patients. Most families who had accessed both services were also positive about the RHC. Other points included:

- A challenge to the fact we only had one option and had not proposed investing in and developing the RAH service to match the services at the RHC. We explained that there had been an option appraisal in 2011 which had concluded the best option was to transfer the service and we were therefore consulting on that preferred option. We also explained that a facility of the scale and range of services at the RHC required a much larger population than could be served by the RAH and to deliver the best care to children across Greater Glasgow and Clyde we needed to concentrate staffing and resources on that site. We made available a report on this option appraisal early on in this process.
- The psychological impact on children and families of losing a local service, particularly for the most vulnerable families. Families living very close to the RAH told us their concerns over needing to travel further and the impact they felt this would have on their ability to care for a child in hospital and other siblings, and family finances. Trying to address this concern would be a key part of the transition if this change proceeds. For children who regularly attend the ward we would need to have an individual process to agree their revised package of clinical care. For the majority of children who will be attending for a one off, short emergency admission this would seem to be less of an issue.
- The anxiety of accessing services at a distant, large hospital. We accepted this is a real concern but it is also the case that the children with the highest levels of need from chronic condition and those requiring complex emergency care are already receiving care at the RHC. We also committed, if the change proceeded to ensure that there was clear communication that the RHC is a separate hospital from the QUEH and is wholly dedicated to the care of children, with all of the benefits that brings.
- Across this range of issues it is important to emphasise that the RHC has extensive family support services which would help us to ensure that children and families affected by this change would have a wide range of support and advice on issues like travel costs and benefits.

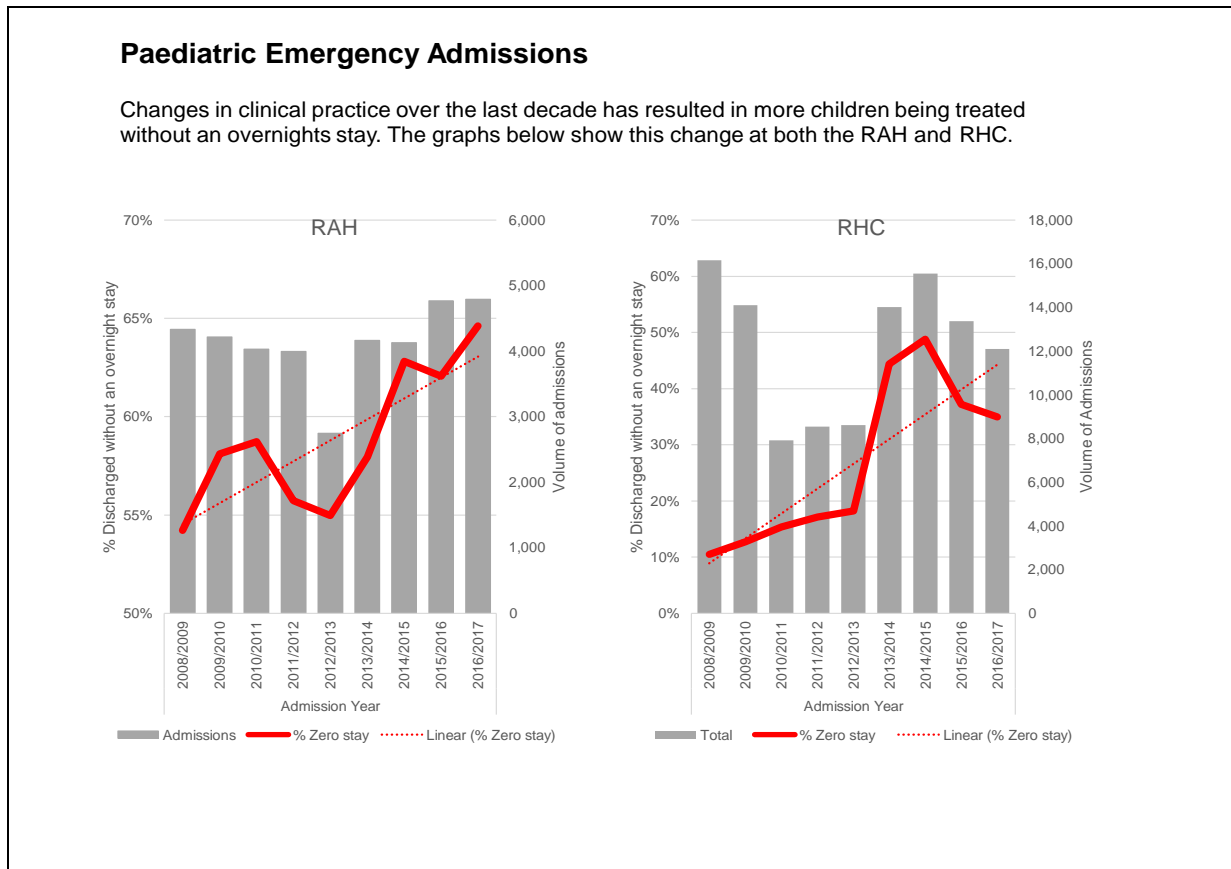
3.3 Clinical Case for Change

The consultation material and process focussed on explaining the clinical case for change. From the engagement process we worked to develop our material in relation to ensure clearer language and to explain how changing clinical standards for paediatric services across the UK are contributing to that case. We have been able to establish a better understanding of what is proposed and we have had expressed at a number of points in the process that the clinical case is understood, although people remain very supportive of their local service. Other key points include:

- There has not been universal understanding that the community services will remain in place. There have also been a number of examples of care for chronically ill children which might be developed in the community services rather than provided at ward 15 or the RHC and this would be an area of development to explore further if we move to implementation.

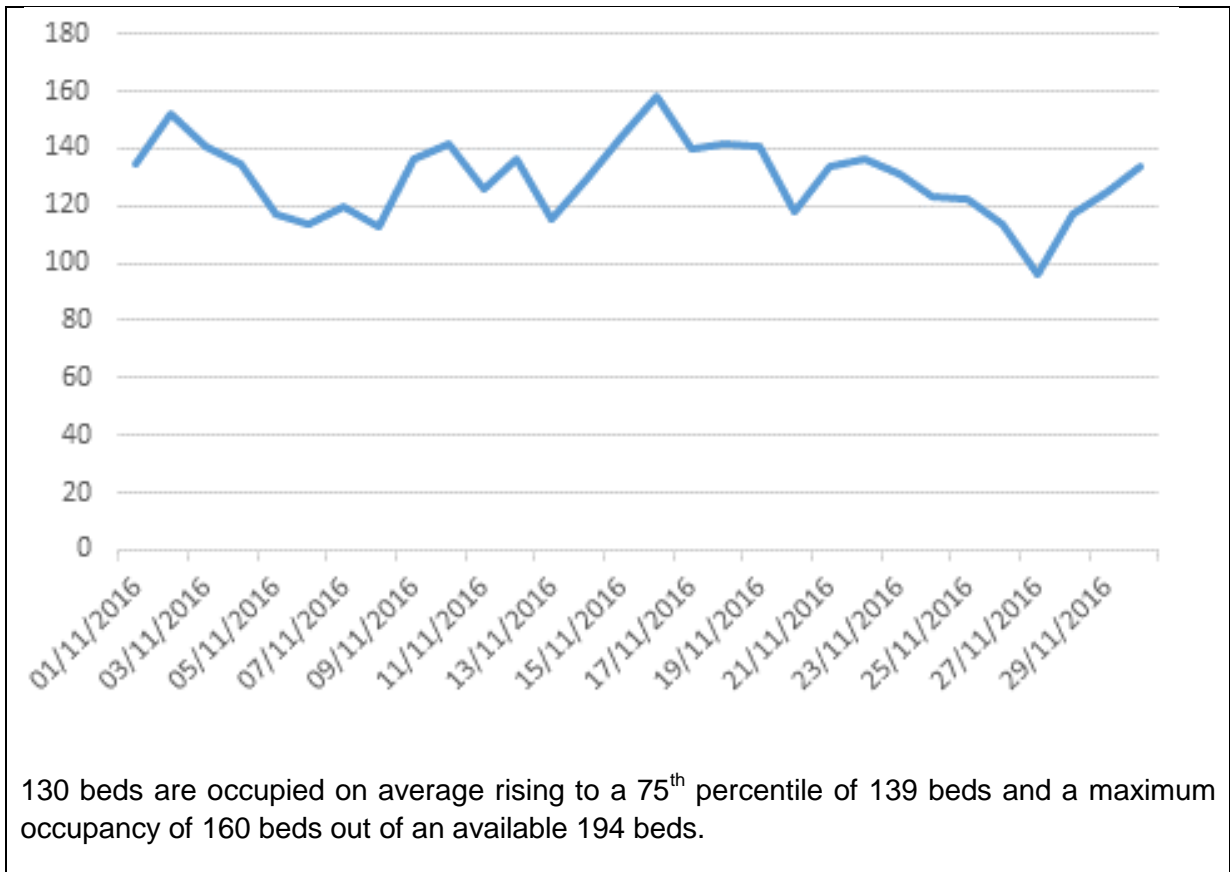
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- Concerns were raised about the impact on families of shifting admissions to the RHC, an important point of explanation was the changing pattern of paediatric admissions with many less children being admitted, lengths of admissions decreasing, and many children no longer needing to stay overnight in hospital, the graphs below illustrate this trend. A small % of children are ever admitted to hospital, the vast majority of care is delivered by GPs and outpatient and community services which are not changing under this proposal. The average occupancy of ward 15 is 8 beds or around 50% of the beds being used.



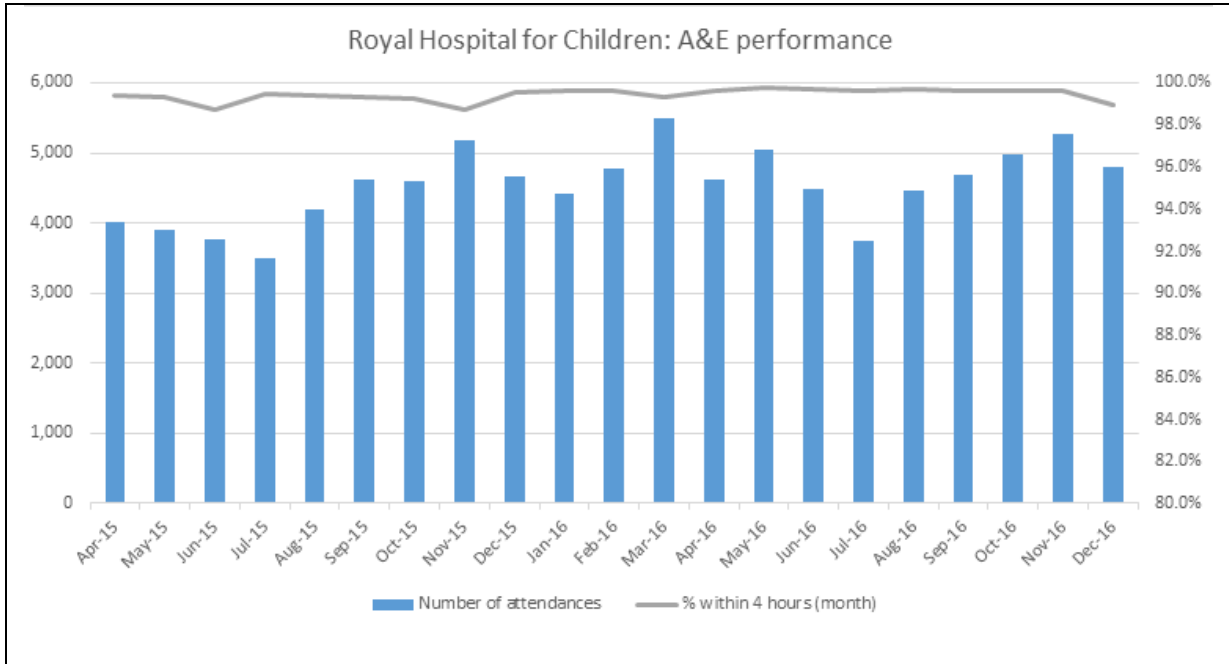
- The arrangements for children with chronic conditions to access ward 15 directly were valued by parents. RHC uses an ED triage system to ensure patients get quickly to the right service or are treated and discharged, this reflects the wider range of services and specialties which are available there. However, there are arrangements to enable advice to be provided through specialist nurses for patients with chronic illness.
- Some people challenged our proposal because they felt very few patients were transferred from the RAH to the RHC, in fact over 100 patients each year require transfer, which disrupts and delays access to the full range of care that those children, the most seriously ill, require.
- The capacity of the RHC was raised as a concern. We included information on bed availability at the RHC which demonstrated capacity was always available. The information below further illustrates that there have always been sufficient beds available at the RHC to accommodate the ward 15 activity.

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- There was some confusion about access to highly specialist service including PICU, with the example of a child transferred to Edinburgh for that service. We were able to explain that for the most specialists, tertiary small services there is sometimes the need to transfer children. These are not services which could be provided at the RAH and do not suggest that there is a capacity problem for secondary care cases at RHC.
- There was concern that travelling further for emergency care would increase the risks for children. We were able to explain that:
 - our proposals ensure the most seriously ill children get more rapid access to definitive care, as such patients may currently require secondary transfer from the RAH;
 - that care starts when an ambulance arrives and the time for that intervention would not be affected;
 - that blue light ambulance times are estimated by the SAS to be similar or shorter for most of the catchment to the RHC.
- Some people acknowledged that care in a paediatric centre of excellence would be in some ways preferable to secondary care of a very high standard in a district general hospital.
- There were concerns about the RAH ED facilities for children and staff training to see self referred cases. In response we indicated that if our proposal went ahead the RAH ED model would be the same as for our other main adult hospitals and we have established training and updating in place.
- People raised concerns about waiting times at the RHC emergency department; the graph below illustrates the very high level of performance of the RHC ED in seeing patients within 4 hours. The RHC out performs all of our other hospitals.

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3.4 Planning Ambulance Services

People were concerned about longer journeys by ambulance and about the impact on other ambulance services across the area. We have been able to be clear with people that if the proposed changes proceed the required changes to ambulance arrangements will be in place and that we continually work with the ambulance service to ensure that ambulances are organised to support the right model of clinical service delivery. We are already working with the SAS on this planning should the change proceed.

3.5 Changing the status of RAH

A series of issues were raised about the status of the RAH and Paisley as a major community and the largest town in Scotland. These points included:

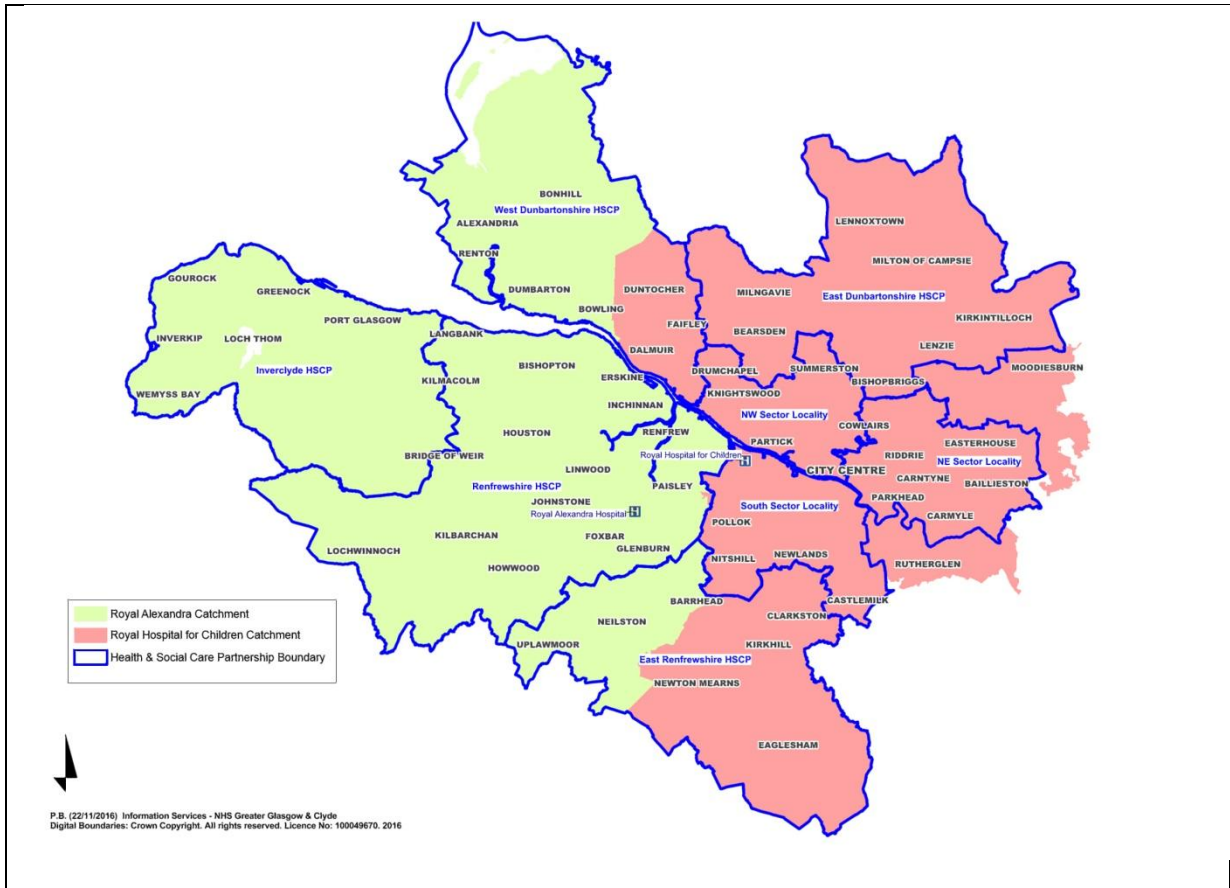
- The change was an indicator that the RAH was being downgraded and other services were being put at risk. We responded by explaining that this change did not affect any other services and that RAH was a core major acute centre in our future planning;
- We explained that many major hospitals do not have paediatric ward, examples include the GRI, Hairmyres, Monklands, Ayr and the Western General in Edinburgh. The RHC serves all of the communities in our 1.2 million population as well as communities across the west of Scotland and beyond.

3.6 Access

A number of access issues were raised in the engagement process and we undertook further analysis to provide a response to these in the consultation. The information we presented in the early part of the consultation was criticised and contested and we continued to develop the analysis. At a headline level these points are important to emphasise:

Ward 15 provides services to a wide catchment area; this is shown on the map below.

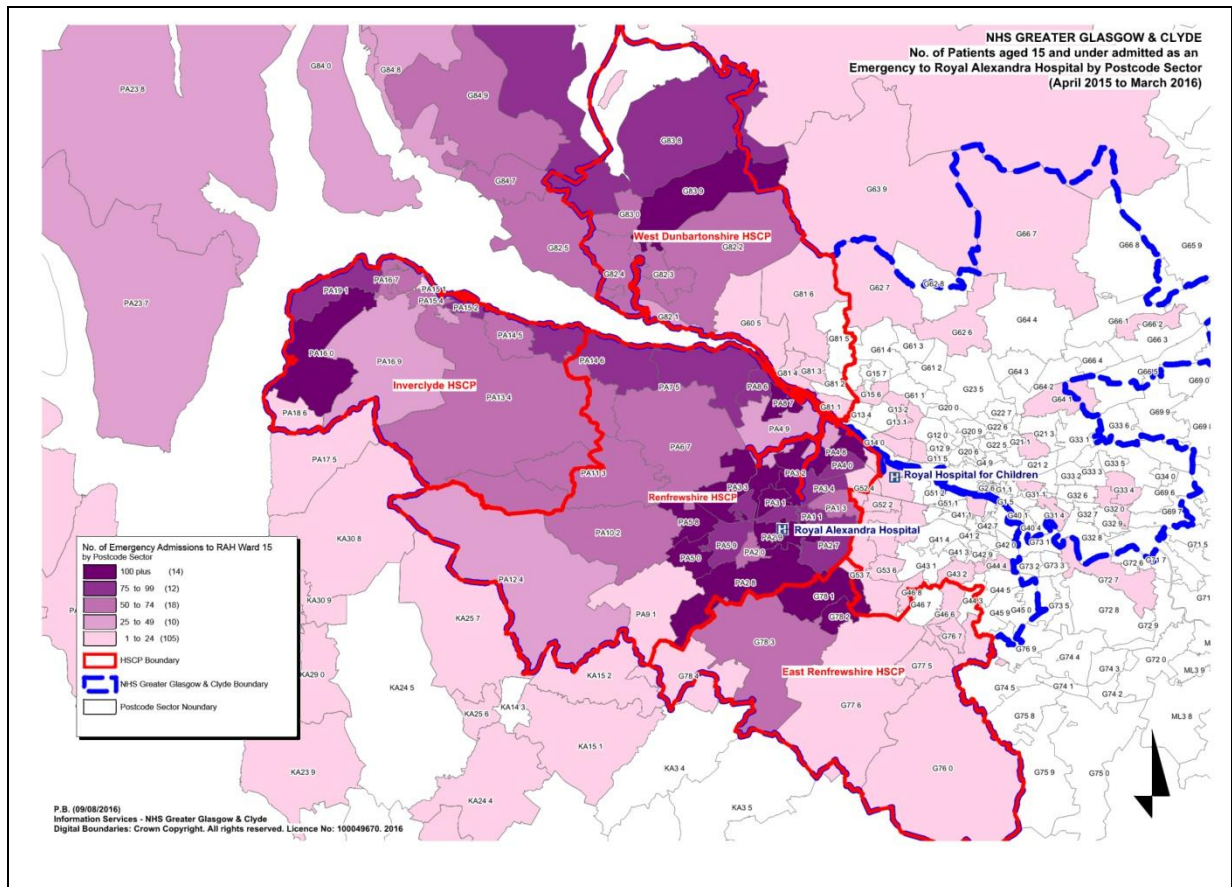
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Patients admitted to Royal Alexandra Hospital 2015/16			
Area the admissions come from		Number of times people from that area were admitted	Percentage of total admissions
PA2	Paisley (South)	625	11.35%
PA3	Paisley (Northwest), Linwood	559	10.15%
G78	Barrhead, Neilston, Uplawmoor	392	7.12%
PA5	Johnstone, Brookfield, Elderslie	379	6.88%
PA16	Greenock	377	6.85%
G82	Cardross, Milton	339	6.16%
G83	Ardlui, Balloch, Bonhill, Gartocharn, Luss, Renton, Taret	324	5.88%
PA4	Renfrew, Inchinnan	303	5.50%
PA1	Paisley (Central, East and Northeast), Ralston	283	5.14%
PA15	Greenock	233	4.23%
PA8	Erskine	229	4.16%
G84	Clynder, Cove, Garelochhead, Kilcreggan, Rhu, Rosneath, Shandon	216	3.92%
PA14	Port Glasgow, Langbank	171	3.11%
Sub total		4430	80.46%
All other areas		1076	19.54%
Grand Total		5506	100%

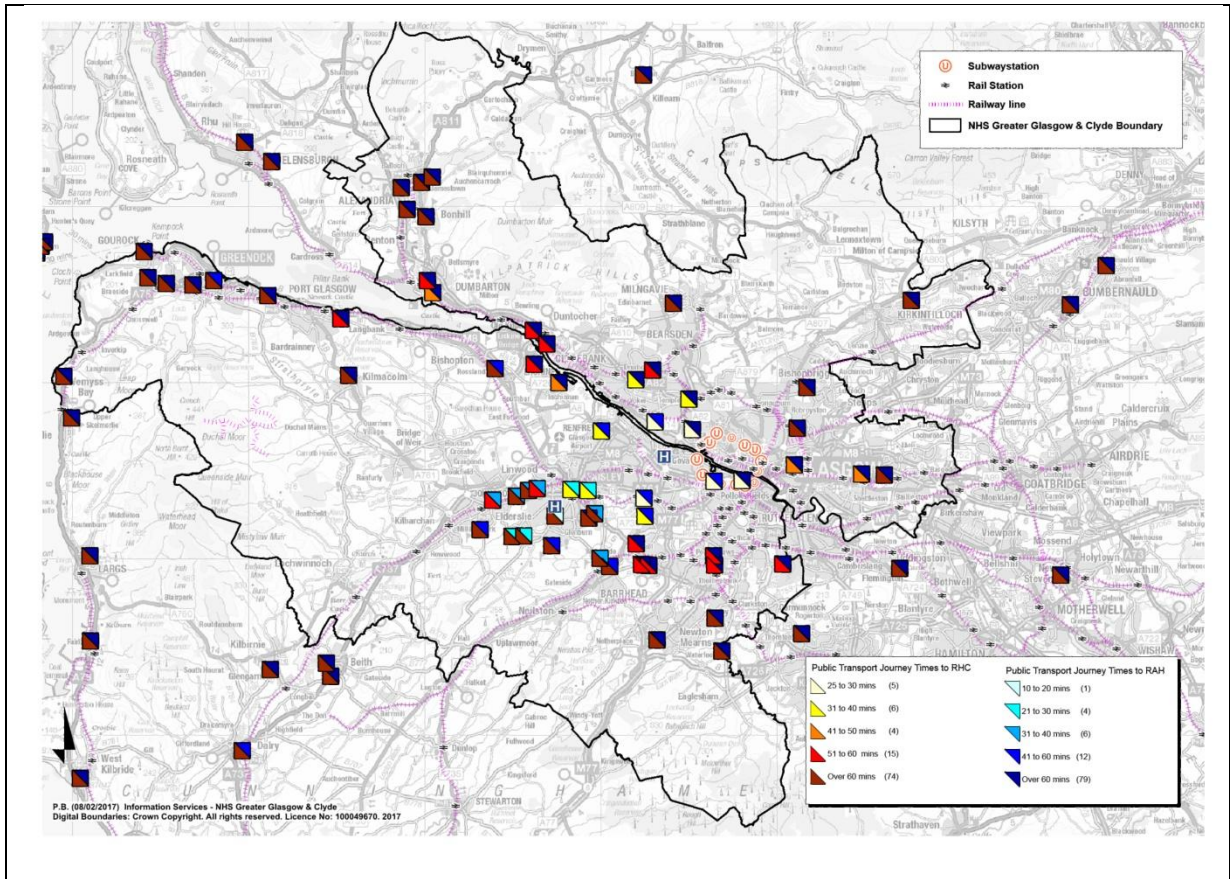
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The map below shows this information on numbers of admissions



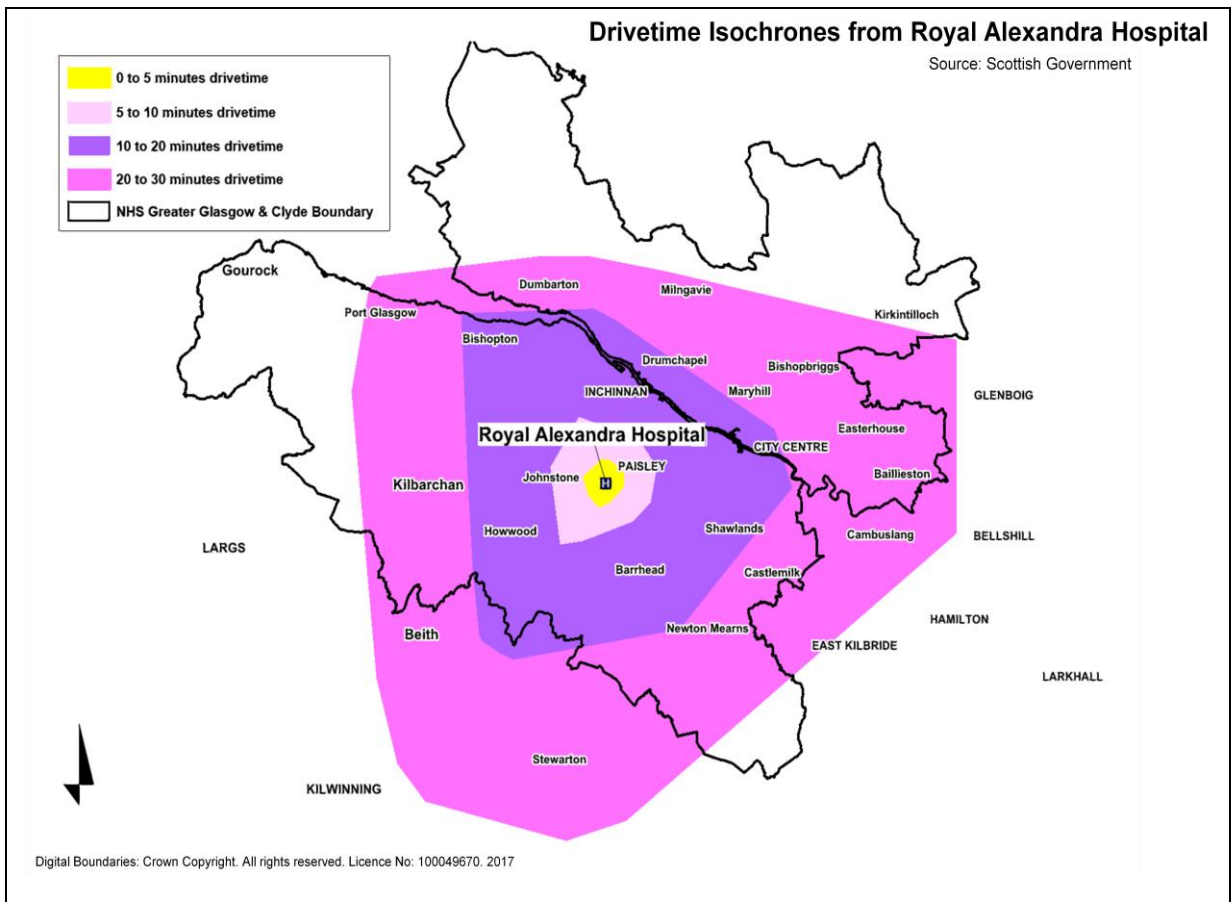
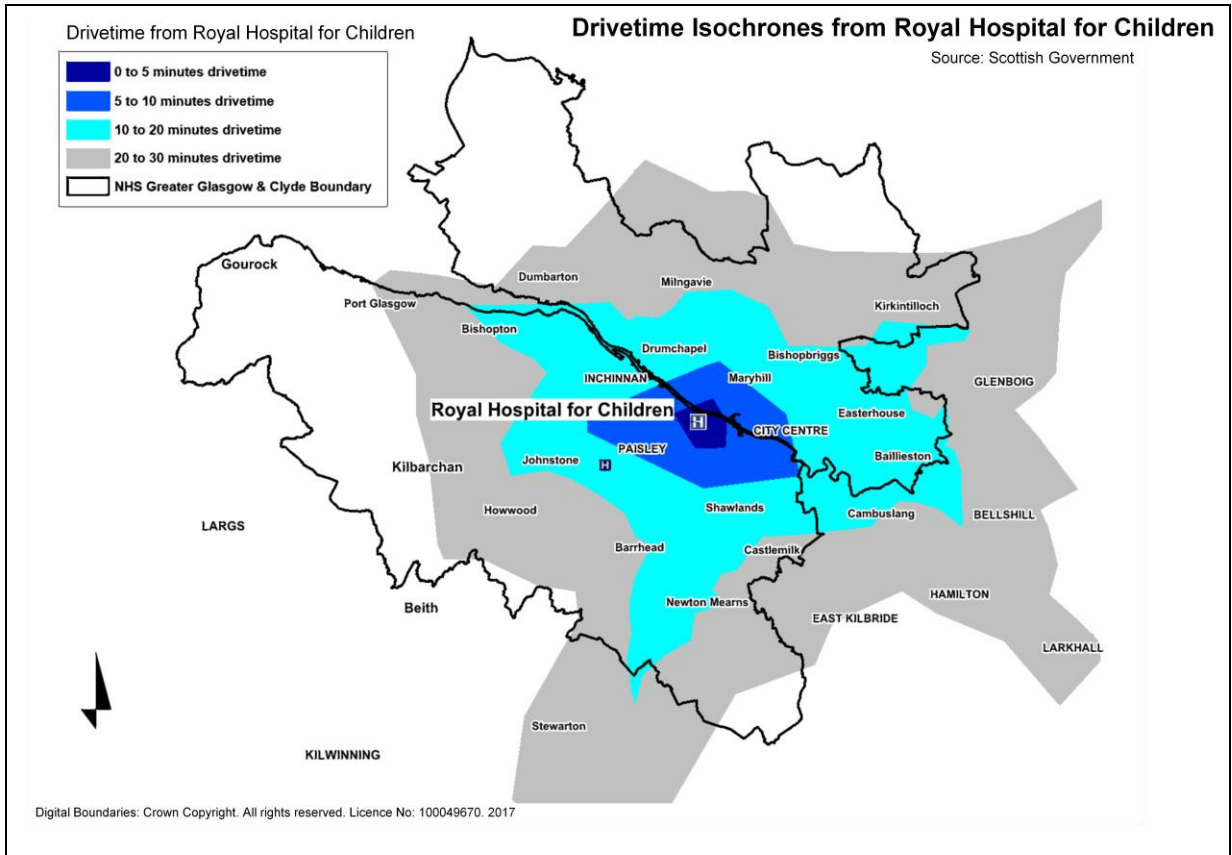
- **Public transport** is more difficult for areas of the catchment close to the RAH but less difficult for other areas. We undertook a short survey on ward 15, spending 2 hours a day for a week over 3 afternoons and 2 evenings asking every visitor in the ward about their travel that day. This meant we spoke to 29 people about transport and only one of those had accessed the hospital by public transport. The most reported issues were car parking at the RAH and arranging childcare. Around 70% of people spoken with did not know that some families could get financial support with travel to hospital. The analysis below indicates the relative accessibility by public transport.

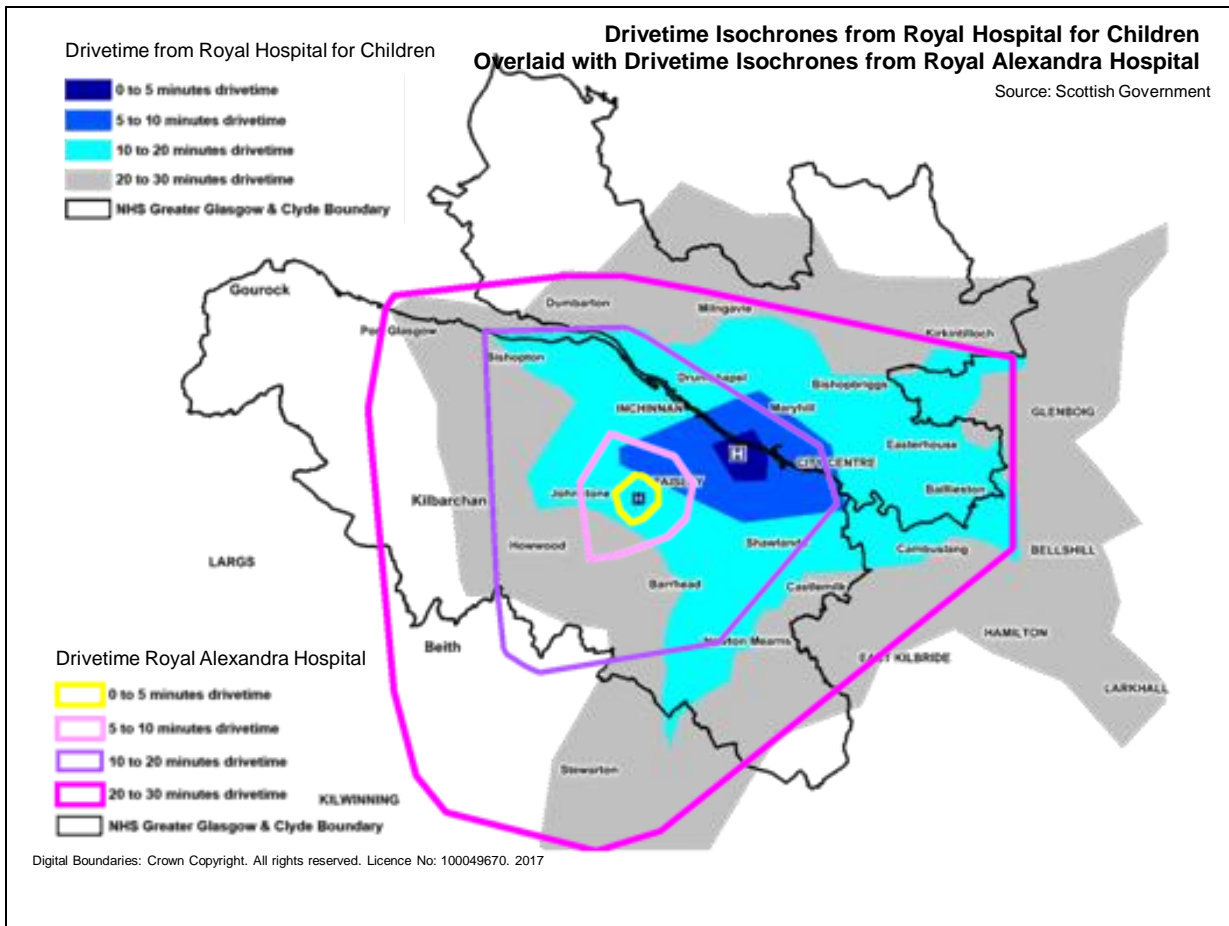
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- **Parking** has been substantially improved at the RHC with the opening of new multi storey car parks at the QEUH campus. Access for larger vehicles to accommodate wheelchairs has been raised as an issue which we have addressed. We need to take a further look at the volume, location and policing of blue badge areas.
- **Financial issues:** for many of the vulnerable families from across Greater Glasgow and Clyde and beyond who need to attend the RHC we appreciate financial hardship is a real issue. We explained during the consultation the extensive support arrangements which are in place and how these work. We are looking to implement the suggestions from the SRG and individual parents about how these services could be improved.
- **Travel time:** In terms of travel time, the analysis below demonstrates that for people closest to the RAH there would be an increased travel time if this proposal proceeded but for most of the catchment there would be no difference or reduced travel times. We have also illustrated in this analysis that for that local RAH population this change would still deliver shorter travel times to the RHC than are experienced by many other parts of Greater Glasgow and Clyde.

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In considering these access issues it is also important to emphasise that the local outpatient services which deal with the vast majority of patients are not changing and will remain accessible at the IRH and the RAH.

3.7 Consultation Process

Some people responded to the consultation with feedback about the way the consultation process had been handled. Points raised included:

- **Promoting the consultation:** there was criticism about the low level of awareness of the consultation, where possible we responded to this during the consultation adding further media and communication effort. We have throughout this process acted on suggestions from the SRG, and utilised local organisations and groups to promote the consultation opportunity. It should be noted that some respondents to the consultation said they had not heard of the proposal until told by local groups, when they were contacted by us 5 times prior to this. We issued a number of press releases about the proposal, some of which the media chose to report on.
- **Consultation window including the festive period and its length.** Some felt that the consultation period of three months was too short and to include Christmas was not ideal. Others however fed back that they felt they had the opportunity to give their views on the proposal in the consultation and during previous information and engagement activities.
- **Asking children and young people for their views.** Patients in Ward 15, paediatric clinics, and the Royal Hospital for Children were approached by a Patient Experience and Public Involvement Manager about the consultation. Many felt that the proposal would not really affect them, either because they were so rarely an inpatient or because

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they would travel to the RHC the same as they would travel to the RAH. Others valued knowing the staff in Ward 15, and it being easier for their parent to visit them or to go to school. Young people in the RHC praised the privacy brought about by having a single room, and the high standard of care provided by staff in the RHC.

- **Whether this consultation was a 'done deal'.** People wanted to know how decisions on proposals were reached and who by. We were able to explain this process, and also that proposals are put forward because there are reasons behind this; it is important that these reasons are explained so people understand fully why something is being proposed.
- **The outcome of the option appraisal exercise in 2011.** People said their preferred option was not that which was scored highest by the group during the options appraisal exercise. We made available a report on the options appraisal exercise so people had the opportunity to understand this more fully.
- **Changing information materials on the basis of feedback from people.** Some people expressed dissatisfaction that we improved the language used to describe the proposal and impact it may have on people on the basis of feedback received as part of the consultation. Previous materials used were all still available, but we felt it important to act on the basis of what we have heard from people.

We have worked closely with the Scottish Health Council during the informing, engaging and consultation process and have responded to their comments and advice. The SHC report on the consultation process will be circulated to the Board as soon as it is received.

4. Conclusions

- 4.1 This proposal has been framed by clinical drivers to enable us to deliver the best services to children across the Board area. The consultation process has helped us to understand the concerns of patients and their families. We need to acknowledge the strength of feeling which has been expressed.
- 4.2 We have not heard in the concerns issues which override the clinical case for change. There are a number of the points raised which we will be able to address in implementing the change. We remain of the view that achieving the highest quality and most sustainable paediatric service for NHSGGC requires the transfer of services from ward 15 at the RAH to the RHC.
- 4.3 Alongside the clinical drivers it is also important to note that these changes would release up to £840,000 of savings for re-investment in NHS services. Those savings are net of using an element of the reduced costs to strengthen the neonatal service on the RAH with additional consultant staffing.

Catriona Renfrew
Director, Planning and Policy

Dr Jennifer Armstrong
Medical Director

PROPOSED CHANGES TO PAEDIATRIC SERVICES AT ROYAL ALEXANDRA HOSPITAL

1. Current Service

1.1 Outpatient Service

A full range of paediatric outpatient clinics are held at Ward 15. These include the following:

- General Paediatrics
- Endocrine
- Rheumatology
- Neuro-developmental
- Renal
- Paediatric Dermatology
- Clinical Genetics
- Diabetes
- Cystic Fibrosis
- Neonatal
- Neurological
- Allergy
- Paediatric Dietetics

1.2 Planned Care

Ward 15 also provides planned care services where children can be admitted for day surgery and elective procedures or can be admitted for planned investigations or treatment on a day case or elective inpatient basis.

Day treatments include allergy testing, infusions and transfusions; endocrinological investigations; cystic fibrosis annual review; micturating cystograms; and general blood/urine/stool testing. To support this there are day care area comprising of 4 beds and 2 chairs.

1.3 Emergency Care and Medical Assessment

Ward 15 operates a 24 hour Short Stay Medical Assessment facility for assessing children as well as admitting patients for inpatient emergency care.

There are 16 inpatient beds and a short stay assessment facility consisting of 5 beds and 1 chair. In 2015/16 there were 4839 short-stay patient episodes in Ward 15.

Emergency patients are admitted in a number of ways:

- direct referral by GP;
- following presentation and assessment in the Emergency Department (ED);
- transfer from Inverclyde Royal Hospital ED or the Vale of Leven Minor Injury Unit and from community hospitals throughout Argyll and Bute.

The level of Acute Activity in 2015/16 is shown in the table below:

	Activity	Bed days	Average LOS
Outpatients	4563	n/a	n/a
Day Case	542	n/a	n/a
Elective Inpatient	125	447	3.8
A&E Attendances	10045	n/a	n/a
Emergency Inpatient	4839	3379	1.8

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1.4 Specialist Community Paediatric Services - PANDA Centre

Co-located with Ward 15 is the PANDA centre which hosts complex neurodisability and neurodevelopmental services, and provides facilities for a range of general community paediatric clinics including physiotherapy, occupational therapy, speech and language therapy

2. Clinical Case for Change

This proposal is driven by clinical considerations; the rest of the section outlines the clinical case for change and sets out the new clinical model which we are proposing to implement.

2.1 The Royal Hospital for Children

The new Royal Hospital for Children (RHC) provides a state of the art facility and is one of the largest paediatric teaching hospitals in the UK and the largest in Scotland. The entire focus of RHC is around children and young people, with care provided in a child friendly environment with:

- the latest technology and specialist children's equipment, such as the MRI scanners, CT scanner, dedicated paediatric interventional radiology facilities and five state of the art laparoscopic theatres;
- all paediatric medical, surgical and anaesthetic subspecialties including emergency specialists, general medical paediatrics, cardiology, neonatology, neurology, nephrology, respiratory, endocrinology, gastroenterology, immunology and infectious diseases, dermatology, haematology/oncology (including a dedicated teenage cancer unit), rheumatology, metabolic medicine, audiology, ophthalmology, ENT surgery, orthopaedics and general paediatric and neonatal surgery;
- child and adolescent psychiatry and AHP services facilities are located within the campus. Children who self harm and may require admission to hospital are now treated on the RHC site;
- an integrated neonatal medical and surgery unit as well as a paediatric critical care unit of 20 nationally funded intensive care beds and 2 high dependency beds are available on the RHC site to ensure that children who are or become very unwell receive world class care;
- a dedicated paediatric theatre complex, comprising 9 full theatres, interventional and cardiac catheterization labs;
- dedicated diagnostic facilities providing the full range of imaging services including ultrasound, CT, MRI and nuclear medicine studies on site;
- on site access to the full range of diagnostic laboratory facilities including haematology, blood bank, biochemistry, microbiology, virology, histopathology and genetics;
- 17 national designated services which are accessed from children across Scotland and are delivered from the hospital including cardiac surgery and interventional cardiology, bone marrow and renal transplantation, ECLS (extracorporeal life support) and complex airway service and cleft surgery;
- a full range of dedicated children's services and facilities which cannot be replicated in a local district general hospital, such as the RAH located approximately 7 miles from the new RHC;
- a number of specialist adolescent facilities which are not replicated in the RAH: most notably zone 12, medicinema and dedicated young people workers. There are also dedicated age appropriate facilities for younger children such as the teddy hospital. In addition, educational support is offered;

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- amalgamation of Ward 15 medical staff with the acute receiving and hospital at night teams will strengthen resilience of the clinical team, supporting rota to be compliant with recommended staffing levels;
- the capacity within the new RHC will support the transfer of RAH paediatric inpatient activity to RHC. The Emergency Department has been sized to accommodate 65,000 attendances;
- single rooms with ensuite patient accommodation within the RHC offer dedicated facilities to support parents with fold down beds. Whilst access to self-catering facilities, shops and food outlets on site add further convenience.

2.2 National Clinical Standards

In the Facing the Future Report the Royal College of Paediatrics and Child Health (RCPCH) set out a number of standards as the requirement to ensure high quality health care is delivered to children and young people. It is believed that the implementation of these standards will contribute to better outcomes for children and young people and at the same time ensure greater efficiency of the service, maximising the contribution consultants and other health professionals make to providing effective future services. Some of the key standards are set out below:

- every child or young person admitted to a paediatric department with an acute medical problem is seen by a paediatrician on the middle grade or consultant rota within 4 hours of admission;
- every child or young person who is admitted to a paediatric department with an acute medical problem is seen by a consultant paediatrician (or equivalent staff, specialty and associate specialist grade doctor who is trained and assessed as competent in acute paediatric care) within the first 14 hours;
- all Short Stay Paediatric Assessment Units (SSPAUs) have access to a paediatric consultant (or equivalent) opinion throughout all the hours that they are open;
- a paediatric consultant (or equivalent) is present in the hospital during times of peak activity;
- all children and young people, children's social care, police and health teams have access to a paediatrician with child protection experience and skills (of at least a level 3 safeguarding competencies) available to provide immediate advice and subsequent assessment, if necessary for children and young people under 18 years of age where there are child protection concerns. The requirement is for advice, clinical assessment and the timely provision of an appropriate medical opinion, supported with a written report;
- at least two medical handovers every 24 hours are led by a consultant paediatrician.

The Report also set out the concerns facing the paediatric workforce within the UK. It recognised the significant pressures across the paediatric service nationally, which are seriously challenging the services' ability to:

- staff in a safe and sustainable way all of the inpatient rotas that currently exist;
- comply with the European Working Time Directive (EWTD);
- continue with the present number of consultants and trainees.

The Royal College of Paediatrics and Child Health (RCPCH) recognise that the current number of paediatric inpatient units is not sustainable. The 'Facing the Future' Standards of Care for Paediatric Emergencies set out clear expectations for the skills, expertise and specialist opinion which should be available for children in all emergency settings.

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We need to ensure that we meet the required range of specialist paediatric services for all children presenting as emergencies and those requiring inpatient care. The move to the new Royal Hospital for Children on the Queen Elizabeth University Hospitals campus will allow this to happen.

It will extend the range of specialist treatment, in a dedicated child friendly environment and with specialist paediatric trained staff across a range of services and disciplines. In addition, there are a range of consultants who are on call for specialist services e.g. dermatology, rheumatology, Specialist Child Protection Service and many other specialties at the RHC which children can access directly. Our proposal will therefore enable us to deliver these standards

2.3 Enhanced Opportunities for Training

Impact of Modernising Medical Careers is a major reform of postgraduate medical education and is having an impact on medical staff provision in clinical areas across West of Scotland Boards.

Currently, within GGC and across neonatology and in medical paediatrics, it is not uncommon for consultants to have to provide unplanned extended day working and, in extreme situations, 24/7 middle grade shift cover as a result of these emerging rota gaps. This senior medical cover when used as such is at a financial and workforce capacity premium to the wider system. It is not sustainable in the mid to long term as a counter solution to managing what will become a more frequent occurrence.

NHS GGC has recruited additional consultants in all specialties and also developing the role of specialty doctor, advanced nurse/allied health professional practice, e.g. advanced neonatal and paediatric nurse practitioner role.

The single site provides opportunities for enhanced training for medical and nursing staff. Meeting RCPCH standards with consultants contributing to emergency care at peak times allows trainees to benefit directly from senior support. General paediatric outpatient training will be enhanced on both sites as a consequence.

Both registered and unregistered nurses currently based at the RAH will benefit from exposure to specialist patient groups, many of whom are nationally unique to the RHC site. With over 10 nurse educators and a broad pool of senior staff, the opportunities for on-going development, nurse mentoring and continued education are readily available. Nurses become part of the broader community of expertise prevalent throughout the RHC.

A single site will allow Advanced Nurse Practitioners (ANP) to attain and consolidate core competencies in addition to having access to specialist skills within paediatric subspecialties.

2.4 Emergency care

Management of emergency care is evolving to provide alternatives to and prevent unnecessary admission. These centre around early access to dedicated General Paediatric Consultants and are supported by access to urgent outpatient appointments, development of nursing roles, closer working across acute and community services, earlier discharge and an ethos of supporting children at home wherever is possible and appropriate.

The impact of these changes is to reduce the likelihood of children being admitted unnecessarily and speed up their discharge home.

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3. Future Services at the RAH and in Renfrewshire

- 3.1 Our proposal is to move inpatient and day case care from the Royal Alexandra Hospital(RAH) to the Royal Hospital for Children (RHC), this will allow effective use of our clinical teams to maintain strong clinical presence in outpatient services at the RAH and compliance with Royal College standards at both sites.
- 3.2 Children's services will continue to be provided at the Royal Alexandra Hospital (RAH) as follows:
- A&E will continue to receive paediatric patients who self present;
 - Outpatient clinics will continue to be provided;
 - Specialist Community Paediatric services (PANDA Centre).
- 3.3 Services that will transfer to the Royal Hospital for Children (RHC) will be:
- emergency inpatient admissions, including short stay medical assessment;
 - elective inpatient admissions;
 - day case activity including day surgery and planned investigations.
- 3.4 The impact of these changes will be:
- just under 7500 attendances self present at A&E, these will continue to be seen at the RAH;
 - just over 2500 attendances are GP referrals or come by ambulance and will go directly to the RHC;
 - 16% of A&E attendances (1570) currently result in an admission - these will transfer to the RHC;
 - all emergency admissions (inclusive of the 1570 attendances above) will transfer to the RHC;
 - all elective and day case activity, 667 episodes will move to the RHC;
 - for outpatients the 1520 new and 3043 outpatient appointments, total 4563, will continue to be delivered at the RAH.

Summary of activity changes:

	Stay at RAH	Move to RHC
Outpatients	4563	
Day Case		542
Elective Inpatient admissions		125
A&E Attendances	7500	2500
Emergency Inpatient admissions		4839

- 3.5 In summary, a total of around 8006 episodes of care will transfer to RHC and 12063 will continue to attend RAH.
- 3.6 We are aware that access for the RAH catchment population to the RHC will be a significant concern. We are updating previous analysis so this can be scrutinised and debated as part of the engagement process and considered in final decision making. It is important to note that the RHC already provides these services for the rest of the Greater Glasgow and Clyde population and the hospital is relatively accessible to the Renfrewshire area.

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3.7 Neonatal Intensive Care Unit

Neonatal intensive care/special care is located on campus in the separate maternity hospital. There is no planned change to neonatal or wider maternity services provided in the RAH as a result of this proposal. The neonatal service at RAH will become consultant led by the amalgamation of the workforce across the neonatal units at the QUEH maternity unit and RAH to provide a joint workforce model of patient care.

PROPOSED TRANSFER OF WARD 15 FROM THE ROYAL ALEXANDRA HOSPITAL TO THE ROYAL HOSPITAL FOR CHILDREN

CONSULTATION REPORT - FEBRUARY 2017

1. Introduction

1.1 This report describes the informing, engaging and consultation process for the proposal to move paediatric inpatient, day case and short stay medical assessment services currently provided in Ward 15 in the Royal Alexandra Hospital in Paisley to the new Royal Hospital for Children in Govan. The report outlines the activities undertaken to inform, engage and consult with patients, carers and interested parties and the feedback that we have received.

1.2 The Scottish Government's CEL4 (2010) guidance was developed to assist Boards on their informing, engaging and consulting with patients, the public and stakeholders and was used as the framework for informing, engaging and consulting on this proposal.

1.3 Informing and Engaging

In 2011/2012 NHS Greater Glasgow and Clyde conducted a pre-consultation process during which it informed potentially affected people, staff and communities of a review of paediatric [children's] in-patient services at the RAH and involved them in the development and appraisal of options for the future of children's in-patient services. NHSGG&C conducted an options appraisal on the 28th November and 5th/6th of December 2011 with families, public partners, third sector organisations and NHSGGC staff. The preferred option from this exercise was to maintain the current paediatric inpatient service at Ward 15 in the Royal Alexandra Hospital until 2015, and then transfer inpatient services to the new children's hospital.

1.4 Informing and Engaging Refresh and consultation

Given the time elapsed since the previous engagement process we set out in a report to the August 2016 Board a programme of re-engagement on the proposals in advance of formal public consultation on the proposed transfer. That re-engagement gave visibility to all elements of the previous process, including the option appraisal to ensure that all of the key interests had an opportunity to understand the proposal and make further comment. The outcome of that re-engagement was reported to the Board in October 2016 and the Board approved the launch of a formal consultation from the beginning of November 2016 which ran until the beginning of February. This paper reports the process and feedback heard during this consultation stage

2. Stakeholder Reference Group

2.1. The consultation process started with meeting a Stakeholder Reference Group (SRG) to support and guide NHSGGC on how it consults with people on the proposal. The SRG was reflective of people potentially affected by the proposal, with representatives from patients, carers, community or health related groups or organisations with an interest in the area. An invitation to participate in the SRG was sent to 13 organisations and groups and across the meetings there were representatives from:

- Action for Sick Children Scotland;
- Engage Renfrewshire;

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- NHS Highland;
- Parents and members of the Kids Need Our Ward campaign;
- Scottish Health Council;
- Your Voice Inverclyde.

2.2. The SRG met three times; before consultation, halfway through, and towards the end of the consultation period. The Group advised and guided on:

- an equality and diversity impact assessment on the proposal;
- promoting the consultation;
- the format of public events;
- the variety of methods and techniques used to consult with people;
- consultation material.

2.3. Members of the SRG also supported us with promoting the consultation opportunities among their contacts and networks.

3. Consultation Programme

3.1. The programme of consultation was shaped through discussion with the SRG and a range of methods and materials have been used to engage with and invite feedback from people from across the area. This included the following.

3.2. Extensive Community Email Network

Emails were sent on 5 occasions throughout the consultation period to an extensive network of over 400 contacts, including:

- Community Councils;
- Councillors;
- local contacts through voluntary and community sector networks;
- parents;
- third sector organisations.

3.3. Information Leaflet

In addition to being distributed via the above network and in hospitals, a summary consultation leaflet was sent to every GP, pharmacy and library in Renfrewshire and Inverclyde. It contained easy to understand information about the proposal with details of how people could get in touch to provide feedback and comments.

3.4. MSP Engagement

A briefing session was held for MSPs. Some MSPs chose to attend public events. MSPs in Renfrewshire, Inverclyde and West Scotland were emailed to inform them of the consultation opportunity and were sent a letter with a copy of the summary consultation leaflet.

3.5. Meetings

The Patient Experience and Public Involvement Manager facilitating the engagement process met with and heard feedback from; East Renfrewshire Public Partnership Forum; and the Inverclyde Carers Council. PPF officers or their equivalents were contacted with an offer to meet and speak to groups in West Dunbartonshire, Argyll and Bute, Inverclyde, Renfrewshire and East Renfrewshire.

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3.6. Public Events

Four public events were held in January 2017, two each in Paisley and Greenock. These consisted of presentations, question and answer session to enable people to contribute to and feedback on the proposal and options. An officer from the SHC was in attendance at each meeting and carried out a participant evaluation.

3.7. Drop-ins

Nine drop-in sessions were held in Ward 15 and in paediatric clinics in the Vale of Leven and Inverclyde Hospitals to allow patients, their carers, family and friends to feedback. Drop in sessions in Ward 15 were over a variety of evenings and afternoons, and VoL and IRH drop-ins were timed to coincide with the busiest paediatric clinics. One week before the sessions a poster advertising them was displayed throughout the ward or clinic and this also included contact details and methods for alternative ways to provide feedback. This was supplemented with feedback forms from Ward 15 which were filled in during the consultation period.

3.8. Transport Survey

A survey was carried out over five days in Ward 15 during evenings and afternoons on different days, to speak to patients and visitors about their experience of visiting the ward. We also heard wider feedback about the proposal.

3.9. Mass Communication

We issued media releases to coincide with the different stages of the informing, engaging and consulting process supported with coverage on the NHSGGC website and through our social media channels. We have 8,538 Facebook followers and 7,012 Twitter followers. All releases are also shared with our Involving People Network which is made up of approximately 7000 members of the public and key influencers such as MSPs, MPs, councillors and the business community.

Releases were issued to all the local papers in Clyde: the Greenock Telegraph, Paisley Daily Express, Paisley Gazette, Clydebank Post, Dumbarton Reporter, Lennox Herald, and Helensburgh Advertiser. They are also distributed to the Evening Times, Radio Clyde, the BBC and STV websites and Global Radio - the owner of Capital, Smooth, Heart and Classic FM. To date, the Paisley media has produced the most extensive coverage with the Evening Times and Radio Clyde providing some more limited coverage.

A list of tweets was sent to Renfrewshire HSCP to share and we asked them to retweet our tweets referring to Ward 15. Releases were also sent to Argyll and Bute HSCP. Inverclyde HSCP included information on Solus screens in their area and tweeted.

Our new look Health News has also carried articles written by the press office regarding the planned service change for Ward 15. We took out full page adverts in the Renfrewshire Gazette and Paisley People to raise awareness of the consultation, and added an advert in the Greenock Telegraph.

3.10. Drop-ins in the Royal Hospital for Children

In addition to engaging with young people about the proposal through the drop-ins in Ward 15, five days were spent in wards in the Royal Hospital for Children getting patient views. This time was used to find out peoples' experiences of care and facilities in the Royal Hospital for Children.

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3.11. Equality and Accessibility

The consultation process was developed to be fully accessible to all communities. Throughout, we used easy to read information, presented in easy to read formats. If required, information could be provided in alternative languages or formats. We used the internet (www.nhsggc.org.uk/inform-engage-consult/clydepaediatric) to host papers and information to help make them accessible to a wider population or those who have difficulty in travelling. All meeting venues were fully accessible. Information about the proposal was disseminated to groups including Renfrewshire Polish Association, Renfrewshire Effort to Empower Minorities, West of Scotland Regional Equality Council, Association of African Communities in Renfrewshire, Community connectors who spoke to people in prison in the West of Scotland, and a coffee morning in Inverclyde for refugees in the area.

3.12. Renfrewshire Council Audit, Scrutiny and Petitions Board

Renfrewshire Council's Audit, Scrutiny and Petitions Board carried out a review of Ward 15 proposal which can be found at:

http://renfrewshire.cmis.uk.com/renfrewshire/login.aspx?ReturnUrl=%2frenfrewshire%2fDecisions%2ftabid%2f67%2fctl%2fViewCMIS_DecisionDetails%2fmid%2f391%2fld%2f787ace4-de72-4872-b426-d80e944a7d02%2fDefault.asp

3.13. Petitions

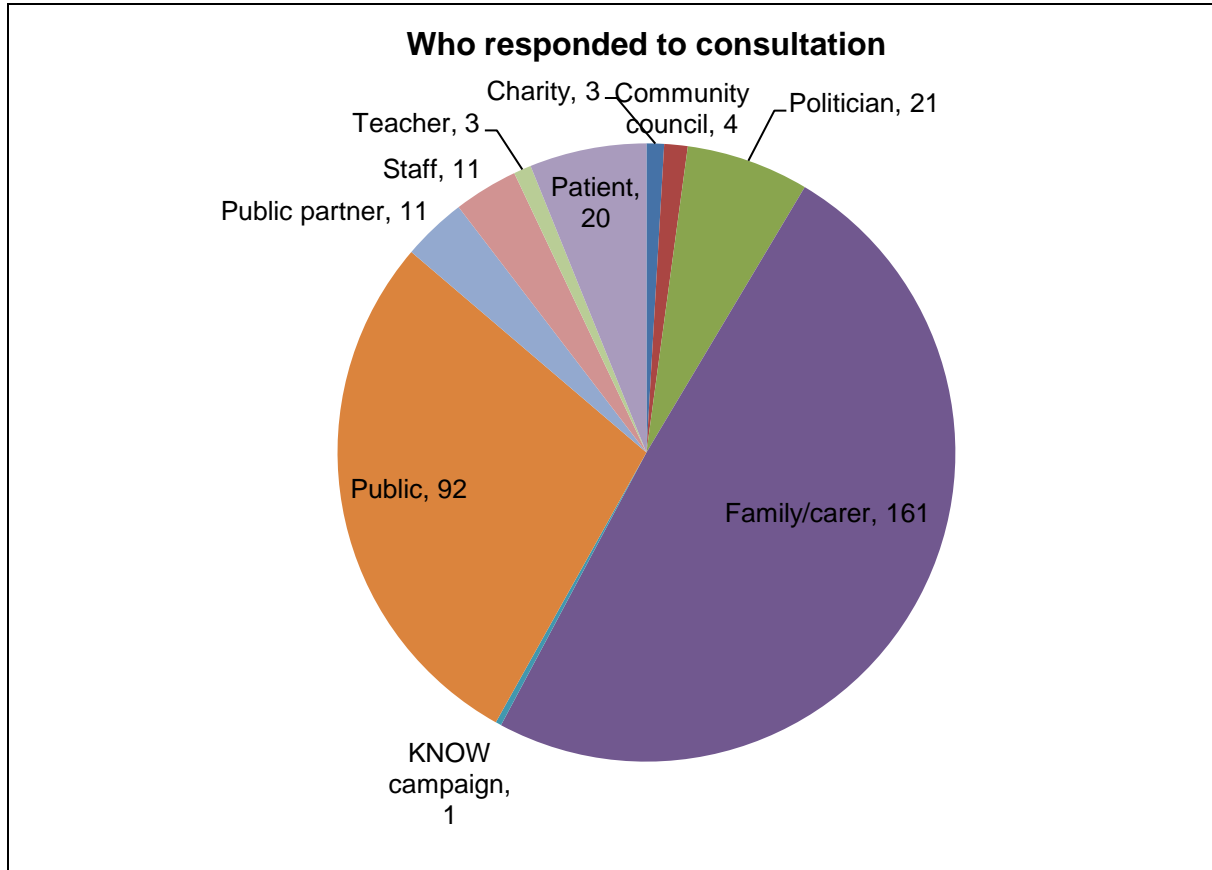
Five different petitions were handed in during the consultation period:

- Forms printed by Renfrewshire Labour - approximately 2000 signatures. 'We, the undersigned call on the Health Secretary to give a long term guarantee that the RAH will be protected from cuts and the Scottish Government must provide adequate funding to NHS Greater Glasgow and Clyde Health Board. A stop must be put to any proposals to close or downgrade the Children's Ward or the Maternity Unit. Furthermore, our excellent NHS staff in A&E and other departments must not be placed under additional pressure as a result of closures elsewhere'.
- Kids Need Our Ward campaign - approximately 3000 signatures. This petition was 'we the undersigned call on Greater Glasgow and Clyde Health Board and the Scottish Government to scrap its plan to close the children's ward (Ward 15) at the RAH and to keep paediatric inpatient services in Paisley'.
- E-petition from Emma McShane - 522 signatures. The petition was 'we the undersigned call on Greater Glasgow and Clyde Health Board and the Scottish Government to scrap its plan to close the children's ward (Ward 15) at the RAH and to keep paediatric inpatient services in Paisley'.
- E-petition from Save RAH Kids Ward - 4738 signatures. The petition was 'Greater Glasgow and Clyde Health Board want to close ward 15, the children's ward, at the Royal Alexandra Hospital in Paisley. This would have a devastating effect on Renfrewshire families, who would be forced to travel for extra miles with sick children, often on poor public transport links. More importantly, the move could have a catastrophic domino effect on other health services at the RAH, as support systems for Paediatric services are removed. The public have also been told a pack of lies about why the closure is being proposed, with health board officials claiming that they support the closure for "clinical reasons". The truth is that NHS Greater Glasgow and Clyde are desperately looking for ways to save £57 million and the closure of RAH ward 15 is part of those cuts. We call on the health board to scrap its plan to remove the children's ward at the RAH and to keep paediatric services at the hospital.'

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4. Responses to the Consultation

4.1. During the consultation period we heard from a wide range of parents, patients, members of the public, and their representatives:



4.2. All feedback, comments and concerns heard throughout the engagement process were captured and collated. In total there were 332 responses to the consultation. In addition to the 208 people engaged with directly at events, drop-ins, and meetings we received feedback via 94 emails, 9 letters and 7 telephone calls. One person chose to respond on Twitter. The main themes heard in relation to the proposal are outlined below.

Theme	Number of responses
Ease of access	178
Quality of care at RHC or Ward 15	152
Reasons behind proposal	138
Capacity at RHC	122
Consultation process	115
Impact on emergency care	74
Secondary care locally	70
Loss of local service	63
Familiarity of staff or site	46
Changes to other hospital services	38
Other	33
Alternative option	22

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4.3. Ease of Access

The majority of consultation responses spoke about travel and access to the Royal Hospital for Children. Most people felt that the Royal Hospital for Children would be more difficult for them to access compared to the Royal Alexandra Hospital. Many people spoken to had not made this journey themselves. Some people, particularly those from the wider area currently served by Ward 15, felt that the Royal Hospital for Children was not more difficult to access, and in some cases was easier. Some people responded to the consultation saying that they felt that the Royal Hospital for Children was relatively close to the Royal Alexandra Hospital. Of particular concern for some people was the accessibility of the Royal Hospital for Children by public transport or by car during rush hour. People were concerned about the time it would take their child to get to the Royal Hospital for Children in an emergency, for parents and family members to visit, and about the impact of child care arrangements for siblings and the impact this might have on family life. Some people had experience of being referred to Ward 15 after being seen in GP Out of Hours in the Royal Alexandra Hospital; they pointed out that they would then have an additional journey to the Royal Hospital for Children. Some children attending Ward 15 currently have 'open access' meaning they do not have to go via A&E to access Ward 15; they were concerned it would not be as easy for them to access ward care in the Royal Hospital for Children, and this would have a negative impact on their child's health.

4.4. Reasons Behind Proposal

People generally understood the clinical reasons behind the proposal although some people felt that the proposal was being made to save money, or that clinically Ward 15 was better for their child.

4.5. Capacity at the Royal Hospital for Children

People wanted to know if there would be enough space in the new hospital for them to receive the same high standard of care currently provided in Ward 15. Some people with experience of Ward 15 had noted that when they were in, the ward had felt 'half empty'. Some people with experience of the Royal Hospital for Children said sometimes it felt like the ward staff were 'rushing about'; others said staff had been attentive and checked on them regularly.

4.6. Consultation Process

Some people felt that the consultation had been well promoted, and people had been given ample opportunity to respond. Others felt that it was not promoted widely enough, that we had not engaged with specific groups.

4.7. Quality of Care at the Royal Hospital for Children or Ward 15

People told us of their experiences of care in Ward 15 and Royal Hospital for Children; the vast majority of these experiences were positive for both sites.

4.8. Impact on Emergency Services

People were concerned about the impact the proposal may have on ambulance journey times, and on Scottish Ambulance Service capacity.

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4.9. Secondary Care Locally

A number of responses wanted to see views on secondary care being provided in the Royal Hospital for Children rather than the RAH as a District General Hospital. Some felt that this would be a positive move as they had experienced needing to be transferred to the Royal Hospital for Children after being admitted to Ward 15; others valued having secondary care at the Royal Alexandra Hospital and specialist care at the Royal Hospital for Children.

4.10. Loss of a Local Service

Responses related to a perception that Ward 15 is a local service for Paisley and the surrounding areas. People valued having a paediatric ward in Clyde, and didn't want this service to move to Glasgow, points made included that Paisley is the largest town in Scotland. . Some people felt that we had not adequately examined the impact of travel.

4.11. Familiarity of Staff or Site

Many consultation responses were about peoples' familiarity with the staff and Ward 15 site. People with experience of Ward 15 valued the close relationships they had built up with staff; they saw the same doctors and nurses who knew each patient. They were concerned that the same might not be possible in a bigger hospital.

4.12. Other Service Changes

People were concerned that the transfer of Ward 15 would be the 'thin end of the wedge', that it signalled the move of other hospital services. Some people felt there should be paediatric inpatient wards in the Vale of Leven and Inverclyde Royal Hospitals. Others wanted reassurance that outpatient and specialist children's services would continue to be provided locally.

4.13. Alternative Options

There were a number of responses which expressed an alternative option during the consultation period:

- Why can't we have a Royal Hospital for Children in Govan and Paisley?
- Invest in more intensive care beds in the Royal Hospital for Children and continue having secondary care in Ward 15.
- Continue to provide day surgery in Ward 15 but transfer inpatient beds and short stay medical assessment.
- Attend the Royal Hospital for Children for scans and specialist expertise, and be transferred back to the Royal Alexandra Hospital for secondary care.
- Why isn't there intensive care in Paisley?
- if Ward 15 were to stay open what investment could be made to sustain its reputation for high standards of Paediatric care to the Renfrewshire community and surrounding area.
- Have paediatric inpatient services in the Vale of Leven/ Inverclyde.
- retain some services in Ward 15 and transfer others.
- Have a paediatric ward in each hospital site for children who are well enough not to need specialist care but not well enough to be discharged.

4.14. The appendices to this report provide more details on the feedback received and include responses in full from the Kids Need Our Ward campaign against closure, Action for Sick Children, local political interests and the Argyll and Bute HSCP.

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Appendix A: Summary of Themes of Responses to Consultation

Drop-ins:

- Journey isn't that different to get to RHC or RAH.
- Don't like single rooms, think it's isolating.
- Had very poor experiences in QEUH.
- Seen very quickly at Ward 15.
- RHC too far away.
- Don't like idea of centralising children's services in a big unfriendly hospital.
- Hospitals are too busy already.
- Passing three hospitals to get to RHC waste of money when empty wards in the Vale.
- Never been in RHC, supposed to be a good hospital with amazing facilities.
- Got concerns about capacity especially if wards are short staffed.
- Ward 15 team very good team who genuinely care for child.
- Stay 5 minutes away from Ward 15 but even if it was further away I'd still rather come here.
- We know it here.
- If they start with transferring the children's wing, they'd do it for adults as well.
- It feels like everything's moving further away.
- In the grand scheme of things it probably makes sense.
- People don't like change.
- There would be fewer staff.
- It would be too far for staff to commute.
- RHC and Ward 15 were both great.
- Don't like idea of taking hospital services away like they did in Greenock.
- Got to travel anyway.
- Whatever is best for children.
- Centralisation is ok with me - I can see why it makes sense.
- Ward 15 and RHC are not extremely far apart
- The RHC is an awesome hospital.
- Type 1 diabetic, open access to this ward.
- We need more than one children's ward, a lot of people live closer to that one than this one.
- I don't want to stay in a ward, I want my own room.
- Staff have been nice.
- It's boring.
- Ward 15 needs decorating.
- Staff in Ward 15 are tremendous.
- We don't want to sit in traffic to Govan.
- People need family around them.
- You'll socially exclude single parents getting public transport.
- We're lucky, we have family and a car.
- Parking and traffic are ridiculous at the QEUH site.
- If they just need secondary care why not keep it local and transfer if need it?
- I think it's a good thing to move it, facilities for children are limited in Ward 15.
- It's easier to get to RHC.
- It's dead in Ward 15 on a weekend.
- I like the TV at RHC and the staff are nice.
- This ward is close to home, know all the staff and can see family and go to school.
- Go to GP out of hours in RAH, easy to get from there to Ward 15.
- If you're going to get specialised care in RHC I get it although paediatricians are here.
- People need to hear that hospital care has changed.
- I don't think it's a bad idea.
- Taking that kind of ward further away is never positive.
- Will make no difference to me
- I'd rather go straight to RHC than go to Paisley to then get transferred.

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- Ward 15 is often half empty anyway.
- Everything in one place though, think it would be better in the long run.
- Distance factor from Inverclyde, but I don't think it would be too hard to get a bus.
- You do want your child to get the best care which is at RHC.
- 5 - 10 minutes extra travel, not that much more.
- Want to see familiar face and team, I'm worried we wouldn't have that.
- Potential loss of life with expecting people to travel 10-15 minutes.
- Equipment and facilities are only as good as the people that operate them.
- Only one place to take child instead of two options.
- Prefer to take to RHC because hospital for children, that treatment is what it's there for.
- Here you get 1:1 personalised attention from the nurses.
- Staff are trying to do the same things here with my child that I've already tried at home.
- Takes 10 minutes to get to Ward 15 from door to door, great for emergencies.
- We'd prefer to have children's services in the Vale of Leven.
- Would it mean the same amount of bed numbers?
- If it improves the facilities offered than I'm for it.
- If there isn't a difference in ambulance journey time then it should be fine.
- It's bad enough having to go to Paisley but now you'd be asking us to go to Glasgow.
- Used to go to Ward 15, now RHC. Had a few bad experiences of Ward 15, not their fault.
- As long as the Skylark centre stays, it would be ok.
- Are people not on benefits eligible for financial support with travel to RHC? Cost of taxi.

East Renfrewshire PPF:

- You're putting all your eggs in one basket - what happens if the RHC is full?
- If someone is in for a long time, travel could really take a toll.
- Familiarity - people know Ward 15 and the staff.
- Should PPF do something to promote consultation in East Renfrewshire?
- You should tell people in East Renfrewshire that community transport is an option.
- Consider promoting consultation in schools.
- A few years ago it was agreed to look at ward moving when new hospital opened.
- Timing of consultation over festive period.

Emails:

- How can I join Stakeholder Reference Group?
- Additional travel negative impact on social, psychological and clinical needs of children cause distress to parents - additional travel.
- Ward 15 staff and services provide added value. Staff and care fantastic.
- Difficult for people to visit, caring for other siblings and public transport. Cost of taxi.
- Parents and guardians contributing to child's care can be beneficial to child's recovery.
- You hope the ward will know and your child.
- How have children and young people been asked for their views?
- How does education in hospital work?
- How has travel time been worked out?
- What staffing will there be for neonates in RAH?
- Have you had any contact from people in East Renfrewshire?
- Wasted time in RAH as transferred to RHC with excellent facilities and paediatric doctors
- Short window for responses. Think there will be spin about 'silent majority'.
- Concerned that outlying areas will be worse off - gaps not bridged
- Get centres of excellence, but this is about saving money as it's a more general service.
- Want Glasgow epicentre, anyone outside gets inconvenience and second class access.
- Would have been extremely difficult had Glasgow been the closest facility.
- Cut backs going too far.
- Political parties have slaughtered our NHS.
- When are you consulting in West Dunbartonshire and Argyll and Bute?

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- Concern that children seen at RAH GPOOH will not be seen as quickly by a paediatrician.
- Financial and social impact on poorer families of Paisley who rarely venture beyond Paisley
- RHC is too big already.
- Glasgow city traffic is already a problem as is parking.
- Journey time could cause delay to emergency expert care taking place.
- Possibility of further delay through traffic conditions and parking.
- Emergency services at RAH could suffer from losing expert knowledge.
- would want out of hours GP access to also be at new hospital.
- prefer to transfer outpatient care which can plan for and keep inpatient care at Ward 15
- Atrium at RHC is very busy.
- PANDA centre is quiet and small.
- What thought has been given to children with special needs?
- As long as there is space, facilities and staff to cope. Want care from the experts.
- Against the proposal, can't find a petition to sign
- Will cystic fibrosis clinics stay at the IRH?
- Not confident driving on motorways so it would be hard for me to get to RHC.
- Want access to team and ward to remain the same.
- Know the new hospital has better facilities and equipment.
- Increased waiting times for new hospital which already has not been meeting targets.
- Why are we reducing beds further?
- Dealt with swiftly at Ward 15. Sure would have received equally good treatment at RHC.
- Good to see real investment in children's care. Hope savings are ringfenced to RAH.
- If a simple frenectomy cannot be done at RAH then safest option is to transfer care to RHC.
- proposal ensure best possible care - access to clinical specialists and services on one site.
- There is capacity.
- Need for less inpatient care.
- Travel time virtually the same and parking easier at RHC.
- Experience would have been more comfortable in a clean modern hospital at RHC.
- Impact on capacity of Scottish Ambulance Service and RHC.
- Ward 15 is busy.
- Paisley and surrounding towns deserve a children's facility.
- Children needing complex care are already transferred.
- Better for children to be treated close to home.
- Closing it would be damaging to the community.
- Don't want any more wards moving.
- Decision already been made.
- Need to be able to reach good medical care in the shortest possible time when unwell.
- Much political noise about this.
- Majority of Scots would be delighted to be within 6 miles of brand new children's hospital.
- For many in GGC QEUH nearer than RAH. Stop consulting, tell it like this and do it.
- Living outwith cities not easy will make it harder.
- Sick children having to travel to Edinburgh not only was Ward 15 full but so was QEUH.
- Poor public transport links in parts of Renfrewshire.
- Board are being very single minded not thinking of the personal/ human side.
- Not complying with guidance for consultation.
- Harder to get to RHC by public, private transport and ambulance.
- Think there will be fewer resources if transfer goes ahead but haven't been told this.
- Consultation covert so will get it through without people noticing.
- Long journey times inconvenient but clinically better there.
- Worry that planning assumptions incorrect.
- Logical conclusion is to transfer services from older, less well resourced facilities.
- Must see through complex and difficult transitions in the face of well-intentioned opposition.
- Are you considering it to justify the cost of building the QEUH?
- Is care equipment or facilities at RAH not to high enough standard?
- Not adequately addressed access by public transport - only used one person for analysis.
- Concerns raised by staff at the RAH regarding the adequacy of the consultation.

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- National specialist service committee's papers "lessons to be learned". Have they?
- Patients, backed up by staff, do not feel their views have been taken into consideration.
- Staff concerns that quality of care is being undermined by emphasis on improvements.
- Area the RAH covers is large enough to sustain these services.
- Will parents be sure where to take children in an emergency?
- The QEUH is failing in many of its targets.
- Will the savings be reinvested in the RAH or local community health needs?
- Ensuring safety and quality for Argyll and Bute.
- Regular bus service to the children's hospital alleviate some concerns about transport links.
- RHC is ugly. No proper signage. Staff unhelpful and rude. Toys ridiculous.
- Mention of staff upskilling, make sense to rotate staff?
- Struggle to understand the benefit given the potential risks.
- Nurses picked up on him deteriorating. In a larger team this may not be the case
- Important to communicate widely the transfer, if proposal goes ahead.

Events:

- Will you save money? How much? This is about money, sustainability.
- Why was information about this event only in the Greenock Telegraph 3 days ago?
- You should have used Your Voice Inverclyde to run consultation.
- Decision already been made
- You can't get a wheelchair and a pram on a McGills bus from here.
- Travel analysis not right.
- Ambulance has told me to go to IRH A&E and not bypass to Ward 15 or RHC.
- You're not listening.
- Can see benefit to proposal.
- NHSGGC chipping away at services.
- Interesting you were saying you got good feedback from parents about single rooms
- Event well advertised.
- Who qualifies for financial help?
- What happens to Ward 15 staff?
- Transport at night could be hard.
- Single rooms good for autistic children.
- Inverclyde isn't losing anything, only difference is where to go.
- Are we not meeting standards with 2 sites at the moment?
- Have we contacted schools about consultation?
- Mixed views on timing of event - some felt too early or too late, others felt ok.
- Thought PANDA centre was closing, I'm fine if it's just the ward.
- Walk not as nice from Cardonald train station.
- No direct bus to RHC.
- Is RHC well signposted from Braehead?
- Usually at consultation events the questions that are asked are put on the screen
- More than clinical - bigger issue.
- Great service at Ward 15.
- Be clear that no decision made in 2011.
- Ward 15 support - open access allows normal life - children cannot sit in queues.
- Biggest concern is over transport - bus travel in parts of Paisley is poor.
- If a bus changes here than it could be worse.
- Legislation at Scottish Government level - can they run at a loss?
- Why can't we have RHC in Govan and Paisley?
- Media coverage of maternity services and PICU - is it just politics?
- RHC facilities irrelevant to clinical care - it's a hospital not a timeshare.
- Don't talk about process for decision, we all know.
- Part closure of a ward in Paisley, so should talk about Paisley not Clyde.
- Could rotate staff for career development rather than making patients move.
- Taking local service away and condensed into centre of excellence.

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- Taking away humanity.
- 200 people transferred to Edinburgh last year.
- We didn't support preferred option in 2011, not what happened.
- invest in having more intensive care beds in RHC, and leave Ward 15 for secondary care?
- At RAH you're treating teens in adult surgical wards.
- Children will die if there is congestion at the Clyde Tunnel and Braehead.
- SAS signed petition to support KNOW.
- Longer waits at RHC than at Yorkhill.
- Costs £28 for return taxi journey to RHC.
- Ward 15 easy access - have a relationship.
- Can you retain day surgery or outpatients at RAH?
- Who makes the final decision? Who can stop this happening?
- Can you go to new hospital to get scans and stuff and then go back to Ward 15.
- Impact on children's mental health.
- Why isn't there intensive care in Paisley?
- Concern about RAH maternity unit closing.
- Why close ward 15 when RAH can treat and taking a bed from a sicker child?
- Should still be a cottage hospital in each village and town in Scotland.
- Why do people from Southampton come up here with ScotStAR?
- When Rottenrow moved to GRI wasn't the same re: staff teams - worried Ward 15 same.
- RHC scan cancelled because of annual leave, what does that say about capacity?
- Ambulance service should be involved in consultation.
- Why is it difficult to get junior paediatric doctors? Is staff rostering the problem?
- Why are paediatric staff different to adult staff?
- RHC atrium is noisy.
- Presentations are different to previous events - why have we changed?
- Did I read a child had escaped from the RHC?
- Are you treating some illnesses you never had before?
- General chaos in QEUH, queue at info desk, no one sure where going. Long walk from car
- Nurses at RHC saying not designed properly.
- Is day surgery staying or going?
- Front door familiarity.
- Political decision.
- Ward 15 staff know my daughter, they don't at RHC - don't listen to me.
- A lot of information to take in.
- You're trying to fill a hospital.
- How many children couldn't be treated in Ward 15?
- Won't have any wee hospitals left soon, it will all be drop-in centres.
- Will you hire more consultants?
- What about parents that do not have children in hospital? How have we contacted them?
- Only way to register for event is email.
- Would there still be paediatricians at RAH?
- Will children survive in RHC that won't have survived at Ward 15?
- Ambulances being tied up and not being released quick enough.
- Worried about time in ambulance and stuck on road.
- Why did you not take up the offer of public meeting in Inverclyde Town Hall?
- Can you demonstrate improved clinical outcomes from centralisation?
- Are national standards for UK or Scotland?
- Vulnerability - going to Southern scary and now 10 times worse.
- Would children not be treated in IRH?
- Will what feeling be included in consultation?
- What about children with special needs as Ward 15 has open door policy?
- What is plan B if consultation doesn't going ahead?
- What about parents that have a life to live?
- Can't dispute clinical reasons.
- SHC questionnaire not worth paper written on, questions are wrong, looking at one picture.

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- RHC is fabulous.
- Specialist care understandable. Secondary level services provided at RAH will disappear.
- RAH community service and that is what people see losing.
- Worry about getting child to hospital as quickly as possible.
- Police Scotland, Fire Service etc. have all been centralised.
- If can't balance budget, will get someone else that can work within that budget.
- Looking at what is closing - is there not part of that can stay open in ward 15?
- These decisions will fail if capacity can't accommodate.
- No investment in health visiting, community nurses, etc.
- It's about not having enough staff.
- What about the children's ward in IRH?
- Proposal is biased.
- Nicola Sturgeon, said local services for local people.
- Is immediate access 24/7 at RHC? How many surgeons on call at RHC?
- Have not measured strength of feeling, NHSGGC has fight on hands.
- Today Paisley is measured by Ward 15, revered throughout the world.
- If we don't fight for this then what else will go.
- RHC is not just down the road.
- If kids have to go to RHC; is excellent and state of art; what is timescale?
- Consultations should have three options, disappointing only leaving one.
- Will RAH be downgraded if Ward 15 closes?

How are we doing - feedback from parents and patients about Ward 15:

- Friendly staff, caring, extremely helpful. Didn't like medicines.
- Fabulous staff. Tell child what med are before given.
- Good resources.
- Good to have bed next to child.
- Good facilities.
- Good playroom.
- Would like to have seen same doctor, seen different doc over first six days.
- Woke up abruptly in am when awake most of the night. Would rather child could sleep.
- Like staff, bed and DVDs, playroom great range of toys.
- Helpful staff. Broken and outdated furniture needs replaced.
- Did not like the curtains with clowns.
- Great to have tea and coffee facilities. Would like fresh milk.
- Were kept up to date with everything. Cold at night with one blanket.

Inverclyde Carers:

- Difficult to see child in hospital if you have other children and a pram.
- Experience of no support to get home after discharge.
- Do you have to pay for parking? Sick child, last thing thinking about is tickets.
- People aren't informed enough, they don't know.
- People thought about as numbers not individuals.
- Getting travel expenses can be bureaucratic and different in each site.
- Horror stories about parking situation at QEUH - got to be sorted out.
- 200 less beds in RHSC than RHC - are they going to be able to nurse these children?
- Parking is hard in RAH.
- Positive experiences of RHC and RAH.
- Got to get train and bus to Paisley.
- Is the train station accessible at Cardonald?
- You could get wet if you're waiting on public transport.
- Could they look at transport as such a big change?
- Open visiting is important.
- People aren't thinking straight if child ill.

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- Public transport frightens people because they're so used to using cars.
- You get some bus drivers who are quite nasty.
- Bus fares up to Glasgow are expensive.
- Helicopter - depends on weather whether it can take off and land.
- I feel like it would have been better having a children's ward in Inverclyde.
- All the wards were nice. ENT first, moving stuff step by step.
- Keep clinics and stabilise people before they move.
- Is there a children's clinic in Millport? It would be easier for people to get to Largs.
- Bus service to RAH wasn't getting used enough.
- Experience of not being allowed to stay with child in RAH.
- Stress of additional travel.
- Do they put leaflets about financial support service in with letters?
- You should keep everything as it is - not enough room for the West of Scotland.
- There should be one children's ward in each hospital for convalescence.
- Concerned people will fall through the cracks.
- Is this to save money? Specialist argument doesn't work with me.
- The equipment is much more elaborate and expensive, equipment you need a bigger unit.
- Women of Greenock have been systematically robbed with the Rankin.
- Taking everything away from Inverclyde.
- Continuity after discharge important.
- Built IRH in a stupid place.
- This change isn't as inconvenient as when they closed children's ward in IRH.
- People only hear horror stories, not the good stuff.
- Consultation period should be proper. Today was proper consultation.
- Who on the Board is from Inverclyde?
- Once people are used to getting there, it's finding your way with a sick child.
- Will there be an advert if it goes ahead?
- It's easier to get to that route - RHC - for me. RAH isn't well advertised.

Letters:

- Opposed to this and other service changes - widespread public concern.
- Health Board opposition - all elected representatives involved rejected proposals earlier.
- None of services are unsafe, provide first rate local service.
- As an Inverclyde resident, already unhappy no children's ward at IRH.
- From what heard and read, not sure new hospital able to cope with extra numbers.
- Reliant on rush to ward 15 at all hours. wonderful attention at RAH.
- If I had to go anywhere else, it would if, anything, be so much worse.
- Would be so inconvenient for mothers who have to get children to RAH 2/3 times a week.

Phone:

- Is this a real consultation?
- Why can't you reopen the children's ward in Inverclyde?
- Traffic and expense of getting to Glasgow hospitals hard for high deprivation area.
- Glasgow easier to find than RAH by car.
- Could get wet waiting for bus.
- Centralisation may sound more economic but not nearly as convenient.
- I've gone to the RAH for everything.
- Where would my child go in an emergency?
- What's the contingency plan for getting medical assurance?
- Travelling back and forth would be so much harder.
- Long drive up to RHC.
- Stranger looking after you at RHC.
- Against Ward 66 at SGH closing down.
- Wrote to Mhairi Black about proposal 7 or 8 months ago, no response.

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- Don't agree with proposal.
- A town the size of Paisley should have a hospital for everyone
- RAH first class service for mothers of children
- Money shouldn't come before kids and people

RHC drop-in:

- I like the food, and having my own room.
- The TV is hard to work and there's no remote.
- The doctors are easy to understand.
- Staff are good, attentive, great with kids, people friendly and have patience.
- Sometimes nurses aren't with you as quickly as like or don't have specialist knowledge.
- Care excellent.
- the signage could be improved.
- Waited 4 hours for surgery. Hamilton - not a big deal travelling.
- MRI, could watch a film, they put a mirror on your chest so you can see behind.
- I don't like that you have to get up and put your bed away at 8am.
- You don't have to walk down the corridor half naked like you did in old hospital.
- You can charge your phone.
- Parent has a real bed to lay on, not like the old hospital.
- Can only hear children crying a bit.
- Zone 12 is fantastic.
- Adult hospital no specialists. Here it's gone a lot quicker.
- Canteen closed at weekends.
- Yorkhill had more of a personal touch, more homely.
- Here everything's run on time.
- You don't really see anybody.
- I like that the rooms are much bigger.
- Been to A&E twice, and they remembered him. They don't rush you out of the door
- Waiting times for things in terms of appointments - if you cancel, it's 3-6 months to wait.
- From A&E it's been amazing. this ward is relaxed about visiting.
- Taking him straight to children's hospital as that's the best place for him.
- Canteen and shops feel far away.
- Facility wise here is better than Crosshouse. It's 50:50. Upstairs lots of complaints
- Big. Hard not to be allowed coffee on the ward.
- Feels busy
- I liked the TVs, I like that you can go on social media from your bed.
- Here it's bright and airy, colourful, there always seems to be room.
- I don't think they should move the ward
- IRH had a children's ward, put it into Paisley, Paisley now overrun.
- Went home same day in Paisley, here need to stay overnight but same journey time to both
- Now I've been here I'd pick here, before I'd come here I'd have picked Paisley.
- It's not fair on the staff though, would be busy.
- Ward 15 staff are lovely, they're lovely here as well.
- It's good for kids here.
- Parking, doesn't 4 hours.
- Hospital is nice. I liked having my own room. I liked the food.
- Wifi fantastic.
- very thorough
- Free access to the kitchen fab.
- A&E, waiting room was really small for the numbers of people there.
- Didn't have confidence in one of the nurses. one of the other nurses had a word with her
- CDU and 2C amazing, don't like staff on 3C.
- Waiting on drs to come round. apart from that they've been fantastic, no faulting them.
- I think both parents should be able to stay - I had to fight for both to be able to stay.
- In PICU same nurse for whole 11 days.

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- Staying in Ronald McDonald, can't fault there either.
- Really fun. I got to play games, jumping, drawing.
- Diagnosed with diabetes, lots of training.
- Gone from docs to A&E, dealt with immediately, sees consultant in 15 min.
- Just a bit quiet, TV would be nice for my other child - didn't know it was there
- Day surgery great.
- At children's ward in Crosshouse they weren't sure what it is and don't seem to progress.
- don't like Ward 15, don't think it's very welcoming - when you're there they refer you here.
- Wasting money. Never busy on ward 15.
- Paisley to here isn't that bad on the motorway.
- Facilities here great. RAH is very old, completely different standard.
- Ward 15 is ok but wasted a lot of time, didn't have a lot to treat my daughter at times.
- We were put up to adult intensive care at RAH waiting for transfer over here.
- Wishaw when you went to A&E not a place for children, it makes a difference.
- Pain relief a bit slow sometimes. Beeping loud. Food awful.

Transport survey - feedback from parents not directly related to transport survey:

- People in the RHC didn't get to know my child. Here they know him and his ways
- Risk of infection worse at RHC - lots of children in waiting room, take that back to ward
- Don't want to travel so far just for monitoring, fine travelling further for specialist care
- Probably not much difference in distance between RAH and RHC
- NHS24 didn't know whether to send me to RAH or RHC - I chose here because I know it
- Completely understand why would make sense to have ward in RHC
- Too far going up to Glasgow, so much harder in terms of travel
- new hospital covers far too large an area
- it's all so slow, I think it would be even worse if it were to move away
- Losing a local service
- Would RHC be able to cope with having the new ward?
- Never had a bad complaint about the RAH
- Fittings broken at RHC
- Traffic going to Braehead on a Saturday would be an issue
- Why can you only park for 4 hours
- RHC does seem a bit of a distance for a lot of people to go

Twitter:

- Why is there no information for families in inverclyde about planned closure of ward 15

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Appendix B: Kids Need Our Ward Response to Proposal

Submission of Objection to the Proposed Closure of Ward 15 RAH, affecting Inpatient, Short Stay and Day Surgery by Kids Need Our Ward (KNOW).

Submission to argue against proposed changes to Paediatric Services at the Royal Alexandra Hospital, (RAH) Paisley.

Submission being made to the Greater Glasgow and Clyde Health Board. The submission is made on behalf the KNOW campaign, which argues against these proposed changes. This campaign is supported by a petition of over 3000 signatures. These signatures are being added to daily, and are/have been collected from all areas served by the RAH Paediatric Services.

Executive Summary

1. Safety - Ambulance Service have only 2 paediatric ambulances for the West of Scotland, other ambulances are being taken out of their operational areas to cover demand. This impacts on the whole community, and the ability to deliver an efficient and safe service for our children.
2. Capacity - We are extremely concerned about the lack of capacity at the new hospital. With ward 15 accommodating for an average of one hundred patients a month, and reports of children admissions to the new hospital being refused. It is extremely concerning that the board are considering a proposal to close of ward 15, and move more children over to a hospital that is clearly struggling with capacity issues.
3. Improved Patient Outcomes - While there is clear evidence of positive outcomes that ward 15 has brought over past decades and continues to bring to the children, families, and local communities of Renfrewshire, and surrounding areas. The board has, to date, presented no clear evidence that the proposed move to the new hospital will improve these outcomes.
4. The Cost - and logistics of getting to the Queen Elizabeth University Hospital from Paisley and further afield is prohibitive to a lot of people. This can have a huge impact on a child's recovery as friends and family may not be able to visit, impacting on the children's mental health. It is ludicrous to remove paediatric services from areas where they are most needed.
5. Impact - on children with complex needs who currently have an open card access with ward 15. Without this access and support, families have real concerns about the sustainability of the level of care they currently receive from the ward.
6. Public Transport - There is no direct public bus route from the majority of the RAH's surrounding constituency area. The only direct bus route is from the centre of Paisley, which makes the journey to the new hospital for most people to be approx. one hour. Which adds a huge
7. Lack of Transparency - As stated by CEO Robert Calderwood at the boards annual review meeting, only inpatients beds at Ward 15 were to be closed, now, at a later date, short stay and day surgery have been added to the proposal. At the consultation meetings, which were held in 17th and 20th of January in Paisley, the presentations delivered to the public were completely biased towards the closure of Ward 15. The presentations for the 20th Jan had been altered from the Tuesday, as the public attending on Tuesday, challenged the information on Drive and Public transport times.

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Submission to the Health Board by Kids Need Our Ward

1 Renfrewshire Council - The KNOW campaign also points to the adoption of Renfrewshire Council of the recent motion, that sets out Renfrewshire Council's views, which are similar to those of the KNOW campaign. (Audit, Scrutiny and Petitions Board, 28/11/ Motion 3 15/12/16) This reminds that there is a wider social context to this action. Paisley, the County town, and economic heart of Renfrewshire, and the location of the RAH Hospital has embarked upon a programme of regeneration. This regeneration includes the building of modern flats attractive to young persons, i.e. young persons who can have families, as well as established families. To have the internationally renowned Ward 15 (Glynhill, pre-consultation, afternoon meet) is an attraction for such persons. It is, of course, recognised that the RAH serves a wider constituency.

2 The basis upon which the KNOW campaign argue against these proposed changes are set out below.

3 Presentation to Board's October meeting Pre-Engagement Process

4 In October, the Board were presented with a Report: Paper (P) 16-58, emanating from the engagement process re the above changes. This Report was to help the Board come to a reasoned decision.

5 How the Engagement process and call for participants were to be disseminated to ethnic minorities is not clear. The KNOW campaign argue that this was not done.

6 This Report recommended that the Board begin the full consultation process, and set out that the Facilitators of the Engagement process gave full commitment to the final solution of Paediatric transfer from the RAH to the Royal Hospital for Children (RHC). Such feedback as was presented in the paper was described as merely an 'understandable' valuing of the RAH by local families. (P 16-58)

7 More solid concrete objections raised during the Engagement process were not presented in this above-mentioned paper.

8 It is reported by attendees that a declaration was made by a Facilitator before the end of the evening meeting at the Glynhill Hotel (Glynhill evening meet) that a recommendation was to be put to the Board that the transfer/consultation process go on.

9 This public, and now published bias, does not indicate that any time would be given to reflection and serious further discussion as to the points raised by participants. Or even reasoned rebuttal beyond simply saying our way is best.

10 Much of the paper is given over to what the final proposals are, and how the process itself should be was/is operated. This is quite understandable, if only for reasons of transparency. However, the analysis of the Evaluation sheets is vague, not concrete. That people felt they had an opportunity to give their views ask questions and receive answers is axiomatic. The point is not simply to inform, but to engage, i.e. discuss, and record, whether the answers received were acceptable or not.

11 The sessions at the Glynhill Hotel were variously described by some participants as being similar to a Time-share sale, or the buying of used car. This does not tally with the conclusion that 'The meeting overall was good was good'. (P 16-58). The term 'good' is not particularly helpful: helpful to whom for what reasons? This subjective statement must now be set against the already revealed bias, and the above observations. The Issues Raised are set out in the Paper, 16-58 with some thoughts expressed re what food for thought they gave to the Facilitators/Lead Panel. Section 4, Para 4.1 indicates that the understandable high regard for the RAH Paediatric services

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is based upon provision/practice, and not merely access, and that perhaps there may be something for the Lead Panel to learn from the RAH method of service; “although most families who had accessed both services were also positive about the RHC” was added. This “although” afterthought, and “also”, mark a reluctant concession that the Paediatric services provided by Ward 15 has positive outcomes for those who have to use it:

Grateful parents

“Ward 15 saved our little boy when he was admitted at 11 weeks old. He was very unwell with vomiting and diarrhoea and had laboured breathing. The quick-thinking actions of the staff meant that a lumbar puncture and blood tests were performed to establish the cause. The correct medication and care was put in place and he left a week later with us. Being able to stay with him throughout the week and also having the support of family who live close to the hospital was invaluable. Without ward 15, we may not have our energetic 4-year-old now.

Parent

“I have 5 children and my oldest is 10 and has cerebral palsy and asthma, I also have an 8-year-old who has been in the ward and a 7-year-old who has ADHD and autism. I also have 3-year-old twins one has lymphedema in her right arm and she has heart problems and has a brain haemorrhage, so you can imagine I have been in the ward loads of times, and I am in the PANDA Centre every other week with appointments, SO I NEED THIS WARD TO STAY”

Desperate Mum

“My daughter was in ward 15 for 2 weeks when she was 6, the ward is very family focused and the staff are brilliant. Being close to home meant I could receive support from family which meant I was able to go home for a short time each evening, this could not have happened if she had been in hospital in Glasgow. Paisley desperately needs this ward to stay open”

Paisley Mum

“When my oldest son was born, it was obvious there were several issues. He could not hold down a feed and was diagnosed with imperforate anus. Over the year’s ward 15 has been a godsend for us, as both my boys have additional support needs. We have to use the ward for minor operations once a month. I cannot describe the upheaval, both financially and personally if we had to travel to Queen Elizabeth University Hospital. Having the ward in the RAH makes our lives so much easier” (names supplied)

The clinical outcomes at the RAH are accepted by all - clinicians and users - as being of highest quality.

12 Normally, when one has a successful unit, or brand, one builds on that by investment. The question arises as to why further investment in the RAH Children's Services was not offered as an option. This ensured that the agenda was pre-set toward a particular discussion and conclusion.

13 Para. 4.2 P 16-58 is again axiomatic and refers to what the Facilitators believe they have achieved, which is, in their view, a reassurance of people - what people? - that 'the majority of children's services will still be provided at the RAH . . .' Finally, it is added that: 'it has been particularly helpful to explain how changing clinical standards of paediatric services across the UK are contributing to the case for change.' Is this an inference that the RAH cannot keep up with the changing clinical Standards? If so it argues against the admittance by the Lead Panel at the Engagement process that there is nothing wrong with the RAH delivery of Paediatric services. “Helpful” to whom for what reason beyond simple explanation is, again, not shown. To explain one side of a proposal is not necessarily to gain agreement. The reassurance referred to is argued

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against by the existence of the KNOW campaign and the acceptance of the Council's Resolution, referred to above.

14 Para 4.3 refers to Ambulance Services. The Engagement Process indicated that, at the time of same, there was no agreed plan to put before the people as to how the Ambulance Service would service the new proposed changes. The Paragraph admits that there is no agreed plan as yet, yet attempts to assure that appropriate services will be in place. It says that a joint plan between Ambulance Service and RHC plan would be published as part of the Consultation process. At the afternoon session, at the Glynhill Hotel, a member of the Ambulance Service raised the concerns of members of the ambulance service to provide changes. To date no plan has been seen by locals that would allow them to express any informed views, although the Ambulance Service states that the change of destination balances up in terms of time.

15 However, at the Stakeholder Reference Group (SRG) meeting of Oct. 4, a member of the group quoted Scottish Ambulance Services (SAS) as advising that “a child should not be transported to hospital in a car because people feel it is quicker than an ambulance, as it not is the best interests of the child.” This mirrors the publication in (RCN) Royal College of Nursing: Online: “That the transfer of a child is inherently risky and up to 75% of patients being transferred by non-specialist teams can suffer from serious complications. (Britto et al, 1995).” Referred to now as PTS.

16 Are specialist teams, e.g., trained nurses, available for transfer work? What happens to demand/supply of transport if all parents of sick children adhere to this advice? Surely it was/is possible to publish the arrangements and benchmarks for the maintenance of standards for safe child transportation, as part of this early engagement process? The question was raised as to the number of specialist paediatric ambulances and normal ambulances that are available for Inverclyde and Paisley. No answer was given.

17 The Scottish Ambulance Service itself, reports concern over PTS. “The increase in concerns as a preferred method of feedback has developed steadily over the course of the 2015/16 period and concerns about PTS cancellations in the West have been the area of greatest increase.” (Scottish Ambulance Service, Annual Report, 201601)

18 “The Pareto charts above (see Report above) highlight that the top three issues and hence the focus of our improvement actions in response to complaints and concerns, should be on attitude and behaviour, delayed response and cancellations.” (Scottish Ambulance Service, Annual report, 201601). The point here is that measuring from point to point in an ideal world without contingent logistical problems is not realistic.

Total Short Stay Figures Ward 15 2016 (To end November 2016)					
Total	Admitted to Wd 15	Discharged	Irregular Discharge	Transfers	
4469	1153	3208	3	105	
				Back to Mat	To RHC
				83	22

This table can be used as an estimate for the new demand being placed on RHC.

19 The Transport Analysis provided by Board's representatives, looked at the travel experiences of 29 persons. 29 persons, if applied to the above figures, indicates, at even a cursory glance, that this Transport Analysis was carried out on a figure of around less than 1 per cent of total in the above table, and assumes a rate of constant repetition. Children do not fall ill to such a pattern.

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20 A Transport Analysis as reported to Renfrew Council (Audit, Scrutiny and Petitions Board, 28/11) reported:

a. 2011 census data zones were used to carry out the analysis. These are small-area statistical geographies which are typically made up of populations between 500 and 1,000 households. There were 225 data zones within Renfrewshire in 2011.

b. Output from the analysis highlighted that nearly 90% of residents in Renfrewshire had shorter car journey times travelling to the Royal Alexandra Hospital than they did to the Queen Elizabeth University Hospital in Glasgow.

c. The drive time analysis also looked at the proportion of Renfrewshire residents, aged 16 or under, who lived within a: • 5 min car journey of each hospital, • 5-10 minute journey; and • 10-15 minute journey.

d. Results showed that almost 25% of the age group lived within a 5 minute car journey of the RAH with a further 45% living within a 5-10 minute journey. This means that nearly 70% of children aged 16 or under lived within a 10 minute car journey of the RAH. Similar analysis for the Queen Elizabeth University Hospital highlighted that only 22% of children aged 16 or under lived within a 10 minute car journey.

21 Parking and Access at both hospitals is a problem, although this is disputed by the NHS GCC.

22 Yet it is usually the first complaint raised by members of the public who have visited the hospital site (anecdotal). Again, in the Engagement Report to the Board we see little evidence of any forethought as to how the proposed changes shall affect the new users of the RHC, beyond saying that their analysis shows sufficient improved parking space.

23 Particularly shocking is the admittance that access for the disabled had not been thought through. This can be construed as an indication that desires of the clinicians were more to the front than the possible effects upon users. (Disability concerns are also raised in respect of the cubicles in RHC.)

24 Again, knowing that Public Transport was important for patient and visitors, it is remarkable that such knowledge of the public transport services was not able to be presented. This again supports the KNOW view that the practical needs of the users were not fully taken into account before the Engagement Process was embarked upon. To answer: "we will look into that" to most problems raised, albeit with the promise of later publication and discussion, simply closes discussion. A quick snapshot was taken in October, to inform the Consultation document. This is online. Measurements and advice were taken from Google maps.

25 At both consultation meetings on the 17th and 20th of January public transport remains as a major issue for patient and visitors. The fact that the presentations were changed between meetings to give the presenters an easier time on a very serious matter, is of great concern to the Know campaign.

26 The participants' raising of the problems of public transport/access and the time factor are argued against in Paper 16-58 by suggesting that for some users the RHC is nearer or more accessible than the RAH. This also means that for another some it is not. The problems are reduced to a some game. The service needs to be accessible for all in a way that does not mitigate against the life chances of the unfortunate some.

27 Deprivation and poverty put some users at a clear disadvantage. In a recent Press release Robert Calderwood, of Greater Glasgow and Clyde Health Board said, "Many of our residents are still affected by poverty and one of the biggest challenges for the health service, as a whole, is to

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improve the health of people suffering the effects of disadvantage due to poverty.” For the sake of an, alleged, extra two minutes travelling time, for some, the poorer users will suffer the extra stress and strain and financial cost of travelling to the RHC. At the September meeting of the SRG, a service user of RHC intimated that the cost to her of a round trip was £30, this is doubled when a wheelchair accessible taxi is required. Recovery of travel costs is offered to similar cases, but this shall involve an already-stressed parent with the bureaucratic recovery process: production of receipts, verification and so on at the Hospital Cashier and Travel office. Unfortunately, it is often the poorest who lack social skills to ensure they are served by the processes that they have to go through.

28 Discriminatory aspects of this engagement and consultation process appear in the lack of different languages used for publicity. There is a Catch 22 if the poster telling of the availability of other language material is written in English. KNOW campaigners noted a lack of other ethnic input at the Glynhill meetings.

29 It is part of this Submission that the impact of this proposal has been well understood by the local populace, but not in the positive, almost Pollyanna, way that is implied by the Engagement Report. The problems may have been identified, even understood, by the populace, but this Submission argues these problems and misgivings, were not properly addressed, teased out by the Engagement Process. To finally declare, so quickly, as at the Glynhill evening session, that the Facilitators would recommend the Board move to consultation is not only to reveal a bias, but a belief that all will be well come the Consultation process with its new documentation. This declaration runs almost in contradiction to the Board's statement in P 16-45 that the Board will carefully consider the outcome of that engagement for each of the proposed changes.

30 Yet the outcome had already been made: that the Board should move to the Consultation process on the basis of Report 16 - 58. There are reports that the Engagement Process Report, criticised above, was met with applause, given by members of the Board.

31 The presentations at the consultation meetings were presented in an extremely biased manner towards the Boards proposal. There were no other options considered i.e. if Ward 15 were to stay open what investment could be made to sustain its reputation for high standards of Paediatric care to the Renfrewshire community and surrounding area.

32 Audiences at both meetings were clearly not in favour of this proposal, and had serious concerns over the Ambulance service cover, Hospital Capacity, and Public transport were raised.

33 There was no evidence presented during the whole consultation process that the clinical outcomes of patients would be improved if this proposal were approved.

34 It is also worth noting that out of approx. 5000 children that used Ward 15 in 2016, only twenty odd children had been transferred to the RHC. These figures clearly emphasise the valued service that Ward 15 provides to its constituent community.

35 The Board has established the processes, but the processors have to Report back accurately to allow careful consideration to take place.

36 KNOW campaign submits this to you, the Board.

January 2017

Appendix C: Response to Proposal from Action for Sick Children Scotland

Consultation response from Action for Sick Children Scotland on moving the Children's Ward 15 from the Royal Alexandra Hospital to the Royal Hospital for Children Glasgow.

This response is on behalf of Action for Sick Children Scotland (ASCS) an organisation which has for more than thirty years campaigned for children and young people to receive the highest standard and quality of care when they are ill in hospital, at home or in the community. Whilst our core purpose remains that of influencing and collaborating to secure best health care outcomes for sick children and young people, our activities also reflect the dynamic developments in the planning and delivery of health care in Scotland today. We work in partnership with parents, carers, health care professionals and most importantly with children and young people themselves. Our vision is for the best quality healthcare for children and young people in Scotland.

ASCS is a member of the European Association for Children in Hospital (EACH). A key focus for members is the EACH Charter and its ten Articles which explain the rights of children, young people and families when using health care services. The EACH Charter is underpinned by the United Nations Convention on the Rights of the Child (UNCRC) and members aim to have the principles of the EACH Charter incorporated into their countries' health laws, regulations and guidelines. A rights based approach has strongly informed our response to the current consultation.

Our Involvement in the Consultation to date: Dagmar Kerr, as a parent and Action for Sick Children Scotland Area Coordinator for NHS GG&C, has been a member of the Ward 15 Stakeholder Reference Group. She and Action for Sick Children Scotland Executive Committee member, Gwen Garner, have also attended public meetings and spoken to families who will be affected by the move. They were also involved in the consultation process in 2011.

The UNCRC and the EACH Charter

Our response to the consultation is set in the context of the United Nations Convention on the Rights of the Child (UNCRC) ratified in 1991 by the UK, and the European Association for Children in Hospital (EACH) Charter. The latter recognises and endorses the rights of the child as stipulated in the UNCRC, and in particular the key principle that, in all situations, the best interests of the child should prevail (art.3).

The EACH Charter relates to the UNCRC General Comment No 15 (2013) on the child's right to the enjoyment of the highest attainable standard of health (art. 24), and to the UNCRC General Comment No. 4 (2003) on adolescent health and development.

The Scottish Government recommends that NHS Boards review their provision of children's hospital services with reference to the EACH Charter and put in place plans to address any issues identified. (Delivering a Healthy Future: An Action Framework for Children and Young People's Health in Scotland (2007). We have therefore looked at the proposal to move Ward 15 to the Royal Hospital for Children (RHC) in the light of the 10 Articles of the Charter.

Article 1: Children shall be admitted to hospital only, if the care they require cannot be equally well provided at home or on a day basis.

Children are admitted less often as inpatients than a few years ago and therefore the demand on bed numbers has fallen significantly. As a result, Ward 15 has on average 8 patients a day. We understand that the RHC has on average 30 - 40 free beds and therefore sufficient capacity to accommodate children and young people from Ward 15.

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Article 2: Children in hospital shall have the right to have their parents or parent substitute with them at all times.

This right is possible and encouraged on both sites.

Article 3: (1) Accommodation should be offered to all parents and they should be helped and encouraged to stay

(2) Parents should not need to incur additional costs or suffer loss of income

Parents can stay with their children in Ward 15 in chairs or beds beside their child's bed. In the RHC, parents have built-in beds and 80% of children will be treated in private rooms and en-suite facilities. The parent accommodation at the RHC is more comfortable.

However, for families who live close to the RAH, the move to the RHC will mean a longer distance to travel and time away from home and this might make visiting or staying with their child more difficult. For some families the changed location will make no difference, while others might have a slightly shorter journey.

Article 4: (1) Children and parents shall have the right to be informed in a manner appropriate to age and understanding

(2) Steps should be taken to mitigate physical and emotional stress

NHS GG&C supports age appropriate care and it should make no difference where this care is delivered. However, the RHC has a dedicated service for young people over the age of 12 and is therefore in a position to offer more specialised support to that age group.

Article 5: (1) Children and parents have the right to informed participation in all decisions involving their health care.

As above - the dedicated youth service at the RHC allows for more age appropriate support for young people.

(2) Every child shall be protected from unnecessary treatment and investigation.

Under the proposal, seriously ill children will receive more specialised care more quickly, as they will be taken to the RHC immediately. At present they would be seen at the Royal Alexandra Hospital first and then would have to be moved again, if they needed more specialised care.

Article 6: Children shall be cared for together with children who have the developmental needs and shall not be admitted to adult wards.

Both hospitals offer a dedicated paediatric service where children are cared for in children's wards. The RHC can however offer more choice and more specialised support for different age groups through their play service, youth service and volunteer programme.

Article 7: Children shall have full opportunity for play, recreation and education suited to their age and condition and shall be in an environment designed, furnished, staffed and equipped to meet their needs.

The RHC hosts a hospital education service (HES), a play service and a youth service. There is no teaching service for the children and young people who are being treated at Ward 15. In the RHC, the hospital teachers visit the wards every day to identify the patients who would benefit from and qualify for teaching. The play, youth and activities programmes at the RHC give patients of all ages the opportunity for play and recreation. Ward 15 also has some play staff.

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More specialist imaging and treatment equipment is available at the RHC, and it is a more disability friendly environment. Some rooms at the RHC have built-in hoists and there are excellent changing facilities for disabled children, young people and adults. However, there are some issues around automatic doors that still need to be addressed.

Article 8: Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families.

There is no doubt that all staff in Ward 15 and at the RHC are trained and skilled appropriately. However, members of the NHS GG&C Health Board make a compelling case that the Board is not able to meet all national clinical standards set by the Royal College of Paediatrics and Child Health (RCPCH) at Ward 15. Action for Sick Children Scotland supports these clinical standards and campaigns for children and young people to have access to the best available clinical care. Action for Sick Children Scotland also supports the need for excellent training for junior doctors such as the training available in the RHC.

Article 9: Continuity of care should be ensured by the team caring for children.

Parents and carers of children and young people at Ward 15 have expressed how much they value the fact that staff know their child and that they have an “open access” policy. In the case of the ward moving to the RHC, these parents need to be supported and reassured that their child will still receive very personal and individual care and that the links with the PANDA centre and community nursing will be strong and consistent. If the proposal goes ahead, a similar “open door” policy needs to be agreed with families whose children’s needs require this.

Article 10: Children shall be treated with tact and understanding and their privacy shall be respected at all times.

All staff in NHS GG&C aim to treat patients with tact, respect and understanding. The new hospital offers excellent facilities, especially single rooms and en-suite bathrooms that will give children and young people and their families extra privacy. Consultation with young people shows that they very much value this.

Conclusion

Action for Sick Children Scotland is of the view that the Health Board has made every effort to consult with families who are affected by this proposed change. However we understand how hard it must be for families to feel that they are losing a valued service. The impact on those who currently live very close to the Royal Alexandra Hospital should not be underestimated. They will face longer travelling times and will find it more difficult to manage home commitments as well as supporting a child in hospital. At the same time there are many families within NHS GG&C who have always had longer and more difficult journeys.

The most compelling argument, however, is that clinical standards are there to support the best quality healthcare for all children in Scotland and we feel that this would be achieved by moving Ward 15 to the RHC. This is underpinned by article 24 of the UNCRC.

Recommendations

- Action for Sick Children Scotland recommends that community nursing services are strengthened in the Board area so that more children and young people can be supported through them, the PANDA Centre, and the out-patient clinics remaining at the RAH.
- The Board and RHC should ensure that family support and information services are appropriately resourced and that all staff are able to signpost families to appropriate

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information and services. Every effort needs to be made to inform parents about support services, like income maximisation, travel cost support and emotional support to help.

- “Open door” policies should be available for patients and their families who would benefit from those.
- Families should be kept informed about progress and get plenty of notice, if and when changes are going to happen.
- Families are worried about ambulance services. Action for Sick Children Scotland recommend that the Board put in place a strategy to ensure families are well informed about how a move to the RHC will be supported and how the Scottish Ambulance Service will adjust to such a move if it goes ahead.
- The Board should ensure that information at each stage of the process should be available to all stakeholders.

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Appendix D: Email and Letter Response to Proposal Received 42 times

I am seriously concerned at the level of publicity you have issued regarding the consultation process over the closure of the children's ward (Ward 15) at the Royal Alexandra Hospital, Paisley.

For such a massive change to primary care facilities affecting so many people I would have expected a proper level of notification. I would not even have known that there were plans to close Ward 15 if it had not been for the Kids Need Our Ward Campaign (KNOW). I believe that the Health Board (HB) should have engaged with the public as much as KNOW, to inform that the consultation process has been taking place. It is my understanding that as little as possible was done to consult the public by the Health Board. I have not seen or heard any notification by the HB I believe the safety of our children is being compromised by this move.

The Ambulance service is already over stretched and has only 2 paediatric ambulances serving the West of Scotland, other ambulances are being taken out of their operational areas to cover demand. This move will impact on the whole community, and the ability to deliver an efficient and safe service for our children.

There is a lack of suitable public transport to the Royal Hospital for Children (RHC) from Paisley. With no direct bus route from most the RAH 's surrounding constituency area. This adds a huge burden both in time and financially to visiting family and friends. This can have a huge impact on a child's recovery as friends and family may not be able to visit, impacting on the children's mental health. It is also ludicrous to remove paediatric services from some of the most deprived areas in Scotland where they are most needed. I believe it is better for sick children to be as near to their homes as possible thus allowing their parents the chance to be both with their sick child and still be close to their other children.

The HB transport analysis was completed by talking to 29 visitors to the Ward 15 (less than 1% of Ward 15 users). The distances and timing were completed using Google Maps for public transport and by car- which does not take congestion of traffic into account. This is a totally unpractical analysis of public transport, as it does not consider bus operational times and service delays and the need for a minimum of 2 buses from most areas in Renfrewshire.

The impact on children with complex needs who currently have open access to ward 15 is a major concern for their families. The support and high level of care they are currently receiving from the ward is not sustainable in the new hospital setup.

While there is clear evidence of positive outcomes that ward 15 has brought over past decades and continues to bring to children, families, and local communities of Renfrewshire, and surrounding areas. The board has, to date, presented no clear evidence that the proposed move to the new hospital will improve these outcomes.

Ward 15 Short Stay area saw approx. 5000 children in 2016 and on average admitted one hundred patients a month to Ward 15, only around 25 had to be transferred to the RHC, which I see as a very good Clinical model for retaining Ward 15

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Appendix E: Responses from Elected Representatives

Responder	Response
James Kelly MSP	<p>As an MSP for the Glasgow region, I would like to make clear my opposition regarding the various proposals set out by Greater Glasgow and Clyde Health Board relating to: The proposed closure of Lightburn Hospital, the downgrading of the Centre for Integrative Care, the downgrade of paediatric services at the RAH, the downgrade of maternity services at the Vale of Leven Hospital, and the downgrade of maternity services at Inverclyde Hospital. It is clear that there is widespread public concern at the nature of these proposals, a concern that I share. There is even opposition on the Health Board itself, reflected in the fact that all of the elected representatives involved chose to reject these proposals earlier. Not only are these proposals without public backing, they also fly in the face of available clinical evidence, as none of the services mentioned have been deemed as unsafe and are considered to provide a first rate and valued service from locally accessible sites. Furthermore, it is also worth noting that the Scottish Parliament voted to designate these changes as major changes and for them to be called in by the Cabinet Secretary. I strongly urge Greater Glasgow and Clyde Health Board to recognise the will of the Scottish Parliament, and designate these changes as major so the proposals can be put to the Cabinet Secretary for decision. In conclusion I therefore object to the proposals set out by the board and call on Greater Glasgow and Clyde Health Board to withdraw these proposals.</p>
Anas Sarwar MSP	<p>As an elected representative covering the area of Greater Glasgow and Clyde Health Board, I wish to make my views clear on the various proposals set out by Greater Glasgow and Clyde Health Board relating to: the proposed closure of Lightburn Hospital, the downgrading of the Centre for Integrative Care, the downgrade of Paediatric services at the RAH, the downgrade of maternity services at the Vale of Leven Hospital, and the downgrade of maternity services at Inverclyde Hospital. In short, I do not support the proposals set out by Greater Glasgow and Clyde Health Board. The Health board do not have the support of the public in taking forward these proposals. indeed, there is wide spread public concern at these proposals and this is reflected in the fact that all of the elected representatives on the Health Board chose to reject these proposals at an earlier stage. it is clear, therefore, that were Greater Glasgow and Clyde Health Board to proceed it would be doing so in the face of public opinion. Furthermore, there are no good clinical reasons for any of the proposals. none of the services at any of the sites have been deemed as unsafe and by all available evidence deliver a first rate and valued service from local and accessible sites. I therefore object to the proposals set out by the board and call on Greater Glasgow and Clyde Health Board to withdraw these proposals. it is also worth noting that the Scottish Parliament voted to designate these changes as major changes and be called in by the cabinet Secretary. I strongly urge Greater Glasgow and</p>

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Responder	Response
	<p>Clyde Health Board to recognise the will of parliament, designate the changes as major and submit the proposals to the cabinet Secretary for decision.</p>
<p>Councillor Jacqueline Henry</p>	<p>I am seriously concerned at the level of publicity you have issued regarding the consultation process over the closure of the children's ward (Ward 15) at the Royal Alexandra Hospital, Paisley.</p> <p>For such a massive change to primary care facilities affecting so many people I would have expected a proper level of notification. I would not even have known that there were plans to close Ward 15 if it had not been for the Kids Need Our Ward Campaign (KNOW). I believe that the Health Board (HB) should have engaged with the public as much as KNOW, to inform that the consultation process has been taking place. It is my understanding that as little as possible was done to consult the public by the Health Board. I have not seen or heard any notification by the Health Board.</p> <p>I believe the safety of our children is being compromised by this move. The Ambulance service is already over stretched and has only 2 paediatric ambulances serving the West of Scotland, other ambulances are being taken out of their operational areas to cover demand. This move will impact on the whole community, and the ability to deliver an efficient and safe service for our children.</p> <p>There is a lack of suitable public transport to the Royal Hospital for Children (RHC) from Paisley, with no direct bus route from most of the RAH's surrounding constituency area. This adds a huge burden both in time and financially to visiting family and friends. This can have a huge impact on a child's recovery as friends and family may not be able to visit, impacting on the children's mental health. It is also ludicrous to remove paediatric services from some of the most deprived areas in Scotland where they are most needed. I believe it is better for sick children to be as near to their homes as possible thus allowing their parents the chance to be both with their sick child and still be close to their other children.</p> <p>The Health Board transport analysis was completed by talking to 29 visitors to Ward 15 (less than 1% of Ward 15 users). The distances and timing were completed using Google Maps for public transport and by car - which does not take congestion of traffic into account. This is a totally unpractical analysis of public transport, as it does not consider bus operational times and service delays and the need for a minimum of 2 buses from most areas in Renfrewshire.</p> <p>The impact on children with complex needs who currently have open access to Ward 15 is a major concern for their families. The support and high level of care they are currently receiving from the ward is not sustainable in the new hospital setup.</p>

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Responder	Response
	<p>While there is clear evidence of positive outcomes that Ward 15 has brought over past decades and continues to bring to children, families, and local communities of Renfrewshire, and surrounding areas. The board has, to date, presented no clear evidence that the proposed move to the new hospital will improve these outcomes.</p> <p>Ward 15 Short Stay area saw approx. 5000 children in 2016 and on average admitted 100 patients a month to Ward 15, only around 25 had to be transferred to the RHC, which I see as a very good Clinical model for retaining Ward 15.</p>
Councillor Sam Mullin	<p>Objection to the Health Board proposal to close Ward 15 at the Royal Alexandra Hospital.</p> <p>I am seriously concerned at the level of publicity you have issued regarding the consultation process over the closure of the children's ward (Ward 15) at the Royal Alexandra Hospital, Paisley.</p> <p>For such a massive change to primary care facilities affecting so many people I would have expected a proper level of notification. I would not even have known that there were plans to close Ward 15 if it had not been for the Kids Need Our Ward Campaign (KNOW). I believe that the Health Board (HB) should have engaged with the public as much as KNOW, to inform that the consultation process has been taking place. It is my understanding that as little as possible was done to consult the public by the Health Board. I have not seen or heard any notification by the Health Board.</p> <p>I believe the safety of our children is being compromised by this move. The Ambulance service is already over stretched and has only 2 paediatric ambulances serving the West of Scotland, other ambulances are being taken out of their operational areas to cover demand. This move will impact on the whole community, and the ability to deliver an efficient and safe service for our children.</p> <p>There is a lack of suitable public transport to the Royal Hospital for Children (RHC) from Paisley, with no direct bus route from most of the RAH's surrounding constituency area. This adds a huge burden both in time and financially to visiting family and friends. This can have a huge impact on a child's recovery as friends and family may not be able to visit, impacting on the children's mental health. It is also ludicrous to remove paediatric services from some of the most deprived areas in Scotland where they are most needed. I believe it is better for sick children to be as near to their homes as possible thus allowing their parents the chance to be both with their sick child and still be close to their other children.</p>

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Responder	Response
	<p>The Health Board transport analysis was completed by talking to 29 visitors to Ward 15 (less than 1% of Ward 15 users). The distances and timing were completed using Google Maps for public transport and by car - which does not take congestion of traffic into account. This is a totally unpractical analysis of public transport, as it does not consider bus operational times and service delays and the need for a minimum of 2 buses from most areas in Renfrewshire.</p> <p>The impact on children with complex needs who currently have open access to Ward 15 is a major concern for their families. The support and high level of care they are currently receiving from the ward is not sustainable in the new hospital setup.</p> <p>While there is clear evidence of positive outcomes that Ward 15 has brought over past decades and continues to bring to children, families, and local communities of Renfrewshire, and surrounding areas. The board has, to date, presented no clear evidence that the proposed move to the new hospital will improve these outcomes.</p> <p>Ward 15 Short Stay area saw approx. 5000 children in 2016 and on average admitted 100 patients a month to Ward 15, only around 25 had to be transferred to the RHC, which I see as a very good Clinical model for retaining Ward 15.</p>
Neil Bibby MSP	<p>I write to you in response to the proposed changes to Paediatric Services at the Royal Alexandra Hospital in Paisley. I am deeply concerned about these plans. Ward 15 is an essential service for many local families in my region, who have been campaigning for months to keep the ward open. Ward 15 does not just service thousands of Renfrewshire children but thousands more children from Inverclyde, West Dunbartonshire and other areas.</p> <p>I have spoken to many families with children who rely on Ward 15 and they have emphasised the impact that the closure would have on their lives. Ward 15 allows children, especially those with more complex needs, to remain close to home and enjoy a family life similar to their peers with regular visits from family and friends.</p> <p>I firmly believe that this proposal is being driven by cuts to NHS Greater Glasgow and Clyde from the Scottish Government. It was well reported last year that the health board needed to make £69 million of savings - over £1 million every week. In addition, just this week it was reported that the health board may need to save another £333 million over the next five years. I understand the difficult position these budget pressures put the health board in but like many of my constituents, I strongly believe that this plan is being driven by cuts and not on clinical grounds.</p> <p>In five years as Member of the Scottish Parliament I have not received one complaint about the Children's Ward but have</p>

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Responder	Response
	<p>been inundated with positive feedback regarding the care and staff. Ward 15 provides many of the children treated there with open-card access to high-quality and personalised care by specialists familiar with their condition. I understand that in 2016, out of the approximate 5000 children that used Ward 15 only around 20 had been transferred to the RHC. The fact that the overwhelming majority of children were able to be treated in the RAH clearly emphasises the valued service that Ward 15 provides to its constituent community.</p> <p>Given that the level of care provided by Ward 15 has continually been recognised to be of high-quality, many local parents are currently questioning why greater investment in Ward 15 was not considered as an option as part of the consultation. This has led some parents to suggest that the outcome of the consultation has already been pre-determined. The presentations delivered to the public on the 17th and 20th of January in Paisley, were biased towards the closure of Ward 15 and did not consider alternatives, for examples, additional investment in the RAH children's ward to improve the service and keep local services local. Furthermore, many people felt that there was insufficient advertisement of the public consultation meetings.</p> <p>Many local residents are worried about capacity issues at the new hospital. The transfer of all paediatric inpatient, short stay and day surgery services from the RAH to the RHC means that the RHC will have an estimated additional 8000 cases per year. The recent case of Alex Gray, a young boy from Paisley who had to be admitted to the Edinburgh Royal Hospital for Sick Children as a result of a lack of available intensive care beds at the children's hospital in Glasgow, call the RHC's current capacity into question. If the Queen Elizabeth Hospital for children cannot cope with accepting one critically ill child, how will it cope with the transfer of 8,000 child cases a year that previously would have been treated in Ward 15 of the RAH?</p> <p>Furthermore, this will also put more pressure on ambulance services which are already stretched as ambulances will have to travel greater distances to transfer children to the new hospital. I am also very concerned about the impact on staff and the transfer of NHS jobs from the Renfrewshire area that would happen as a result of this closure.</p> <p>The travel costs and logistics of getting into the Queen Elizabeth University Hospital are another significant concern for Renfrewshire and other residents. My constituents tell me that in a presentation from the Health Board during one of the public consultation meetings it was claimed that the increase in travel time between the two hospitals would be around two minutes extra by car. Many parents in my area feel that calculation is inaccurate and that for most the journey to the Queen Elizabeth Hospital will be considerably longer. They</p>

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Responder	Response
	<p>claim that a possible reason for this inaccuracy is that the Transport Analysis provided by the Board's representatives only looked at the travel experiences of 29 people which amounts to around 1% of the total number of children admitted to the RAH.</p> <p>The Transport Analysis as reported to Renfrewshire Council (Audit, Scrutiny and Petitions Board, 28/11) used a much larger sample to carry out an analysis of travel experiences by Renfrewshire residents and found very different findings. They carried out an analysis using all 225 data zones present in Renfrewshire in 2011, each data typically made up of between 500 and 1000 houses. The results of this analysis found that 90% of residents in Renfrewshire had shorter car journey times travelling to the RAH than they did to the Queen Elizabeth University Hospital in Glasgow. Furthermore, the results also showed that almost 70% of the Renfrewshire residents aged 16 or under lived within a 10 minute car journey of the RAH. A similar analysis for the QEUH found that only 22% of residents in the same age group lived within a 10 minute car journey.</p> <p>Parking and access at both the RAH and the RHC are already considered a problem by users however those who have been involved in the engagement process say that thus far there have been no suggestions as to how to deal with issues of parking at the RHC for new users.</p> <p>For Renfrewshire and other residents relying on public transport, getting to the RHC will be considerably more difficult as there is currently no directly public bus from the majority of the RAH's surround constituency area. The only direct bus route is from the centre of Paisley, which makes the journey to the new hospital for most to be approximately one hour by public transport.</p> <p>The cost of getting to the Queen Elizabeth University Hospital from Paisley via public transport will also be prohibitive for some people. Whilst I am told that recovery of travel costs will be available to some users, this shall likely involve an already-stressed parent having to go through the bureaucratic recovery process. Unfortunately, it is likely to be the most vulnerable users with limited means that will suffer the extra stress, strain and financial cost of travelling to the RHC. As a consequence of these transport difficulties, many people without a car may resort to calling an ambulance for their children which could potentially result in a misuse of ambulance services.</p> <p>Finally, this proposal also raises concerns for the future viability of the Royal Alexandra Hospital if services are to continue to be centralised and downgraded. The ongoing uncertainty about the future of Ward 15 is worrying for staff and patients and that is why in addition to rejecting these plans I would ask the health board to give a long term guarantee of investment in the Ward.</p>

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Responder	Response
	<p>It is for all of these reasons that thousands of local families have signed petitions against the closure. The strength of public opinion in the community is clear - Ward 15 should be maintained not closed. If this plan goes ahead it would be under significant pressure to reject granting ministerial approval. I therefore appeal to the health board for Ward 15 at the RAH to remain open.</p>
<p>Ross Greer MSP</p>	<p>NHS Greater Glasgow and Clyde have proposed moving paediatrics services from Royal Alexandria Hospital in Paisley to the Royal Hospital for Children in Glasgow. In addition to this, children requiring A&E will be seen at the Royal Hospital for Children. NHS Greater Glasgow and Clyde have stated that moving paediatrics will provide several benefits, including access to specialist services and advanced equipment, increased coordination among children’s services, and further training opportunities for staff.</p> <p>We recognise that there are benefits to moving paediatric services, but have not been presented with any evidence suggesting that current access to the specialist or advanced equipment at the Royal Hospital for Children is not to a high enough standard.</p> <p>There are a number of concerns about this proposed move that we do not feel have been adequately addressed. These concerns mainly relate to accessibility and the process of the consultation.</p> <p>Accessibility. There are serious concerns about the accessibility of the Royal Hospital for Children for the patients in the current catchment area for the Royal Alexandria Hospital. The patients currently at RAH will face increased travel times, which can be particularly difficult for patients with chronic pain, fatigue, or other health conditions that make mobility difficult. It would also create difficulties for those patients who rely on public transportation. For many people living in East Renfrewshire this would involve taking two buses, raising concerns about costs of transportation, particularly for those regularly visiting inpatients. The Transport Assessment undertaken by NHS Greater Glasgow and Clyde has not adequately addressed access by public transportation.</p> <p>Consultation. A number of concerns have been raised by patients and staff at the RAH regarding the adequacy of the consultation. Previous changes to hospital service provision have not adequately engaged with the public to communicate what changes are happening and why. The national specialist service committee’s own papers on the proposals acknowledged that there were “lessons to be learned”. It is not clear that these lessons have been learned. The aforementioned Transport Assessment, for example, only included a single person using public transportation and is therefore not an adequate transport assessment. Patients, backed up by staff, have reported that they do not feel their views have been taken into consideration in this process.</p>

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Responder	Response
	<p>Further, staff have also raised concerns that the quality of their care is being undermined by NHS Greater Glasgow and Clyde's emphasis on the supposed improvements awaiting patients if Ward 15 is to move. Staff members, backed by patients, who have contacted us feel that the quality of care they provided is to a very high standard and that the way the benefits of the new hospital are being presented undermines that standard.</p> <p>For these reasons, we are opposed to paediatrics services being moved from Royal Alexandra Hospital in Paisley to the Royal Hospital for Children in Glasgow.</p>
Councillor Iain McMillan	<p>I am contacting you concerning the above proposals . I wish to make the following points .</p> <p>1) I believe in services remaining local and i think the area the RAH covers is large enough to sustain these services .</p> <p>2) There is no doubt in my mind that transport is an issue for a lot of people in Renfrewshire .Given the motorway can get very busy given its closeness to Braehead , Glasgow City Centre and Ibrox Stadium vital minutes could be lost in getting very ill children to hospital .</p> <p>3) I acknowledge some services will be staying at the RAH but will parents be sure where to take children in an emergency</p> <p>4) The QEUH is failing in many of its targets . The extra pressure as a result of this proposal could make matters worse .</p> <p>5) Will the savings be reinvested in the RAH or local community health needs or will it just simply be used as a saving ?</p> <p>These are some of the points that should be considered and that Ward 15 should remain at the RAH</p>
Councillor Jim Sharkey	<p>Submission to argue against proposed changes to Paediatric Services at the Royal Alexandra Hospital, (RAH) Paisley. Submission being made to teh greater Glasgow and Clyde Health Board. I am against these proposed changes for the following reasons:-</p> <p>1. Safety - Ambulance Service have only 2 paediatric ambulances for the West of Scotland, other ambulances are being taken out of their operational areas to cover demand. This impacts on the whole community, and the ability to deliver an efficient and safe service for our children.</p> <p>2. Capacity - With Ward 15 accommodating for an average of one hundred patients a month it is extremely concerning that the Board are considering a proposal to close Ward 15, and move more children over to a hospital impacting on its capacity.</p>

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Responder	Response
	<p>3. Improved Patient Outcomes - While there is clear evidence of positive outcomes that Ward 15 has brought over past decades and continues to bring to the children, families, and local communities of Renfrewshire, and surrounding areas. The Board has, to date presented no clear evidence that the proposed move to the new hospital will improve these outcomes.</p> <p>4. The Cost - and logistics of getting to the Queen Elizabeth University Hospital from Paisley and further afield is prohibitive to a lot of people. This can have a huge impact on a child's recovery as friends and family may not be able to visit, impacting on the children's mental health. It is ludicrous to remove paediatric services from areas where they are most needed.</p> <p>5. Impact - on children with complex needs who currently have an open card access with Ward 15. Without this access and support, I am concerned about care they will receive.</p> <p>6. Public Transport - There is no direct public bus route from the majority of the RAH's surrounding constituency area. The only direct bus route is from the centre of Paisley, which makes the journey to the new hospital for most people to be approx. One hour.</p> <p>7. The pressure to amalgamate is driven by the number of paediatric doctors available and the correct solution is to recruit, train and appoint more paediatric doctors - this staffing is limited only by the Scottish Government plans and it is that Government which must regulate the choke point.</p>
Councillor Maureen Sharkey	<p>Submission to argue against proposed changes to Paediatric Services at the Royal Alexandra Hospital, (RAH) Paisley. Submission being made to the greater Glasgow and Clyde Health Board. I am against these proposed changes for the following reasons:-</p> <p>1. Safety - Ambulance Service have only 2 paediatric ambulances for the West of Scotland, other ambulances are being taken out of their operational areas to cover demand. This impacts on the whole community, and the ability to deliver an efficient and safe service for our children.</p> <p>2. Capacity - With Ward 15 accommodating for an average of one hundred patients a month it is extremely concerning that the Board are considering a proposal to close Ward 15, and move more children over to a hospital impacting on its capacity.</p> <p>3. Improved Patient Outcomes - While there is clear evidence of positive outcomes that Ward 15 has brought over past decades and continues to bring to the children, families, and local communities of Renfrewshire, and surrounding areas. The Board has, to date presented no clear evidence that the</p>

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	<p>proposed move to the new hospital will improve these outcomes.</p> <p>4. The Cost - and logistics of getting to the Queen Elizabeth University Hospital from Paisley and further afield is prohibitive to a lot of people. This can have a huge impact on a child's recovery as friends and family may not be able to visit, impacting on the children's mental health. It is ludicrous to remove paediatric services from areas where they are most needed.</p> <p>5. Impact - on children with complex needs who currently have an open card access with Ward 15. Without this access and support, I am concerned about care they will receive.</p> <p>6. Public Transport - There is no direct public bus route from the majority of the RAH's surrounding constituency area. The only direct bus route is from the centre of Paisley, which makes the journey to the new hospital for most people to be approx. One hour.</p> <p>7. The pressure to amalgamate is driven by the number of paediatric doctors available and the correct solution is to recruit, train and appoint more paediatric doctors - this staffing is limited only by the Scottish Government plans and it is that Government which must regulate the choke point.</p>
<p>Paisley and District Trades council</p>	<p>I am seriously concerned at the level of publicity you have issued regarding the consultation process over the closure of the children's ward (Ward 15) at the Royal Alexandra Hospital, Paisley.</p> <p>For such a massive change to primary care facilities affecting so many people I would have expected a proper level of notification. I would not even have known that there were plans to close Ward 15 if it had not been for the Kids Need Our Ward Campaign (KNOW). I believe that the Health Board (HB) should have engaged with the public as much as KNOW, to inform that the consultation process has been taking place. It is my understanding that as little as possible was done to consult the public by the Health Board. I have not seen or heard any notification by the HB</p> <p>I believe the safety of our children is being compromised by this move. The Ambulance service is already over stretched and has only 2 paediatric ambulances serving the West of Scotland, other ambulances are being taken out of their operational areas to cover demand. This move will impact on the whole community, and the ability to deliver an efficient and safe service for our children.</p> <p>There is a lack of suitable public transport to the Royal Hospital for Children (RHC) from Paisley. With no direct bus route from most the RAH 's surrounding constituency area. This adds a huge burden both in time and financially to visiting family and friends. This can have a huge impact on a child's recovery as</p>

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Responder	Response
	<p>friends and family may not be able to visit, impacting on the children’s mental health. It is also ludicrous to remove paediatric services from some of the most deprived areas in Scotland where they are most needed. I believe it is better for sick children to be as near to their homes as possible thus allowing their parents the chance to be both with their sick child and still be close to their other children.</p> <p>The HB transport analysis was completed by talking to 29 visitors to the Ward 15 (less than 1% of Ward 15 users). The distances and timing were completed using Google Maps for public transport and by car- which does not take congestion of traffic into account. This is a totally unpractical analysis of public transport, as it does not consider bus operational times and service delays and the need for a minimum of 2 buses from most areas in Renfrewshire.</p> <p>The impact on children with complex needs who currently have open access to ward 15 is a major concern for their families. The support and high level of care they are currently receiving from the ward is not sustainable in the new hospital setup.</p> <p>While there is clear evidence of positive outcomes that ward 15 has brought over past decades and continues to bring to children, families, and local communities of Renfrewshire, and surrounding areas. The board has, to date, presented no clear evidence that the proposed move to the new hospital will improve these outcomes.</p> <p>Ward 15 Short Stay area saw approx. 5000 children in 2016 and on average admitted one hundred patients a month to Ward 15, only around 25 had to be transferred to the RHC, which I see as a very good Clinical model for retaining Ward 15</p>

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Appendix F: Response from Argyll and Bute HSCP

Following consideration the proposals seem a sensible way forward to ensure the highest quality of care for children in the acute sector. There are opportunities to allow specialised services to be provided together on one site ensuring safety and quality for Argyll and Bute, there has been some consideration required about transport links, however a regular bus service to the children's hospital alleviate some of these concerns.

The Argyll and Bute HSCP would support the move to Ward 15.