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## FACING THE FUTURE: TOGETHER FOR CHILD HEALTH

South West Clinical Senate Council Meeting

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May 2015

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PATRON HRH The Princess Royal

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### BACKGROUND

2011:

- Facing the Future: Standards for Acute General Paediatric Services
  - “Workforce / Standards / Configuration”



2013:

- Back to Facing the Future Audit
  - Lack of consultant presence at peak times
  - ST3 issue
  - Rota compliance

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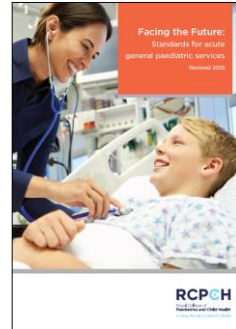
## REVISED 2015 FACING THE FUTURE: STANDARDS FOR ACUTE GENERAL PAEDIATRIC SERVICES

To ensure paediatrics is a 24/7 service with the most experienced doctors present at the busiest times.

[www.rcpch.ac.uk/facingthefuture](http://www.rcpch.ac.uk/facingthefuture)

Key changes:

- Increased consultant presence (five year aspiration: 12 hours a day, 7 days a week)
- All children admitted with an acute medical problem are seen by a consultant paediatrician within 14 hours of admission (previously 24 hours)
- Two consultant led handovers every 24 hours (previously one)
- Further guidance on the composition of rotas to recognise that there are a growing number of ways of achieving safe, experienced cover



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## CASE FOR CHANGE

- Why Children Die
  - Perform poorly on child mortality (2014)
  - Need to improve recognition and management of serious illness (CEMACH 2006)
- Less than 50% of GPs given the opportunity to undertake paediatric training
- “Need to enable primary care to make a diagnosis of serious illness as early as possible in the disease pathway”
- Growing strain that urgent and emergency care services are under
  - Wide variation in the rate of ED attendances and emergency admissions
  - More than a quarter of ED attendances are by children
  - Number of emergency admissions has increased substantially over the last decade
  - Zero-day admissions have doubled during the last decade

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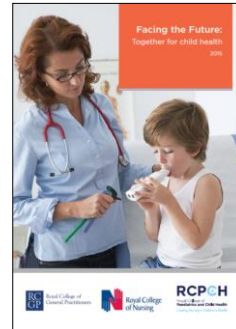
## NEW FACING THE FUTURE: TOGETHER FOR CHILD HEALTH

Joint RCPCH, RCN, RCGP standards for unscheduled care

- Ensure there is always high quality diagnosis and care early in the pathway
- Provide care closer to home where appropriate
- Provide specialist child health expertise directly into general practice

[www.rcpch.ac.uk/togetherforchildhealth](http://www.rcpch.ac.uk/togetherforchildhealth)

- Standards 1 to 6 focus on supporting general practice to safely care for the child in the community, preventing unnecessary attendances and admissions
- It will be necessary for some children to be cared for in hospital and standards 5 to 8 focus on reducing the length of stay and enabling these children to go home as safely and as quickly as possible
- Standards 9 to 11 look more widely at connecting the whole system and improving the patient experience



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## OVERARCHING PRINCIPLES

- Every child should have timely access to high quality unscheduled care services that are safe, effective and caring, that promote good health and wellbeing, and that reduce the impact of illness on the child and their parents and carers.
- No child should be in hospital when care can be provided to an equivalent or better standard outside the hospital in their locality and closer to their home if appropriate (right care, right time and right place).
- Service providers, planners, commissioners and users should work together across hospital and community services; primary and secondary care; and paediatrics and general practice to design and deliver efficient and effective unscheduled care in a geographical network which is responsive to the needs of local children and their parents and carers.

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## IMPLEMENTATION: COLLEGES CAN'T DO THIS ALONE

- Supporting and equipping members across the three Colleges with the information and skills to influence local planning
- Continuing discussions and negotiation between the Colleges and key stakeholders at a national policy level
- Ensuring children and their parents and carers know the quality of care they can expect and helping to change behaviours




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## RELATED DOCUMENTS

- **Bringing Networks to Life:** makes the case for development and maintenance of formal and informal paediatric networks across a range of specialties.
- **Intercollegiate Standards for Emergency Care:** provides healthcare professionals, providers/planners & commissioners with urgent and emergency care settings standards.
- **High Dependency Care for Children – Time to Move on.** Recommendations to improve critical care outside PICU and emphasis vitally important role of networked approaches to care.

