

REVIEW OF PAEDIATRIC HEALTHCARE SERVICES IN NORTHERN IRELAND (PHASE 1 AND 2):

CONSULTATION RESPONSE QUESTIONNAIRE ON A DRAFT REVIEW OF PAEDIATRIC HEALTHCARE SERVICES PROVIDED IN HOSPITALS AND THE COMMUNITY

You can respond to the consultation document by e-mail, letter or fax.

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Responses should be sent to:

E-mail: secondary.care@dhsspsni.gov.uk

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Responses must be received no later than 31st January 2014

I am responding: as an individual
on behalf of an organisation
(please tick a box)

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Recommendations within the draft Review of Paediatric Healthcare Services Provided in Hospitals and the Community

Q1. Does the scope of the information detailed in the review provide a comprehensive assessment of the needs for paediatric healthcare services provided in hospitals and the community over the next 10 years? YES/NO

The review is an extremely comprehensive review of services with excellent demographic information – it would have been helpful in addition to have information regarding population distribution, distance times to secondary and tertiary centres and public transport availability (all of which are of relevance when developing service strategy).

The document recognises the vast interdependencies that paediatric services have and that alignment is required between maternity, neonatal and paediatric services. While outside the scope of this review it is also important to align paediatric services to any future strategy for children’s mental health.

The College strongly support the involvement of children and young people and their parents/carers in service development and redesign. The RCPCH believes patients and their families are not only beneficiaries of the NHS but also key stakeholders and therefore need to be involved in all areas of planning and service development^{i ii}. The review demonstrates the participation of children and young people and that their needs and views must be recognised when designing services.

Q2. Are the enablers for change detailed for paediatric services appropriate or do you feel there are others? YES/NO

The RCPCH strongly supports the principles of the enablers for change set out in the consultation document. A succession of Medical Royal College reports^{iii iv v} have highlighted both the strong consensus amongst medical professionals and also the compelling evidence of the need to redesign services, concentrating specialist services into fewer centres and in providing care by senior clinicians (see RCPCH report on consultant delivered care^{vi}). In a number of areas across the UK, services are spread too thinly to ensure safe, sustainable, high quality care.

The inclusion of standards drawn from many recent key documents was comprehensive including those from RCPCH and the document aligns with the College’s strategic direction for service improvement for children and young people. The modelling set out in the RCPCH’s *Facing the Future*^{vii} publication, demonstrates that only by reducing the number of inpatient units will health outcomes for children and young people improve. The model sees fewer, larger inpatient units which are better equipped to provide safe and sustainable care, supported by short stay paediatric assessment units (SSPAUs) and networked services^{viii}. Fewer inpatient units must be supported by networked services with more care delivered closer to home through community children’s nursing teams and better paediatric provision in primary care. All children and young people must receive the right care, at the right time, in the right place, delivered by appropriately qualified and trained staff.

This can be achieved by considering the whole pathway of care from first access to discharge planning and will apply to the range of services being provided at both hospitals and during transfer.

We are reassured that the recommendations in principle refer to the standards set out in the RCPCH's *Facing the Future* publication and that the recommendations for paediatric services are based on clinically sound rationale. There are other service standards which the College would recommend are taken into account when developing the clinical model for children and young people for planned and unplanned care, this includes:

- Intercollegiate standards for children and young people in emergency care settings, RCPCH 2012 (<http://www.rcpch.ac.uk/system/files/protected/page/Intercollegiate%20Emergency%20Standards%202012%20FINAL%20WEB.pdf>)
- Bringing networks to life, RCPCH 2012 (<http://www.rcpch.ac.uk/child-health/standards-care/service-configuration/networks-childrens-health-services/networks-childr>)
- Quality and Safety Standards for Small and Remote Paediatric Units, RCPCH 2011 (<http://www.rcpch.ac.uk/system/files/protected/page/Quality%20Safety%20Standards%20for%20Small%20and%20Remote%20Units%20-%20May%202011.pdf>)
- Workforce census, RCPCH 2011 (<http://www.rcpch.ac.uk/what-we-do/workforce-planning/workforce-census/workforce-census>)
- Improving the standard of care of children with kidney disease through paediatric nephrology networks, RCPCH 2011 (<http://www.rcpch.ac.uk/system/files/protected/page/care%20of%20children%20with%20kidney%20disease.pdf>)
- Project on consultant delivered care, RCPCH 2012 (<http://www.rcpch.ac.uk/what-we-do/workforce-planning/consultant-delivered-care/consultant-delivered-care>)
- Service standards for hospitals providing neonatal care, BAPM 2010 (http://www.bapm.org/publications/documents/guidelines/BAPM_Standards_Final_Aug2010.pdf)
- Standards for children's surgery, Children's Surgical Forum 2013 (<http://www.rcseng.ac.uk/publications/docs/standards-in-childrens-surgery>)
- Safeguarding Children and Young people: roles and competences for health care staff (RCPCH, RCN, RCGP 2010).. http://www.rcpch.ac.uk/sites/default/files/asset_library/Health%20Services/Safeguarding%20Children%20and%20Young%20people%202010.pdf

Q.3 Are the 23 recommendations detailed in the Executive Summary of

the review appropriate or do you wish to add or remove any? YES/NO

Recommendation 1

Signposting to the right service will be crucial for children and young people and their families.

Recommendation 2

The role of the school nurse will be very important.

Recommendation 3

Technologies and telemedicine will be very important to deliver health services 'remotely' and has already been successfully tried in Scottish paediatrics: <http://www.sctt.scot.nhs.uk/programmes/health/paediatrics/>

Recommendation 4

RCPCH supports the development of a regional paediatric operational network – but further clarification is needed on who and how the pathways of care will be commissioned over such a large geographical area.

There are lessons to be learnt from the work of the Strategic Clinical Networks in England and the network experience in Scotland and Wales. Clinical leadership will be key to the success of the network.

Recommendation 5 – Age appropriate services

The current provision of services shows widespread variation in age ranges managed. Consistency across Northern Ireland is essential and should be in line with other national guidance (paediatric services for 0 to 16 years and 16 to 18 year olds should have a choice between paediatric or adult services).

All adolescents should have age appropriate environments regardless of whether they are in paediatric or adult services. The review should expand on the very different needs of adolescents including the opportunities for preventive and early intervention measures to improve adult health and the next generation of children. If 16 and 17 year olds are going to be on an adult ward, the adult ward must also meet all aspects of the required service specifications - this will also have workforce implications for the adult clinical workforce in terms of ensuring that they have the right competencies.

PICU care has to match these age ranges and Belfast needs to have adequate capacity to manage the age range. Appropriate safe transfer to PICU needs to be considered and also pertinent to care is how adult units in peripheral centres manage cases until transfer can be accomplished.

Some young people with complex needs and disabilities will require paediatric service past the age of 18 years.

Recommendation 6

Consideration needs to be given to children and young people who attend the emergency department where a surgical opinion is required - appropriately trained surgeons need to be available to provide an opinion (6.29).

Recommendation 8

Please could you clarify whether this refers to paediatric or emergency medicine trainees?

Staff working in Emergency Departments should have the minimum level of knowledge, skills and competence as set out in the Intercollegiate Standards for Children and Young People in Emergency Care Settings (see link above) and the Royal College of Anaesthetists Guidance on the provision of paediatric anaesthesia services 2014:

<http://www.rcoa.ac.uk/system/files/GPAS-2014-10-PAEDIATRICS.pdf>

Recommendation 10

Recommendation 10 eludes to one of the RCPCH Facing the Future standards. We strongly recommend that the review incorporates all ten Facing the Future standards.

Recommendation 11

The implications of this recommendation on rotas needs to be considered – for example, which specialists will take part in general paediatrics and will they keep up their general paediatric skills?

Recommendation 13

There are clear standards for children's surgery developed by the Royal College of Surgeons in conjunction with the RCPCH (Standards for children's surgery, RCSE 2013 <http://www.rcseng.ac.uk/publications/docs/standards-in-childrens-surgery>). The cut-off age of 5 years for peripheral units is high compared to some areas of the UK. An alternative model of care could be considered e.g. enhanced secondary care unit in the West to provide surgery at a lower age cut off for otherwise well children, and so deliver care closer to home. There needs to be a comprehensive evaluation of human resources regarding time critical surgery and possible reduction in number of centres in areas where units are close, so as to optimise expert surgical and anaesthetic staff.

Recommendation 17

Step down services need to include secondary care. Community services will link closely with the local hospital and children stepping down from tertiary care may benefit from transfer to the local hospital for the local community team to evaluate the home care package needed. Some of this can be done in advance using tele-link. The local paediatrician has an important role in on-going care.

Recommendation 20

Availability of other support services such as paediatric pathology should also be considered.

Recommendation 22

We would also strongly encourage research into service development/improvement.

Q.4 Taking account of the context and content of this document are there any other important issues not addressed? YES/NO

The review recognised staff shortages as an issue for community paediatrics and 24/7 care especially with a trend towards sub specialism. However, the review didn't make mention of the importance of generalists.

The recent economic downturn in the UK has led to reductions in services. Changes in benefits, provision of support e.g. respite and increases in poverty are and will have further impact on health services. Where services contract there will be more demand on open access services. Whilst the review recommends actions to improve self-care and primary care access there is potential that such open access services will become overwhelmed and block other services. The demographics regarding smoking deprivation and dental caries emphasize the need for a major public health programme within the strategy.

The number of ambulatory beds is small and there are none in Belfast. The review could recommend expansion to reduce inpatient beds and to provide a rapid response unit or similar in Belfast.

Please use space below to address any issues not asked in above questions

Psychological services have been under resourced in the UK despite well evidenced need. We would welcome a commitment to improving this within a paediatric services strategy and not just in a separate CAMHS document.

How will this review be implemented and who and how will decisions about reconfiguration be made? For example, will all A&Es remain open and will all A&Es received children or will some act as a minor injuries unit for children? Any changes will need very careful consideration and planning as, for example, out of hours services will need to be robust before any changes are made to acute inpatient services.

A more emphatic governance and accountability recommendation would show commitment to advancing care and meeting recommendations.

It is clearly important to ensure that the knowledge and skills of senior clinicians are fully utilised for sensitive and complex reviews such as this. The RCPCH would be happy to support further work on the implementation of the review, particularly providing advice on the development of networks, clinical leadership, delivering acute care outside the hospital (a new phase of the Facing the Future work), supporting the participation of children and young people and their families and in further workforce modelling (in July 2013, the RCPCH was requested by the Northern Ireland Public Health Agency to carry out workforce modelling for different service configuration options).

Most of the Colleges now offer an Invited Reviews Service, with a trained pool of doctors who are experienced in assessing situations objectively and providing workable solutions based on professional standards that are

achievable in practice. We work together through the Academy or individually with local trusts and commissioners and look forward to contributing where it would be helpful to the development of the process.

Equality implications

Q5. Do you think the proposals are likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals

Yes No

Response:

Q6. Are you aware of any evidence, qualitative or quantitative, that the proposals may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

Yes No

Response:

Q7. Could the proposals better promote equality of opportunity or good relations? If yes, please give details as to how.

Yes

No

Response:

THANK YOU FOR YOUR COMMENTS.

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

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For further information about confidentiality of responses please contact the Information Commissioner's Office at

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Website: <http://www.informationcommissioner.gov.uk/>

ⁱ RCPCH, NHS Confederation, Office for Public Management (2011) Involving children and young people in health services
<http://www.rcpch.ac.uk/system/files/protected/page/Involving%20CAYP%20in%20Health%20Services.pdf>

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

ⁱⁱⁱ Royal College of Physicians (2012) Hospitals on the edge? The time for action.
<http://www.rcplondon.ac.uk/sites/default/files/documents/hospitals-on-the-edge-report.pdf>

^{iv} Royal College of Obstetricians and Gynaecologists (2011) High Quality Women's Health Care: A proposal for change <http://www.rcog.org.uk/files/rcog-corp/HighQualityWomensHealthcareProposalforChange.pdf>

^v Academy of Medical Royal Colleges, the NHS Confederation and National Voices (2013) Changing care, improving quality: reframing the debate on reconfiguration
<http://www.nhsconfed.org/Publications/reports/Pages/Changing-care-improving-quality.aspx>

^{vi} RCPCH (2012) Consultant Delivered Care - An evaluation of new ways of working in Paediatrics
<http://www.rcpch.ac.uk/system/files/protected/page/CDC%20full%20report%2024%2004%2012%20V2.pdf>

^{vii} RCPCH (2011) Facing the Future <http://www.rcpch.ac.uk/facingthefuture>

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