



Briefing for the Public Petitions Committee

Petition Number: [PE01471](#)

Main Petitioner: Rachel McCully MYSP on behalf of the Scottish Youth Parliament

Subject: Young people’s hospital wards

Calls on the Parliament to urge the Scottish Government to establish specific young people’s wards or rooms in hospitals for adolescents, and to ensure that staff receive adequate training to support young people’s mental and emotional needs in hospital.

Background

The Scottish Government published [‘Better Health, Better Care: Hospital services for children and young people’](#) (‘HSCYP’) in May 2009. This noted that:

- Young people make up 10% of the Scottish population and are responsible for around 4% of hospital admissions (49,000 per annum) (based on data from 2005-06 and 2006-07).
- The specific developmental, emotional and psychosocial needs of adolescent patients are well recognised but have traditionally been poorly addressed by the hospital services and facilities provided in the UK.

The admissions data presented in HSCYP is split by specific age groups (12-15 and 16-19), which is not readily available, and thus an update would require a request to be made to ISD Scotland. However, the ISD Scotland website does contain data for children aged 14 and under who have been *discharged* from an acute hospital. A summary of the number of discharges (episodes) concerning patients aged 10-14, by year and split by patient type, is presented in the following table:

	2007-08	2008-09	2009-10	2010-11 ^P	2011-12 ^P
All patient types	24,265	23,761	22,913	22,376	21,306
Day cases	7,011	7,240	7,174	7,172	6,913
Elective inpatients	3,738	3,818	3,880	3,388	3,109
Emergency inpatients	12,114	11,295	10,426	10,271	10,032
Transfers	1,402	1,408	1,433	1,545	1,252

Source : ISD Scotland [‘Childhood Activity Summary tables’](#)

P = provisional data

The data above illustrates the fact that those aged 10-14 will be admitted to an acute hospital for a variety of reasons, though the key reasons are for emergency inpatient care and planned day cases, which together accounted for nearly 80% of episodes in 2011-12. The total number of episodes has fallen by 12% amongst this age group between 2007-08 and 2011-12. Out of the 10,022 elective day case and inpatient episodes in 2011-12, data from ISD Scotland¹ shows that the main diagnoses were: diseases of the digestive system (2,367 episodes); neoplasm (909 episodes) ; and, diseases of the musculoskeletal system and connective tissue (848 episodes). In addition, 1,190 episodes concerned factors influencing health status and contact with health services, which includes admissions for examination, observation, immunisation and stoma care.

Scottish Government Action

Recent policy in this area was stimulated by Professor David Kerr's 'National Framework for Service Change in the NHS in Scotland Building a Health Service Fit for the Future' ('the Kerr Report'), published in May 2005. The issue was addressed in the [second volume](#) of the report. This found that, at that time, there was no national policy relating to age, with practice differing across Scotland. It also noted that the Children (Scotland) Act 1995 defined a child as a person under the age of 18 years, for the purpose of support services, including the NHS. Reflecting on this the report stated:

“The health care needs of children and young people up to the age of eighteen should be properly assessed and care provided in an appropriate environment by trained staff. But we know that children have a range of needs and accordingly we advocate a set of guiding principles rather than a hard and fast rule.” (p181).

It made two key recommendations:

1. That NHS Scotland adopts the guiding principle that the age for admitting children and young people to acute care in paediatric facilities is up to their 16th birthday, dependent upon their clinical need and patient choice.
2. For young people between the ages of 16 and 18 there should be discussion with their clinician(s) regarding where their care is best delivered, recognising their right of choice, unless there are clear clinical reasons which determine whether admission is to paediatric or adult services.

Both of these are commitments which the NHS continues to work towards (see below). In terms of the provision of services to adolescents, it recommended that each NHS Board area should review its services for young people and develop proposals for age appropriate care and arrangements for transition from child to adolescent and adolescent to adult care.

Since this point there have been a number of initiatives to progress these issues, most notably:

¹ ISD Scotland [‘Discharges \(Elective\) from acute hospitals by Main Diagnosis; children aged 14 and under’](#)

- [‘Delivering a Healthy Future: An Action Framework for Children and Young People’s Health in Scotland’](#) (Scottish Government, 2007)
- The [‘National Delivery Plan for Children and Young People’s Specialist Services’](#) (the National Delivery Plan) (Scottish Government, 2009)

These initiatives have also sought to promote training for hospital staff to enable them to better support young patients while they are in hospital.

One of the actions in the National Delivery Plan was to publish guidance for NHS Boards on age appropriate care arrangements for young people. This was fulfilled in May 2009 with the publication of HSCYP. What HSCYP stated in regards to the key points made by the petitioner is outlined below, together with updated information obtained from the Scottish Government.

Hospital admission policies

HSCYP (p 9) stated that, across Scotland the substantial majority of children aged 12 were admitted to children’s facilities, whilst the majority of young people aged 16 and over were admitted to adult facilities. However, it added that “policy and practice in the age group 13-15 years is inconsistent with considerable variation between regions, hospitals and individual specialty services throughout the country”. The Scottish Government² has advised that NHS Scotland continues to be committed to moving the upper age limit for its children’s hospital services from the 13th to the 16th birthday, with some flexibility up to 18 years. However, it added that the change will not be fully in place across Scotland until the new hospitals in Edinburgh and Glasgow are completed.

Dedicated adolescent facilities

In terms of dedicated in-patient adolescent facilities³, HSCYP (p 9) notes that, at the time, outwith adolescent mental health, there were no formally constituted adolescent units in Scotland, though it also pointed out that a 6-bedded unit had been opened in the Beatson Oncology Centre, Glasgow. Nevertheless, it did provide examples of where some units had made some provision for adolescent patients. Through the HCYC (p 23) NHS Boards were to be asked to: review the pattern and volume of adolescent admissions to identify opportunities for creating adolescent facilities; consider the possibility of creating adolescent facilities accessed by both adult and children’s services where this is appropriate and enhances viability; and, ensure the key elements of age appropriate care are addressed in all settings where young people are routinely admitted. The Scottish Government⁴ has advised that it does not have information on how many adolescent facilities have been created.

² Personal communication 21 February 2013.

³ HSCYP does refer to a range of social and recreational facilities that many hospitals do provide for young people.

⁴ Personal communication 21 February 2013.

Staff training

Throughout the HCYP there are references to the necessity of ensuring staff are appropriately trained to support children. The Scottish Government⁵ has advised that it does not have information on the staff training that has taken place following publication of HSCYP. One of the commitments from the National Delivery Plan was the NHS National Education for Scotland should undertake an analysis of staff training needs in relation to adolescent care. The Scottish Government⁶ has advised that NHS Education for Scotland has produced a training resource for staff who work with adolescents.

Scottish Parliament Action

No reference can be found to the specific issues raised by the petitioner having been considered by any Committee of the Scottish Parliament or through debate.

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25 February 2012

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⁵ Personal communication 21 February 2013.

⁶ Personal communication 22 February 2013