1. **Context**

The Francis report into the tragic events at Mid Staffordshire NHS Foundation Trust and the subsequent Berwick review into patient safety serve as a reminder of the fundamental culture and values that sit at the heart of the NHS and what can go wrong if key standards are not met; patients must receive high quality, safe care in every setting in the UK.

This is true of the healthcare system generally and no less so in paediatrics, where outcomes for children's health are far from perfect. Compared to other equivalent European countries, the UK fares worst for all cause childhood mortality for children between 0 and 14 years of age, and within the UK the NHS Atlas of Variation in Healthcare for Children and Young People shows wide regional variation across a range of indicators. We need to look again and improve how we deliver healthcare to children and young people in the UK.

In addition to the need to improve the care delivered, we are also facing considerable challenges in continuing to provide safe, sustainable services that meet the needs of children and young people and their families. Workforce pressures, medical and technological advances, children and young people’s changing needs and the economic climate all contribute to the need for change.

2. **Why reconfiguration?**

A succession of Medical Royal College reports have highlighted strong consensus amongst medical professionals and compelling evidence of the need to redesign services, concentrating specialist services into fewer centres, in order to tackle some of the pressures outlined above. London stroke services is an example of how a major reconfiguration (London’s emergency response is now concentrated in eight Hyper-Acute Stroke Units) can deliver improvements and save lives.

The RCPCH’s own Facing the Future publication clearly makes the case for change in paediatrics. To deliver the standards in acute care that children and their families can expect and deserve, some paediatric inpatient units must close, while increasing consultant numbers, expanding the number of nurses that work in paediatrics, expanding the number of GPs trained in paediatrics and decreasing the number of paediatric trainees.

Reconfiguration of services has the potential to address the strains on the NHS, with the key drivers being:

- **Clinical quality**– To improve children's health outcomes in the UK and reduce regional variation we must change the way we deliver care. Services must constantly work to improve quality of care and ensure that they meet the changing needs of children and young people and their families.

- **Workforce pressures** – Patients must receive care from the most skilled and experienced doctors possible. It is essential that paediatrics is a 24 hours a day, seven day a week speciality, with consultant led care. A significant number of units are understaffed; Back to Facing the...
Facing the Future\textsuperscript{12}, the RCPCH’s audit of the Facing the Future standards, found that only 28% of units have 10 Whole Time Equivalent doctors on each tier of their rotas and in only 25.6% of units across the UK is a consultant present at times of self-identified peak activity on weekdays and 20.0% at the weekends. There are not enough staff to sustain safe services in multiple locations and in the absence of large workforce expansion, this is another major driver for reconfiguration.

- **The economic climate in which the NHS is operating** - The so-called Nicholson challenge in England of £20 billion in efficiency savings is having a major impact on service redesign, and this is likely to continue, with NHS England anticipating a funding gap in the NHS in England worth a further £30bn between 2013/14 and 2021/22. Clearly this will have a major impact on where NHS services are delivered, and how they can continue to provide high quality care to children and young people.

### 3. What needs to happen?

**Fewer, larger units:** The Facing the Future model sees fewer, larger inpatient units which are better equipped to provide safe and sustainable care, supported by short stay paediatric assessment units (SSPAUs) and networked services\textsuperscript{13}. The concentration of specialist services also provides the opportunity to be more flexible with rotas, increases the scope to deliver seven-day, 24-hour consultant led care and provides a better environment to develop clinical skills and experience across the children's healthcare workforce.

**More multidisciplinary teams delivering child healthcare outside the hospital:** Fewer inpatient units must be supported by networked services with more care delivered closer to home through community children’s nursing teams and better paediatric provision in primary care. Services need to be available in the community at peak times of activity so that patients receive the right care, at the right time, in the right place. We need to look across children’s healthcare pathways at all clinicians working with children in primary and secondary care and ensure that they are working to shared standards and are supported by training programmes for professionals working in all settings.

**Clear service standards:** Facing the Future sets out standards and proposals for the configuration of paediatric services. To support healthcare organisations, the RCPCH has developed a robust, discreet and independent service review programme, using senior officers and specialist members of the College to visit services and provide feedback and advice on potential improvements. This includes addressing approaches to reconfiguration. More information is available at http://www.rcpch.ac.uk/invitedreviews.

**Patient voices must be heard:** The RCPCH is committed to the meaningful involvement of patients, families and the wider public in the NHS\textsuperscript{14} \textsuperscript{15}. The RCPCH believes patients and their families are not only beneficiaries of the NHS but also key stakeholders and therefore need to be involved in all areas of planning and service development. The RCPCH UK Youth Advisory panel and UK Parent and Carers Group actively advise the RCPCH in its work to improve healthcare for children, young people and their families. The RCPCH also works closely with organisations representing patient and carer views and experiences of the NHS to develop standards for paediatric healthcare.

### 4. Barriers to change

Despite the strong evidence of the case for change and the theoretical consensus, changes to the reconfiguration of services continue to meet with considerable opposition due to a lack of understanding of the key issues, in particular the poor outcomes for children and young people in the current service, and uncertainty about what will replace established services.
The case for change can be complex, with decisions needing to balance clinical effectiveness, patient safety, accessibility, staff retention and recruitment, and sustainability. Any proposals for service change should be based on unambiguous and objective principles that provide a clear case for change, and demonstrate how required clinical and service standards and patient needs can be met. The RCPCH looked at the barriers to reconfigurations, especially in engaging with politicians and the public, at a multidisciplinary event in May 2013 and has developed a set of key principles that should act as a checklist for developing any successful reconfiguration.

The RCPCH’s key principles for reconfiguration

- **Think differently**: The clinical community has a role in persuading the public about the case for reconfiguration but they must show leadership in convincing themselves that services need to be delivered differently.

- **Unite the clinical community**: Frontline clinical staff are in a unique position of trust in the eyes of the public. Clinicians must use this role of “clinical unity” to make the case for reconfiguration not just to the public, but to politicians too.

- **Demonstrate partnership between primary and secondary care**: The public should not need to see the joins in clinical care delivered between acute, primary and community-based services if they are to support changes to acute provision. This means consistent training to high standards for all professionals involved in child health, regardless of where they work.

- **Unite the political community**: Cross party parliamentary support for reconfiguration is important. Politicians must consider the quality of care received by their constituents over political point scoring.

- **Engage early**: Engage staff, patients and the public at a formative stage to demonstrate the improvements resulting from reconfiguration. Health and Wellbeing boards and HealthWatch can play a role in this. Communication should also involve showing and explaining the different scenarios for reconfiguration so all stakeholders are aware of the options being considered.

- **Use appropriate language and communication depending on audience**: Terms such as ‘reconfiguration’ and even ‘transfer’ can provoke anxiety for many families and the public and it is important to use language which can appropriately engage patients, their families and the public.

- **Safe and high quality services that are accessible must be a priority**: There should be a focus on clinical quality and outcomes alongside a wider measure of quality such as patient experience, appointment times, travel times and transport provision.

- **Consider the wider impact of reconfiguration**: The impact of reconfiguration outside the immediate area must be considered.

- **Establish and maintain relationships** with the relatively new Clinical Commissioning Groups, Clinical Senates and Health and Wellbeing Boards in England and other bodies across the UK: who will play a pivotal role in future reconfiguration processes.

- **Honesty is imperative**: It is important not to ‘dress up’ potential services and all parties must be candid and open in communicating why change must take place and what it will look like on the ground.
1 Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013)
   http://www.midstaffspublicinquiry.com/report


   http://www.rcplondon.ac.uk/sites/default/files/documents/hospitals-on-the-edge-report.pdf

8 Royal College of Obstetricians and Gynaecologists (2011) High Quality Women’s Health Care: A proposal for change

9 Academy of Medical Royal Colleges, the NHS Confederation and National Voices (2013) Changing care, improving quality: reframing the debate on reconfiguration

10 RCPCH (2011) Facing the Future
    http://www.rcpch.ac.uk/facingthefuture

    http://www.rcpch.ac.uk/cdc

12 RCPCH (2013) Back to Facing the Future - An audit of acute paediatric service standards in the UK
    http://www.rcpch.ac.uk/facingthefuture

13 RCPCH (2012) Bringing Networks to Life
    http://www.rcpch.ac.uk/system/files/protected/page/Bringing%20Networks%20to%20Life%20for%20web_0.pdf

14 RCPCH, NHS Confederation, Office for Public Management (2011) Involving children and young people in health services

15 RCPCH (2010) Not Just a Phase - a guide to the participation of children and young people in health services
    http://www.rcpch.ac.uk/system/files/protected/page/RCPCH_Not_Just_a_Phase_0.pdf