

## **SPECIALIST CHILDREN'S SERVICES**

The purpose of this paper is to lay out the fundamental differences between hospital services for children, compared with those for adults and lay out the strategy for the development of hospital care for children and young people, particularly specialist services.

### **Background**

#### ***Paediatrics in NHS Lanarkshire***

Until the turn of the century, paediatric services in Lanarkshire were provided on several different sites. Neonatology (care of the newborn) was provided at Bellshill Maternity Hospital and the William Smillie Maternity Unit at Law Hospital. Paediatric wards for older children were at Monklands and Law Hospitals. There were just five consultant paediatricians and on call staff were hard pushed to cover such a wide range of sites. The new Wishaw Hospital provided the opportunity to centralise these services, both neonatology, attached to Wishaw Maternity Unit and Paediatrics, provide from two wards in close proximity.

Up until this time, paediatricians in district general hospital services such as Lanarkshire were generalists, required to manage the full range of elective and emergency problems across an age range from birth to age 13. They had little time to pursue specialist interests. With the inception of the Wishaw Paediatric Unit, the opportunity arose to expand consultant numbers – a single large unit was a much more attractive place to work than a large number of different sites. New consultants brought with them specialist interests and the increased numbers allowed the opportunity to set up the foundations of specialist services – initially in respiratory disease, diabetes and developmental neurology. Two of the new consultants had sessions in their work plan at the Royal Hospital for Sick Children in Glasgow (Yorkhill).

Meanwhile, the expansion of the number of deliveries at Wishaw Maternity and the consequent pressure on the neonatal unit meant that it was no longer safe practice for a single consultant to cover both the paediatric and neonatology units. In 2007 the paediatric consultant body split into those concentrating on neonates and those only managing older children. The two consultant groups staff separate on-call rotas for these two elements.

Much of this change has been laid out in the NHS Lanarkshire Children's strategy *Building on Good Foundations*, which continues to be the main basis if the Lanarkshire Children's Strategy implementation group

#### ***Services in RHSC Yorkhill***

The service rationalisation described in Lanarkshire was replicated across all NHS Boards. Up until the 1990s, across the five Boards in the West of Scotland, excluding Greater Glasgow, there were nine different paediatric units. This has now reduced to five – one in

each Board area (including the former Argyll and Clyde). Specialist hospital care was almost exclusively delivered from Yorkhill, along with a significant proportion of children's surgery. This was not just inpatient care; diagnostic services, outpatient clinics, follow up of children and linked specialist therapies all took place in Glasgow. The distance at which care was delivered was particularly trying for the families of children who had long term conditions – complex asthma, diabetes and epilepsy being the most common examples. When these children had any illness, they automatically went to Yorkhill, which was familiar, rather than the local paediatric unit, where they were largely unknown.

A major element of paediatric service development in Lanarkshire has therefore been aimed at providing a local service for those elements of care which can reasonably be provided in a good general paediatric unit.

A further major influence on the development of Specialist Children's services has been NHS Greater Glasgow's Acute Hospital Strategy, which includes re-provision of the Royal Hospital for Sick Children, Yorkhill. The new Glasgow Children's Hospital will be on the Southern General Hospital site. The full business case for the hospital will be submitted by the end of this year. The hospital will open by 2015. The new hospital will be between 10% and 20% smaller than the current Yorkhill and more focused on highly specialised care, such as cancer treatment, complex surgery and intensive care. This will provide a further impetus to shift specialist care away from Glasgow to local care.

### **Redefinition of Children's Hospital Services**

Young people over the age of 13 have traditionally been treated in adult wards in hospital in Scotland. As most adults in hospital are elderly, this arrangement is far from ideal. *Better Health, Better Care: Hospital Services for Young People in Scotland* set out recommendations for implementing age appropriate hospital services for 13-15 year olds. There are, on average, 1765 young people (aged 13-15 years) from Lanarkshire admitted to hospital each year. Of these 425 are treated as day cases, 284 are admitted to Yorkhill and 990 were admitted to Lanarkshire hospitals. Of the Lanarkshire hospital admissions 39% were admitted to the children's unit at Wishaw and 43% were admitted to general, orthopaedic or ENT surgery wards. Admissions to other specialties were unusual. Most admissions to hospital lasted for less than two days with less than 10% staying in hospital for more than 5 days.

Although a significant proportion of this workload has already been absorbed by the children's unit at Wishaw, good practice indicates that we should aim to manage the majority of young people up to their 16<sup>th</sup> birthday in a children's unit. Young people admitted to specialist care, particularly those going to Yorkhill, may have much longer hospital stays.

## The National Development Plan for Specialist Children's Services

Specialist children's services in Scotland faced a number of difficulties which, by 2005, needed to be resolved with some urgency. In practice, the pattern of specialist services across Scotland had evolved over time, rather than having developed by design. Analysis of the issues identified included:

- Development of Managed Clinical Networks at a regional and national level
- Redesign of services using a four-level model of care describing how services could be provided and organised at a local, District General Hospital, regional and national level
- A specialist children's workforce that meets European working time regulations and service requirements
- Development of specialist/consultant roles for nursing and AHP staff
- The development of regional and national planning and commissioning of services.

To meet these deficits, the *National Development Plan for Specialist Children's Services* (the National Development Plan) was published in 2008. Scottish Government provided a recurring allocation to the NHS to fund this development programme: £2 million in 2008-2009, rising to £9M in 2009-2010, and rising finally to £19M in 2010-2011. The allocation will recur in future years.

NHS Lanarkshire's recurring share of the allocation, after deductions for National Schemes (see below) is £1,801,016

Proposals for the use of the allocation have been developed at a regional level because all developments have required co-ordination of developments at Yorkhill and those at local paediatric units. 20% of the NHS Lanarkshire allocation for the first two years of the development programme and 29% of the third year allocation will meet costs incurred by NHS GGC in developing regional services at Yorkhill

Some priorities are being planned collectively by regions (referred to as 'pan-Scotland') while others are regions' own priorities. They are:

### *Pan-Scotland*

Metabolic

Cancer

Rheumatology

Respiratory

Cystic Fibrosis

Endocrinology

### *National*

Support for MCNs

A range of educational initiatives

Staff/equipment for telemedicine

### *West of Scotland Regional Priorities include:*

Clinical Psychology

Neurology

Radiology

Palliative Care

Long Term Home Ventilation

Diabetes

## **Local Strategic Approach to Shifting the Balance of Specialist Children's Care**

The aim of developing specialist services in Lanarkshire is twofold:

- To provide hospital care closer to home with the same quality of care that could be expected from a specialist hospital, and
- To enable children with specialised health care needs to be managed safely at home by providing skilled home and local outpatient support to them and their families.

The National Development Plan proposes a range of different approaches to co-ordinate care between Lanarkshire's local children's services and Yorkhill.

1. Appointment of new staff – medical, nursing, therapists, pharmacists and others – with specialist skills in, for example, gastroenterology or respiratory diseases. New staff work in a range of ways, staffing both in-reach and out-reach clinics and enabling local diagnostic and therapeutic interventions which could formerly only be carried out at Yorkhill.
2. Developing outreach services from Yorkhill. For example, a paediatric surgery department has been established at Wishaw General, staffed by paediatric surgeons from Yorkhill who undertake weekly clinics and day case operations.
3. The development of local multidisciplinary teams bringing together a range of skills. For example the team managing children with cystic fibrosis includes a consultant, nurse specialist, physiotherapist, dietician and pharmacist.
4. Managed clinical networks are a major part of developing specialist children's care. They allow clinicians from all disciplines to work together – either across the whole of Scotland or more locally in the West of Scotland to common standards of practice. Key responsibilities of MCNs are the development and audit of clinical standards and outcomes, thus ensuring that high quality care is developed and maintained
5. Telemedicine allows local clinicians in Wishaw to discuss complex problems with consultant colleagues in Yorkhill and elsewhere.

## **NHS Lanarkshire Developments under National Development Plan**

Developments in Year 2 of the National Development Plan (2009-2010) have enabled improved local care in the following specialties:

Gastroenterology

Complex Respiratory Disease

Endocrinology (including diabetes)

Child Protection

Rheumatology

Cystic Fibrosis

General Paediatric Surgery

Further developments in Lanarkshire in the third and final year of development (the current year) will be in:

Renal disease	Psychology
Critical care (high dependency care)	Cystic fibrosis
Neurology and palliative Care	Allergy
Long Term Home Ventilation	Radiology
Diabetes	Epilepsy
Dietetics	

A very wide range of disciplines will have been recruited to the Lanarkshire service in the process of these developments. There has been a strong emphasis on ensuring an appropriate skill mix and in consequence, nurse and AHP recruitment has been particularly prioritised. Nevertheless, it has also been important to increase the consultant cadre in order to ensure that the balance between specialist and general and emergency paediatrics is maintained. Some disciplines – respiratory physiology technicians and liaison clinical psychologists – are new to NHS Lanarkshire Child Health Service.

Recruitment to some disciplines has been and will be difficult because of a relative shortage of qualified specialist staff. Lanarkshire is in a relatively strong position, however, as the largest and most comprehensive district children’s health service in Scotland.

### **Monitoring and Evaluation**

Regular progress reports, covering expenditure, recruitment, impact and outcome are made locally, to the West of Scotland Regional Planning Group and to Scottish Government Healthcare Directorates.

### **Summary**

The last ten years has seen a massive expansion of the Lanarkshire children’s hospital service, including the early development of specialist services.

The National Development Plan for Specialist Children’s Services in Scotland has provided the opportunity to develop a much greater range of specialist services over the next few years. Over time an ever reducing proportion of children’s hospital care will be provided in Glasgow, particularly after the re-provision of the current Yorkhill.

Further information from:

Dr C E Clark  
Child Health Commissioner  
NHS Lanarkshire