



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

**Public consultation feedback
FULL REPORT**

**Opinion Research Services
November 2024**



North Central London
Health and Care
Integrated Care System



Opinion Research Services

The Strand · Swansea · SA1 1AF

01792 535300 | www.ors.org.uk | info@ors.org.uk

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The ORS project team

Project design and management

Kester Holmes
Charlie Wilson
Beth Burke

Quantitative data analysis

Richard Harris
Sheng Yang

Data capture and verification

Ellen Fitzpatrick
Michael King

Analysis and reporting

Kester Holmes
Charlie Wilson
Kelly Lock
Beth Burke
Alys Thomas
Daisy Evans
Matt Lewis-Richards
Ffion Lowe

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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 reported here, with 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.

¹ 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 this report and in the ICB's 'Methodology, Activity and Reach' report³ which is being separately published to the independent report on consultation feedback.

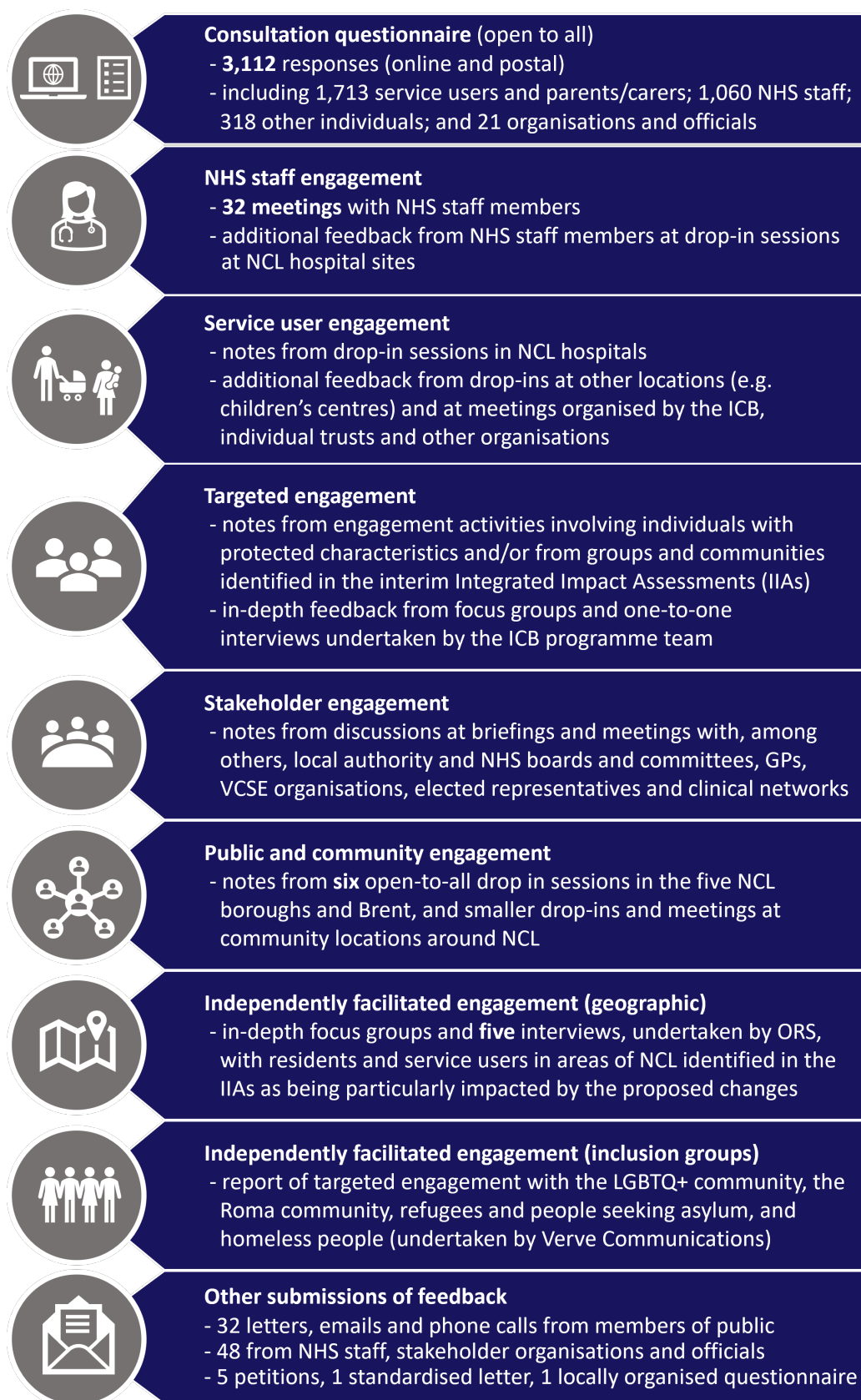
Consultees were provided with paper documentation or signposted to the ICB's Start Well consultation website: nclhealthandcare.org.uk/start-well. A range of information and resources was available, including the full consultation document and separate accessible versions (e.g. Easy Read, translations), 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 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 report, 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 with the proposal 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).

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 respondents⁴ 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 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.

⁴ 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.

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 GOSH⁵
- » 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 guidance⁶
- » 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
- » onward pathways for children who may present to the surgical assessment unit who do not require immediate surgery

⁵ The proposal for GOSH did include the suggestion to build a surgical assessment centre at the site.

⁶ For example, it was considered safer for some conditions like testicular torsion to be managed locally.

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.

1. Consultation overview

Commission and methodology

Introduction

- 1.1 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.
- 1.2 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.
- 1.3 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 commission

- 1.4 Opinion Research Services (ORS), a company that originated from Swansea University, now with a UK-wide reputation for social research and major statutory consultations, was appointed by North Central London ICB to support particular consultation and engagement activities, and to independently analyse and report the consultation outcomes.
- 1.5 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 surgery in NCL is reported here, with a separate report for feedback on proposals for maternity and neonatal services⁷.

⁷ Available at: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>

Proposals for changes to NHS services in North Central London

The challenges facing children's surgical services in North Central London

- 1.6 The case for change published in June 2022 identified various challenges and opportunities for improvement in children's surgical services in North Central London, the most important of which are summarised below:
- » **treatment pathways for emergency surgery can be inconsistent and unclear:** staff often spend a lot of time finding a hospital that can carry out the emergency surgery the child needs and some children are transferred multiple times before getting to the right place
 - » **there are particular challenges in arranging emergency surgery for very young children aged under five years:** the number and type of specialists able to operate on very young children varies across hospitals and this contributes to a high proportion of these patients being transferred to hospitals outside NCL
 - » **children and young people are being transferred to Great Ormond Street Hospital (GOSH) for surgery that could have been carried at their local hospital:** this also places additional pressure on the specialist services provided at GOSH
 - » **waiting lists for planned surgery need to be reduced:** there are currently around 5,000 children in NCL who are waiting for a planned operation
 - » **some hospitals do not see enough patients for staff to maintain skills and competencies:** with associated impacts for the quality and sustainability of the care provided at these sites

The proposals for children's surgical services

- 1.7 To address these challenges, the NHS is proposing 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 surgery for younger children and planned inpatient surgery.
- 1.8 The proposed model of care covers services provided at University College London Hospitals NHS Foundation Trust (UCLH) and Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH).
- 1.9 These changes are being proposed on the basis that:
- » bringing emergency surgery onto one site should make pathways clearer and speed up access to emergency care, while also providing operations requiring an inpatient stay at the same site would help make the best use of limited specialist staff
 - » bringing together some types of day case surgery onto one site would help make better use of specialist staff and help them to maintain their skills and competencies, and should also reduce the likelihood of operations being cancelled
- 1.10 The NHS is further proposing that, in the event of its proposed model of care being implemented:
- » **GOSH should be the centre of expertise for emergency and planned inpatient surgery for younger children⁸:** on the basis that most emergency surgery for children under three and most planned

⁸ 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+

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 day case operations for children and young people in North Central London

The public consultation

- 1.11 The 14-week public consultation period began on 11th December 2023 and ended on 17th March 2024, during which time service users, members of the public, NHS staff members, organisations, and other stakeholders were invited to give feedback on the proposals.
- 1.12 NCL ICB planned and delivered a comprehensive communications programme to raise awareness of the consultation to ensure residents and other stakeholders knew about the available 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 (hereafter referred to jointly as 'the ICB programme team'), with some additional very targeted activities undertaken by independent research agencies.
- 1.13 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 summary versions (including Easy Read versions and documents in other languages), 'Frequently Asked Questions', and links to other relevant documents such as the pre-consultation business cases and interim Integrated Impact Assessments (IIAs).
- 1.14 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. Other resources (including leaflets, posters, questionnaires and consultation documents) were distributed in response to requests over the course of the consultation period.

Promotion and engagement

- 1.15 A summary of the activities undertaken to promote the consultation and engage with stakeholders is provided below. However, more detail can be found in the ICB's 'Methodology, Activity and Reach' report⁹ which is being separately published to the independent report on consultation feedback.

Promotion and awareness raising

- 1.16 A comprehensive media and marketing strategy was developed to ensure the consultation was promoted to all potential consultees. The background documentation was widely circulated and made accessible throughout the consultation period to ensure anyone who wished to take part had enough information about the proposals to give an informed opinion on them.
- 1.17 Posters, leaflets, and consultation documents contained an easy-to-read URL (nclhealthandcare.org.uk/start-well) to guide readers to the consultation website, where they could read about the proposals, access the

⁹ Available via: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>

consultation questionnaire, and find out other relevant information. In total, over 6,300 individuals visited the consultation website homepage during the 14-week period.

- 1.18 The consultation was widely promoted via social media, including Facebook, X (formerly known as Twitter), Instagram and LinkedIn. Regular posts from the ICB, NHS Trusts and NHSE London social media accounts were supplemented by 'paid for' advertising on Facebook and Google targeting particular demographics (older and younger women).
- 1.19 Two videos about the consultation, both uploaded to YouTube and promoted via social media and the consultation website, collectively achieved 1,310 views.
- 1.20 In addition to direct social media engagement by the ICB programme team, the consultation was also promoted widely via social media by third parties such as local politicians, councils and VCS organisations.
- 1.21 A summary of key promotional activity undertaken to raise awareness is set out below:

- » local press briefing with five separate press releases issued at different points prior to and during the consultation period
- » paid-for print advertising, consisting of half- or quarter-page adverts placed in 13 local newspapers or circulars
- » promotional materials placed in key locations i.e. posters and/or leaflets at various hospital sites, libraries, children's centres, voluntary sector organisations and faith institutions
- » letters sent to over 300 local voluntary and community sector organisations, informing them that the consultation was taking place and encouraging them to share this information with their members/users
- » 'paid for' social media advertising targeted at relevant demographics
- » letters sent to a large sample of households in some potentially more impacted areas (Harlesden and Willesden, and Holloway and Finsbury Park) to increase awareness

Consultation helpline

- 1.22 A telephone and email helpline (delivered by ORS on behalf of the ICB) was advertised through the duration of the consultation period. Together these received more than 110 enquiries and messages comprising: requests for further information, paper copies and translated versions of consultation documents; invitations for the ICB Programme Team to attend events; feedback on the proposals; and a small number of requests for technical support with the online questionnaire.

Public and community engagement events

- 1.23 Open engagement opportunities were provided to ensure any member of the public, member of staff, or other interested party could find out more about the proposals. A summary of the activity undertaken is provided below:

- » six open-to-all drop-in sessions held in the second half of the consultation period (one held in each of the five NCL boroughs, plus Brent)

- » twenty-six drop-in sessions at NCL hospital sites (including at the Edgware Birth Centre), attended by a mixture of service users, staff and other members of the public, with many events scheduled to coincide with antenatal and children's clinics
- » attendance at various other drop-in events, including health centres, 'stay and play' sessions at children's centres, and existing health promotion events organised by other organisations – such as community breakfast clubs

NHS staff engagement activities

- 1.24 A comprehensive programme of staff engagement was undertaken to ensure clinical and non-clinical staff within the ICS and across the wider health and care system had opportunities to provide feedback on the proposals. The ICB promoted the consultation to its own staff through staff briefings, posters in offices and news items on the staff intranet. The consultation was also promoted to NHS staff more widely through internal intranet pages and news stories at intervals throughout the consultation period, with this process being managed through communications leads at the Trusts and other relevant organisations.
- 1.25 In total, thirty-two meetings were held with members of staff at the various Trusts across the NCL area. Additionally, as noted above, the promotional drop-in sessions at each of the NCL hospitals allowed additional opportunities for NHS staff engagement.
- 1.26 Staff across the NHS were also actively encouraged to respond to the questionnaire or provide separate written feedback, and many did so: over a thousand of those responding to the questionnaire (i.e. roughly a third of all respondents) indicated that they were members of NHS staff.

Targeted engagement activities with specific groups and communities

- 1.27 The ICB developed two separate interim Integrated Impact Assessments (IIAs) (one related to the maternity and neonatal services proposals and one related to the children's surgical services proposals) to identify groups that may be more impacted by proposals, if they were implemented.
- 1.28 For children's surgical services, this included groups with protected or other characteristics and those living in certain geographic areas that may be disproportionately impacted by the proposed changes, including (among others¹⁰):
- » people living in areas of deprivation
 - » people with disabilities
 - » children with special educational needs
 - » people living in Tottenham and Edmonton, and Cricklewood and Dollis Hill
- 1.29 To encourage response from the groups identified in the interim IIAs, many of the public drop-ins were organised in targeted geographies, including areas of deprivation or in areas with ethnically diverse resident populations, or in locations where service users were more likely to be present (e.g. hospitals, health centres and children's centres).
- 1.30 Additional targeted engagement activities were also undertaken by the ICB programme team and the independent research partner ORS; these included focus groups and one-to-one interviews, and a youth

¹⁰ The full lists of identified groups can be found in the two IIAs, which can be accessed via: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>

summit to gather feedback from younger residents. Feedback was also received from the GOSH Young People's Forum and is included in the targeted engagement chapter.

Engagement with other stakeholders

- ^{1.31} Organisations and other stakeholder groups were written to on several occasions throughout the consultation period to inform them of about the consultation and ways in which they could provide feedback. The ICB programme team also attended committee and board meetings and provided briefings.
- ^{1.32} This stakeholder engagement targeted, among others, local elected representatives (i.e. Members of Parliament, local councillors and Greater London Authority General Assembly Members), voluntary sector organisations and forums, local government officers working in relevant service areas, neighbouring NHS Integrated Care Boards and NHS Trusts, regional clinical networks, Royal Colleges and other professional bodies, and health education providers.
- ^{1.33} Work was also undertaken by the ICB programme team to engage General Practitioners, for example, through the NCL GP newsletter and letters sent from the Chief Medical Officer of the ICB. The ICB programme team also attended eight online meetings including the NCL GP webinar, several borough-level GP meetings and the NCL GP Provider Alliance Board meeting.

Consultation feedback channels and response

1.34 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.



Feedback via the consultation questionnaire

- 1.35 An open consultation questionnaire, hosted online by ORS, was available for residents, staff members, stakeholders and organisations, and any other interested parties to complete. The questionnaire could be accessed either by a single click via the widely promoted Start Well consultation website or by completing a paper version (which could be returned to ORS via a freepost address).
- 1.36 The consultation questionnaire was designed to allow structured feedback, with summary information provided and clear references and links to the more detailed consultation document. Questions covered the need for change; the proposed new models of care for maternity, neonatal and children's surgical services; and the specific proposals including the NHS's preferred hospitals for services to be located. 'Open' questions were included to allow respondents to explain their views, raise concerns, identify potential equalities and health inequalities impacts, and to suggest mitigations or alternative solutions to current challenges.

Analysing and reporting questionnaire feedback

- 1.37 Open questionnaires are important, being inclusive and giving opportunity to express and explain views, including disagreement with proposals. They are not random sample surveys of a given population, however, and cannot necessarily be expected to be representative of the general balance of opinion. For example, those living in deprived areas are usually under-represented, while residents living in more affluent areas tend to be over-represented.
- 1.38 Questionnaire respondents' views are often informed by their relationship to and experience of different hospitals and NHS services. Furthermore, respondents from groups or geographic areas that are likely to be most affected by the proposals - and therefore where there may be more press coverage or campaigning - are more likely to respond. For example, the numbers of respondents living near to Whittington Hospital in particular were proportionally greater than those from other areas.
- 1.39 When analysing the consultation questionnaire feedback, therefore, it is both appropriate and necessary to consider both the overall response from different stakeholder groups (e.g. NHS staff, service users and members of the public, representatives of organisations, etc.) as well as to compare and contrast the views of respondents from different demographic groups and geographic areas to understand shared views and concerns, as well as any differences arising.
- 1.40 In total, 3,112 questionnaires were completed (including 1,060 from respondents who identified themselves as NHS staff members, and 21 responses from organisations and officials). The feedback from these responses is reported in detail in Chapter 2 of this report, with supporting data in appendices.

Feedback from ICB programme team engagement activities

- 1.41 At all of the promotion and engagement activities undertaken by the ICB programme team, attendees and participants had opportunity to ask questions and give feedback. Not all of the primarily promotional activities and events outlined resulted in verbal feedback, with many of those engaged preferring to take information away and/or to provide feedback via the questionnaire or other channels, at a later date.
- 1.42 Where verbal feedback was given, either during structured discussions or in more informal conversations, the members of the ICB programme team took note of comments, concerns and issues raised using standardised forms to ensure consistency. These notes were transferred securely to ORS for analysis and inclusion in this report.

- 1.43 The notes were read in their entirety by ORS researchers and separated into themes in order to identify both shared and contrasting views around current challenges and the need for change, the proposed model of care for children's surgical services, and potential impacts, mitigations and alternative approaches.
- 1.44 Engagement with organisation representatives and other formal stakeholders involved a range of activities undertaken by the ICB programme team, including briefings, attending boards and committees, presenting at pre-existing meetings and some activities arranged specifically for the consultation. Some of these engagement activities were primarily used as an opportunity for stakeholders to hear about the proposals and ask questions for clarity, while others prompted more detailed discussion and feedback. Furthermore, in some instances stakeholders considered the proposals in more detail at a later date and submitted detailed formal written feedback (see below).
- 1.45 The feedback from the ICB programme team engagement is covered in two main chapters in this report covering: NHS staff feedback (Chapter 3) and targeted engagement feedback (Chapter 4). Verbal feedback from other engagement with service users, stakeholders and other members of the public and communities across NCL typically focused on the proposals for changes to maternity and neonatal services (reported separately), however where there were some comments related to the proposals for children's surgical services, these are covered in Chapter 5 of this document.

Feedback from independently facilitated targeted engagement and research

- 1.46 NCL ICB commissioned ORS to organise and facilitate additional in-depth (deliberative) consultation activities with groups that might be particularly impacted or affected by the surgery proposals due to geography, demographics, underlying health inequalities or barriers to access.

Independent research with impacted geographic communities in NCL

- 1.47 ORS undertook a recruitment exercise with a view to delivering two online focus groups with residents of areas particularly likely to be affected by the proposals for children's surgical services: one with residents of Tottenham and Edmonton and another with residents of Cricklewood and Dollis Hill.
- 1.48 A topic guide, based on the consultation document (and aligned with the consultation questionnaire), was developed to aid the discussions. The focus groups were subsequently facilitated by ORS, involving sixteen participants in total. Feedback from these activities is explored in Chapter 6 of this report.

Other feedback received

- 1.49 Feedback was also submitted in writing, via email or via the telephone helpline. In total, during the formal consultation process, 80 submissions were received; these included 48 from NHS staff or organisations, elected representatives and others responding in some kind of 'official' capacity, and 32 from individual members of the public. Of these, 18 comprised or included feedback around the proposals for children's surgical services and are included in this report.
- 1.50 Feedback from these 18 submissions (and from 8 longer detailed responses made in the consultation questionnaire) is covered in Chapter 7 of this report. Feedback from shorter or less detailed submissions from individuals are reported anonymously. Formal submissions from organisations, officials and other stakeholders are attributed and summarised in more detail.

The nature of public consultation

- 1.51 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.
- 1.52 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 take into account the issues raised.

Reading this consultation report

- 1.53 In contrast to the more thematic approach in the executive summary, this full report considers the feedback relating to children's surgical services from each element of the consultation in turn because it is important that the overall report provides a full evidence-base for those considering the consultation and its findings.
- 1.54 All types of consultation responses are important, and this report presents an independent analysis so that all of them may be taken into account. 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
- 1.55 The report also identifies where strength of feeling may be particularly intense, either in relation to specific themes or possible outcomes, or coming from specific groups of respondents. Those with strong concerns or objections are more likely to provide these views robustly and in detail; furthermore, ORS has an obligation to comprehensively report these concerns and contrary views, in order for decision-makers to be able to conscientiously consider the issues raised (Gunning Principle 4¹¹). It should be noted, however, that this can mean that the feedback can appear more 'negative' overall than was actually the case.
- 1.56 Finally, it is not ORS' role to 'make a case' for or against the proposals, nor 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 the evidence available, of which consultation feedback is one part. To this end, ORS trusts that both the executive summary and full report will be helpful to all concerned.

¹¹ The Gunning Principles are a set of legal principles against which the legitimacy of public consultation is assessed. They require: consultation to occur before decisions are finalised, sufficient information to be provided so that consultees can provide informed responses, adequate time for participation, and conscientious consideration to be given to all feedback arising before final decisions are made.

2. Consultation questionnaire

Introduction

- 2.1 During the 14-week public consultation, which began on 11th December 2023 and ended on 17th March 2024, stakeholders were signposted to the North Central London Integrated Care Board (NCL ICB) website, nclhealthandcare.org.uk/start-well, or provided with paper documentation. A range of information and resources were available, including the full consultation document and separate summary versions (including Easy Read versions and documents in other languages), 'Frequently Asked Questions', and links to other relevant documents such as the pre-consultation business cases (PCBCs) and interim Integrated Impact Assessments (IIAs).
- 2.2 A structured consultation questionnaire was designed to allow stakeholders to provide feedback in a consistent format. Appropriate summary information was included for each question, with additional signposting to the consultation document for more detailed information.
- 2.3 Respondents were asked to indicate the extent to which they agreed or disagreed with the need for change and the relevant proposals for each of the three NCL services being consulted on: 1) maternity and neonatal services; 2) the standalone midwife-led birth unit at Edgware Birth Centre; and 3) children's surgical services. For each set of proposals, respondents were given the opportunity to elaborate on their views, provide any general comments, and suggest any alternative solutions to address the challenges (or how any disadvantages associated with the proposals could be reduced). Furthermore, all respondents were invited to give feedback on potential equalities impacts and possible mitigations for those impacts.
- 2.4 Along with an initial question to identify respondents' connection to NHS services in North Central London, a voluntary profiling section gathered demographic information; where respondents provided postcodes or completed some or all of the equalities monitoring questions, it was possible to identify and compare views among different geographic communities and demographic groups.
- 2.5 A total of 3,112 questionnaires were completed, including 21 from those responding on behalf of an organisation and 3,091 from individuals (1,060 who identified themselves as NHS staff and 2,031 from other individuals).
- 2.6 This chapter addresses the questionnaire results and feedback on the questions relating to the third set of proposals on children's surgical services in NCL, covering:
 - » views on the need for changes to be made to improve children's surgical services in NCL
 - » views on the proposed creation of two new centres of expertise to benefit babies and young children
 - » views on the proposed locations for a new planned inpatient and emergency surgery centre of expertise (Great Ormond Street Hospital for Children NHS Foundation Trust [GOSH]), and a new day case surgery centre of expertise (University College London Hospitals NHS Foundation Trust [UCLH])
- 2.7 Views on the proposed changes to maternity and neonatal services in NCL and Edgware Birth Centre in Edgware Community Hospital are reported in a separate independent report by ORS¹².

¹² Available at: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>

Summary of main findings

The need for change to improve children's surgery

- 2.8 Respondents were given a brief a summary of the challenges and opportunities identified by the NHS in North Central London to improve children's surgery. This included that services for emergency surgery are inconsistent and unclear, that children and young people are being transferred to GOSH for surgery that could have been carried at their local hospital, and that waiting lists for planned operations are growing.
- 2.9 When asked to indicate the extent to which they agreed or disagreed with the need for changes to be made to improve children's surgery, overall, most questionnaire respondents either strongly agreed or tended to agree that changes are needed across different respondent groups and living across the catchment area¹³. Four fifths or more of most respondent groups agreed (including 80% of NHS staff working in NCL maternity, neonatal or children's surgical services, 86% of staff members working elsewhere in the NHS, 81% of service users/parents/carers, and 80% of local residents).
- 2.10 Geography somewhat influenced respondents' views on the need for change; agreement was lower among those living in Brent (67%) and in Camden and Enfield (both 78% agreement) compared to other boroughs in the area (83-86% agreement). Furthermore, the level of strong agreement was slightly higher among those living closer to GOSH or UCLH (53% strongly agreed) compared to those living closer to any other hospital (46% strongly agreed).

The proposed creation of two new centres of expertise

- 2.11 It was explained that the NHS in North Central London plan to improve children's surgical services by creating two centres of expertise, one to provide day case surgery and one to provide emergency surgery for younger children and planned inpatient surgery. Following this, respondents were asked to indicate the extent to which they agreed or disagreed that the proposal would benefit babies and young children.
- 2.12 Most respondents were in agreement that the proposal would benefit babies and young children, including around four fifths of each respondent group (77% of NHS staff working in NCL maternity, neonatal or children's surgical services, 82% of staff members working elsewhere in the NHS, 79% of service users/parents/carers, and 78% of local residents). Although, NHS staff working in NCL children's surgical services showed a higher level of disagreement with this proposal (26%), than those working in NCL maternity or neonatal services (9% and 5% respectively).
- 2.13 As with the need for change, geography played a small factor in views, with the level of strong agreement slightly higher among those living closer to GOSH or UCLH (44%) compared to other hospitals (37%).

The proposed locations for the two new centres of expertise

- 2.14 Respondents were given brief explanations that the NHS in North Central London believe that GOSH is the only viable option for the emergency and planned inpatient surgery centre of expertise within NCL (e.g. because most emergency surgery for children under three already takes place at GOSH), and that UCLH is the only viable option for the day case surgery centre of expertise (e.g. because UCLH already provides around two thirds of the current children and young people's day case operations).

¹³ The catchment area, as defined by the NHS in NCL, is based on driving travel times i.e. the closest hospital for a particular LSOA by driving (see Figure 1 on page 37 of this report).

- 2.15 There was majority agreement in each group, and across the catchment area, with the proposal that GOSH should be the centre for planned inpatient and emergency surgery. This included agreement from at least two thirds of each respondent group (70% of NHS staff working in NCL maternity, neonatal or children's surgical services, 75% of staff members working elsewhere in the NHS, 66% of service users/parents/carers, and 66% of local residents).
- 2.16 Similarly, around two thirds or more of each respondent group agreed with the proposal that UCLH should be the new centre for day case surgery; including 66% of NHS staff working in NCL maternity, neonatal or children's surgical services, 75% of staff members working elsewhere in the NHS, 68% of service users/parents/carers, and 64% of local residents.
- 2.17 In both cases, the level of strong agreement was slightly higher among those living closer to GOSH or UCLH compared to other hospitals, and agreement was slightly lower among respondents in Barnet and Brent than other boroughs in the area.

Views by key demographics

- 2.18 Overall, there was very little indication of substantive differences in views between different groups or communities on the proposals for children's surgical services in NCL. For example, questionnaire respondents living in the most deprived parts of the catchment area had similar views compared to other residents living elsewhere in the same area (i.e. in less deprived areas).

Reasons for respondents' views

- 2.19 When invited to make further comments about the proposals, some were supportive, referencing, for example, the opportunity to establish clearer care pathways, utilise skills and reduce waiting times.
- 2.20 However, the comments made also highlighted many concerns around the model of care, including that making services less 'local' is likely to impact negatively on patients and their families. There was also some suggestion that the proposed model is unlikely to address the identified challenges, including those around staffing and resourcing. It was suggested that it may, in fact, increase inefficiencies, transfers and duplication, by requiring younger patients to travel for care that could be treated appropriately at their nearest hospital.
- 2.21 Other concerns related to the potential de-skilling of staff across the wider NCL area if paediatric surgery is centralised in two locations. Specific concerns were around:
- » whether staff at other hospitals will be able to maintain the skills needed to assess and treat younger patients if this treatment is required at a local hospital rather than a centre of expertise
 - » the risk that the proposals might exacerbate staff retention issues at other hospitals, if individuals can no longer utilise certain skills as part of their job roles
 - » the wider impacts on the skills and learning of medical students, junior doctors and trainees at other locations if they are no longer being exposed to cases in the affected age groups
- 2.22 Questionnaire respondents suggested various alternative approaches to address the challenges, or mitigations to reduce the impact of the proposed changes, including:
- » keep services as they are and, instead, invest in staffing and facilities across NCL
 - » locate the centres of expertise elsewhere (e.g. Whittington Hospital or Royal Free Hospital)
 - » locate the centre for emergency and planned inpatient surgery at UCLH rather than GOSH
 - » consider mitigations for transport (e.g. subsidise transport for those who have to travel further)

Views on potential equalities impacts and mitigations

- 2.23 When invited to give feedback on potential equalities impacts and possible mitigations for those impacts, some specific groups and people were highlighted, mainly due to the challenges associated with travelling further distances to access maternity and neonatal services. These groups include:
- » children who use surgical services in NCL, particularly those with disabilities or complex conditions, who may struggle to travel further or who may not be suitable to be transferred from their local hospital
 - » individuals or families from a lower income or socioeconomic background who may struggle to afford any additional travel costs
 - » people with disabilities who may be less likely to drive or be able to afford any additional travel costs
 - » families from the Orthodox Jewish community who cannot drive or use public transport on the Shabbat or on Jewish festivals and may struggle to visit their children in hospital
 - » those from ethnic minority backgrounds, especially those who are non-English speakers, who already face inequalities in healthcare and may struggle to understand the changes or not seek the care they need

Response from organisations

- 2.24 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).
- 2.25 A similar proportion 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).
- 2.26 The views raised in text comments from NHS and healthcare clinical groups, and from local government and elected representatives are discussed at the end of this chapter. Text comments from 'other' organisations, which included various charities and groups working with communities in NCL, mention agreement with the proposal or only mentioned the proposals for maternity and neonatal services in NCL.

Methodology and questionnaire response

- 2.27 The questionnaire was available online (hosted by ORS), and paper questionnaires were distributed at events and in public locations, and available on request, including in different languages.
- 2.28 All questionnaire responses submitted by the closing date, and subsequently received by ORS or NHS North Central London ICB, in which at least one of the consultation questions relating to the proposals was answered, were included in the analysis, regardless of whether or not any profile questions were answered.
- 2.29 A total of 3,112 questionnaires were completed, including 21 from those responding on behalf of an organisation and 3,091 from individuals, 1,060 who identified themselves as NHS staff and 2,031 from other individuals.

- 2.30 All open-ended responses have been read in full, and then classified (coded) using a standardised approach (code frame). This approach helps ensure consistency when classifying different comments and the resulting codes represent themes that have been repeatedly mentioned in a more quantifiable manner.
- 2.31 It is important that consultation questionnaires are open and accessible to all, while being alert to the possibility of multiple completions (by the same people), which could be submitted in an attempt to deliberately affect the outcomes. As a precaution, ORS routinely monitors cookies and IP addresses. After careful analysis of the raw dataset, ORS did not find any multiple responses attempting to systematically skew results.
- 2.32 Finally, it should be noted that, by nature, 'open' questionnaire respondents are 'self-selected'. Consequently, the results are not generally expected to be representative of the overall balance of opinion in the wider population. The greatest response typically comes from those areas which might be most impacted by, and are therefore most concerned about, any proposed changes. The findings in this chapter should be interpreted in this context.

Respondents connections to NHS services in North Central London

- 2.33 The first question asked respondents about their connection to NHS services in North Central London. It should be noted that the question was voluntary (i.e. respondents could choose not to answer and still complete the survey). Furthermore, the question was a multiple response question so that those taking part could identify more than one connection (e.g. as an NHS staff member and a local resident).
- 2.34 For the purpose of succinct analysis and reporting, individual respondents who provided multiple connections have been grouped with those who identified as having a single connection to allow comparisons to be drawn, where applicable, between stakeholders. Table 1 below shows how stakeholders are described throughout the report.

Table 1: Respondents' self-identified connections to NHS services in NCL, grouped for the purpose of data analysis of questionnaire responses

Respondent type	Connection to NHS services in NCL	Responses	
		Number	%
Organisations	Responding on behalf of an organisation or department except where text comments indicate clearly that the respondents is, in fact, a private individual rather than an organisational representative	21	1%
NHS staff – NCL maternity, neonatal or children's surgical services	NHS staff working in children's surgical services in NCL	69	2%
	NHS staff working in neonatal services in NCL, but are not : - NHS staff working in children's surgical services in NCL	145	5%
	NHS staff working in maternity services in NCL, but are not : - NHS staff working in children's surgical OR neonatal services in NCL	368	12%
NHS staff – elsewhere in the NHS	NHS staff members working elsewhere in the NHS, but are not : - NHS staff working in children's surgical, neonatal, OR maternity services in NCL	478	15%
Service users/parents/carers	Service users/parents/carers of children's surgical services in NCL , but are not : - NHS staff working in children's surgical, neonatal, maternity services in NCL - NHS staff working elsewhere in the NHS	287	9%

Respondent type	Connection to NHS services in NCL	Responses	
		Number	%
	Service users/parents/carers of neonatal services in NCL , but are not : <ul style="list-style-type: none"> - NHS staff working in children's surgical, neonatal, maternity services in NCL - NHS staff working elsewhere in the NHS - Service users/parents/carers of children's surgical services in NCL 	597	19%
	Service users/parents/carers of maternity services in NCL , but are not : <ul style="list-style-type: none"> - NHS staff working in children's surgical, neonatal, maternity services in NCL - NHS staff working elsewhere in the NHS - Service users/parents/carers of children's surgical OR neonatal services in NCL 	829	27%
Local residents	Residents of NCL or a neighbouring area, but are not : <ul style="list-style-type: none"> - NHS staff working in children's surgical, neonatal, maternity services in NCL - NHS staff working elsewhere in the NHS - Service users/parents/carers for children's surgical, neonatal OR maternity services in NCL 	274	9%
Other respondents	Respondents with an 'other connection' to NHS services in NCL, but are not : <ul style="list-style-type: none"> - NHS staff working in children's surgical, neonatal, maternity services in NCL - NHS staff working elsewhere in the NHS - Service users/parents/carers for children's surgical, neonatal OR maternity services in NCL 	33	1%
SUB-TOTAL		3,101	100%
Not known/answered (included with 'Other individuals' in charts and narrative in this report)		11	-
TOTAL NUMBER OF RESPONDENTS		3,112	100%

2.35 Overall, responses were received from:

- » 21 individuals responding on behalf of an organisation
- » 582 NHS staff members working in NCL maternity, neonatal or children's surgical services
- » 478 NHS staff members working elsewhere in the NHS
- » 1,713 responses from those with experience of maternity, neonatal or children's surgical services in NCL, or a parent/carer of someone who has used these services (referred to as 'service users/parents/carers')
- » 274 local residents
- » 44 other respondents

2.36 Data from the consultation questionnaire has not been combined to produce 'overall' results. Respondents' roles and connections with NHS services can be strong factors informing their opinions and it is therefore most appropriate to consider those from different stakeholders (i.e. organisations, individual NHS staff members and other individual respondents) separately. This ensures that the views of each, regardless of the size of the group, are given due consideration.

- 2.37 With this in mind, the views of different respondent groups have, in some key places, been reported separately. Where the views of NHS staff are reported first, this is in no way intended to suggest that views from NHS staff are considered as any more or less important than those from residents and other individuals.
- 2.38 The 21 questionnaire respondents who identified themselves as representatives of named organisations or departments, or as having an official role, are listed in Table 2 below (other responses from organisation representatives received separately to the questionnaire, are covered in other chapters).

Table 2: Named organisations or representatives responding via the consultation questionnaire

NHS and healthcare clinical groups¹⁴

GOSH – Department of Plastic and Reconstructive Surgery

GOSH – Department of Spinal (Orthopaedic) Surgery

GOSH – Specialist Neonatal and Paediatric Surgery

Haringey Health and Wellbeing Board

Royal Free Hospital – HIV Services

Royal Free Hospital – Maternity Unit

North Thames Paediatric Network Surgery in Children Leadership Team

Islington CAMHS - Parent and Baby Psychology service

The Red Cell Network Haemoglobinopathy Coordinating Centre

Whittington Health – Universal Health Services for Islington

Whittington Health – AHP response

Local government and elected representatives¹⁵

Islington Council

Islington Councillor

Islington Councillor for Finsbury Park Ward

London Borough of Islington – Children's Services

Other organisations

Barnet Asian Women's Group

Chana Charity Ltd

Elcena Jeffers Foundation

The Interlink Foundation

Unnamed carers group

Voluntary doula serving North London's Jewish community

Demographic profile of respondents

- 2.39 Those responding to the questionnaire in a personal capacity were asked to provide some basic demographic information. Table 3 summarises the demographic information for those who were asked to provide this

¹⁴ Due to the length and detail of open text responses from NHS and healthcare clinical groups about the proposals relating children's surgical services in NCL, the comments are covered in this report along with 'written submissions' covered in Chapter 7 of this report. The responses to the agree/disagree questions are included in this chapter.

¹⁵ Comments from elected representatives and local government bodies about the proposals concerning children's surgical services in NCL tend to be long and detailed and are therefore covered in Chapter 5 of this report. Closed (agree/disagree) question responses about the proposals are included in this chapter.

information. Where available, ONS Census 2021 data of the hospital catchment area is used as a comparator where available, to give some general indication of how well the response profile of the questionnaire matches the wider population that might be affected by the proposed changes.

^{2.40} An asterisk has been used to denote percentages greater than zero, but less than half of one percent. There was a very small proportion (less than 1%) of questionnaire responses received from people who provided a postcode lying outside the catchment area; nonetheless, those responses have also been included in the demographic profile tables below for completeness.

Table 3: Demographic response profile to the consultation questionnaire for those who provided this information: age, gender, ethnic group, religion or belief, and disability – compared with the catchment population aged 16+ (Census 2021)

Characteristic	Questionnaire Responses		'Catchment' population aged 16+	
	Number of Respondents	%		
BY AGE	Under 25 ¹⁶	75	3%	14%
	25 to 34	704	27%	21%
	35 to 44	1,005	39%	19%
	45 to 54	388	15%	17%
	55 to 64	249	10%	13%
	65 and over ¹⁷	140	5%	16%
	Total valid responses	2,561	100%	100%
Not known	530	-	-	
BY GENDER	Female	2,167	85%	53%
	Male	376	15%	47%
	Non-binary or Other ¹⁸	10	*%	-
	Total valid responses	2,553	100%	100%
Not known	538	-	-	
BY ETHNIC GROUP	Asian/Asian British ¹⁹	252	11%	13%
	Black/African/Caribbean/Black British ²⁰	145	6%	12%
	Mixed/Multiple ethnic groups ²¹	131	5%	5%
	White: English, Welsh, Scottish, Northern Irish or British	1,210	51%	39%
	White: Other (including Gypsy or Irish Traveller) ²²	568	24%	23%

¹⁶ This includes 3 individuals aged under 20 and 72 individuals aged 20 to 24.

¹⁷ This includes 107 individuals aged 65 to 74, 30 individuals aged 75 to 84, and 3 individuals aged 85 or over.

¹⁸ This includes 9 individuals who identify as non-binary and 1 individual who identifies with another gender.

¹⁹ This includes 210 Asian/Asian British individuals (115 who are Indian, 27 who are Pakistani, 28 who are Bangladeshi, 40 who are Chinese), and 42 individuals who are from another Asian background.

²⁰ This includes 80 individuals who are African, 59 individuals who are Caribbean, and 6 individuals who are from another Black/Asian/Caribbean/Black British background.

²¹ This includes 26 individuals who are White and Black Caribbean, 14 individuals who are White and Black African, 48 individuals who are White and Asian, and 43 individuals who are from another Mixed/Multiple ethnic background.

²² This includes 113 individuals who are White – Irish, 1 individual who is White – Gypsy or Irish Traveller, 9 individuals who are White – Roma, and 445 individuals from another White background.

Characteristic	Questionnaire Responses		'Catchment' population aged 16+	
	Number of Respondents	%		
	Other ethnic group ²³	82	3%	9%
	Total valid responses	2,388	100%	100%
	Not known	703	-	-
BY RELIGION OR BELIEF	Christian	830	35%	44%
	Jewish	345	14%	5%
	Muslim	140	6%	13%
	No religion	958	40%	31%
	Other religion or belief ²⁴	119	5%	7%
	Total valid responses	2,392	100%	100%
	Not known	699	-	-
BY DISABILITY²⁵	Has a disability	187	8%	16%
	No disability	2,262	92%	84%
	Total valid responses	2,449	100%	100%
	Not known	642	-	-

^{2.41} Table 4 summarises other consultation response demographic information, with an asterisk again used to denote a percentage greater than zero, but less than half of one percent.

Table 4: Demographic response profile to the consultation questionnaire for those who were asked to provide this information - other characteristics

Characteristic	Questionnaire Responses		
	Number of Respondents	%	
BY WHETHER GENDER IS THE SAME AS GIVEN AT BIRTH	Yes	2,509	99%
	No	13	1%
	Total valid responses	2,522	100%
	Not known	569	-
BY SEXUAL ORIENTATION	Straight/Heterosexual	2,300	95%
	Gay or Lesbian	44	2%
	Bisexual	66	3%
	Other sexual orientation	6	*%
	Total valid responses	2,416	100%
	Not known	675	-
BY WHETHER HOUSEHOLD INCLUDES A LONE PARENT FAMILY	Yes	225	9%
	No	2,203	91%
	Total valid responses	2,428	100%

²³ This includes 34 individuals who are Arab and 48 individuals from any other ethnic group.

²⁴ This includes 14 individuals who are Buddhist, 72 individuals who are Hindu, 8 individuals who are Sikh, and 25 individuals who identify with another religion or belief.

²⁵ Defined as having day-to-day activities because of health problems or disability which has lasted, or expected to last, at least 12 months.

Characteristic		Questionnaire Responses	
		Number of Respondents	%
	Not known	663	-
BY WHETHER RESPONDENT IS AN UNPAID CARER²⁶	Yes	419	17%
	No	2,043	83%
	Total valid responses	2,462	100%
	Not known	629	-
BY WHETHER RESPONDENT IS PREGNANT OR HAS GIVEN BIRTH IN WITHIN THE LAST YEAR	Yes	682	28%
	No	1,796	72%
	Total valid responses	2,478	100%
	Not known	613	-
BY WHETHER RESPONDENT HAS ANY DEPENDENT CHILDREN AGED UNDER 18	Yes	1,602	64%
	No	884	36%
	Total valid responses	2,486	100%
	Not known	605	-

^{2.42} Table 5 summarises the number of responses received based on postcodes, where provided, by nearest hospital (based on travel times) and by borough.

²⁶ Defined as being any help or support provided to family members, friends, neighbours or others because of long-term physical or mental ill-health/disability or problems relating to old age.

Table 5: Distribution of individual questionnaire responses received, by current nearest hospital and by borough for those who provided postcodes – compared with the catchment population aged 16+ (Census 2021)

Characteristic		Questionnaire Responses		'Catchment' population aged 16+
		Number of Responses	%	
BY NEAREST HOSPITAL	GOSH or UCLH	233	11%	8%
	Any other hospital	1,843	89%	92%
	Total valid responses	2,076	100%	100%
	Not known	1,015	-	-
BY BOROUGH	Barnet	516	24%	20%
	Brent	73	3%	6%
	Camden	197	9%	13%
	Enfield	86	4%	19%
	Haringey	459	22%	15%
	Islington	490	23%	10%
	Other area	293	14%	19%
	Total valid responses	2,114	100%	100%
	Not known	977	-	-

^{2.43} The locations of about a third of respondents are unknown (1,015 respondents, 38 of whom provided partial postcodes that identify the borough they live in but not their nearest hospital); it is reasonable to assume that the distribution of those responses is similar to those where postcodes are provided.

^{2.44} Table 6 summarises the number of individual questionnaire responses received by relative levels of deprivation for the catchment where postcodes are provided.

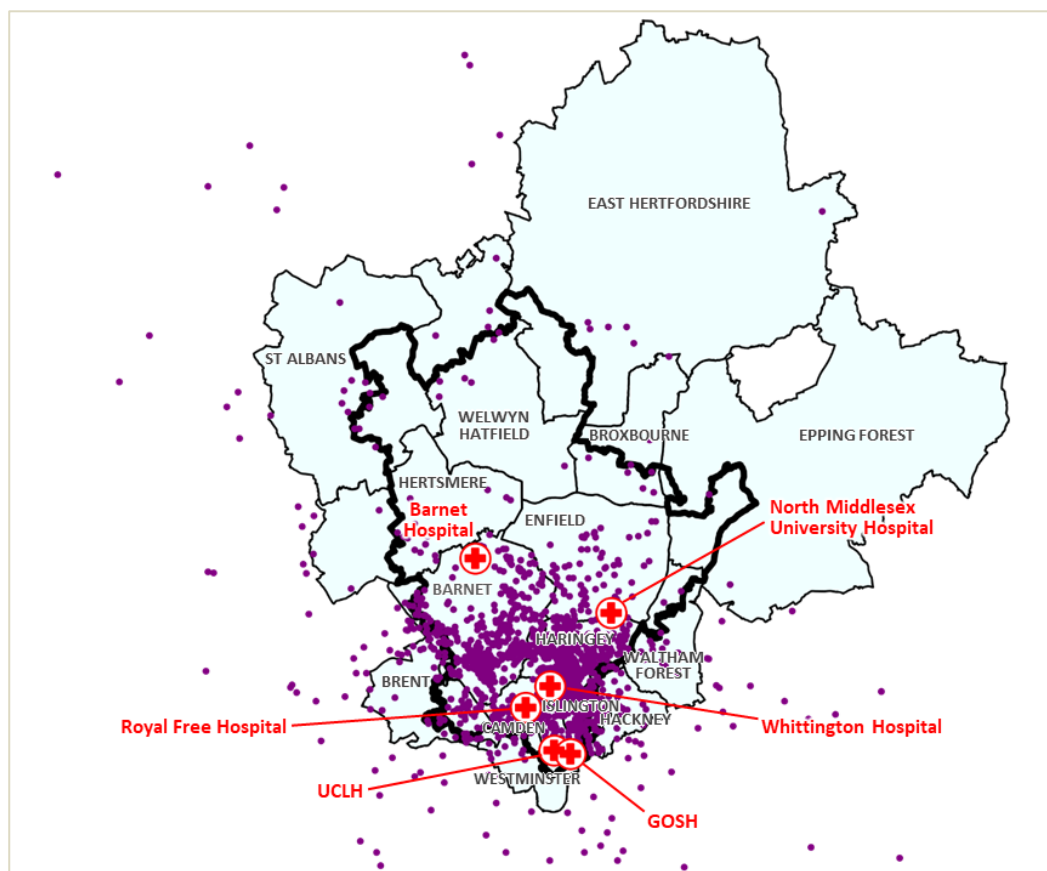
Table 6: Distribution of individual questionnaire responses received, by relative levels of deprivation for the hospital catchment area (calculated using Indices of Multiple Deprivation [IMD]) for those who provided postcodes – compared with the catchment population aged 16+ (Census 2021)

Characteristic		Questionnaire Responses		'Catchment' population aged 16+
		Number of Responses	%	
BY DEPRIVATION (IMD QUINTILE) Overall catchment	1 – most deprived	240	14%	19%
	2	364	21%	21%
	3	329	19%	21%
	4	442	26%	20%
	5 – least deprived	351	20%	19%
	Total valid responses	1,726	100%	100%
	Outside catchment area	350	-	-
	Not known	1,015	-	-

^{2.45} As indicated in Figure 1 below, the largest proportion of responses to the open questionnaire came from people living closest to Whittington Hospital and Royal Free Hospital (indicative of strong local interest among those likely to feel most impacted by the proposed changes to maternity and neonatal services in NCL). However, as can also be seen in Table 5 above, there has also been interest in the proposals from

those living closest to GOSH or UCLH (11% of the response compared to the population comparison of 8%), indicative of local interest in potential changes to children's surgical services in NCL.

Figure 1: Map showing the distribution of questionnaire responses where a postcode was provided (purple dots).



- 2.46 The catchment area (thick black line) in Figure 1 shows the area from which individuals use the hospital services involved in the Start Well programme, and are expected to be the most impacted by the NHS's proposed changes to maternity, neonatal, and children's surgical services in NCL. Boroughs shown in blue are those which are covered, in full or part, by the Start Well programme catchment area.

Presentation and interpretation of the data

- 2.47 For simplicity and ease of access, the results of the consultation questionnaire are presented in a largely graphical format. Where possible, the colours used on the charts have been standardised with a 'traffic light' system in which:
- » green shades represent positive responses
 - » yellow shades represent neutral responses
 - » red shades represent negative responses
 - » bolder shades highlight responses at the 'extremes', for example, strongly agree or strongly disagree
- 2.48 It should be noted that, when reporting combined percentages of 'tend to agree' and 'strongly agree', or 'tend to disagree' and 'strongly disagree', the figure may sum differently (+/- 1%) to the figures shown on stacked bar charts due to rounding of decimal places.

- 2.49 The number of valid responses recorded for each question (base size) are reported throughout. As not all respondents answered every question, the valid responses vary between questions. Every response to every question has been taken into consideration. Quotes are edited using ellipses (...) to ensure anonymity.
- 2.50 Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of 'don't know' categories, or multiple answers. Throughout the report an asterisk (*) denotes any value greater than zero, but less than half of one per cent. In some cases, figures of 2% or below have been excluded from graphs for presentational reasons.
- 2.51 Finally, the closed question (agree/disagree) responses from those responding to the questionnaire on behalf of a named organisation or department, or responding in their official role, are reported separately for each set of proposals.
- 2.52 As described in footnotes to
- 2.53 Table 2, due to the nature (i.e. length and detail) of many of the responses received to the open text questions about the proposals for future delivery of children's surgical services currently delivered in NCL, the comments from both NHS and healthcare clinical groups, and local government and elected representatives responding to the questionnaire are reported alongside the written submissions in Chapter 7 of this report.
- 2.54 The comments from other organisations, which include various charities and groups working with communities in NCL, are reported in this chapter.

Questionnaire feedback – individuals’ views on the proposals for children’s surgical services

Views on the need for change to improve children’s surgery

2.55 Following a brief summary of the main challenges and opportunities identified by the NHS in North Central London to improve children’s surgery (including that services for emergency surgery are inconsistent and unclear, that children and young people are being transferred to Great Ormond Street Hospital [GOSH] for surgery that could have been carried at their local hospital, and that waiting lists for planned operations are growing), the following question was posed to respondents:

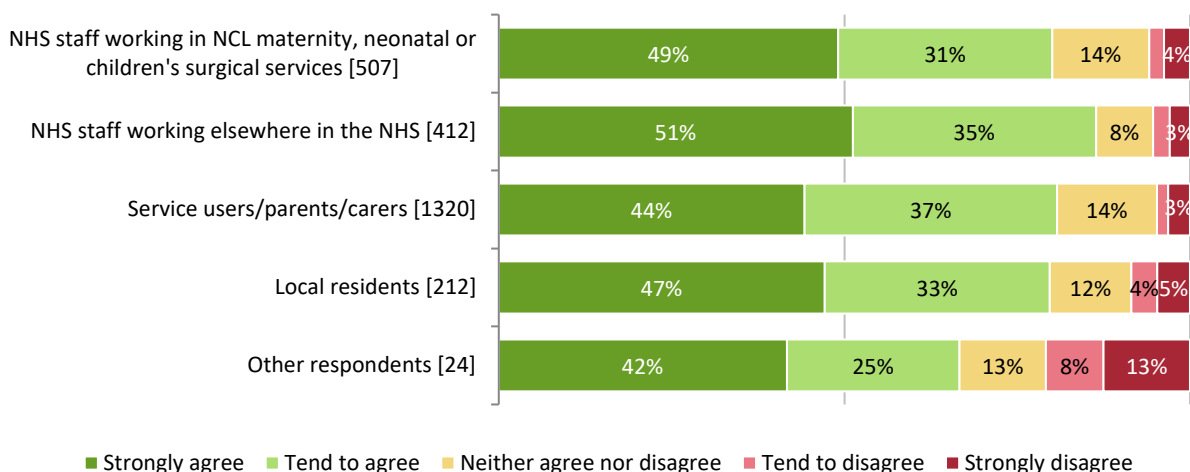
To what extent do you agree or disagree that the NHS in North Central London needs to make changes to improve children’s surgery?

2.56 Overall, most questionnaire respondents either strongly agreed or tended to agree with the need for changes to be made by the NHS in North Central London to improve children's surgery.

2.57 As shown in Figure 2, four fifths or more of most respondent groups with different primary connections to NHS services in NCL agreed with the need for changes to be made (including 80% of NHS staff working in NCL maternity, neonatal or children’s surgical services, 86% of staff members working elsewhere in the NHS, 81% of service users/parents/carers, and 80% of local residents).

2.58 Nevertheless, nearly a tenth (8%) of local residents and around a fifth (21%) of other respondents (i.e. those with another connection to NHS services in NCL or those who did not specify a connection to NHS services) disagreed (albeit based on a very small number of other respondents i.e. 24).

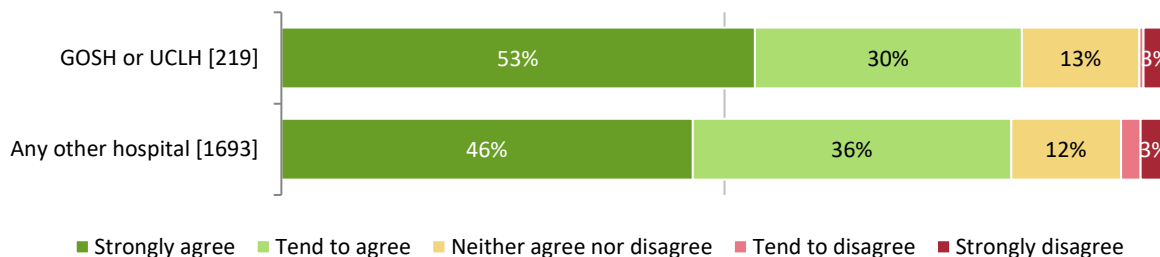
Figure 2: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to improve children’s surgery? BY RESPONDENT TYPE (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

2.59 When the response is broken down by respondents’ nearest hospital (where postcodes were provided, Figure 3 overleaf), there is little variation between the overall views of respondents, with the majority agreeing with the need for changes to be made. There was, however, slightly more strong agreement from those living closer to GOSH or UCLH (53% strongly agreed) compared to those living closer to any other hospital (46% strongly agreed).

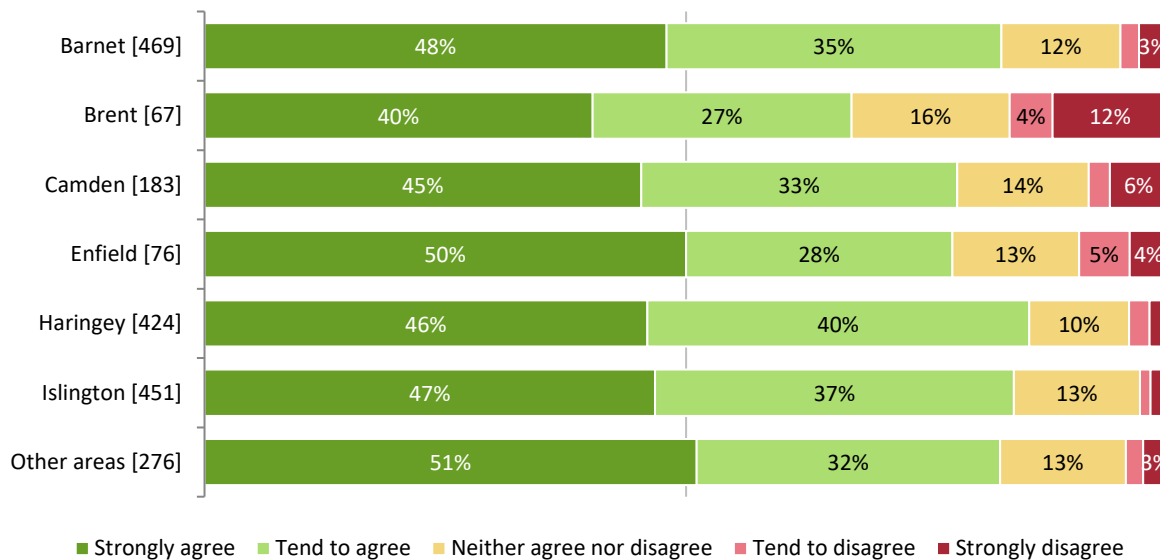
Figure 3: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to improve children’s surgery? BY NEAREST HOSPITAL (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

2.60 There was also broad agreement with the need for changes to be made to improve children’s surgery across NCL and surrounding areas (shown in Figure 4). Respondents living in Brent, in North West London, were the most negative about the need to make changes, nonetheless, over two thirds agreed (67%). Respondents living in Camden and Enfield also showed slightly lower levels of agreement (both 78%) than other boroughs in the area (83-86%).

Figure 4: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to improve children’s surgery? BY BOROUGH (individual questionnaire respondents only, where postcodes were provided)

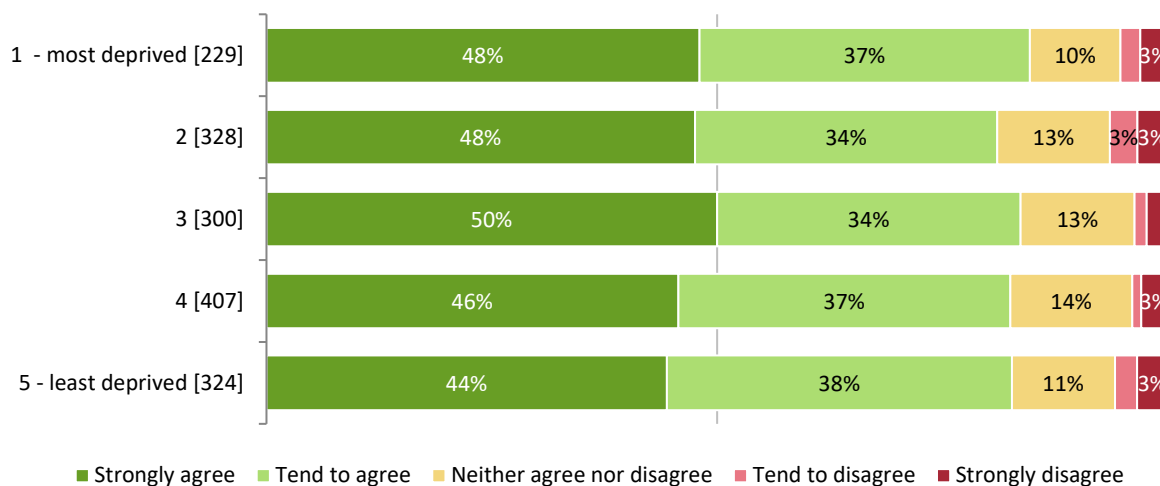


Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

2.61 There was broad agreement with the need to make changes to improve children’s surgery from most respondents, with only limited differences between different demographic groups and communities (Figure 5-Figure 7).

2.62 Respondents from areas within the catchment with different levels of relative deprivation (calculated using Indices of Multiple Deprivation [IMD]) showed similar views on the need for changes to be made; more than four fifths of the respondents in each IMD quintile either strongly agreed or tended to agree (Figure 5).

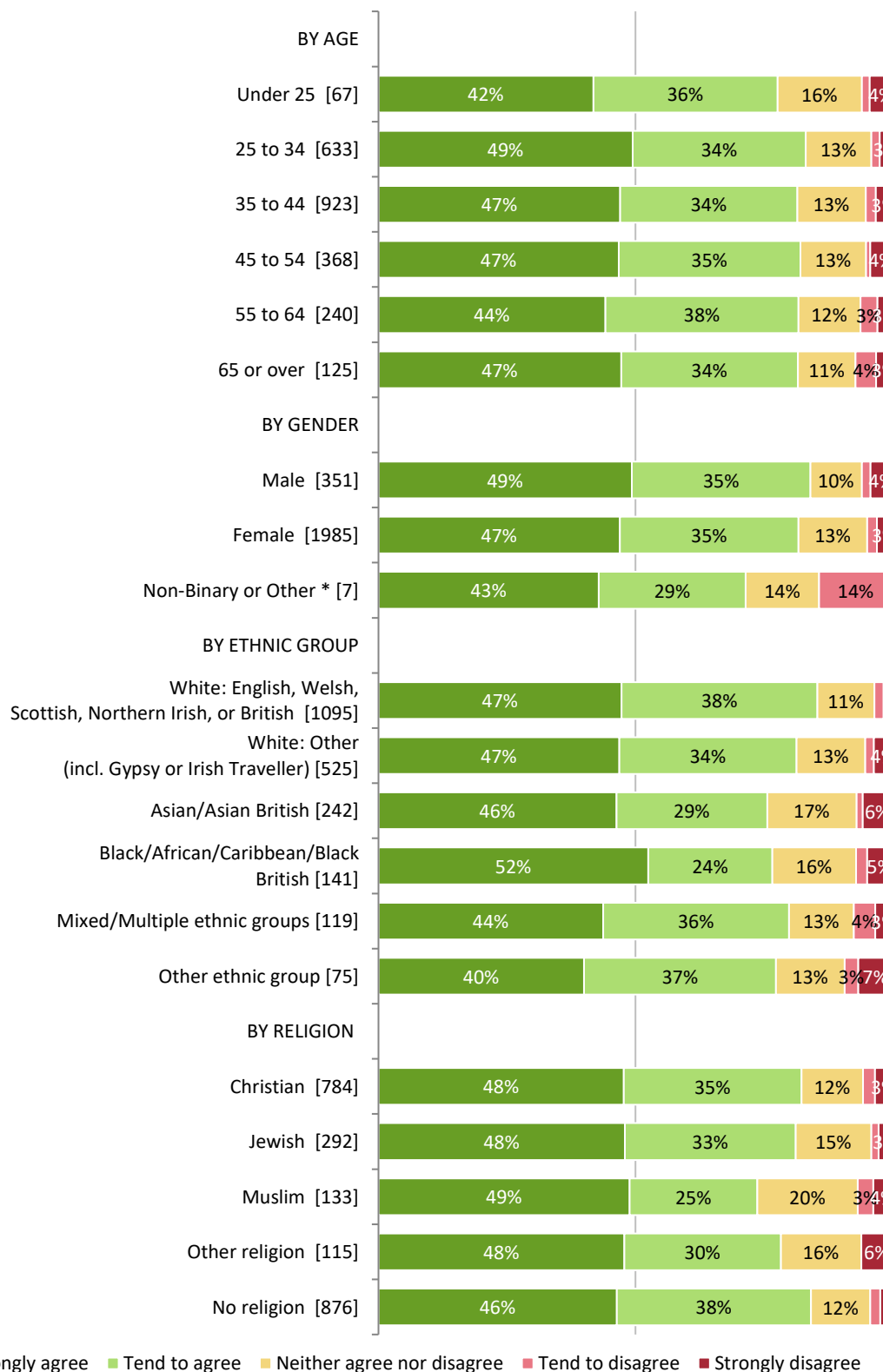
Figure 5: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to improve children’s surgery? BY IMD QUINTILE (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

^{2.63} There were some slight variations in views across key characteristics such as age, gender, ethnicity and religion (Figure 6), including that younger respondents and those who identify as Muslim were slightly less positive about the need for changes to be made to improve children’s surgery compared to older respondents and those of another or no religion or belief respectively. Nevertheless, more than seven in ten in each demographic group either strongly agreed or tended to agree.

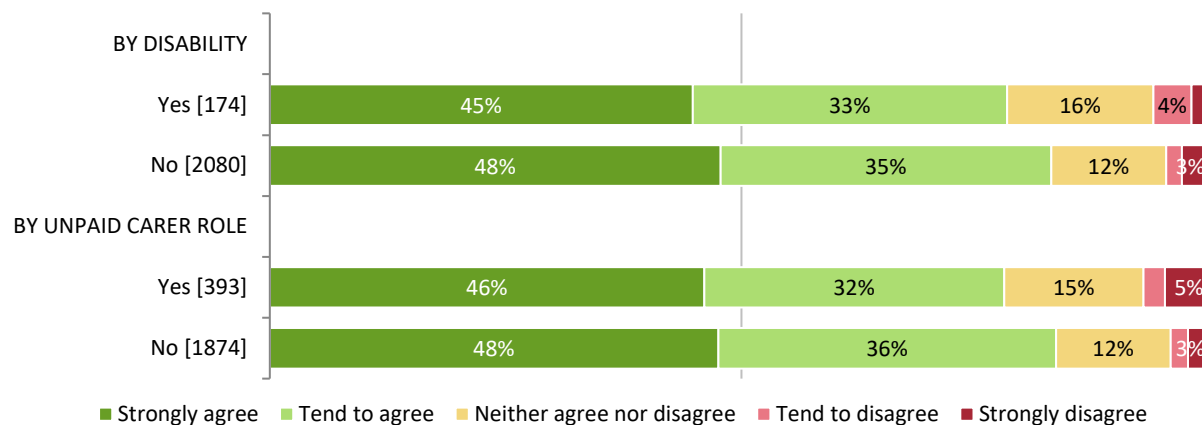
Figure 6: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to improve children’s surgery? BY KEY CHARACTERISTICS (individual questionnaire respondents only, where information was provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses). * The low number of those identifying as ‘Non-binary or Other’ means that caution is required when attempting to draw wider conclusions.

2.64 Respondents with disabilities or those with an unpaid carer role were slightly less positive about the need for changes to be made to improve children’s surgery (both 78% agreement, Figure 7) than other respondents (both 83% agreement).

Figure 7: To what extent do you agree or disagree that the NHS in North Central London needs to make changes to improve children’s surgery? BY DISABILITY and UNPAID CARER ROLE (individual questionnaire respondents only, where information was provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

Views on the proposed creation of two new centres of expertise

2.65 Respondents were given a brief overview of the NHS’s proposal to address the identified challenges and improve services by creating two centres of expertise, one to provide day case surgery and one to provide emergency surgery for younger children and planned inpatient surgery.

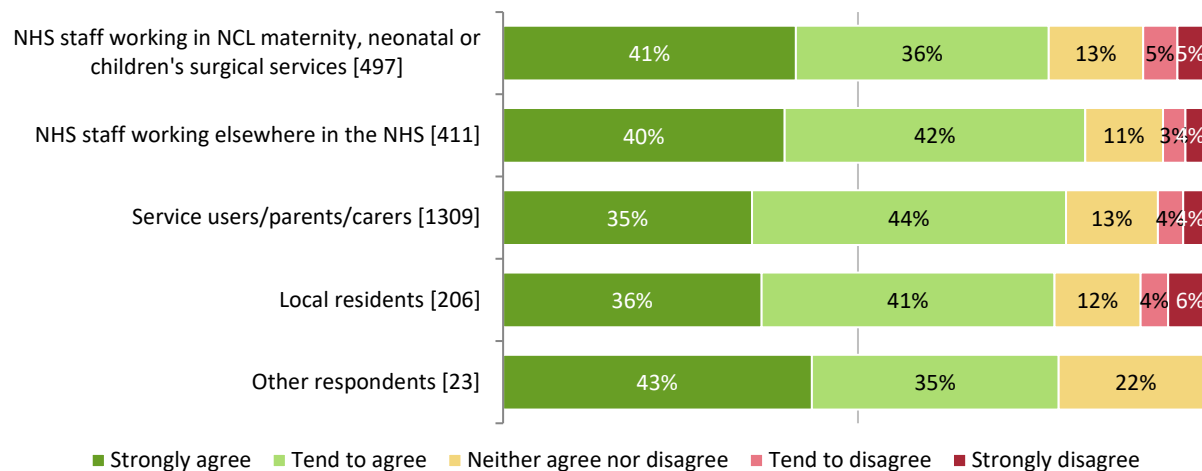
2.66 The following question was then posed to respondents:

To what extent do you agree or disagree that the proposal to create two new ‘centres of expertise’ would benefit babies and young children?

2.67 Most individuals responding to the questionnaire were in agreement that the proposal to create two new centres of expertise would benefit babies and young children.

2.68 When looking at respondents’ primary connection to NHS services in NCL, there was majority agreement from each group shown overleaf (Figure 8) that the proposal to create two new centres of expertise would benefit babies and young children. NHS staff working elsewhere in the NHS were the most positive about the proposal (82% agreement), and just under four fifths of other respondent groups agreed (including 77% of NHS staff working in NCL maternity, neonatal or children’s surgical services, 79% of service users/parents/carers, 78% of local residents, and 78% of ‘other’ respondents).

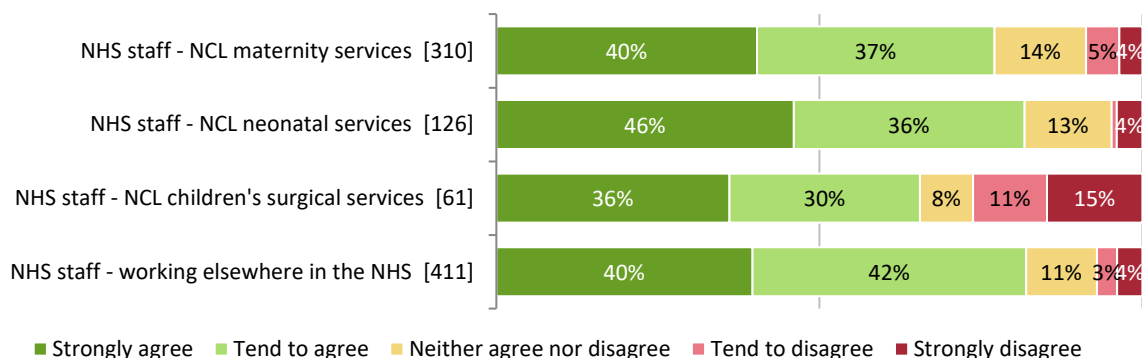
Figure 8: To what extent do you agree or disagree that the proposal to create two new ‘centres of expertise’ would benefit babies and young children? BY RESPONDENT TYPE (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

^{2.69} When the response of NHS staff is broken down by the service they work in (Figure 9), it is notable that over a quarter (26%) of staff working in children’s surgical services in NCL disagreed that the proposal to create two new centres of expertise would benefit babies and young children. In comparison, NHS staff working in maternity or neonatal services in NCL, or elsewhere in the NHS, showed a lower level of disagreement (9%, 5% and 7% respectively) and higher level of agreement with the proposal.

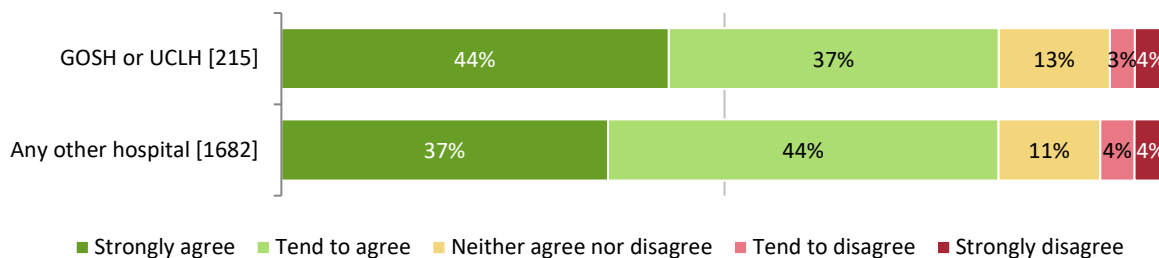
Figure 9: To what extent do you agree or disagree that the proposal to create two new ‘centres of expertise’ would benefit babies and young children? BY CONNECTION TO NHS SERVICES IN NORTH CENTRAL LONDON (individual questionnaire respondents identifying as members of NHS staff only)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

^{2.70} There are minimal differences in views when looking at respondents’ nearest hospital (Figure 10); respondents living closer to either GOSH or UCLH, however, showed slightly more strong agreement (44%) about the proposal to create two new centres of expertise than those closer to any other hospital (37% strongly agree).

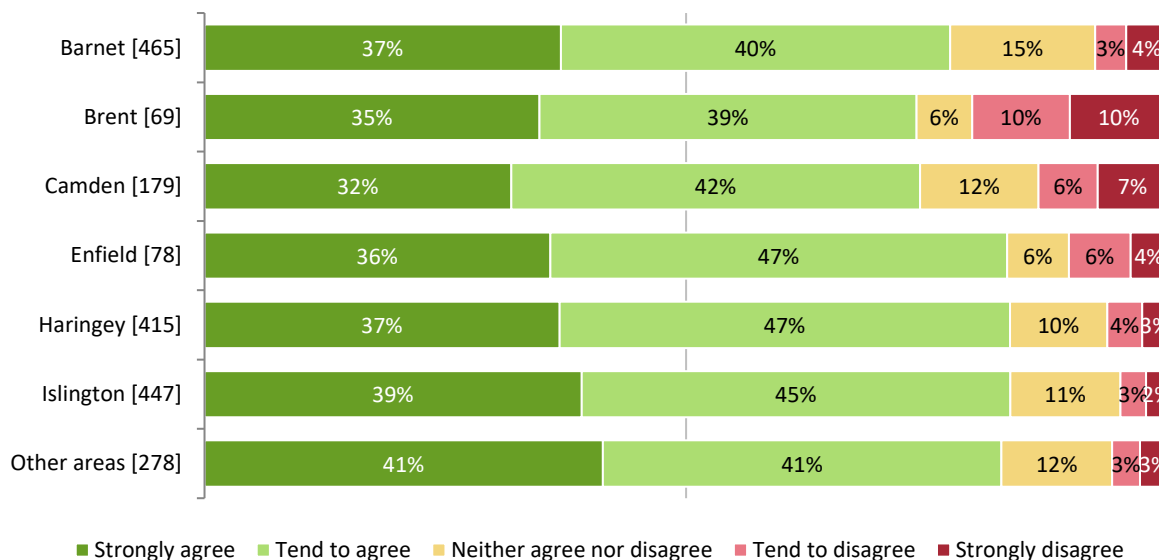
Figure 10: To what extent do you agree or disagree that the proposal to create two new ‘centres of expertise’ would benefit babies and young children? BY NEAREST HOSPITAL (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

2.71 There was also broad agreement across NCL and surrounding areas (Figure 11). However, as with the need to make changes to improve children’s surgery, respondents living in Brent, Camden and Enfield expressed higher levels of disagreement (20%, 13% and 10% respectively) than those in other boroughs (5-8% disagreement).

Figure 11: To what extent do you agree or disagree that the proposal to create two new ‘centres of expertise’ would benefit babies and young children? BY BOROUGH (individual questionnaire respondents only, where postcodes were provided)

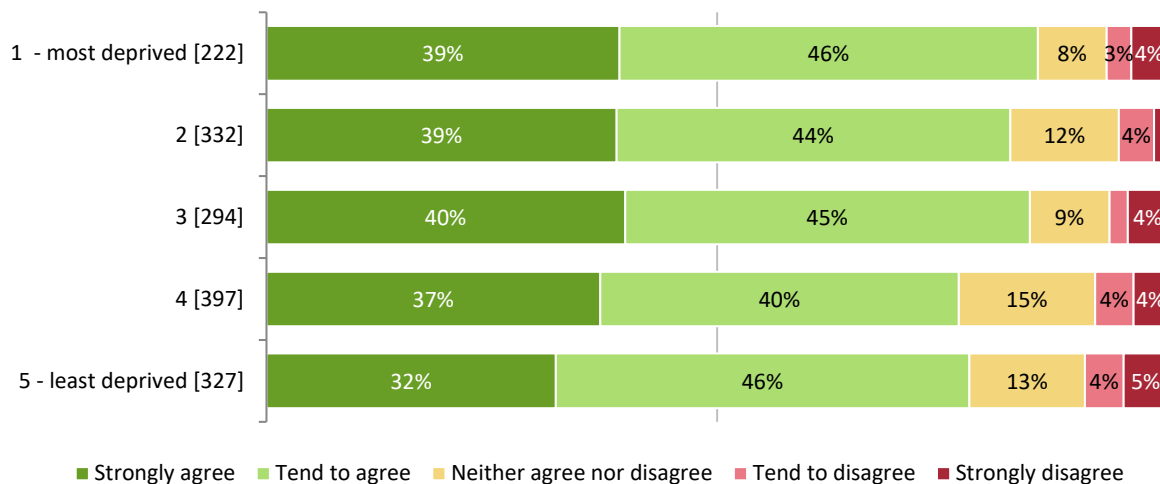


Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

2.72 There was some variation in the strength of agreement expressed by respondents from different demographic groups and communities (Figure 12-Figure 14), however, the overall view was that the proposal to create two new centres of expertise would benefit babies and young children in NCL.

2.73 In Figure 12 overleaf, the response is broken down by relative levels of deprivation within the catchment area. The proportion of those respondents living in the most deprived areas of the catchment area (IMD quintiles 1-3) who agreed with the proposal was slightly higher (83-86% agreement) than in other less deprived areas (77-78% agreement).

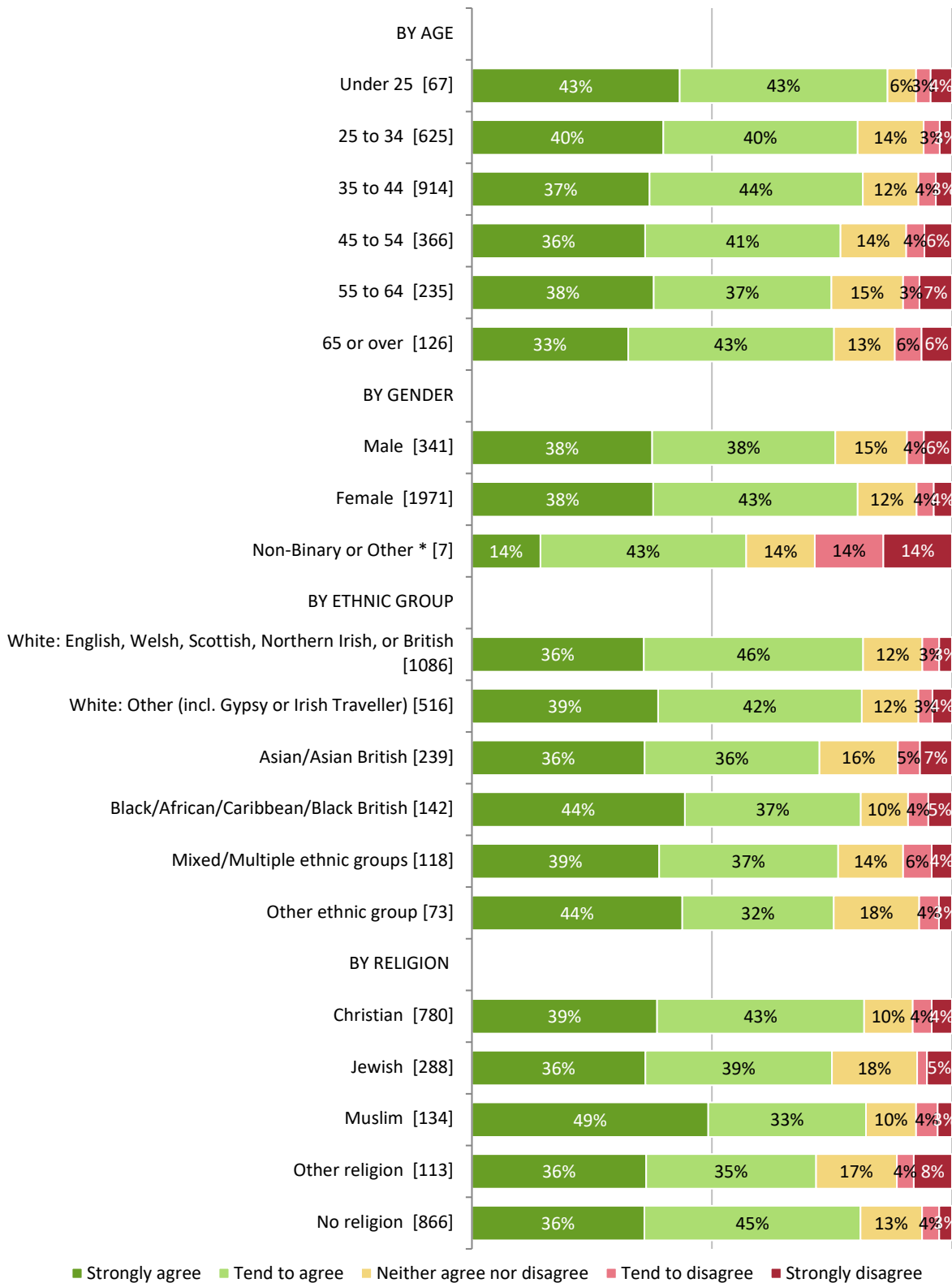
Figure 12: To what extent do you agree or disagree that the proposal to create two new ‘centres of expertise’ would benefit babies and young children? BY IMD QUINTILE (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

- 2.74 There were some slight variations in views across key characteristics such as age, gender, ethnicity and religion (Figure 13). Older, male, and Asian respondents were slightly less positive about the proposal than younger, female, or respondents of a different ethnic group respectively.
- 2.75 Across those with a different religion or belief, respondents identifying as Jewish or with an ‘other’ religion were slightly less positive; 75% of Jewish respondents agreed and 72% of those identifying with an ‘other’ religion, compared to 81-82% of those from a different or no religion or belief.

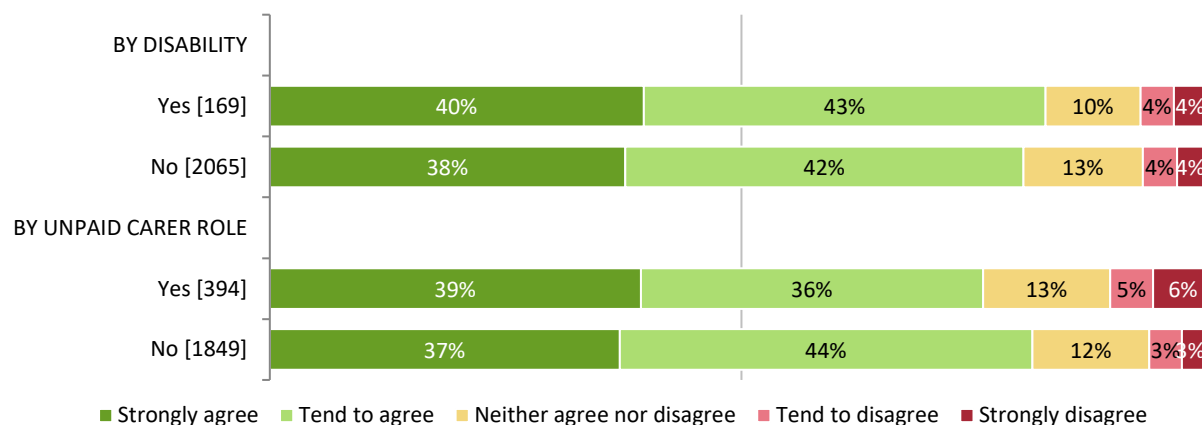
Figure 13: To what extent do you agree or disagree that the proposal to create two new ‘centres of expertise’ would benefit babies and young children? BY KEY CHARACTERISTICS (individual questionnaire respondents only, where information was provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses). * The low number of those identifying as ‘Non-binary or Other’ means that caution is required when attempting to draw wider conclusions.

2.76 There was also some variation in views by other characteristics (Figure 14). In particular, those respondents who have an unpaid carer role show somewhat lower levels of agreement (76%) than those who do not (81%).

Figure 14: To what extent do you agree or disagree that the proposal to create two new ‘centres of expertise’ would benefit babies and young children? BY DISABILITY and UNPAID CARER ROLE (individual questionnaire respondents only, where information was provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

Views on the proposed locations for the two new centres of expertise

2.77 It was explained that the NHS in North Central London proposes that Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) should be the centre of expertise for emergency and planned inpatient surgery, and that University College London Hospitals NHS Foundation Trust (UCLH) should be the centre of expertise for day case surgery.

Views on the proposal for GOSH to be the new planned inpatient and emergency surgery ‘centre of expertise’

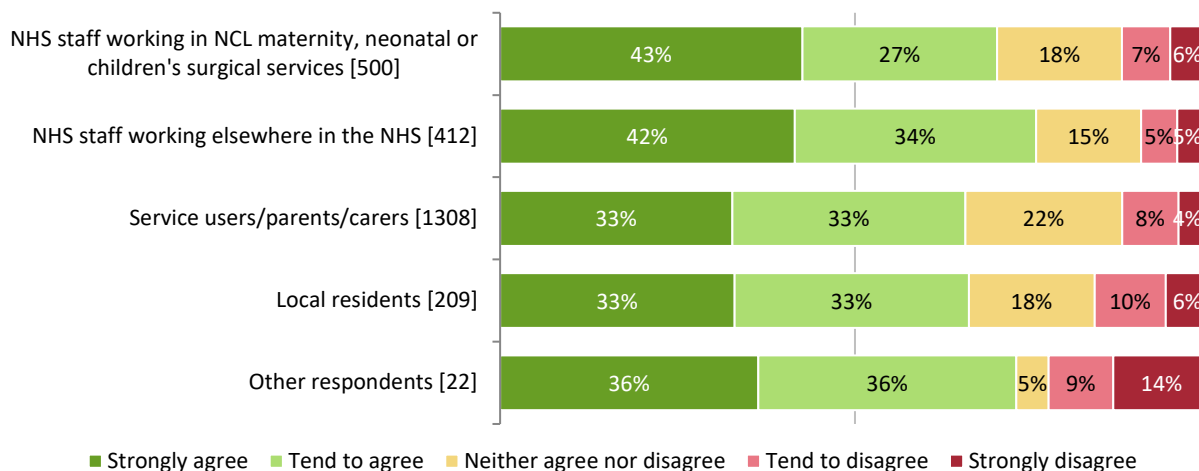
2.78 Following a brief explanation of why the NHS believes GOSH is the only viable option for the new planned inpatient and emergency surgery centre of expertise in NCL (including that most emergency surgery for children under three already takes place at GOSH), respondents were asked to indicate the extent to which they agreed:

If a new planned inpatient and emergency surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at Great Ormond Street Hospital (GOSH)?

2.79 Overall, most respondents agreed that, if it is created, the new planned inpatient and emergency surgery centre of expertise should be at GOSH.

2.80 As shown in Figure 15 overleaf, seven in ten or more NHS staff working in NCL maternity, neonatal or children’s surgical services (70%), staff working elsewhere in the NHS (75%), and ‘other’ respondents (73%) agreed with the proposal that GOSH should be the centre of expertise for planned inpatient and emergency surgery. Service users, parents and carers, and local residents were slightly more negative, with only two thirds (66%) agreeing.

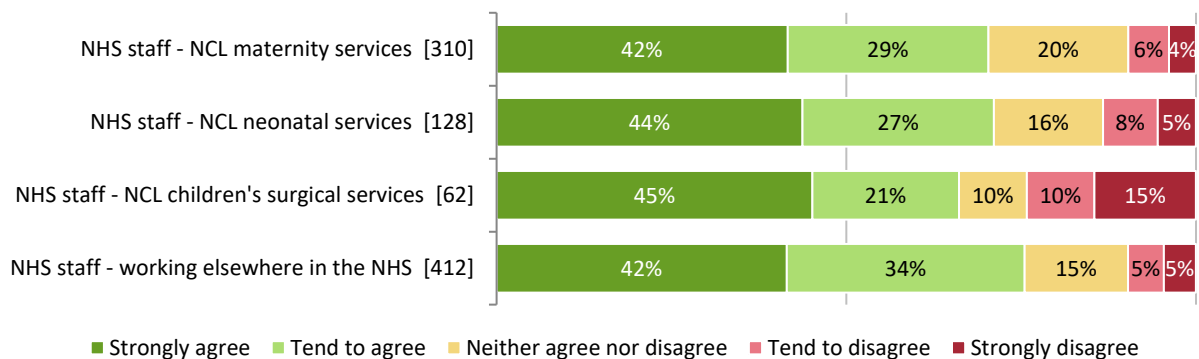
Figure 15: If a new planned inpatient and emergency surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at Great Ormond Street Hospital (GOSH)? BY RESPONDENT TYPE (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

2.81 When breaking the response down by role in the NHS (Figure 16), it was respondents who identified as working in children’s surgical services in NCL that showed the highest level of disagreement with the proposal that GOSH should be the new centre of expertise for planned inpatient and emergency surgery; around a quarter (24%) disagreed with the proposal, compared to around one in ten (10-13%) of NHS staff with a different connection to services in NCL.

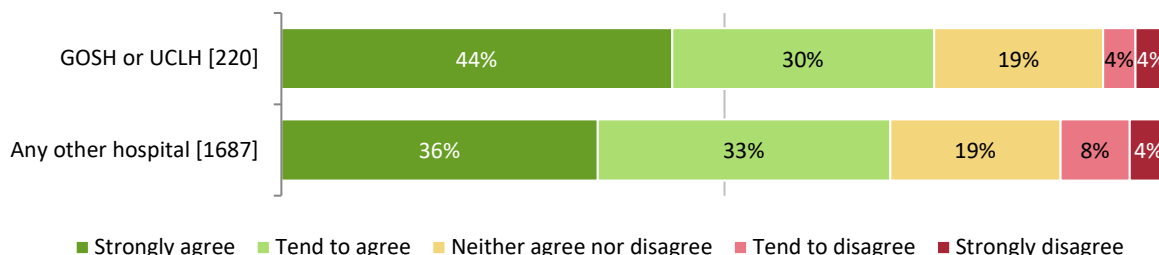
Figure 16: If a new planned inpatient and emergency surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at Great Ormond Street Hospital (GOSH)? BY CONNECTION TO NHS SERVICES IN NORTH CENTRAL LONDON (individual questionnaire respondents identifying as members of NHS staff only)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

2.82 There was some evidence that geography influenced views on the proposed locations of the centres of expertise (Figure 17); respondents living closer to either GOSH or UCLH were slightly more positive about the proposal that GOSH should be the new centre of expertise for planned inpatient and emergency surgery (74% agreement) than those living closer to any other hospital (69% agreement).

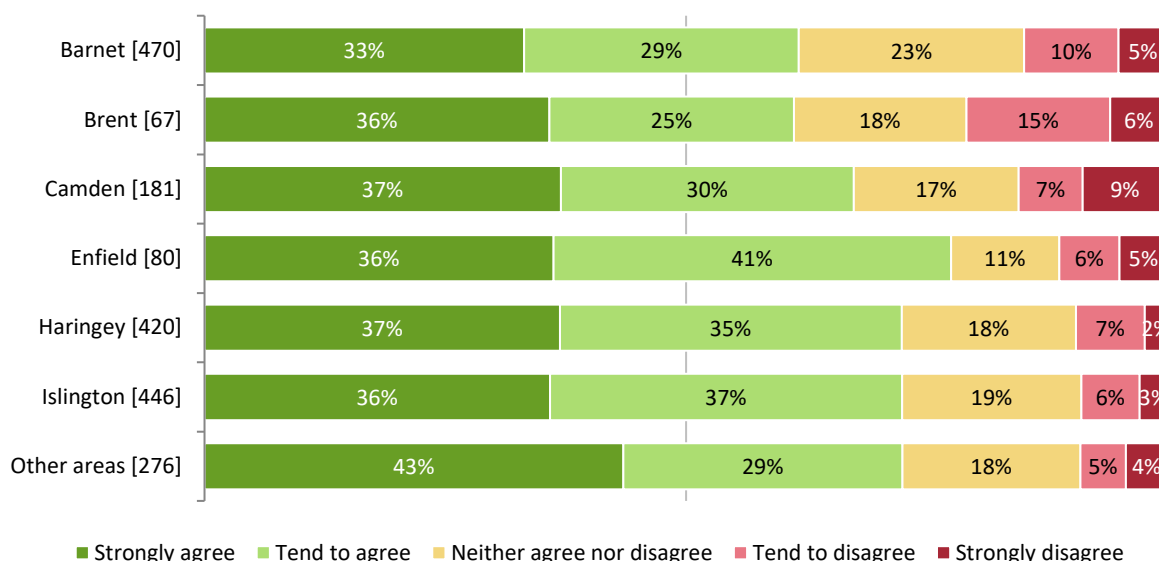
Figure 17: If a new planned inpatient and emergency surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at Great Ormond Street Hospital (GOSH)? BY NEAREST HOSPITAL (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

2.83 As with previous questions relating to children’s surgical services, there was broad agreement across NCL and surrounding areas with the proposed location for the new planned inpatient and emergency surgery centre of expertise (Figure 18). Respondents living in Barnet, Brent and Camden expressed slightly higher levels of disagreement (15%, 21% and 15% respectively) than those in other boroughs (9-11% disagreement).

Figure 18: If a new planned inpatient and emergency surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at Great Ormond Street Hospital (GOSH)? BY BOROUGH (individual questionnaire respondents only, where postcodes were provided)

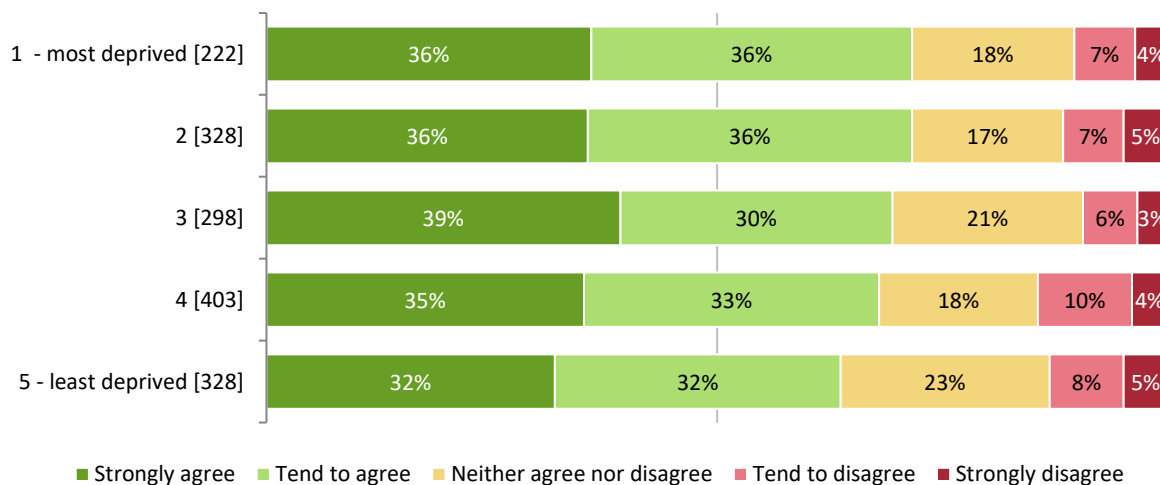


Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

2.84 There is little clear variation in views on the proposal among different demographic groups and communities (Figure 19-Figure 21).

2.85 The proportion of those respondents living in the least deprived area (IMD quintile 5, Figure 19) who agreed with the proposal that GOSH should be the new centre of expertise for planned inpatient and emergency surgery was slightly lower (64% agreement) than those in other areas (68-72% agreement).

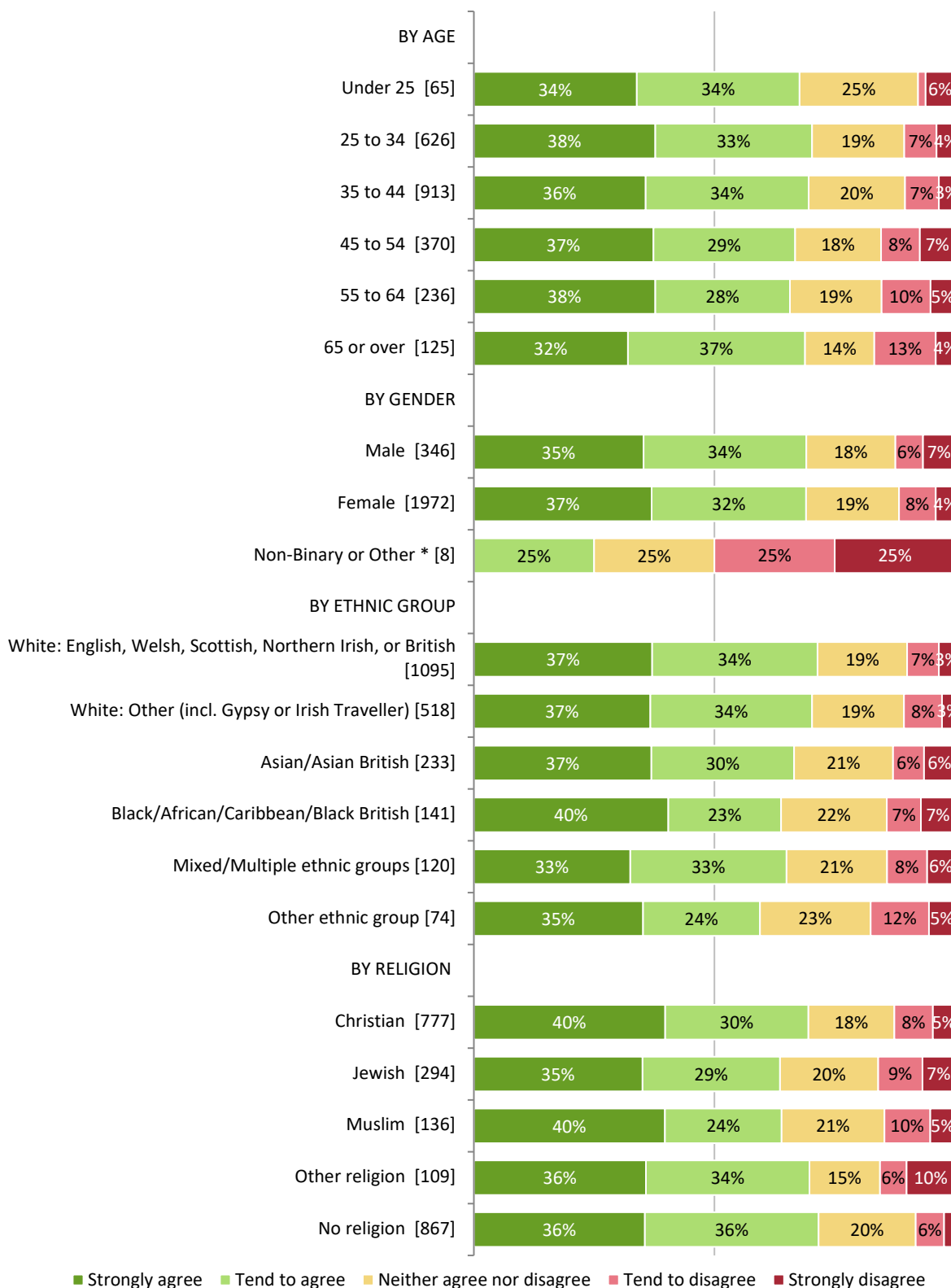
Figure 19: If a new planned inpatient and emergency surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at Great Ormond Street Hospital (GOSH)? BY IMD QUINTILE (individual questionnaire respondents only, where information is provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

^{2.86} Across other key characteristics such as age, gender, ethnicity and religion (Figure 20), white respondents and those with no religion were slightly more positive about the proposal than those of another ethnic group or religion or belief respectively.

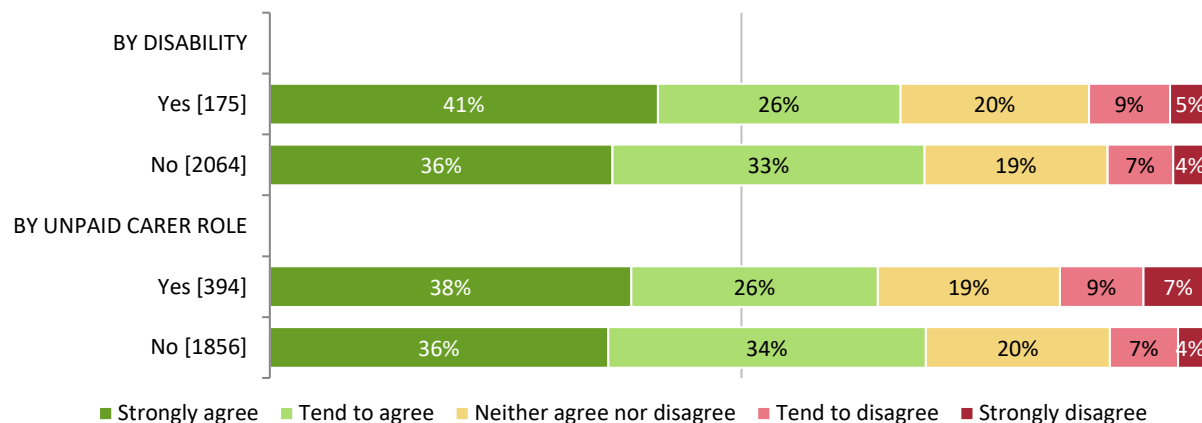
Figure 20: If a new planned inpatient and emergency surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at Great Ormond Street Hospital (GOSH)? BY KEY CHARACTERISTICS (individual questionnaire respondents only, where information was provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses). * The low number of those identifying as ‘Non-binary or Other’ means that caution is required when attempting to draw wider conclusions.

2.87 There is some evidence to suggest that respondents with disabilities or those with unpaid carer roles are in less agreement with the proposal (67% and 64% agreement respectively, Figure 21) than other respondents (69% and 70% agreement respectively).

Figure 21: If a new planned inpatient and emergency surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at Great Ormond Street Hospital (GOSH)? BY DISABILITY and UNPAID CARER ROLE (individual questionnaire respondents only, where information was provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

Views on the proposal for UCLH to be the new day case surgery centre of expertise

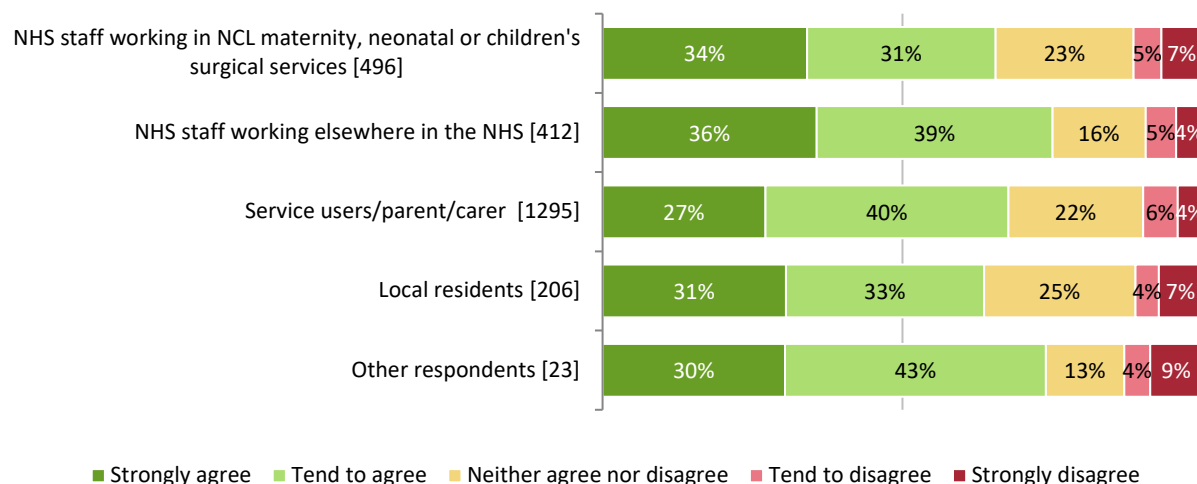
2.88 Following a brief explanation of why the NHS believes UCLH is the only viable option for the new day case surgery centre of expertise (including that UCLH already provides around two thirds of the current children and young people’s day case operations), respondents were asked to indicate the extent to which they agreed:

If a new day case surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at UCLH?

2.89 While there was some variation between the views of respondents with different primary connections to NHS services in NCL, most respondents agreed that, if it is created, the new day case surgery centre of expertise should be at UCLH.

2.90 Around two thirds of NHS staff working in NCL maternity, neonatal or children’s surgical services (66%), service users/parents/carers (68%), and local residents (64%) agreed with the proposal (Figure 22). In comparison, staff working elsewhere in the NHS and ‘other’ respondents were more positive about the proposal (75% and 74% agreement respectively).

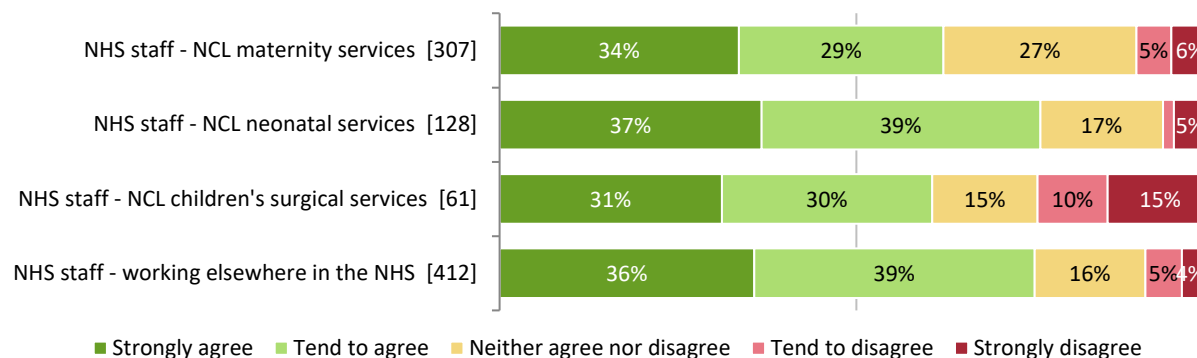
Figure 22: If a new day case surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at UCLH? BY RESPONDENT TYPE (individual questionnaire respondents only)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

^{2.91} When looking at roles within the NHS (Figure 23), it is again the staff working in children’s surgical services that showed the highest level of disagreement; a quarter (25%) disagreed, compared to around a tenth of those working in maternity services in NCL (11%), neonatal services in NCL (7%) or elsewhere in the NHS (9%).

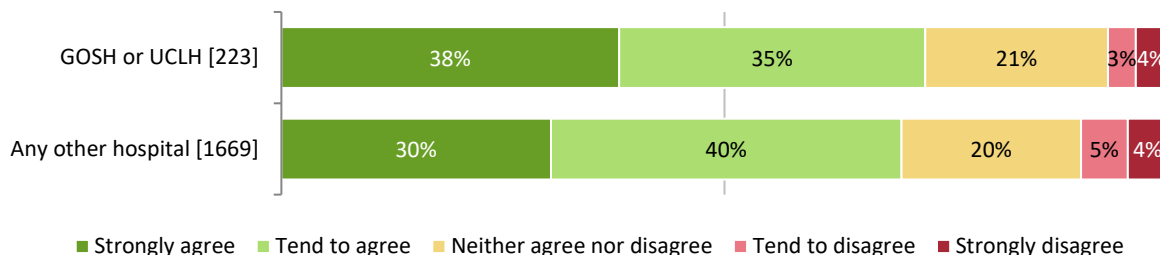
Figure 23: If a new day case surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at UCLH? BY CONNECTION TO NHS SERVICES IN NORTH CENTRAL LONDON (individual questionnaire respondents identifying as members of NHS staff only)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

^{2.92} Respondents living closer to either GOSH or UCLH were more positive about the proposal that UCLH should be the new centre of expertise for day case surgery (73% agreement and 38% strong agreement, Figure 24) than those closer to any other hospital (70% agreement and 30% strong agreement).

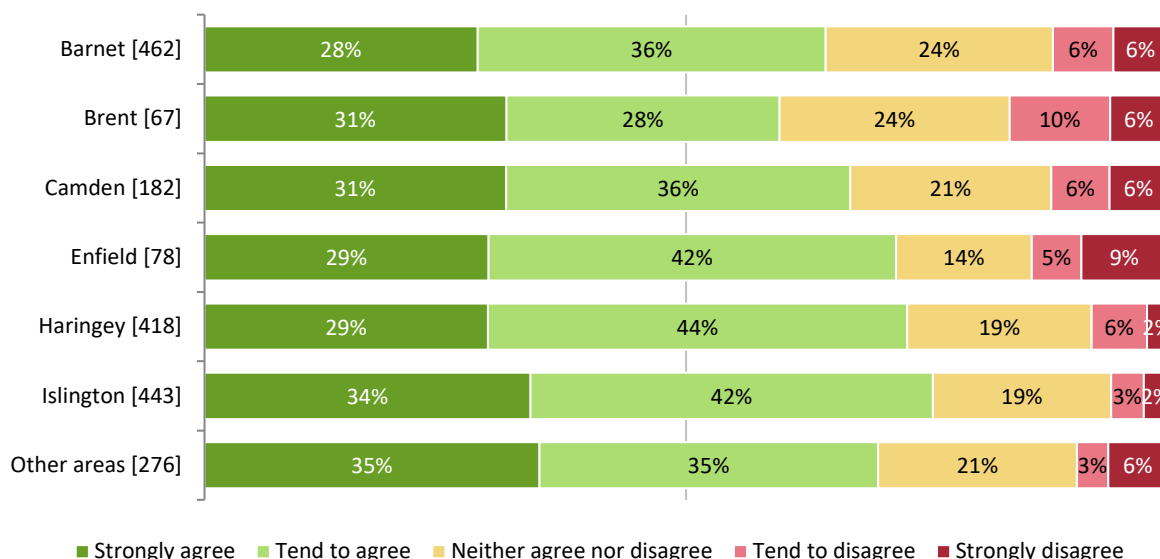
Figure 24: If a new day case surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at UCLH? BY NEAREST HOSPITAL (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

^{2.93} There were some slight variations in views on the proposal that, if created, the new day case surgery centre of expertise should be at UCLH when broken down by boroughs in NCL and surrounding areas (Figure 25). Those respondents living in Barnet, Brent and Camden showed lower levels of agreement (65%, 60% and 67% agreement) than those living elsewhere in the catchment (70-76% agreement).

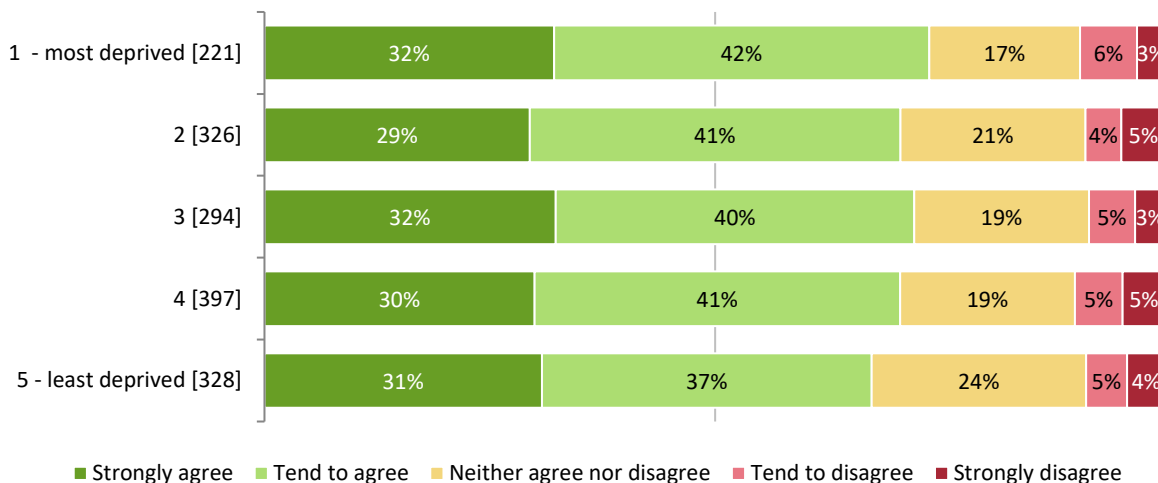
Figure 25: If a new day case surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at UCLH? BY BOROUGH (individual questionnaire respondents only, where postcodes were provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

^{2.94} There are limited differences in views between respondents on the proposal that the new day case surgery centre of expertise should be at UCLH when broken down by relative levels of deprivation (IMD quintiles, Figure 26). The proportion of those respondents living in the least deprived areas (IMD quintile 5) who agreed with the proposal was slightly lower (67%) than those in other areas (71-74%).

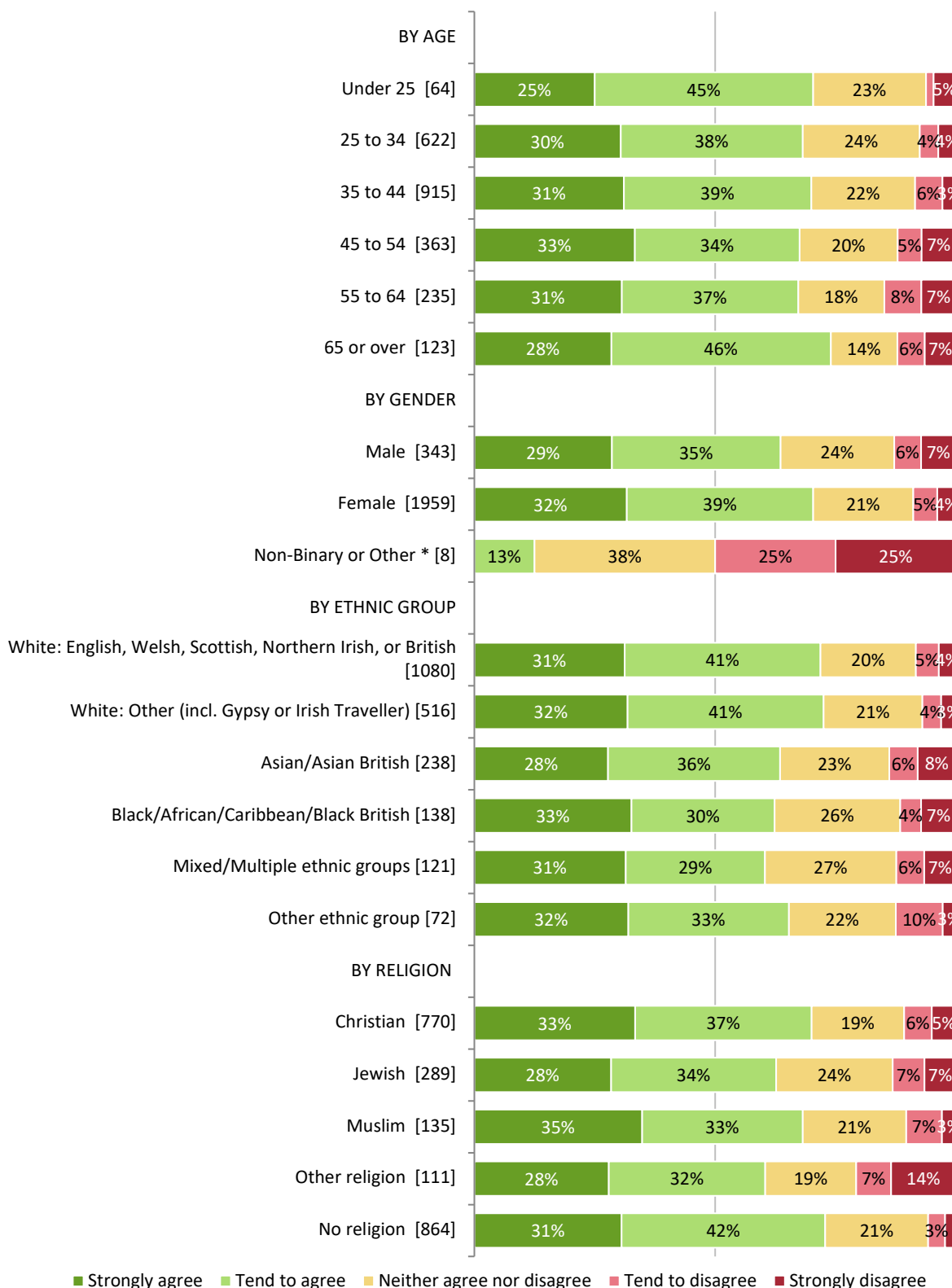
Figure 26: If a new day case surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at UCLH? BY IMD QUINTILE (individual questionnaire respondents only, where information is provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses)

^{2.95} There were limited variations in views by age, gender, ethnicity and religion on the proposal (Figure 27). Male respondents, those from non-white ethnic groups, and those of Jewish or another religion were slightly less positive about the proposal to locate a new day case surgery centre of expertise at UCLH than female respondents, white respondents and those of Christian, Muslim or no religion respectively. Nonetheless, a substantial majority (at least three fifths) of each group still agreed with the proposed location.

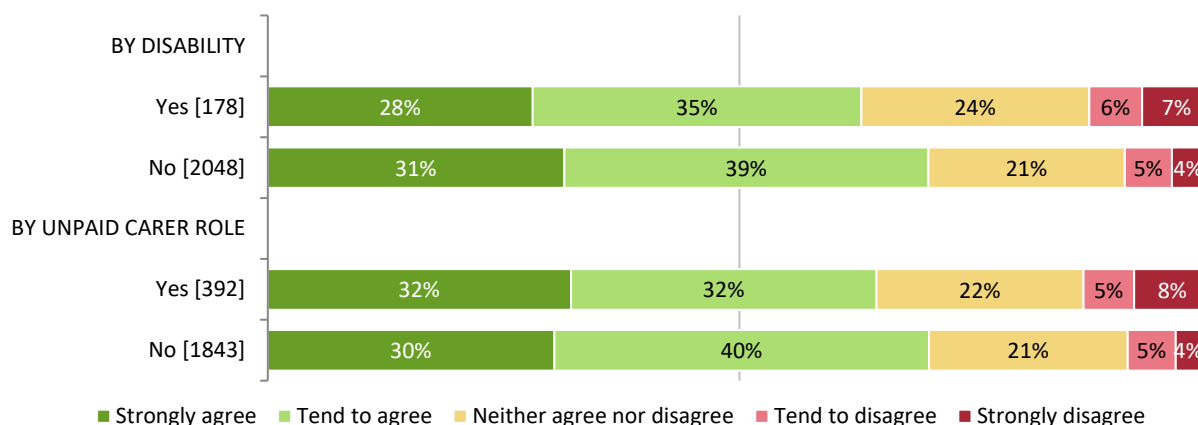
Figure 27: If a new day case surgery ‘centre of expertise’ was created, to what extent do you agree or disagree that it should be at UCL? BY KEY CHARACTERISTICS (individual questionnaire respondents only, where information was provided)



Base: Number of respondents shown in brackets (excludes ‘don’t know’ responses). * The low number of those identifying as ‘Non-binary or Other’ means that caution is required when attempting to draw wider conclusions.

^{2.96} There was also some variation in views by other characteristics (Figure 28). Respondents with disabilities or who have unpaid carer roles were in less agreement (63% and 65% agreement respectively) with the proposed location than other respondents without disabilities or an unpaid carer role (both 70% agreement).

Figure 28: If a new day case surgery 'centre of expertise' was created, to what extent do you agree or disagree that it should be at UCLH? BY DISABILITY and UNPAID CARER ROLE (individual questionnaire respondents only, where information was provided)



Base: Number of respondents shown in brackets (excludes 'don't know' responses)

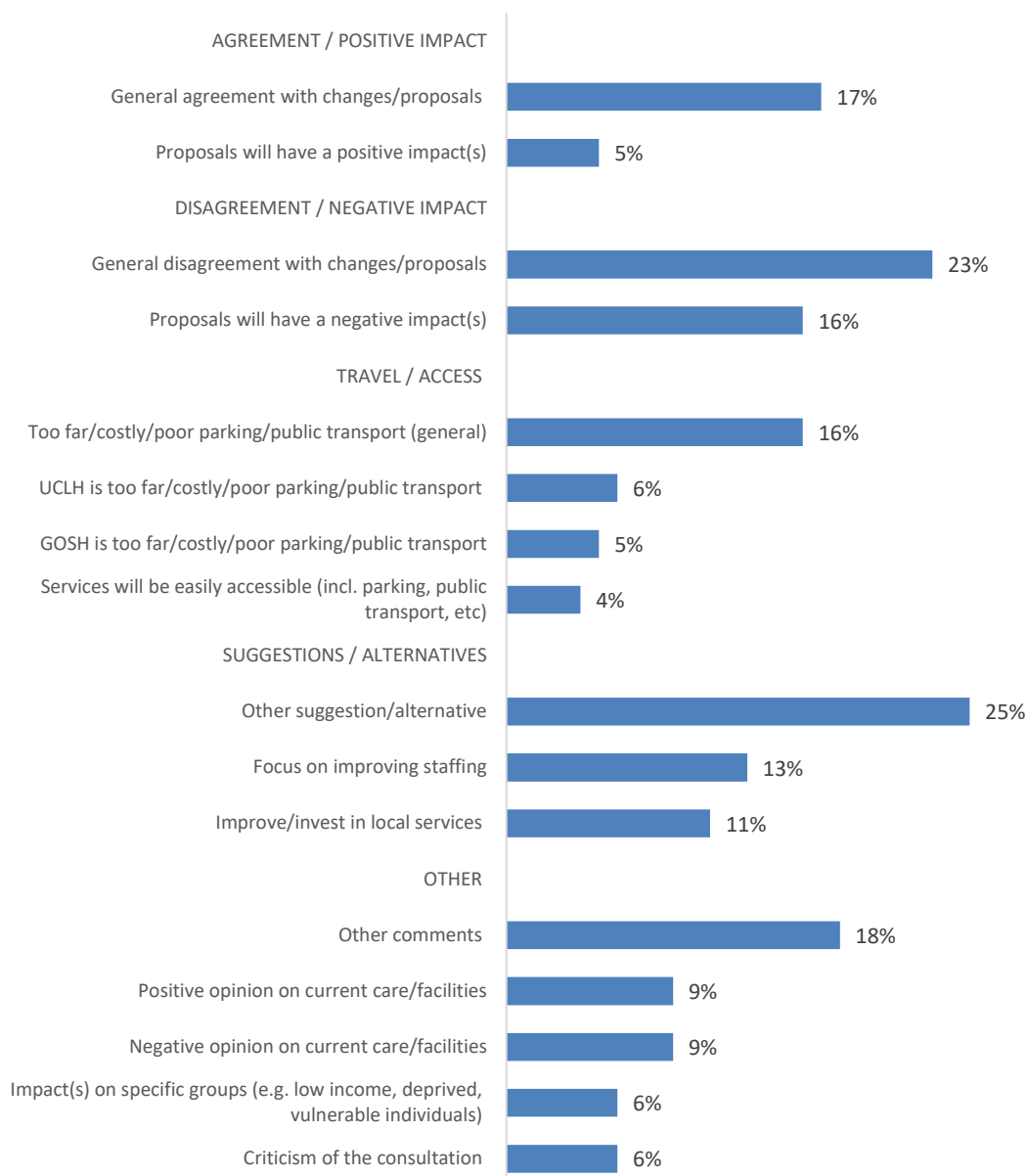
Individuals' comments on the proposals for children's surgical services

- ^{2.97} Respondents were invited to explain their answers to the previous questions and give any other comments or alternative solutions to address the challenges faced by children's surgical services in NCL:

If you have any comments about the proposals for children's surgical services in North Central London, please explain. Please also explain any alternative solutions to address the challenges, or how any disadvantages associated with our proposals could be reduced.

- ^{2.98} Of the 3,091 questionnaires completed by individual respondents, more than one in eight (407) provided a comment to the open-text question on the proposals relating to children's surgical services in NCL. Each comment has been read in full, and then classified (coded) using a standardised approach (code frame); a summary of the responses is shown in Figure 29.
- ^{2.99} 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.
- ^{2.100} In addition to the summary chart, a detailed table of coded text comments can be found in Appendix II of this report for reference.

Figure 29: Themes arising from comments on the NHS's proposals relating to children's surgical services in NCL (individual questionnaire respondents only²⁷)



Base: All individual questionnaire respondents providing comments in response to the question asking them to explain their views on the proposals relating to children's surgical services in NCL (407), Themes raised (773)

Comments agreeing with or supporting the proposals

^{2.101} Many respondents made supportive comments about the proposals for children's surgery. As shown in Figure 29, less than a fifth of those who left a comment (17% or 70 of the 407 respondents) expressed general agreement with the proposed changes, while one in twenty indicated that the proposals would have a positive impact (5% or 22 respondents).

²⁷ The percentages show how many individual respondents raised each theme as a proportion of all those who provided comments. Respondents could provide feedback covering more than one theme and therefore the total percentages sum to greater than 100%.

- 2.102 Where respondents expressed agreement with or support for the proposals, they tended to do so on the basis of the strong reputation of the two proposed hospitals, their central location, and/or the opportunity to establish clearer care pathways and reduce waiting times.
- 2.103 Some examples are provided below:

"I think these proposals sound really sensible and make the best use of existing experts in this area." (NHS staff – other service or area)

"This seems like a very sensible proposal, and both GOSH and UCLH are central and well established, with reasonable transport links for most families in NCL. I believe clarity about where young children and babies receive their surgical care is really important." (NHS staff – other service or area)

"This is easy to support, given the expertise that is available in both hospitals and their locations." (NHS staff - NCL neonatal services)

"I would want the most specialist and appropriate setting for my child, with staff who have the best skills, these proposals will do that. Seems like pathways will be clearer, reducing stress and anxiety for parents in hard situations, the stress and unknown can be minimised." (NHS staff – other service or area)

"At present, it is a nightmare to wait for a surgical bed - this should hopefully eliminate this aspect of referrals and management." (NHS staff - NCL neonatal services)

Comments disagreeing with the proposals

- 2.104 However, more than a fifth of those who commented (23% or 94 of the 407 respondents) made comments expressing disagreement with the one or more of the proposed changes for children's surgery. Furthermore, less than a fifth (16% or 64 respondents) identified some potential negative impact(s).
- 2.105 These types of comments typically expressed concern about reductions in local surgical provision and general negative impacts on children's and family's experiences, amid fears that a very small number of hospitals would 'monopolise' care, for example:

"[...] You are planning to narrow down access to these critical services to two units in central London. It is centralising services that should be available to people in their locality. I know that these are difficult times, but I don't see these options as necessarily helping those children and families they are intended to care for." (Service users/parents/carers - NCL maternity and children's surgical services)

"Children's surgical services should be available in every tertiary hospital 24 hours a day. It should not be monopolised by 1-2 hospitals only as proposed by north central London." (NHS staff - NCL neonatal services)

- 2.106 There was some doubt about whether the proposed model of care would help to address the identified challenges, with some suggestions that staffing would remain an issue and that waiting times would not necessarily improve without wider improvements to capacity and resourcing.

"[...] Creating a centre of expertise for day surgery does not necessarily mean that waiting times are reduced unless additional treatment capacity was created." (Service users/parents/carers - NCL maternity and neonatal services)

"[...] It is very expensive to live in London and very expensive to commute to London. These factors result in staff leaving, nothing NCL can do will ever change that [...]" (NHS staff - NCL neonatal and children's surgical services)

^{2.107} In particular, there was some sense, especially among members of staff working in these services, that centralising surgery for children may in fact promote greater inefficiencies, duplication and unnecessary transfers by, for example, requiring younger patients to travel for care that may be more appropriately treated at their nearest hospital.

"Transferring all emergency surgery cases means a delay in emergency care. If the current hospital can provide that care, then why transfer? Planned day cases should be at a local hospital where possible." (NHS staff - NCL children's surgical services)

"The plastic surgery service at Royal Free Hospital deals with a large number of emergency paediatric cases. I would not agree if the changes being implemented meant that these patients could not have care offered on site [...]" (NHS staff - NCL children's surgical services)

"[...] Local hospitals should be well-equipped with staff and doctors and not centralised to GOSH for non-urgent matters that could have easily been diagnosed at Royal Free [Hospital] had they had the staff." (Service users/parents/carers - NCL maternity services)

^{2.108} A number of comments expressing disagreement with one or more of the proposals for children's surgery also raised concerns about the suitability of GOSH and UCLH as the centres of expertise. Some of these related to travel and accessibility issues, and these are outlined in more detail below; other concerns were around capacity issues and current facilities and expertise in the preferred sites.

^{2.109} There was concern among some respondents, for example, that GOSH and UCLH would be able to adapt to provide services in the ways proposed, due to the extent of current demands on their workforce, capacity and resources. There was also some concern about a lack of contingency in the event that either of the sites becomes full.

"Aggregating centres of expertise, where specialised surgery already takes place and staff are already present, runs the risk of simply removing services from other hospitals while at the same time stretching already very, very stretched services in GOSH and UCH [...]" (Service users/parents/carers - NCL maternity services)

"We need to take into consideration staffing, theatre access and bed capacity as, at the moment, GOSH and UCLH are full at all times." (NHS staff - NCL children's surgical services)

"With only one site delivering emergency surgery for younger children, what happens when they are unable to accept any more admissions due to [the] unit being full? What is the contingency or failover?" (NHS staff – other service or area)

"I am concerned that out of London patients may be unfairly deprioritised [...]" (Service users/parents/carers – NCL maternity, neonatal and children's surgical services)

^{2.110} Specific concerns expressed around locating emergency surgery at GOSH highlighted, amongst other factors:

- » limited bed capacity at GOSH and the difficulties associated with transferring a child for treatment there under the current configuration of services

“Currently, it is almost impossible to transfer children for acute surgical issues to Great Ormond Street [Hospital] due to recurrent lack of bed availability and we spend hours ringing round different hospitals trying to find appropriate acute surgical beds, or children wait for several days in their local hospital waiting for a bed to become available [...]” (NHS staff – other service or area)

- » the potential disruption to the very highly-specialised, quaternary care provided at GOSH, some of which may not be possible to provide anywhere else – combined with the fact that GOSH has less experience dealing with less complex cases

“[...] Doing lots of emergencies at GOSH will compromise access for complex elective care e.g. cardiac, neurosurgery, craniofacial, Vein of Galen and other services that ONLY GOSH can do.” (NHS staff - NCL children's surgical services)

“[GOSH] has remarkable specialisms for rare diseases and great specialist skills. It would not be appropriate for this centre to be overwhelmed with standard surgical cases when it is already working at capacity.” (Service users/parents/carers - NCL maternity and neonatal services)

- » the lack of an A&E department at GOSH and perceived difficulties around its ability to manage emergency admission

“[...] GOSH does not have an Emergency Department, and so patients would need to present to local hospitals where staff would have less experience with these complications and would have to liaise with specialists who were not on-site [...]” (NHS staff – other service or area)

“[...] I really question whether emergency surgical work can safely be provided in a hospital that has never been set up to be a place that deals with emergencies.” (NHS staff – other service or area)

- » an inability to expand facilities at GOSH due to perceptions that the level of funding required has been underestimated, and because of its constrained central London location

“[...] There is neither the physical capacity, medical or nursing staff [at GOSH] to provide the service proposed. The £3.7 million to fund this (and a day case unit at UCH) is totally inadequate to provide a 24/7 surgical assessment unit [...]” (NHS staff - NCL children's surgical services)

^{2.111} Fewer respondents expressed direct concerns about the suitability of UCLH as a centre of expertise for day case surgery. Nonetheless, a few highlighted additional capacity issues and possible issues with facilities or gaps in expertise, for example:

“[...] UCLH will require additional resources to truly become a centre of expertise for day surgery. This is because, at present, there is not a dedicated paediatric day surgery unit. The paediatric wards are 8 and 9 floors above the main theatre complex [...] Any increase in patient numbers will require a corresponding increase in all staff involved in the patient perioperative pathway.” (NHS staff - NCL children's surgical services)

"[UCLH] currently performs 2/3 of day case surgery in NCL. Transferring ALL day case surgery here would impact pressure on service provision, increase waiting times and deny patient choice." (NHS staff - NCL maternity services)

"The concern is availability of intensive care. [It is] not available at UCLH, so how would complications be managed? [...]" (NHS staff - NCL neonatal services)

- 2.112 Other concerns raised about the proposals related to the potential de-skilling of staff across the wider NCL area if paediatric surgery is centralised in two locations. Specific concerns were around: the ability of staff to maintain the necessary skills to assess, treat or stabilise younger patients who present at one of the other hospitals; retention issues at these hospitals if staff are unable to use their skills; and impacts on the skills and learning of medical students, junior doctors and trainees.

"[...] Training opportunities would be reduced for doctors not working at these sites, reducing future opportunities to handle these types of cases at consultant level. This would increase risk for patients presenting to other sites in emergencies, as transfers would be needed which can be difficult with constraints on ambulance availability." (NHS staff – other service or area)

"[...] Whichever sites are chosen; it will be essential to maintain anaesthetic skills at local hospitals to support intubation and ventilation in A&E/resus scenarios." (NHS staff - NCL neonatal services)

Comments about travel and accessibility issues

- 2.113 A small proportion (4% or 15 respondents) made positive comments about accessibility, for example in relation to the central location and good transport links at the proposed centres. One respondent highlighted the possible advantages of having the two sites in close proximity and in a central location:

"UCLH would be preferred due to its close proximity to GOSH, as that would allow easier access to paediatric intensive care and other specialist services should the day case patients require additional support. It could also lead to shared contracts as is the case with neonatal surgery, whereby GOSH surgeons have honorary UCLH contracts to assess and advise patients at UCLH prior to and post admission to GOSH. In terms of transport, most parents would find it easier to access UCLH than other hospitals such as Royal Free [Hospital] and Whittington [Hospital]." (NHS staff - NCL neonatal and children's surgical services)

- 2.114 However, around a sixth of those who left a comment (16% or 64 of the 407 respondents, Figure 29) raised general issues with travel and access to GOSH and/or UCLH, and smaller proportions mentioned these issues in relation to one or the other of the two hospitals specifically (5% and 6% respectively).

- 2.115 Many mentioned the distance some families would be required to travel, noting that both proposed sites are in Central London and that NCL is a large area. There were a few specific concerns about whether it is safe and appropriate to transfer emergency patients into Central London, noting challenges around congestion, distance and limited ambulance availability.

"NCL geographically is huge and if you live in Enfield and have a child under 2 requiring surgery, having to travel to Central London for [a] procedure would be costly and time consuming [...]" (NHS staff – other service or area)

"[I] can't help being concerned that relying on GOSH for emergencies would be a problem because of traffic, and lack of ambulances. It is a long way from the outer edges of Enfield, for example [...]" (Service users/parents/carers - NCL maternity services)

- 2.116 There were concerns about increased travel costs (including both public transport and congestion/ULEZ charges) and parking issues (i.e. both availability and cost). It was also suggested, particularly by service users, that the proposals do not take sufficient account of the practical and emotional implications for families travelling with sick children.

"[...] The Central London hospitals are in the congestion zone and are very difficult for people to get to without using the tube. When you have a sick child to bring or pick up it is impossible [...]" (Service users/parents/carers - NCL maternity, neonatal and children's surgical services)

"[...] Many clients do not speak English, don't have money for travel or don't have private transport." (NHS staff – other service or area)

Comments containing suggestions and alternatives

- 2.117 A number of respondents provided suggestions and alternatives. Frequently, these advocated for some continuation of the 'status quo', i.e. maintaining surgical services at more locations, rather than centralising into two sites (mentioned by 46 respondents). Others suggested reconfiguring or investing in staffing and facilities across the NCL area in order to meet the current challenges (mentioned by 52 respondents).

"Look, again this is all about not having the staff. It can't be beyond someone's ability to organise surgery and day surgery operations in all the hospitals on a rota, with staff spending different days in different hospitals [...]" (NHS staff - NCL maternity, neonatal and children's surgical services)

"[...] Money invested into GOSH would be much better spent on local hospitals and better supporting CYP [Children and Young People's] services. Having multiple sites able to support CYP would also add extra resilience during major incidents." (NHS staff - NCL neonatal and children's surgical services)

"All centres need to develop paediatric anaesthesia services and treat children locally. GOSH cannot and does not wish to take on emergency referrals." (NHS staff - NCL children's surgical services)

- 2.118 A quarter of respondents who left a comment (25% or 101 respondents) mentioned another suggestion. There was some suggestion that siting a centre of expertise elsewhere in NCL may be preferable, particularly in terms of accessibility, but also in terms of utilising existing expertise and facilities, repurposing space freed up by the potential changes to maternity and neonatal services, providing more scope for expansion, and alleviating pressures on the Central London hospitals.

- 2.119 Whittington Hospital and Royal Free Hospital, and to a lesser extent Barnet Hospital and Edgware Community Hospital, were all mentioned as possible alternative locations for siting a centre of expertise, for example:

"I believe that Royal Free Hospital can have the potential of becoming a specialist centre for children. Put in some extra resources and hire specialist doctors, or distribute them accordingly, which may be beneficial in the long run so that, although GOSH is a well-known children's hospital, it doesn't face as much pressure as it faces currently." (NHS staff – other service or area)

"A better option would be to make both UCLH and the Royal Free Hospital surgical centres of expertise, with both hospitals treating day and long stay patients. This would provide more capacity and more choice, as GOSH is still an option. It would ensure that more paediatric surgical specialists are trained as they are teaching hospitals. These hospitals have more space for expanding capacity and more operating theatres. They are cheaper to travel to by car/taxi and closer to where many families live." (Service users/parents/carers - NCL children's surgical services)

"[...] How about funding Whittington [Hospital] for an extension; they have a great children's ward already." (Service users/parents/carers - NCL maternity and neonatal services)

- 2.120 Other suggestions made by individuals included locating services at a single, larger neonatal and paediatric 'hub' in NCL (potentially North Middlesex University Hospital) with a similar facility in NWL (potentially Northwick Park Hospital). Another individual proposed centralising all services at GOSH, while another called for a dedicated tertiary paediatric centre to serve the NCL area and reduce its reliance on GOSH – noting that similar facilities exist elsewhere in London.
- 2.121 There were a few suggestions that the proposed locations should be reversed i.e. that UCLH may be more suited to being the centre of expertise for emergency surgery or that GOSH was more suited to being the day case site, for example:

"[...] I think it makes much more sense for UCLH to be the place with the emergency unit, as it already has an A&E, and for GOSH to be the place that does the day case surgery, as that is more in keeping with the current profile of the hospital [...]" (NHS staff – other service or area)

"[...] By keeping UCLH for the emergency paediatrics and performing day case paediatric surgery elsewhere, we would be better using our most experience paediatric anaesthetists for the most complex patients [...]" (NHS staff - NCL maternity services)

- 2.122 A couple of respondents felt that services could be maintained elsewhere by moving anaesthetists between sites. One respondent suggested that doing this would enable day case surgery to be carried out at various sites, even if emergency surgery was centralised.

"I think emergency surgery should be based in an institution with an intensive care unit and that is GOSH. Paediatric day surgery could be facilitated at a variety of venues. A paediatric anaesthetist could be mobile and provide service at different venues." (Local residents)

"Surely the anaesthetists could be moved where necessary. Central London is a nightmare to navigate." (Service users/parents/carers - NCL maternity services)

- 2.123 Some comments suggested possible mitigations, such as strengthening patient transport and improving communication in areas such as discharge and ensuring adequate follow-up care, noting that the proposed centres of expertise have not always performed strongly in this respect.

"[...] Will also need transport services between hospitals. We also need a plan in place for repatriation back to local hospitals especially for high dependency patients." (NHS staff - NCL neonatal and children's surgical services)

Other comments

^{2.124} Less than one in ten of those who left a comment mentioned a positive experience with current care/facilities (9% or 37 respondents), and the same number of respondents mentioned a negative experience. This typically included praise of GOSH and/or UCLH; some mentioned their positive experiences at one hospital in comparison to their negative experience at another (such as Whittington Hospital).

^{2.125} Some comments expressed concerns that the proposals may disproportionately impact certain groups or individuals (mentioned by 6% of those who left a comment, or 26 respondents). Specific concerns relating to travel and access were raised around children with disabilities and their families or carers, as well as in relation to people living in deprived parts of NCL, for example:

“Having a disabled child is very expensive, and some of these costs are related to travel to appointments and surgery. It's especially expensive and stressful to travel long distances post-surgery, when your child cannot use public transport. Having to travel further for surgical appointments and surgery also means more missed hours of school for my child, and more missed hours of work for me (leading to further financial strain).” (Service users/parents/carers - NCL maternity services)

^{2.126} Almost a fifth of those who left a comment (18% or 75 respondents) mentioned something in their comment that was grouped as an 'other' comment. This included mention of things that should be considered going forward such as listening to staff, making sure that the service is as stress free as possible for service users, providing clarity on the age bands for different surgeries, and making sure that children have consistency in the care they receive.

“Our aim should be to offer the best services to all our patients where possible, making it easy and stress free.” (NHS staff – other service or area)

“The burden on parents of children who need surgeries should also be considered. We want the best care for children and the best doctors etc. Currently, there's a lot of ambiguity (even doctors don't always know) what age can they operate on.” (Service users/parents/carers - NCL maternity services)

“One of my children has a condition monitored by a GOSH consultant. They also receive patients at the Royal Free [Hospital]. It's important that the same doctor sees the child throughout the years and that you're not changing doctors because of technicalities of crossing an age threshold.” (Service users/parents/carers - NCL maternity and neonatal services)

^{2.127} A small number of those who left a comment (6% or 24 respondents) mentioned some form of criticism. For example, some suggested that not enough information is given, or that the proposals are a money-saving exercise.

“Again, I feel unable to express a stronger view because of the lack of information you are able to provide on this topic in a survey.” (Service users/parents/carers - NCL maternity and neonatal services)

“You need to clarify the difference between older and younger children. It's confusing.” (Service users/parents/carers - NCL maternity services)

Individuals' comments – potential equalities impacts and mitigations

^{2.128} All questionnaire respondents were invited to identify any specific groups or people that they believed may be affected by any of the proposed changes to services being considered, and suggest how any positive impacts could be enhanced or negative impacts reduced:

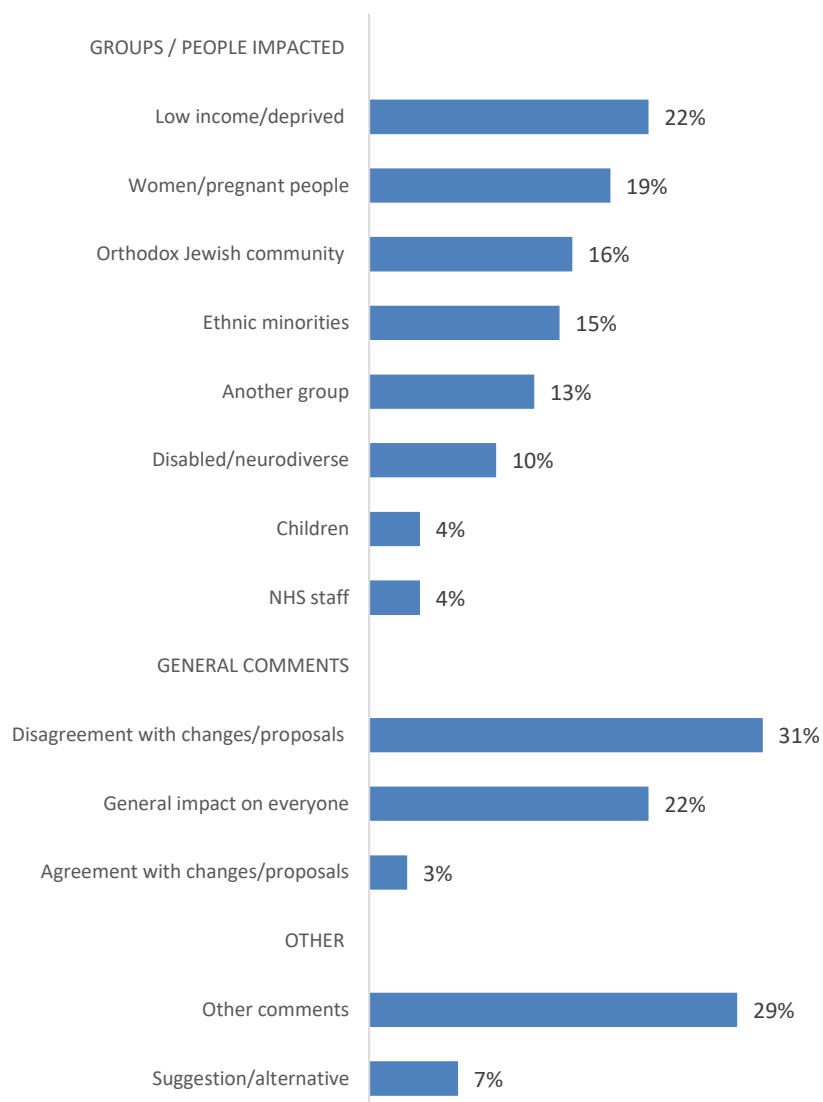
Are there any particular groups or people that you believe might be positively or negatively affected by any of the possible changes to services being considered? If so, what groups are these and how might any positive impacts be enhanced or any negative impacts reduced?

^{2.129} Of the 3,091 questionnaires completed by individual respondents, around three in ten (913) provided a comment to the open-text question on the potential equalities impacts of the proposals. Each comment has been read in full, and then classified (coded) using a standardised approach (code frame). A summary of the responses are shown overleaf; Figure 30 highlights the groups or people identified while Figure 31 highlights the types of impacts that were identified in the same comments.

^{2.130} In addition to the summary charts, a detailed table of coded text comments can be found in Appendix II of this report for reference.

^{2.131} This question was asked to all questionnaire respondents, as such, responses cover all three sets of proposals being consulted on. This report will cover more general comments, and the specific impacts linked to the proposed changes to children's surgical services. Views on the impacts linked to the proposed changes to maternity and neonatal services in NCL, and to the standalone midwife-led birth unit at Edgware Birth Centre, are reported in a separate independent report by ORS, available at: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>

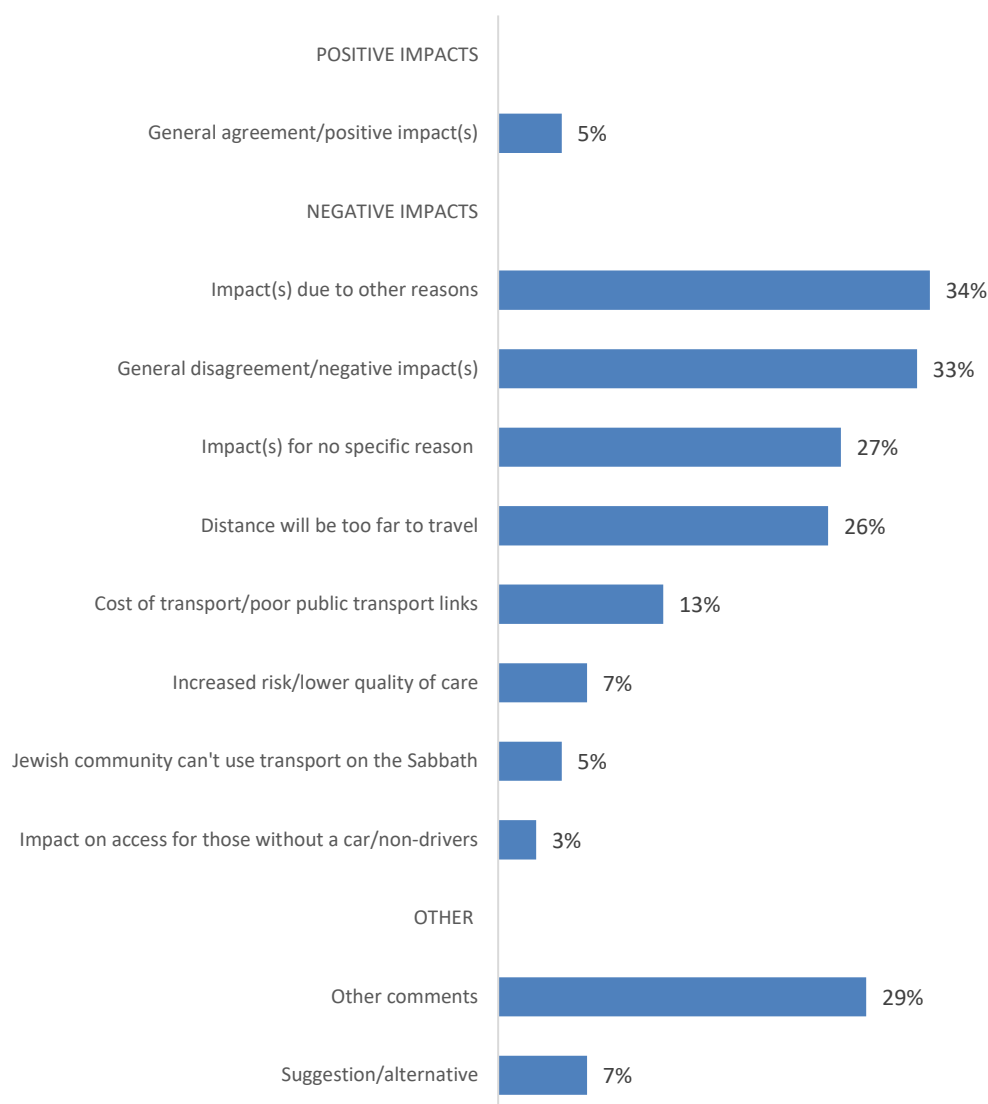
Figure 30: Themes arising from comments on potential equality impacts – groups/people identified as being impacted by the proposed changes (individual questionnaire respondents only²⁸)



Base: All individual questionnaire respondents providing comments in response to the question asking them to identify any groups or people that may be impacted by the proposals and how those impacts could be mitigated (913), Themes raised (1,784)

²⁸ The percentages show how many individual respondents raised each theme as a proportion of all those who provided comments. Respondents could provide feedback covering more than one theme and therefore the total percentages sum to greater than 100%.

Figure 31: Themes arising from comments on potential equality impacts – types of impacts suggested by respondents (individual questionnaire respondents only²⁹)



Base: All individual questionnaire respondents providing comments in response to the question asking them to identify any groups or people that may be impacted by the proposals and how those impacts could be mitigated (913), Themes raised (1,720)

Comments about the groups/people who might be impacted

^{2.132} As illustrated in Figure 30, a number of groups/people were commonly identified as being potentially impacted by the proposed changes to maternity, neonatal and/or children's surgical services in NCL. This included individuals or families from lower income or socioeconomic background (mentioned by 22% of the 913 respondents), women/pregnant people (19%), the Orthodox Jewish community (16%), individuals or families from ethnic minority backgrounds (15%), individuals with a disability or those who are neurodiverse (10%), children (4%), and NHS staff (4%).

^{2.133} Other groups/people were also identified as being potentially impacted by the proposed changes (mentioned by 13% of the 913 respondents). These groups, each mentioned by a small number of respondents, included single parents, parents with multiple children, unpaid carers, members of the LGBTQ+ community (including

²⁹ The percentages show how many individual respondents raised each theme as a proportion of all those who provided comments. Respondents could provide feedback covering more than one theme and therefore the total percentages sum to greater than 100%.

those who are transgender or non-binary), individuals of specific ethnic groups or religions (e.g. Muslims, Somali, or Jewish people), especially those who are non-English speakers, and people or families with other vulnerabilities (e.g. refugees or those affected by domestic violence).

- 2.134 It should be noted that a small number of those who left a comment (59 respondents) indicated that there are no groups they thought would be positively or negatively impacted by the proposals; most just stated 'no', or 'none', while a few gave more detailed responses, for example:

"Impact is minimal as the proposals are within a small geographical area, minimising the travel from home and local hospital sites." (Service users/parents/carers - NCL maternity services)

"No, access may be different, but families will adapt. Good signage is appropriate for all areas." (Service users/parents/carers - NCL maternity services)

Comments about potential positive impacts

- 2.135 As shown in Figure 31, only a small number of those who left a comment (5% or 42 of the 913 respondents) included mention of general agreement with the proposed changes or that they thought the proposals would have a positive impact on everyone in the local community.

- 2.136 Some of these respondents commented on the potential positive impact, not mentioning any proposal or service in particular, for example:

"Will be beneficial for all." (Local resident)

"I believe these changes would be of benefit to all of the community." (NHS staff – NCL maternity services)

- 2.137 The other respondents commented on the potential positive impact of one of the proposals more specifically. Those referring to the proposals for children's surgical services in NCL mentioned, for example, the benefits of consolidating specialist services in one location to offer a better level of care for babies, children and families.

"Babies, children and families would be positively affected if services were run by practitioners who are expertly trained." (Service users/parents/carers - NCL maternity, neonatal and children's surgical services)

"[...] Having a specific specialist site for children would definitely make a lot of parents feel much more confident and reassured that they are being given the right care at the right place, however if families are having to travel/be apart if their child is in hospital, the NHS needs to find ways to support families who can't always be there/mentally exhausted from travelling to and from family home to hospital." (Service users/parents/carers - NCL maternity and neonatal services)

Comments about potential negative impacts

- 2.138 As highlighted in Figure 31, many respondents made a more general comment implying a negative impact on either everyone in the catchment area or on one of the specific groups mentioned. Of those that left a comment, a third (33% or 302 respondents) mentioned general disagreement with the proposed changes or that the proposals would have a general negative impact. It was also identified that over a quarter of those who left a comment (27% or 250 respondents) mentioned a general negative impact but gave no specific reason or explanation.

- 2.139 Most of these comments were related to the proposals for maternity and neonatal services in NCL, and some more generally state a negative impact on groups such as low-income families, parents, and those from ethnic minority backgrounds. Examples of these are included below:

“All the residents, especially parents, will be negatively affected. There's nothing positive in these proposals at all.” (Local resident)

“Any changes you make will impact minority groups such as Black, Asian and minority ethnic communities. So, I will suggest you consider [this] before you change. I believe it will especially affect my community (Somalis) [...]” (Local resident)

- 2.140 As shown in Figure 31, a range of potential negative impacts were commonly identified in text comments. About a quarter of those who left a comment (26% or 233 respondents) mentioned that, if the proposed changes go ahead, then the distance will be too far to travel to access hospital services.

- 2.141 In terms of the proposed changes to children's surgical services, a small number of these respondents mentioned the potential difficulty patients and their families may face travelling further to access services, such as those living in the north of the area having to travel further south, or for those who are disabled and may struggle to access transport (e.g. for financial reasons).

“Disabled children and their parents, who may also have disabilities, will be affected by these changes the most. Cost of travel, buying food, sometimes needing accommodation and other financial aspects may hit these people with the proposed changes...” (NHS staff – other service or area)

“Families with young children tend to move out of zone 1, hence the primary school closures in Camden. A children's centre at UCLH or Great Ormond street means longer journeys.” (Service users/parents/carers - NCL maternity and neonatal services)

- 2.142 More than one in ten of those who left a comment (13% or 120 respondents) mentioned that, in the case where people have to travel further to access services, the cost of transport and poor public transport links will be a negative impact, particularly for those on a low income or from more deprived areas/backgrounds. Furthermore, a small number (3% or 26 respondents) highlighted the potential negative impact on access specifically for those without cars or those who don't drive.

- 2.143 To this point, many made more general comments applicable to all of the proposals, where services are being removed or centralised to a different location, for example:

“Transport is expensive and time consuming. This is felt most by people who are struggling to get by and are time poor - many people have more than one job to try and make ends meet.” (Service users/parents/carers - NCL maternity services)

- 2.144 A small number of respondents commented on the potential for impact on quality of care as a result of creating centres of expertise for children's surgery in NCL. The main concerns were linked to local hospitals no longer offering specialist services; the potential impact on those who, for example, are not suitable to be transferred; and potential disruptions to quaternary services.

“Removing CYP's [Children and Young People's] services in essentially all of North London would be removing these services from deprived areas. Children in need, under child protection plans and other social issues that result in them being well known to local hospitals will therefore not have access to local support. I strongly believe this will result in social issues being missed.” (NHS staff – NCL neonatal and children's surgical services)

- 2.145 Many respondents made a general comment about the impact on the Orthodox Jewish community, and a small number (5% or 43 respondents) specified that this negative impact would be the result of not being able to drive or use public transport on the Sabbath. This was particularly in relation to the proposals for maternity and neonatal services for both for the women needing to access the services, and for families to visit. However, this was also linked by a few NHS staff members with the added difficulty for members of this community to visit their children in hospital, for example:

“People of the Jewish religion. Many people and their partners are hospitalised over weekends with their children either at birth or due to other issues, and there are limited options for Kosher food in places in central London. Additionally, partners cannot use taxis or car on Saturdays and would not be able to visit their family members and children in hospital. Should more services take place away from the Royal Free [Hospital] and Edgware [Birth Centre], sufficient Kosher food and respite facilities for Jewish families must be provided, including places to stay for parents to be able to see their children on Saturdays.” (NHS staff – NCL maternity services)

- 2.146 Just over a third of those who left a comment (34% or 314 respondents) mentioned an impact, in general or to a specific group, due to another reason.
- 2.147 Many of these comments highlighted groups of people that may be impacted as a result of the proposed changes in general, not mentioning a set of proposals specifically. This included ethnic minorities, specifically those who do not speak English and how they would struggle to access or deal with changes to hospital services, for example:

“Health services can be difficult to navigate, making sure people are aware of what support they may be able to access for example with travel costs and interpreters etc. inclusivity for same sex couples, trans and non-binary pregnant people, using inclusive language but not removing the word women/woman.” (NHS staff – other service or area)

“The Muslim community which is ethnically diverse. Many would not engage on consultations as they may not be computer literate.” (Service users/parents/carers - NCL maternity, neonatal and children's surgical services)

- 2.148 Some respondents suggested that children with complex conditions would be negatively impacted if GOSH were to take on new, non-complex cases, reducing their capacity to offer specialist treatment that is not available elsewhere in NCL (while less complex cases could be dealt with elsewhere).

“Many of the children currently treated at GOSH have complex rare diseases that can only be managed and understood at a tertiary centre. If the organisation takes on emergency work that can in fact be undertaken elsewhere, then the children that have nowhere else to go for their treatment will lose out. The NHS will be underserving children and families for whom accessing help is already very difficult as only a limited number of places in the world understand their condition [...]” (NHS staff – other service or area)

“Yes. Children with cystic fibrosis. There is so much waste in the NHS that children and the vulnerable should be receiving services but aren't because money is being wasted in areas that are not urgent [...]” (Service users/parents/carers - NCL maternity services)

Comments with suggestions/alternatives

- 2.149 As shown in Figure 30 and Figure 31, less than one in ten of those who left a comment (7% or 65 of the 913 respondents) suggested an alternative or mitigation for how any positive impacts could be enhanced or negative impacts be reduced.
- 2.150 All of these respondents suggested or implied that local services should be kept as they are, particularly maternity and neonatal services. A small number of respondents made suggestions for children's surgery, which commonly included the suggestion to offer or improve transport and/or accommodation for parents and families of children using the services, for example:

“Emergency accommodation on site (like Ronald Macdonald for families and boarding for staff who work long shifts and can't reasonably get home) should be considered nearby to make this more accessible.” (Service users/parents/carers - NCL maternity services)

“People with insufficient funds or lack of access to public transport who would face a longer journey to receive care. Better provision of patient transport could alleviate this.” (Service users/parents/carers - NCL maternity and neonatal services)

Other comments

- 2.151 As shown in both Figure 30 and Figure 31, almost three in ten of those who left a comment (29% or 265 of the 913 respondents) included in their comment something that was grouped as an 'other' comment.
- 2.152 A few comments mentioned other things to consider such as the importance of reducing waiting times for surgery to reduce any impacts on mental health, and the importance of having staff to accommodate for a wider range of patients and families.

“[...] Wait times for children's surgery must be reduced to reduce/avoid the mental health impact living with a need for surgery can cause and the learning difficulties children may face due to the impact of not receiving timely medical attention to their ailments [...]” (Service users/parents/carers - NCL children's surgical services)

- 2.153 There was some criticism of the consultation in these comments, particularly relating to how the consultation has been advertised and the accessibility of the consultation material for those from more deprived backgrounds or those, for example, with learning difficulties. This also included some criticism of the terminology used, particularly the language around pregnant women and people.

“My main concern is that the most vulnerable patients don't get a say in these proposals because they cannot access this consultation due to its length and complexity (non-English speakers, non-IT skilled patients and patients with learning difficulties). Only the vocal people get a relevant say in this questionnaire.” (NHS staff – NCL maternity services)

Response from organisations

- 2.154 Of the 21 respondents who identified themselves as representatives of named organisations or departments, or as having an official role (listed in
- 2.155 Table 2), 18 answered at least one of the questions relating to children's surgical services in NCL. The views of those 18 organisations are outlined below.
- 2.156 Most organisations (11 out of the 18 answering) either strongly agreed or tended to agree with the need for changes to be made to improve children's surgery in NCL. Six of the remaining organisations neither agreed nor disagreed and 1 didn't answer.
- 2.157 When asked whether creating two new centres of expertise would benefit babies and young children, again, most organisations responding to the questionnaire (11 out of the 18 answering) either strongly agreed or tended to agree. However, in response to this question, 2 organisations either tended to disagree or strongly disagreed, while 3 neither agreed nor disagreed, 1 didn't know, and 1 didn't answer.
- 2.158 There was a similar level of agreement from organisations in response to the proposed locations for the two new centres of expertise; 11 of the 18 organisations answering the questions on children's surgery either strongly agreed or tended to agree that GOSH should be the new planned inpatient and emergency surgery centre of expertise. However, 3 organisations either tended to disagree or strongly disagreed, 3 neither agreed nor disagreed, and 1 didn't know.
- 2.159 In comparison, 10 of the 18 organisations either strongly agreed or tended to agree that UCLH should be the new day case surgery centre of expertise, 2 strongly disagreed, and 6 neither agreed nor disagreed.
- 2.160 Of the 21 organisations responding to the questionnaire, 11 left comments when asked to elaborate on their views regarding the proposals for children's surgical services in NCL, provide any general comments, and suggest any alternative solutions to address the challenges (or how any disadvantages associated with the proposals could be reduced).
- 2.161 Due to the nature (i.e. length and detail) of the responses received to the open text question, the comments from both NHS and healthcare clinical groups, and local government and elected representatives responding to the questionnaire are reported alongside the written submissions in Chapter 7 of this report.
- 2.162 Among the other organisations, which include various charities and groups working with communities in NCL, 3 organisations provided a comment.
- 2.163 The representatives for The Interlink Foundation, a charity that works with the Orthodox Jewish community in North London, and the Elcena Jeffers Foundation, a charity who's work includes the Eradicating World Poverty Programme and helping people into work in whatever way they can, both either tended to agree or strongly agreed with all the questions and proposals relating to children's surgical services, and commented on their agreement.
- 2.164 The representative of an unnamed carers group, a group in which many are caring for disabled family members, neither agreed nor disagreed with the need for changes to be made and strongly disagreed with all the proposals relating to children's surgical services. They commented that "The Whittington Hospital should have increased resources".

3. NHS staff engagement

Introduction

- 3.1 This chapter provides a summary of the feedback received at drop-in sessions, feedback sessions, and other activities organised by the ICB programme team and the NHS hospitals trusts' engagement teams. The meetings and drop-ins provided an opportunity for NHS staff to hear about the proposals for children's surgical services in North Central London (NCL) and ask questions. Staff members were also invited to give feedback verbally if they chose to, and to use the consultation questionnaire (reported in Chapter 2 of this report) to share their views.
- 3.2 Summary notes of questions and feedback were taken and passed to ORS for analysis and reporting. The programme of events and engagement from which verbal feedback was collected are listed in the table below. Details of all staff engagement activities, including NCL-wide staff briefings and meetings at which no verbal feedback on the proposals was recorded, can be found in the ICB's 'Methodology, Activity and Reach' report³⁰.

Table 7: Staff engagement activities from which verbal feedback was forthcoming

Date	Event/Activity	Number of staff participants/ attendees
26 January 2024	Whittington Health - staff, Islington	45
9 February 2024	GOSH – staff, Camden	11
12 February 2024	UCLH senior paediatric nursing staff, Camden	14
16 February 2024	GOSH - staff, Camden	49
22 February 2024	GOSH - staff, Camden	27
22 February 2024	Royal Free Hospital - staff, Camden	7
05 March 2024	GOSH (drop in, Lagoon Café) - staff, Camden	10
05 March 2024	UCLH - consultant obstetricians and gynaecologists, Camden	19
05 March 2024	UCLH - senior staff, Camden	13
08 March 2024	Paediatric ophthalmologist (one-to-one interview)	1
12 March 2024	North Middlesex University Hospital (drop in) – general including staff, Enfield	11
12 March 2024	North Thames Paediatric Network – staff, pan North London	4
14 March 2024	GOSH (drop-in, Lagoon Café) - staff, Camden	8

³⁰ Available via: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>

Views on the need for changes to children's surgical services

Recognition of the need for change

- 3.3 Royal Free Hospital staff acknowledged the stated challenges facing surgical services for very young children, and there was some agreement at the North Thames Paediatric Network session that current surgical pathways in NCL are suboptimal, particularly for young children.
- 3.4 GOSH staff acknowledged the challenges faced by other hospitals in the area, and were of the view that different specialties face different challenges, for example:
- » in ENT and plastic surgery, while surgeons are happy to operate on young children under five, anaesthetic support is not consistently available at local sites, meaning young patients must transfer elsewhere
 - » in general, surgery and urology, surgical teams are not comfortable operating on under-fives and so referrals are made to other sites
- 3.5 UCLH senior paediatric nursing staff highlighted several issues with the current model of care that need to be addressed, namely that:
- » it sometimes feels like UCLH acts as a 'front door' to GOSH given the proximity of the two hospitals
 - » moving acute surgical cases to GOSH can be difficult and sometimes cannot happen when the hospital is at capacity; in such circumstances, the team must ring around other units to check whether they have space; this view was shared by a member of staff from the paediatric department at North Middlesex University Hospital
 - » while in an ideal world all day surgery admissions would be made to UCLH, the hospital's day care unit (which consists of 10 beds) does not have the capacity to accommodate them; the adolescent ward is used to take additional day surgery patients (approximately eight to 10), as well as ED admissions, the number of which varies daily; therefore, patients are moved around and on occasion their post-operative recovery is in a different ward to their admission, or their surgery has to be delayed or cancelled
 - » the adolescent ward at UCLH is not the best environment for very young children
- 3.6 More widely, GOSH staff understood the challenge for local emergency departments in terms of calling multiple sites to secure a bed and the North Thames Paediatric Network asked if there is any data around the amount of time staff spend calling units to secure a surgical bed for children in this age cohort.

Views on the proposed model of care

- 3.7 One staff member raised several concerns around the proposed model of care, namely that there would be a reduction in anaesthetic cover at Royal Free Hospital if more surgery for young children (particularly plastic surgery) were to go to GOSH (which could be particularly problematic given referrals that Royal Free Hospital has recently been receiving from elsewhere). It was also suggested that the emergency pathway between GOSH and Moorfields Eye Hospital (MEH) is challenging as the latter cannot accommodate children who are medically unwell, as it does not have the wider team needed to care for them. A suggestion was made to merge the paediatric work of North Middlesex University Hospital and Royal Free Hospital given the Trusts' closer working relationships.
- 3.8 One GOSH staff member was under the impression that anaesthetists at other NCL sites are happy to anaesthetise younger children. They thus questioned the choice of age cut off within the proposed model of

care (age three for most specialties). On this note, the UCLH senior paediatric nursing staff also queried whether there would be age standardisation across NCL as currently there are different thresholds on emergency surgeries.

- 3.9 The UCLH senior paediatric nursing staff group queried whether staffing numbers in local units would be reduced within the proposed model of care and if so, whether they would be redeployed elsewhere.
- 3.10 There was some feeling among the UCLH consultant obstetricians and gynaecologists that the paediatric surgery proposals seemed to be a “bolt-on” to the consultation and appeared to not have been subject to the same scrutiny as those proposals for maternity and neonatal services.

Views on proposed future services: centre of expertise for emergency and unplanned inpatient surgery at GOSH

Support for the proposed centre of expertise for emergency and unplanned inpatient surgery at GOSH

- 3.11 There was some positivity around this proposal among the neonatal team at Whittington Hospital, who were impressed with the GOSH surgical pathway in potentially offering “excellent” provision for paediatric surgery. UCLH senior paediatric nursing staff also welcomed the proposal for a four-bed surgical assessment unit at GOSH as an “easier solution to sending children to GOSH rather than admitting them straight away.”

Concerns about the proposed centre of expertise for emergency and unplanned inpatient surgery at GOSH

General

- 3.12 A senior staff member at GOSH acknowledged the challenges for other trusts in terms of getting the right surgical care at the right time, noting that clinical staff must frequently make numerous calls to different hospitals to access appropriate surgical assessment. They highlighted the importance of GOSH supporting both the system and the local community but did not feel that GOSH is the only suitable site in NCL for a surgical assessment unit.

GOSH's ethos

- 3.13 The North Thames Paediatric Network noted that the proposals would represent a significant change in the way GOSH works if implemented and that this could prove challenging. This was echoed by GOSH staff, who were concerned about providing care for less specialist cases at the expense of the highly specialised regional and national care that is only provided at GOSH. Indeed, one GOSH staff member felt that the proposals would fundamentally change the way GOSH works.
- 3.14 At the GOSH all staff event, the example was given of Birmingham Children's Hospital, whereby a similar exercise in transferring all children under three in the Birmingham catchment area requiring a surgical assessment to the specialist hospital was undertaken. It was noted that this resulted in difficulties undertaking tertiary and quaternary work due to a lack of capacity.

Capacity

- 3.15 One of the key concerns raised by GOSH staff in several meetings was capacity. Participants highlighted the continuing pressure on specialist beds in the trust, and the landlocked nature of the site, which makes it

difficult to expand provision. In this respect, several participants questioned the assumptions made in the modelling underpinning the proposals, for example:

- » one staff member had significant concerns that most NCL babies and children requiring surgical assessment would be more likely to be referred to the assessment centre at GOSH than elsewhere; they were of the view that numbers have been underestimated and there may be more referrals than anticipated
- » another staff member questioned whether patients who currently transfer to Chelsea and Westminster Hospital and other units external to NCL for surgical assessment were included in the figures presented in the consultation documentation
- » it was suggested that approximately 20% or less of children that present with a suspected testicular torsion, actually have one; as such, it was questioned whether the correct capacity for assessment has been modelled into the proposal

^{3.16} There was uncertainty among the North Thames Paediatric Network, UCLH senior paediatric staff, and UCLH senior staff about whether an extra four assessment beds at GOSH would be sufficient in catering for the additional patient flow; as well as about what would happen if GOSH did not have capacity to admit. In light of this, participants wondered whether any additional inpatient capacity would be ringfenced for NCL patients and not used for the needs of the whole hospital. As a counterview though, one North Thames Paediatric Network meeting participant suggested that the number of additional beds required at GOSH may have been overstated given the number of children who are modelled as needing admission.

Expertise

^{3.17} It was said at a GOSH staff meeting that the nuance of the challenges within specialties may not be reflected in the establishment of a centre of expertise at GOSH; and that the proposals as they stand represent an “oversimplification” of services. For example, the Royal Free Hospital plastic surgery team usually deals with trauma and so may be the most appropriate team to operate on young children who present following trauma.

^{3.18} Another key worry was that the proposals expect GOSH staff to assess and treat conditions not routinely seen by GOSH clinicians and, therefore, understanding the training and support requirement needed was considered important. Moreover, it was said that some clinical teams are not familiar with undertaking initial triage, which usually occurs in an emergency department, as this has traditionally been done in local hospitals. This, it was felt, is a very different clinical skill set.

^{3.19} Moreover, it was noted that due to increasing capacity issues over the last ten years, the criteria for children requiring urology surgery at GOSH had tightened, with only the most highly specialised cases being accepted. A surgeon highlighted that the new model would require retraining to enable less complex cases to be managed, as these are not part of current practice at the site.

^{3.20} There was also some discussion around the capability of local hospital teams to manage children over the ages of three and five, with the North Thames Paediatric Network and GOSH staff suggesting a current skills gap in this respect. This was echoed by staff at Royal Free Hospital, who felt there may be push back from surgeons managing over fives locally if they feel they do not have the applicable skills to do so. GOSH staff highlighted the importance of training at local units but were concerned that this would be challenging to undertake as it would require the engagement of many surgical and anaesthetic teams; and the North Thames Paediatric Network felt that the budget for training and development of local site teams, which could be considerable, needed to be included in the proposals.

Pathways

- 3.21 In considering pathways, GOSH staff were concerned that there would be “mission creep” once the proposed new arrangements were in place (e.g. older children being referred for surgical assessment above the suggested age thresholds).
- 3.22 UCLH senior paediatric nursing staff raised concerns about transfers from local units to GOSH and the London Ambulance Service’s capacity to cope with increase demand. Potential transfer delays could, it was said, impact on GOSH’s efficient use of resources.
- 3.23 UCLH senior staff sought clarity on the pathways for discharge, post-operative care, and emergency readmissions, which they considered especially important for complex patients. Moreover, they noted the need to consider patients who are not purely surgical and have other care or social needs, who can have difficulty being accepted to GOSH.
- 3.24 GOSH staff and the North Thames Paediatric Network questioned whether testicular torsion would be included in the proposed pathways given there is evidence to suggest that outcomes are better when patients are treated locally as opposed to transferred to specialist centres. Moreover, if there is better provision of paediatric anaesthetists at local sites, GOSH staff felt this would help with specialities such as ENT, plastics, and orthopaedics whereby surgeons are happy to operate on young children.
- 3.25 UCLH senior paediatric nursing staff and the North Thames Paediatric Network noted that there would be a cohort of children needing assessment who do not require surgery, and queried what the pathway would be for children who are transferred to GOSH but do not need an operation (i.e. whether they would be referred back to their local hospital and, if so, what the mechanism would be for this).

Patient safety and safeguarding

- 3.26 Other potential considerations were around patient safety and safeguarding. The North Thames Paediatric Network and other staff members questioned how the transfer of babies and children back to the referring unit would operate in practice. More specifically, a staff member queried where the clinical responsibility would lie for children who are admitted to the proposed surgical assessment unit (especially out of hours), given the current staffing and skill mix at GOSH with very few general paediatricians.

Staffing and resources

- 3.27 With respect to staffing, concern was expressed for non-resident middle grade doctors, particularly that additional work may result in them having non-compliant rotas and therefore needing to be resident on-call. This, it was felt, would have a knock-on impact of increasing the number of fellow doctors and reducing day time exposure to surgical cases, making training jobs at GOSH less appealing.
- 3.28 Other GOSH staff members asked about the implications for the wider hospital and resources required in, for example, imaging.

Alternative suggestions and mitigations

- 3.29 The following alternative suggestions were offered in the staff sessions:
- » given that some teams may not be used to caring for the emergency cases that would present to GOSH under the proposals, hospitals in areas outside NCL (e.g. The Royal London Hospital or Chelsea and Westminster Hospital) could be considered viable alternatives (North Thames Paediatric Network)

- » establish UCLH as a centre of expertise for inpatient and emergency care as well as day cases, or link to paediatric surgical services at The Royal London Hospital or Chelsea and Westminster Hospital (GOSH staff)
- » as UCLH is the site of growth of the paediatric urology service for less complex cases and has the anaesthetic provision to support paediatric surgery, this activity could be undertaken there as opposed to at GOSH which is constrained in terms of both beds and operating time (GOSH staff)
- » during the COVID-19 pandemic, GOSH worked in partnership with other NCL trusts to manage applicable patient groups; it might be more appropriate for GOSH to support the NCL system in a similar way by managing patients within their current clinical sphere rather than taking on a completely different cohort (GOSH staff)
- » a networked approach to paediatric surgery; and a centralised bed finding telephone service run across the North Thames Paediatric Network (Royal Free Hospital staff)
- » look at capacity at the range of centres across the North Thames Paediatric Network and employ a bed coordinator who knows where there is capacity across each of the units (GOSH staff, UCLH senior paediatric nursing staff)
- » reciprocal transfers of activity whereby if GOSH is seeing young children, older children could be transferred back to local trusts (North Thames Paediatric Network)

Views on proposed future services: centre of expertise for planned day case surgery at UCLH

- 3.30 Some GOSH staff were supportive of the proposal for a centre of expertise for day case surgery at UCLH, suggesting that the hospital has an appropriate set up to provide this. Indeed, it was said that UCLH could undertake all elements of paediatric surgery for very young children as they already have an Emergency Department, paediatric inpatient beds, and specialist paediatric anaesthetic capability.
- 3.31 UCLH senior paediatric nursing staff also welcomed the proposal, though their support was contingent on any increase in activity being met with increased capacity in the form of a dedicated day care unit; additional staff and funding; and protected staff development and training time.
- 3.32 Other questions asked by the UCLH senior staff and senior paediatric nursing staff were around:
- » whether the impact on the UCLH elective Pre-Operative Assessment (POA) team had been considered within the proposals, as the team at UCLH is small compared to the team at GOSH
 - » whether rates of co-morbidity had been considered in relation to additional day cases at UCLH (e.g. requirements for additional endocrine or respiratory consultations)
 - » whether children over five within a different trust could be sent to UCLH for surgery if that trust does not have enough capacity to perform it
 - » the expected make-up of the additional 300 day cases (in terms of complexity, age etc.), which would impact on the internal resources needed to care for these patients
- 3.33 Another UCLH staff member raised concerns around capacity within paediatric recovery and the paediatric ward, and the potential impact of an increase in the number of paediatric cases operated on at UCLH on other types of day case surgery. They also noted that the paediatric ward at UCLH is some considerable distance from its operating theatres, which can create delays in sending for and operating on patients due to issues with lifts.

- 3.34 Once again, the North Thames Paediatric Network questioned the day case age cut off, reasoning that many children end up having their surgery later because they cannot be treated locally. As such, there was some feeling that current data may be misleading (i.e. on the basis that a higher number of small children could have day case surgery if it was more readily available).

Additional comments

- 3.35 While one senior staff member at GOSH welcomed the “open and transparent” Start Well process and acknowledged the various feedback mechanisms for employees, some other staff members, who were not positive about the proposals for GOSH, worried that they would be implemented regardless of the consultation feedback.
- 3.36 GOSH staff highlighted that if the proposals are approved, it will be crucial to consider their implications for different groups like allied health professionals; and to begin implementation planning as early as possible to ensure the proposed changes are properly resourced, provide the right skill mix, and align with other relevant programmes.

4. Targeted engagement

Introduction

- 4.1 During the consultation process, a range of targeted engagement activities were planned by the ICB programme team to ensure the views of potentially impacted populations, and those most likely to be affected by the proposals due to underlying health inequalities or barriers to access, could be heard. The engagement was informed by the interim Integrated Impact Assessment (IIA) and kept under review throughout the consultation³¹.
- 4.2 Summary noted of questions and feedback were taken and passed to ORS for analysis and reporting. The programme of events and engagement activities from which verbal feedback was collected are listed in the table below. Details of all targeted engagement activities and other events organised by the ICB programme team, including those at which no verbal feedback on the proposals was recorded, can be found in the ICB's 'Methodology, Activity and Reach' report³².

Table 8: Targeted engagement activities from which verbal feedback was forthcoming

Date	Event/Activity	Number of participants/ attendees
Age		
31 January 2024	Women aged 35+ focus group, NCL-wide	4
3 February 2024	GOSH Young Persons' Forum, NCL-wide	Unknown
12 February 2024	Start Well Youth Summit, Elfrida Rathbone, Camden (attendees NCL-wide)	18
28 February - 11 March 2024	Start Well Youth Summit, NCL-wide (5 x online sessions)	15
People with disabilities and long-term medical conditions		
26 February 2024	Barnet Mencap - focus group, Finchley, Barnet	2
07 March 2024	ADHD Support group - focus group, Canonbury, Islington	5
Minority ethnic communities and geographic areas identified in the interim IIA		
03 February 2024	Umoja - African Health Forum, Gospel Oak, Camden	10
14 February 2024	Assunah Women's Group, Tottenham, Haringey	8
19 February 2024	Triangle children's centre - Orthodox Jewish families stay and play, Tottenham, Haringey	7
22 February 2024	RISE Project - Somali parents (mental health support group), Tottenham, Haringey	11

³¹ Available via: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>

³² Available via: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>

28 February 2024	Phoenix Family Centre - Somali women focus group, Edmonton, Enfield	23
29 February 2024	House of Polish and European Community, Wood Green, Haringey	8
04 March 2024	Manor Gardens Centre - focus group, Holloway, Islington	15
Mental health service users		
16 and 20 February 2024	1-2-1 interviews with service users with experience of perinatal mental health services	2

Views on the need for change

- 4.3 Participants at several sessions understood and accepted the rationale for the proposed changes to children's surgical services and agreed that change was needed to address current challenges. In particular, the pathways for children's surgical services were considered often complex, lengthy, and unclear and there was support for a more straightforward system and reduced waiting times.

Views on the proposed model of care

- 4.4 There was considerable support for the proposed model of care, particularly the consolidation of expertise in two centres of excellence (one for emergency and unplanned inpatient surgery and the other for day case surgery). This, it was felt, would offer better access to specialist staff at the most appropriate locations, simplify pathways and, it was hoped, reduce waiting lists.

"I think the proposals are really good... Particularly the emergency and inpatient care vs day case surgery centre of expertise proposal." (Start Well Youth Summit)

"[The proposals] will mean the patient is not under several hospitals for care." (GOSH Young Persons' Forum)

- 4.5 Moreover, there was some feeling that consolidating skills and expertise on specialist sites would benefit staff in terms of their support and development.
- 4.6 There were, however, some questions and concerns around:
- » the transfers of young patients with complex conditions
 - » patients having to travel further to access care (although it was also said that parents would typically be prepared to travel any distance to get the best care for their children)
 - » whether families who are transferred to a centre of expertise would have to pay for transport there
 - » whether beds would be lost at local hospitals (i.e. North Middlesex University Hospital) as a result of the changes
 - » whether there would be sufficient funding available to implement the proposed changes

Views on the proposed centre of expertise for emergency and planned inpatient surgery at GOSH

- 4.7 There was support for the proposed creation of a centre of expertise for emergency and planned inpatient surgery at GOSH across the different groups. Participants said they would be reassured that their children were receiving the best care possible from experts who are familiar with and used to managing children in surgery.

“[GOSH is] a diamond in London.” (Manor Gardens Centre Coffee Morning)

- 4.8 A participant in the group for women aged 35+ described difficult experiences of accessing GOSH in an emergency, which had resulted in being “bounced around” between various A&Es and GOSH due to a lack of capacity at the latter. In light of this, they endorsed any changes that would enable access improvements.
- 4.9 The idea of a surgical assessment centre at GOSH if the child has already been treated there was also supported in the over 35s group because if problems develop after surgery, it is often difficult to know where to get help, not least as local A&E staff can be cautious if they know a child has been seen at GOSH.
- 4.10 Concerns were raised around capacity for additional demand at GOSH, with participants at the Umoja group asking whether the hospital could cope with the additional work, particularly given its specialist nature.
- 4.11 Potential travel and parking difficulties and costs were also noted, as was the fact there is no provision to stay at GOSH if living within the M25. This is compounded by the fact there is only space for one parent to stay on the ward, therefore there is a significant travel burden for the other parent if they wish to visit their child in hospital, or a significant cost burden if they choose to stay in a hotel locally.

Views on the proposed centre of expertise for day case surgery at UCLH

- 4.12 There was little discussion on the proposed centre of expertise for day case surgery at UCLH, though several groups commented on the hospital's good reputation when praising the proposed model of care. In terms of concerns, it was said to be difficult to travel to UCLH, especially from out of borough.

Equalities impacts

Parents living further from the proposed centres of expertise

- 4.13 Participants at the Start Well Youth Summit were concerned for those living some distance from the proposed centres of expertise, or those who would have their care transferred as a result of the changes.

“The people who may be affected by this is probably people who live far away or people who are in these hospitals waiting for some care, because then they may have to be transferred which might be really annoying for them as their care may be urgent.” (Start Well Youth Summit)

- 4.14 One of the individuals with experience of perinatal mental health services agreed that “it is important to have services locally not just in central London.”

Parents with other children at home

- 4.15 A few parents highlighted the childcare difficulties faced by families with a child in hospital and others to care for at home, especially if they have no support network. In particular, the Somali Women's Group at the Phoenix Family Centre expressed concerns about the difficulty of travelling outside their borough if their child was required to have emergency surgery at GOSH or planned day surgery at UCLH. The difficulty of having a young child in a hospital in the southern part of NCL at the same time as having to manage the needs of other children at home was raised.

People from lower socioeconomic backgrounds

- 4.16 Longer, more complex, and more costly journeys to alternative hospital sites would, it was felt, have a disproportionate impact on families from lower socioeconomic backgrounds. It was said that the NHS could offer travel support for these families.

"Increased travel costs will add up over time." (Start Well Youth Summit)

People with learning and physical disabilities

- 4.17 Participants at the Start Well Youth Summit felt that disabled parents and parents of disabled children could face challenges in accessing appointments at more distant hospitals. They suggested they could be offered a 'dial-a-ride' style transport support system; an Uber-style pick-up for hospitals that are able to use bus lanes; flexible appointment times; and more knowledge and awareness of the accessibility of hospitals and wards.

People whose first language is not English

- 4.18 More translation support was thought to be needed for those who do not speak English. Examples were given at the Manor Garden Centre Coffee Morning and Phoenix Family Centre group whereby this was not available, with participants highlighting how stressful and distressing this can be.

Other comments

- 4.19 The Start Well Youth Summit participants commented positively on the "well thought out" Start Well programme, which participants felt would simplify pathways and provide better care for babies and children in NCL. They acknowledged, though, that some of the changes (especially those around maternity services) may not be popular.

"The challenges of these proposals are that they may not be liked or even appreciated by people who are directly or even indirectly affected. I think that by easing people into these changes we can consume a lot of the disapproval... for the new system rather than bombarding them with change and information." (Start Well Youth Summit)

5. Service user, public and community, and stakeholder engagement

Introduction

- 5.1 This chapter provides a summary of the feedback received at focus groups, drop-in events, and other engagement activities with service users, the general public, and other key stakeholders, organised by the ICB programme team. The engagement activities provided an opportunity for these individuals and groups to hear about the proposals for children's surgical services in North Central London (NCL) and to ask questions. Attendees were also invited to give feedback verbally, if they chose to, and to use the consultation questionnaire (reported in Chapter 2 of this report) to share their views.
- 5.2 Summary notes of questions and feedback were taken and passed to ORS for analysis and reporting. The programme of events and engagement from which verbal feedback was collected are listed in the table below. Details of all service user, public and community, and stakeholder engagement activities and other events organised by the ICB programme team, including those at which no verbal feedback on the proposals was recorded, can be found in the ICB's 'Methodology, Activity and Reach' report³³.

Table 9: Service user, public and community, and stakeholder engagement activities from which verbal feedback was forthcoming

Date	Event/Activity	Number of participants/ attendees
Service user engagement		
11 January 2024	Edgware Birth Centre – drop-in, Edgware Community Hospital, Barnet	26
20 February 2024	A Class Nursery – focus group, Tottenham, Haringey	8
Public and community engagement		
08 January 2024	Barnet Patient Participation Group (PPG), Barnet Primary Care Network, Barnet	13
22 January 2024	Camden Patient and Public Engagement Group (CPPEG), Camden GP Practices, Camden	26
09 February 2024	Eldon Children's Centre – stay and play, Edmonton, Enfield	15
Local Authority briefings and Health Scrutiny Committee meetings		
18 January 2024	NCL ICB meeting with local authority councillors	approx. 10
22 February 2024	LB Haringey Adult and Health Scrutiny Panel	approx. 20

³³ Available via: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>

04 March 2024	LB Islington Health and Care Scrutiny Committee	approx. 15
NHS primary care service providers		
11 January 2024	Haringey GP Collaborative meeting	8
25 January 2024	NCL GP Provider Alliance Board	15
31 January 2024	Camden GP Engagement Event	30
Voluntary, Community and Social Enterprise (VCSE) stakeholders and NHS Boards of Governors		
10 January 2024	NCL ICB VCSE Alliance	10
16 January 2024	Enfield Voluntary and Community Stakeholder Reference Group	12
22 February 2024	GOSH Council of Governors	24

Views on the need for changes to children's surgical services

- 5.3 There was some agreement with the need for changes to be made and recognition of the challenges currently faced by children's surgical services in NCL, in particular the long waiting times; one service user described their experience of waiting 3 days for their baby to be found a bed and then being transferred elsewhere for treatment (mentioned at the A Class Nursery focus group, Haringey).
- 5.4 A councillor at the meeting with the LB Islington Health and Care Scrutiny Committee questioned the rationale for the proposed changes, asking "aren't GOSH already treating the majority of these children [under 5s]?" and "are UCLH doing much day-case surgery?"

Views on the proposed model of care

Agreement

- 5.5 There was general support for the proposals from attendees at the service user engagement activities, including mention that the proposals:
- » could create a direct pathway that would reduce the amount of stress for both parents and children
 - » could improve waiting times and give families a better experience with the
 - » will be a positive thing as long as the children can be transferred safely

Disagreement and concerns

- 5.6 Disagreement with the proposed model of care was linked by some attendees with the fact that some specialist services would be provided at fewer sites, or not at their local hospital. Concerns included:
- » the risk of creating a barrier to accessing care; mention of experience during temporary paediatric changes where patients in Camden were reluctant to travel elsewhere (mentioned at the Camden GP engagement session)
 - » that it feels like services are being taken away from some areas in NCL, and local hospitals are not being improved/invested in (Enfield was mentioned in particular at the Enfield Voluntary and Community Stakeholder Reference Group meeting)

- 5.7 There were some questions raised about whether the general impacts of the proposals, and specific impacts on other hospitals, had been considered when developing the proposed model of care, including:
- » what the impact would be on other paediatric services at hospitals in NCL, including for paediatric Emergency Departments
 - » whether the new model of care would lead to a loss of surgical expertise at North Middlesex University Hospital
 - » why it is not possible for more specialist paediatrics staff to work locally at North Middlesex University Hospital

Views on proposed future services: centre of expertise for emergency and planned inpatient surgery at GOSH

- 5.8 When discussing the proposal for having a centre of expertise at GOSH, there was some feeling from service users in particular that this was a good idea, especially given the specialist expertise currently available at GOSH.
- 5.9 The GOSH Council of Governors raised a number of points during their engagement session about the centre of expertise being at GOSH, including that:
- » local hospitals may not adhere to the age cut offs and, as a result, GOSH would end up taking more cases under this new model of care
 - » it would impact on capacity at what is already a space limited site
- 5.10 The GOSH Council of Governors also raised other points for consideration, including:
- » that a balance needs to be struck between the specialist work that GOSH provides and what the offer should be for local children
 - » that GOSH has a responsibility to its local population to cater for children who may not have complex conditions but who are complex due to their age and anaesthetic risk
 - » that there could be changes in the future around shared care with more local sites that may free up capacity at GOSH

Views on proposed future services: centre of expertise for day case surgery at UCLH

- 5.11 The proposal for having a centre of expertise at UCLH was not discussed in detail at these meetings. However, feedback from service users, public, and stakeholders received via other channels is included in the relevant chapters of this report.

Concerns about the proposed locations

- 5.12 There was mention across the range of service user, public, and stakeholder meetings that the proposed locations for the centres of expertise (GOSH and UCLH) could negatively impact families who would have to travel further to access these services, in particular:
- » the cost to parents would be significant given the number of appointments that are typically required

- » that centres of expertise are not a new concept and experience suggests that people will have to travel significant distances to access care (residents of Enfield mentioned in particular at the Enfield Voluntary and Community Stakeholder Reference Group and NCL ICB VCSE Alliance meetings)

5.13 It was also questioned whether the response to the consultation was being monitored throughout to ensure it has reach and depth across boroughs, and the views across the borough were being considered.

Equalities impacts

5.14 In addition to broad points about impacts on children and families above, there was some mention of groups who may have difficulty accessing services if the proposed changes were to go ahead, and services were moved, particularly for people who are deaf.

Suggestions for mitigations and alternative approaches

5.15 It was suggested that the impacts on the accessibility of services, particularly for people who are deaf, could be mitigated against by ensuring information about implementation is provided in British Sign Language (BSL) and that there is clear signage and directions in the hospitals.

5.16 Mitigations for travel and access were suggested at several engagement activities, which included:

- » subsidising/offsetting the cost of travel e.g. by putting money on taxi cards or offering personal care budgets
- » have overnight facilities available for parents who are from further afield (Enfield was mentioned specifically) if they have a baby or child as an inpatient at GOSH

5.17 There were some other suggestions for mitigation measures to reduce potential impacts of the proposed changes, including:

- » to think carefully about the impact on paediatric training when implementing the proposals
- » communicating clearly how the changes will improve care since, often, the immediate reaction of residents is to assume any changes will impact services negatively
- » that it is important to consider the message the proposals were giving to Enfield residents (mentioned at the Enfield Voluntary and Community Stakeholder Reference Group meeting)

5.18 It was questioned whether it is possible to have a model where children can be transferred back to local hospital sites after treatment as there is in place in other areas; Chelsea and Westminster Hospital, and St Mary's Hospital were both mentioned as examples (GOSH Council of Governors meeting).

6. Independently facilitated research

Introduction

- 6.1 This chapter provides a summary of the feedback received at online focus groups independently convened and facilitated by Opinion Research Services (ORS) to explore the views of residents in several areas particularly likely to be affected by the proposals, as identified in interim Integrated Impact Assessments (IIAs) undertaken by NCL ICB.
- 6.2 Informed in part by a 'mid-point' review of consultation responses in February 2024, these independently facilitated activities were in addition to a broader programme of communication and engagement in the same areas, including a targeted mailout to a sample of households³⁴, and face-to-face engagement activities undertaken by the ICB programme team and covered in chapters 3 to 5 of this report.

Methodology

- 6.3 To explore views around the proposals for changes to children's surgical services, two in-depth, online focus groups were held with residents of Tottenham (Haringey) and Edmonton (Enfield), and Cricklewood and Dollis Hill (Brent and east Barnet). These activities were in addition to an extensive programme of communication and engagement (including a mailout to households in these areas and face-to-face engagement activities undertaken by the ICB) covered in other chapters of this report.

Table 10: Independently facilitated engagement (geographic)

Date	Event/Activity	Number of participants/ attendees
12 th March 2024	Focus group with residents of Tottenham and Edmonton	7
13 th March 2024	Focus group with residents of Cricklewood and Dollis Hill	9

- 6.4 The format of each focus group was broadly the same; the ORS researcher in each case presented key information around the rationale (case for change), and proposals put forward by the NHS. Opportunity was given to ask questions, and discussion was facilitated around each aspect of the proposals in turn.
- 6.5 In these discussions, participants sometimes referred explicitly to their own or others' experiences of services. To ensure anonymity, therefore, themes arising are presented here in summary to avoid any potentially identifying details. Quotes, where included, are used as a representation of consensus views expressed by several individuals, or to highlight contrasting views or specific points raised around some aspect of the proposed changes, rather than to suggest that some views are more or less important than others.
- 6.6 It should also be noted that an online focus group to explore residents' views around proposed changes to maternity and neonatal services was also held with residents of Holloway and Finsbury Park, as well as five

³⁴ Available via: <https://nclhealthandcare.org.uk/get-involved/start-well-2/>

one-to-one interviews that took place with Harlesden and Willesden residents. Feedback from these focus groups is covered elsewhere in the separate feedback report on maternity and neonatal services.

Views on the need for changes to children's surgical services

- 6.7 There was some recognition of the need for changes to be made to change children's surgical services in NCL. Long waiting times and some inconsistency in care across the different sites were noted as areas of concern, with some participants relating poor personal experiences of accessing services to support this point. Moreover, staffing pressures were also noted as a contributing factor to long waiting lists.
- 6.8 Although participants recognised the issues identified within the case for change, some felt that plans to 'rearrange' current capacity and funding might, by themselves, be insufficient to address the current challenges. More funding and investment for existing services across NCL, it was felt, could have a greater impact than any possible consolidation, which they were concerned would be accompanied by the closure or removal of services.
- 6.9 Furthermore, it was felt that some challenges like waiting lists are due to wider national impacts on the NHS.

Views on the proposed model of care for children's surgical services

Agreement with the proposed model of care

- 6.10 Overall, focus group participants tended to agree with the proposed model of care for children's surgical services - particularly separation of planned day case surgery and emergency and planned inpatient surgery. This was described as "logical" and "practical", and participants agreed that the proposals would reduce waiting times and cancelled surgeries. A few also commented on what they viewed as prioritisation of quality of care over "convenience".

"I think having a high quality of care probably outweighs how close it is because sometimes ... quality of a care really varies. So, I think I would prefer having a higher quality of care." (Tottenham and Edmonton resident)

Questions and concerns around the model of care

- 6.11 During discussion, some questions were raised around costs, resource and capacity, and the age criteria for each centre of expertise. For example, one participant asked about the overall budget for children's healthcare in NCL and whether that might be impacted under the proposed model of care; and a few others questioned the ability to provide a high standard of care at both proposed specialist centres, staffing-wise.

"How exactly does the budgeting work on something like this?... Obviously more children are going to be routed towards specialist units, for example moving services to GOSH [...] If they hadn't been going to GOSH, they would have been going to another hospital [...] So, the funding that would have gone to that hospital, does that move to GOSH?" (Cricklewood and Dollis Hill residents)

- 6.12 Although feedback from participants was mostly positive, there was some concern that staff located at the proposed centre of expertise for day case surgery would have less opportunity to practice and develop

emergency surgery skills. One participant also highlighted a potential de-skilling of staff at other hospitals that are not designated centres of expertise.

- 6.13 It was also felt that the separation of expertise could potentially cause confusion around where to take a child in an emergency, and at the triage stage. In relation to the latter point, the need to ensure assessment is effective and children are sent to the correct site was stressed. Further assurances were sought that swift transfers would be arranged between local emergency departments (at which parents are likely to present) and the proposed specialist emergency hospital, to ensure children can access the care they need in a timely manner.

Views on proposed locations of children's surgical services

- 6.14 Participants tended to agree with the proposal to locate a new centre of expertise for emergency and planned surgery inpatient centre of expertise at Great Ormond Street Hospital (GOSH), and a day case surgery centre of expertise at UCLH.
- 6.15 The anticipated positive impacts of the proposed changes were thought to outweigh the impacts on travel times for some groups. In fact, the average travel time increases provided in the consultation document were said to be less than expected. Some participants felt positive about the proposed locations with the caveat that ambulance transportation would be available in an emergency.
- 6.16 While participants were largely positive or neutral toward the proposed locations, some expressed concerns or considerations. Most notably, it was said that having to access services at different, potentially more distant, locations could mean more difficult and costly journeys, especially by public transport, but also by car when considering traffic congestion. This could impede attendance at appointments and necessitate additional time off work or school in order to accommodate delays.

“... the general congestion in London anywhere here is an issue in relation to get into these areas of expertise.” (Tottenham and Edmonton Resident)

- 6.17 One participant felt that the proposed centres of expertise should be spread further apart by locating that for day case surgery further north within NCL, and another suggested that specialist children's surgeons could travel to different hospitals, negating the need for consolidated centres of expertise. Moreover, combining specialist emergency, inpatient and day surgery within one single centre of expertise was proposed.

Impacts on specific groups and mitigations

- 6.18 When discussing the possible impacts of the proposals, travel and transport issues were again prevalent. Those who work, are lone parents, have larger families (and would struggle to balance longer hospital journeys with other children at home), and/or are on lower incomes would, it was felt, be most impacted by having to travel longer distances to access health services and the additional costs associated with, for example, the journey itself, congestion charges, and parking fees. In this respect, it was suggested that the NHS should provide a free pick-up service for those from vulnerable and disadvantaged groups who are scheduled for planned surgery.
- 6.19 It was also said that parents of disabled children and those with disabilities themselves (especially if reliant on public transport) would potentially be negatively affected by the proposed changes. Transport options that cater for disabilities were said to be limited and come at a higher cost and, as such, it was suggested that

parents should be offered options such as accommodation near the hospital at which their child is being treated.

- ^{6.20} In addition to travel concerns, individual participants noted specific groups that may be more impacted by the proposals others, notably those with mental health concerns, those from ethnic minority communities, and those whose first language is not English. It was said that effective, widespread communication around any changes could overcome some of these impacts, especially for the latter.

“... I feel lucky because it's been explained to me today, but for the people who weren't here today... how would they find out about the new system? PR for such changes is not easy, so we can't forget about letting those people know about the changes.” (Tottenham and Edmonton Resident)

7. Written submissions

Written responses from members of the public, staff, and stakeholders

Introduction

- 7.1 During the consultation process, 26 formal or written submissions were received as below³⁵. ORS has read all the written submissions and reported them in this chapter.

It is important to note that the following section is a report of the views expressed by submission contributors. In some cases, views may not always be fully supported by the available evidence - and while ORS has not sought to highlight or correct incorrect statements or assumptions, this possibility should be borne in mind when considering the submissions.

- 7.2 Of the 26 submissions, 12 responses are from NHS teams in North Central London, individual NHS staff members, and one member of the public (Table 11). The feedback from these submissions has been summarised in tables in the first section of this chapter.

Table 11: Summary of submissions received from NHS teams and individuals. An asterisk (*) is used to show responses that were received via the consultation questionnaire.

NHS AND HEALTHCARE TEAMS
Consultant Paediatric Ophthalmologists from GOSH, Royal Free Hospital and Moorfields Eye Hospital (MEH)
Department of Paediatric ENT, GOSH
Department of Paediatric Urology, GOSH
Department of Spinal (Orthopaedic) Surgery, GOSH*
Islington CAMHS Parent and Baby Psychology service*
Plastic and Reconstructive Surgery, GOSH*
Royal Free Hospital (RFH) staff
Specialist Neonatal and Paediatric Surgery, GOSH*
UCLH General Paediatric Consultants and Paediatric and Adolescent Divisional Nurses
INDIVIDUAL SUBMISSIONS
Two submissions from NCL staff members
One submission from a member of the public

- 7.3 The remaining 14 submissions covered in the chapter are from organisations and individuals responding in an official capacity (Table 12 overleaf) and have been summarised individually in the second section of this chapter.

³⁵ Those with an asterisk (*) next to them in the table were received via the consultation questionnaire but are included as submissions due to the level of detail they contained, or because they presented unique or distinctive arguments.

Table 12: Summary of submissions received from organisations and officials. An asterisk (*) is used to show responses that were received via the consultation questionnaire.

NHS AND HEALTHCARE ORGANISATIONS
Evelina London Women's and Children's Clinical Group, Guy's and St Thomas' NHS Foundation Trust
Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) Executive Team
North Thames Paediatric Network*
South Thames Paediatric Network
Whittington Health NHS Trust
James B Hunter, Getting It Right First Time (GIRFT) clinical lead for Paediatric Trauma and Orthopaedics at NHS England
Professor Simon Kenny, National Clinical Director for Children and Young People and Getting it Right First Time (GIRFT) clinical lead for Paediatric General Surgery and Urology
LOCAL AUTHORITIES
Camden Council
Haringey Council
Haringey Council Health and Wellbeing Board*
Islington Council*
Islington Councillor*
OTHER OFFICIALS, ORGANISATIONS, AND COMMUNITY GROUPS
Healthwatch Islington and Islington Somali Community
Manor Gardens Welfare Trust

Summaries of submissions

- 7.4 The written submissions do not lend themselves to easy summary and so readers are encouraged to consult the remainder of the chapter below to read a full account of the views expressed. Nonetheless, the following summary of key findings around the main proposals gives a sense of the types of issues raised - a 'summary of summaries'.

The case for change

- 7.5 There was some recognition of the stated challenges within children's surgical services, 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 maintaining an adequate throughput of cases. The need to minimise transfer delays for children and their families before urgent surgery is undertaken, especially out of area, was also noted – as was the need to improve the efficiency and effectiveness of children's surgical services pathways more generally.

The proposed model of care

- 7.6 There was also some support for the proposed model of care, including from the Islington CAMHS - Parent and Baby Psychology service and Whittington Health NHS Trust, who felt that creating centres of expertise as proposed would ensure babies and children get the care they need more quickly; and reduce the time needed for staff to arrange care at an alternative site. The North Thames Paediatric Network and the South Thames Paediatric Network also supported the concept of centralising day case surgery and emergency

surgery for children in principle. However, both had concerns about the implications of doing so in practice, many of which are outlined below.

- 7.7 There were, though, many concerns around the proposed model of care, including that it runs counter to 'Getting It Right First Time' (GIRFT) guidance and also potentially:
- » increase transfers for complex patients
 - » increase inequity by moving paediatric services further away from the poorest and most vulnerable families
 - » increase travel time and costs for families
 - » de-skill paediatric staff and cause future recruitment/retention challenges at locations other than the proposed centres of expertise
- 7.8 The impact of the proposed changes on demand and capacity requirements for children's surgery and other services across NCL and London more widely was also a worry, particularly given concern around how accurate modelled patient flows will prove to be in practice. In this respect, it was stated that any changes must consider care pathways across the whole of NCL and beyond, since many children require access to care across ICB boundaries.
- 7.9 Finally, the accuracy of current capital and revenue cost estimates for the proposed model of care was questioned, and there was a sense that these are likely to increase significantly.

A centre for expertise for emergency and planned inpatient surgery at GOSH

- 7.10 With respect to the proposal to create a centre of expertise for emergency and planned inpatient surgery at GOSH, there was recognition of the need to improve the quality, safety, and access to surgical specialities for babies, children and young people – and that this could be achieved through the consolidation of acute paediatric surgical services. There was also some support for doing so at GOSH in principle.
- 7.11 However, there was significant concern about the implications of the proposal in practice. Firstly, several submissions noted that the proposal would represent a marked change to GOSH's operating model, which is to advance care for children and young people with rare and complex health conditions through the provision of tertiary and quaternary services, many of which cannot be accessed elsewhere.
- 7.12 On a related note, the location of the GOSH site was said to constrain expansion opportunities, so the need to maximise on-site capacity to support the children that only GOSH can treat was stressed. Moreover, the GOSH Executive Team highlighted that the new national Children's Cancer Centre (CCC) is scheduled to open in Autumn 2027 and that during the construction phase, the hospital's capacity to deliver its current range of clinical services will be reduced and it will be unable to accommodate any of the new facilities outlined in the current Start Well proposals until after the completion of the Children's Cancer Centre.
- 7.13 Staffing concerns were also prevalent. Several respondents said that GOSH does not have, and is unlikely to attract, the personnel numbers required to deliver the proposal; and that anticipated changes to rotas and shift patterns could decrease clinic activity and operative productivity, as well as development opportunities for trainees.
- 7.14 In relation to expertise, 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 to ensure acute medical experience in supporting unexpected illness. These do not currently exist at GOSH. Moreover, there was concern that the proposals would expect GOSH staff to manage cases that are not part of its current clinical practice.

- 7.15 Other key questions and concerns were around GOSH's capacity to accept additional patients (particularly considering its existing capacity, constraints and pathways for children requiring surgery if the hospital is full. In this respect, several respondents questioned whether the proposed additional emergency inpatient beds at GOSH would be protected (i.e. 'ringfenced') for NCL patients. Also, in relation to pathways, the South Thames Paediatric Network asked about the onward pathway for the c.900 children who do not require immediate surgery; and clarity was sought around those for children of specific ages, and within specific services like ENT, ophthalmology, orthopaedics, plastic surgery, and urology.
- 7.16 More specifically, there was worry that demand for emergency surgery at GOSH could squeeze out capacity for existing elective work; that capacity planning will be much more difficult at GOSH than is currently the case; and that there could be 'mission creep' around proposed age criteria, which would further increase demand.

A centre for expertise for day case surgery at UCLH

- 7.17 There were fewer comments about the development of a centre of expertise for day case surgery at UCLH. While there was some support for this (including among UCLH staff), concerns were raised around certain services. For example, NCL's paediatric ophthalmologists noted that UCLH does not currently undertake ophthalmic surgery and therefore could not take over the routine day case surgery for NCL due to lack of equipment, trained staff or a host department from which to organise the surgery³⁶. More generally, capacity and space constraints within the hospital were noted, as was the need to ensure adequate staffing expertise across all areas currently involved in day case procedures.

Suggested alternatives

- 7.18 In terms of alternatives, the following were most commonly suggested:
- » rather than emergency surgery for younger children being consolidated within the NCL ICS, children could transfer to hospitals at which emergency departments are co-located with paediatric surgery and acute paediatrics like Chelsea and Westminster Hospital, Evelina London Children's Hospital, The Royal London Hospital, and St Mary's Hospital
 - » UCLH should be the NCL centre for managing emergency as well as planned day case surgery as it has an existing children's Emergency Department, Neonatal intensive care unit, paediatrics, and a growing team of paediatric anaesthetists
 - » redirect the funding for additional resources at GOSH to improve skills and staffing in other local hospitals and the centres currently providing children's surgical services

Summary table of themes from NHS teams and individuals

- 7.19 Submissions of feedback from NHS teams in NCL hospitals and from individual staff members are, by their nature, focused closely on specific aspects of the NHS services they are involved in delivering. As such, publishing detailed summaries in this report could identify individual respondents. Our approach has therefore been to provide detailed but anonymised summaries, and some verbatim responses (where appropriate), to the ICB team for review alongside this report, and to provide a high-level, thematic overview of the issues and concerns raised in the tables below. It should also be noted that many of the points raised in these submissions were also raised via other feedback channels and are therefore also covered in other relevant chapters of this report.

³⁶ Ophthalmology is not under consideration to be consolidated at UCLH under the proposals being consulted upon.

7.20 The main themes emerging from the submissions received from NHS teams and individuals (including one member of the public) are outlined in the subsequent summary table.

Table 13: Themes raised by NHS teams and individual staff

Sub-Theme	Examples of issues raised
Support for proposed model of care	<p>Potential opportunities to create more efficient service/pathways (raised by individual staff member and Specialist Neonatal and Paediatric Surgery, GOSH)</p> <p>Creation of a SAU (Surgical Assessment Unit) is an opportunity to develop pathways and better cross site working (raised by UCLH General Paediatric Consultants and Paediatric and Adolescent Divisional Nurses)</p>
No need to change current pathways	<p>Suggestions that some current emergency pathways are robust (e.g. in ENT services)</p> <p>Concerns with the proposed emergency pathway for paediatric urology (i.e. for patients with acute scrotum, where guidance suggests transfer to specialist centres should only be considered in exceptional circumstances)</p> <p>No guidance explicitly states that children below three should only be anaesthetised by Paediatric Anaesthetists in a tertiary or quaternary Centre (raised by Department of Paediatric Urology, GOSH)</p> <p>Potential safety issues around moving complex patients for their surgery (raised by Department of Spinal (Orthopaedic) Surgery, GOSH)</p> <p>Issues affecting Royal Free Hospital, e.g. needing paediatrics on site to support other services there (raised by members of Royal Free Hospital staff)</p>
Concerns about capacity at GOSH	<p>Risk that acute admissions would take priority over elective cases (and unclear how these competing priorities would be managed), potentially leading to more on-the-day cancellations</p> <p>Lack of physical space on site to accommodate changes</p> <p>Bed space pressures and concerns about contingency arrangements</p> <p>Concerns referral numbers may have been underestimated</p> <p>Specific concerns about ENT and services potentially being overwhelmed (raised by Department of Paediatric ENT, GOSH)</p>
GOSH skills and expertise more aligned to delivering specialist care	<p>Comments around the lack of A&E at the GOSH site</p> <p>Holistic medical and safeguarding needs of patients: critical that the provider can cater for unexpected illness in a child previously unknown</p>

Sub-Theme	Examples of issues raised
	<p>to them (which may be compromised by lack of an ED) (UCLH General Paediatric Consultants and Paediatric and Adolescent Divisional Nurses)</p> <p>Concerns about ability to assess and manage acute scrotum cases given more specialist focus of the department (raised by Department of Paediatric Urology, GOSH)</p>
Impacts on the workforce	<p>General concerns about workforce and staffing e.g. whether two centres can be sufficiently staffed, morale issues if more operations are cancelled</p> <p>Other concerns raised by particular specialties (ENT, paediatric urology, plastics and ophthalmology), for example:</p> <ul style="list-style-type: none"> • about nursing cover and the skill mix of staff (Department of Paediatric ENT, GOSH) • the proposed modelling potentially leading to the need to recruit for new out of hours on-call rotas (Department of Plastic and Reconstructive Surgery, GOSH) • additional out of hours work could lead to changes from on-call rotas to a full shift working pattern, which may impact on ability to deliver elective activity (Department of Paediatric Urology, GOSH) • likely need to recruit more junior doctors
Impacts on training and trainees	<p>Risk of reduced training opportunities for some specialties due to increased out of hours working</p> <p>Increase in trainee numbers required, which may not be achievable (raised by Department of Paediatric ENT, GOSH)</p> <p>Need to consider impacts on education (including NHS Long-term Working Plan) and providers such as UCL medical school</p> <p>Concern proposals may lead to fewer trained staff in future (raised by Consultant Paediatric Ophthalmologists)</p>
Clarity of pathways	<p>Concerns about 'mission creep' if pathways are not clearly defined (also linked to concerns about potential impacts of 'deskilling' in other units)</p> <p>Questions about pathways for services, where those services will not be at the proposed new centres of expertise</p> <p>Need for clearly defined referral, transfer, and repatriation processes should a child not need a surgical intervention</p> <p>Age-cut offs for patients and potential age inequity, specific scenarios where there may be unintended risk for certain cohorts of patients not</p>

Sub-Theme	Examples of issues raised
	accounted for in the pathway (raised by UCLH General Paediatric Consultants and Paediatric and Adolescent Divisional Nurses)
Change to GOSH Ethos	<p>Risk of changing GOSH's focus as a quaternary site and potentially leading to it being perceived as more of a "paediatric DGH"</p> <p>Potential to impact GOSH's plans to develop a world leading children's cancer centre</p>
Views on proposed centre of expertise for day case surgery at UCLH	<p>Some support (from Specialist Neonatal and Paediatric Surgery, GOSH and UCLH General Paediatric Consultants and Paediatric and Adolescent Divisional Nurses)</p> <p>However, various considerations highlighted e.g. in terms of staffing, ensuring suitable space, and improving capacity for pre-assessment pathways</p> <p>Concern that ophthalmic surgery should take place in centres that perform this surgery (raised by Consultant Paediatric Ophthalmologists)</p>

Alternative suggestions/mitigations

- 7.39 The department of paediatric urology and a paediatric urology consultant at GOSH proposed that UCLH is considered as the NCL centre for the management of emergency as well as day surgery for paediatric urology as it has an existing paediatric A&E, Neonatal intensive care unit, paediatrics, and a growing team of paediatric anaesthetists due to the development of Proton Beam therapy and expansion of elective day surgery in paediatric dentistry, general surgery and urology. In addition, UCLH was said to have adult urology and adult general surgeons to allow for early assessment and prompt surgical intervention.
- 7.40 The consultant paediatric ophthalmologists suggested in relation to ophthalmic care:
- » day case elective surgery should remain the same, with GOSH, MEH, and Royal Free Hospital continuing to provide care
 - » emergency and out of hours care should stay as it is with GOSH and MEH continuing their established service level agreement for out of hours cover and Royal Free Hospital continuing to provide emergency care independently
 - » protected beds for surgical care at GOSH out of hours would secure the pathway and enable faster and more efficient transfer of care
 - » a dedicated paediatric surgical admission unit should be re-established at Royal Free Hospital to safeguard beds and staff
 - » adequate paediatric anaesthetic cover should remain at all sites
- 7.41 UCLH General Paediatric Consultants and Paediatric and Adolescent Divisional Nurses proposed an alternative solution whereby patients would be sent to a site where an emergency department is co-located with paediatric surgery and acute paediatrics, with the range of skills required to appropriately deal with both paediatric surgical services and undiagnosed unwell, acute admissions for unknown patients. Examples

of potential sites included Guy's and St Thomas' Hospital, The Royal London Hospital, Chelsea and Westminster Hospital, and St Mary's Hospital.

- 7.42 The Plastic and Reconstructive Surgery department at GOSH proposed that trauma cases be seen at those NCL sites that already have an up-and-running A&E (particularly UCLH which has anaesthetists trained for the relevant age groups), as well as to paediatric A&E units outside of NCL, such as Chelsea and Westminster Hospital, Evelina London Children's Hospital, and The Royal London Hospital. Additionally, it was proposed that GOSH can contribute by helping to train anaesthetic staff, maintaining experience in the existing trauma units, and assisting with more complex tertiary conditions such as paediatric sarcomas.
- 7.43 The department of plastic and reconstructive surgery at GOSH noted that similar discussions occurred during COVID-19 and that GOSH was not felt to be the best solution for trauma care. However, GOSH did absorb some more complex semi-elective and elective cases from other hospitals at around this time, as this was felt to be a better use of its expertise. This, it was said, may be a better way forward.
- 7.44 The paediatric ENT consultants at GOSH suggested that paediatric anaesthetic services should be developed locally to enable emergency care locally, which would be highly preferable to patients and avoid multiple expensive transfers.
- 7.45 The specialist neonatal and paediatric surgeons at GOSH suggested that capacity and bed availability issues may be best addressed at the level of the Operational Delivery Network, rather than the ICB level (the response cited a possible example of a child from Barnet being treated at Chelsea and Westminster Hospital or The Royal London Hospital rather than GOSH and suggested any difference in their experience and quality of care would be minimal).

Consultation process

- 7.46 The response from UCLH general paediatric consultants and paediatric and adolescent divisional nurses was fully supportive of the consultation process and noted the intention to improve quality of care through a focus on local children. It praised the NCL team for engaging with UCLH staff and patients throughout the consultation process.
- 7.47 The consultant paediatric ophthalmologists were concerned that there is no detail in the consultation document around the proposed change to the existing model of care for paediatric ophthalmic surgery; and whether the proposed changes consider the recent merger between Royal Free Hospital and North Middlesex University Hospital eye departments or the planned move of MEH to a new site in King's Cross. They also sought clarification on how additional bed space would be created and whether it could be protected for ophthalmic patients, and how a dedicated day case surgery centre would protect capacity and reduce cancellations over and above the existing model of care; and said there are errors in the documents with relation to the existing model of care (e.g. MEH does not provide emergency surgery out of hours; it is transferred to GOSH, while Royal Free Hospital manages its own urgent cases).

Summaries of detailed submissions

- 7.48 As previously mentioned, submissions from organisations and officials have been summarised in more detail to highlight their main arguments. NHS and healthcare organisations and leads

Evelina London Women's and Children's Clinical Group (Evelina London), Guy's and St Thomas' NHS Foundation Trust (GSTT)

- 7.49 Evelina London (part of GSTT) was interested in the impact on demand and capacity requirements for children's surgery in NCL following implementation of the proposed changes, and whether this will affect networked services elsewhere in London. In particular, it asked:
- » as Evelina London refers highly complex ENT cases to GOSH, would the service still have capacity to accept such cases following the implementation of the proposed changes?
 - » as Evelina London receives emergency general surgery referrals from hospitals in North London because of capacity issues at GOSH, would the implementation of the proposed changes enable that demand to be met at GOSH, or is this referral pattern expected to continue?
 - » should the proposed changes be implemented, will this increase the activity levels at GOSH, and will this impact on the collective ability to deliver paediatric spinal surgery cases across London (particularly at GOSH, Evelina London Children's Hospital, the Royal National Orthopaedic Hospital (RNOH), The Royal London Hospital, and St George's Hospital)?
 - » recently, other institutions have sought mutual aid for paediatric dentistry, which Evelina London has supported with anaesthetic provision; would the implementation of the proposed changes impact existing, or require additional, mutual aid arrangements?

Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) Executive Team

GOSH's role and mission

- 7.50 GOSH is an international centre of excellence in paediatric care and one of the few hospitals globally that focuses on advancing care for children and young people with rare and complex health conditions around the world. It offers 63 paediatric specialties and sub-specialties and 19 nationally commissioned services for rare diseases. GOSH's patients have the greatest complexity of any UK hospital, and for many children and families, it may be the only centre in the country that can offer the specialist care they need.
- 7.51 Many of GOSH's patients face healthcare inequalities that compound the challenges they face in finding support for their complex medical needs. For example, at least 58% of GOSH patients live in the most deprived areas; at least 28% are from Black, Asian and ethnic minority communities; at least 4.5% have autism; and at least 7.6% have learning disabilities.
- 7.52 Advancing care for children and young people with complex needs – those that only GOSH can support – is the pivotal feature of the GOSH mission. As such, it is extremely keen not to disrupt its ability to deliver these services, as “this could disadvantage children with specialised paediatric needs who are unable to receive care elsewhere.”
- 7.53 The GOSH Executive Team also said it is relevant to consider how the hospital's unique concentration of specialist services should best be deployed as an NHS resource, especially considering the space and resources constraints of its location. Moreover, it has recently closed one of its main clinical buildings for demolition to pave the way for a new national Children's Cancer Centre (CCC), which is scheduled to open circa Autumn 2027. During the construction phase, its capacity to deliver its current range of clinical services will be reduced and it will be unable to accommodate any of the new facilities outlined in the current Start Well proposals.
- 7.54 NHS income alone is not sufficient to support GOSH in delivering its mission or to provide all the support that its patients, families and staff need, meaning it must work closely with a range of partners beyond the NHS.

The Executive Team thus noted that it has a wide range of stakeholders who are integrally involved in its operating model and will need to have a say on decisions it makes around resource allocation and any significant changes to the way it works.

- 7.55 Finally, the Team considered it critical that healthcare commissioners understand medical complexity as a key feature of its business model. Providing care for GOSH's patient population (only 16% of which live within NCL's borders) requires a wide range of interventions and enhanced support, all of which is costly. As a specialist centre, GOSH will "naturally run at unit costs that are more expensive than an acute hospital."

Proposals for children's surgical services, including the establishment of a Centre for Expertise in emergency and planned inpatient surgery at GOSH.

- 7.56 The Start Well proposals include the creation of a centre of expertise for emergency and planned inpatient surgery' at GOSH, for under-threes and some under-fives (general surgery and urology), and low volume complex cases. The views expressed by the GOSH community (staff, patients, and families) in relation to these proposals are summarised below.

- 7.57 The GOSH community recognised the importance of making improvements to care pathways in surgical specialities for babies, children and young people and is committed to continuing to work with NHS and social care organisations in NCL and beyond to deliver these.

- » NCL hospitals are struggling to maintain enough clinical staff with paediatric training and the confidence and experience to operate on young children; consolidation of acute paediatric surgical services is thus essential to improve quality, safety and access, and the chosen site or sites should be selected to optimise quality, access, and experience for patients – particularly those affected by health inequalities
- » the optimum location for acute paediatric surgical services must consider care pathways at the supra-ICS level, since "ICB boundaries are an artificial construct for commissioning purposes and many children require access to care across ICB boundaries"
- » maintaining an adequate throughput of cases (and sufficient numbers of experienced staff) is a challenge for young children's services in particular – so service and workforce planning is likely to be most effective if undertaken with a supra-ICS lens; there is ongoing work within the North Thames Paediatric Network to address paediatric care standards and resilience which should guide NCL's decision-making

- 7.58 The proposal to create a centre of expertise for emergency and planned inpatient NCL patients at GOSH represents a material change to the GOSH operating model; this is likely to have unintended consequences and presents a risk to GOSH's ability to prioritise NHS patients with complex healthcare needs, who rely on it for access to tertiary and quaternary services.

- » opening an emergency surgical assessment unit and providing emergency surgery services for all NCL patients at the younger age profiles would "mark a significant change in focus for GOSH's surgical services, from a national/specialist to local/acute model of care"
- » while the projected numbers are relatively small, they are unlikely to prove accurate in the longer term as they do not account for the unintended consequences of changing patient flows; referral patterns and presentations often do not match the design principles of a service and are not easy to predict
- » paediatric system capacity is a nationwide issue and opening an emergency service within a national centre will stimulate significant demand that could squeeze out capacity for existing

elective work; wider NHS stakeholders are likely to conclude that an emergency service from a national provider such as GOSH should be available to patients from a wider geographical area, and without a robust national or regional plan to address acute paediatric system resilience, there could be “mission creep” around proposed age criteria, which would place increasing demand on space on the GOSH site over time

- » clinical and operational colleagues have expressed concern that establishing and running this new service will distract from GOSH's current focus on minimising elective waiting times; developing virtual support and outreach; and maximising on-site capacity to support the children that only GOSH can help

^{7.59} Further work by NCL partners and the wider region is needed before an informed decision can be taken on proposed surgical pathways, to “provide assurance that the proposed model will improve quality, safety, and access and that it is financially and operationally sustainable.”

- » while there are advantages to moving paediatric surgery services to GOSH and UCLH, there are also significant disadvantages; these include moving paediatric services further away from where they are most needed; and de-skilling and re-directing the paediatric expertise that currently resides within the secondary care system in NCL
- » for some conditions (such as testicular torsion), it would be less safe for emergencies to be managed at GOSH, according to recent Getting It Right First Time (GIRFT) guidance
- » each pathway will need to be assessed according to ongoing national and regional recommendations before a conclusion can be reached about which services should be lifted out of acute and placed into specialist settings; these should be made by speciality and condition rather than by age
- » work to date on patient volumes and capital and revenue costs is not complete; current estimates will depend on the final model of care and are likely to increase significantly; capital and revenue cost estimates will also need to be updated as work progresses, and GOSH is not in a position to commit to providing services without confirmation that adequate funding will be made available

^{7.60} The GOSH Executive Team concluded that there is more work to do with its colleagues at University College London Hospitals NHS Foundation Trust, Whittington Health NHS Trust and North Thames Paediatric Network to propose a resilient, safe, high-quality model of care that will secure short- and long-term benefits for the system, while offering value for money. Indeed, it was said that “while the majority of GOSH colleagues would agree that the model of care that has been developed for the Start Well consultation will deliver improvements to the status quo, this latest round of engagement leads us to conclude that it is essential that further work is required to evolve it.”

^{7.61} In this context, the Executive Team shared the following considerations to be mindful of in considering next steps:

- » consolidation of paediatric surgical services should remain an urgent service development priority for North Central London ICB; and while a permanent solution will take time, there could be some more immediate solutions to some of the key concerns
- » the optimum location for paediatric surgery services within North Central London would be where the population needs are most acute, and “this decision should be taken with a healthcare inequalities lens”

- » the location of future paediatric services within NCL should be determined in partnership with the North Thames Paediatric Network to ensure pathways function well across ICB boundaries and that services will be resilient in the long term
- » a paediatric surgery centre should ideally be co-located with a children's emergency department, a Paediatric and Neonatal Intensive Care Unit, a maternity unit, and a paediatric community diagnostics centre. It should also be considered as a hub for investment in a wide range of paediatric and community/family support services to enhance access to support families facing healthcare inequalities and address under-served areas of children's health
- » withdrawing capacity for the rare and complex patients that GOSH cares for in favour of a local population who are currently cared for in acute settings has some important health inequalities implications for an under-served patient population with rare and complex needs

North Thames Paediatric Network (NTPN)

- ^{7.62} NTPN said it can support the idea of a Surgical Admissions Unit (SAU) at GOSH and a day case centre of excellence at UCLH. It did, however, have some queries about implementation and capacity; and felt it would be useful to understand how the proposed changes would be resourced and funded to meet the required demands.
- ^{7.63} NTPN advocated that any changes should involve stakeholders from across the Network area, including those providers with pathway flows in and out of the NCL system, for example: North East and North West London, bordering East of England hospitals, and those who refer patients for specialist surgery from across the United Kingdom.
- ^{7.64} The Network also supported a 'care closer to home' model and would like to ensure any plans account for the education and training needs of both the proposed centres of excellence and the district general hospitals.

South Thames Paediatric Network (STPN)

- ^{7.65} The STPN's response highlighted some concerns. For example, in relation to the GOSH surgical assessment centre, it suggests that the documentation does not explain the process for the c.900 children who do not require immediate surgery, nor outline a plan for those requiring ongoing care.
- ^{7.66} It is noted that GOSH does not have an Emergency Department (ED) and most surgical admissions and transfers are currently elective; as such, it is felt the proposals diverge significantly from current practice. It is also queried whether, to avoid transfers, families may travel to EDs outside the ICS (e.g. at The Royal London Hospital or St Mary's Hospital) leading to increased pressures elsewhere.
- ^{7.67} The STPN also queried how the proposed number of additional beds was attained, how the prioritisation process for inpatient beds at GOSH will be managed, and what alternatives are proposed if there are no staffed beds available at GOSH.
- ^{7.68} In relation to day case pathways and governance, the STPN also queried the assumption that all UCLH surgeons would be happy to accept referring decisions from surgeons at the outpatient sites, and whether there was any risk that incidents related to decision-making, complications and follow up might be missed in the two-site model.
- ^{7.69} In relation to referral processes and transfers, the STPN suggested potential gaps in evidence to support some of the statements in the consultation document, and raised some queries concerning very young children, for example: the numbers requiring elective surgery between six and twelve months.

7.70 While acknowledging some cost benefits associated with centralisation, the response posed questions around the value for money of the proposals, including whether the number of cases justified altering GOSH's ethos and creating a new emergency site (rather than transferring patients to existing children's surgical emergency departments outside the ICS). It queried whether funding could be redirected to improve skills and staffing in centres which are presently already providing these services.

Finally, STPN requested an explanation of the mitigations that will be put in place to ensure children are not transferred out-of-region when capacity is constrained if any new pathway is implemented.

Whittington Health NHS Trust

7.71 Whittington Health NHS Trust strongly agreed with the proposed changes to children's surgical services; and strongly agreed that the proposal to create two new centres of expertise would benefit babies and young children. The Trust also strongly agreed that if a new planned inpatient and emergency surgery centre of expertise is created, that it should be at Great Ormond Street Hospital (GOSH); and that if a new day case surgery centre of expertise is created, that it should be at UCLH.

7.72 In terms of the reasons for those views, the Trust recognised the case for change in this area, particularly the need to reduce transfer delays for children and their families before urgent surgery is undertaken, especially out of area. The Trust felt that creating centres of excellence as proposed would ensure babies and children get the care they need more quickly; and reduce the time needed for staff to arrange care at an alternative site. This, it was said, would result in improved care not only for these patients, but better care for all paediatric patients as staff time is freed up.

7.73 In considering equalities, Whittington Health NHS Trust was assured that NCL ICB has taken account of the needs of all communities throughout the process of developing and consulting on the case and proposals for change. It was also assured that special attention has been given to those people who might be negatively impacted by these changes as a result of a protected characteristic or deprivation.

James B Hunter, Getting It Right First Time (GIRFT) clinical lead for Paediatric Trauma and Orthopaedics at NHS England

7.74 Mr Hunter felt that North Central London is at a significant advantage in that it has two centres of paediatric trauma and orthopaedic excellence. These, it was said, will be "more than capable of dealing with any elective orthopaedic problems", although both (Royal National Orthopaedic Hospital and GOSH) have a national remit and obligation.

7.75 Mr Hunter's concern was around provision for paediatric orthopaedic trauma. He noted that under the proposals, hospitals will continue to provide emergency surgery to children over three; but suggested that "you may wish to look at the variability of that offering as part of your exercise, because orthopaedic trauma that does not meet the threshold for transfer to a major trauma centre does require some specialist skills and facilities, and presents in not insignificant numbers."

7.76 Mr Hunter noted that 125 elbow fractures were treated in the NCL ICB area last year and that while most of these will be in the over threes, some will not be. He asked where these would be treated. Mr Hunter also noted that while many orthopaedic trauma cases can be treated as day cases in appropriate facilities, lower limb fractures frequently require admission and subsequent intervention. Again, he asked where children under three would be treated in such cases.

Professor Simon Kenny, National Clinical Director for Children and Young People and Getting it Right First Time (GIRFT) clinical lead for Paediatric General Surgery and Urology

7.77 Professor Kenny raised the following issues and questions in relation to the proposals for children's surgical services:

- » overall, the proposals seem to run counter to Getting It Right First Time (GIRFT) recommendations
- » the proposed model seems to be increasing travel times, costs, and carbon footprint for families; and has the potential to increase inequity by making it harder for the poorest and most vulnerable to access services; is there any mitigation in place to support travel costs, and how does the proposal fit within a net zero strategy?
- » the proposed model looks at North and Central London in isolation, and there are also specialist centres across North London (at, for example, Imperial College Healthcare Trust (St Mary's Hospital), Chelsea & Westminster Hospital, and Royal London Hospitals); were they considered as alternative sites for emergency surgical provision?
- » what is the impact for trauma patients?
- » what mitigations are in place for the provision of emergency surgery for older children given day case exposure will reduce? This raises the prospect of a "deskilled anaesthetic and surgical workforce saying that they do not have the caseload to warrant offering the service"; is there a risk that all emergency surgery will centralise, with increased costs to families and the environment?
- » the latest ONS data has revised predictions for birth rates so the statement that the size of the children and young people population will reduce may not hold true

Local authorities and elected members

Camden Council

7.78 Camden Council recognised the need to improve paediatric surgical pathways across NCL, which currently mean that some children and young people who could have been treated at local hospitals are being transferred elsewhere. The Council suggested that an "absence of consistent system-wide protocols on pathways of emergency care and the management of transfers, with decisions often being made on the basis of the skills and confidence of the team, is not a sustainable path forward."

7.79 However, the Council sought assurance that the implementation of any proposals would seek to mitigate potentially negative impacts for Camden residents around the following issues:

- » increased travel times for some residents, which "is likely to have a disproportionate impact on out-of-pocket costs and time among our more vulnerable population groups... particularly those from deprived areas and with protected characteristics"; the Council asked that if the proposed changes are implemented, stronger equity-based mitigation measures will be needed to alleviate impacts on higher need families
- » hospital sites will likely have to ensure greater join up of pathways with borough-based services due to the wider patient catchment; the Council said that "we need to ensure this is suitable for the different local service structures and does not unintentionally disadvantage any population groups over others"

7.80 The Council also sought confirmation that there is enough capital budget available to implement the options.

Haringey Council

- 7.81 Haringey Council tended to agree with the proposed changes to children's surgical services; and tended to agree that the proposal to create two new centres of expertise would benefit babies and young children.
- 7.82 The Council also tended to agree that if a new planned inpatient and emergency surgery centre of expertise is created, that it should be at Great Ormond Street Hospital (GOSH); and that if a new day case surgery centre of expertise is created, that it should be at UCLH.
- 7.83 However, both centres were said to require a certain amount of travel for Haringey residents. The Council thus sought assurance that free or low-cost parking would be available at both facilities; and that if families need transport (e.g. hospital transport), this would be easy to book. It also said that the implications of long travel distances for families on low incomes should be considered.

Haringey Council Health and Wellbeing Board

- 7.84 Haringey Council Health and Wellbeing Board noted that both proposed centres would require a certain amount of travel for its residents. It therefore requested that the impacts of longer travel on low-income families be examined and suggested that free or low-cost parking and easily accessible hospital transport services should be considered.

Islington Council

- 7.85 Islington Council accepted that children's surgical services cannot continue as they are, for the reasons outlined in the consultation document. It acknowledged that many children must be transferred to other hospitals for an emergency surgical procedure and would expect an improvement in the emergency care pathway under the proposed model. It also felt the rationale for moving some planned surgery to a centre of expertise is clearly described in terms of supporting safety, quality and skills, and the Council hoped that, if implemented, the proposal may also reduce cancellations and waiting list times.
- 7.86 The Council noted that a Clinical Reference Group has been involved in shaping the proposals and was satisfied that relevant risks have been considered and accounted for, although this may be tested depending on the consultation outcomes.
- 7.87 While it acknowledged the proposed changes would impact on a very small proportion of the total surgical care provided, the Council felt the impact on some individuals could nonetheless be considerable. It was particularly concerned about adverse effects on accessibility for vulnerable groups and deprived areas.
- 7.88 The Council noted the work undertaken by the ICB to assess the travel and access impacts of the proposals but would like to see the demographic profile of those likely to be affected, as well as the ICB's plans to address the identified disadvantages. The Council sought assurance that the affected families receive appropriate support to equitably access the proposed provision, including support to navigate unfamiliar sites and systems, language barriers and travel costs.

Islington Councillor

- 7.89 The Councillor believed that concentrating elective surgery in fewer locations is far less concerning than doing so for emergency surgery. To justify this proposal, they felt a careful study must be undertaken to understand potential negative impacts on patients needing to travel further, alongside a review by the JHOSC.

Special interest/community groups

Healthwatch Islington and Islington Somali Community and Manor Gardens Welfare Trust (two identical, but separate submissions)

- ^{7.90} Healthwatch Islington and Islington Somali Community and Manor Gardens Welfare Trust understood that based on other models (such as stroke and the recent North Central London Orthopaedic Services Review), specialist care could be better delivered by consolidating expertise.

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Appendix II: Tables of coded questionnaire text comments

The tables below provide a more detailed account of text comments made by individuals responding to the open-ended questions in the consultation questionnaire and discussed in Chapter 2 of this report. Throughout this section, percentages show how many individual respondents raised each theme as a proportion of all those who provided comments in response to each question. Note that respondents could provide detailed feedback; as such, some comments covered more than one theme and therefore the total percentages sum to greater than 100%. An asterisk has been used to denote percentages greater than zero, but less than half of one percent.

Individuals' comments on the proposals for children's surgical services

The table below shows a more detailed account of the responses to the open-text question on the proposals relating to children's surgical services in NCL.

Table 14: Themes arising from comments on the NHS's proposals relating to children's surgical services in NCL (individual questionnaire respondents only)

Summary of comments		No. of respondents	%
AGREEMENT / POSITIVE IMPACT			
General agreement with changes/ proposals	Agree: Generally agree (non-specific)	42	10%
	Agree: Generally agree with day case surgery at UCLH	18	4%
	Agree: Generally agree with planned inpatient and emergency surgery at GOSH	17	4%
Proposals will have a positive impact(s)	Positive Impact: Having two centres allows for sharing of resources/staff	15	4%
	Positive Impact: Improved quality of care incl. reduced waiting times	12	3%
DISAGREEMENT / NEGATIVE IMPACT			
General disagreement with changes/ proposals	Disagree: Generally disagree/keep services local (non-specific)	75	18%
	Disagree: Generally disagree with planned inpatient and emergency surgery at GOSH	15	4%
	Disagree: Generally disagree with day case surgery at UCLH	9	2%
Proposals will have a negative impact(s)	Negative Impact: GOSH will be/is already overstretched	49	12%
	Negative Impact: UCLH will be/is already overstretched	19	5%
	Negative Impact: Added pressure on ambulance services incl. transfers	11	3%
	Negative Impact: May cause disruption to other services	8	2%
TRAVEL / ACCESS			
Too far/costly/poor parking/roads/public transport (general)	Negative Access: Poor accessibility incl. too far/costly, poor parking (general)	56	14%
	Negative Access: Poor public transport incl. frequency/cost (general)	7	2%
	Negative Access: Poor road infrastructure incl. traffic/road accidents/delays	5	1%
UCLH is too far/costly/poor parking/public transport	Negative Access: Poor accessibility incl. too far/costly, poor parking (UCLH)	24	6%
	Negative Access: Poor public transport incl. frequency/cost (UCLH)	1	*%

GOSH is too far/costly/ poor parking/public transport	Negative Access: Poor accessibility incl. too far/costly, poor parking (GOSH)	22	5%
	Negative Access: Poor public transport incl. frequency/cost (GOSH)	1	*%
Services will be accessible (incl. parking, public transport etc.)	Positive Access: UCLH is easily accessible incl. parking/cost/public transport	13	3%
	Positive Access: GOSH is easily accessible incl. parking/cost/public transport	2	*%
	Positive Access: Services will be easily accessible incl. parking/cost/public transport	2	*%
SUGGESTIONS / ALTERNATIVES			
Other suggestion/ alternative	Suggestion/Alternative: Other	40	10%
	Suggestion/Alternative: Ensure adequate capacity	26	6%
	Suggestion/Alternative: Services should be located elsewhere (not UCLH or GOSH)	17	4%
	Suggestion/Alternative: Centres of excellence should be more equally spread out	16	4%
	Suggestion/Alternative: Improve parking and transport links	9	2%
	Suggestion/Alternative: Reduce non-medical roles incl. admin/management	1	*%
Focus on improving staffing	Suggestion/Alternative: Focus on improving staffing incl. job satisfaction/training	52	13%
Improve/invest in local services	Suggestion/Alternative: Improve/invest in local services	38	9%
	Suggestion/Alternative: Improve/invest in another specific hospital	8	2%
OTHER			
Other comments	Other	70	17%
	Other: Don't feel capable of answering question	5	1%
Positive opinion on current care/facilities	Other: Positive opinion of care/facilities at GOSH	24	6%
	Other: Positive opinion of care/facilities at UCLH	18	4%
	Other: Positive opinion of local NHS in general	3	1%
Negative opinion on current care/facilities	Other: Negative opinion of care/facilities at GOSH incl. communication with other hospitals	23	6%
	Other: Negative opinion of care/facilities at UCLH	11	3%
	Other: Negative opinion of the local NHS in general	8	2%
Impact(s) on specific groups (e.g. low income, deprived, vulnerable individuals)	Equality: Negative impact on other family members	16	4%
	Equality: Negative impact on other vulnerable	8	2%
	Equality: Negative impact on low income/deprived	6	1%
	Equality: Negative impact on those without transport/non-drivers	3	1%
Criticism of the consultation	Criticism of consultation: More information needed/confusion over terminology	9	2%
	Criticism of consultation: Misleading questions/information	6	1%
	Criticism of consultation: Money-saving exercise	5	1%
	Criticism of consultation: General	4	1%
	Criticism of consultation: The decision should be made by professionals	3	1%
	Criticism of consultation: Mind's already made up	2	*%

Base: All individual questionnaire respondents providing comments in response to the question asking them to explain their views on the proposals relating to children's surgical services in NCL (407), Themes raised (773)

Individuals' comments on potential equalities impacts and mitigations

Questionnaire respondents were invited to identify any specific groups or people that they believed might be positively or negatively affected by the proposed changes and to explain how any positive impacts might be enhanced or negative impacts reduced. Table 15 below shows a more detailed account of groups or people identified while Table 16 shows the types of impacts that were identified in the same comments.

Table 15: Themes arising from comments on potential equality impacts – groups/people identified as being impacted by the proposed changes (individual questionnaire respondents only)

Summary of comments		No. of respondents	%
GROUPS IMPACTED			
Low income/deprived	Low income/deprived: Cost of transport/poor public transport links	72	8%
	Low income/deprived: Distance will be too far to travel	66	7%
	Low income/deprived: No specific reason	54	6%
	Low income/deprived: Other Reason	40	4%
	Low income/deprived: Without a car/don't drive	3	*%
	Low income/deprived: Positive impact	2	*%
Women/pregnant people	Women/pregnant people: No specific reason	80	9%
	Women/pregnant people: Other Reason	67	7%
	Women/pregnant people: Distance will be too far to travel	36	4%
	Women/pregnant people: Cost of transport/poor public transport links	8	1%
	Women/pregnant people: Without a car/don't drive	5	1%
	Women/pregnant people: Positive impact	2	*%
Orthodox Jewish Community	Jewish community: No specific reason	58	6%
	Jewish community: Distance will be too far to travel	55	6%
	Jewish community: Can't use transport on the Sabbath	43	5%
	Jewish community: Other Reason	42	5%
Ethnic minorities	Ethnic minorities: No specific reason	63	7%
	Ethnic minorities: Other Reason	56	6%
	Ethnic minorities: Distance will be too far to travel	21	2%
	Ethnic minorities: Cost of transport/poor public transport links	8	1%
	Ethnic minorities: Without a car/don't drive	1	*%
Another group	Other: Any other groups mentioned	116	13%
Disabled/neurodiverse	Disabilities/neurodiversity: No specific reason	32	4%
	Disabilities/neurodiversity: Distance will be too far to travel	31	3%
	Disabilities/neurodiversity: Other Reason	23	3%
	Disabilities/neurodiversity: Cost of transport/poor public transport links	12	1%
	Disabilities/neurodiversity: Positive impact	3	*%
	Disabilities/neurodiversity: Without a car/don't drive	2	*%
Children	Children: No specific reason	19	2%
	Children: Other Reason	13	1%
	Children: Positive impact	5	1%

	Children: Distance will be too far to travel	3	*%
NHS staff	Staff: Negative impact	30	3%
	Staff: No specific reason	6	1%
	Staff: Positive impact	1	*%
GENERAL COMMENTS			
Disagreement with changes/proposals	Disagree: With changes to maternity and neonatal services (specific option/location mentioned)	203	22%
	Disagree: With changes to maternity and neonatal services (general)	39	4%
	Disagree: Generally disagree with proposals/changes	25	3%
	Disagree: Will cause added pressure/strain	25	3%
	Disagree: With changes to children's surgical services (specific option/location mentioned)	12	1%
	Disagree: With changes to children's surgical services	6	1%
General impact on all patients	General: Increased risk/lower quality of care	60	7%
	General: Distance will be too far to travel	58	6%
	General: Cost of transport/poor public transport links	38	4%
	General: No specific reason	31	3%
	General: Other Reason	24	3%
	General: Without a car/don't drive	20	2%
	General: Positive impact	13	1%
Agreement with changes/proposals	Agree: With changes to maternity and neonatal services (specific option/location mentioned)	15	2%
	Agree: Generally agree with proposals/changes	7	1%
	Agree: With changes to children's surgical services	4	*%
	Agree: With changes to maternity and neonatal services	2	*%
OTHER			
Other comments	Other	117	13%
	Other: No impacts on any specific group	59	6%
	Other: Positive view of current care/facilities	37	4%
	Other: Reduced choice/options of where to give birth	28	3%
	Criticism of Consultation	27	3%
	Other: Personal/detailed experiences	7	1%
	Question misunderstood/shouldn't be asked	3	*%
Suggestion/Alternative	Other: Keep/invest in local services	64	7%
	Other: Focus on staff wellbeing	3	*%

Base: All individual questionnaire respondents providing comments in response to the question asking them to identify any groups or people that may be impacted by the proposals and how those impacts could be mitigated (913), Themes raised (1,784)

Table 16: Themes arising from comments on potential equality impacts – types of impacts suggested by respondents (individual questionnaire respondents only)

Summary of comments		No. of respondents	%
POSITIVE IMPACTS			
General agreement/ positive impact(s)	Agree: With changes to maternity and neonatal services (specific option/location mentioned)	15	2%
	Agree: Generally agree with proposals/changes	7	1%
	Agree: With changes to children's surgical services	4	*%
	Agree: With changes to maternity and neonatal services	2	*%
	General: Positive impact	13	1%
	Children: Positive impact	5	1%
	Disabilities/neurodiversity: Positive impact	3	*%
	Women/pregnant people: Positive impact	2	*%
	Low income/deprived: Positive impact	2	*%
	Staff: Positive impact	1	*%
NEGATIVE IMPACTS			
Impact(s) due to other reasons	Other: Any other groups mentioned	116	13%
	Women/pregnant people: Other Reason	67	7%
	Ethnic minorities: Other Reason	56	6%
	Jewish community: Other Reason	42	5%
	Low income/deprived: Other Reason	40	4%
	General: Other Reason	24	3%
	Disabilities/neurodiversity: Other Reason	23	3%
	Children: Other Reason	13	1%
General disagreement/ negative impact(s)	Disagree: With changes to maternity and neonatal services (specific option/location mentioned)	203	22%
	Disagree: With changes to maternity and neonatal services	39	4%
	Staff: Negative impact	30	3%
	Disagree: Generally disagree with proposals/changes	25	3%
	Disagree: Will cause added pressure/strain	25	3%
	Disagree: With changes to children's surgical services (specific option/location mentioned)	12	1%
	Disagree: With changes to children's surgical services	6	1%
Impact(s) for no specific reason	Women/pregnant people: No specific reason	80	9%
	Ethnic minorities: No specific reason	63	7%
	Jewish community: No specific reason	58	6%
	Low income/deprived: No specific reason	54	6%
	Disabilities/neurodiversity: No specific reason	32	4%
	General: No specific reason	31	3%
	Children: No specific reason	19	2%
	Staff: No specific reason	6	1%
Distance too far to travel	Low income/deprived: Distance will be too far to travel	66	7%

	General: Distance will be too far to travel	58	6%
	Jewish community: Distance will be too far to travel	55	6%
	Women/pregnant people: Distance will be too far to travel	36	4%
	Disabilities/neurodiversity: Distance will be too far to travel	31	3%
	Ethnic minorities: Distance will be too far to travel	21	2%
	Children: Distance will be too far to travel	3	*%
Cost of transport/poor public transport links	Low income/deprived: Cost of transport/poor public transport links	72	8%
	General: Cost of transport/poor public transport links	38	4%
	Disabilities/neurodiversity: Cost of transport/poor public transport links	12	1%
	Women/pregnant people: Cost of transport/poor public transport links	8	1%
	Ethnic minorities: Cost of transport/poor public transport links	8	1%
Increased risk/lower quality of care	General: Increased risk/lower quality of care	60	7%
Jewish community can't use transport on the Sabbath	Jewish community: Can't use transport on the Sabbath	43	5%
Impact on access for those without a car/non-drivers	General: Without a car/don't drive	20	2%
	Women/pregnant people: Without a car/don't drive	5	1%
	Low income/deprived: Without a car/don't drive	3	*%
	Disabilities/neurodiversity: Without a car/don't drive	2	*%
	Ethnic minorities: Without a car/don't drive	1	*%
OTHER			
Suggestion/Alternative	Other: Keep/invest in local services	64	7%
	Other: Focus on staff wellbeing	3	*%
Other comments	Other	117	13%
	Other: No impacts on any specific group	59	6%
	Other: Positive view of current care/facilities	37	4%
	Other: Reduced choice/options of where to give birth	28	3%
	Criticism of Consultation	27	3%
	Other: Personal/detailed experiences	7	1%
	Question misunderstood/shouldn't be asked	3	*%

Base: All individual questionnaire respondents providing comments in response to the question asking them to identify any groups or people that may be impacted by the proposals and how those impacts could be mitigated (913), Themes raised (1,720)