Re-location of the Coombe and Rotunda Hospitals

On Tuesday 30th June, following a review of the proposed sites for the development of maternity hospitals in Dublin, the Department of Health announced the locations for the re-development of the Rotunda and the Coombe Women and Infants University Hospitals.

1. Background to the Decision

The three maternity hospitals in the Greater Dublin Area, the Rotunda, the National Maternity Hospital (NMH) and the Coombe, are stand-alone facilities separate from acute hospitals. All are located within a 5km radius of the city centre, and of each other. However, the model of stand-alone maternity hospitals is not the norm internationally, and is no longer recognised as international best practice for future service development.

In 2008, the KPMG report recommended that three new facilities should be developed in the Greater Dublin Area to deliver maternity and gynaecology services. The report advised that for optimal clinical outcomes, maternity services should be co-located with adult acute services, or in the case of neonatology and foetal medicine, tri-located with adult and paediatric services.

Co-location of maternity services with adult services provides mothers with access to a full range of medical and support services should the need arise. Tri-location with paediatric services ensures immediate access on-site to paediatric services when foetal or neonatal surgery and other interventions are required. The availability of these services helps ensure the delivery of an optimum, safe service, particularly for high risk mothers and babies.

The KPMG report included an analysis of suitable acute hospital sites for the redevelopment of the NMH, the Coombe and the Rotunda, which included consideration of access, demographics and catchment areas. It noted that the current service configuration does not adequately cater for user access needs, as the three hospitals are based in the city centre. In the context that one hospital would move to the Mater campus, in order to deliver a tri-located adult, paediatric and maternity facility, it recommended that the Rotunda should move to the Mater, the NMH to St Vincent’s and the Coombe to Tallaght Hospital. This configuration was designed to optimise access, and the location choices were therefore interdependent. Any change in relation to the location of any one hospital, of necessity, requires a review of all locations, in particular, in terms of access.

Following a Government decision in 2012 that the new children’s hospital will be located at the St James’s campus, it will be necessary to redevelop one of the three new maternity hospitals on this campus in order to deliver a tri-located service. Accordingly, the recommendations of the KPMG report were revisited to determine which hospital should move to St James’s. Given that the project to relocate the NMH from Holles Street to the St Vincent’s campus is well advanced - it is anticipated
that a planning application will be submitted to An Bord Pleanala later this year – decisions were required as to whether it is the Coombe or the Rotunda, which should move to St James’s. It was also necessary to decide where the third hospital should be located in order to optimise access for women while taking account of clinical and any other relevant criteria.

The review was also an opportunity to reflect recent policy developments, in particular the establishment of Hospital Groups. Following the publication of the Hospital Groups report in 2013, hospitals have been organised into seven Hospital Groups, each with its own management. One of these is the Children’s Hospital Group which will ultimately become a single hospital. The remaining six Groups incorporate adult, maternity and paediatric services. Hospital Groups aim to provide an optimum configuration for hospital services to deliver high quality, safe patient care in a cost effective manner. Each Group includes a primary academic partner which will stimulate a culture of learning and openness to change within the hospital group. Smaller hospitals are to be supported within the hospital group in terms of education and training, continuous professional development, the sustainable recruitment of high quality clinical staff and the safe management of deteriorating and complex patients.

It is proposed to establish managed clinical maternity networks within Hospital Groups to help address ongoing safety concerns in maternity services. Within such networks, smaller maternity units will be supported to provide safe, high quality services. Each of the three Dublin maternity hospitals is a large tertiary hospital providing highly specialised services. Each of these hospitals will therefore lead the managed clinical maternity network within their hospital group.

The co-location of the NMH and St Vincent’s Hospital is consistent with Hospital Group’s policy, with both hospitals being part of the Ireland East Hospital Group and hence part of a single overarching Group governance structure. The Coombe and the Rotunda should be co-located with a hospital within their hospital group unless there are very compelling reasons not to do so. The Coombe is a member of the Dublin Midlands Hospital Group and the Rotunda is a member of the RCSI Hospital Group.

2. Tri-located Maternity Hospital

St James’s and the Coombe Hospitals are members of the Dublin Midlands Hospital Group. The country’s first managed clinical maternity network has been established within that Group and, in that context, the Coombe Hospital will take over responsibility for the Portlaoise maternity service. The Coombe should be co-located with a hospital within the Dublin Midlands Group and is therefore the logical choice for tri-location on the St James’s campus. Locating these hospitals together is consistent with Government policy on Hospital Groups and will support the managed clinical network which has already been established.

The co-location of the Coombe and St James’s is also consistent with existing geographical patient attendance patterns. The HSE’s Intelligence, Health and Wellbeing Division carried out a mapping exercise of the maternity footprints associated with the three Dublin maternity hospitals. This indicated that women attending the Coombe are primarily resident in the south-west sector of Dublin. Given the geographical proximity of the Coombe Hospital and the St James’s campus, it is expected that the existing Coombe catchment area will remain largely unchanged i.e. women are likely to continue to attend the relocated maternity services at the St James’s campus in much the
same patterns as they do currently, subject to any impact arising from the decision in relation to the future location of the Rotunda Hospital.

The Master of the Coombe has indicated that with the breadth and depth of the hospital’s clinical, academic and corporate synergies with St James’s, Our Lady’s Children’s Hospital and Trinity College (the academic partner of the Dublin Midlands Hospital Group), it is the unequivocal strategic ambition of the Coombe to become the tri-located maternity partner on the St James’s campus.

As the re-location of the Coombe to the St James’s campus delivers tri-location, aligns with existing Hospital Group structures, will not disrupt the recently established managed clinical maternity network, is supported by the Coombe Hospital and is consistent with existing geographical attendance patterns, the Minister agreed that the Coombe Hospital should be re-located to the St James’s campus, ensuring tri-location of adult, paediatric and maternity services.

For access reasons, it would not be appropriate to have all three maternity hospitals located on the southside of Dublin. Any enhancement of access for women in the Greater Dublin Area can only be achieved by developing the new Rotunda on the northside of the city. The decision to move the Coombe to St James’s effectively means that there will not now be a maternity hospital on the Tallaght campus, as had previously been planned.

3. Identification of Co-Location Partner for the Rotunda Hospital

As a member of the RCSI Hospital Group, the Rotunda is part of a single overarching Group governance structure with Beaumont Hospital, Our Lady of Lourdes Hospital (OLOL) Drogheda, Connolly Hospital, Cavan Hospital, Louth County Hospital and Monaghan Hospital. The Rotunda will also lead the managed clinical maternity network in the Group, working closely with OLOL and Cavan Hospitals’ maternity services. The potential co-location partners for the Rotunda, within the RCSI Hospital Group, were Beaumont and Connolly Hospitals.

The other potential host site for the Rotunda on the northside of Dublin was the Mater Hospital. However, the Mater is a member of the Ireland East Group, which also includes St Vincent’s Hospital and the NMH. While there was merit in assessing the suitability of the Mater as a potential host hospital, it should be noted that it would only have been the preferred co-location if there was a compelling argument against aligning with Hospital Group structures.

To inform the evaluation of the two RCSI Hospital Group potential co-location partners, and also the Mater as an alternative should neither of the RCSI hospitals have proved suitable, the following data was considered:

- Clinical criteria of the potential host acute hospitals
- Site analyses of potential host hospitals
- Existing maternity footprint mapping, showing where people travel from to attend the Dublin maternity hospitals
- Stakeholder views.
4. Clinical criteria

The HSE’s National Clinical Programme in Obstetrics and Gynaecology advised that the main criteria for determining clinical suitability of a host hospital were the availability of:

- Adult intensive care
- Imaging for the critically ill mother
- Neonatal intensive care.

As neonatal intensive care facilities will form part of the new Rotunda development, the clinical requirements of the host hospital are adult intensive care and imaging for the critically ill mother. Each of the potential host sites has such facilities, and all are to the necessary standard.

The KPMG report assessed a number of sites against a set of 17 key clinical criteria. As a secondary evaluation, the potential host acute hospitals were reviewed against the KPMG criteria. That review demonstrated that all hospitals currently, or soon will, meet all these criteria. Accordingly, the review undertaken found that clinical criteria is not a determining factor in the decision on relocation, as all potential host hospitals have the necessary services and facilities which are deemed necessary to support a maternity service on the hospital campus.

5. Physical site requirements

A site analysis was carried out by HSE Estates to assess the capacity of each site to accommodate a 30,000 m² co-located hospital. That is the anticipated gross floor area required for a maternity service to provide for up to 10,000 births annually, as outlined in the KPMG report, although this may vary depending on factors such as the capacity of the host site, shared services, displaced accommodation requirements and car parking.

HSE Estates assessed, in outline, the suitability, from an estate planning perspective, of each of the acute hospital sites to host a maternity service of this scale. This assessment considered site capacity, access, planning risk and opportunity, site utilities and current Development Control Plans. Medical planning criteria were referred to with respect to physical site conditions and general service configuration (for example the potential distance from maternity theatres or birthing suites to acute services within the existing hospital infrastructure).

Connolly Hospital performed very strongly in this evaluation. Connolly is considered to have low planning risk, easy access by car and good access by public transport with the potential for further transport improvement.

6. Access

As noted in the KPMG review, all three standalone Dublin maternity hospitals are currently located within a 5km radius of each other in the city centre. This close proximity to each other means that access to hospital maternity services for women living outside the city of Dublin is not ideal (as noted by KPMG). In order to determine the optimal location for the Rotunda, particularly from an access perspective, consideration needs to be given to distance.
The HSE Intelligence, Health and Wellbeing Division’s mapping exercise of current maternity attendance patterns showed that, by and large, women tend to attend their closest hospital, confirming the KPMG analysis. 74.8% of women attending the current three hospitals are Dublin residents – Coombe (66.6%), NMH (72.9%) and Rotunda (84%). Women attending the NMH primarily come from the south-east sector of Dublin, those attending the Coombe are primarily resident in the south-west sector and women living north of the Liffey predominantly attend the Rotunda. As regards neighbouring counties, there are significant attendances from Kildare, Meath and Wicklow. Women from these counties attend all three hospitals. However the pattern of attendance of those women is that the majority of Wicklow residents attend NMH, the majority of Kildare residents attend the Coombe, and the majority of Meath residents attend the Rotunda.

HSE Intelligence, Health and Wellbeing Division noted that the relative accessibility of the major Dublin hospital locations is strongly influenced by the shape of the major road networks (M50 and other major arteries), and the impact of the highly populated city centre. Clearly, future Dublin city and commuter belt residential zoning, transport, traffic and parking policies and initiatives may impact on travel patterns but cannot practically be considered in the current decision.

Using road distance as a pragmatic measure of intra-city access, the HSE analysis found that the average road distances from north Dublin electoral division centroids (or geometric centres) was broadly similar for all hospitals, 9.7km to the Mater, 10.3km to Beaumont and 12.4 km to Connolly. While selection of the Mater campus would provide the "nearest" option, in overall terms, the difference is small. Travel times were not considered as these are susceptible to a range of transport and traffic management policies and interventions, and the impact of unpredictable traffic flows between central and peripheral areas depends on many factors including ease of parking, time of day, day of week and the month (e.g. holiday periods).

In terms of attendance patterns, given the proximity of the Mater to the Rotunda, choosing to locate at the Mater would likely mean that current geographical attendance patterns would be retained. However, by locating at the Mater, the existing configuration, i.e. three city centre hospitals, would be retained. The 2008 KPMG report noted that this configuration does not adequately cater for user access needs.

Co-locating with Connolly Hospital would provide access, via the M50, for more patients in the peripheral areas of Dublin and neighbouring counties. The expectation is that this configuration would see a pattern shift where more women from West Dublin would attend the Rotunda service at Connolly, and more north inner city women would attend the Coombe at St James’s.

Beaumont Hospital would incur average travel distances similar to the Mater for north Dublin residents, with access via the M50, although HSE Estates noted that surrounding routes can experience considerable congestion at peak periods. This option would draw more patients from the north inner city than Connolly hospital, but fewer from west Dublin and neighbouring counties.

The analysis indicates that both Beaumont and Connolly can provide reasonable access in terms of distance. In real terms, the difference in travel distance is low, although Beaumont’s location would attract more women from the north city while Connolly would attract more women from West Dublin. The potential for Connolly to improve access to maternity services for women from West
Dublin and neighbouring counties is an advantage. In addition, Connolly provides easier road and public transport access as compared with Beaumont, as shown in the HSE Estates site analysis.

7. Other considerations

Notwithstanding that a preferred host hospital site can be found within the RCSI Group, the potential for the Mater Hospital as a co-location partner for the Rotunda was considered, given that this was the existing plan (albeit in the context that it was originally the preferred site for the children’s hospital), and it is the other major northside hospital. From a clinical perspective, the Mater meets the criteria as stated above. Its close proximity to the existing Rotunda Hospital would likely maintain the existing catchment area and attendance patterns, minimising disruption. Conversely, however, selecting this option would not provide any improvement in access for women from West Dublin and neighbouring counties, as it would maintain the configuration of three city centre hospitals. The HSE site analysis also indicates greater planning risk with this site rather than with the Connolly campus. The conclusion is that there are no significant advantages to co-locating with the Mater that would warrant departure from Hospital Group structures.

The relocation of the Rotunda to Connolly is supported by the Rotunda Hospital and the RCSI. Such co-location is seen as an important initiative in terms of the Rotunda’s ability to provide leadership at a clinical level within the Hospital Group, while offering significant potential for a major research and development campus.

8. Conclusion

As Connolly Hospital, along with the Rotunda, is a member of the RCSI Hospital Group, as it meets the clinical criteria for host hospital, as from an access and site perspective, it is preferable to Beaumont, as it presents a low planning risk, and as it is supported by the RCSI Hospital Group and by the Rotunda Hospital itself, the Minister agreed that the Rotunda Hospital should be re-located to the Connolly campus.