



PAEDIATRICS

A NATIONAL MODEL OF CARE FOR PAEDIATRIC HEALTHCARE SERVICES IN IRELAND

CHAPTER 4: VISION FOR PAEDIATRIC HEALTH SERVICES



Féidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Clinical Strategy and Programmes Division



**ROYAL
COLLEGE OF
PHYSICIANS
OF IRELAND**

VISION FOR PAEDIATRIC HEALTH SERVICES

Introduction

Paediatric health services in Ireland are entering a period of immense change, with the planned development of the new children's hospital, a single tertiary and quaternary facility that is to be co-located with St. James's Hospital in Dublin, which will be one of the largest capital projects ever undertaken by the state. This project will involve the amalgamation of the three existing children's hospitals at Temple Street, Crumlin and Tallaght, and will require new governance and operational models to be implemented, many of which are detailed within this model of care. While there will be challenges to overcome, this represents a unique opportunity to establish an integrated national network for paediatric health services, with the new children's hospital at the centre as the 'hub' and the regional and local paediatric units as the 'spokes' that link to each other and to the new children's hospital.



In addition, the Child Health Screening and Surveillance Programme is being reviewed at present, and will be updated based on a model of progressive universalism. This revised child health programme will review and identify the key contact visits to be provided by professionals to all children, will define the professional inputs (resources and training) required, and will be underpinned by key principles. Further information on this can be found in the chapter on Universal Child Health Screening.

Finally, an integrated care programme for children, one of five integrated care programmes, is being developed under the Clinical Strategy and Programmes Division of the Health Service Executive. These programmes are a fundamental requirement of Future Health, to deliver better, more integrated and responsive services in the right setting. This goal is consistent with the principles underpinning this national model of care.

Healthcare Needs of Children

Children's healthcare needs are changing due to:

- increased survivors of extreme prematurity
- increased numbers with chronic health issues
- rising obesity prevalence
- a sharp rise in allergic disease

Meeting the healthcare needs of our children and young people requires, amongst other things, a coordinated approach to service planning and delivery. Paediatric health services should be integrated between primary, secondary and tertiary care, with continuity ensured where reasonably possible. It is important that fragmented or duplicated services are eliminated, and that services for children and young people are resourced properly. Our workforce must be available in adequate numbers to deliver safe and effective services. They must have the required skills and competencies, and ensure that these are maintained through participation in continuous learning and professional development. Consideration should be given to expansion of roles for nurses and health and social care professionals.

Principles of the National Vision

This model of care, and our national vision for health services for children and young people in Ireland, is based on the following principles of quality service development:

- Timely
- Effective
- Equitable
- Efficient
- Safe
- Child- and family-centred
- Reliable

Essentially, all children should be able to access safe, high quality services in an appropriate location, within an appropriate timeframe, irrespective of their geographical location or social background.

Child and Family-Centred

Children, young people and their families should receive services that meet their particular needs. They should be treated with respect by service providers, and be provided with information and support appropriate to their needs and ability to assist them in making decisions about the care that they receive.

Timely, Equitable Access

All children, young people and their families should receive equitable access to appropriate, high quality services irrespective of where they live, their ethnic group, their language or their social circumstances. Services should be available as close to home as possible, without compromising on quality.

High Quality

Children, young people and their families should receive timely, high quality, coordinated services delivered in an environment which is safe and well suited to their age, needs and stage of development. Clinical care should be evidence-based or innovative, with regular structured evaluation, delivered by competent staff.

Reliable

A reliable paediatric health service performs its functions consistently and as intended at the appropriate time.

Promoting Health & Well Being

All children and young people should have access to a range of services that promote health and well-being and prevent ill health.

Supporting Parents And Families

Parents and carers should have access to a range of services that help them to nurture the physical, social and emotional growth of children and young people in their care.

Protecting Children

In every region, there should be multi-agency and multi-disciplinary systems and services in place, which safeguard and promote children's welfare. These systems should enable clear identification of risk, referral to the appropriate statutory agency with the duty to investigate, and multi-agency participation in interventions to achieve the best possible outcome for children.

Engagement with Children and Families

In essence, children and families require maximal access to high quality care at the point of first contact and a smooth process of onward referral if required. The meaningful involvement of children, young people and families in the planning and delivery of healthcare is essential, incorporating:

- The national charter for children in hospital, which sets out what they might expect and what their responsibilities are in terms of health care delivery
- Empowering parents and children will further improve their health and wellbeing

The voice of the patient and their family should be central to all deliberations.

The New Children's Hospital and an Integrated Clinical Network

The sickest children and young people have better clinical outcomes if treated in a tertiary hospital that has:

- High caseload volumes across 35 subspecialties of paediatrics
- Advanced medical technology and underpinned by excellent Information and Communications Technology (ICT)
- Child- and family-friendly facilities
- An integrated approach to innovation, service delivery, outreach, education and research
- A responsive paediatric and neonatal retrieval service

The new children's hospital should provide national tertiary care, and secondary care for the greater Dublin area. It will be a core component of an integrated healthcare system for Ireland's children, young people and their families. This system will be based on a national network of interconnected elements, including:

- Children and young people in need of treatment and care;
- Parents, guardians and families of the children being cared for;
- General practitioners and community-based healthcare professionals;
- Local health clinics and multidisciplinary primary care teams;
- Shared care services providing ambulatory care;
- Satellite urgent and ambulatory care centres

This network will apply some fundamental principles:

1. Care should be provided as close to the child's home as possible, depending on their clinical needs;
2. Care should be provided within the network at the appropriate level, in order to use resources efficiently; and
3. Where clinically appropriate, ambulatory care should be provided in preference to inpatient care.

To operate safely, effectively and efficiently, the network will require standardised care processes and protocols that apply at all levels in the network, so that children and young people receive the highest standard of care relative to their clinical needs irrespective of where they first enter the network. The network will require organisational structures and processes at a national level in order to function in an optimum manner. These will include:

- Integrated workforce planning;
- A coordinated transport and retrieval service;
- A robust integrated system of information and communications technology;
- A centralised and coordinated approach to paediatric professional education and research.

Local and Regional Paediatric Units

All hospitals providing services for children must be clear about what can be treated locally and what conditions need to be transferred to a larger centre or tertiary centre, as outlined in Table 1 (below). Local and regional hospitals also need clarity over when they should receive back patients from tertiary centres. A seamless integrated network of care from primary to secondary to tertiary care is required with strengthening of local and regional paediatric centres including:

- Agreed national clinical guidelines implemented across the system
- Outreach from the tertiary centre to regional centres, with close working relationships and combined clinics with the local team
- Outreach from regional centres to local centres within the same hospital group
- Organisation of care for children with epilepsy, cystic fibrosis and type 1 diabetes on a regional basis based on the new group structure with integrated care pathway
- Sharing the new children's unit brand across the network, and ensuring comparable infrastructure and facilities available in all units nationally

General Paediatrics will play a central role in the future development of children's health services in Ireland. This national model of care requires a correct balance of general paediatricians and paediatric subspecialists and, for the

most part, all children and young people should be firstly referred to a general paediatrician. The development of specialist services depends on excellent 'gatekeeping' by general paediatricians.

Local Paediatric Units	Regional Paediatric Units
<ul style="list-style-type: none"> • Should be staffed by a minimum of 6WTE consultant paediatricians • Acute paediatric emergency care and close liaison with primary care • Strategic development of consultants with a special interest in cardiology, respiratory, endocrinology and community child health • Development of special interest clinics with involvement of nursing and HSCPs • Should consider the development of consultant extended day service with increase in consultants to 10WTE • Should develop a strong ambulatory and community focus 	<ul style="list-style-type: none"> • Should be staffed by a minimum of 12WTE consultant paediatricians • Special interest areas in respiratory, endocrinology, cardiology, allergy, neurology, dermatology, infectious diseases, paediatric emergency medicine and community child health, with outreach clinics to hospitals within group • Regional hub for non-specialist paediatric surgery, orthopaedics, ophthalmology and ENT • Comprehensive paediatric anaesthetics, pathology and radiology back up • Regional child sexual assault service • Close links to new children's hospital with co-run outreach clinics and shared care services • Expanded roles for clinical nurse specialists and HSCPs

Table 2: Local and Regional Paediatric Units

Primary and Community Care

The vast majority of children in Ireland are healthy, and acute illness can be managed in local primary care. The interface between primary care and secondary care is critical as with more support and access to diagnostics and expert opinion provided to general practitioners (GPs), they will be less likely to refer to hospital out of hours. Telephone and email advice, and rapid access general paediatric clinics, are ways in which GPs can be supported to keep children at home. GPs should have access to paediatric health and social care professionals in the community. Every effort should be made to realign services so that common problems are managed in a local primary care setting.

Improving primary care of children will require:

- Public and parental education so that they access care appropriately out of hours
- Improved GP support and use of user-friendly up to date algorithms and clinical guidelines for common paediatric acute presentations
- Strengthen public health nursing with expansion of children's community nurses
- Ensure timely equitable access to paediatric health and social care professionals in the community including primary care, disability services, and child and adolescent mental health services
- Foster close links between primary care and secondary care
- GP training programmes should extend training in paediatrics to a mandatory 6 months