A Children’s Health Park
Creating a Healthy Future for our Children, their Families and the Community

A Public Consultation from 1st June - 27th July 2009

A new health service for Liverpool: A Liverpool PCT consultation on the future of children and young people’s healthcare services provided by Alder Hey Children’s NHS Foundation Trust
Our Vision

To provide world class healthcare to children and young people

We aim:

- To be the **provider of 1st choice** for children, young people and their families

- To ensure all our **patients** and their **families** have a **positive experience** while in our care

- To deliver **clinical excellence** in all of our services

- To ensure our **staff** have the right **skills, competence, motivation** and **leadership** to deliver our vision

- To be a **world class** centre for children’s **research and development**

- To further improve our **financial strength** to **continuously invest** in **services** and **provide funding** for a **new hospital**

- To provide a **world class facility** for our work to be made available to children **locally, nationally** and **internationally** by delivering our **hospital in the park** vision
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Liverpool Primary Care Trust is responsible for commissioning health services for the people of Liverpool.

Investment in health services in Liverpool has been unprecedented in recent years. Patients are experiencing the results of this through higher quality services, greater choice and lower waiting times.

Together with other local NHS Trusts, and alongside our partners in the City Council, we are working on a unified programme of ambitious improvements to be delivered over the next five to seven years. Central to this are services to treat more people outside of hospital.

The PCT is investing in new and improved community health care facilities, offering a wider range of clinical services to treat more patients closer to home.

Alder Hey Children’s NHS Foundation Trust has complementary plans to deliver a world class hospital for Liverpool - with more advanced technology, new drug treatments and highly trained clinical staff. These factors will improve inpatient care, dramatically reduce the length of hospital stay and hospital waiting times and reduce the likelihood of re-admission. This joined-up approach between NHS partners, social care and the wider community will help deliver real and lasting improvements to the health of the people of Liverpool.

The future for Alder Hey is of key importance to Liverpool residents and all those regionally and nationally who use Alder Hey; and for this reason we request that as many people as possible find out more about the plans for a renewed hospital and to provide feedback through this consultation.

Gideon Ben-Tovim - Chair
Derek Campbell - Chief Executive
Dr John Hussey - Executive Professional
Liverpool Primary Care Trust
We believe that nothing is more important than the health and wellbeing of our children and young people.

Our vision is not only to improve the health services we offer but to give children and young people the very best start in life.

We want to play a leading role in creating a healthy future for our children and we have used this vision to develop the proposals you will read about in this document.

We hope you will share our view that there is a compelling case for change which includes building a new hospital and providing more health services closer to home. At the same time, we want to create an outstanding project which links health, the environment and sustainability which can contribute to the regeneration of the local area and while at the same time as being an iconic gateway for children’s health in Merseyside.

Importantly, we are focused on reducing the amount of preventable illness by strengthening our health promotion role because we know that healthy children have a better chance of becoming healthy adults.

We cannot do this alone and are committed to working with our patients, their families, our staff, our membership and local communities; as well as with other health, social care, education, voluntary and environmental organisations, to achieve this vision.

Please make your voice heard – this is your hospital for your children and it is only by working together that we can build a healthier future for the children and young people of Greater Merseyside and beyond.

Angela Jones  OBE DL
Chair

Louise Shepherd
Chief Executive

Alder Hey Children’s NHS Foundation Trust
Children’s healthcare in Merseyside

North Mersey has one of the highest levels of deprivation in the UK, which affects the health of children and young people.

A large number of adult illnesses and conditions have their origins in childhood. Healthy children are more likely to become healthy adults, so we need to give every child the best start in life.

As one of the biggest children’s hospitals in Europe – and a tertiary specialist centre with a world class reputation – we are already working to prevent the effects of these economic and social issues on our children and young people. Working with our local health partners, we are making significant inroads into tackling the public health problems which affect our patients. We are proud to have been recognised by the World Health Organisation as their first accredited paediatric health-promoting hospital in England.

As a recognised centre of excellence, with over 20 major specialties, our staff are working at the forefront of medical science: researching, creating and implementing advances in healthcare, helping our children live longer and have a better quality of life.

We need to provide a world-class platform for this work to continue, to grow and to be made available – from Merseyside – to children who need it locally, nationally and internationally.
Our vision is to provide world-class healthcare for children and young people. As part of Liverpool PCT’s strategy described in *A New Health Service for Liverpool*, we plan to create a model which meets the demands of 21st-century healthcare for children. We want to do this by:

1. The provision of a model of care ensuring children receive services and care at the right place, at the right time by the right people.

2. An Estates’ Strategy driven by an exciting and unique vision of a Children’s Health Park. The Trust’s vision, designed in partnership with the Prince’s Foundation, National Arts for Health and Liverpool City Council; would reflect the ideals of Liverpool as a thriving international city.
As we face the future, we intend:

- To offer patients and their families, where possible, a choice of where they receive treatment and care. (see *Alder Hey At...* on page 10)
- To provide state-of-the-art hospital facilities and the best environment to support the health and wellbeing of children and young people who use these services
- To invest in research and education so we can work towards preventing childhood illnesses and educate the healthcare staff required for the future
- To support our staff as they do their jobs by providing a world-class environment in which to work
- To support children, young people, their families and the wider community to be as fit and well as they can possibly be
- To develop new and more efficient ways of working which allow us to increase the capacity and quality of healthcare delivered
- To work with district general hospitals and community services to develop services which are efficient, effective, sustainable and in which the public has confidence
- To work with other health, social care, education, voluntary, environmental and other relevant organisations to make sure children and families receive the best service possible
- To promote a greener travel ethos and provide fitness and recreation opportunities in the park for use by our patients, their families, our staff and the wider community
- To develop information technology to improve the delivery of healthcare

“I want to have the room so my mum and dad can sleep next to me. I have a little sister so it would be good to have somewhere nice for her to go when she’s coming to see me in hospital”.  
Mark Delaney, age 4

- To work with our partners to extend our 70-room on-site family accommodation at Ronald McDonald House by a further 20 rooms to provide ‘a home away from home’ for the families of critically ill or long-term patients.
The current situation

We are one of the biggest and busiest children’s hospitals in Europe, seeing and treating more than 200,000 children and young people every year from our geographical catchment population of more than 7.5 million from the North-West, North Wales, Shropshire and the Isle of Man, as well as many referrals from other parts of the United Kingdom.

We provide a wide range of specialist and general health services at our main site, Alder Hey Children’s Hospital in West Derby, and through 50 community sites and around 600 external clinic sessions each year.

Out of hospital

We have worked closely with Primary Care Trusts and local authorities to set up children’s centres close to people’s homes and much of our work is now carried out in the community.

We now deliver children’s health services at more than 50 sites across Liverpool, Sefton and Knowsley. These include physiotherapy, mental health services and outpatient clinics. Many are run for a limited number of sessions a week from rented rooms of poor quality, which are not suitable to provide 21st-century healthcare. We also hold more than 600 specialist clinical sessions each year across the North-West, North Wales, Shropshire and the Isle of Man.

Because many sites provide specialist services, some families who have children with complex needs are required to travel to a number of different sites to see different healthcare professionals. This can be inconvenient, time consuming and, in some cases, distressing for the child and their family.

Alder Hey At...

The Trust’s Alder Hey At...model focuses upon delivering care closer to children’s homes and led by the most appropriate clinical team with an increasing emphasis on delivery through primary care and self-management where that is appropriate. Work to define the patient profile and potential locations for Alder Hey At...services is currently being undertaken and essentially will influence the specification and Trust requirements for Stage 2. All Stage 2 proposals, linked with the out of hospital objectives, will be developed to meet in accordance with the Trust’s future anticipated demand for our services.

Alder Hey At...Primary Care is where Alder Hey places its healthcare professionals and supporting services into a designated location in the community in partnership with our key commissioners (Liverpool, Knowsley and Sefton). Examples of this can be seen at the May Logan Clinic, Smithdown Road and at six new locations throughout Knowsley with more planned to other locations across Greater Merseyside and beyond.

Alder Hey At...Secondary Care is where Alder Hey provides consultant physicians and surgeons at District General Hospitals. This is either as an Alder Hey operated clinic or a ‘shared care’ arrangement where the host Trust’s clinicians work jointly with the Alder Hey specialist to treat patients. This is particularly appropriate for children with complex or multiple needs.
At the hospital

Alder Hey was founded in 1914 and was originally intended as a workhouse for the accommodation of chronically infirm paupers. Today, many of the buildings on the hospital site are over 75 years old, among the oldest hospital premises in the North-West.

As additional building has occurred in stages, services are now spread inconveniently across the site. For example, the theatres and intensive care unit are located at one end of the hospital, while Accident & Emergency is at the other. They are separated by a sloping corridor a quarter of a mile long. Critical-care teams have to move patients over this distance for emergency treatment. Able-bodied and disabled patients and visitors struggle to manoeuvre over the distance and slopes and negotiate narrow doorways.

Many of the current buildings do not provide child-friendly environments. The wards are in the original Nightingale-style layout and are very cramped. They are too narrow to be converted into single bedrooms as recommended by government policy. A lack of space means it is difficult to separate children of different sexes or ages.

“The idea of having private rooms is brilliant. We would have more privacy with our family and when we had visitors. The plans look like there’s plenty more areas for people to go to while at the hospital. The thought of the hospital being in a park makes it sound a less-intimidating experience to have to come here. Although Alder Hey is a good hospital now, it needs updating and more space will make it a whole lot better”.

Ellen Thomas, age 15
Why change is needed

There is a general lack of privacy for patients and their families and there is little space for playing or other recreational activities. There is little soundproofing which means wards can be very noisy; this can disturb patients’ sleep and increase anxiety.

The existing facilities are just too small to provide modern healthcare services. The size of our wards is the best example of this with the average ward size being 300m² yet modern standards require a minimum of 1,000m², see pages 35-37 which illustrate our space restrictions.

It is not possible to refurbish our existing estate as there is simply not enough space either within the buildings or adjacent to them to provide buildings suitable for 21st Century standards.

Significant backlog maintenance tasks are essential which will focus on meeting health and safety standards - key works include replacing mains electrical and heating services.

“The plans for the new hospital look excellent. We love the idea of it being in a park and the multi-storey car park is very much needed. Alder Hey is a godsend for us but the building is very outdated.”

The Browne family and daughter Serena

This work would cost approximately £45million over the next decade. Even if we proceed it will not bring related departments such as intensive care and Accident & Emergency closer together. Nor would the buildings ever fully meet disabled access standards. We would still need to rebuild in around 10 years’ time as the fabric of the buildings reached the end of their useful life.
The site is overcrowded and there is no room to expand because the hospital is landlocked by surrounding residential and commercial developments. Despite working to improve access to healthcare services in the communities we serve, many children still need the specialist hospital care that Alder Hey provides.

Our hospital services include:

- Dedicated intensive care unit
- Burns unit
- Bone marrow transplant centre
- Centre of excellence for children with cancer, heart, spinal and brain disease
- National centre for head and face surgery
- Accident & Emergency department which treats 60,000 children every year
- 10 operating theatres
- 309 inpatient and day case beds
- Child and adolescent mental health services
- A local hospital service for north Merseyside

“I think that windows looking out on lots of trees and green space will aid the healing process and lift people’s moods."

Imogen Storey (parent) and daughter Ruby
**Why do we need to change?**

An affordable and sustainable solution is needed which can be delivered within a reasonable timescale and without major disruption to services and to the local community.

Research has shown us that adults, children and young people want more and improved healthcare services in community settings as these are often easier to access than travelling to hospital. In 2002, the NHS across Merseyside developed a new model of care which changed the way local health services are planned. This new model recognised the need for:

- new hospitals and community facilities
- more and improved primary care services so people only go to hospital for the things that can only be done in hospital
- staff from different organisations with different skills working together to provide the best possible care
- more home-based care to help patients get out of hospital quickly, with ongoing support to live safely and independently at home
- more support for people to take control of their own health and wellbeing
- children, young people and their families to take part in the planning and delivery of care in partnership with clinical teams

This model of care has formed the basis for *The Big Health Debate* (Summer 2006) and *A New Health Service for Liverpool* (October 2007) where Liverpool Primary Care Trust has consulted on ambitious plans for new and improved primary care facilities that will deliver enhanced services in an expansion of community-based healthcare in the years to 2015.

Exciting developments are being witnessed in the field of patient choice. We understand that patients (and their families) have a choice about where they receive their healthcare, where shared decision making between members of the public and healthcare professionals is supported by good, accessible information for everyone. Choice means moving towards care which meets the needs of each individual and their family. We want Alder Hey to be the first choice for children and young people’s healthcare and we need the facilities and environment to help us deliver on this promise. Drivers which support our proposals include:

- NHS Next Stage Review
- NHS Northwest’s *Healthier Horizons*
- *National Service Framework for Children, Young People and Maternity Services*
- *Every Child Matters*
- *Liverpool PCT’s Commissioning Statement – Achieving World Class Health*

> “The plans for outside sound lovely; a park for parents and patients alike to escape to would be really appreciated.”
> Sarah Tipper and son Lewis
Our Proposals

Research and national strategy has shown that patients and carers want better quality and improvements in healthcare services within their community as this is quicker and easier than travelling to hospital.

Linked to this, we propose creating greater patient benefits by delivering more of our services through a network of local NHS centres and children’s centres (providing health and social care to children and families as close to home as possible) together with the development of a new hospital.

This new model of care will be supported by the development of modern, flexible, fit-for-purpose healthcare facilities at Alder Hey and in the community which will:

- Transform the experience of healthcare provision for children, young people and families
- Transform the working environment for our staff
- Provide a sustainable and flexible basis for the development of existing services and of new services and support and enhance the children’s services currently offered at outlying district general hospitals
- Extend the role and capacity of primary care and community facilities
- Enable the sustainable delivery of national local guidelines and policy imperatives

“Instead of opening and closing curtains, private rooms would give more privacy. I wouldn’t have to hear older patients swear and make lots of noise. Separate toilets for patients who can’t walk far on the wards would be really good. Big glass windows would be a good idea too, so even if I couldn’t go outside, I could still see my little sister playing in the new green areas. The teenagers should have their own area too”

Phoebe Michelle Gauthier, age 9

“It would be a brilliant idea to make more procedures day cases which would make the experience less daunting. Also, some children who are only in for the night sleep next to children who may be there with long term, serious conditions. It would be good to have a communal area with settees and televisions to accommodate families as well as patients.”

Victoria Hope-Shannon (Phoebe’s mum)
**Closer to home**

In keeping with the model of care for health services in Merseyside, we would like more services located together in accessible, child and adolescent-friendly sites throughout Liverpool, Sefton and Knowsley.

This would mean that teams of different professionals could work together under one roof so that families with multiple needs would only have to travel to one centre.

We plan to place more of our professionals into these community centres, modelling on our existing community health service of Alder Hey At...and complementing the specialties in service seen at the hospital.

We have already established a design and implementation task force representing the many agencies involved in child health and wellbeing who are working towards making this a reality within the Knowsley, Liverpool and Sefton communities, as well as farther afield in the many clinics we run across the North-West.

We can also be present at hospitals nearer to our patients where our consultants work with clinicians locally to support the delivery of children’s healthcare to the highest possible standard; through clinic and surgery sessions.

“The new project is an exciting one as it makes families’ experiences when at hospital less stressful. There is more space for children to play, to feel at home and also more parking space with the multi-storey car parking.”

Patrick Mukuna (parent)
At the hospital
Our vision is a children’s hospital which can meet the expectations of children, young people and their families today and well into the future.

It is both the location of the hospital and the way services are delivered that we are considering. Its design would be child and young person-centred with a welcoming and comforting environment. We would like relevant departments to be close to each other such as wards, operating theatres, the X-ray department, Intensive Care and A&E. In line with government policy and family expectations, single rooms will be available for the majority of inpatients. There will be stimulating and practical areas for play and learning.

Day case facilities
An increasing number of medical and surgical conditions can now be treated without the inconvenience of having to stay in hospital overnight. We would like to build a dedicated day case facility.

Outpatient services
Services are changing all the time and many of our patients no longer need to come to hospital for outpatient and follow-up services such as removal of stitches which can be provided safely in a community setting. We are developing plans with Primary Care Trusts (see Alder Hey At…) so that patients can be treated in the most convenient setting for them.

Accident and Emergency (A&E)
In line with government policy, we would like to reduce the numbers of people who find themselves in A&E. As health facilities outside a hospital setting improve and increase patients and their families will use walk-in centres and primary care facilities more. For this reason the number of A&E visits is expected to fall, although there is a requirement for improved A&E facilities for more serious cases.

Accommodation for families
The design of new inpatient facilities would enable parents or carers to sleep next to their child. Where children need to stay for longer periods accommodation for families will continue to be provided in the existing Ronald McDonald House facility, which will soon increase to 90 rooms (to be funded by the Charity).

Research and Education
As a leading centre for child health research we aim to work with our university and other research partners to develop a world-class research and education facility. As well as providing a home for research and collaboration we see this facility as being a major part of – and contributor to – the wider community by providing a centre for the promotion of health and wellbeing.

Public Health
We are very concerned about health inequalities in the communities in which we operate. We plan to extend our health care into the wider community to improve health and environmental awareness and education. We want to provide support to future patients and their families by being a healthy place to work and visit, a place that recognises and tries to reduce health inequalities and a place that has a positive impact on the health of the community of which it is a part.
### How we plan to deliver our services

#### Urgent care

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<tr>
<th>Key Area</th>
<th>Overview of Benefits</th>
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<tr>
<td><strong>Hospital Services</strong></td>
<td>Our Accident &amp; Emergency department (which currently treats around 60,000 children and young people each year) will retain all current functionality.</td>
</tr>
<tr>
<td><strong>Community Services</strong> (Local Walk-in Services)</td>
<td>We will support local walk-in services and links with clinical governance support as well as provision of education and training. For example, joint workforce development with Primary Care Trusts and development of training attachments (clinical staff attending Alder Hey; rotational posts; Alder Hey staff working within community practices/centres e.g. Smithdown Walk-in Centre)</td>
</tr>
<tr>
<td><strong>Primary Responder for Sick Children</strong></td>
<td>Alder Hey will continue to enhance and strengthen its capability and capacity to identify and be the primary responder for sick children and ensure they can access the ‘critically unwell child’s pathway’ as soon as possible. This would include working with Primary Care Trusts and Practice based Commissioner consortia to consolidate these skills within general practice.</td>
</tr>
<tr>
<td><strong>District General Hospitals</strong></td>
<td>Continuing to support District General Hospitals through the <em>Alder Hey At...</em> system. Through this, Alder Hey will ensure that critically unwell children with medical and surgical conditions are treated appropriately following “Local – Where Safe, Specialised Where Necessary”.</td>
</tr>
<tr>
<td><strong>Safeguarding</strong></td>
<td>Alder Hey’s Rainbow Centre will act as a central point for safeguarding and child protection issues for the Trust. Rainbow has state-of-the-art accommodation next to the accident and emergency department, but accessible separately from it.</td>
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Your opinions are important to us.

Once you’ve finished reading this summary, please complete the questionnaire and return to us before 27th July 2009.

We promise to read and consider all responses. The summary of responses will be contained within the final consultation report available in Autumn 2009. The full set of responses will also be filed and available for the public to inspect. However, we do not reply to individual responses. Please tear out these pages, fold and send to us. Please add additional comments on a separate sheet and enclose. You do not need a stamp as it is a FREEPOST address. Alternatively, you can participate online at www.liverpoolpct.nhs.uk. A summary of this document is also available at www.alderhey.nhs.uk.
RESPONDING: HAVE YOUR SAY

Patients, their families, doctors and nurses, community groups and our partners in health the local economy and the environment have been involved in developing these proposals. We now want to know what you think about our plans:

Question 1: Do you agree that Alder Hey needs to make changes in order to deliver world-class healthcare in the community and at the hospital for the future? Please tick one box only.

[ ] YES  [ ] NO  [ ] NOT SURE

If you have any comments, please use the space below.

Question 2: Do you agree with our proposals to deliver healthcare at Alder Hey as outlined on pages 15–17? Please tick one box only.

[ ] YES  [ ] NO  [ ] NOT SURE

If you have any comments, please use the space below.

Question 3: Do you support our vision to support the community through investment in sustainability such as local employment, improved transport links, procurement and the environment? Please tick one box only.

[ ] YES  [ ] NO  [ ] NOT SURE

If you have any comments, please use the space below.

Question 4: Do you support our preferred option (option 1 – build a new hospital on Springfield Park and return upgraded parkland to the City of Liverpool)? Please tick one box only.

[ ] YES  [ ] NO  [ ] NOT SURE

If “No” please tick the option you prefer

[ ] Redevelopment of the current Hospital
[ ] Do nothing and continue to maintain the existing buildings
[ ] Don’t Know

If you have any comments, please use the space below.

Question 5: Do you think that there are any options or variations on the options we have not considered? Please tick one box only.

[ ] YES  [ ] NO  [ ] NOT SURE

If you have any comments, please use the space below.
Question 6: In the space below please give us any comments you would like to make about our proposals.

About you: Please give us the following information to help us understand who has responded to our consultation. All information given will be used in accordance with the Data Protection Act 1998.

Question 7: I am responding to this consultation as: (please tick)

1. A representative of an organisation or group.
   Please give the name and location of your organisation or group:

2. An individual. Are you a:
   - Patient
   - Parent or carer
   - Local resident
   - Governor or member
   - Alder Hey Children’s staff
   - PCT employee
   - Other health professional
   - Other (please state)

Question 8: Your name and address (you do not have to give this);

   Name:
   Address:

If you want your feedback in this form to be confidential, so you will not be identified but your feedback will be published please tick here.

Question 9: Gender
   - MALE
   - FEMALE

Question 10: Age

Question 11: Are you disabled or do you have a long term health condition (lasting more than 12 months)?
   - YES
   - NO

Question 12: How would you describe your disability or long term health condition?

Question 13: To which of these groups do you consider you belong: (please tick)
   - British
   - Irish
   - Other White Background
   - White and Black Caribbean
   - White and Black African
   - White and Asian
   - Other Mixed Background
   - Indian
   - Pakistani
   - Bangladeshi
   - Other Asian
   - Caribbean
   - African
   - Other Black Background
   - Chinese
   - Other

Question 14: Please keep me informed of the outcome of the consultation

Please note: We promise to read and consider all responses. The summary of responses will be contained within the final consultation report available Autumn 2009. The full set of responses will also be filed and available for the public to inspect. However, we do not reply to individual responses. Please tear off this page, fold and send to us. Please add additional comments on a separate sheet and enclose. You do not need a stamp as it is a FREEPOST address. Alternatively, you can participate online at www.liverpoolpct.nhs.uk. A summary of this document is also available at www.alderhey.nhs.uk
### Key Area Overview of Benefits

| **Building Quality and Functionality** | The new hospital will improve the quality and functionality of services and patient experience and will be extended to encompass surgical pathways. For example: Improved Accident & Emergency facilities to support and care for children, particularly teenagers, with serious mental health and behavioural issues to prevent further harm to themselves and others. Acute assessment and observation wards will be integrated and functionally located with surgical management which will support the continued development of treatment methods to improve patient experience and reduce length of stay. This will include links to outreach nursing services for both short-lived isolated illnesses, but also for children with long-term conditions. Improvements in information systems within the hospital, locally, regionally and nationally will be critical to supporting this function. The number of critical care beds will remain at its current level. The critical care areas will be co-located and central to support areas such as operating theatres and diagnostic imaging. |
| **Operational Performance** | Maintain 98 per cent target for maximum wait of four hours for A&E. Maintain and improve operational performance for length of stay. |
| **Community – Primary Care Improvements** | Development of a more coherent and structured ‘child and carer friendly’ primary care follow-up system. Better management of long-term conditions using structured and effective care plans and use of key workers. Increased use of short stay observation in A&E and return home with primary care follow-up where appropriate. Increased use of local ambulatory clinic services such as the May Logan Centre and in other centres where health needs suggest that the investment is beneficial to patients and communities. |
| **Care Pathways** | Increased use of local ambulatory clinic services such as the May Logan Centre and in other centres where health needs suggest that the investment is beneficial to patients and communities. |
Planned care

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| **Access to services**           | Deliver significant proportion of non-specialised attendances in local centres using the Alder Hey At... model and aggregate services where it makes sense (eg general paediatrics, community paediatrics, child and adolescent mental health) on to fewer, higher quality sites, linking to social and other community services where necessary.  
  
  Continue to work with commissioners to develop the Alder Hey At... model in a way that meets the equality and access agenda. This is a developing concept and will involve meeting patient needs in a manner that not only brings services to local health centres but also more directly to patients in their homes.  
  
  Increase the number of one-stop-shop appointments supported by developments in Pathology; IT and effective use of clinical pathways. The integration of full booking systems (Choose and Book) will be a key enabler, linking patient pathways, advice and guidance.  
  
  Continue to develop regional outpatient clinics where necessary. There are currently more than 600 annual clinics operated by Alder Hey across the North-West and North Wales.  
  
  As high-volume, low-intensity outpatient work is moved away from the Trust into primary care settings (to include children’s centres and schools), higher tech, more specialist clinics will increasingly be delivered by the Trust. Child and adolescent mental health services will continue to be delivered as current.  |
| **Building quality and functionality** | Continue to reduce waiting times and offer ambulatory appointments and improve quality and functionality of accommodation.  
  
  Improved access to children and carers with disabilities. |
## Planned care

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| **Follow-up appointments**                   | Reduce the number of follow-up appointments by enhancing current pathways and developing further pathways, particularly through Primary Care and through better management of long-term conditions. The need for follow-up appointments will be reviewed through the development of pathways for all specialties. Where appropriate, follow up consultations will be carried out:  
  - More locally in primary care centres/GP practices/children’s centres/schools  
  - By nurses and allied health professionals  
  - By telephone  
  - By the increasing use of follow-up on request (rather than using routinely scheduled appointments)  
  - Using structured care plans – for example, detailing the next stages/levels of therapy to be considered in relation to a long-term condition and the assessment procedure required. |
| **Clinical Pathway Management**              | Continually Improve quality of pathways by developing a ‘Map of Medicine’ with primary care eg asthma and urinary tract infection.                                                                                      |
| **Surgery**                                  |                                                                                                                                                                                                                       |
| **Technology**                               | Adopt innovative and new technologies to improve length of stay, improve outcomes, reduce complications and improve experience (eg intra-operative MRI scanner, laparoscopy, robotic surgery, disease-modifying drugs in rheumatology as well as new therapies in cancer and new medical and surgical interventions in neurodisability). |
| **Delivering in the Community – Alder Hey At...** | Alder Hey At… continuing to support the provision of local elective surgery. The Trust will continue to develop surgical and medical clinical networks to support both local and national paediatric services from primary, secondary and tertiary care, to promote coordinated working, unconstrained by existing professional and healthcare boundaries to ensure equitable provision of high-quality patient care. |
| **Building quality and functionality**       | Design and functionality of design – to maximise quality and safety to be more coherent and flexible; better patient journeys with focus on dignity; – good alignment with Critical Care for complex procedures eg cardiac; neurosurgery. |
The options

We have worked extensively with local Primary Care Trusts to explore options for the future provision of hospital services currently provided at the Alder Hey site and are pursuing these using our Alder Hey At... model. To support the delivery of care closer to home and world-class care delivered at hospital, two clear options have emerged for the public and organisations to consider:

1. A ‘Children’s Health Park’ next to the current site – a hospital in the park with facilities developed also for the use of the community
2. Staged redevelopment of the current hospital

Option 1 – A NEW CHILDREN’S HEALTH PARK (our preferred option)

Option 1 considers the development of a new ‘Hospital in the Park’, in a section of Springfield Park next to the existing hospital. Our vision of a Children’s Health Park is of a harmonious environment which provides opportunities for children to play, engage in arts-related activities and enjoy the landscape. The design of the new hospital would greatly benefit patients and staff by bringing related wards and departments closer together. Most of the existing hospital would be demolished but Ronald McDonald House (which provides accommodation for families) and Mulberry House (which fronts Alder Road) would remain.

We plan to deliver our vision in a staged approach, allowing us to progress the project in a realistic and affordable manner, bringing maximum benefit to patients as early as possible and delivering a health park which best meets the needs of the local health economy. This option comprises two stages but it should be noted that Stage 1 delivers approximately 84% of all clinical services while work on defining the detail of Stage 2 continues. By splitting the project into two stages, patients and their families will realise the benefits of the new hospital as soon as possible.

Stage 1: Will include new inpatient accommodation, a new acute services block housing Accident & Emergency, radiology, pathology, operating theatres, critical care, day surgery and day procedures. In addition, Stage 1 will deliver a 1,000-space multi-storey car park, the demolition of our buildings on the Western side of the site and the reinstatement of the park that will be part of the new Springfield Park. We plan to open our doors to Stage 1 by the end of 2014.

Stage 2: Facilities for outpatients, allied health-services, pharmacy, Trust education and research, university education and development and demolition of the remaining estate on the Eastern side of the site.

We are conducting a local eight week consultation as this proposal is for a rebuild rather than a major service change. Should a major service change emerge during Stage 2 we will undertake further consultation at that time.

We are committed to returning the same amount of parkland to the City Council. This land would be developed and improved to benefit the local community as well as patients, visitors and staff. We are supported in this option by a Sustainability and Socio-Economic group whose aim is to bring together key partner organisations to act as a forum to provide technical expertise, community links and challenge to the delivery of the new hospital.

The planning for Stage 2 will progress concurrently with Stage 1 and is expected to be completed by the end of 2018.
The options

We have worked extensively with local Primary Care Trusts to explore options for the future provision of hospital services currently provided at the Alder Hey site and are pursuing these using our Alder Hey At... model. To support the delivery of care closer to home and world-class care delivered at hospital, two clear options have emerged for the public and organisations to consider:

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The planning for Stage 2 will progress concurrently with Stage 1 and is expected to be completed by the end of 2018.
Key benefits and disadvantages of Option 1

There will be no change to the number of beds at the Children’s Health Park. However, and in line with Liverpool PCT’s vision, we plan to see and treat more children and young people closer to home. Our average length of stay is already ‘best in class’ and we intend expanding our day case facilities so we can see and treat even more children, more quickly. We will also expand our critical care services to support the specialties for which we are renowned.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Benefits</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting health and wellbeing for patients, their families and the wider community</td>
<td>As England’s only World Health Organisation (WHO) accredited paediatric health promoting hospital, one of our main objectives is to promote and encourage active lifestyles</td>
<td>Part of Springfield Park would not be available for use during the construction period and for a period during the refurbishment of the existing site.</td>
</tr>
<tr>
<td>Promoting speedier recoveries for our young patients and reducing stress and anxiety</td>
<td>Our young patients would have access to fresh air and space. Research shows that patients recover more quickly when they have access to pleasant surroundings.</td>
<td>Hospital and Park integration will be a challenge but is considered achievable.</td>
</tr>
<tr>
<td>Enhancing the local community</td>
<td>The Liverpool Public Health Observatory concluded that the Children’s Health Park would enhance the attractiveness of the area. The researchers also felt there was real potential to increase community participation and citizenship in the development.</td>
<td>There will be some disturbance during the construction phase.</td>
</tr>
<tr>
<td>Environment and sustainability</td>
<td>We plan to make the new hospital development as sustainable as possible and are following national good practice to achieve this. We have contracted with the Environment Agency to ensure that as many energy efficient measures as possible are included, such as renewable energy and minimising energy use. We also plan to extend this to the construction of buildings using recycled building materials and sourcing local materials and labour whenever possible.</td>
<td></td>
</tr>
<tr>
<td>Traffic and car parking</td>
<td>We plan to locate the main entrance on East Prescott Road which offers good access to public transport and for vehicles. Some access will be retained from Eaton Road. Multi-storey car parking would be provided to keep surface car parking to a minimum. This facility would be designed and located to reduce its visual impact. We believe this should resolve the current on-street parking issue and reduce the amount of traffic which currently uses Eaton and Alder roads.</td>
<td>The car park will be the first structure built but car parking will continue to be an issue until this facility is functional.</td>
</tr>
</tbody>
</table>
### Key benefits and disadvantages of Option 1 – continued

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Benefits</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disruption to existing services</td>
<td>By building on a separate site, we believe disruption to the existing hospital and inconvenience for patients and visitors would be minimal throughout the building. Springfield Park regeneration would start once Stage 1 of the new hospital is built and we are working with the local council on proposals for the park's design, redesign and future management.</td>
<td>Part of Springfield Park would not be available for use during the construction period and for a period during the refurbishment of the existing site</td>
</tr>
<tr>
<td>Children and young people have the opportunity to be involved in designing their hospital</td>
<td>Children’s views and input is critical to the Children’s Health Park and we plan to create a Children’s Board to be actively involved in the design of the new hospital. During the formal consultation phase we will conduct a number of involvement events for children and young people and create age-appropriate ways for them to partner with us and influence the life and direction of the project.</td>
<td></td>
</tr>
<tr>
<td>Timeliness</td>
<td>This option would be the fastest way to achieve our vision with Stage 1 opening its doors the end of 2014. The worst case scenario for completing is 2018 and we would hope to bring this date forward.</td>
<td></td>
</tr>
<tr>
<td>Financing</td>
<td>As a Foundation Trust we have the freedom to explore multiple options to finance the main hospital building. At the time of public consultation, a PFI solution reflects the best value for money solution.</td>
<td></td>
</tr>
</tbody>
</table>
Option 2 – Redevelopment of the current hospital

Option 2 considers the possibility of developing a new hospital through a multi-staged development across the existing hospital site. It would involve the progressive demolition of the existing buildings and progressively replacing them. During the redevelopment, healthcare services would continue to be provided, but would be subject to serious disruption to patients, their carers, staff, neighbours and surrounding businesses. Access would remain on Eaton Road and Alder Road as it does now.

<table>
<thead>
<tr>
<th>Criteria</th>
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<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting health and wellbeing for patients, their families and the wider community</td>
<td>As England’s only WHO-accredited paediatric health promoting hospital, one of our main objectives is to promote and encourage active lifestyles. We would continue to deliver on our public health strategy, albeit in a less effective way.</td>
<td>The delivery of our vision of a Children’s Health Park would be significantly compromised as the current Alder Hey site is not large enough to permit the redevelopment of the hospital and leave sufficient space for the development of a children's park. This option limits the provision of health and wellbeing benefits and facilities to the wider community.</td>
</tr>
<tr>
<td>Promoting speedier recoveries for our young patients and reducing stress and anxiety</td>
<td>The hospital will be rebuilt albeit via a multi-staged development over a number of years</td>
<td>The work would cause severe disruption to clinical services over a long period with numerous temporary shut downs and movement of wards and departments. It would be a considerable challenge for us to maintain services and acceptable standards while refurbishment work was being undertaken.</td>
</tr>
<tr>
<td>Enhancing the local community</td>
<td>There would be no change to Springfield Park</td>
<td>Springfield Park would not be enhanced</td>
</tr>
<tr>
<td>Environment and sustainability</td>
<td>Our environment and sustainability strategy would be delivered albeit by a multi-staged development</td>
<td>Whilst improving our socio-economic sustainability performance this option will not deliver the same level of benefits as option 1</td>
</tr>
<tr>
<td>Traffic and car parking</td>
<td></td>
<td>During the redevelopment, there would be a loss of parking facilities with alternative parking being provided off-site. On completion there would be insufficient space to meet car parking demand with main hospital entrance being retained on Alder Hey and Eaton Roads.</td>
</tr>
</tbody>
</table>
Option 2 – Redevelopment of Alder Hey Hospital – continued

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Benefits</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disruption to existing services</td>
<td></td>
<td>There will be major disruption to services during redevelopment of the site. It may also prove necessary to move some services away from the Alder Hey site during construction works.</td>
</tr>
<tr>
<td>Children and young people have the opportunity to be involved in designing their hospital</td>
<td>Children would be involved in the various stages of the redevelopment</td>
<td>Due to the lengthy time required of the staged approach continuity of children’s engagement may be compromised.</td>
</tr>
<tr>
<td>Timeliness</td>
<td></td>
<td>This work would take at least 10 years to complete.</td>
</tr>
<tr>
<td>Financing</td>
<td>As a Foundation Trust we have the freedom to explore multiple options to finance the main hospital building.</td>
<td>Raising finance in a staggered and limited manner increases the uncertainty of completing the total project.</td>
</tr>
</tbody>
</table>

An Analysis of costs of the preferred new build and the redevelopment of the current site

Detailed costings were prepared for the shortlisted options. For the purposes of comparison the cost of the preferred new build and redevelopment options are shown below.

<table>
<thead>
<tr>
<th>Capital Investment Elements</th>
<th>Option 1 - Delivery of new hospital in Springfield Park</th>
<th>Option 2 - Redevelopment of current hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Build only (£m)</td>
<td>Total (£m)</td>
</tr>
<tr>
<td>Alder Hey Construction Cost (Stage 1)</td>
<td>7139.6</td>
<td>139.6</td>
</tr>
<tr>
<td>Enabling schemes and site works</td>
<td>-</td>
<td>25.2</td>
</tr>
<tr>
<td>Equipment</td>
<td>-</td>
<td>10.0</td>
</tr>
<tr>
<td>Planning contingency</td>
<td>311.2</td>
<td>13.2</td>
</tr>
<tr>
<td>Sub total</td>
<td>150.8</td>
<td>183.0</td>
</tr>
<tr>
<td>Optimism bias (i.e contingency)</td>
<td>430.0</td>
<td>30.9</td>
</tr>
<tr>
<td>Stage 2 capital investment</td>
<td>69.5</td>
<td>69.5</td>
</tr>
<tr>
<td>Total (at 2008 prices)</td>
<td>250.3</td>
<td>288.4</td>
</tr>
</tbody>
</table>

1 PFI procurement only anticipated under Option 1 (Stage 1)
2 Enabling schemes and site works relates to the refurbishment of the temporary refurbished estate, multi storey car park, Springfield Park reinstatement and Children’s Park Development
3 Planning contingency 7.9% in relation to new build investment
4 Optimism bias (i.e contingency) 20.0% in relation to new build investment
Running and Clinical Costs

It is recognised that under the new build configuration, efficiency gains will be made in relation to energy, maintenance and improved functional adjacencies in terms of running costs.

Clinical costs will be similar for both options in the analysis carried out to date.

Economic Appraisal

An economic appraisal was undertaken on the shortlisted options using guidance issued by HM Treasury and the Department of Health (DH). The purpose of this was to identify the option providing best value for money over its lifetime.

The economic appraisal resulted in a net present cost materially lower under the new build option than for the redevelopment option.

New build is the best option on both economic grounds and in the non-financial appraisal.

Procurement Route

Value for Money assessment of the procurement route. For all schemes there is a clear case for considering a Private Finance Initiative (PFI) on value for money grounds. For NHS Build schemes this includes all schemes with a capital cost of £20m or more and this can only be considered when the preferred option has been established.

The value for money assessment compares two approaches – conventional procurement and PFI. In a conventional procurement the Treasury will provide the capital funding and the Trust will be responsible for the maintenance. Under PFI a private sector consortium would put up the investment for the new hospital and design, build and maintenance, taking on associated risks. The Trust would make an annual payment to use the facilities and then own them outright after a concession period of about 30 years. The Trust reviewed the most appropriate scope for any PFI procurement and it was concluded that PFI should be considered for the Stage 1 New Build element of the development totalling £180.8million (incl. VAT, optimism bias and planning contingency). The remaining elements of the scheme (excluding Stage 2), totaling £38.1million will be funded from the Trust's internal resources.

A number of schemes must be completed in parallel with the construction of the new hospital and their inclusion is not appropriate to PFI Schemes. These include the multi-storey car park, refurbishment of estate, demolition of buildings and the reinstatement of Springfield Park.

The Value for Money assessment has two parts – Qualitative and Quantitative using models provided by HM Treasury.
The Qualitative Assessment was undertaken using DH guidance which provided a template of questions and issues to be considered to form a judgement regarding PFI procurement. These questions covered issues concerning desirability, viability and achievability. It was determined that the PFI procurement route satisfied each of these areas of criteria.

In terms of the quantitative assessment, the inputs to the model included capital, lifecycle and operating costs under both PFI and conventional procurement routes for the preferred option. This included PFI funding costs along with an assessment of risk transfers and different tax receipts for the Government under each route. The model showed that a PFI procurement represented better value for money by a margin of 3.90%.

Taking the qualitative and quantitative assessment together, PFI was determined to be the better value for money procurement route for the preferred option (new build).

Affordability

An assessment of the affordability of the proposals has been undertaken by the Trust. This assessment at current prices demonstrates the PFI contractor liabilities would be £15million per year, covering building, lifecycle and maintenance costs over a 30 year concession period. The table below shows how this liability would be met.

<table>
<thead>
<tr>
<th>Resource available from release of existing costs re-leased building</th>
<th>£million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net income for additional activity agreed with PCTs</td>
<td>12.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15.0</strong></td>
</tr>
</tbody>
</table>

“The existing building doesn’t currently meet the needs of patients, families and staff. The old building is like how medicine was practised years ago. The new grounds will be on a par with Alder Hey’s reputation with modern facilities”.

**Julie Tobin (Parent)**

“I would like to have my own room so I could have the telly on louder and wouldn’t have to hear the babies crying. More toys and play areas around the hospital would be good. I want to see the birds and trees outside my window and not old bricks.”

**Patrick Tobin, age 4**
What will happen if we do nothing?

We strongly believe that ‘doing nothing’ is not an option.

The current facilities are 41% overcrowded and 38% full. It is anticipated that with the projected growth in activity Alder Hey will reach saturation point by 2015 and will be unable to meet the increasing demands placed upon it.

We will face an ever-increasing challenge to cope with a backlog of repair work simply to keep the Victorian designed buildings in reasonable working order. Despite our best efforts, we continue to be unable to provide optimum access for our disabled patients and visitors. We are effectively non-compliant with the Disability Discrimination Act and consumerism standards.

We would not be able to deliver a Hospital in the Park, creating a 21st-century environment for patients and staff at the hospital, and the associated newly regenerated Springfield Park, providing better access and new facilities for the community. Ultimately, we believe that, in the future, patients and their carers will be influenced by environmental factors and will choose other, newer hospitals which may lead to Alder Hey losing key services.

Why refurbishment of Alder Hey is not an option

<table>
<thead>
<tr>
<th>Age</th>
<th>• over 60% of the estate is more than 75 years of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical condition</td>
<td>• 78% of the estate does not meet either:</td>
</tr>
<tr>
<td></td>
<td>(a) building and engineering services standards;</td>
</tr>
<tr>
<td></td>
<td>(b) space requirements to deliver the required function;</td>
</tr>
<tr>
<td></td>
<td>(c) is not located adjacent to critical clinical departments;</td>
</tr>
<tr>
<td></td>
<td>improvement will only be achieved with a rebuild.</td>
</tr>
<tr>
<td></td>
<td>• existing wards 365m² compared with current standard of 1000m²</td>
</tr>
<tr>
<td></td>
<td>• slopes, small lift shafts with manual lifts and cramped departments make it impossible to fully meet DDA standards</td>
</tr>
<tr>
<td></td>
<td>• small stairwells and lack of end of ward circulation routes make it impossible to fully meet new build HTM fire standards</td>
</tr>
<tr>
<td></td>
<td>• critical departments separated by 400meter uphill corridor</td>
</tr>
<tr>
<td>Space</td>
<td>• 41% of the Trust is overcrowded and 38% of the trust is full</td>
</tr>
<tr>
<td></td>
<td>• 16 nightingale wards (NHS target is nil)</td>
</tr>
<tr>
<td></td>
<td>• Male and female adolescents and babies in shared space with no privacy</td>
</tr>
<tr>
<td></td>
<td>• Inadequate bed space</td>
</tr>
<tr>
<td></td>
<td>• Little or no dining space - Children eat in their beds</td>
</tr>
<tr>
<td></td>
<td>• No play space – Children play in their bed</td>
</tr>
<tr>
<td></td>
<td>• Shared male/female bathrooms</td>
</tr>
<tr>
<td></td>
<td>• No adolescent facilities on 90% of wards</td>
</tr>
<tr>
<td></td>
<td>• Crying babies next to adolescents at night</td>
</tr>
<tr>
<td></td>
<td>• TVs turned off at 9pm</td>
</tr>
<tr>
<td></td>
<td>• Lack of parent space</td>
</tr>
<tr>
<td></td>
<td>• Lack of parent bathrooms and toilets</td>
</tr>
<tr>
<td></td>
<td>• Lack of private consultation space</td>
</tr>
<tr>
<td></td>
<td>• No quiet rooms</td>
</tr>
<tr>
<td></td>
<td>• Overcrowded nurse station and offices</td>
</tr>
<tr>
<td></td>
<td>• No physiotherapy space</td>
</tr>
<tr>
<td></td>
<td>• Poor disabled access to bathrooms</td>
</tr>
<tr>
<td></td>
<td>• No future expansion space to meet increased activity past 2015</td>
</tr>
</tbody>
</table>
What will happen if we do nothing?

We strongly believe that 'doing nothing' is not an option. The current facilities are 41% overcrowded and 38% full. It is anticipated that with the projected growth in activity Alder Hey will reach saturation point by 2015 and will be unable to meet the increasing demands placed upon it. We will face an ever-increasing challenge to cope with a backlog of repair work simply to keep the Victorian designed buildings in reasonable working order. Despite our best efforts, we continue to be unable to provide optimum access for our disabled patients and visitors. We are effectively non-compliant with the Disability Discrimination Act and consumerism standards. We would not be able to deliver a Hospital in the Park, creating a 21st-century environment for patients and staff at the hospital, and the associated newly regenerated Springfield Park, providing better access and new facilities for the community. Ultimately, we believe that, in the future, patients and their carers will be influenced by environmental factors and will choose other, newer hospitals which may lead to Alder Hey losing key services.
Comparison of Alder Hey’s modern 16 bed Neurosurgical ward with one of sixteen existing standard wards both drawn to same scale
Process for ward refurbishment

Refurbish ward

- Renew heating
- Renew lighting
- Renew windows
- Renew H&C water services
- Upgrade medical gas services
- Upgrade internal fabric
- Decorate

Provide single rooms
- No available space

Provide separate male/female bathrooms
- No available space

Provide play space
- No available space

Provide dining space
- No available space

Provide parent space
- No available space

Provide parent bathrooms/toilets
- No available space

Provide private consultation space
- No available space

Provide physiotherapy/treatment space
- No available space

Provide good disabled access
- No available space

Rebuild

Refurbishment not possible
How we’ve involved patients and the public

We have held more than 100 events since the Secretary of State gave us approval to develop the plans shared in this document. More than 1500 people have since been involved including our patients and their families, our staff, the general public, other local NHS organisations, statutory and voluntary organisations, professional bodies and community groups. As a result of their input we are now ready to seek the wider public input through the consultation.

How your involvement influenced our vision

We were greatly assisted in processing ideas and suggestions by the Prince’s Foundation, a charity which puts people and communities at the centre of design processes. They facilitated three events involving the public, architects and Liverpool City Council, which generated new ideas.

This led to the granting of outline planning approval in October 2006 to build a new hospital at Springfield Park involving a ‘land swap’ with the promise that the same amount of land will be appropriately refurbished and returned to the community.

We also commissioned the Liverpool Public Health Observatory to examine its proposals, where researchers concluded that the plans would benefit patient care.

For a copy of the report see www.liv.ac.uk/publichealth/obs
Liverpool PCT is leading this consultation process on behalf of the local NHS.

The process will be overseen by the Joint Health and Wellbeing Overview and Scrutiny Committee (OSC) which has representatives from Liverpool City Council, Sefton Metropolitan Borough Council and Knowsley Metropolitan Borough Council.

The OSC examines proposals for changes to local health services.

We will be consulting with a wide range of groups including:
- Local residents
- Patients and carers
- Patient and public involvement forums, patient forums
- Our staff and staff at the Primary Care Trusts
- Our membership and Council of Governors
- Trade unions
- Interest groups
- Local community, voluntary, minority and faith groups
- Children and Young People’s strategic partnership services
- Local authorities, including health overview and scrutiny committees
- MPs
- GP practices, pharmacists, opticians and dentists
- Broadcast and print media

Any other groups or individuals are welcome to take part.

During the final consultation we will be conducting a number of involvement events with children, their families, our staff and our membership. We will also be holding a number of public meetings for the people of Greater Merseyside and we will be extending our engagement activity to include our stakeholders across our wider footprint.

Activities and public meetings will be published in the local press and media.

**How will the outcome of the consultation be publicised?**

There is a reply and comments form in the centre of this document which can be returned by FREEPOST. All comments will be included in a report, which will be considered by the Boards of the local Primary Care Trusts and the Alder Hey.

At the end of the consultation period a summary of responses will be produced which will be posted onto our website at www.liverpoolpct.nhs.uk

You can also participate in this consultation at www.alderhey.nhs.uk
If you would like more information about any of the details in this brochure please contact:

The Communications Department
Alder Hey Hospital
Eaton Road
Liverpool
L12 2AP

Tel: 0151 228 4811
Web: www.alderhey.nhs.uk
Email: communications@alderhey.nhs.uk

Translation available on request from the address opposite.

Large print, Braille or audio versions are also available on request.

Some of the partners who have helped us reach this stage are:-