



Proposed changes to children's surgical services in North Central London

**Public consultation feedback report:
EXECUTIVE SUMMARY**

**Opinion Research Services
November 2024**



North Central London
Health and Care
Integrated Care System



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Executive summary

Introduction

North Central London Integrated Care System (NCL ICS) 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 in Barnet, Camden, Enfield, Haringey and Islington. The NCL Integrated Care Board (ICB) is responsible for developing a plan to meet the health needs of the local population, managing the NHS budget for the ICS, and arranging for the provision of local health services.

In 2021, the NCL ICB Board initiated the Start Well programme to ensure that hospital-based maternity, neonatal and children and young people's services in NCL are fully meeting the needs of those that use them. A 'case for change' was prepared setting out current challenges facing these services and opportunities for improvement; six 'best practice' care models were then developed through the Start Well programme, based on the case for change, which suggested changes to how and where these services are delivered in NCL to address challenges and ensure good outcomes for service users and patients.

The models of care, which included proposals for site-specific changes, were then assessed through an options appraisal process that involved a range of stakeholders, including clinical leaders, staff members and members of the public (among others). The final proposals were then taken to public consultation in late 2023. It should be noted that some of the specialised services, for example neonatal care and some specialist surgery, are commissioned by NHS England's specialised commissioning team; NHS England has therefore been involved in the work from the outset and NCL ICB and NHS England jointly consulted on the proposals.

The proposals for children's surgical services are distinct from those for maternity and neonatal services; two reports have therefore been produced using a similar structure for both. The feedback arising from the public consultation on the proposals for changes to children and young people's services in NCL is summarised here and explored in detail in the full feedback report; a separate report for feedback on proposals for maternity and neonatal services¹.

The proposals

The proposed model of care covers services provided by University College London Hospitals NHS Foundation Trust (UCLH) and Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH).

The NHS has proposed a new model of care for children's surgical services consisting of two new 'centres of expertise': one to provide planned day case surgery and the other to provide both emergency and planned inpatient surgery for younger children.

These changes have been proposed with an aim to address the challenges identified in the case for change, develop clearer care pathways, speed up access to emergency care, make better use of specialist staff and reduce the number of operations being cancelled.

¹Both full reports of feedback are available via: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>

The NHS further proposed that, in the event of a new model of care being implemented:

- » **GOSH should be the centre of expertise for emergency and planned inpatient surgery for younger children²:** on the basis that most emergency surgery for children under three and most planned inpatient surgery currently takes place at GOSH, and because of the increased challenges associated with recruiting additional specialist staff to any alternative location
- » **UCLH should be the centre of expertise for day case surgery for younger children:** based on having consultant paediatric anaesthetists on-site who can provide care for young children aged one to two years, and already providing around two thirds of the relevant day case operations for children and young people in NCL

The public consultation

The 14-week public consultation period, seeking feedback on the proposed model of care and options outlined above, ran from 11th December 2023 to 17th March 2024; service users, members of the public, NHS staff, organisations, and other stakeholders were invited to give feedback on the proposals. NCL ICB programme team planned and delivered a comprehensive communications programme to raise awareness of the consultation to ensure residents and other stakeholders knew about the opportunities to take part.

The consultation activity was delivered by a small team of people working for NCL ICB from both the Start Well programme team and the Communications and Engagement Team ('the ICB programme team'); some additional very targeted activities were undertaken by independent research agencies.

A summary of the activities undertaken to promote the consultation and engage with stakeholders is provided in the Consultation Overview chapter of the full ORS report on the consultation feedback and in the ICB's 'Methodology, Activity and Reach' report which is being separately published to the independent report on consultation feedback³.

Consultees were provided with paper documentation or signposted to the ICB's Start Well consultation website: nclhealthandcare.org.uk/start-well. A range of information and resources was available, including the full consultation document and separate accessible versions (e.g. Easy Read, translations), and other relevant documents. Paper copies of documentation and the consultation questionnaire were distributed at face-to-face meetings and other engagement events, as well as being available on request via telephone or email.

² Emergency surgery for babies and children aged 0-3 (or aged 0-5 for general and urology surgery), planned surgery for babies and children ages 0-1 years, and less common types of surgery needing an inpatient stay for children aged 1+.

³ Both ORS' full consultation feedback report and the ICB's methodology, activity and reach report are available via: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>

Consultation feedback channels and response

The infographic below describes the feedback collected during the consultation period on all of the proposals (for maternity and neonatal services as well as children's surgical services). It is the feedback from these activities that has been analysed and included in the two reports.



The nature of public consultation

Public consultation promotes accountability and assists decision making; public bodies give an account of their plans or proposals and listen to feedback. Consultation has therefore been described as a dialogue, based on a genuine and purposeful exchange of views.

It should be noted, however, that consultations are not referenda or 'votes' in which the loudest voices or the greatest numbers automatically determine the outcome. The feedback received often reflects widely varied and sometimes polarised views, and it is important to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously consider the issues raised.

Opinion Research Services (ORS) was appointed to independently analyse and report the consultation outcomes, as well as to host the online questionnaire and undertake several independently facilitated focus groups and interviews with residents in areas that might be particularly affected by the proposals.

All types of consultation responses are important, and this executive summary and the full consultation feedback report present an independent analysis so that all of them may be considered. Some contributions have been highlighted based on at least one of the following aspects:

- » relevant to and/or having implications for the proposal under consideration
- » well-evidenced – for example, submissions from professional bodies, staff and concerned people or local groups that point to evidence to support their perspective
- » deliberative – based on thoughtful discussion in public meetings and other group settings
- » representative of the general population or particular localities, groups or points of view
- » focused on the views from under-represented people or equality groups
- » 'novel' – in the sense of raising 'different' issues from those being repeated by a number of respondents or arising from a different perspective

This executive summary and the full report also identify where strength of feeling may be particularly intense, either in relation to specific themes or possible outcomes, or coming from specific groups of respondents. It is not ORS' role, however, to 'make a case' for the proposals, or to make any recommendations as to how decision makers should use the reported results. It is for the appropriate bodies to take decisions based on all of the evidence available, of which consultation feedback is one part.

Executive summary and consultation feedback report

Whereas this executive summary concisely reviews the full range of feedback received and brings together common themes, the full consultation report brings together the feedback received through each of these different elements and provides a comprehensive evidence base to help inform the NHS's decision-making process. In the full report⁴, each element of the consultation is considered in turn, which can at times be repetitive given that similar issues emerged across the different strands – but it is important that the full report provides an accurate reflection of all of the feedback received.

Key themes: the proposed changes to children's surgical services

Quantitative feedback

Most individual questionnaire respondents either strongly agreed or tended to agree with the need to make changes to respond to the challenges affecting children's surgery in NCL, specifically: four fifths of NHS staff working in NCL maternity, neonatal or children's surgical services (80%) and a slightly higher proportion of staff members working elsewhere in the NHS (86%) agreed. Similarly, around four fifths of service users/parents/carers (81%), and local residents (80%) agreed.

There was also widespread agreement among individual respondents that the proposed model of care i.e. two centres of expertise would benefit babies and young children, with only limited differences between different types of respondent. Just over three quarters of NHS staff working in NCL maternity, neonatal or children's surgical services agreed (77%) as did around four-fifths of staff working elsewhere in the NHS (82%). Similar proportions of service users/parents/carers (79%) and local residents (78%) also agreed.

Seven in ten respondents (70%) who identified themselves as NHS staff working in NCL maternity, neonatal or children's surgical services agreed that GOSH should be the centre of expertise for planned inpatient and emergency surgery, as did three quarters of staff working elsewhere in the NHS (75%). Service users/parents/carers and local residents were slightly less positive; nonetheless, around two thirds (66%) agreed.

Around two thirds of respondents who are NHS staff working in NCL maternity, neonatal or children's surgical services (66%) agreed that, if created, the new day case surgery centre of expertise should be at UCLH, while staff working elsewhere in the NHS were a little more positive (75% of these respondents agreed). Around two thirds of service users/parents/carers (68%) also agreed, as did a slightly lower proportion of local residents (64%).

Of the twenty-one organisations and those responding to the questionnaire in an official capacity, eighteen answered at least one of the questions relating to children's surgical services in NCL. Most (11 out of 18) either strongly agreed or tended to agree with the need for changes to be made to improve children's surgery in NCL (none disagreed). Similarly, more than half (11) agreed with the proposal that creating two new centres of expertise would benefit babies and young children (2 disagreed).

A similar proportion of organisations agreed with the proposed locations for the two new centres of expertise; 11 agreed that the new centre for planned inpatient and emergency surgery should be GOSH (3 disagreed), and 10 agreed that the new centre for day case surgery should be UCLH (2 disagreed).

⁴ Available via: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>

Additional feedback: views on the case for change and proposed model of care

Across the consultation methods, the stated challenges within children's surgical services were recognised, including those around staff recruitment and retention; maintaining enough clinical staff with paediatric training and the confidence and experience to operate on young children; and the need to minimise transfers and transfer delays. Furthermore, the need to establish clearer care pathways, better utilise specialist skills, and reduce waiting times was highlighted.

Some comments were made in support of the proposed model of care as a means of addressing these issues. Creating centres of expertise as proposed would, some felt, simplify pathways and ensure babies and children get the care they need more quickly for example. Consultees across the consultation methods also highlighted many concerns around the model of care, however.

Questionnaire respondents⁵ and some written submissions suggested that children's surgical services should be provided at a greater number of hospitals than is being proposed, and that making services less 'local' is likely to impact negatively on patients and their families (especially those who are disadvantaged or vulnerable) – particularly in relation to travel difficulties and costs. There was also some suggestion among questionnaire respondents that the proposed model is unlikely to address the identified challenges, including those around staffing and resourcing; and that it may, in fact, increase inefficiencies, transfers and duplication by requiring younger patients to travel for care, that could instead be delivered appropriately at their nearest hospital.

Other concerns related to the potential de-skilling of staff across the wider NCL area if some paediatric surgery is centralised in two locations. Specific issues were around:

- » whether staff at other hospitals will be able to maintain the skills needed to assess and treat younger children if these patients present at a local hospital
- » risks that the proposals might exacerbate staff retention issues at hospitals other than the centres of expertise, if individuals can no longer utilise certain skills as part of their job roles
- » wider impacts on the skills and learning of medical students, junior doctors and trainees at these other hospitals, if they are no longer being exposed to cases in the affected age groups

It was said (in some written submissions and meetings with staff and stakeholders especially) that, while the projected numbers of affected cases are relatively small, it may be difficult to assess reliably, given uncertainty around how accurate modelled patient flows may prove to be in practice.

Additional feedback: views on the proposed locations for the centres of expertise

Across the consultation methods, the strong reputation of the two hospitals proposed as centres of excellence (GOSH and UCLH) was highlighted, as was their central location, good transport links, and their proximity to each other (which, it was very occasionally suggested, might promote the sharing of expertise).

However, various concerns were also raised around the suitability of these proposed hospitals as the centres of expertise. Firstly, UCLH and (especially) GOSH were said to have limited capacity and resources, and it was suggested that staff are experiencing significant issues managing existing demand. This was linked to

⁵ In relation to the questionnaire text comments, it is worth noting that those who disagreed with, or had concerns about the proposals were typically more likely to provide additional feedback, whereas those who agreed were generally less likely to leave a comment. The overall tone of the textual feedback can therefore seem more negative than the headline results would suggest; however, it is important that all main concerns are highlighted so that they can be taken into account as part of the final decision-making process.

concerns about a lack of contingency options in the event that either site ever becomes too full, particularly in the context of potential 'deskilling' at other local hospitals noted above.

In relation to GOSH specifically, there were significant concerns (especially in some of the written submissions and among staff in the targeted engagement) that the proposals might risk disrupting the highly specialised regional and national care provided at the hospital if the site is required to absorb additional emergency cases. The proposal was thought to represent a marked change in focus for GOSH which has been seen to focus on care for children and young people with rare and complex health conditions through its tertiary and quaternary services, many of which are unavailable elsewhere.

Other specific concerns about locating centres of expertise at GOSH and UCLH (most of which were raised by staff and stakeholders, including organisation representatives, in the written submissions and targeted events) were around:

- » a lack of physical space, particularly at GOSH, to accommodate the facilities required (e.g. increased theatre availability, nursing staff, nursing and post-operative beds etc.) – noting that expansion is not likely to be possible given its location in the centre of London
- » there could be 'mission creep' around the proposed age criteria, where older children are transferred to the centres of expertise, increasing demand over time (noted in particular about GOSH)
- » the experience of GOSH staff in dealing with emergency admissions, given the hospital has no emergency department; it was said that a paediatric surgery centre should ideally be co-located with a children's emergency department and 24/7 full general paediatric team, which do not currently exist at GOSH⁶
- » expecting GOSH staff to manage cases that are not part of their current clinical practice, and the possibility that demand for emergency surgery will reduce capacity for the elective work it is renowned for
- » impacts on GOSH's clinical capacity due to the construction phase for the new national Children's Cancer Centre (scheduled to open late 2027), meaning it may be unable to accommodate any of the new facilities outlined in the current Start Well proposals
- » potential gaps in skillsets and expertise at the proposed sites, including a lack of access to particular specialties (e.g. plastics and orthopaedics), postoperative care at GOSH, and concern about the triage of patients in the surgical assessment unit
- » GOSH's ability to attract the personnel numbers required to deliver the proposal; and anticipated changes to rotas and shift patterns that could decrease clinic activity and operative productivity, and development opportunities for trainees
- » current perceived issues with communication experienced when dealing with the proposed hospitals, particularly in relation to discharge planning and follow up care
- » possible conflicts with recent Getting it Right First Time guidance⁷
- » whether more patients in NCL will present to hospitals outside the ICS in the first instance (such as Chelsea and Westminster Hospital or the Royal London Hospital), so that their child can be treated without any need for transfer to GOSH or UCLH

⁶ The proposal for GOSH did include the suggestion to build a surgical assessment centre at the site.

⁷ For example, it was considered safer for some conditions like testicular torsion to be managed locally.

- » onward pathways for children who may present to the surgical assessment unit who do not require immediate surgery.

While a few consultees supported the proposed sites based on their central locations, others had reservations around accessibility. A small number expressed concern around whether it would be safe and appropriate to routinely transfer emergency patients into central London, due to traffic congestion and ambulance availability.

It was also queried whether having both centres of expertise located in central London would leave too little provision throughout the rest of NCL and contribute to unreasonably long travel times, particularly for families living furthest away. Both proposed locations were described as difficult to access by car, due to congestion, ULEZ charges, and limited parking options.

Others felt that, while the proposed locations are generally well served by public transport, this could be expensive to use and might also be difficult for parents and carers and their children to navigate – particularly if an appointment had been scheduled close to rush hour, or if a child was unwell or had a disability.

Additional feedback: views on possible alternatives and suggestions

Across the consultation methods, many consultees proposed some form of alternative, either to the proposed new model of care or the specific locations identified. The main suggestions were:

- » maintaining some form of the 'status quo' with services delivered from a greater number of hospitals, by reconfiguring or investing in staffing and facilities to meet the current challenges
- » locating a centre of expertise elsewhere in NCL (most commonly Whittington Hospital or Royal Free Hospital, but occasionally another hospital) to:
 - provide better geographical coverage and increase accessibility for patients
 - utilise opportunities for expansion, particularly if space is freed up through removing maternity and neonatal services from a hospital as part of the wider Start Well programme proposals
 - relieve pressure on the central London hospitals, given capacity issues at GOSH and UCLH
- » centralising services at a single, larger neonatal and paediatric 'hub' or dedicated tertiary centre for paediatric services (ideally co-locating surgery with a children's emergency department, a paediatric and neonatal intensive care unit, a maternity unit, and a paediatric community diagnostics centre)
- » locating consolidated services based on where population needs are most acute and with regard for health inequalities
- » planning and organising services over a wider 'supra-ICS' (e.g. North London) area rather than considering NCL in isolation
- » making UCLH the NCL centre for managing emergency as well as planned day surgery as it has an existing paediatric A&E, neonatal intensive care unit, paediatrics, and a growing team of paediatric anaesthetists
- » making UCLH the proposed centre of expertise for emergencies and planned inpatient care, and making GOSH the centre of expertise for day cases
- » using emergency surgery provision at hospitals at which emergency departments are co-located with paediatric surgery and acute paediatrics (like Guy's and St Thomas' Hospital, Chelsea and

Westminster Hospital, Evelina London, the Royal London Hospital, and St Mary's Hospital), and using GOSH to undertake more complex elective procedures

- » moving anaesthetists between sites to maintain services across more locations
- » redirecting the funding for additional resources at GOSH to improve skills and staffing in DGHs and the centres currently presently providing children's surgical services
- » assessing surgical care pathways according to national and regional recommendations and considering these by specialty and condition rather than by age
- » introducing mitigations e.g. better patient transport services, parking, or subsidised travel.

Key themes: equalities impacts arising from the proposals for children's surgical services

It was frequently noted across the consultation methods that many local patients face healthcare inequalities that compound the challenges they face in finding support for their medical needs, linked to, for example: living in deprived areas; being from Black, Asian and ethnic minority communities; or having various conditions, including autism.

A few individuals raised concerns about the possible impacts on children and families with disabilities, feeling that the additional travel to a centre of expertise may be particularly onerous for this group. It was also suggested that children may be negatively impacted by having to miss more school time due to needing to travel further to appointments.

Concerns were also raised in relation to people living in deprived parts of NCL, given that they may incur additional travel costs under the proposals as well as, potentially, needing to take more time off work. It was also noted that locating services in central London would mean better accessibility for wealthier areas, while leaving many more deprived areas unsupported.

Other feedback

While there was some praise for the comprehensiveness of the Start Well consultation programmes, small numbers of consultees aired concerns around, for example, that the consultation information and questions are leading; that more information and detail was needed. Specifically, there were questions and comments around the accuracy of current capital and revenue cost estimates (often accompanied by a sense that these are likely to increase), while a few people expressed concerns that there might be confusion about the age groups affected by the proposals.

The full consultation feedback report

This document is a standalone executive summary of the full consultation report prepared by ORS. While this summary is designed to capture and describe the main findings from the consultation feedback, it should not be viewed as a replacement for the comprehensive account of feedback on the proposed changes to NHS services in North Central London. The full ORS report is available via: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>