



PAEDIATRICS

A NATIONAL MODEL OF CARE FOR PAEDIATRIC HEALTHCARE SERVICES IN IRELAND

CHAPTER 2: INTRODUCTION & RATIONALE



Féidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Clinical Strategy and Programmes Division



**ROYAL
COLLEGE OF
PHYSICIANS
OF IRELAND**

INTRODUCTION

National Clinical Programme for Paediatrics and Neonatology

The National Clinical Programme for Paediatrics and Neonatology was established in 2011 as a joint clinical initiative between the Health Service Executive (HSE) and the Faculty of Paediatrics, Royal College of Physicians of Ireland (RCPI). Two clinical leads were appointed: Prof. Alf Nicholson (Paediatrics) and Dr. John Murphy (Neonatology). The overall aim of this national clinical programme is to ensure high quality care is provided to children throughout Ireland, from the point of first contact.

The programme reports to the Faculty of Paediatrics, RCPI, the National Clinical Advisor and Group Lead for Acute Hospitals, HSE, and the National Director for Clinical Strategy and Programmes, HSE. Within the Faculty of Paediatrics there are two Clinical Advisory Groups (CAGs) associated with the programme:

- Paediatric CAG, chaired by Dr. Ray Barry,
- Neonatal CAG, chaired by Professor Martin White

The programme also has a multidisciplinary working group, which is involved in strategy development, providing a forum for advice on clinical and operational activities, advising on and supporting implementation projects, and as a channel for communications to relevant professional groups and other stakeholders from the Programme. All recommendations of the working group must be approved by the CAGs, and other stakeholders as appropriate, prior to implementation.

Review of Paediatric and Neonatology Services and Framework for Future Development

In 2012, the clinical leads and programme manager undertook an extensive process of engagement, which included a formal site visit to every paediatric unit in Ireland. The outcomes of these site visits were documented in Review of Paediatric and Neonatology Services and Framework for Future Development, which has been approved by the HSE Senior Management Team. The framework document formed the basis for development of this national model of care for paediatric and neonatal services, which has been developed in collaboration with healthcare professionals working in the wide range of different paediatric subspecialties.

The overall reflections based on these visits, and discussions with child health professionals across the country, included:

- There should be increased focus on health promotion, support for parenting and improving child and young person well being.
- There is a need for greater child, young person and family involvement in the planning of child and adolescent services.
- Data which reflects the quality of service provision across the country is required. Quality metrics should be part of the clinical activity within all units. This is essential for continual quality improvement.
- There needs to be consistent and standard levels of clinical and corporate governance in paediatric units.
- An increasing child population has increased levels of referrals from primary care for both scheduled and unscheduled care. This has increased waiting times for scheduled care and the number of children and young people seen out of hours.
- The facilities available for children and young people while in emergency departments are often not appropriate, e.g. lack of audio-visual separation between and adults and children.
- There is agreement among departments that there should be a 'cut off age' for admission to paediatric services, and that this age should be 16 years. There are many issues in managing older adolescents in a paediatric environment.

- Tertiary services in Dublin are both fragmented and duplicated. Tertiary specialties should further develop national clinical networks. The new children's hospital will become the hub for paediatric care nationally, but a national model for integrated care is required to avoid the 'magnet effect' the new development may create.
- There is a need to look at different models of acute care delivery (rapid response / paediatric assessment unit and short stay observation unit proposals) and the role of the general paediatrician should to be reviewed and expanded.

Guiding Principles

In this document we set out a national model of care to underpin the delivery of healthcare for children both in the present and into the future. Key principles in its compilation were wide consultation with all healthcare professionals, involvement of parents and parent groups, a detailed analysis of the current clinical activity of all paediatric medical and surgical specialties, the current interface between primary, secondary and tertiary care services and a study of how paediatric clinical care is distributed with reference to international best standards. Thus policy was developed from the ground up and we sought involvement and advice from those working in hospital management.

RATIONALE FOR MODEL OF CARE

Service Planning

Planning is essential for the provision of high quality national medical services for children. A national paediatric model of care is urgently needed prior to the development of the new children's hospital. This project marks the biggest venture in the history of Irish paediatrics. The existing three Dublin paediatric hospitals will be amalgamated into a new structure, bringing thirty five paediatric subspecialties and general paediatrics under one roof.

There are two important considerations:

1. The first issue is that it will be essential that all these specialties are able to function and co-exist in an effective, optimal manner.
2. The other issue is how the new children's hospital works and interacts with all the other paediatric and neonatal units across the country. It is important that all units in Ireland feel included, and function as part of a national collaborative for the best care of infants and children. The aspiration is that the new children's hospital will empower paediatric units throughout Ireland rather than diminish them, and it is imperative that everybody understands and appreciates this message.

The planning of Irish paediatric health services needs to be anticipatory. The expectant number of new cases annually can be predicted for most conditions with simple data collection systems. It is a matter of matching the diagnostic facilities and therapeutic workloads to the expectant needs of children. This is the key to understanding how some health services work and other health services don't. The previous experiences of our services being 'stretched', 'caught unawares', or 'trying to cope with crises' can and should be avoided in the future. Good quality care with an emphasis on early detection and prompt treatment is best for the child and is more economical in the long run. This is one of the principles being laid down in this model of care.

Integration of Care

Paediatrics is a specialty that caters for the illness, disability, and child protection issues, and the well child. These diverse disciplines require an adequately and appropriately resourced workforce, and must be integrated because many children will need more than one service. This concept of an integrated service is new to paediatrics in Ireland, and it is central to the proposed model of care. It will eliminate the previous fragmentation and duplication that has frequently been encountered in the delivery of clinical care to children.

This model of care explores the relationship between primary care, general paediatrics, and specialist paediatrics. There needs to be a better understanding and definition of the paediatric caseload that can be undertaken by general practitioners (GPs), what conditions warrant referral to a general paediatrician, and when the services of a paediatric subspecialist are needed. The achievement of an optimal synergy will be challenging. The solution will be the introduction of a common, agreed, stepwise approach to the management of common paediatric illnesses. It can then be set down what steps can be undertaken in primary care, and at what point the child should be referred to a paediatrician.

The provision of care for children with disability requires new approaches. Most services for these children are provided in the community rather than the hospital. However, the administration of community services is challenging because of their diversity and geographical spread. The therapies are mainly physical or cognitive and are labour-intensive. The efficacy of the treatment regimen for an individual child is considerably diminished if one or more of the multidisciplinary team is unavailable or missing. Currently, this is a source of major dissatisfaction to many parents who have a child with special needs, but the development of viable solutions to these challenges is not easy. There are multiple agencies delivering services, and this makes co-ordination difficult. Some areas of the country have far more effective care than other regions. The services are very dependent on health and social care professionals (HSCPs) and the expertise that they provide. The paediatric model of care places a strong emphasis on the importance and the role of HSCPs. This will involve completion of an accurate census of the numbers and location of HSCPs that are providing services to children. The second task is to determine how the delivery of their therapies can be best strengthened, expanded and sustained.

Networks of Care

Individual local hospitals, and their staff, need clarity about their clinical operations and the services that they are expected to provide to their local community. There needs to be a recognition, and separation, of the caseload that should be referred to larger centres. Regional and tertiary hospitals should be staffed and equipped to manage a more complex patient caseload. This categorisation of hospitals into the levels of care that they provide should apply both to neonatology and paediatrics.

There is a pressing need to promote greater connectivity between all paediatric and neonatal units and hospitals. This urgency is driven by the planned new children's hospital which is due to open in 2019. A shared care model is required to ensure that sick children can be looked after locally, when possible, and transferred to the new children's hospital only when necessary. A strong, efficient transport system is necessary so that sick babies and sick children can be safely moved from the local hospital to the tertiary centre. An efficient retro-transfer service is also required to maintain flow through the system with the transfer of babies and children from the tertiary hospital back to their local hospital.

Preventative Strategies

Keeping children healthy and keeping them out of hospital is a major priority for this model of care. Prevention measures in children have immediate benefits, unlike adults where the benefits can take decades to be realised.

The key strategies are:

- good nutrition
- comprehensive immunisation
- effective screening

Screening for conditions that are treatable is a current priority. The success of the universal hearing screening programme, and cystic fibrosis screening, has added a new impetus to the process. The National Clinical Programme for Paediatrics and Neonatology has implemented pulse oximetry for all newborn infants prior to discharge home as a means of screening for congenital heart defects. Targeted hip ultrasound screening of high-risk infants for developmental dysplasia of the hip has received funding from the Health Service Executive (HSE) and will be an important initiative for the clinical programme.

Paediatric Staffing

Manpower numbers have been a constant challenge. Staff shortages have made it difficult to reach and maintain international standards. Negotiations about staffing have been conducted mostly in relation to individual hospitals and their service needs. The wider, national requirements have seldom been considered. The other major disparity is that the medical, nursing and HSCPs have approached staffing issues independently of each other. The interdependencies between the three disciplines need greater recognition. The paediatric model of care proposes that manpower requirements must be addressed as a national priority and there needs to be the correct balance of medical, nursing and HSCPs.

The model of care will also address the issues of postgraduate medical training. Recruitment and retention of non-consultant hospital doctors (NCHDs) has become a major concern for many hospitals. The programme will link closely with the national doctors training and planning unit of the HSE. The objective is to develop improved training structures for trainees, and one of the important steps is to establish a transparent system for paediatrics where the trainee entering on day one has a reasonable expectation and guarantee of seamless progression to completion of training. The other challenge is create additional, much needed, consultant posts for those who have completed training.

Research

Paediatric healthcare research needs to have a meaningful and important role in the future of Irish paediatrics. Research is essential to ensure that the care of children continues to improve and progress. In addition, a good research reputation adds to our international profile and helps to attract high calibre candidates.

There are three streams of research and researchers to consider:

- Those undertaking basic science, laboratory-based, research
- Those who perform randomised control trials
- Those clinicians who translate the new developments into clinical practice using quality improvement techniques

All three categories need to be helped and supported. At the present time the research output in paediatrics is modest. Funding is a problem. Paediatrics has not been of sufficient standard to compete with other specialties when seeking grants from bodies such as the Health Research Board (HRB). A coordinated national plan is required. Specific meaningful themes for programmes of research need to be put forward and followed through. The model of care will act as a vehicle to help with the re-organisation of the current research structures.

Conclusion

An agreed model of care offers the best way to provide and provide paediatric services in Ireland into the future. It is the tool that will ensure that the new children's hospital and all the other paediatric units across Ireland provide high quality medical care to children. It will give an understanding of how services work, and why services work. It will be the resource document for the planning of all services for children.