

~~Patricia Robinson~~ *James Walsh*

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COMHAIRLE NA N-OSPIDÉAL

REPORT OF THE COMMITTEE ON PAEDIATRIC AND

ADOLESCENT SERVICES IN DUBLIN.

[ADOPTED BY THE COMHAIRLE AT ITS MEETING

ON 24th JUNE 1994]

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ADOLESCENT SERVICES IN DUBLIN.**

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SECTION 1 - INTRODUCTION

- 1.1. The Comhairle established a committee in October 1992 with the following terms of reference:-

"To examine the current organisation of paediatric and adolescent services (including clinical support specialties) other than neonatal services in Dublin at the secondary and tertiary levels and, following consultation with all of the interests concerned, to formulate recommendations for consideration by the Comhairle, on the future organisation and development of these services. The committee should take into account all existing Comhairle policy documents which relate to paediatrics. It should also relate its recommendations to Ministerial policy decisions on the re-organisation of general hospital services in Dublin".

The committee decided to exclude child psychiatric services from its exercise as these had been the subject of a published study entitled "Report of a Working Group on Child and Adolescent Psychiatric Services in the Eastern Health Board Area" (December 1989).

1.2. The following members were appointed to serve on the committee:-

Dr. V. Donoghue (Chairman)

Ms. C. Carney

Dr. P. Cotter

Professor B. Drumm

Mr. T. Nadaraja

Mr. V. O'Callaghan

Dr. K. O'Sullivan

Dr. D. Sugrue

Mr. G.P. Martin (Chief Officer).

Mr. T. Martin, Administrator was Secretary to the committee and was assisted by Ms. C. Hickey, Executive Officer.

1.3. At the outset, it was agreed to seek written submissions from the three Dublin children's hospitals including detailed information on workload, staff, facilities, catchment area and catchment population, annual budget and referral patterns. The hospitals were requested, where possible, to

distinguish between children and adolescents in relation to workload and facilities. Written submissions were also sought from the Faculty of Paediatrics, the Faculty of Anaesthetists, the Irish Surgical Postgraduate Training Committee, the Faculty of Pathology, the Faculty of Radiologists and the Association of Anaesthetists of Great Britain and Ireland. Submissions were also sought from the five major general hospitals in Dublin - Mater, Beaumont, St. Vincent's, St. James's and the M.A.N.C.H. Group. Relevant workload information, in particular, data on the age profile of children and adolescents attending each general hospital indicating the main specialties involved was requested. Virtually all of those contacted responded in a positive manner to this request for a dossier of information on current activities. A number of recent British reports on the organisation of hospital services in particular paediatric services were studied by the committee. The submissions received and the documentation considered by the committee are listed in the Appendix to this report. The documentation itself is too voluminous to be included but the information provided formed the basis of the committee's work.

- 1.4. Simultaneous with the information-gathering exercise, the committee embarked upon an extensive consultation process. It began with a discussion with the Faculty of Paediatrics who made an extensive written submission/report entitled "Recommendations for Dublin Paediatric Services". The committee separately met with representatives of each of

the children's hospitals. In each case, the written submission of the hospital concerned was discussed in detail and views were sought on how paediatric services in Dublin should best be organised in the future. Finally, the committee met separately with each of the five major general hospitals in Dublin. The document from the Faculty of Paediatrics was discussed with each hospital.

- 1.5. The requests for both information and views were met with full co-operation by all who were approached by the committee. The committee wishes to express its gratitude to the many people who participated in the meetings and who supplied the information/views sought.

SECTION 2 - BACKGROUND

2.1. The committee studied in detail the available data and literature on paediatric and adolescent services. It had particular regard to the 1979 Comhairle publication entitled "Development of Hospital Paediatric Services" and the recommendations made therein since it embodies current Comhairle policy recommendations on the future development of paediatric services both in Dublin and in Ireland as a whole. The 1979 recommendations made in relation to the Dublin situation are summarised as follows:-

- *Our Lady's Hospital, Crumlin and the Children's Hospital, Temple Street should continue to be developed as major paediatric centres.*
- *Sub-specialisation in paediatrics should be largely confined to the two major paediatric centres in Dublin and there should be an agreed allocation of specialist units between the two centres.*
- *A paediatric unit or hospital should, ideally, be part of a general hospital and be located on the same site.*
- *Close and formal links should be developed between the children's hospitals in Dublin and the general hospitals.*

- *General paediatric accommodation and other facilities should be provided at St. Vincent's Hospital and the proposed Tallaght Hospital in close co-ordination with Our Lady's Hospital, Crumlin; a general paediatric service should be provided at Beaumont Hospital in close co-ordination with the Children's Hospital, Temple Street.*

- *The overall aim of the strategy recommended for Dublin is to create co-ordinated and integrated services in south Dublin and in north Dublin that are not only capable of achieving a high degree of specialisation but also cater for basic community needs.*

2.2. In July 1980 a committee of the Comhairle was set up to consider the allocation of specialist paediatric units in Dublin in the context of the 1979 publication. The work of this committee revealed that there were major differences then between the hospitals themselves and between the hospitals and the then Comhairle committee regarding the allocation and co-ordination of paediatric specialties. The Comhairle decided that the report of the committee should remain as an internal document.

2.3. Apart from the failed attempt to get agreement on the allocation of paediatric specialist units, there have been other developments since the 1979 publication. In 1989, the Minister for Health announced that the Children's Hospital, Temple Street was to be relocated on to the nearby Mater Hospital campus. There are on-going discussions in progress

between the two hospitals and the Department of Health on the implementation of this decision. One of the basic recommendations of the 1979 report in relation to secondary care paediatrics was to develop general paediatric units in the general hospitals which would function in association with the two specialised centres. A 50-bed paediatric unit has been incorporated into the design of Beaumont Hospital, - 25 of which are currently in use. It is understood that there is a further expansion factor available in relation to paediatrics on this site. In the middle of the committee's deliberations there was an announcement that the new Tallaght Hospital was to go ahead. A 67-bed children's unit (including 23 day beds) has been agreed for Tallaght Hospital to replace the National Children's Hospital, Harcourt Street. This is a much larger unit than was originally envisaged in the Comhairle's 1979 report. There are no paediatric facilities at St. Vincent's Hospital and it is, as yet, unclear as to whether (and when) such facilities will be incorporated in the future development of that site.

SECTION 3 - FUTURE POLICY ON PAEDIATRIC SERVICES**IN DUBLIN**

- 3.1. From the outset, the committee recognised that the main issue was whether the concept of two specialised paediatric centres in Dublin remained valid for the 1990's with advancing technology, increased sub-specialisation and changing practice patterns away from traditional in-patient care. The question of the development of paediatric units within the Dublin general hospitals also needed to be reviewed in the light of modern thinking on how best to serve the hospital needs of children.
- 3.2. Part of the motivation for the Comhairle in setting up this committee was the knowledge that the Faculty of Paediatrics was itself in the process of producing recommendations for the future of paediatric services in Dublin. The Faculty's document entitled "Recommendations for Dublin Paediatric Services" expresses the view that a modern paediatric service needs to reflect the substantial developments in paediatrics both in terms of sub-specialisation and in the mode of health care delivery. The broad thrust of the Faculty document is that there should be three paediatric secondary care centres for Dublin, one of which will also be a tertiary care centre incorporating all of the paediatric specialist units in one location. The committee considers that the following extracts represent the core principles on which the Faculty visualises the services being developed in the future:-

(i) *The number of Paediatric Hospitals in Dublin*

"The committee unanimously recommended the proposal for three paediatric units. The preliminary report on the future development of tertiary care services in Dublin recommended that there should be a single tertiary care hospital. These proposals then gel with one another, with the recommendations of a single large paediatric centre of both secondary and tertiary care paediatrics, and two smaller units of secondary care paediatrics.

The important factors which swayed the committee were, geographical convenience for patients and G.P.'s; the needs of paediatric accident and emergency services; the development of community paediatrics for physical and mental handicap, children in need of protection, and for those with chronic illness; the teaching requirements of medical students, childrens' nurses, and training for paediatrics in general practice; medico-political factors, as there would not be competition between the secondary and the tertiary care service; the advancement of adolescent medicine; and the establishment of well defined links with the neonatal services of the maternity hospitals".

(ii) **The Tertiary Care Hospital**

"It was strongly recommended that there should be a single tertiary care hospital. The option of a fragmented tertiary care centre has practical attractions in that it would be politically feasible to parcel out tertiary care units to various hospital interests. Whilst this was seen to be practical in the immediate future, it was generally agreed that the long-term interests of Irish children would be best served by a single tertiary care centre.

Tertiary care units will require to interact with one another, both for optimal care and academic development. This process is likely to become more demanding at tertiary care level with further development of services. A single tertiary care centre is the only feasible answer in Ireland for reasons of the needs of children, economy, the development of excellence, organisation and the future development of the various sub-specialties".

(iii) **Free-Standing versus Children's Complex linked to Adult Facilities.**

"It is very difficult to discuss this issue without being intensely aware of the practical situation as it already exists in Dublin. Nevertheless, having taken these factors into consideration, it was agreed that the most desirable model for the long-term development of tertiary paediatric care services, should be that of a children's complex, linked to adult facilities.

The nature of the link could vary from a single location for adult and children's hospitals to closely affiliated hospitals on different sites. It was strongly emphasised that this children's complex would have to be autonomous with a protected budget and independent management. On the other hand, the tertiary care services would have the advantage of co-operating with linked adult services for research and academic exchanges and the sharing of expensive diagnostic services. This development should also allow the development of adolescent care on a rational basis".

- 3.3. The broad principles of the Faculty document, quoted above, were discussed with each hospital. The three childrens' hospitals and all five adult institutions expressed their support for the concept of three secondary care paediatric units in Dublin, one of which would also be the national tertiary care centre. However, there was no agreement among the hospitals as to where these units should be. The Faculty document does not specify on what sites the single tertiary-cum-secondary centre or the other two secondary units might be located. The Faculty document tends to reinforce the current emerging position in relation to secondary care paediatrics (i.e. three secondary care units) in Dublin (see paragraph 2.3).**
- It was generally recognised, however, that there is a distribution problem in that when Harcourt Street transfers in 1997 to Tallaght Hospital there will be two paediatric facilities (i.e. Crumlin and Tallaght) relatively close together with south-east Dublin/Wicklow (approximately 300,000**

population) having no indigenous hospital paediatric service. The Faculty document represents a significant step forward in relation to tertiary care paediatrics. It recommends a single paediatric tertiary care centre desirably linked to adult facilities located in Dublin as opposed to the Comhairle's 1979 policy which envisaged sub-specialisation in paediatrics being largely confined to the two major paediatric centres in Dublin.

- 3.4. It must be acknowledged that the dividing line between secondary and tertiary paediatric care is not always clear cut. For the purposes of this document, the committee has defined tertiary as "referral by other consultants". Based on this definition, the following table shows where tertiary level paediatric specialties provided by institutions are currently mainly based:

TABLE 1

Our Lady's Hospital Crumlin	The Childrens Hospital Temple Street	National Childrens Hospital
Cardiology	--	--
Endocrinology	--	Endocrinology
Respiratory	--	Respiratory
Oncology	--	--
Neurology	Neurology	--
Gastroenterology	--	--
Infectious Diseases	--	--
Medical Genetics	--	--
--	Metabolic Medicine	--
Nephrology	Nephrology	--
--	--	Haematology/Haemophilia
Physical Handicap	Physical Handicap	--
Neonatal Surgery	Neonatal Surgery	--
Gen Paediatric Surgery	Gen Paediatric Surgery	Gen Paediatric Surgery
Paediatric Orthopaedics	Paediatric Orthopaedics	--
Plastic Surgery	Plastic Surgery	--
Cardiac Surgery	--	--
E.N.T. Surgery	E.N.T. Surgery	E.N.T. Surgery
--	Urology	Urology
--	Ophthalmic Surgery	--

In the case of each of the tertiary specialties included in Table 1, there is at least one consultant post with its major commitment to the institution indicated. In many cases, the posts concerned also have sessional commitments to another childrens hospital where services are also

provided though of a less extensive nature including out-patient clinics, ward consultation and sometimes limited in-patient activity. In some instances, the services are provided by a consultant whose major commitment is in an adult general hospital. Tertiary services of this type include cardiology at Temple Street and the National Children's Hospital; oncology at Temple Street Hospital; metabolic medicine at Our Lady's Hospital, Crumlin; orthopaedic surgery at the National Children's Hospital and ophthalmic surgery at Our Lady's Hospital. It must be stressed that this paragraph is orientated towards tertiary services which are organised and provided at institutional level. There may be other tertiary level services provided on the personal initiative of individual consultants which may not necessarily be captured in the table listings.

- 3.5. The committee was hoping to get sufficient consensus on which to devise and recommend a specific plan for the future organisation of paediatric services in Dublin. It was clearly evident from the discussions held with the paediatric and adult institutions that, beyond the broad principles set out in the Faculty's document (quoted in paragraph 3.2), consensus agreement could not be reached. The committee fully endorses the broad principles embodied in the Faculty document. The committee regrets that it was not possible to reach agreement among those consulted on the location of the units.

SECTION 4 - ADOLESCENT MEDICINE

- 4.1. The volume of international literature available on the needs and care of adolescents is rather sparse. The committee was aware that adolescents have needs and problems which are very different from those on the one hand of children and, on the other, of adults. While there are examples of adolescent units in some countries, a planned network of hospital services for adolescents has not emerged. Indeed, widespread consensus on the need for dedicated adolescent units does not exist either in this country or abroad. At present, adolescents are spread around adult wards in the general hospitals in this country. There was little enthusiasm for the concept of an adolescent unit within a general hospital by the adult institutions with the exception of the M.A.N.C.H. group who fully supported the idea and the Mater Hospital who supported the creation of a special adolescent room which would be contained in a standard ward in their new ward block. The committee was informed by MANCH representatives that there is a vacant module in the Tallaght Hospital plan which they felt could and should be used for an adolescent unit which could serve as a model for the development of such services throughout the country. However, they indicated that they understood that the Minister is reluctant to make any commitment because of the additional capital costs involved. For the most part, the specialists in the other general hospitals felt that the medical and surgical management of adolescents is better provided for within the relevant specialist units

rather than by putting them together in one area which may create its own problems. They expressed the view that it would be very difficult to mix a variety of specialist work in one unit. To attempt to do so would mean that the high level of specialist nursing and medical expertise and care provided in the specialist wards would be dissipated and diminished.

- 4.2. All parties consulted agreed on the desirability of structured arrangements for the smooth transfer of children with chronic conditions from the childrens to the adult hospitals e.g. joint consultant clinics, liaison nursing. Joint clinics are currently taking place in some specialties in some Dublin hospitals.

SECTION 5 - RECOMMENDATIONS

- 5.1. The committee believes that the Faculty document represents a very significant step forward in relation to the future development of tertiary care paediatrics in Dublin to serve the needs of the country as a whole.
- The committee has not considered the detailed recommendations on consultant staffing embodied in the Faculty's document. Such detailed proposals could only be given proper consideration as part of a specific plan to develop the paediatric services. As indicated in paragraph 3.5., the consensus on which a plan might be based does not exist at present.
- The committee recommends that the Comhairle should endorse the broad thrust of the Faculty's submission and advise the Minister for Health that the future development of hospital paediatric services in Dublin should be on the basis of three secondary care paediatric centres, one of which should also be a single tertiary care centre for the country desirably linked to adult facilities. The committee suggests that the Comhairle point out to the Minister that, based on policy decisions announced to date, there is a distribution problem in relation to secondary care paediatrics in that there will be two paediatric facilities (i.e. Crumlin and Tallaght) within a few miles of one another whereas a large population in South East Dublin/Wicklow will have no indigenous hospital paediatric service. It will also be necessary to reconcile the situation regarding paediatrics at Beaumont Hospital with the overall concept of three secondary care paediatric centres.

- 5.2 The necessity for a single national tertiary care facility, desirably linked to adult facilities located in Dublin and serving the needs of the whole country should be stressed to the Minister. The committee suggests that the Comhairle should, endeavour to have this concept reflected when reaching decisions on the structuring of tertiary-level consultant appointments.**
- 5.3 The committee has decided not to put forward any recommendation, at this point in time, in relation to the provision of adolescent units. However, it is recommended that the childrens' and adult general hospitals should review the transfer arrangements for children with chronic conditions with a view to ensuring the smoothest possible transition from the paediatric to the adult setting.**
- 5.4. Finally, it is recommended that the committee's report should be sent to the Minister and to all of the agencies who participated in the study.**

A P P E N D I X

SUBMISSIONS AND DOCUMENTATION

CONSIDERED BY THE COMMITTEE.

1. Comhairle Report on the Development of Hospital Paediatric Services (1979).
2. Report of the Comhairle Committee on the allocation of specialist paediatric units in Dublin (1980).
3. Discussions re the possibility of a joint Department of Paediatric Anaesthesia between the three childrens hospitals in Dublin (1984).
4. Report of the Comhairle Committee on Paediatric Pathology Services in Dublin (1991).
5. Submission from Faculty of Pathology to Comhairle Committee on Paediatric Pathology Services in Dublin (1991).
6. Submission from Faculty of Paediatrics entitled "Recommendations for Dublin Paediatric Services" (1992).
7. Submission from Irish Surgical Postgraduate Training Committee.

8. **Submission from Faculty of Anaesthetists.**
9. **Submission from the Standing Committee - Republic of Ireland - of the Association of Anaesthetists of Great Britain and Ireland.**
10. **Report of the inquiry into London's health services, medical education and research: October 1992 (Tomlinson Report).**
11. **Department of Health response (February 1993) entitled "Making London Better".**
12. **Children First: A Study of Hospital Services by the Audit Commission (1993).**
13. **Summary of report and recommendations of the needs and care of adolescents: British Paediatric Association (1985).**
14. **Patterns of Hospital Medical Staffing - Paediatrics - Robin Dowie : British Postgraduate Medical Federation (1991).**
15. **Report of the Working Party on Surgical Services for the Newborn (Commission on the Provision of surgical services) : The Royal College of Surgeons of England; The British Association of Paediatric Surgeons (1992).**