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# Start Well Paediatric Surgery Update for the NCL JHOSC

January 2026

# Overview of the Start Well Paediatric Surgery Programme



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Since November 2021, NHS North Central London Integrated Care Board (NCL ICB), has been leading a programme of work on behalf of the local health and care system in North Central London called the Start Well Programme to review and improve maternity, neonatal and children's surgical services in North Central London – Barnet, Camden, Enfield, Haringey, and Islington.

The Start Well programme has involved several years of partnership working and significant engagement with patients, staff and partners to review and improve the quality and outcomes of services. Our collective ambition as a health and care system is to give babies and children the best start in life and improve outcomes for pregnant women and people.

**This update only pertains to the changes to paediatric surgical pathways.**

In 2024, we undertook an extensive public consultation in partnership with NHS England Specialised Commissioning under the North Central London Start Well Programme, on proposals to change the way some surgical services for young children are delivered. This set out opportunities to improve the quality of children's surgical services, for both planned and emergency care, to improve outcomes, as well as to provide a better experience for young children, their families, carers, and our staff too. The ambition was to ensure that young children get the surgery and care they need as quickly as possible, in age-appropriate and child friendly environments.

Having considered the feedback from the consultation and the suggested alternative options, further engagement activity took place during June and July 2025 specifically focused on updated proposal for emergency surgery for young children.

Under our updated proposal, very young children who need emergency surgery would be transferred to a specialist centre, to either hospitals in West London Children's Healthcare (primarily Chelsea and Westminster Hospital and St Mary's Hospital) or to The Royal London Hospital (with the exception of ENT which would be managed by GOSH/UCLH). These hospitals already provide specialist care for very young children in North London who need emergency surgery and have the skills and expertise to meet their needs. The hospital site young children would be transferred to would depend on which local hospital they initially go to for their emergency care. Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) would continue to treat children who are medically and surgically complex and/or very high risk for anaesthesia, or who are already under the care of GOSH.

The NCL ICB Board approved the revised care model on 30 September 2025, and we are now working with the North Thames Paediatric Network to take forward the implementation of the proposals.

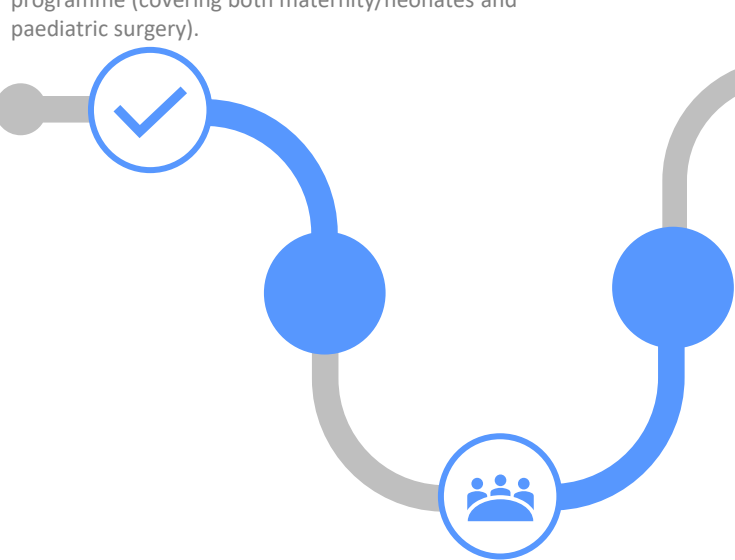
# Start Well is a collaborative programme involving a wide range of patients, carers, community representatives, clinical leaders and ICS partners



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## Start of review November 21

Trust Boards agree to commence the Start Well programme (covering both maternity/neonates and paediatric surgery).



## Case for change

Nov 21 – Sept 22

- New care model developed with over 100 clinicians
- Significant engagement through workshops and interviews to co-develop a case for change
- Engagement with patients and the public on the case for change through meetings, questionnaires and youth summit

Over **75% of respondents agreed or strongly agreed with opportunities identified**

## Pre-Consultation Business Case

Nov 22 – Nov 23

- Evaluation of options with clinical and patient/public groups
- Drafting of pre-consultation business case
- Engagement of service users with the development of the Integrated Impact Assessment
- Review of proposals by clinical senate and NHSE



## Maternity and Neonates DMBC Approved

March 25

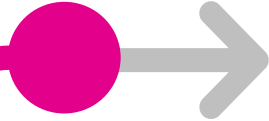
- ICB approved the Maternity and Neonates Decision Making Business Case (DMBC)
- Paediatric Surgery de-coupled from this decision so it could be developed further



## Paediatric Surgery DMBC Approved

Sept 25 – Jan 26

- ICB approved the Paediatric Surgery Decision Making Business Case (DMBC) 30 Sept 25
- Implementation planning begins



## Public consultation

Dec 23 – Feb 25

- 14 week Consultation on proposals with community, NHS organisations and other stakeholders
- Independent report published
- Development of Maternity Decision-Making Business Case (DMBC) based on feedback



## Paediatric Surgery Engagement

Apr – Sept 25

- Further development of Paediatric Surgery proposals
- 4 week engagement on revised proposals
- Independent report published
- Development of Paediatric Surgery Decision-Making Business Case (DMBC) based on feedback



**This update is only on Paediatric Surgery**

# Our case for change identified opportunities for improvement for children and young people



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- The Start Well case for change identified opportunities for improvement for paediatric surgical services in NCL
- We have developed a new model of care for paediatric surgical services that addresses these opportunities for improvement

## Children and young people's opportunities for improvement



### Reducing long waits for elective care

- In NCL, 4,750 children and young people are currently waiting for a planned operation with over 464 children and young people waiting over a year for surgery



### Increasing demand for emergency care

- NCL sites are providing emergency care to an additional 73 children and young people a day compared to 2016/17
- A higher number of low acuity cases are being treated in ED



### Improving transition to adult services

- Across NCL there is a challenge in providing consistent care across transition into adult services
- There is no consistent definition across NCL around the age cut off for children's and young people's services



### Improving long-term conditions management

- Some children and young people do not get enough support to manage their health and wellbeing, and this can lead to unplanned time in hospital
- Children and young people with long term conditions who live in the most deprived areas are more likely to be admitted to hospital



### Recruitment and retention of the paediatric workforce

- Vacancy rates are particularly high in paediatric nursing, ranging from 13%-36% across NCL sites
- Often our own staff are having to work to provide cover for shifts



### Meet national recommendations for the environment for paediatric surgical care

- Currently not all sites provide dedicated paediatric theatres or child-friendly environments
- The impact of the current estate and organisation means that some sites are struggling to manage their activity



### Organisation of paediatric surgical care

- There is variation between and within hospitals on whether a child can be treated on site, depending on the confidence and skills of adult surgeons and anaesthetists covering the emergency rota
- Children with lower complexity emergency cases are being transferred to specialist hospitals, causing treatment delays for some children.

\*Information gathered from the NCL Start Well Case for Change - [NCL\\_Start-Well-Case-for-Change-FINAL.pdf](#) with an update on planned operation waits based on May 2025 waiting list data across NCL.

# Consultation and Engagement



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## **CONSULTATION** - 14-weeks (from 11 December 2023 to 17 March 2024).

This included extensive outreach to the local community, NHS organisations and wider stakeholders using a variety of consultation activities was guided by the IIA to target those most affected.

(Link for full report: [Start Well: Consultation feedback on proposed changes to children's surgical services in North Central London](#))



### **3,112 responses to the questionnaire**

- 2,031 from members of the public
- 1,060 from NHS staff
- 21 from organisations



### **79 written submissions**

- 32 from members of the public
- 47 from NHS staff and other organisations

## **ENGAGEMENT** – 4-weeks (from 23 June 2025 to 21 July 2025).

Due to changes in some aspects of our proposals following consultation, we undertook further engagement, resulting in:

(Link for full report: [NCL-Start-Well-Paediatric-Surgery-Engagement-vFINAL.pdf](#))



### **154 responses to the questionnaire**

- From staff and members of the public



### **160 parents/carers reached**

- 9 focus groups
- 10 hospital drop ins



### **140+ staff engaged**

- 12 dedicated staff engagement sessions

# Approved Care Model

Paediatric Surgery Decision Making Business Case (DMBC) approved by the NCL ICB Board on 30 September 2025  
(See full DMBC via link: [NCL-Paeds-Surgery-DMBC\\_vFINAL.pdf](#))



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## VISION

**To ensure that any child or young person requiring planned or emergency surgery is treated by the right team, at the right place and in a timely way.** We want paediatric surgical care to be delivered as locally as possible and by specialist staff who regularly deliver this type of care. If an operation is needed, children and young people, their families and carers, should all be confident that they are receiving the best possible care. We want to ensure that all children and young people have access to the same experience and quality of care wherever they may access it.



### Emergency Specialist Centre

- Have **paediatric ED or direct access inpatient beds**
- Have **24/7 paediatric surgeons and anaesthetists**
- Delivers majority of **emergency surgery** for children under 3 and for some age 4 - 5 (general surgery/urology)
- **Dedicated specialist paediatric** workforce
- Supported by **NCL paediatric surgery referral hub** (next slide)

WLCH (St Mary's; Chelsea & Westminster) and Royal London (ENT by exception at GOSH and UCLH)



### Planned Inpatient Specialist Centre

- Provides **inpatient planned surgery** for children age 1 year and over for low volume specialties
- **Dedicated specialist paediatric** workforce

Great Ormond Street Hospital and UCLH



### Day Case Specialist Centre

- Delivers **all day case surgery and single overnight stay** for children age 1-2
- Provides **low-volume day case surgery and single overnight stay** for children age 3+
- Provides **dedicated staff and spaces** for children
- **Dedicated specialist paediatric** workforce

UCLH



### Local unit

- Delivers **emergency surgery for most children age 3+ or 5+** (specialty dependent)
- Provides **day case and planned overnight stay surgery** in ENT, max fax and dentistry for age 3+
- Children under 3 or 5 may be **transferred to the specialist centre** for emergency and planned inpatient

No Change



### Specialist unit

- Provides **highly specialist emergency and planned surgery** including for neonates
- Delivers **across age groups**
- Supported by **highly specialist workforce**

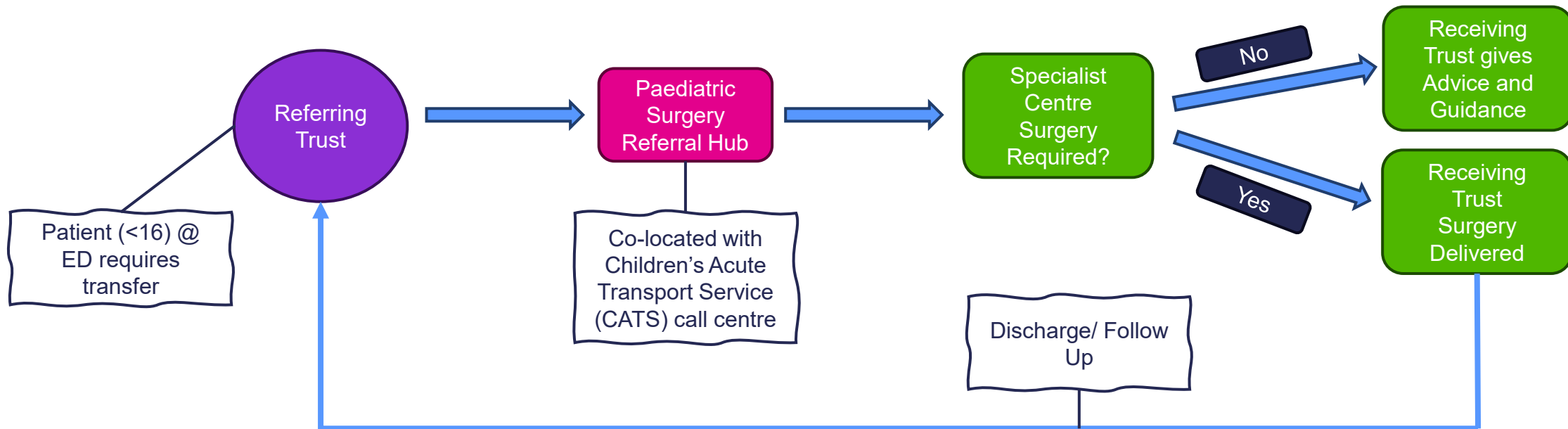
No Change

# Model for NCL Paediatric Surgery Referral Hub



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For paediatric emergency surgery, a paediatric surgery referral hub would be set up to support referrals for emergency paediatric surgery across North Central London, for all children aged 16 and under, including a bed-finding service, if required. Children would access care initially at their local site, as they do now. If they needed more specialist care, the referral hub would act as a single point of referral for clinicians in local hospitals in NCL and would ensure smooth and timely support from specialist centres, and transfer (if required). In addition, for emergency surgery for the small number of under 3s or under 5s (general surgery and urology) that are currently operated on locally, local units would transfer children from local EDs to a specialist centre. Specialist centres already have access to a 24/7 specialist paediatric surgical and paediatric anaesthetic workforce as well as the wider clinical staff who regularly look after young children. These centres also have a paediatric ED, which can assess children who may need a surgical procedure, or can take children directly into inpatient beds.



# Benefits and Implementation

(Taken from the Paediatric Surgery DMBC, September 2025)



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## Do Nothing

- ✗ Does not deliver the **best practice** and achieve the **clinical standards** as set out by professional bodies such as Getting It Right First Time (GIRFT).
- ✗ Surgical services would remain **fragmented**.
- ✗ **Paediatric expertise** required to deliver the best quality care is not readily available at local units.
- ✗ Difficult to maintain and develop the **skills and capabilities** to deliver this service at local units.
- ✗ Staff at local units would continue to spend time trying to find a **suitable bed** for young children requiring surgical assessment and treatment.
- ✗ **Access to care** would remain the same with no changes in the travel or driving times but with more children and young people having to sometimes travel outside of NCL to access care.

## New Care Model

- ✓ Implementing the care model would ensure that surgical care is delivered in the **right setting**
- ✓ Delivers **clear emergency surgical pathways**
- ✓ Reduces the amount of time spent by senior clinicians in local hospitals trying to get **specialist advice and organising transfers**
- ✓ Makes best use of the scarce **specialist paediatric surgical workforce**
- ✓ Enables **sustainable volumes of surgical activity**
- ✓ Delivers surgical activity in **child friendly environment**
- ✓ **Reduces waiting times**

## Enablers

- **Referral hub**: the smooth set-up and operation of the NCL referral hub would underpin the transfer of children in an emergency. Cases would be directed via an algorithm to the provider with a suitable bed rather than on a purely geographical basis, allowing systemwide pathways and best use of available capacity.
- **Workforce**: training and skills development of local unit adult surgical workforce to ensure there are the skills and capabilities in place to provide surgical and anaesthetic care for children aged 5 years and older.
- **Finance**: delivering the required capacity and estate requirements at UCLH. The capital investment would be managed within UCLH's business as usual capital resources. The revenue cost of the referral hub would be funded partly by NCL ICB and partly by the North Thames Paediatric Network.
- **Communication and engagement**: to communicate the changes and engage with the local population and providers on these and the new pathways.

# Integrated Impact Assessment (IIA)

(See full IIA report via link: [NCL Start Well Programme](#))



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A thorough Integrated Impact Assessment (IIA) was carried out and was published alongside the decision-making business case in September 2025 which includes looking at population groups with protected characteristics.

- For people travelling to **GOSH for planned inpatient surgery**, an average increase in travel times for car/taxi (peak) by 29 minutes, by 20 minutes (off-peak) and public transport by 19 minutes and an average increase in taxi costs of £29 per journey.
- For people travelling to **UCLH for planned day case surgery or planned inpatient surgery**, an average increase travel times for car/taxi (peak) by 26 minutes, by 18 minutes (off-peak), public transport by 11 minutes and an average increase in taxi costs of £26 per journey.
- Children and young people would continue to access the **emergency department (ED)** at their local hospital for emergency paediatric surgery, and the majority would continue to be treated locally. This means there would be no change to where children and young people access emergency paediatric surgical care, and people would continue to access care at their nearest local ED, being transferred from their local ED to a specialist centre, if required. However, there may be an impact for families and carers visiting children and young people who have been transferred to a specialist centre at St Mary's, GOSH, Chelsea & Westminster, UCLH or Royal London from a local site. Children would be transferred to the specialist centre most able to meet their needs, which may not be the closest, although there is an intention to treat children as close to home as possible.
- There would be a similar impact on travel times for vulnerable populations. People further away from the specialist centres may need to pay up to an additional maximum of £54 per taxi journey. Specific consideration would also need to be given to other access needs for vulnerable populations including digital access, access to cars, physical on-site access and cultural and language barriers.

Mitigations have been developed to support children and their families to access surgical care that they need given this increase in journey time and cost, including:

- Providing **support with the costs of travel** to hospital by raising awareness of schemes to support patients with travel costs and providing information on trust-level arrangements.
- Supporting people who may be more vulnerable to the impacts of our proposals by **communicating the changes**, working with local hospitals to support families, communicating relevant arrangements for the reimbursement of travel expenses and continuing engagement with potentially impacted families and communities.
- Communicating and engaging about implementation should changes be agreed by making sure **information is accessible** and widely shared and co-designing emergency redirection messaging with staff and parents.
- Ensuring families **understand the pathways** of care by giving information to families and disseminating information through community groups.
- Mitigations for those who may need **extra support** to access an unfamiliar hospital by providing information, offering opportunities to visit the site, ensuring appointments are at appropriate times and working with the Learning Disability Liaison Nurse and primary care colleagues.
- Supporting families to **travel to the hospital** by providing clear, accessible information and linking to live journey planners.
- Providing as much **care locally as possible**, especially for planned care, by having appointments locally where possible, offering virtual appointments and implementing hospital appointments at home, where possible.

The recommendation is that the benefits of implementing the proposals, as described in the DMBC, mean that it should be implemented, despite the identified disadvantages.

# Paediatric Surgery Implementation



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## Emergency

- **Governance and partnership** – formalise collaboration with North Thames Paediatric Network (NTPN) as delivery partner and establish joint governance between ICS/ICB/NTPN
- **Clinical leadership** – define system-level surgical leadership
- **Service model implementation** – NTPN will lead development of paediatric surgery referral hub for NCL (agree implementation to go live in first half of 2026), as well as defining and communicating protocols across sites
- **Digital enablement** – to review interoperability requirements
- **Finance** – ICB to work through contractual implications and funding flows in line with DMBC assumptions including funding for Children's Acute Transport Service (CATS) to host Paediatric Surgery Referral Hub
- **Acute airway management** – work with NTPN and Trusts to review local protocols and training for acute airway management

## Planned (day case / inpatient)

- **Clinical leadership** – to define NCL-level surgical clinical input with NTPN, as well as developing clear patient pathways (including discharge and follow up)
- **Service model implementation** – to define and communicate protocols and clinical pathways, and monitor/audit activity
- **Finance** – as part of 2026/27 planning round, ICB ensuring appropriate funding flows in line with DMBC assumptions

## Cross-cutting enablers

- **Workforce training and development** – NTPN to work with Trusts to develop comprehensive training package for local units (including upskilling staff and maintaining CPD for anaesthetic staff on emergency intubation), explore expansion of rotational posts with innovative training models
- **Organisational Development and staff engagement** – continue coordinated staff briefings, and implement OD initiatives to maintain morale and collaboration
- **Recruitment and retention** – to align with NCL people strategy and NHS Long Term Workforce Plan, and strengthen recruitment pipelines and retention strategies (e.g., Capital Nurse programme)
- **Stakeholder engagement** – maintain inclusive engagement with patients, public, providers, clinicians and NHS staff
- **Holistic care standards** – ensure age-appropriate environments, play specialists etc during implementation

# Next Steps



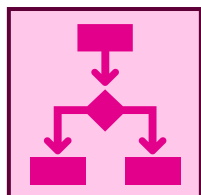
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Continue to work with partners and stakeholders to communicate the outcome of the process



Continue to engage and involve stakeholders in the development of implementation plans.



Establish the programme governance and capacity to manage the operational implementation working closely with the North Thames Paediatric Network