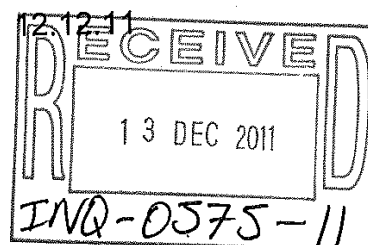


2 Franklin Street, Belfast, BT2 8DQ
DX 2842 NR Belfast 3

Your Ref:
BCP-0063-11

Our Ref:
HYP B4/01

Date:



Ms Bernie Conlon
Secretary to the Inquiry
Arthur House
41 Arthur Street
Belfast
BT1 4GB

Dear Madam

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS

I refer to the above and your letter which we received on 2nd November 2011.

REQUEST 2 (a) (c) – Please find enclosed Strategic Issues – Paediatric Services (15.02.96) for your attention (Appendix dated 28.02.96).

Yours faithfully

A handwritten signature in dark ink, appearing to read 'JR Bolton'.

Joanna Bolton
Solicitor Consultant

Tel: [REDACTED]

Providing Support to Health and Social Care



Royal Group of Hospitals and Dental Hospitals
Health And Social Services Trust

Report for Members of Trust Board

15th February 1996

Strategic Issues - Paediatric Services

1. The Health Care Needs of Children

Most sick children are cared for at home by their parents and family. General practitioners and other community-based clinical workers provide primary care for these children, when appropriate. A relatively small number of children will be referred to hospital-based consultants, possibly leading to hospital admission, for secondary care. An even smaller number of children will require referral, either from GP's or other hospital consultants, to regional specialist services. Many children who require secondary and tertiary level care will also require complementary services from primary care workers effective communications and co-ordination between HPSS organisations is essential to ensure that children and their families receive timely and comprehensive services.

At a personal level, an illness, and the treatment of that illness, have the potential to frighten and confuse a child, possibly resulting in psychological stress. It is now well recognised that children recover more quickly, with minimised long term emotional and developmental sideeffects, if services are responsive to their overall needs, both physical and emotional. These needs obviously vary, depending on the age and maturity of each child as well as the medical condition.

This emphasis on sensitivity, responsiveness and holistic care places distinctive demands on paediatric services.

2. Existing Hospital Services in Northern Ireland

Almost all Accident and Emergency departments in hospitals throughout Northern Ireland provide emergency and minor casualty services to children - sometimes these may be used, inappropriately, as an alternative to primary care. More serious emergencies are handled by the larger centres - in particular the Royal Belfast Hospital for Sick Children.

Outpatient Services and Current Outreach

Approximately 40,000 patients are seen at RBHSC each year. Some Outreach services are provided, although this is not extensive and is largely only the tertiary aspects such as, for example, cardiology, Plastic Surgery and Neurology.

Local paediatric medical inpatient facilities are provided at Antrim, Craigavon, Daisy Hill, Altnagelvin, the Erne and Ulster hospitals. Only two centres provide specialised surgical services for children (RBHSC and UH). Nevertheless, many hospitals

throughout Northern Ireland continue to admit and operate on a number of children. In these situations, children may be treated and cared for by staff more accustomed to dealing with adults, and without paediatric training, in an environment which is not tailored to the needs of children.

The RBHSC has a unique role, providing comprehensive secondary care for children in its hinterland, as well as most tertiary care services for children throughout Northern Ireland. Standards of care benefit from multidisciplinary working practices within RBHSC, and from collaboration with adult services on the RGH site. Though the RBHSC has the advantage of having paediatric-trained staff in all disciplines, workload pressures are evident, particularly among nursing staff, and in certain medical areas. A number of clinical specialties are reliant on interim funding from charitable sources to maintain standards and levels of service. A development project is underway, to replace some of the substandard accommodation within the hospital. Active programmes for continuing medical education are in place. Staff from the Department of Child Health, Queen's University, provide many aspects of clinical services, whilst RBHSC hospital staff share in the undergraduate and postgraduate medical and multi-professional educational programmes within the hospital.

Although there is already substantial co-operation between HPSS organisations (for example, some paediatricians already have a sessional commitment in community-based Trusts), there are opportunities to improve co-ordination and communications.

3. Development of a Paediatric Services Strategy

(1) A Regional Perspective

Northern Ireland does not yet have a comprehensive strategy for paediatric services. General services for children have been influenced by Area Board purchasing policies, while the Regional Consortium has overseen the development of specialties focused on tertiary care.

Though the Acute Hospitals Re-organisations Project has identified paediatric services for consideration in the third tranche, it is expected that the RBHSC will remain as the main hospital centre for paediatric services. It is understood that the Chief Medical Officer in the Department of Health intends to initiate the development and implementation of a regional strategy for paediatric services; any work undertaken by the Royal Group of Hospitals at this stage will contribute to and lead to development of a regional strategy.

(2) A Royal Group of Hospitals Perspective

Following on from the broad principles established in the 'Vision of Success', a working group was established last year to develop a strategy for paediatric services within the RGH. The working group was drawn largely from clinical staff within the RBHSC, with some facilitation from Touche Ross management consultants. The group has identified some of the strengths and weaknesses of paediatric services, both within RBHSC and in a regional context. It has recognised the significance of a

number of issues which will have a general impact on acute services (such as the service implications of the Calman recommendations on medical training), as well as factors more specific to children's services. It is recognised that there are trade-offs between the development of effective, high quality services in centres of expertise, and the need to maintain local accessibility - a 'hub and spoke' configuration of services is under consideration.

It is intended to seek wider commitment within the RGH to a series of key principles (Appendix 1). On this basis, preliminary consultation with Area Boards, GP's, and other stakeholders will take place in March, with the intention that a draft strategy document should be available for consideration by late April.

Paediatric Services - Strategic Principles

The following principles set out a framework for the strategic development of paediatric hospital Services.

- Children in hospital need both physical and emotional care and support; services must be responsive to the needs of each individual child, recognising the benefits to be gained from active family participation.
- Paediatric services in Northern Ireland should be planned to conform to national and clinical specialist guidance. Contemporary guidance includes:-

Audit Commission:	Children First - A Study of Hospital Services
Patient's Charter:	Services for Children and Young People
British Paediatric Association:	Flexible Options for Paediatric Care

- The Royal Belfast Hospital for Sick Children should develop its role as the tertiary centre for Northern Ireland. Continued development of general acute services is necessary as a foundation for lower volume specialist tertiary work. Both general acute and tertiary care services should be delivered in close proximity to the home, where practical.
- While ensuring that efficient use is made of scarce specialised resources, hospital care should be used only when it offers diagnostic or therapeutic advantages over care at home.
- All children should be treated in a paediatric environment, by suitably qualified clinical staff.
- Linkages with other health care providers should be strengthened in appropriate areas, providing children and their families with comprehensive, integrated packages of care.
- Adolescents should have a choice between treatment in a suitable adolescent facility, and treatment in an adult facility.

28 February 1996