Health and Wellbeing Board

8 May 2019

Paediatric Admissions to Secondary Care

Report of Stewart Findlay, Chief Operating Officer North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups (the CCGs)

Electoral division(s) affected:

Countywide

Purpose of the Report

1. The Health and Wellbeing Board have requested an update on work being undertaken by the CCGs to reduce paediatric admissions to hospital.

Executive summary

2. There are a number of projects underway which are working towards reducing paediatric referrals into secondary care. The ones discussed in this paper are led by the CCGs but delivered in partnership with County Durham and Darlington NHSFT (CDDFT), Durham County Council (DCC - children's commissioning, education and Public Health) and other partners where appropriate such as General Practice colleagues and other Acute Trusts. The overall aim of the work is to ensure that patients are treated in the community where possible, by a professional with the right level of expertise for their presenting condition.

3. Initial analysis of data suggests 5 conditions create a high proportion of activity in CDDFT. This will be considered next to information about what General Practice can currently see with confidence and it is anticipated that some training needs will be identified. The outcome proposals will be strongly linked to the Children's Community Nursing review outcomes which are considering expanding the role of the Children's Community Nursing team. The continence review will result in a specific paediatric continence service; something which Durham has not had to date. The potential size and scope of this service will be determined by the review. Children's therapies impact significantly on individual educational performance and this work is part of the delivery of the Special Educational Needs and Disabilities (SEND) Written Statement of Action (WSoA). The work has developed an equal service

offer across County Durham and will go forward to develop a new model across the County.

Recommendation

4. The Health and Wellbeing Board is recommended to accept this report and the progress made to date.

Background

5. CCGs have been notified by CDDFT that Consultant Paediatricians felt there are too many children being seen in secondary care, often but not always having been referred from general practice where more treatment or observation could have been undertaken in the community prior to referral.

6. The Better Care Fund (BCF) states that paediatric admissions make up 21% of all admissions to CDDFT over January 2018 to February 2019. This is an increase from around 16% in 2017.

TABLE 1

	DDES		ND		
age	Cost (£,000)	Activity	Cost (£,000)	Activity	Condition
0 to 4	129	275	63	130	acute upper respiratory infections
	235	272	44	85	Other acute lower respiratory infections
	26	34	9	12	chronic lower respiratory diseases
	24	34	8	12	Asthma
	15	33	Not an outlier		symptoms and signs involving circulatory and respiratory systems
5 to 19	23	57	1	18	acute upper respiratory infections
	27	28	15	23	Other acute lower respiratory infections
	38	21	18	28	chronic lower respiratory disease
	37	21	19	28	asthma
	Not an outlier				symptoms and signs involving circulatory and respiratory systems

7. Right Care data suggests that, for respiratory conditions, these are small numbers and low cost as detailed in Table 1 below. Consequently, although Durham CCGs are outliers when compared with other CCGs, the numbers involved make it difficult to build a case for investment.

8. Therefore the CCGs decided to look at the top 5 referrals into secondary care in order to make a greater impact on activity and patient experience.

9. As well as asthma and respiratory conditions, CDDFT have also contacted the CCGs about continence and constipation. A specific project was initiated in 2018/19 looking at paediatric continence, the details of which are included from paragraph 24.

10 The Co Durham Strategy for the Prevention of Unintentional Injuries in Children and Young People 0-19 has been reviewed and a multi-agency seminar held in October 2018 to review and refresh the unintentional injuries (UII) framework and update the action plan. A calendar of events is currently being developed to raise awareness and highlight UII at specific times of the year.

11 A home safety training & development package is being jointly commissioned between Public Health, One Point Service and Early Years to support multi agency workforce training to align all child safety education to the children's workforce to bring everyone up-to-date with new and relevant training. This will be delivered over the next three years.

Current position

12. A project has been agreed which will look at paediatric activity referred from general practice into CDDFT (data collected will also look at City Hospitals Sunderland and North Tees & Hartlepool Hospital to take account of Easington locality patient flows) with a view to ensuring that all observations and interventions which should have been carried out in primary care have been completed prior to referral. This would include discussions about how to increase parental confidence in relation to self-care for their child.

13. The project will focus on the top 5 conditions as identified from activity data sets, and a qualitative evaluation of activity.

14. Meetings have been undertaken with Paediatric Consultants, Service Managers, nursing staff as well as primary care representatives and an initial action plan has been developed. This action plan looks to identify specific conditions where improvements could be made in primary care. Consideration will then be given to how those improvements could be made (investment in training, for example) and these will then be planned out and implemented.

15. Data suggests that there are slight differences in the primary diagnosis for admission according to age, but for 0-17 year olds, the main diagnosis on admission is recorded as (in no order);

- Viral infection
- Intestinal infection
- Bronchiolitis
- Other respiratory infection
- Tonsillitis

12. This is for short stay admissions but is reflected in the highest cost activity data. For admissions with the highest number of bed days, jaundice replaces tonsillitis.

16. Data has also been gathered which tracks the time patients come into hospital (whether via A&E or GP referral or another route). During the week there is a spike at around 8am and again at around 4pm, with activity trailing off to almost zero by midnight. At weekends, activity peaks at lunchtime with this period being significantly higher than the rest of the day. This applies to both DDES and North Durham CCGs and to other CCGs in the area. Over a year, there is an increase in activity in August which will be investigated. This has happened every August for the last 3 years.

17. This data analysis now needs to be tempered by a qualitative assessment of how children are presenting when they arrive in hospital to see whether or not more could have been done in primary care. Equally, consideration will be given as to how this could be implemented, whether it's a training need for example and how that would be best offered. This work may change the conditions that the project focusses on as we need to concentrate on conditions where the most significant impact can be made.

18. Several other projects are currently underway which are linked too and support this work. These are;

- Review of the Children's Community Nursing Team
- Therapies review
- Continence review

Review of the Children's Community Nursing team

16. A desktop review of the Children's Community Nursing (CCN) Service was carried out in early 2019. The key findings were:

- The Children's Community Nursing (CCN) service is delivered by CDDFT and provides community nursing for children and young adults (0-18 years) with additional health care needs in County Durham and Darlington.

- The CCN service is divided into two main teams or pathways; care and early supported discharge for acute illness, post-surgery or post-A&E attendance and care for children with long-term illness or disability (separate to the Children and Young People's Continuing Care service)

- Currently, GPs cannot refer into the CCN service, although there is a line in the service specification to 'explore opportunities to improve the skills of primary care to handle children's problems and to make appropriate referrals'. The CCN teams do work with GPs around managing prescriptions, although new GP contracts are likely to have an impact on the responsibilities of GPs going forward

- Referrals into the CCN team are currently only from secondary care and in 99% of cases they are following a hospital stay

19. There are examples nationally and locally of CCN teams working more collaboratively with primary care to proactively manage acute/chronic conditions and increase self-care in order to prevent avoidable hospital admissions

20. Recommendations from the review included:

- Develop a business case that will explore and put forward options to maximise the CCN Service and potentially provide a community-based pathway for children with chronic or acute conditions that GPs can refer into and gain support from.

- The business case will need to demonstrate impact in terms of improved quality of care and potentially a reduction in avoidable secondary care admissions, particularly as upfront investment may be required to increase capacity within the CCN service.

- Consideration will also need to be given to other areas of work within the programme of projects within the children's workstream and how these align, to avoid duplication.

Review of Children's Therapy Services

21. The review of Children's Therapy Services (Physiotherapy, Occupational Therapy, Speech and Language Therapy) main aim is to agree how to improve access Children's Therapies, determine a health and education offer within County Durham and Darlington and to ensure

the most efficient service model is implemented with appropriate clinical skill mix.

22. In order for the CCGs and Local Authority to contribute to mandatory SEND compliance, an integrated children's therapies model is something both organisations wish to move towards to ensure children are receiving the most appropriate care with a holistic approach.

23. At present, parents of children who require support from the children's therapy services and educational support opt to attend a special school out of the County, as they believe their child is unable to receive the same integrated support locally. This ultimately drives up costs and the travel for children to school is longer. The main aim of the integrated children's therapies model would be to improve the local offer in County Durham and Darlington, to assure parents that the sufficient support, from the children's therapies teams and education would meet the needs of their children.

24. An options report is to be discussed in April for CCGs to review and determine the preferred model. A workshop is scheduled for the 2nd May involving local authorities, the CCGs and service leads to develop a new model. This report will also be taken through DCC committees.

25. The next steps will be to agree whether the scope of this piece of work is to determine the health offer for the three children's therapy services or jointly commission the services with the Local Authority and define the health and education offer. These will be amongst the options put to the CCGs and DCC in the options report.

Paediatric Continence Services Review

26. Commissioning arrangements for continence services for Children and Young People across County Durham and Darlington have lacked integration and have been delivered very separately. This has been the case for a number of years, dating back to Primary Care Trusts (PCTs).

27. As a result of historical commissioning arrangements and changes to commissioning responsibilities between CCGs, Public Health / Local Authorities, children and young people currently have to attend multiple appointments to meet their needs.

28. The main objective of this project is to review service provision with a view to introduce an integrated Level 2 Paediatric Continence Service that manages all aspects of continence rather than separate services that will:

- Ensure health care meets the needs of local children and young people
- Reduce health inequalities
- Bring care closer to home
- Reduce Non Elective Admissions for continence related issues

29. The Paediatric Continence Services review has looked at the level of service provision commissioned and provided across County Durham and Darlington, including the current 'Level 2' bedwetting and constipation services provided by County Durham and Darlington NHS Foundation Trust (CDDFT) and the 'Level 1' service provision offered by the 0-19 Health Child Programme provided by Harrogate and District NHS Foundation Trust (HDFT).

30. As stated, the current level of service provision for paediatric continence is very fragmented, with specialist clinics being managed separately by one specialist nurse within CDDFT, meaning children and their family members are likely to attend a number of different appointments to see the same clinician.

31. The review has also looked at the 'Level 1' provision which the 0 -19 Health Child Programme deliver, provided by Harrogate and District NHS Foundation Trust, including the current 'Level 1' service offer, the referral route and criteria to access the 'Level 2' services.

32. In addition to the review, the provision and containment of paediatric continence products has been transferred to the paediatric team within CDDFT, as this had previously been provided and managed within the Adults' Continence Service.

33. Following two workshops with key stakeholders, proposed future state pathways have been drafted, based on National best practice pathways published by Bladder and Bowel UK.

34. In the NICE-accredited Paediatric Continence Commissioning Guide (2014, updated 2015), the Paediatric Continence Forum (PCF) stated 'All children and young people from birth to 19 years with bladder and bowel dysfunction (continence problems) including those with learning difficulties and physical disabilities should have access to an integrated community based paediatric continence services: the Community Paediatric Continence Service (CPCS).'

35. From a County Durham and Darlington CCGs perspective, NICE guidance is not currently met in terms of commissioning continence service provision for children and young people.

36. Further discussion is required to specifically look at how a ‘Level 2’ service will operate in more detail and what is required to make the Paediatric Continence Service offer more equitable and financially sustainable across County Durham and Darlington.

37. A business case will be developed with recommendations to explore a jointly commissioned integrated Community Paediatric Continence Service for County Durham and Darlington.

38. We will also look at developing a structured training programme with clinicians to ensure new pathways are embedded locally, share best practice and key information (for example information as simple as toileting positions) with primary care colleagues, 0-19 Healthy Child Programme teams and other identified stakeholders

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Appendix 1: Implications

Legal Implications

None.

Finance

Details are provided in Table 1 of the report

Consultation

None.

Equality and Diversity / Public Sector Equality Duty

None.

Human Rights

None.

Crime and Disorder

None.

Staffing

None.

Accommodation

None.

Risk

Minimal.

Procurement

Details of commissioning of continence services and children's therapies and community nursing team outlined in the report