

BRIEFING NOTE

**Paediatric services**

Overview

* There is a national shortage of paediatric doctors at all levels
* The trust has tried very hard to recruit - offering incentives/improving the job design/targeting relevant medical professionals
* The development of short stay paediatric units is happening all over the country and is the right way to offer care for our children
* Clinicians have designed these services
* Better community services means more can be done closer to home
* The majority of children and parents want to be at home, this model supports this

Within the health economy we have plans to integrate acute and community children’s health services which will improve services for children and their families and ensure that less children are admitted to hospital unnecessarily. Part of these changes includes the development of short stay paediatric assessment and better resourced, integrated nursing services to provide support for earlier discharge.

The questions and answers in this document respond to the following options:

**Option 1**

* Full service at Cumberland Infirmary Carlisle and short stay paediatric unit and low acuity beds at West Cumberland Hospital plus Dedicated Ambulance Vehicle and consultant on-call over night

**Option 2**

* Full service at Cumberland Infirmary Carlisle and 14 hour short stay paediatric unit at West Cumberland Hospital plus Dedicated Ambulance Vehicle

**Option 3**

* Full service at Cumberland Infirmary Carlisle for west, north and east Cumbria. No beds or short stay paediatric unit at West Cumberland Hospital

*QUESTION: How do short stay paediatric units (SSPAUs) work?*

SSPAU is a way in which children with acute illnesses, injuries or other urgent referrals can be assessed, investigated, observed and treated without being admitted to an inpatient bed. Conditions particularly suitable for management in an SSPAU include breathing difficulties, fever, diarrhoea and vomiting, abdominal pain, seizures and rash, as well as some head injuries and non-intentional poisonings.

*QUESTION: How is low acuity defined in terms of low acuity overnight beds?*

The consultant will make a judgement based on the condition of the child at that time and how they are likely to respond to treatment, and the time it is expected to take for the child to improve. The consultant will also consider any other underlying conditions the child may have. This will always be a consultant paediatrician assessment.

*QUESTION: What happens if a child is taken to West Cumberland Hospital (WCH) A&E during the night?*

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| Option 1 | Any child will be assessed and treated in A&E. From there they may be discharged home, admitted to Carlisle or transferred to Newcastle depending on their needs. There will be advice from a consultant paediatrician on-call. If a child comes to A&E in the early morning they will go to the SSPAU to be assessed. |
| Option 2 | Any child will be assessed and treated in A&E. From there they may be discharged home, transferred to Carlisle or transferred to Newcastle depending on their needs. |
| Option 3 | Any child will be assessed and treated in A&E. From there they may be discharged home, transferred to Carlisle or transferred to Newcastle depending on their needs. |

*QUESTION: What will happen to children in west Cumbria who need hospital care as an emergency?*

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| Option 1 | Children will be taken to the nearest A&E or to the most appropriate trauma centre, such as Newcastle. They will be treated by emergency/acute care practitioners with appropriate training and skills in A&E or the trauma centre. If SSPAU input is appropriate they will receive this care during opening hours. If they need inpatient care they will be transferred to the appropriate inpatient unit. |
| Option 2 | As above. |
| Option 3 | Children will be taken to the nearest A&E or to the most appropriate trauma centre, such as Newcastle. They will be treated by emergency/acute care practitioners with appropriate training and skills. They will be transferred to the appropriate inpatient unit. |

*QUESTION: Will WCH A&E be able treat children who need patching up/treatment not requiring admission***?**

Yes. Staff in A&E are skilled to deal with emergencies.

*QUESTION: How will the A&E staff be supported/skilled to manage children?*

The Trust’s teams are working closely to make departments including A&E more child-friendly and addressing any training needs in respect to paediatric care.

*QUESTION: What about issues which need urgent assessment and treatment at the WCH (i.e. anaphylactic shock/asthma)?*

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| Option 1 | They would be treated 24/7 in A&E by doctors who have expertise in dealing with emergency situations.This care will also be available from a paediatric consultant and other members of the children’s team during SSPAU opening times. |
| Option 2 | As above. |
| Option 3 | They would be treated 24/7 in A&E by doctors who have expertise in dealing with emergency situations. |

*QUESTION: If there are no inpatient beds overnight what will happen to poorly children who may need overnight care?*

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| Option 1 | If children present at A&E they will be assessed and treated by skilled A&E staff and transferred to an appropriate inpatient unit. The Dedicated Ambulance Vehicle (DAV) will be available for local transfers. If the child requires an ambulance from home they will either be taken to WCH and stabilised and then transferred to CIC, or taken directly to CIC. There will be times when a poorly child from west Cumbria will be sent directly to Carlisle or Newcastle (as happens now) and bypass WCH to avoid a delay in care. |
| Option 2 | As above. |
| Option3 | As above. |

*QUESTION: What happens if children come into SSPAU at WCH close to the time the unit closes and aren’t ready for discharge by closing time?*

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| Option 1 | Each child will be assessed as an individual based on clinical need with a decision made in the best interests of that child. There will be some flexibility in how the unit operates to ensure the safety of the child who, if required, will be stabilised before transfer to CIC. From the SSPAU, children will either go home, stay in the low acuity beds if their condition allows or will be transferred to CIC using the DAV ambulance. |
| Option 2 | Each child will be assessed as an individual based on clinical need with a decision made in the best interests of that child. There will be some flexibility in how the unit operates to ensure the safety of the child who, if required, will be stabilised before transfer to CIC. From the SSPAU, children will either go home, or will be transferred to CIC using the DAV ambulance. |
| Option 3 | Not applicable. |

*QUESTION: Children can deteriorate (and pick up) quickly – what will happen to those children who are in the low acuity beds who become more poorly?*

They will be re-assessed and transferred to Carlisle as quickly as possible using the DAV. A consultant will always be available for telephone advice during the night if required. Additionally the Trust nurses are skilled paediatric nurses. The Trust is currently training a number of nurses to complete advanced paediatric nurse practitioner courses. This will enable them to assess and treat children in the absence of a doctor.

*QUESTION: What extra resources will be put into developing community services to support SSPAU?*

The development of SSPAU will also see an increase in community-based services to ensure the right care in the right place and that families are supported, post-discharge, where needed. There will be an increase in community-based paediatric nurses.

*QUESTION: What will happen to babies born overnight at WCH who need care from a paediatrician if there are no paediatricians on site?*

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| Option 1 | If a new born baby needs urgent attention from a paediatrician they would initially be stabilised in WCH by trained midwives/neonatal nurses and escorted to CIC in an ambulance with a trained escort, or be transferred to Newcastle by the retrieval team as happens now. There will be a paediatrician on-call in this scenario. |
| Option 2 | If a new born baby needs urgent attention from a paediatrician they would initially be stabilised in WCH by trained midwives/neonatal nurses and escorted to CIC in an ambulance with a trained escort, or be transferred to Newcastle by the retrieval team as happens now. |
| Option 3 | There will be no births planned at WCH. |

*QUESTION: How will North West Ambulance Service deal with more cases and transfers?*

We would operate a similar model to the one adopted in Wales. There, a Dedicated Ambulance Vehicle (DAV) is commissioned by the Health Board from the Welsh Ambulance Service Trust (WAST) to transport urgent maternal, neonatal and paediatric transfers from Withybush to Glangwili – a journey of just over 33 miles. We have used the experience in Wales to conclude that this would be a good additional service to support West Cumberland Hospital’s (WCH) services.

There are many similarities between Cumbria and Wales including geography, levels of deprivation and poor road infrastructure. Both areas have lower than average car ownership and public transport is limited.

Public concerns about the time taken to travel from the west coast in Wales are very similar to those expressed by residents in west Cumbria; in particular they are anxious that delays in reaching urgent and emergency care may result in deterioration of condition or outcome.

The DAV is staffed by a 10-strong team of paramedics and emergency technicians who provide 24/7 cover. Following a review of activity data, the RCPCH review concluded that there had been “no measurable deterioration in clinical outcomes” as a result of this service development.

As the team is underutilised in terms of transfers, the staff provide additional support to Withybush Hospital providing emergency training to staff, support for activity in the emergency department and on the wards, as well as occasional assistance in the midwife-led unit.

The vehicle is a ring-fenced resource provided to transfer women, babies and children from WCH to Cumberland Infirmary Carlisle (CIC) – and other specialist centres if the need should arise – and is in addition to the existing ambulance establishment.

*QUESTION: What will transport arrangements be for sick children from WCH to CIC?*

Any child who needs to be transferred will be transferred in an ambulance with a trained escort (usually a nurse or paramedic).

*QUESTION: Why can’t the units carry on as they are?*

Due to problems with availability of paediatric doctors. Newly qualified doctors find it particularly attractive to work in large specialist units or in a specific area of children’s medicine. In west, north and east Cumbria we cannot offer either of these benefits and, therefore, we do not have enough paediatric consultants in permanent employment. This means we rely heavily on locums which can cause issues of continuity of care and is expensive and means the children’s service at both Whitehaven and Carlisle is sometimes at risk of temporary closure or reduction in service due to the lack of staff.

Under current rota arrangements we need 5.2 whole time equivalent (wte) consultants to staff the unit at West Cumberland Hospital. North Cumbria University Hospitals NHS Trust (NCUHT) currently has one wte substantive consultant.

NCUHT has attempted to recruit to all vacant consultant posts four times within the previous 12 months. This has resulted in one appointment to date whose preference is to work at Carlisle rather than Whitehaven. The new rotas will include a larger number of consultant posts which will satisfy Royal College of Paediatrics and Child Health standards and make the rota more attractive for applicants.

NCUHT is advertising for junior grade Trust doctors on a continuous basis and has recruited to two posts to date. One of these new recruits will work at CIC and one at WCH.

The table below gives some indication of the recruitment difficulties the Trust has faced.

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| **Job title** | **Start Date advertised** | **Closing date** | **Number of applicants** | **shortlisted** | **Number of appointed** |
| Consultant in Paediatrics | 19/08/2015 | 16/09/2015 | 0 | 0 | 0 |
| As above | 18/03/2016 | 17/04/2016 | 1 | 1 | 0 (no show at interview) |
| As above | 13/05/2016 | 12/06/2016 | 3 | 2 | 1 (1 no show at interview) |

This has involved rewriting the job description, offering a recruitment premium, international recruitment, liaison with the Great North Children’s Hospital and promoting the job ad to paediatric focused Twitter community.

*QUESTION: If staffing wasn’t an issue would services remain the same?*

No, they do need to change. Fewer children now have long stays in hospital but more children face short episodes of ill health. In response to this change the NHS has developed short stay paediatric assessment units (SSPAU). We currently have two such units in Carlisle and Whitehaven.

These units assess, monitor and treat or discharge children and young people more quickly. The success of these units depends upon close working between hospital and community services, good community nursing services, rapid access to paediatrician-led clinics and the support of GPs. It also depends on effective services to support children and young people with long term conditions.

Nationally, evidence suggests that up to 97% of children who come to hospital as an emergency can be safely cared for in a SSPAU without needing to be admitted as an inpatient. Currently, the majority of children who come to Carlisle and Whitehaven including A&E attendances (86%) do not need to be admitted as an inpatient. Of the children who are admitted, 37% stay less than 12 hours and 83% stay for no more than a day. Developing and enhancing the SSPAUs at Carlisle and Whitehaven would mean more children get the care they need without having to be admitted as an inpatient.

These models of care are already being used in Cumbria and we must ensure we continue to develop contemporary services in line with the rest of the UK.

*QUESTION: Why is a full inpatient service being provided at CIC rather than WCH?*

The staffing issues are very different in Carlisle and it is easier to recruit. At WCH we have not been able to recruit enough permanent doctors to safely provide a full service, despite many attempts and offering many incentives. The Cumberland Infirmary in Carlisle is closer to The Great North Children’s Hospital in Newcastle which is the regional centre for poorly children.

*QUESTION: Why can’t clinicians travel from Carlisle rather than children to CIC?*

We don’t have enough consultants and they simply cannot be in two places at one time. The Cumberland Infirmary sees more patients on a daily basis than West Cumberland Hospital. It is also closer to specialist services in Newcastle.

*QUESTION: How are you going to sustain these services given that you can’t sustain the current medical rotas?*

There are incentives to make working in Cumbria more attractive, job descriptions and work conditions are being redeveloped to be more attractive and we are developing our workforce to meet changing needs such as advanced nurse practitioners/advanced neonatal nurse practitioners. There will be more robust community support and Integrated Care Communities will support primary care services and reduce reliance on hospital admissions.

*QUESTION: What will be the wider impact among staff? Will people have to move base? Will staff be used differently if there work basis is different (i.e. SCBU staff)?*

There will undoubtedly be some impact on staff and the organisations will work very closely to support staff at this time. NCUHT will fully involve all staff who may be affected by change and their views and personal preferences will be taken into consideration. The Trust will work with HR and staff side representatives to ensure that staff members are treated fairly, but the priority will be to sustain good quality, safe paediatric services.

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