
Council

24th July 2012

Name of Cabinet Member:

Not Applicable

Director Approving Submission of the report:

Director of Community Services

Ward(s) affected:

Not Applicable

Title:

Consultation on Children's Services at George Eliot Hospital

Is this a key decision?

No, the Health, Social Care and Welfare Reform Scrutiny Board (5) has been invited to take part in a consultation on the future of paediatric and maternity services in North Warwickshire. Following their consideration of this matter and its discussion at the Shadow Health and Wellbeing Board the Council's support for the proposed response has been requested.

Executive Summary:

There has been considerable speculation over the past two years regarding the future of paediatric and maternity services at George Eliot Hospital. Local NHS commissioners have conducted a review of these services and have now arrived at a single proposal for modest changes to current services, with small additional patient flows being directed to University Hospitals Coventry and Warwickshire.

The Health, Social Care and Welfare Reform Scrutiny Board was invited to submit a formal response to the final proposal, and on the request of its Chair, the Shadow Health and Wellbeing Board has also considered the proposal contained in the consultation document.

This report seeks approval to submit the response below, recommended by the Scrutiny Board and Shadow Health and Wellbeing Board, to the Arden PCT Cluster as a Coventry City Council corporate response.

That the City Council notes the proposed option for a network operation of Paediatric and Maternity Services at George Eliot Hospital and, and make the following consultation responses

- (a) That the proposed solution, whilst innovative is also nationally untested and highly complex.
- (b) That there are concerns about the ability of the local health economy to recruit to the additional post identified given the complexity of working arrangements and the unusual nature of the proposal.

- (c) That the Council request the Arden PCT Cluster to provide firm re-assurances concerning any potential knock on effects of the additional patient flows from North Warwickshire on bed availability at university Hospitals Coventry and Warwickshire.
- (d) In the light of the above concerns, that the commissioners of children's services (who by this time will be the local Coventry and Warwickshire clinical Commissioning Groups) make a progress report on the progress of the introduction of this model approximately six months after its commencement, including analysis of the issues raised in (c) above (provisionally in November 2013).
- (e) That this response incorporates the view of the statutory Coventry Health Overview and Scrutiny Committee, and the Shadow Health and Wellbeing Board.

Recommendation:

Council is recommended

- (a) To note and support the response of the Health, Social Care and Welfare Reform Scrutiny Board (5)
- (b) To note the comments of the Shadow Health and Wellbeing Board
- (c) That the draft response be submitted on behalf of the City Council.

List of Appendices included:

1 –: 'Children's Services at George Eliot Hospital A Consultation Document 14th May – 6th August 2012.

Other useful background papers:

None

Has it or will it be considered by Scrutiny?

Yes – Health, Social Care and Welfare Reform Scrutiny Board (5), 20th June 2012.

Has it, or will it be considered by any other Council Committee, Advisory Panel or other body?

Yes – Shadow Health and Wellbeing Board, 25th June 2012.

Will this report go to Council?

Yes – 24th July 2012

Report title: Consultation on Children's Services at George Eliot Hospital

1. Context (or background)

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- 1.1 Concerns have been expressed over recent years about the viability and sustainability of paediatric and children's services at George Eliot Hospital (GEH). These concerns culminated with the decision of the West Midlands Deanery in 2011 to withdraw Junior Paediatric Doctors' training from the hospital. The concerns focused on the relatively small number of patients being seen at the hospital and as a consequence, the limited range of conditions and illnesses that were being treated, and the impact of this on staff and their development.
- 1.2 Since the withdrawal of teaching status from GEH all 'blue light' children's cases have been delivered from University Hospitals Coventry and Warwickshire's University Hospital site (UHCW). Other less urgent paediatric and obstetric services including the operation of the maternity unit have continued at GEH with support from UHCW paediatricians.
- 1.3 Earlier this year the commissioners of these services – the Arden PCT Cluster (NHS Warwickshire and NHS Coventry), established a formal review of Paediatric and Maternity Services which included a detailed evaluation of 6 options for the future. As a result of the concerns regarding a relatively small number of patients and the previous intervention of the West Midlands Deanery 'no change' was not considered to be an option. A number of options included the transfer of significant numbers of paediatric patients to UHCW, one indeed was to end all paediatric and maternity services at GEH which would have resulted in potentially 4,900 additional births taking place in Coventry.
- 1.4 Following a period of community engagement and detailed consideration of local residents concerns about access to local services the Arden PCT Cluster is now formally consulting on only one option for the future of these services. This is unusual in itself, as formal NHS consultations usually include at least two options, however this step has been justified on the grounds that there has been considerable speculation about these services, and the need to re-assure the population of North Warwickshire regarding the future of services at GEH.
- 1.5 Of the 4,900 births annually delivered at GEH approximately 10% are from Coventry patients, particularly from the north of the City.
- 1.6 The proposal currently under consideration is for:
 - Inpatient paediatric services no longer to be provided at GEH. Instead these patients will be directed to UHCW (estimated at approximately 2 children per day).
 - A new short stay paediatric assessment unit will be opened which will operate from 8am to 10pm, 7 days per week.
 - Whilst GEH Accident & Emergency Unit will still see patients brought to the site by parents, any 'blue light' ambulance activity will be directed to UHCW.
 - Maternity services, gynaecology services and the special care baby unit will remain at GEH in their current form.
 - The concerns addressed regarding paediatricians seeing a more varied case mix will be addressed by the introduction of a network system of paediatric cover which will involve paediatricians rotating between GEH, South Warwickshire Foundation Trust Hospitals (SWFT) and UHCW.
 - Paediatricians to be recruited by SWFT.

- 1.7 The short stay paediatric assessment unit will meet the needs of the large majority of patients presenting at GEH. The attached consultation document provides more details about how this system will work and some case studies to explain how individual children might be treated.
- 1.8 The system relies on the close co-operation of the three main local hospital trusts, and cements the already close working between the teams of doctors and nurses working in these hospitals. Paediatricians will rotate between GEH, SWFT and UHCW to ensure they maintain their skills and see a wide variety of conditions.
- 1.9 The proposal for a new network service has been considered by the Royal College of Paediatric and Child Medicine, who produced a report in March 2012 detailing their consideration of it. This report highlighted a series of observations regarding the unusual nature of the proposal and its innovative nature. These problems centred on:
- Recruitment of a new consultant workforce in the absence of inpatient beds.
 - Safety and maintenance of skills.
 - Other considerations regarding the new 'network arrangements'; clinical governance, the relationship of specialists with patients in a complex system etc.
- 1.10 At the meeting of the Health, Social Care and Welfare Reform Scrutiny Board (5) on 20th June 2012 the Director of Nursing and head of Public and Patient Involvement from the Arden PCT Cluster attended to answer Members questions.
- 1.11 The meeting considered a wide range of issues raised during the consultation and as a result of the proposed option. -
- The proposed option in the consultation results in additional cost to the health economy, and how sustainable this is. Whilst the Director of Nursing gave an undertaking that the additional costs already incurred by the interim model were 'in the system' Members were surprised that given the position of the local health economy there was capacity for a further £200,000 annual cost for the proposed option.
 - How the proposed option would be effected by the current proposals for George Eliot to have a strategic partner to overcome the obstacle of becoming a Foundation Trust in their own right. Members received a re-assurance that Maternity and Children's Services would be a priority for any new strategic partner and that part of the conditions of any agreement would be the implementation of the network solution outlined above.
 - The availability of ambulances and the practicalities of transferring patients from one hospital to another at the levels proposed. There were concerns expressed regarding the potential impact of the movement of children from GEH to UHCW, not only in terms of ambulance availability but also in terms of the effect on parents.
 - Issues around the capacity of University Hospitals Coventry and Warwickshire (UHCW) to accommodate the additional activity in Paediatric A&E. An analysis has been undertaken that suggests that beds should be available and that there remains capacity at UHCW in paediatrics however the Board have requested some further study of this issue and a report back after the introduction of the new arrangements.
 - The complexity of the governance arrangements with clinicians employed by South Warwickshire Hospitals Foundation Trust (SWFT) and patients attending and considering themselves patients of GEH. Patients and families will need clarity of who is accountable for these services and where responsibility lies for care.
 - The complexity and potential variability of the model outlined and how likely it was to be successful. Whilst the Board were happy that the Royal College had given its support for the proposed network solution, they did emphasise the unusual nature of the proposal and in its future work programme the Scrutiny Board will be seeking to maintain an overview of how successfully this proposal is implemented.
- 1.12 The Board were given considerable assurance about the safety and sustainability of the proposed option and did not resolve to make a statutory objection to the proposed Option.

They did however decide to submit a formal response, as below, and to request a progress report following a period of operation of the new services.

- 1.13 The views of the Shadow Health and Wellbeing Board were sought at their meeting on 25th June 2012, and they endorsed the response of Health, Social Care and Welfare Reform Scrutiny Board. It was agreed that this joint response be put to the City Council meeting due to be held on 24th July 2012.

2. Options considered and recommended proposal

- 2.1 It is proposed that the City Council respond to the Arden Cluster consultation in the following terms:

- The Board resolved to note the proposed option for a network operation of Paediatric and Maternity Services at George Eliot Hospital, and to make the following observations to the Arden Cluster Board as the response to the consultation:
- The solution proposed whilst innovative is also nationally untested and highly complex.
- There are concerns about the ability of the local health economy to recruit to the additional posts identified given the complexity of working arrangements and the unusual nature of the proposal.
- The Board would seek firm re-assurances concerning any potential knock on effects of the additional patient flows from North Warwickshire on bed availability at University Hospitals Coventry and Warwickshire.
- In the light of the above concerns, the City Council would like commissioners to report on the progress of the introduction of this model to the City Council's designated Health Overview and Scrutiny Committee approximately six months after its commencement, including analysis of the issues raised in point 3 (above) (provisionally November 2013)..

3. Results of consultation undertaken

Not applicable

4. Timetable for implementing this decision

- 4.1 The closing date for consultation responses is 6th August 2012.

5. Comments from Director of Finance and Legal Services

- 5.1 Financial implications

There are no direct financial implications arising from this report.

- 5.2 Legal implications

The City Council's Health, Social Care and Welfare Reform Scrutiny Board (5) is the City Council's statutory Health Overview and Scrutiny Committee under the Health and Social Care Act 2001.

6. Other implications

Not applicable

Report author(s):

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Ewan Dewar	Finance Manager – Community Services Directorate	Finance & Legal Services	2 July 12	3 July 12
Simon Brake	Assistant Director	Community Services	2 July 12	3 July 12
Brian Walsh	Director of Community Services	Community Services	2 July 12	4 July 12
Cllr O'Boyle	Cabinet Member	Elected Member	2 July 12	4 July 12
Cllr Lucas	Cabinet Member	Elected Member	2 July 12	4 July 12
Cllr Welsh	Chair of Health, Social Care and Welfare Reform Scrutiny Board	Elected Member	2 July 12	4 July 12
Christine Forde	Assistant Director	Finance & Legal Services	2 July 12	5 July 12

This report is published on the council's website: www.coventry.gov.uk/meetings

Children's Services at George Eliot Hospital

A Consultation Document

14th May - 6th August 2012

What to do with this document

We have published this consultation paper so that you can give us your views on it. The consultation is running from **14th May 2012** until **6th August 2012**.

Any views you pass back to us during this period will have an influence on the final decisions we take.

The easiest way to let us know what you think is simply to write on the document and send the whole document back to us.

We want your comments on any aspect of our proposals, but please look out for the question marks which show specific issues we would like your views on. When you have made your comments just fold the back cover into three so that the reply address is showing, and sellotape down the ends. You can then put the document in the post and no stamp is necessary.

You can give us your details (right), or respond anonymously. If you give us your details, we will let you know the outcome of the consultation. You can email consultations@warwickshire.nhs.uk with your views. You can also send us a letter. We will accept petitions but prefer feedback in the ways described above. If you are looking to submit a petition, please see the guidance on our website www.warwickshire.nhs.uk/consultations

You can also send us a letter free of charge, by writing to:

NHS Warwickshire
Business Reply Service Licence No. LG 30
Westgate House
Market Street
Warwick
CV34 4DE

Do you want this in another format or language, or do you want someone to go through it with you?

Ring us on 0845 423 8903
(Patient Advice & Liaison Service).

We will do our best to get it into a format or language useful to you as quickly as possible.
Of course, this is free of charge.

Your details

Name _____

Address _____

Post Code _____

Telephone _____

Email _____

I am responding for myself

I am responding on behalf of _____

You don't need to give us your details to respond, but it will help us keep you up to date with the results.

Glossary

Inpatient paediatric service

A service providing treatment of a child that requires at least one overnight stay in hospital.

Short-stay Paediatric Assessment Unit

A dedicated area, usually close to a hospital's emergency department, where children can be assessed, treated and observed for minor to moderate illness or injury. GPs can also refer children directly to the unit for a review. In this proposal children could be kept under observation for anything up to 16 hours. Children needing a longer hospital stay would need to be transferred by ambulance to the inpatient unit (in this case at University Hospital, Coventry).

More detail

Further information about the proposal, options which were discounted, and details of the financial, economic and equality impact assessments undertaken ahead of consultation can be found in the Executive Summary of the Business Case for this review at www.warwickshire.nhs.uk/consultations

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Introduction

Children's services in North Warwickshire, Nuneaton, Bedworth and Coventry are currently provided from George Eliot Hospital in Nuneaton and University Hospital in Coventry. George Eliot Hospital also provides services for residents in the Hinckley and Bosworth area of Leicestershire. Discussions about how children's services in the area should be organised have been ongoing for some years and this public consultation is the result of those discussions.

There is a need to make changes to services because of the small numbers of children seen at George Eliot Hospital and therefore the limited range of conditions and illnesses doctors treat there. It is important that doctors treat a range of cases in order to maintain their skills and to provide a safe service. This consultation seeks to provide a long-term solution to this problem.

Local doctors, nurses and managers have extensively considered different ways of delivering children's services. Having talked to our stakeholders across the area, we are recommending a single proposal for delivering care for consideration by the public through this consultation. The proposal outlined in this document involves all three local hospital Trusts – George Eliot Hospital NHS Trust, University Hospitals Coventry & Warwickshire NHS Trust and South Warwickshire NHS Foundation Trust – working together across children's services to provide the very best care for local children.

Why are we presenting the public with one proposal?

The focus of this review has always been on ensuring sustainable children's services for the future, for the reasons given elsewhere in this consultation document. Maternity services at George Eliot Hospital could have been affected if we did not find a way of providing 24 hour resuscitation services for newborn babies. A medical staffing model involving consultant level and junior doctors has been agreed which will enable us to provide 24 hour resuscitation services. This means there is no need to consider options which move maternity services out of George Eliot Hospital. There are no quality or sustainability concerns linked to maternity services and a key aim has always been to keep as many services as possible close to home for local people in the north of the county. We have worked closely with partner organisations, patient groups and members of the public as we have developed our approach.

The proposal

The Arden Cluster (NHS Coventry and NHS Warwickshire) proposes that:

- The inpatient paediatric service is no longer provided at George Eliot Hospital, but is instead provided at University Hospital Coventry.
- A new short-stay paediatric assessment unit open 8am-10pm, 7 days a week is provided at George Eliot Hospital.
- Ambulances called for children in North Warwickshire, Nuneaton and Bedworth will continue to go to University Hospital in Coventry.
- Maternity services, gynaecology services and the special care baby unit will remain in their current form at George Eliot Hospital.



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A table showing the current services available compared to where they will be provided in this proposal can be found on page 4. A more detailed description of the proposal and scenarios showing what this means for patients can be found on page 5. Detail on how the proposal has been tested can be found on page 7.

We would like to know your views on any aspect of the proposal as well as whether or not you feel we have missed any issues that should be considered as part of the review.

Background

Concerns have been raised by a number of organisations about the ability to continue to provide high quality children's services at George Eliot Hospital. In particular this has been raised by the West Midlands Children's, Young People and Maternity Services Configuration Group (WMCG) in 2008, and by the West Midlands Deanery in 2011. These concerns have arisen because of the relatively small numbers of children being seen at George Eliot Hospital and therefore the limited range of conditions and illnesses treated. This has an impact on medical training and development because with such small numbers being treated, doctors do not treat enough children to maintain their skills in all areas, especially complex cases. This is a problem that is also being experienced by some other hospitals across the country.

Ambulances called for children in North Warwickshire have been going straight to University Hospital in Coventry for the past two years because the George Eliot Hospital does not have enough staff with the appropriate training in children's services. The West Midlands Deanery, that is responsible for assessing the quality of hospital training for junior doctors, withdrew the junior paediatric (children's) doctors in training from the George Eliot Hospital in September 2011. George Eliot Hospital has temporarily replaced the junior doctors with higher grade doctors to ensure that quality of care is maintained. However, this is not a long-term solution because of the need to retain staff and the costs involved.

Paediatricians also provide essential support to maternity services because they look after babies who are born unwell. So it is important that an appropriate long term model for children's services is put in place at the hospital which will support both children's and maternity services.

In Coventry and Warwickshire, clinicians are increasingly looking at ways of working together that involve doctors from the same specialism at different hospitals working across different hospital sites and sharing expertise. As an example of this, University Hospital in Coventry has been providing clinical support to the George Eliot Hospital paediatric service for the past 18 months.

Current services compared to services offered the proposal

		George Eliot Hospital, Nuneaton				University Hospital, Coventry			
		Children's Services		Women's Services		Children's Services		Women's Services	
		Children	Newborn Babies	Maternity	Gynaecology	Children	Newborn Babies	Maternity	Gynaecology
Current services	<p>Inpatients, outpatients and day cases</p> <p>Ambulances called for children in North Warwickshire go to University Hospital</p>	<p>Inpatients, outpatients and day cases</p> <p>Babies requiring high dependency or intensive care transfer to the neonatal unit at University Hospital Coventry</p>	<p>Special Care Baby Unit</p> <p>Babies requiring high dependency or intensive care transfer to the neonatal unit at University Hospital Coventry</p>	<p>Births supported by consultant or by midwives</p> <p>Outpatients (ante-natal and post-natal care)</p> <p>Community midwifery</p>	<p>Inpatients, outpatients and day cases</p> <p>Emergency cases seen at A&E</p>	<p>Inpatients, outpatients and day cases</p> <p>Emergency cases seen on gynaecology ward.</p>	<p>Neonatal Intensive Care Unit</p> <p>Babies requiring high dependency or intensive care transfer in from elsewhere in the county and other areas in the Midlands.</p>	<p>Births supported by consultant or by midwives</p> <p>Outpatients (ante-natal and post-natal care)</p> <p>Community midwifery</p>	<p>Inpatients, outpatients and day cases</p> <p>Emergency cases seen on gynaecology ward.</p>
Proposed services	<p>Outpatients</p> <p>Minor injuries and illnesses at A&E</p> <p>Day case surgery</p> <p>Emergencies to new short stay paediatric assessment unit (open 8am-10pm)</p> <p>Ambulances as current service</p>	<p>Outpatients, outpatients and day cases</p>	<p>No change to current service</p>	<p>No change to current service</p>	<p>No change to current service</p>	<p>Current services continue plus all inpatients and some emergencies from George Eliot Hospital</p>	<p>No change to current service</p>	<p>No change to current service</p>	<p>No change to current service</p>

Facts and figures

George Eliot Hospital

- 17,242 children attend the Accident and Emergency Department at the hospital a year.
- 1,676 children a year need an inpatient stay.

University Hospital

- 30,500 children attend the Children's Accident and Emergency Department at the hospital a year.
- 4,905 children a year need an inpatient stay.

Details of the proposal

The proposal involves the creation of a new short stay paediatric assessment unit at George Eliot Hospital which would look after children who need to remain in hospital for just a few hours. The short stay paediatric assessment unit would be open from 8am until 10pm, seven days a week. The unit will be covered by a team of paediatric consultants who will provide medical support on site 24 hours a day, seven days a week and will be supported by specialist paediatric nursing staff and junior doctors.

Any children who arrive after 10pm and require observation or an overnight stay would be transferred by ambulance to University Hospital in Coventry, where they will be cared for on the children's ward, which will be increased in size to meet the additional need. It is expected that 12 children per week will need to be transferred in this way.

Ambulances called for children in North Warwickshire, Nuneaton and Bedworth will continue to go to University Hospital Coventry as they do currently. This affects about 2 children per day.

The team of resident consultant paediatricians who will staff the short-stay paediatric assessment unit at the George Eliot Hospital will be employed by South Warwickshire NHS Foundation Trust, to work on the George Eliot Hospital site. This will allow the two hospitals to build a clinical partnership for paediatric services which will mean the hospitals can share skills and expertise. In addition, the doctors working at George Eliot Hospital will also work for some sessions at University Hospital in Coventry, looking after inpatient children that are more ill and with complex needs. This will enable those doctors to maintain their skills in all aspects of children's services.

The current maternity service at George Eliot Hospital, offering consultant delivered and midwifery delivered births will not change, nor will gynaecology services. There will continue to be a Special Care Baby Unit at George Eliot Hospital. These services will be supported by a resident paediatric consultant who will be on-site 24 hours a day.

The combined team of paediatric consultants, junior doctors and nurses will be able to provide all the care needed to support children and newborn babies receiving care at George Eliot Hospital.

To help you to understand how the proposed changes to the service might affect you we have given three examples of typical cases below:

Jenny – aged 7

Jenny is seven years old is feeling seriously unwell and appears to have the symptoms of meningitis. Her parents ring 999, the paramedics arrive and assess her and then take her to University Hospital Coventry for treatment. She is admitted to the children's ward where she is cared for until she is well enough to be discharged.

Alfie – aged 8

Eight year old Alfie is an asthmatic and has been unwell with a cold which has now gone to his chest. He is using his asthma inhaler more and more often and his parents take him to A&E at George Eliot Hospital. Alfie is seen and assessed at the short-stay paediatric assessment unit, but is getting more wheezy and is given inhaled asthma treatment and steroid medication. If he improves quickly he will go home. If despite the treatment he is still wheezy and needs observation and treatment, he will be admitted to the short stay paediatric assessment unit for 4 to 6 hours. If he improves after this time, he will be discharged. If he worsens then Alfie will be transferred to University Hospital Coventry for further treatment and admission.

Asif – aged 10

Asif is ten years old and has hurt his arm playing football. As his condition worsens throughout the day, Asif's parents decide to bring him to A&E at George Eliot Hospital at 11.30pm, after the paediatric assessment unit has closed. Asif will initially be assessed by A&E staff and if necessary by an onsite paediatric doctor. If Asif requires further assessment, treatment or monitoring as an inpatient, arrangements will be made to transfer him to University Hospital Coventry.



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Access to services

The proposed changes will see the transfer of an estimated 12 additional patients per week to University Hospital, in addition to the patients already being transferred by ambulance to University Hospital in Coventry. A survey undertaken by George Eliot Hospital shows that 83% of those attending the paediatric unit travelled by car, 15% travelled by public transport and 2% travelled on foot. Local hospitals already operate the NHS Healthcare Travel Costs Scheme which provides financial assistance for eligible patients on low incomes and this will continue to be offered. University Hospital, Coventry is also working to improve car parking provision on its site.

Are there any additional access issues that you think need to be considered?

Cost implications

The proposal requires an additional investment of £217,000 from the Arden Cluster, this equates to 2% of the spend on children's services in Coventry & Warwickshire. This is because of the increase in the costs of transferring patients by ambulance from George Eliot Hospital to University Hospital Coventry; additional hospital costs due to some patients needing to be assessed at two hospitals; and the implications of the changes to the workforce at the hospitals.

How the proposal has been tested

This consultation is the result of a long and detailed study of the potential options for the future form of children's services in Northern Warwickshire and Coventry. The process has been led by a group of doctors, nurses and midwives from George Eliot Hospital NHS Trust and University Hospitals Coventry & Warwickshire NHS Trust.

A long list of options was formed which was narrowed down to a short list before the proposal presented in this consultation document was judged to be the best model to present to the public. Doctors, nurses and midwives from the local hospitals, local GPs, councillors, patient representatives and local commissioners were involved in a workshop to examine the non-financial benefits of each option. The results of this were amalgamated with the outcome of further financial and economic appraisals. An Equality Impact Assessment of options has also been undertaken. The proposal being presented in this consultation document has also been subject to external clinical review. Details of all this work can be found in the Executive Summary of the Business Case for the review of services which can be found at www.warwickshire.nhs.uk/consultations

Under current guidance, proposals of this nature must be tested according to the following:

GP leadership

Local Clinical Commissioning Groups have considered this proposal, and have indicated their support for the proposal.

Enhanced public engagement

Pre-consultation engagement has been undertaken by the Arden Cluster and a report on the findings ahead of consultation can be found at www.warwickshire.nhs.uk/consultations.

This consultation also forms part of the enhanced public engagement.

Clinical safety

The proposal was developed by a team of doctors, nurses and midwives from George Eliot Hospital NHS Trust and University Hospitals Coventry & Warwickshire NHS Trust. The proposal has been assessed by specialists from the National Clinical Assessment Team and from the Royal College of Paediatrics and Child Health. The preferred proposal has been judged by both organisations as meeting national standards and guidelines for children's services.

Patient choice

For children's services, inpatient choice is restricted on the grounds that the new model is required to secure long-term sustainability of services. Choice is retained for other elements of the service.

The Arden Cluster Board agreed that the proposals outlined in this document should be put to the public for consultation.

Timescales

The consultation will run until 6th August 2012. A report on all the feedback will be submitted to the Arden Cluster Board on 12th September 2012, where a final decision on the outcome of the consultation will be made.

Write any additional comments here:

Write any additional comments here:

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