

Address by Mary O'Connor, Chief Executive
Children in Hospital Ireland
on the occasion of the
4th Children in Hospital Ireland Annual Lecture 2006
“Health Service Reforms: the Implications for Children”
Conrad Hotel, Earlsfort Terrace, Dublin 2
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I would like to join in welcoming you all here this evening.

This is the 4th Children in Hospital Ireland Annual Lecture and we are delighted to that so many of you have come along tonight to hear Professor Drumm so passionately deliver his views regarding the provision of health care to sick children.

Children in Hospital Ireland was founded in 1970. Ever since, we have actively promoted the welfare of all sick children, especially those in hospital. For many years we have been calling for a National Review of Paediatric services. We also called repeatedly for statutory guidelines for the care of children in hospital.

Back in 2001, we were heartened when both these measures were included in the current National Health Strategy. At long last, action on the provision of hospital care was beginning.

Thus we welcome the publication of *Children's Health First* – the McKinsey Report. It is the first step on the road to a complete overhaul of all our acute services for children.

I will focus my remarks tonight on a number of concerns Children in Hospital Ireland has about the provision of hospital care for children.

I want to draw your attention to three issues arising from the McKinsey Report, as well as the need for adopting guidelines for the care of children in hospital. I will also speak about the CHI can play in the necessary consultation process.

***Children's Health First* states that the tertiary hospital care needs of the country should be provided at a single site, in a new children's hospital. We welcome this proposal. This hospital should also provide secondary services for the greater Dublin and surrounding areas.**

The report further proposes that this new hospital be co-located with an adult teaching hospital. That is our first concern.

What McKinsey proposes is a major hospital that will draw its sickest child patients from all parts of the country. It will further provide secondary care for all child patients from Dublin and parts of the surrounding counties. CHI is asking – why not do this in a stand alone hospital?

I ask this because the benefits cited in the report are not clear-cut. On the one hand, the report promotes protection of the integrity of the new hospital - the services, budget and governance structures. On the other hand, the co-location benefits cited emphasise the sharing of services, resources, teaching and research and attracting and retaining staff. Children in Hospital Ireland maintains that the new children's hospital should have the complete complement of services and resources, and its own “University Brand Package”. In other words our new children's hospital should be a major academic teaching hospital in its own right. That way it would attract and retain top class clinical, teaching and research personnel.

Now I'll come to the definition of the age of a child. McKinsey takes 16 years of age as the typical upper limit. However, the UN Convention on the Rights of the Child, to which Ireland is a

signatory, and all recent Irish legislation define children as those up to the age of 18. The Charter for Children in Hospital also defines children as up to 18 years of age.

For the new children's hospital the upper age limit must be at a minimum, 18 years and must be flexible. The hospital must also be able to care for those over 18 for whom a paediatric setting is more appropriate or for whom there are no relevant adult facilities. These should include vulnerable adults, like those with special needs. As well as conforming to statutory age definitions, the new hospital - indeed all hospitals – must promote Child Protection measures, including national and international police vetting for all staff.

The third aspect of the Report my organisation needs to comment on is Local paediatric Urgent Care and A& E units. Children and their parents will be immediately and concretely affected by the amalgamation of the three existing children's hospitals – the new hospital will be providing secondary care to the city and its environs. McKinsey recommends an adequate geographic spread of A&E or Urgent Care facilities to deal with local needs.

Children in Hospital Ireland has concerns about the operation of these proposed satellite units. We call for further examination as to how these essential units will function. All the options need to be explored.

Children in Hospital Ireland recommends that the criteria for these units be drawn up in tandem with the selection of the site of the new hospital. We stress that these facilities must be high quality dedicated units. They must be adequately placed and appropriately staffed with a high level expertise. They must be consultant led. They must have appropriately sized 24 hour to 48 hour observation wards. They must have urgent treatment capabilities and paediatric X ray facilities. They must have outpatient facilities and parent facilities. The units will need electronic network access to allow speedy interface with the children's hospital and with the GPs in their areas. The units also need to be part of the academic and teaching remit of the new children's hospital.

Moving on from McKinsey, Children in Hospital Ireland has been concerned for years about the lack of standards and guidelines for the care of children in hospital.

All here tonight realise that children require health care which is different from that provided to adults. This is to allow for their differing emotional and physical needs. Child patients need to be seen as part of a family unit.

Studies on treating sick children in hospital over many years have led to the development of principles and practices for optimum hospital treatment of children. Hospital care should change a child's routine as little as possible and provide the child with as congenial an environment as their illness permits.

One of the recommendations of the National Health Strategy was the establishment of guidelines and protocols for the care of sick children. So far however, there has been no action in this area.

As a result, there is no way to measure the consistency, efficacy, and suitability of services.

In 1988, the Charter for Children in Hospital was drawn up by the founding members of the European Association for Children in Hospital, which included Ireland. In 2002 CHI was honoured to have the Minister for Children, Mr Brian Lenehan, re-launch the Charter, this time in booklet form with additional annotations for each of the

articles. To date this Charter provides the only standard in widespread use in hospitals around the country.

Children in Hospital Ireland is calling on the Department of Health and Children, as a matter of urgency, to adopt the Charter in its entirety as official policy. We're also calling on the HSE to implement the measures contained in the Charter. CHI is working with other organisations and individuals to develop an assessment tool based on the Charter. Hospitals will be able to evaluate their services, using this tool.

The situation for sick children around Ireland varies widely. Most hospitals with children's units and wards are working hard to provide child and family centred care. But lacking support and resources, the work is a constant struggle. In many hospitals, there are glaring deficiencies. Play – either therapeutic or recreational, as recommended in the National Play Policy – is not being provided adequately in any hospital. Accommodation for parents in most cases is inadequate. Parents are not supported financially when having a child in hospital stretches the family budget to the limit. And, as previously mentioned, the cut off point for admission to the children's ward is too low and, at that, not even consistent from

hospital to hospital. Then there is still the worrying practice of children being admitted to adult wards. The necessary linkages between community and hospital services are patchy. I could go on and on.

However, we are at a point of change in the delivery of health services. There is universal acceptance for the need for change. We have to ensure that the changes are all in the best interest of all children in Ireland.

This brings me to my final point -

Since 1970 Children in Hospital Ireland has been working to provide a voice for all sick children, regardless of illness or condition or its severity. We've done a lot of this work in collaboration with a wide range of other support and representational organisations. From the publication of the National Health Strategy onwards, we have been hearing about inclusion, participation, consultation and so on regarding the delivery of services. However, to date there has been no consultation specifically focusing on the needs of sick children. To rectify this, over the coming months, Children in Hospital Ireland plans, through its Forum for Children's Health, to bring together all parties with an interest in sick children. This will allow us to identify

and address issues relating to care of sick children which are common to all. The outcomes of our work will provide policy makers and planners with data that's vital to the development of health services for children.

All of us here tonight have an interest in how health services for sick children are going to be provided. Children in Hospital Ireland needs your support – it's vital for our work. Membership forms were distributed with your programmes. I urge you all – if you are not already a member – to complete and return the forms either tonight or later to our office.

While over the last few minutes I have outlined some of our concerns, we are heartened by the presence here this evening of Professor Drumm. He is clearly a visionary leader, open to new ideas and actively promoting real patient-centred reform, perhaps for the first time in the history of the state. This is a unique opportunity for dialogue and Professor Drumm has graciously agreed to take questions or comments. So it is now my pleasure to hand the proceedings back to our Chairperson, Dr Carroll, to open the event to the audience.

Thank you for your attention.