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DOCUMENT FROM THE CHILDREN'S HOSPITAL GROUP BOARD(CHGB), July 2016

*“Co-locating the new children’s hospital with St James’s Hospital
How the decision was arrived at and why it is the right
decision to support the delivery of improved clinical
outcomes and survival rates”*

The development of the new children’s hospital has taken into account international and national trends in delivery of acute healthcare. The irrefutable trends in global healthcare regarding the consolidation of acute hospital services are projected to continue into the future, particularly in relation to highly specialist services in the healthcare system consolidating into a single healthcare campus for a population of 4 -5 million

The decision by Government in 2012 to co-locate the new children’s hospital on a shared campus with St James's Hospital was led by clinical considerations and followed a series of reports that examined best practice internationally for a country of Ireland’s population.

The Maternity Strategy states that the three Dublin Maternity Hospitals should be co-located with an adult hospital and one with the new children’s hospital, facilitating **tri-location** of acute adult, paediatric and maternity services on the same campus, which is identified as the ‘optimal’ configuration from a clinical perspective.

**CONNOLLY FOR KIDS HOSPITAL(C4KH) REPLIES (Nov 2016)
TO THE CHGB DOCUMENT (in opposite column)**

*“Co-locating the new children’s hospital with St James’s Hospital
How the decision was arrived at and why it is the right
decision to support the delivery of improved clinical outcomes
and survival rates”*

This CHGB document does not explain how the decision was arrived at, nor, as claimed in its title, does it show how “it is the right decision”.

The National Maternity Strategy 2016 referred to in the first paragraph of the document merely reiterates the recommendation of the KPMG report of 2008 that the Dublin maternity hospitals should be co-located with an adult hospital and that one of them should be in a tri-location model with the new Children’s Hospital. It does no further analysis of bi- or tri-location models.

The CHGB document attempts to present the following publications as primarily promoting co-location of Adult and Paediatric facilities. They do not:-

Relevant reports include:

The McKinsey Report, “Children’s Health First” (2006) recommended that the population of Ireland, and projected demand, could support only one world-class tertiary paediatric hospital, that this should be in Dublin and that it should ideally be co-located with a leading adult academic hospital, to ensure relevant sub-specialty and academic linkages. The McKinsey Report recognised the importance of having a critical mass of sub-specialist skills in a tertiary paediatric centre to deliver quality healthcare for complex conditions and stated this could be achieved firstly, by serving a large enough population to support a full complement of sub-specialists and secondly, by co-locating with an adult teaching hospital thereby enabling access to specialists who serve both adult and paediatric patients, facilitating clinical and academic “cross fertilisation”, and attracting the top staff.

The Bristol Inquiry into paediatric cardiac surgery in the UK (2001) stated *“Children’s acute hospital services should ideally be located in a children’s hospital, which should be physically as close as possible to an acute general hospital”*. (The cardio-thoracic surgeons in paediatrics in Crumlin work across paediatric and adult services to ensure they maintain their competencies and skills in surgical techniques).

The Scottish Review of Paediatric Services (2004) specified that, *“Children’s specialist acute services should be co-located with adult, maternity and neonatal services.”* This recommendation has resulted in the opening in July 2015 of the Queen Elizabeth University Hospital campus which incorporates an acute adult and maternity hospital, the

The **McKinsey Report** stated – that while ‘ideally’ the children’s should be co-located with an adult hospital, if the children’s hospital were not co-located with an adult hospital the challenges of separation should be met. It further stated that pragmatic considerations such as space and access could take priority over adult co-location.

The **Bristol Inquiry** and the **Mellis “Queensland” Review** were both initiated by concerns of less than optimal survival after children’s cardiac surgery.

Of interest is that both in Bristol and in Queensland, the children requiring cardiac surgery were operated on in an adult hospital and looked after post-operatively in ICU in the adult hospital. This, fortunately, has never happened in Ireland. The reports favoured having all services for children within the children’s hospital. Indeed, one of the criticisms in the Bristol Report was that there was no full-time children’s cardiac surgeon. The Queensland Review, while it did not find excess mortality to have occurred, resulted in two children’s hospitals being amalgamated and cardiac surgery being transferred to the new amalgamated children’s hospital. There is an adjacent adult hospital, the Mater, (not the biggest one in the city), and a maternity hospital on-site.

The **Scottish Review** followed a decision that maternity hospitals in Scotland should be on the site of an acute adult hospital. It looked at services in Glasgow. One of the three maternity hospitals was not co-located with an adult hospital and the decision to close it was therefore

Royal Hospital for Children and regional laboratory services on a single campus in Glasgow.

The Mellis (Queensland) Review (2006) became the policy position on co-located paediatric services that resulted in the merger of two children's hospitals into a new children's hospital developed and opened in 2014 on the campus of an adult hospital. It recommended 'the construction of a single integrated children's hospital in Brisbane adjacent to an adult teaching hospital and in close proximity to an obstetrics unit to act as the hub of a state-wide network of paediatric tertiary services'.

An **Independent Review Group** established by Minister for Health (2011) made up of a team of four Chief Executive Officers who are physicians with extensive paediatric medical experience and drawn from the National Association of Children's Hospitals and Related Institutions (NACHRI) and the Children's Hospitals International Executive Forum (CHIEF) stated in their report on the subject that "*co-locating with tertiary adult and maternity hospitals is essential to the development of an excellent paediatric service. This has become best practice internationally and was recognized in the McKinsey report.*"

The **Dolphin Review Group** set up in 2012 to advise on the next steps following the refusal of planning permission for the project at the Mater campus, stated that, "*having reviewed the reports already prepared and considered their analysis and opinions, and having also consulted with a wide range of professionals in the field, we are also of the view that co-location is essential and tri-location optimal. We recommend that the Minister remains on this path.*" It identified St James's Hospital as the most suitable adult hospital for the new children's hospital to co-locate with from

taken. It so happened that the Children's Hospital (York Hill) was co-located with this maternity hospital and so it was decided to move the Children's hospital to the Southern General which had one of the 2 remaining Maternity hospitals on site. The moving of the children's hospital was not primarily to achieve co-location with an adult hospital but rather to achieve co-location with one of the two remaining maternity hospitals. The Southern General in South Glasgow has been recently (2016) renamed the Queen Elizabeth Hospital.

The **Independent Review** commissioned by Minister Reilly in 2011 noted that adult services were fragmented throughout the Dublin hospitals and that there was no obvious adult hospital for the children's to co-locate with.

It states "All groups presenting to the Review Team spoke of the imperative of additional co-location (tri- location) with a tertiary maternity and neonatal service".

The **Dolphin Review** Group in 2012 expressed a view that co-location was essential and tri-location optimal. It offered no evidence regarding benefits of adult co-location, just a one line 'opinion'.

a clinical, research and site perspective.

Institutions (NACHRI) and the Children's Hospitals International Executive Forum (CHIEF) stated in their report on the subject that *"co-locating with tertiary adult and maternity hospitals is essential to the development of an excellent paediatric service. This has become best practice internationally and was recognized in the McKinsey report.."*

St James's Hospital – The Facts

As outlined above planning permission was denied for the new children's hospital to be developed at the Mater Misericordiae University Hospital and the subsequent Dolphin Review Group set up in 2012 to advise Government on next steps identified St James's Hospital as the most suitable adult co-location hospital for the new children's hospital, from a clinical, research and site perspective.

Scale and complexity of clinical specialities

St James's Hospital is Ireland's largest and leading adult teaching and research-intensive hospital. It has the greatest number of clinical specialities and national services in the acute adult hospital system. It also has the widest range of sub-specialities in the adult system that can best support paediatric services, ensuring children with conditions whose prevalence does not warrant paediatric- only consultants, get the best support. Several specialties at St James's Hospital already support paediatric services in the children's hospitals. For example:

- Haematology
- Oncology
- Burns and Plastics
- Maxillo-Facial and Cleft Lip service
- Dermatology

St James's Hospital – The Facts

The CHGB document is incorrect in saying that the Dolphin Report stated that St. James's was "the most suitable adult co-location hospital for the new children's hospital, from a clinical, research and site perspective". There is no such claim in the Dolphin report. What Dolphin does say is that St. James's Hospital(SJH) best meets the criteria to be the adult co-located hospital from "a clinical and academic perspective" and that from "a design and planning perspective the sites adjoining Connolly and the Coombe hospital offered the best potential for future expansion and a landscaped setting ". Dolphin never claimed that SJH had the best "site", in fact it states that it has some "drawbacks in terms of site suitability."

Scale and complexity of clinical specialities

Only 1.5% of hours worked by SJH consultants is in paediatric service (information submitted by SJH to the Dolphin group and referring to dual-trained doctors), 98.5% is in the adult service. It is a myth to say that because an adult hospital has national specialties for adult diseases that the adult doctors are somehow endowed with skills to treat paediatric patients – this is arrogance gone mad. The Dolphin Report has, in the opinion of C4KH, been misled by false claims regarding the importance of a co-located adult facility for treatment of children.

Consultants who have trained in both paediatric and adult medicine may work between the two services (dual specialty trained), just as the vast majority of consultants in Dublin adult hospitals work in more than one adult hospital.

Immunology

Plastic surgery is a good example of why co-location of sub-specialities benefits paediatric services. Plastic surgeons are highly specialist diagnosticians that are adult based because more adults than children need their expertise. The skills and expertise they develop in their work on, for example, adult injuries benefit the smaller number of children who present with similar injuries.

Haematology is a service with a national role in bleeding disorders. Our Lady's Children's Hospital, Crumlin is the national centre for children with bleeding disorders. The same consultants work across both the paediatric and adult services and this allows them to provide lifelong care to children and young people with chronic blood disorders. Having highly specialist clinicians together in one place means patients with the most complex and rare diseases have the greatest number of specialists and sub-specialists on the one campus that can be called on to help diagnose and treat these children and even help develop cures through new research.

Currently 25% of the consultants in the three children's hospitals have adult service commitments with one of the adult hospitals in Dublin. The children's hospitals have the greatest number of joint consultant arrangements with St James's Hospital and the Mater Hospital. As mentioned above, there are many clinicians already working between St James's Hospital and the children's hospitals (in areas such as immunology, haematology, plastic surgery,

dermatology, burns and maxillofacial surgery) and this will increase once the new children's hospital opens. Inevitably, having them on the same campus will lead to greater access to adult specialities where needed. Currently consultants have to travel from adult hospitals to provide treatment and care to children in the three children's hospitals. This will no longer be necessary as in the new children's hospital, children will have better access to these consultants will already be on one campus, making it easier and more efficient to treat children in the new facility.

Access to external services

The campus at St James's Hospital already has two external services that are used by paediatric services:

The **National Radiation Oncology (cancer) Service**. Having this on the same campus means that children with cancer who need radiotherapy will not have to leave the campus for this treatment. At the moment children with cancer, and supporting paediatric staff, have to be transferred multiple times to another hospital for their course of radiotherapy treatment. Beaumont, St James's and St Luke's Hospitals make up the St Luke's Radiation Oncology Network in Dublin. The development of radiation oncology services at Beaumont and St James's Hospitals followed a Government decision in 2005 that these should be the key locations for future development of radiation for development of radiation oncology services in Dublin.

The **Irish Blood Transfusion Service Board**, which already has strong commitments in delivering services to paediatric haematology, paediatric oncology, paediatric haematopoietic stem cell transplantation and paediatric cardiac surgery. Having both adult and paediatric bone marrow transplantation services on the same campus as the national blood transfusion service creates an enviable opportunity for all the national specialists in blood

Access to external Services

(i) Radiotherapy

Most children attending for radiation therapy do so from home and for them on-site co-location is not relevant. On-site co-location, while welcome, would benefit a very small cohort of children. With the future inevitable rationalisation of specialist adult services into fewer centres in Dublin, Connolly offers the expansion space to facilitate developments such as new technologies may demand.

(ii) The National Blood Transfusion Service

The National Blood Transfusion Service runs an excellent nationwide service to all hospitals— co-location is not a consideration of any significance for the National Children's Hospital.

disorders to work better together in treating and curing blood diseases.

Tri-location with the Coombe Women and Infants University Hospital

Announced in June 2015 the Coombe Women and Infants University Hospital will relocate to St James's Hospital meaning the optimal tri-location of adult, paediatric and maternity services will be achieved, creating a campus of healthcare excellence. Tri-location has benefits for children, adolescents, new-borns and their mothers and women. In all cases, the benefits of tri-location are maximised where the adult hospital provides the broadest possible range of clinical specialities, sub-specialties and expertise, which are readily available to assist in the treatment of paediatric and maternity patients on a shared campus. Also, tri-location on a single campus facilitates the most significant depth and breadth of clinical and academic research and innovation which will drive the best clinical outcomes.

Tri-location with the Coombe Women and Infants University Hospital

Cogent arguments for the priority co-location of a corridor-linked Maternity Hospital with the National Children's Hospital have been well documented elsewhere in C4KH submissions. We just wish to quote the Department of Health's own words here (1st July 2014) acknowledging the dangers of ambulance transfer.

<http://health.gov.ie/blog/press-release/project-brief-for-the-new-childrens-hospital-approved/>

“Paediatric-maternity co-location facilitates the centralised multidisciplinary management of infants requiring immediate post-natal access to paediatric surgical intervention or other paediatric subspecialist care. These infants are often delicate and corridor transfer minimises the risk of destabilisation during external transfer.

Co-location facilitates co-ordinated planning and allows for the presence of the appropriate specialists at the birth with immediate take-over of care.”

This statement reveals that the DoH itself does not believe the claims made in the written statement from the NPHDB/CHGB read out on the Pat Kenny Tonight, TV3 programme (2 Nov 2016) regarding the ability of a neonatal transport system to deliver optimal care to critically ill newborn children.

It is self-evident that the co-building of maternity and children's hospitals would have addressed by now were the current project truly

Transition to adult services

Co-location with St James's Hospital will drive the development of a best practice model for the transition to adult services for children and young people with chronic medical and surgical conditions. Some examples of this transition include: Haemophilia, sickle cell disease and other blood disorders, cancer, cleft lip, craniofacial, arthritis, epilepsy, gynaecological disorders, chronic skin conditions and immunodeficiency conditions.

Research 'Today's research is tomorrow's cure'

St James's Hospital is one of Ireland's leading research hospitals. It has an excellent, internationally recognised, clinical research and education culture and infrastructure. The Institute of Molecular Medicine, the Stem Cell Biology Programme and the Welcome Clinical Trials Unit are already on the campus. The new Children's Research and Innovation Centre and the facilities for active research within the children's hospital and on the wider campus, will foster the type of research intensive environment that will enable the attraction and retention the world's best paediatricians, paediatric-scientists and basic scientists.

about children.

Actions speak louder than words.

Transition to adult services

St James's hospital only has a few specialties relevant to children transitioning to adult services- haematology, haematological oncology, burns and maxilla-facial, as national specialties are dispersed among the adult hospitals. Some children will transition to their Regional Model 4 University Hospital -in Cork, Limerick or Galway; some to other Dublin hospitals eg. Mater for metabolic or heart disease; St Vincent's –cystic fibrosis, liver transplantation, rheumatology; Cappagh or Tallaght –for scoliosis or other orthopaedic conditions; Beaumont –neurosurgery, cochlear implantation, renal transplantation etc.

Research 'Today's research is tomorrow's cures'

The NCH will aim, wherever its location, to be a research-intensive hospital, as research is the engine that drives clinical excellence. Medical Research is a global collaborative, from bench-to-bedside. The National Children's Research Centre, currently beside Crumlin Children's hospital and most productive in terms of research output in Ireland, will be wherever the new National Children's Hospital is located. Unfortunately for children, the Research Centre appears to be 'the prize' that SJH and Trinity College have aggressively campaigned for, with scant heed to anything else such as the paediatric demographic, the needs of the newborn, expansion space, access,

Economies of scale

Co-locating with St James's Hospital will mean that the new children's hospital will have access to highly specialised equipment that a standalone children's hospital would not otherwise have access to. This includes:

Radiation Oncology facilities with linear accelerators to deliver radiation to children with cancer

Centre for Advanced Medical Imaging (already used by infants and babies participating in research programmes at the children's hospitals who will now be able to access this service more easily)

PET MRI Scanner St James's Hospital is the only adult hospital in Dublin to have a public PET scanner.

Mass Spectrometer (advanced and expensive equipment to analyse molecules as part of research projects)

The role of the new Paediatric OPD and Urgent Care satellite centres at Tallaght and Connolly

parking, parkland, cost, speed of delivery, their own adult patients, staff recruitment and retention - the list goes on.

The proposed Children's Research and Innovation Centre at SJH is to be built and owned by Trinity College on the Trinity land at the other end of the campus from the National Children's Hospital. It will have no room for expansion. While it is imperative that the maternity hospital, should be corridor-linked to the children's hospital so too ideally should the Research and Innovation Centre. This is not possible at St James's.

Economies of scale

It is not appropriate for a child to be treated in an adult facility - if at all avoidable. The PET scanner in St James's is already fully utilised for adult patients. The National Children's Hospital will have its own specialised imaging and radiology equipment. PET scanning in children may require a general anaesthetic and will be done where there are paediatric anaesthetists i.e in the paediatric hospital .

No public hospital in Ireland has a PET-MRI.

The role of the new Paediatric OPD and Urgent Care satellite

Consolidation of services requiring highly specialist inputs by clinicians and advanced technology is a well-accepted trend resulting in delivering better quality of care and clinical outcomes for patients requiring specialist treatment and care. This trend is supported by the localisation and dissemination of services that can and should be available on a local basis for patients. For very sick children they need to be in a specialist centre with all the necessary specialist and sub specialist care. However, there are lots of children who need urgent or outpatient care such as orthopaedics and management of minor illness and injuries which they can receive in one of the two Paediatric OPD and Urgent Care satellite centres at Tallaght and Connolly Hospitals.

Therefore, the future trends in acute services are increased complexity and acuity of in-patients through consolidated services and increased facilities for out-patient and urgent care services available in several local settings.

The vast majority of children attending children's hospitals are treated on a same-day basis and do not require admission to hospital. The new children's hospital will provide inpatient secondary care for all children within the greater Dublin area as well as providing urgent and outpatient care for those parts of the greater Dublin area not served by the satellite centres. The new Paediatric OPD and Urgent Care satellite centres at Tallaght and Connolly Hospitals, and the regional network of paediatric units, will play an important role in delivering the new national model of care for paediatric healthcare which will provide secondary care (which is the majority of treatment and care) locally to children and young people in their respective local facilities. The new children's hospital on the campus at the St James's Hospital will provide highly specialised tertiary care for children and young people throughout the island of Ireland.

centres at Tallaght and Connolly Hospital

-No ambulances will bring patients to the Urgent Care Centres (UCCs), only to the main hospital.

-There will be no inpatient beds at UCCs

- UCCs will have limited opening hours. The centres will be closed at night. They will be open 8am-10pm (with 10pm-midnight devoted to 'sorting out' children already in the UCC and transfer to the main hospital of those children not fit for discharge home).

-The fact that children can be seen and discharged home on a same-day basis, should not be equated with suitability for attendance at an UCC.

As this model of care for children is untried in Ireland, it will require cautious implementation. The examples of such care facilities put forward as models to the Bord Pleanála hearing were not appropriate to the Irish system and the one UK model cited was of a 24 hour short-stay facility.

In Conclusion

In a joint statement on June 22, 2016 Our Lady's Children's Hospital, Crumlin; Temple Street Children's University Hospital; the National Children's Hospital at Tallaght Hospital, the Children's Hospital Group; St. James's Hospital and the National Paediatric Hospital Development Board stated:

"We are unequivocal in our certainty that the campus at St. James's Hospital is the right location for Ireland's much needed and much wanted new children's hospital.

Sharing a campus with St. James's Hospital will deliver better clinical outcomes and improved survival rates for the sickest children and young people."

In Conclusion

Regarding statements from Boards of Directors and administration in the Paediatric Hospitals, and the Children's Hospital Group Board and the NPHDB , C4KH notes

-The location at St James's was chosen in 2012. The NPHDB and the Children's Hospital Group Board were not set up until the latter half of 2013. It goes without saying that people who accepted positions with these boards bought into the aim of delivering the children's hospital at St James's. They cannot be seen as objective assessors of location alternatives. The current Clinical Directors were all only appointed in 2015.

-The medical board of Our Lady's Hospital, Crumlin was never consulted regarding the choice of St James. It did not endorse the decision. Neither were other staff at Our Lady's consulted about location, nor to the best of our knowledge, were the staff of Tallaght or Temple St. University Children's Hospital.

- The Dolphin Group was told at a meeting in April 2012 with the three Children's Hospitals representatives (minutes obtained by the New Children's Hospital Alliance under FOI Acts) that the hospitals would "support the decision on location when made".

Therefore had the Government chosen Connolly Hospital as the location of the National Children's Hospital, the Children's Hospitals' joint statement post location choice would have read as follows:
"We are unequivocal in our certainty that the campus at the James Connolly Memorial Hospital is the right location for Ireland's much needed and much wanted new children's hospital.

Sharing a campus with the James Connolly Memorial Hospital will deliver better clinical outcomes and improved survival rates for the sickest children and young people”.

THE RESPONSIBILITY FOR THE CHOICE OF LOCATION LIES FIRMLY WITH THE GOVERNMENT. C4KH CALLS ON THE GOVERNMENT TO DO WHAT IS RIGHT FOR THE CHILDREN OF IRELAND AND THEIR FAMILIES – CHANGE THE SITE.