NICCY Advice on Review of Urgent and Emergency Care Services in Northern Ireland

28.06.2022

1.0 Introduction

The Commissioner for Children and Young People (NICCY) was established in accordance with ‘The Commissioner for Children and Young People (Northern Ireland) Order’ (2003) to safeguard and promote the rights and best interests of children and young people in Northern Ireland. Under Articles 7(2) and (3) of this legislation, NICCY has a mandate to keep under review the adequacy and effectiveness of law, practice and services relating to the rights and best interests of children and young people by relevant authorities. Under Article 7(4), NICCY has a statutory duty to advise any relevant authority on matters concerning the rights or best interests of children and young persons. The Commissioner’s remit includes children and young people up to 18 years, or 21 years, if the young person has a disability or experience of being in the care of social services. In carrying out her functions, the Commissioner’s paramount consideration is the rights of the child or young person, having particular regard to their wishes and feelings. In exercising her functions, the Commissioner is required to have regard to all relevant provisions of the United Nations Convention on the Rights of the Child (UNCRC).

NICCY welcomes the opportunity to respond to the DoH Review of Urgent and Emergency Care Services in Northern Ireland. The advice provided is not intended to be comprehensive but to provide key reflections on the strategic priorities from a Child Rights perspective.

2.0 Need for whole system approach to HSC reform

It is acknowledged within the consultation document that the issues seen in Emergency Departments (ED) are in part, due to problems with capacity elsewhere in the HSC system. However, there is not a clear sense from this consultation document that the re-design of urgent and emergency care services will be integrated into the broader reform agenda or how they will interface with other parts of the health and social care system.

All health service reform plans, including those related to urgent and emergency care must clearly outline the practical changes required, planned or happening in other parts of the system which will contribute to improvements in the overall care pathways for different patient groups. Unfortunately, this was not sufficiently clearly laid out in this document. Investment and change must happen across all parts of the system simultaneously and the system needs to set these plans out clearly to all key stakeholders.

**NICCY recommends that implementation plans being developed in future phases of this work focus on different groups of service users, preferred care pathways and the different changes needed across the health and social care system to make these pathways work effectively in the context of urgent and emergency services.**

Delayed Access to healthcare - Waiting Times

Delayed access to healthcare is undoubtedly leading to greater numbers of attendance at ED; waiting times for hospital and community healthcare is a significant issue affecting children. NICCY highlighted this issue and its impact on children’s rights, in its ‘*More than a Number*’ report published in October 2021. This review concluded that the ongoing reform of the system must fully consider hospital and community-based child health services and how they intersect with primary care, social services and education. These are vital components of an integrated and rights-based health and social care system. It made 17 recommendations under 4 thematic areas which aim to bring greater visibility of children across hospital and community child health services, as well as greater accountability in regard to decision making, performance reporting and budget allocation processes. Whilst we have not outlined all of the recommendations from ‘*More than a Number*’ in this response, we have summarised them below and **NICCY would advise that the recommendations from ‘More Than A Number’ are taken into account at all future stages of the reform of urgent and emergency services.** [[1]](#footnote-2)

**Achieving a Child Rights Based Health and Social Care System**

Consideration of children’s rights should be central to all decision-making processes on the design and reform of our healthcare system. Child Rights Proofing (conducting a child rights impact assessment) is a practical tool for doing this. While the establishment of a new **Waiting List Management Unit** within the HSCB (since August 2021) is welcome, its focus, at least initially, appears to be on specific hospital elective care services only. It is **vital that this work includes children’s services** and extends its reach into community as well as hospital-based child health services.

**Enabling Processes and Structures**

A full review of the child health system should be undertaken to ensure that health and social care reform is based on an up-to-date understanding of need across the system which should take account of existing plans and strategies. The **visibility and accountability for child health across departments and agencies** by having high level dedicated posts in place to oversee commissioning, policy development and service delivery should e.g. include a Deputy Chief Medical Officer focused Child Health.

In recognition of the fact that children and families are struggling and that it will take time to reduce waiting times and reform the system, we have made a specific recommendation for the establishment of **an interim regional waiting list management** process to better monitor children who are currently on hospital and community health service waiting lists - to include enhanced clinical triage, targets for review appointments and support for parents / carers.

**Performance Management**

The system needs to improve what information is collected and how it is used. Waiting times is one of a number of important indicators of the system’s ability to deliver a healthcare system which meets the needs of the population. Progress also needs to be measured in **improved outcomes, increased satisfaction and quality of care** (through services being supported to achieve ‘at least’ minimum service standards).

**Waiting Time Measures, Quarterly Reporting and Targets**

Comprehensive waiting time data on hospital and community child health services should be developed as part of a broader performance management system. A range of **data users** should be involved in determining the information collected by the system. This more detailed data should be reported on as **part of the DoH statistical reporting schedule**. Consideration should be given to establishing **specific waiting time targets** for child health services.

3.0 Understanding patterns of use for Children

The Commissioner is extremely concerned that the specific needs of children have not been sufficiently outlined within this review. This concern is further compounded by the fact that paediatrics does not appear to have been adequately considered in the broader health and social care reform process to date. This omission extends to children’s experiences and views, and in some cases a lack of meaningful engagement on proposals with children’s services and their staff.

The population health needs assessment which underpins the proposals in this consultation document reflect on the fact that ‘under 5s’ and ‘over 75s’ are the age groups most commonly seen in ED. However, the review did not provide further details on the reasons for attendance of under 5s or details on what percentage of these children are admitted to hospital from ED. It is important that further information is provided on this to help stakeholders see how the new plans will fit with need.

It is also stated that 0–19 year olds make up 26% of all ED attendances and are reportedly the most likely group to attend EDs inappropriately. It is important that the reasons for ‘inappropriate’ attendance at ED are fully understood and that the problems with existing care pathways are addressed and inform new ways of working. There is a significant and worsening problem of children attending ED whilst experiencing a mental health crisis and we agree that for many of these young people ED departments and Out of Hours GP services are not an appropriate source of support or place of safety.[[2]](#footnote-3) However, alternative, and easily accessible care pathways are not always known or available. We are concerned that presentations to ED for those with urgent / emergency mental health need is not given sufficient focus in this Review. NICCY has made a number of recommendations regarding the need for improvement in mental health crisis support for children in *‘Still Waiting: Rights-Based Review of Mental Health Services and Support in NI’* (2018). The most relevant actions are listed below and have been incorporated into an action plan being implemented by an Inter-Departmental group chaired by the Department for Health:

21. Implement RCPCH ‘Minimum Care Standards for Children and Young People in Emergency Care Settings who Present with Mental Health Problems’ (RCPCH, 2018);

22. The DoH should enhance the statutory framework, requiring RQIA to routinely inspect A&E Departments against the ‘*Minimum Care Standards for Children and Young People in Emergency Care Settings who Present with Mental Health Problems’*. This should include appropriate, robust enforcement powers and the provision of sufficient resources to carry out this role;

23. Crisis intervention support for children and young people should be available 24 hours a day, all year round, in all HSCTs;

24. Include a Clinical Decision Unit, or equivalent service model, as part of every A&E Department in Northern Ireland. This would be useful for young people who may require a period of observation, further investigation or other interventions which cannot be completed within the four hour timeframe within A&E Departments; and

25. An evaluation of the compliance with, and effectiveness of, the Card Before You Leave scheme (CBYL), for children and young people in A&E should be carried out.[[3]](#footnote-4)

While reference is also made to the Mental Health Strategy in this consultation document, we would however, expect to see more detail on how the work being undertaken or proposed in urgent and emergency care will work together with other strategic plans.

**NICCY strongly recommends that mental health is given a greater focus in future outworking of this review, and that relevant actions from the mental health strategy and NICCY’s ‘Still Waiting’ report are taken into account, particularly the implementation of the ‘Minimum Care Standards for Children and Young People in Emergency Care Settings who present with Mental Health Problems’ (RCPCH, 2018).**

There is a general lack of information on the data being used to inform changes outlined in this review of urgent and emergency services. Due to the difference in healthcare needs between children and adults we would have expected more detail on how these service models will work for infants, children and young people. It is vital that the pilot process test the practical outworking of a new system for children and how it will interface with other relevant services.

**NICCY recommends that new service models are robustly piloted in relation to meeting the needs of children and young people.**

**4.0 Need for greater clarity on what changes mean for children**

The review states that ‘it is important to recognise that children’s needs are different to adults’ and require a specialist approach in relation to urgent and emergency care.’ This is an extremely important distinction, however, this assertion is not reflected in the content of the review. Overall, it takes a very generalist approach, without focusing on how the changes proposed will work for different service user groups and different patient pathways. For example, reference is made to the development of ‘short stay paediatric assessment units’ and their role within a new urgent and emergency care system. However, the Review does not mention alternative pathways for children such as health visitors or prevention and early intervention services. Furthermore, practical paediatric specific solutions included in the ‘2020 Review team’s report’[[4]](#footnote-5) are not reflected strongly enough in the proposals set out in the main current consultation document; these include:

1. The introduction of improved resources for self-care and safety netting for parents;
2. Further development of services in primary care to include outreach specialist clinics and diagnostic hubs;
3. Educational support for GPs who work in both in-hours and out-of-hours services (bringing GPs into paediatric out-patient clinics to take training back to practices +/- GP practices receiving Paediatric staff);
4. Better integration between primary, acute and community services across all areas who manage those aged 0-16years in order to help with workforce planning and retention of staff (this includes mental health services);
5. New roles for medical trainees in addition to specialty doctor roles, allied health professional roles and nursing staff in both community and acute paediatrics;
6. Better data collection and analysis (that includes diagnostic coding accuracy) in order to identify and address what needs are to be met;
7. Development of ambulatory care in addition to short stay units to meet population needs;
8. The number of children with complex needs is rising. Young people with complex health needs are looked after in Community Paediatrics until school leaving age. Consideration needs to be given to the needs of young adults transitioning into adult services. Many young adults with complex health needs present to EDs with conditions that could be managed in an integrated transitional service that builds on the comprehensive and holistic care provided by acute and community child health and which to date is not replicated in the adult setting. *(page 66)*

**The child healthcare system is separate to that of adult healthcare and is configured in a different way. For this reason, NICCY strongly recommends that child specific pathway implementation plans are developed which set out clearly how a new urgent and emergency care system will integrate with the other parts of the child health system. It must also outline how the changes will improve access to services and outcomes for infants, children and young people specifically.**

**5.0 Feedback / engagement with Parents and Children and Young People**

The consultation document mentions the importance of co-production / service user engagement in the Urgent /Emergency Care Review process. It also references that a ‘children and young person working group’ was established to consider urgent and emergency care service remodelling, and to bring necessary focus on how proposals would work for children and young people. It is very important that meaningful involvement is undertaken with children and parents at all stages of the policy / service development process, particularly those groups known to be common users of urgent and emergency services.

We have reviewed the EQIA that accompanies these proposals and whilst it provides a general overview of patterns of use of services by age, it is lacking in detail and is disjointed from the main consultation document. As children, alongside older adults, are the main users of emergency services, we would strongly suggest that a specific child rights impact assessment (CRIA) process is followed on service proposals. NICCY has been engaging with every NI Department to disseminate and embed CRIAs into all planning processes and further information is available on NICCYs website.[[5]](#footnote-6) A recommendation regarding CRIAs has also been made in NICCY’s *‘More Than a Number’* Report (October 2021) which is relevant to this consultation and therefore is reiterated below. We will also be publishing a monitoring report on progress towards implementation of the recommendations therein in October 2022.[[6]](#footnote-7)

**NICCY recommends that a rights-based approach is embedded in the delivery of child health and social care services in Northern Ireland. This should include the application of a child rights impact assessment framework in the development or review of plans and proposals to ensure that children’s rights are fully considered in all decision-making processes.**

6.0 Conclusion

The Commissioner welcomes efforts to improve how our health system works, particularly within urgent and emergency care. It is vital that their reform is taken forward in tandem with the changes required across other parts of the healthcare system. Children are negatively impacted by the problems across our health system and these must be given adequate attention in all phases of the reform process. As acknowledged in the Review, children’s needs are different to those of adults, and this fact will need to be a fundamental consideration during the ongoing remodelling of the health and social care system overall. All decision making must be informed by the views and experiences of child health practitioners working across the system, along with parents and children. This opportunity must be taken to transform our system as necessary.

1. [More Than A Number: A Rights Based Review of Health Waiting Lists in Northern Ireland (niccy.org)](https://www.niccy.org/waitinglists) [↑](#footnote-ref-2)
2. 24% (765 to 949) increase in referrals to CAMHS for young people presenting to Emergency Departments during a mental health crisis between 2019/20 and 2020/21. <https://www.niccy.org/media/4047/niccy-camhs-data-report-2022-040222-final.docx> [↑](#footnote-ref-3)
3. <https://www.niccy.org/about-us/our-current-work/mental-health-review-still-waiting/> [↑](#footnote-ref-4)
4. [REVIEW OF URGENT AND EMERGENCY CARE SERVICES IN NORTHERN IRELAND Review team REPORT (health-ni.gov.uk)](https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-review-team-report_2.PDF) [↑](#footnote-ref-5)
5. <https://www.niccy.org/about-us/childrens-rights/child-rights-impact-assessment-cria/> [↑](#footnote-ref-6)
6. Recommendation 1, pg.75 [More Than A Number: A Rights Based Review of Health Waiting Lists in Northern Ireland (niccy.org)](https://www.niccy.org/waitinglists) [↑](#footnote-ref-7)