

START WELL

Proposed changes to maternity,
neonatal, and children's surgical services



Consultation leaflet

11 December 2023 to 17 March 2024

Who we are – about the North Central London Integrated Care System and Integrated Care Board

North Central London Integrated Care System (NCL ICS) is a partnership of organisations that brings together local health and care organisations, councils, and the voluntary, community and social enterprise sector to work in joined-up ways to improve health outcomes for residents of Barnet, Camden, Enfield, Haringey and Islington and tackle inequalities that currently exist.

As part of our statutory duties, we – North Central London Integrated Care Board (NCL ICB) – are consulting on proposals to change some maternity, neonatal, and children’s emergency and planned surgical services on behalf of Integrated Care System partners. The North Central London Integrated Care Board is responsible for developing a plan for meeting the health needs of the local population, managing the NHS budget for our Integrated Care System, and arranging for the provision of health services in this area.

The highly specialist neonatal care, and some specialist surgery, provided in North Central London is commissioned by NHS England’s specialised commissioning team. Therefore, NHS England is jointly consulting with us on the proposed changes to neonatal care and has been closely involved in the work around neonatal care from the outset.



START WELL

About the Start Well programme

North Central London's Integrated Care System's collective ambition is that we provide services that support the best start in life, for local residents and people from neighbouring boroughs and beyond who choose to use our services.

That's why, in November 2021, the partner organisations which make up the Integrated Care System formally launched the Start Well programme to review and improve maternity, neonatal, and children and young people's services. A key aim of the programme is to help address the health inequalities we see between the communities in our area.

You can find out more about the Start Well programme on our website at [**nclhealthandcare.org.uk/start-well**](https://nclhealthandcare.org.uk/start-well)

We want to hear from you and hope you will get in touch and share your views. You can do this in several different ways including:

- Email: StartWellConsultation@ors.org.uk
- Phone: 0800 324 7005
- Post: Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL
- Website: nclhealthandcare.org.uk/start-well

If you would like this document in an alternative format, including Braille, audio, Easy Read, or translated into another language please get in touch with us.

Introduction

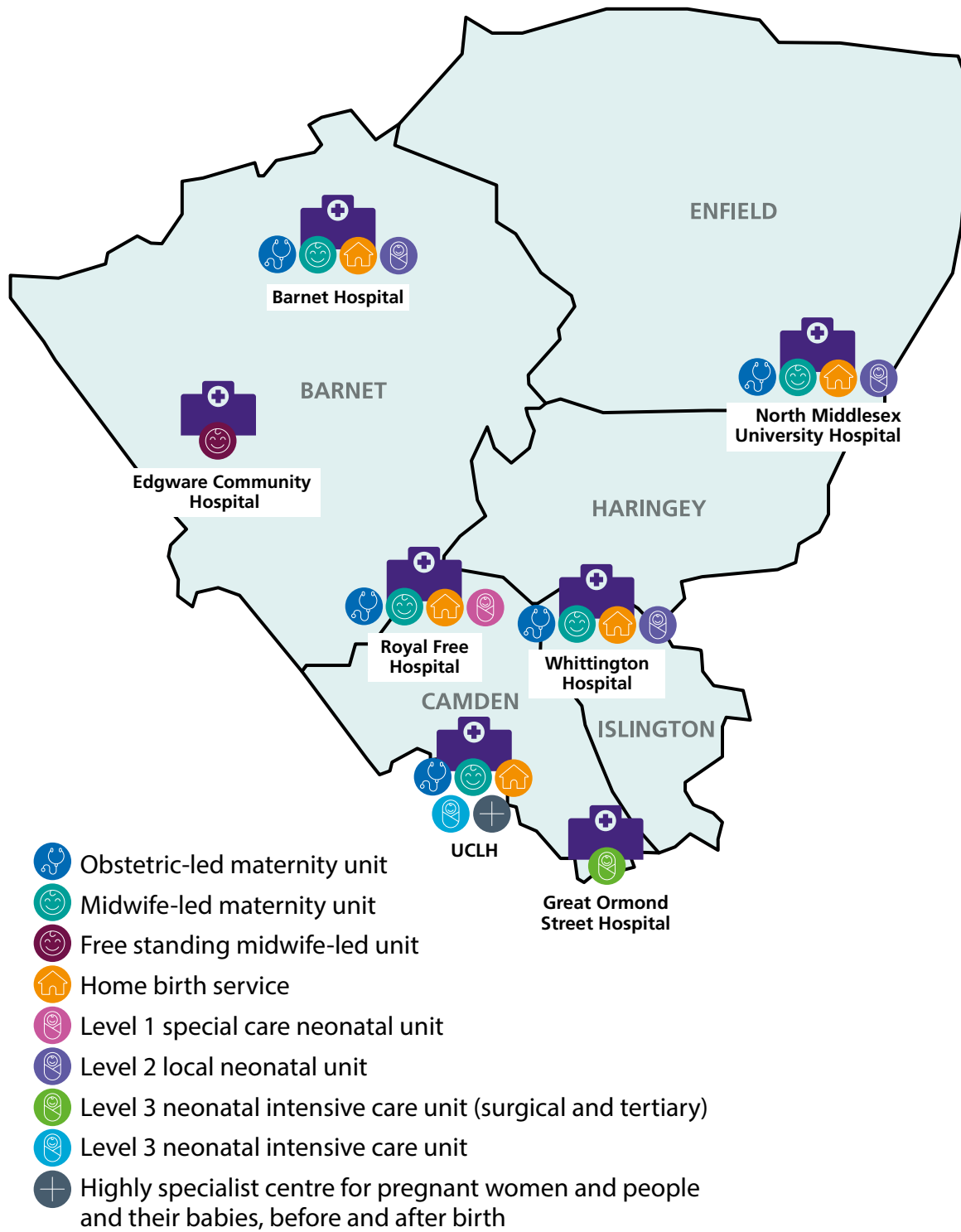
This leaflet gives a short overview of our proposals for changes to maternity and neonatal services and to children's surgical services. These proposals have been developed by doctors, midwives, nurses, and other health professionals, working together with families with lived experience of maternity, neonatal, and children's emergency and planned surgical services. We have also worked with our colleagues in neighbouring integrated care boards.

You can find lots more information, including a summary and full consultation document, on our website at [**nclhealthandcare.org.uk/start-well**](https://nclhealthandcare.org.uk/start-well), or by calling or emailing us to request a printed copy.

We would like to know what you think about our proposals before we decide whether and how to take forward our proposals. You can choose to share your views on both the proposals for maternity and neonatal care and children's surgery, or on just one area. These proposals are independent of each other but we are consulting on them at the same time.

Our current services

Maternity and neonatal services in North Central London



Children and young people’s hospital services in North Central London

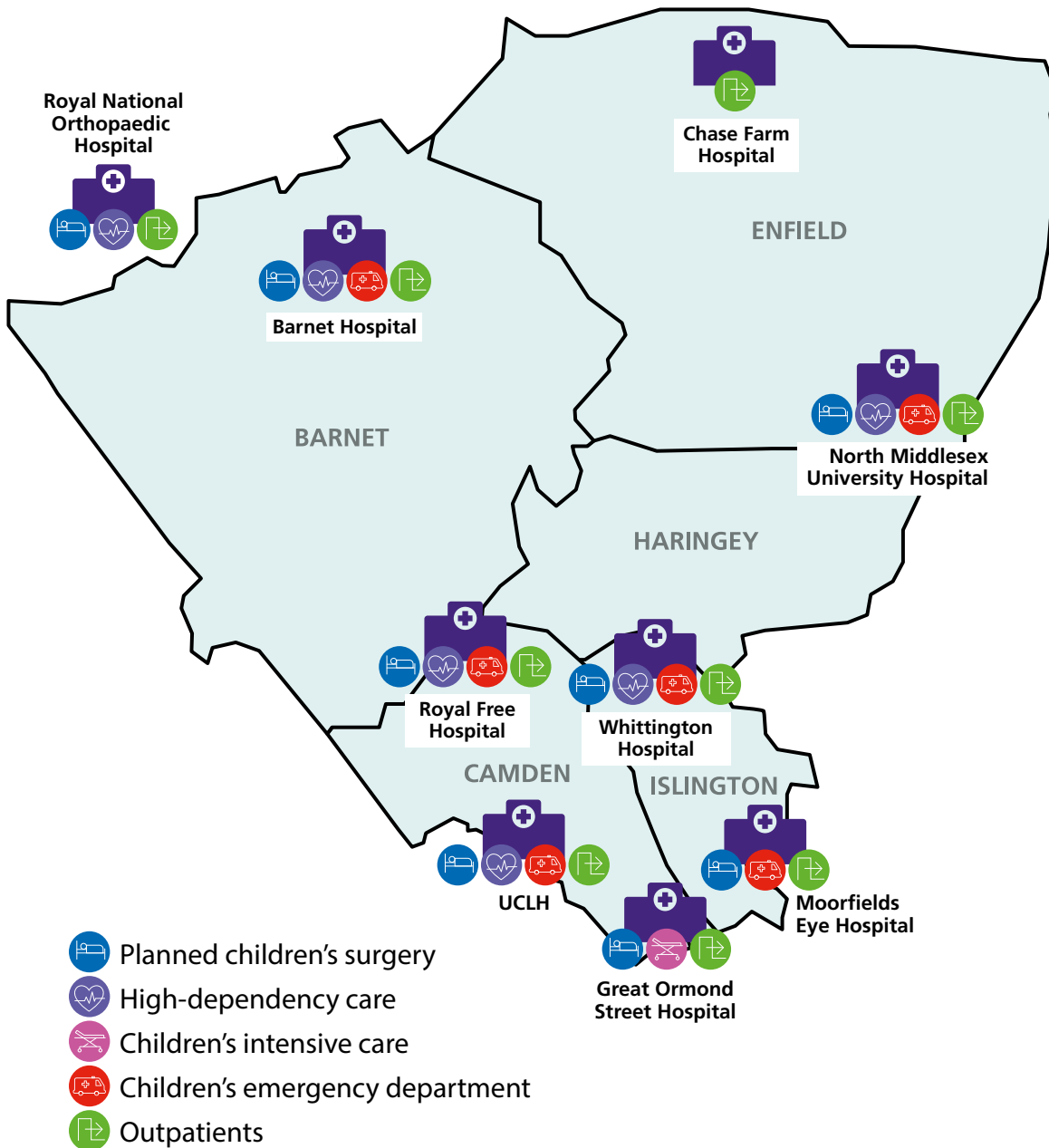


Fig 1: map of maternity, neonatal and children and young people’s hospital services in North Central London

The opportunities for improvement: Our case for change

We believe we have a compelling case for our proposed changes to services. It is important to acknowledge that there are many areas of excellent care across North Central London, and we know our staff work incredibly hard and are committed to achieving the best possible outcomes for patients. There are opportunities for us to improve the quality of services and outcomes for local people, address areas of difference, and provide a better experience for our patients, their families, carers, and our staff. Some of the challenges and opportunities include:

- The needs of local people are changing and our services need to adapt to the number of babies being born falling and care needed during pregnancy and after birth becoming more complex.
- Our services are not currently set up to meet the needs of everyone that uses them and this can impact on their quality. Some services are very busy and well used, and some have very low usage – including Edgware Birth Centre where fewer than 50 babies were born each year over the last three years and the neonatal unit at the Royal Free Hospital where half of the cots are not in use on any given day.
- It is not always clear for our staff which hospital children should go to for emergency surgery and some children are transferred more than once before getting to the right place for treatment.
- We want everyone using our services to have the best hospital environment and the facilities aren't currently the same in all our hospitals. For example, we want everyone to experience labour rooms with en-suite bathrooms, neonatal units with enough space for parents to comfortably spend time with their baby, and operating theatres specially designed for children's surgery.
- We need to address the staffing challenges we face. There are currently high numbers of staff vacancies across maternity and neonatal services and surgical services for children. Not having enough staff can sometimes impact on the quality of care we are able to provide. For example, staffing shortages sometimes mean that we need to temporarily close midwife-led units which impacts on choice.

You can read more about our case for change on our website at nclhealthandcare.org.uk/start-well

Neonatal and maternity services

Our proposals for consultation

Neonatal care

Neonatal units provide specialist care to newborn babies who are born prematurely or who are unwell and need extra care. Our proposal is to have four neonatal units instead of the current five. One of these would be a level 3 unit, which can care for the most premature and unwell babies, and three would be level 2 units, which can care for babies born between 27 and 31 weeks who need a higher level of medical and nursing support. These units would also be able to care for babies with less complex needs. Our proposals mean we would no longer have a level 1 unit in North Central London.

Each neonatal unit would be located alongside an obstetric (specialist doctor)-led birth unit and midwife-led birth unit.

Maternity Care

Our proposal is to have four obstetric-led birthing units, each with an alongside midwife-led unit, instead of the current five. Each obstetric-led birth unit and alongside midwife-led unit would be on the same hospital site as a neonatal unit.

Pregnant women and people would still be able to choose from a home birth, an obstetric-led birth unit or a midwife-led birth unit.

If we are to move from five to four birth units, this would mean the existing services at one hospital site would close.

We are also proposing that there would be no standalone birth unit at Edgware Birth Centre, although we would still use the Centre for antenatal and postnatal care. If we close the birth suites at the Centre, we would continue to offer the choice of high-quality midwife-led care through alongside midwife-led units and home births.

Our proposed options for consultation

We are consulting on two options for implementing these proposals for maternity and neonatal care. Under each proposed option, one hospital would no longer provide any maternity and neonatal care and there would be significant investment in the remaining hospitals to ensure facilities and services meet standards. The two proposed options for neonatal and maternity services in the future are summarised below:

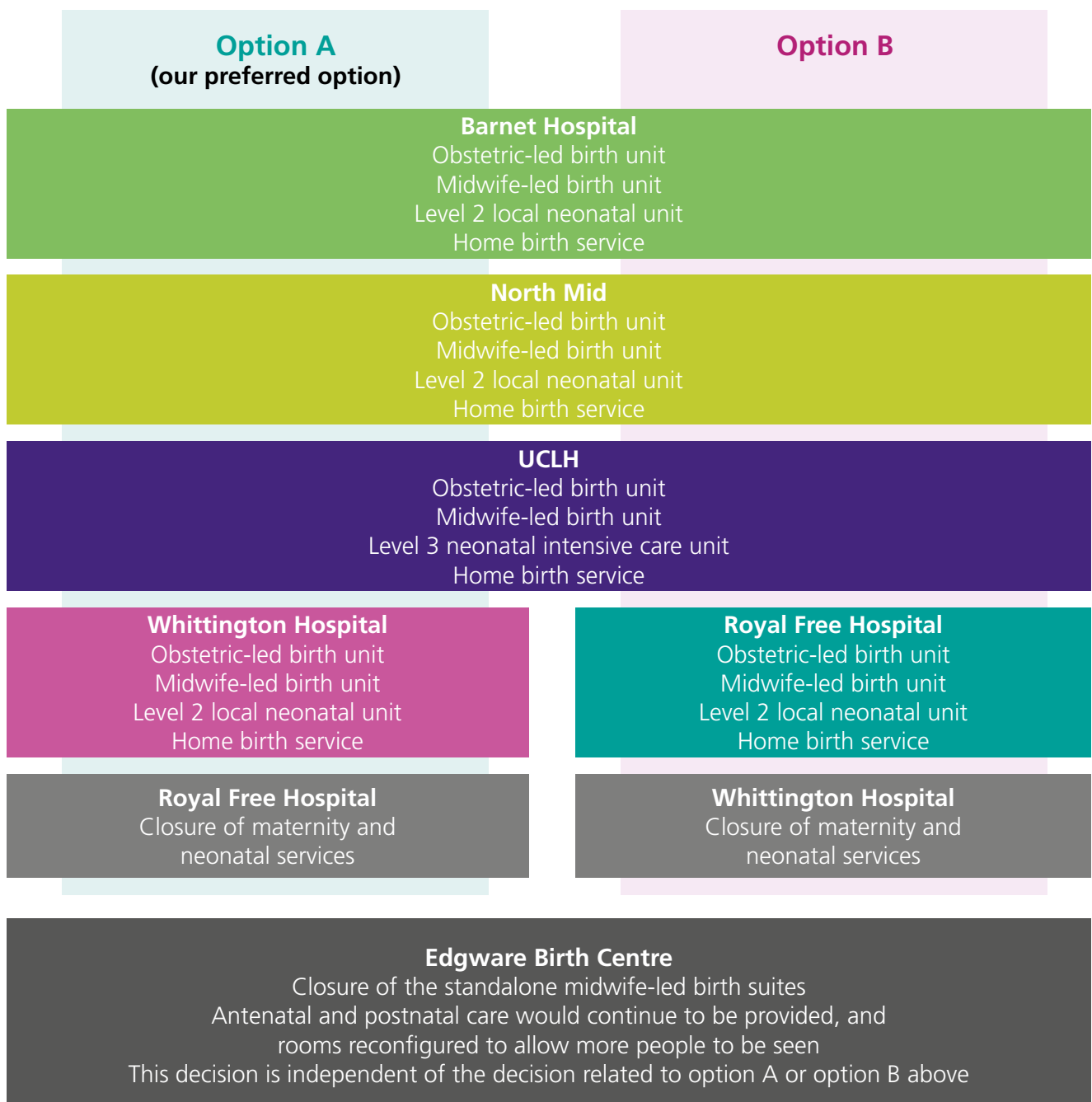


Fig 2: the maternity and neonatal proposals for consultation

Option A is our preferred option because:

- it would mean fewer staff needing to move to a new location
- option B would mean some people would need to go to hospitals in North East London that would struggle to have capacity for this because of rising birth rates in some parts of North East London
- while option A would mean some people would need to go to hospitals in North West London, those hospitals have confirmed they have capacity for this as the number of births in North West London is falling.

Why are we proposing these changes?

We think that changing the number and level of neonatal units would help us to:

- better meet the changing needs of local people
- ensure more even use of the units so that staff see enough babies to maintain their specialist skills and competencies, which in turn helps improve the quality of care we provide
- reduce the number of babies that are transferred to a different hospital (sometimes outside of North Central London) to get the care they need
- make best use of the limited specialist staff we have available.

We are proposing changes to maternity units because:

- they would mean that all obstetric-led and midwife-led units can be located alongside a level 2 or 3 neonatal care unit to reduce the number of babies transferred to different hospitals after birth
- they would help us make the best use of our staff
- not enough babies are born at the Edgware Birth Centre for it to be sustainable. Pregnant women and people who choose to give birth at Edgware Birth Centre must be assessed as low risk. Modelling indicates that over 70% of pregnancies in North Central London are assessed as moderate to high-risk. This means the group of pregnant women and people eligible to give birth at Edgware, should they choose to do so, is relatively small. It is unlikely we would be able to increase the number of births in the future due to the falling birth rate and increasing number of moderate to high-risk pregnancies of people using our services.

We are not consulting on changes to antenatal and postnatal care. As is the case now, pregnant women and people would continue to have access to a wide range of routine and, where needed, specialist care and support while trying for a baby, during pregnancy and after giving birth. You can find out more about wider improvements to maternity services, not covered by this consultation on our website at nclhealthandcare.org.uk/start-well

Impact of these proposals

- For both options we would encourage and support staff working in maternity and neonatal care at the site that closes to move to other hospitals in North Central London
- Both options would see significant investment in our hospital buildings to improve the environment for pregnant women and people, babies and families.

For option A there would be:

- an increase in average travel times to hospital by car, ambulance and taxi of around five minutes
- an increase in average travel times by public transport of around six minutes
- an average increase in taxi costs of £5 per journey (maximum increase £11)
- around 385 more patients a year would go to St Mary's Hospital in Paddington and 465 to Northwick Park Hospital in Harrow, instead of a hospital in North Central London.

For option B there would be:

- an increase in average travel times to hospital by car, ambulance and taxi of around six minutes
- an increase in average travel times by public transport of around seven minutes
- an average increase in taxi costs of £4.50 per journey (maximum increase £11)
- around 322 more patients a year would go to Homerton Hospital in Hackney instead of a hospital in North Central London.



If you would like to find out more information before responding on the proposed changes to neonatal and maternity services, please visit our website at nclhealthandcare.org.uk/start-well

Children's surgical services

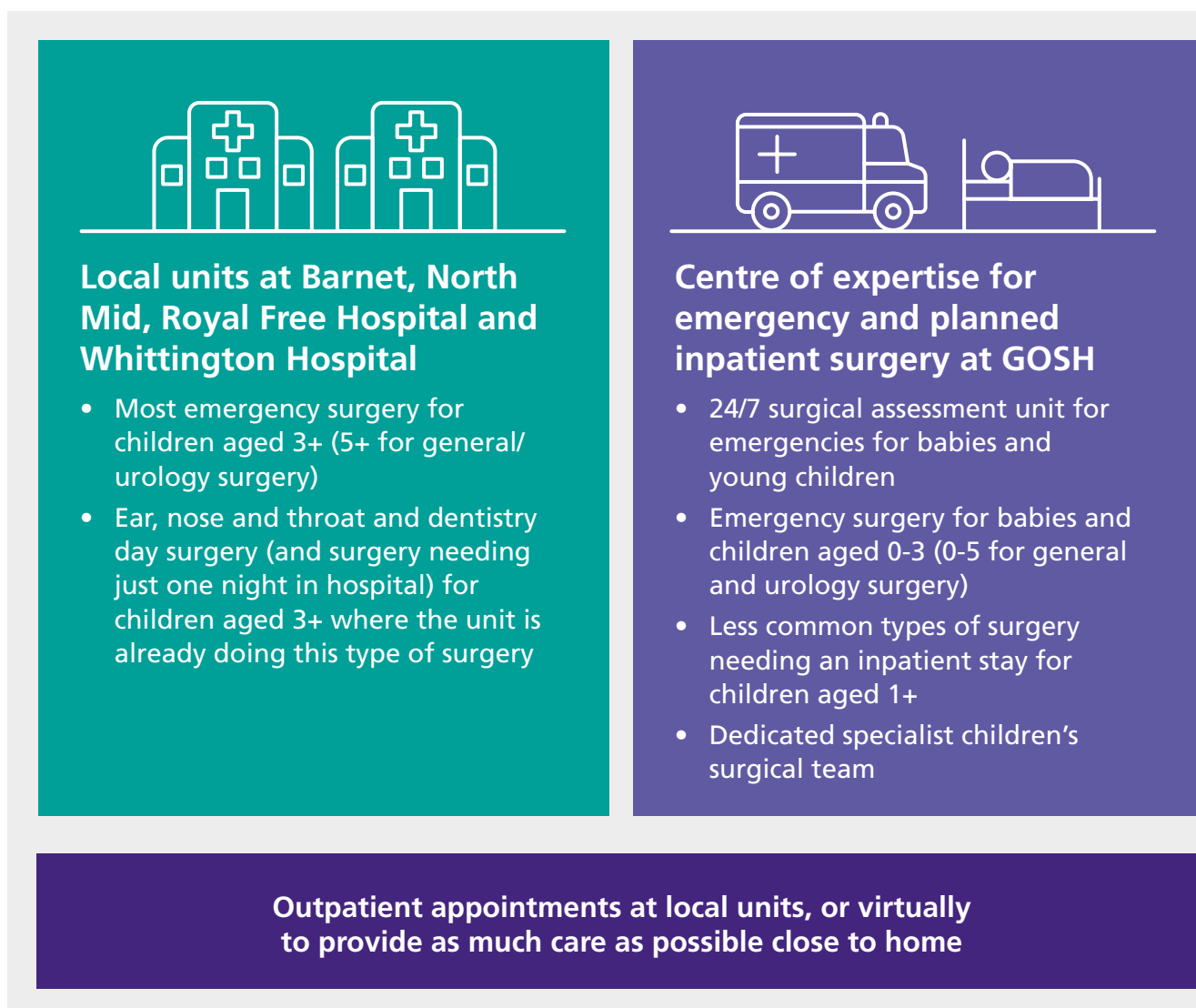
Our proposal for children's surgical services is to develop two new 'centres of expertise'. One centre of expertise would provide day case surgery for children and one would provide emergency surgery for younger children and planned inpatient surgery for children. The diagram below gives more information about which services would be provided at the centres of expertise for different ages of children.

Both centres of expertise would be specially designed to meet the needs of children, and would have dedicated specialist staff, helping to reduce cancellations and improve productivity.

Local hospitals would continue to provide emergency and common types of day case surgery for older children (see the diagram for specific ages). As is the case now, very specialist surgery for very young babies, and for very complex operations, would be provided at specialist units across London. This would not change how children access these services, but would mean there are agreed plans in place to ensure that children receive care in the most appropriate place, more quickly.

We are consulting on one proposed option for implementing our proposal for children's surgical services, and this is summarised below.

Fig 3: the children's surgery option for consultation



Why are we proposing these changes?

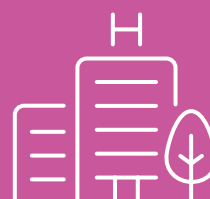
Bringing emergency surgery onto one site would help us to establish much clearer treatment pathways, making it more straightforward to know where the best place is to provide care to a child and speeding up access to emergency care. Providing more complex operations that need an inpatient stay at the same site would help us to make the best use of limited specialist staff.

Bringing together less common types of day case surgery for children and babies on to another site would also help us to make better use of our specialist staff and help them to maintain their skills and competencies. It would also reduce the likelihood of operations being cancelled because staff are needed to treat emergencies.



Centre of expertise for day case surgery at UCLH

- All day surgery for children aged 1-2
- Less common types of day case surgery for children aged 3+
- Designed to meet the specific needs of children
- Dedicated specialist children's surgical team



Specialist units

- Highly specialist surgery and surgery for children with complex medical needs at GOSH
- Emergency eye surgery at Moorfields
- Planned inpatient orthopaedic surgery at the RNOH
- Plastic surgery for children aged 3+ at Royal Free
- Trauma units at St Mary's and The Royal London

Outpatient appointments at local units, or virtually to provide as much care as possible close to home

How to find out more and share your views

Our consultation runs for 14 weeks from 11 December 2023 until midnight on 17 March 2024.

We would like to know what you think about our proposals before we decide whether and how to take forward our proposals.

This leaflet gives a very short overview of our proposals. To find out more information before responding, please visit our website at nclhealthandcare.org.uk/start-well or get in touch. Once you have read or heard enough information to give your opinion you can formally respond to the consultation questionnaire online, in hard copy, by phone, or send us a letter or email.

Email: StartWellConsultation@ors.org.uk

Phone: 0800 324 7005

Post: Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL

Next steps

After the consultation closes on 17 March 2024 all the feedback we have received will be analysed by an independent research organisation. They will prepare a report for us setting out what people think about the proposals. We will consider all the feedback, alongside other evidence and information to decide how to proceed.

We plan to make a decision in autumn/winter 2024/25. You can find out more about the decision-making timeline on our website.