



**National Steering Group for Specialist Children's Services**

**Extract from Remote and Rural Report**

Over recent years, various groups and initiatives have explored the most appropriate and sustainable healthcare provision for children and young people in remote and rural areas in Scotland. These include the Kerr Report, the Remote and Rural Areas Resource Initiative (RARARI) Paediatric Project, and recently, Delivering a Healthy Future: An Action Framework for Children and Young People's Services<sup>1,2,3,4</sup>.

The common themes emerging from these reports include:

- Difficulties faced by local clinical staff in providing high quality care for children with significant acute or chronic illness given the small number involved and the lack of immediate specialist support.
- A perceived lack of understanding on the part of the clinicians working in dedicated paediatric units of the particular circumstances faced by staff in remote and rural settings.
- Variable quality of discharge planning after episodes of specialist care.

These reports are consistent in their recommendations in the types of models recommended for providing health services locally which are safe and appropriate for children. Paediatric models described within the reports above are based around the principles of a Managed Clinical Network and this report concurs that remote and rural child health services should be firmly embedded in a formal network with a larger paediatric centre, providing ambulatory and intermediate care, locally, with the majority being provided in the community.

In terms of the workforce required to deliver a local ambulatory and intermediate care service for children and young people, CHPs, including the RGH staff, should identify their paediatric teams and ensure that these staff have the necessary training and educational support necessary (and appropriate access to this) to develop and maintain the competences required to resuscitate, stabilise and initially manage an acutely ill or injured child and transfer when appropriate. All staff will also require access to the appropriate equipment locally and should have guaranteed access to clinical decision support from larger centres. A robust system of retrieval of children with high dependency or intensive care is essential.

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<sup>1</sup> (2005) "National Framework for Service Change" May 2005, Scottish Executive

<sup>2</sup> (2005) "Delivering for Health" November 2005, Scottish Executive

<sup>3</sup> (2006) "Remote and Rural Paediatric Project" December 2006 Scottish Executive

<sup>4</sup> (2007) "Delivering a Healthy Future: An Action Framework for Children and Young People's Health in Scotland" April 2007, Scottish Executive

Commitment	Why	Who	Timescale
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Child Health Services			
<p>The model of care for children and young people promotes ambulatory care and intermediate care with the majority of care being provided in the community as part of a formalised network with larger paediatric centres.</p>	<p>To increase local care provision for children and young people.</p>	<p>The North of Scotland Planning Group should take a lead role, bringing together Regional Planning Groups (RPGs) and their constituent NHS Boards, including the four main paediatric centres to establish a Paediatric Network(s) and to negotiate the shape of local service delivery, with robust care pathways for the management of the most common conditions.</p> <p>Network establishment will also include the identification of consultants responsible for remote and rural support, the use of e-health links and the agreement of discharge planning arrangements where a child has been treated in secondary or tertiary care.</p>	<p>August 2008</p>

<p>Paediatric teams within remote and rural communities should have the necessary training to undertake their role.</p>	<p>Patients expect to be cared for by competent practitioners.</p>	<p>The Paediatric network should support CHPs and RGHS to identify practitioners who will be included in paediatric teams.</p> <p>A training needs analysis of those practitioners should be undertaken, the outcome of which should inform education and training packages for local delivery brokered through the Remote and Rural Healthcare Education Alliance (RRHEAL), supplemented by outreach training through the formal paediatric Network.</p>	<p>December 2009</p>
<p>There must be responsive retrieval systems in place for transfer of the acutely ill or injured child or young person.</p>	<p>Children and young people who require transfer to definitive care should expect a responsive service.</p>	<p>The Scottish Ambulance Service (SAS) should review their transport arrangements to ensure responsive systems are in place for transfer of the acutely ill child.</p>	<p>December 2008</p>
		<p>The review of Specialist Services for Children and Young People should consider expanding the role of the Paediatric Intensive Care Retrieval Teams to incorporate those patients from remote and rural areas requiring transfer to high dependency care.</p>	<p>April 2008</p>

		NES, through RRHEAL, should ensure that appropriate and accessible paediatric educational solutions are in place for remote and rural practitioners.	December 2009
		The Rural Training Pathways Steering Group should ensure that future curriculum for medical remote and rural practitioners incorporate specific elements of paediatric training.	April 2008
		Regional Planning Groups should commission their Child Health Planning Groups with considering the principles of the Remote and Rural Child Health Report and their applicability to urban areas.	December 2008