

The delivery of paediatric neuroscience care within the UK

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As a specialty group within paediatrics, the British Paediatric Neurology Association recognises the need for all children where possible to be treated with ready access to all paediatric services, and certainly for specialty services to be collocated on a single site. Centralisation of childrens services has therefore been the way forward. This recognises that the delivery of certain investigations may not be possible on a single site but should be delivered by personnel qualified to treat children (eg GA for MRI scans, with recovery)

The adjacencies document (*Commissioning Safe and Sustainable Specialised Paediatric Services*) (1) has attempted to determine grades of collocation with regard to paediatric specialty services. This has concluded that paediatric neurology requires absolute collocation with PICU but not necessarily paediatric neurosurgery; it is recognised that collocation is essential to provide full specialised services but a decision not to collocate may be made to ensure optimum access to service centres. On the contrary paediatric neurosurgery should be geographically collocated with a paediatric neurology service in all circumstances. We welcome these statements and fully support them

The issue remains one of the relationship of adult neuroscience units to paediatric units; specifically adult and paediatric neurosurgery. The major premise to this is service delivery and optimising such for children; to ensure there is no compromise in either delivery of specialty services or care. This relates to ready access to appropriately trained personnel (whether on call or within hours), as well as any specialist investigations that may be required for complex cases. Paediatric neurology and neurosurgery are services which rely heavily upon expensive technical equipment as well as individuals with specific training and experience who are in short supply. Many paediatric neuroscience centres in England (and in other countries in the UK) share such resources with colleagues in adult neuroscience. In most centres this is by physical co-location and in others by, often informal, networking arrangements.

One of the key recommendations in the "Kennedy" report into the cardiac services in Bristol (2) was that "In the case of existing free-standing children's hospitals, particular attention must be given to ensuring that, through good management and organisation of care, children have access when needed to (a) facilities which may not routinely be found in a children's hospital and (b) specialists, the appointment of whom in a children's hospital could not be justified given the infrequent call on their services. The British Paediatric Neurosurgical Group has highlighted many of the increasing demands of high cost small specialties and how difficult such may be to implement (3). This has resulted in a working group to look at a national strategy and standards of care for delivery of paediatric neurosurgery.

Discussion around location of services therefore needs to be undertaken with these issues in mind; in particular considering a national framework for the delivery of neuroscience as a whole. In an ideal situation all paediatric services would be delivered within a paediatric setting. However, in circumstances where personnel are covering more than one site, ready access of that individual to all sites needs to be ensured with no compromise to service. Further, should treatment of children (through investigation) be required away from the paediatric site, access to paediatric trained individuals is imperative along with ready access of results available to caring physicians.

Overall the specialty services to children have to be considered equally to specialty services to adults, and access to such a service seamless on consideration of location of units.

1. *Commissioning Safe and Sustainable Specialised Paediatric Services; a framework of critical dependencies* Department of Health, August 2008
2. The Report of the Public Inquiry into children's heart surgery at the Bristol Royal Infirmary 1984–1995
3. British Paediatric Neurosurgery--a time for change? .Br J Neurosurg. 2008 Dec;22(6):719-28 .