



Comments from C4KH (November 2016) on Children’s Hospital Group Board (CHGB) document of July 2016 titled -

“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 named above 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:-

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 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.

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.

A few consultants who have trained in both paediatric and adult medicine 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.

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.

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, will 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 NBTS 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.

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 this week on the Pat Kenny Tonight (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 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, 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. 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.

The role of the new Paediatric OPD and Urgent Care satellite 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 probably 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

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".

One must assume therefore that 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”.
