

PAEDIATRIC CARE SYMPOSIUM

Put children at the centre of their care

“Innovation in paediatric care” was the title of a Conference symposium on 16 September. Olivia Timbs reports on the progress of the National Service Framework for Children, Young People and Maternity Services — “Getting the right start”

Do children get a good deal, was the question Professor Al Ansley-Green asked as he launched his plea to pharmacists to play their part in improving the health services for children and young people.

Professor Ansley-Green, national clinical director for children and Nuffield Professor of Child Health at the Institute of Child Health, University College London and Great Ormond Street Hospital for Children, is leading the development of the National Service Framework for Children, Young People and Maternity Services. He argued that although nothing matters more to families than their children and most people recognise they are the lifeblood of the nation, there is a mismatch between this emotional reaction to children and the attention they receive through health, social services and the education system.

National Health Service performance indicators suggest that there are no difficulties with the care provided for children. “You can always get a sick child into hospital,” Professor Ansley-Green commented. But when you consider the implications of the Kennedy and Laming inquiries (into the care of babies undergoing heart surgery in Bristol and the maltreatment of Victoria Climbié, respectively) the situation is rather different. The care of children is often subordinated to that offered to adults and there is often a lack of concern for the most vulnerable individuals. The care of children is fragmented and with no individual taking overall responsibility. As a result effective planning is lacking and there is no effective leadership. “The chapter on children in the Kennedy report was written with anger,” he added.

EXPECATIONS FOR THE NSF

Professor Ansley-Green then explained how the NSF for Children, Young People and Maternity Services should help address the inconsistencies in care provided for children. He repeated the words of former Health Secretary, Alan Milburn, who stated when the development of the NSF was announced in February 2001: “The lottery in care in children’s services must now end.”

When the NSF is fully published — which Professor Ansley-Green hopes will be at the beginning of next year — it will be only the beginning of a 10-year plan to improve the experience of children and their families by focusing the care on the child (rather than the disease).

The module on standards in hospital services has already been issued. This will be followed by a related module on the ill child, with others also expected on maternity ser-

vices, mental health and psychological well-being of children and young people, children in special circumstances, disabled children, healthy children and young people and, most importantly for pharmacists, medicines for children.

The focus of these modules will be on the needs of the whole child (which go beyond health to embrace social care, education and the environment in which they live). “This approach will demand new partnerships and mean that different professionals will have to leave their bunkers,” Professor Ansley-Green emphasised. He cited the example of children who are unable to go to school because no one at their schools is prepared to take the responsibility for giving medicines regularly.

IMPLICATIONS FOR PHARMACISTS

Professor Ansley-Green indicated some specific areas in which pharmacists can play a part and may bring some influence on developments. For example, he is determined that play is integrated into health service provision through the NSF despite opposition to the suggestion. “Play helps children understand their medication and can be used to prepare them for injections and other treatment,” he explained.

He also expects trusts to develop written policies on the treatment of pain, and every trust dealing with children should have a policy for transition to adult services. In addition, hospital pharmacists should have a system of communicating with their community counterparts when children are discharged. The clinical governance framework should have a focus on children.

Professor Ansley-Green spoke about his concerns over the medicines that are frequently prescribed for children. Some of the concerns have been widely discussed and reported, such as the use of products that are not licensed for children, but he also raised other less usual issues. He pointed out that there has been a great deal of research into the benefits of human milk for babies in terms of their ultimate intellectual achievements. “What impact,” he asked, “do drugs given to neonates have on their later life?” He pointed out that although it has been established that there are serious later effects from cytotoxics given in the early years of life there are few data available for other medicines given to young children.

The difficulties in establishing the correct dose for a child, depending on his age, weight, height and surface area, were known — the challenge was to ensure that all children were given the most appropriate dose.

Professor Ansley-Green also pointed out the need for decent patient information

for parents and for children: children need to know what they are taking and understand why they are taking it, he said.

RESEARCH INTO PAEDIATRIC MEDICINES

Attention then turned to what Professor Aynsley-Green dubbed “UK pharma Plc”, and the mismatch of its power and the duty of care it should exercise for the 25 per cent of the population that children constitute. Incentives need to be created for the pharmaceutical industry to research the effects of medicines on children. This is only part of the problem, he suggested. Although networks of groups with an interest in paediatrics who exchange information about medicines do exist, he would like to see the development of paediatric pharmacology research units in different parts of the country. The difficulty is finding suitably qualified people: “Why are people not interested in drug delivery in children,” he wondered.

Professor Ansley-Green reminded the audience that children are now firmly on the government agenda. The NSF is only part of the jigsaw and it is not a report, it is Government policy. Earlier this summer a Minister for Children, Margaret Hodge, had been appointed and last week a Children’s Green Paper “Every child matters” had been published.

Pharmacists have the potential to influence the political process by being the champions for the use of medicines in children: “The question pharmacists need to address is how do they engage with local politicians to make a difference to the lives of children.” The challenge for the NHS is to get children to be taken seriously and to ensure that children’s services are considered part of the mainstream in the everyday business of trusts, he emphasised.