

PE1471/Q

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Andrew Howlett
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The Scottish Parliament
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Date	28 June 2013
Your Ref	
Our Ref	IR
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Dear Mr Howlett

Scottish Parliament Public Petition PE1471 on Young People's Hospital Wards

I am writing in response to your letter of 11 March 2013 asking for an NHS Lanarkshire response to the above Public Petition. I apologise for the delay in responding.

In 2010, following the publication in May 2009 of "Better Health Better Care", NHS Lanarkshire carefully considered the creation of a separate ward for adolescents or young persons requiring in-patient stays. At that time a needs assessment was undertaken by the NHS Board's Child Health Commissioner which concluded that the number of admissions and associated lengths of stay of adolescents and young people were insufficient to merit the creation of a separate facility for this cohort of patients. It was determined at that time that the NHS Board should develop a protocol for medical and nursing staff in both the Paediatric Unit and Acute Wards to ensure that every effort was made to provide age appropriate care to adolescents and young people requiring a period of inpatient hospitalisation. A copy of the protocol is attached for information.

Following receipt of the letter from the Public Petitions Committee this issue has been reconsidered by NHS Lanarkshire. The conclusion is that, whilst NHS Lanarkshire would support the petition in its aim of ensuring that adolescents receive high quality, age appropriate care in hospital, this does not require the creation of a separate adolescent unit.

Care of adolescents and young people can be delivered within a children's ward environment provided staff have the appropriate training and facilities. This would include allowing for adequate socialisation with other young people.

Where this is more challenging is in adult ward environments, where there may be a large gap of 30-40 years between the young person and the other adults on the

ward. In this situation, specific arrangements need to be taken into consideration to prevent real isolation amongst adolescents especially if in hospital for any length of time.

In agreeing with the overall aim of the petition, NHS Lanarkshire recognises the challenges which providing adolescent care presents.

NHS Lanarkshire staff receive training to help address these challenges and can access staff development through the eKSF process which ensures that training is available for those who require it. Nursing staff for example, can access training packages such as 'New to CAMHS' although the branch training for registered nurses does not have a specific adolescent component. Nurses can also access the resources available via the Managed Knowledge Network Module.

<http://www.knowledge.scot.nhs.uk/child-services/communities-of-practice/adolescent-health-care.aspx>

It may be that further individual learning materials relating to care specialities would be beneficial to the provision and improvement of person centred, safe and effective services for adolescents and young people.

In conclusion, the reality is that within NHS Lanarkshire, adolescent units are not feasible in physical health care and the best way to ensure needs are met is through individual care planning with staff who have additional training in working with young people. The use of single rooms for young people can also be helpful when this can be accommodated. Within Mental Health every effort is made to manage young people in one ward, which maximises the ward staff's knowledge, skills and experience with this cohort of patients although the NHS Lanarkshire strategy is to admit such Mental Health patients to the regional facility at Skye House.

I trust this response is helpful.

Yours sincerely

Ian Ross
Chief Executive

Clinical and Operational Guidance For the admission of young people aged 13-16

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General Principles

Onward referral to specialist children's services is not generally possible in the age group 13-16 years, particularly where the clinical condition is not exclusively a paediatric one.

Young people in this age group are physiologically and pharmacologically no different to adults in relation to their responses to treatment, however it is recognised that they have different psychological and emotional needs and special attention is required in relation to consent to treatment issues. (NHSL Consent to Treatment Policy).

Although traditional adult facilities may not be ideal for the treatment of this age group, admission to a paediatric unit is also often not in the best interests of the young person. Where in-patient admission is unavoidable, there may also be valid clinical reasons why admission to the in-patient paediatric facility at Wishaw General Hospital is not in the patient's best interest.

All young people should, where possible be managed as day cases or out-patients.

The following guidance should be followed by clinicians, ward staff and discharge co-ordinators when determining the appropriate placement for each individual patient.

Day cases

This should be the default position and every effort made to manage patients on this basis.

Clinicians should ask whether there are any specific **clinical** issues with this condition / procedure in this age group.

If the answer to the above question is no, then they should continue to provide care in NHS Lanarkshire or refer to a colleague within the same specialty who may, by agreement, accept the majority of such patients.

If the answer to the above question is yes, then consideration should be given to tertiary referral. This may be to Specialist Children's Services but only if the patient has a paediatric condition. However consultant to consultant discussion may clarify the best management plan for the individual patient.

If it is possible to carry out the procedure in NHSL then the following arrangements should be made:

- Where possible book to an organised session with staff, equipment and facilities consistent with good practice. Young people should be cohorted where possible and preferably not mixed with adult sessions.

- If booking within such an organised session is not possible, book in conjunction with pre-assessment/theatre team/anaesthesia and Day Surgery staff.

Planned In Patient Admission

- Day Case to be definitely excluded. (see above guidance)
- Where possible, book to cohorted clinical sessions as for day cases e.g. ENT paediatric lists
- Define balance of (clinical vs. environmental), risks between admission to speciality base vs. paediatric facility
- Decision made on basis of individual patient should be taken by consultant, ward manager and if necessary duty manager

Factors to Consider

- **Developmental stage of patient**
- **Procedure and post operative care required**
- **Significant complications to be considered**
- **Available facilities***
- **Patient/carer choice ***

While patients < 16 are able to give informed consent, it is generally preferable that they are supported in this by an adult carer.

This will therefore normally require an adult carer to remain resident during the patient's stay and every effort should be made to ensure appropriate facilities are available.

Where possible single room accommodation would also be appropriate for the patient.

- If patients are admitted to a speciality area it should be made clear to all relevant clinicians that current adult clinical guidelines can apply unless otherwise indicated.

Unplanned admissions

Similar principles should apply as for planned admissions

- Patients who are currently undergoing treatment at specialist children's facilities should be discussed with specialist clinical team at a senior level.
- New emergency conditions should be treated within NHS Lanarkshire.

- Avoid admission if possible (convert to urgent day case procedure with agreement from theatres/anaesthetics that appropriate support can be given) e.g. PIU where available.
- Define balance of risks as per planned admission.
- Consider need for “shared care” with Specialist Children’s Services (RHSC & community services).
- Consider need for ongoing support for longer term conditions (e.g. Diabetic Juvenile Service)

All nursing staff involved in the care of patients should have undertaken Child Protection training and be supported by access to advice/support from Paediatric Services within NHSL.

Paediatric Unit Wards 19 & 20 Wishaw General Hospital

Information

All young people and their parents will be given an information booklet about the ward on admission. This booklet provides information on visiting times and general ward information

Accommodation

When a young person aged 13-16 years is admitted to the paediatric unit at Wishaw General staff should ensure they are placed where possible in the 2 bedded bay in ward 20.

Exceptions to this are as follows

1. The young person’s condition requires more supervision. When condition allows the young person should be transferred to 2 bedded area
2. When isolation and cohort procedures are in place. In such circumstance older children should be nursed in the area most appropriate dependant on ward activity and dependency levels.
3. The young persons view should always be considered

Quiet Area

If required staff will allocate a quiet area for the young person, this area will be identified by the unit nurse cover considering the activity on the unit.

Education

Education facilities are available and should be considered when the young person’s stay in hospital will be more than 4 days or the young person’s condition becomes stable and education can be introduced. The young person’s teacher can be contacted via their Parent or Guardian.

Catering

To ensure adequate choice all young people will have access to both the children's and adult menu. If required staff can order sandwiches by phoning the catering dept. Young people can make tea or coffee for themselves within the paediatric unit.

Socialising

All young people who are of similar age will be introduced to each other within the unit if appropriate. This will be facilitated by the play leader when present and nursing staff. The play leader will provide age appropriate activities for all young people.

Consent

Information on consent is available for all young people within the unit and the Ward information booklet should be given on admission.

Acute Adult Wards

Nursing Advice

Nursing telephone advice is available 24 hours a day by telephoning the Wishaw General Hospital Paediatric unit **Wards 19 & 20 on 01698 366200**. Please ask for the Unit Cover when calling, this is the nurse in charge on the day. Advice will be available on the young person's individual nursing care including the appropriate developmental and age related parameters for observations e.g. Blood pressure, pulse, respirations

Medical Advice

Any medical advice should be directed to the Senior House Officer on call or the Registrar on call for the paediatric unit via Wishaw General Hospital switchboard on **01698 361100**.

Other Resources

Further child and young people care information can be found on the NES website; http://www.nes.scot.nhs.uk/ooh/children_young_people.asp

Young Person Education Advice

If the young person in your care requires being in hospital for over 4 days then educational facilities should be accessed, the child's teacher can be contacted via their Parent or Guardian.