

Paediatric General Surgery

Policy Context

1. In May 2010, the Department of Health introduced new standards for general paediatric surgery; '*Improving Services for General Paediatric Surgery – Policy and Standards of Care for General Paediatric Surgery in Northern Ireland*'¹. These Standards were developed in response to an emerging trend of reducing numbers of paediatric surgeries being performed in district general hospitals (DGHs) and were designed to help drive improvement in paediatric surgery across Northern Ireland.
2. The Department's 10 year strategy, '*A Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community*', was developed and consulted upon between 2012 and 2014 and published in 2016. The Strategy contains 12 overarching themes and 23 objectives within it that aim to improve outcomes for children and young people across NI².
3. The Paediatric Strategy complements other regional strategies, such as '*Making Life Better*' and '*Delivering Together*', and aligns with the Programme for Government commitment "We all enjoy long, healthy active lives".
4. As part of the remit of the overall Paediatric Strategy, a Child Health Partnership (CHP) was created and has developed significantly. The CHP has senior clinical, nursing and management membership from across all Trusts as well as senior membership from regional bodies in the HSC. Its primary role is to oversee delivery of the Paediatric Strategy and improve working relations within Paediatric and Child Health Services.
5. Throughout 2020 and 2021, the CHP, using its networking and partnership experience, effectively planned for pandemic surge and ensured essential services for children and young people were maintained throughout the pandemic. During this period the CHP also identified means to assist the overall HSC in the response to the pandemic.
6. In 2019 RQIA published a Review of General Paediatric Surgery in NI. This Review assessed arrangements for the provision of general paediatric surgery in Northern Ireland against the 2010 Standards and it proposed a future service model aligned to the 2016 strategy published by DoH³. The Review Team

¹ Department of Health, Social Services and Public Safety (2010) Improving Services for General Paediatric Surgery - Policy and Standards of Care for General Paediatric Surgery in Northern Ireland

² [paediatric-strategy-hospital-andcommunity.pdf \(health-ni.gov.uk\)](#)

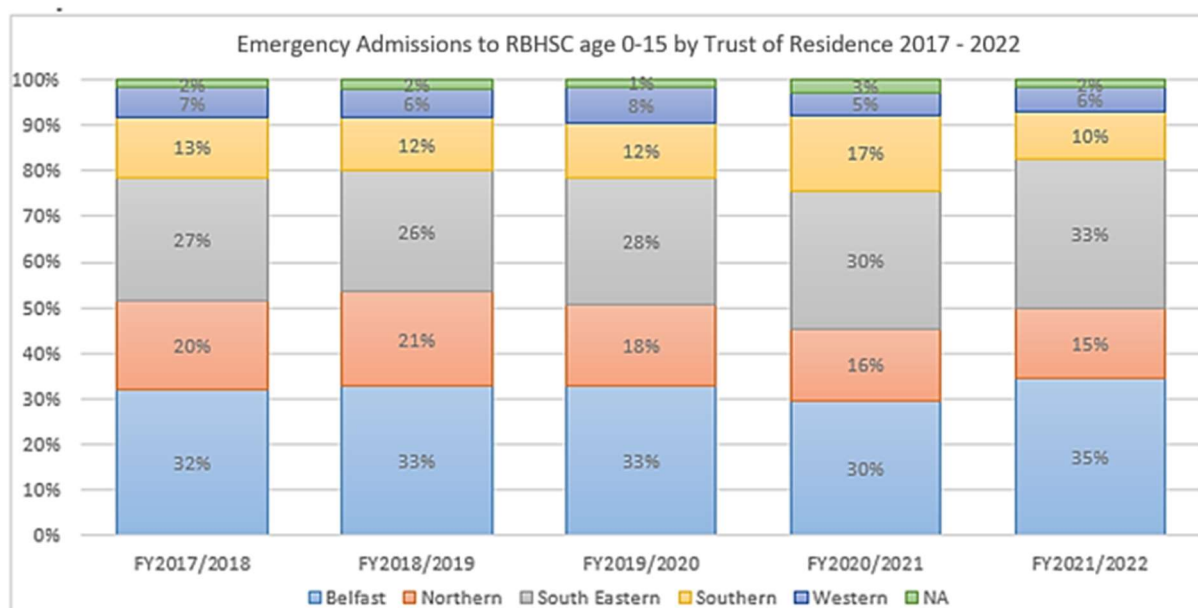
³ [93721 RQIA Coloured Report Template \(Reviews Directorate\).indd](#)

concluded that the 2010 Standards had not been fully implemented into practice in Northern Ireland.

7. The Review made a total of 13 recommendations which aim to improve general paediatric surgical services across Northern Ireland.
8. It is not the intention of the Review of General Surgery to duplicate the work of the RQIA Review. Indeed it is the view of the Review of General Surgery that the RQIA recommendations should be implemented at pace. The recommendations of the Review of General Surgery are aligned with and support the recommendations of the RQIA Review.

Emergency General Paediatric Surgery

9. Cases that are time critical, such as testicular torsion, should be performed in the DGH. All general surgery of childhood, such as emergency appendicectomy, management of abscesses, and minor injuries in children over the age of 5, should be managed in the local DGH.
10. Children under the age of 5 requiring an operation should all be transferred to the RBHSC unless time sensitive and the local team have the appropriate surgical and anaesthetic skills.
11. Any child under the age of 5 requiring transfer should be assessed by a senior paediatrician (ST3 or above) to ensure they are fit for transfer and appropriate resuscitation is performed as required.
12. There has been a historical relationship between the South Eastern Trust (SET) and RBHSC meaning all children under the age of 13 are transferred to RBHSC Emergency Department for assessment and further management by the surgical team. With the increasing pressure on beds in RBHSC, this arrangement needs to be reviewed.
13. A significant proportion of admissions to RBHSC are SET patients. Emergency admissions to RBHSC for 0-15 year olds by Trust of residence is shown.



Recommendation - To ensure equity of access across Northern Ireland all units with inpatient paediatrics should be able to offer emergency surgery of childhood for appropriate cases.

Recommendation – review arrangement of management of paediatric surgical patients in SET.

Training and Job Planning

14. While some emergency surgery is undertaken at DGHs, feedback from the Trusts indicates that in some areas adult general surgeons are becoming increasingly reluctant to perform emergency surgery for children, particularly within younger age groups. This is due to concerns around appropriate training and skills set, particularly in the area of fluid management.

15. The 2010 Standards advised that surgeons performing surgery on children should undertake a sufficient volume of surgery to maintain their skills and competence. With the low volume of surgeries performed in DGHs it is difficult for adult general surgeons to sustain the required experience and maintain their skills and competence.

16. Training for consultants, trainees and permanent members of staff in DGH's is paramount for the success of the regional delivery of these services. Consultants

from DGHs are welcome to attend lists and clinics both in RBHSC and UHD with the paediatric surgeons.

17. All DGH lists and clinics should be available for local trainees to attend to ensure as many adult general surgical trainees as possible are competent in the delivery of general paediatric surgery. This will help in the appointment of future consultants to continue this service.
18. The Royal College of Surgeons both of England and Edinburgh run a course titled 'Surgery and the Child'. The Edinburgh College has offered to run a course especially aimed at Northern Ireland general surgeons. This will be in the autumn and attendance is encouraged.
19. Consultants in DGHs should have protected time in their job plan to support the delivery of paediatric surgery.
20. To be successful any model must support general surgeons and paediatricians working together to deliver a sustainable model of care. Paediatricians must be available to support the safe delivery of care especially if there are child protection concerns.
21. All doctors involved in the prescribing of fluids for children should have completed their mandatory hyponatraemia training. Surgeons looking after children should be up to date with child protection training.
22. Nursing shortages are a system wide issue and this is particularly stark in paediatric services where nurses require specialist paediatric experience and training. Nursing recruitment and retention is of vital importance to make any progress.

Recommendation - Consultants in DGHs must have protected time in their job plan to support the delivery of paediatric surgery

Recommendation – the CHP via the Paediatric Surgical Network will champion access to support from both the RBHSC and local paediatricians to ensure the safe delivery of paediatric services at a local level.

Recommendation - The CHP must ensure that appropriate training opportunities are embedded in pathways.

Trauma and Head Injuries

23. Major trauma cases involving children who require surgery are managed locally or brought to the Royal Victoria Hospital for Sick Children (RBHSC) on a case by case basis. All major trauma, over the age of 14, is directed to the Royal Victoria Hospital (RVH) as the major trauma centre.
24. A Paediatric Trauma Network has recently been established. This is chaired by the trauma network manager and supports close links with adult services. The vision is that all major paediatric trauma should be managed in RBHSC but this needs to be appropriately resourced.
25. A trauma team has recently been introduced in RBHSC and regular training is ongoing. A local paediatric trauma course was introduced in May 2019 within the Belfast Trust and was very successful but unfortunately further courses have been delayed due to the COVID pandemic.
26. Paediatric head injuries are managed by both paediatricians and adult general surgeons and referral pathways differ throughout NI. Adult general surgeons are very uncomfortable managing minor head injuries in children. There should be a regional pathway to ensure children are managed safely and transferred when appropriate.

Recommendation - The CHP must oversee the development of paediatric pathways for regional head injuries.

Age Appropriate Care

27. The upper age limit for paediatric care varies between hospitals and the need for age appropriate care settings with particular reference to adolescents was raised by Trusts during the Review process. Age appropriate care is not a new issue, nor is it unique to general surgery.
28. The Paediatric Strategy (2016)⁴ includes a recommendation that children (from birth up to 16th birthday) should usually be cared for by the paediatric team in paediatric settings, and those aged 16-17 years should be managed in age-appropriate settings within either paediatric or adult settings. In all cases, children and young people should have treatment and care delivered to them in an age-appropriate environment to meet their physical, emotional, social, spiritual, educational and psychological needs.

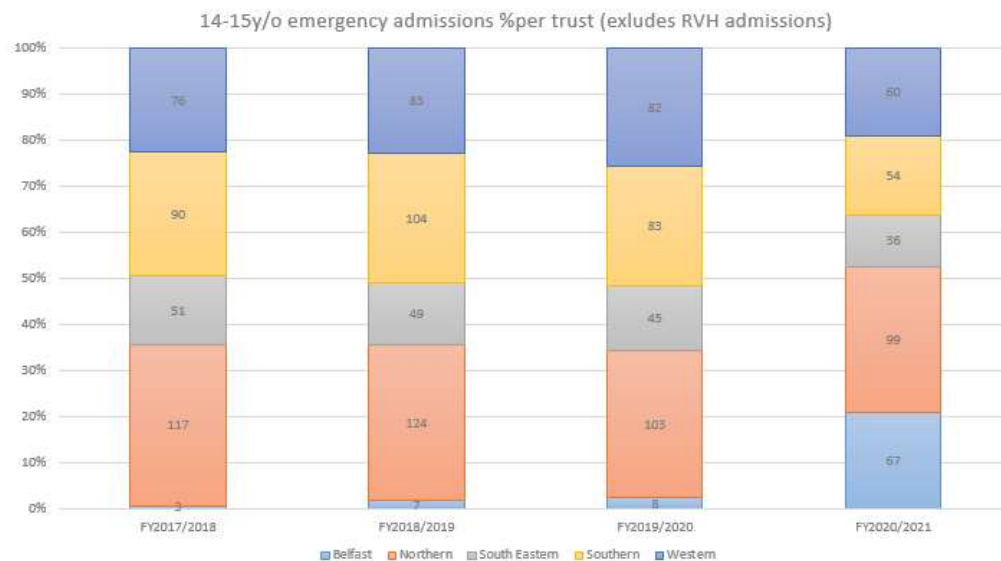
⁴ [paediatric-strategy-hospital-andcommunity.pdf \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/paediatric-strategy-hospital-andcommunity.pdf)

29. One of the recommendations of the Inquiry into Hyponatremia Related Deaths (IHRD) (2018)⁵ states that Health and Social Care ('HSC') Trusts should publish policy and procedure for ensuring that children and young people are cared for in age-appropriate hospital settings.

30. The RQIA Review (2019) also includes a recommendation that Health and Social Care Trusts should work collaboratively with the Health and Social Care Board and Public Health Agency to ensure effective implementation of age-appropriate care across paediatric surgical services and to develop future age-appropriate surgical services for adolescents.

31. The Belfast Trust temporarily uplifted the age of attendance at RBHSC ED to the 16th birthday during the COVID surge. This, as well as the regional drift in more children being referred to RBHSC, has put significant pressure on the tertiary services.

32. There has been a significant increase in admissions of 14-15 year olds to RBHSC since March 2020.



33. This age group has a variety of pathologies; some are more appropriate for management under the paediatric surgeons but others require specialist input from adult services.

34. Pathways need to be in place for this adolescent population, to ensure high quality care at the right time in the right place by the right team.

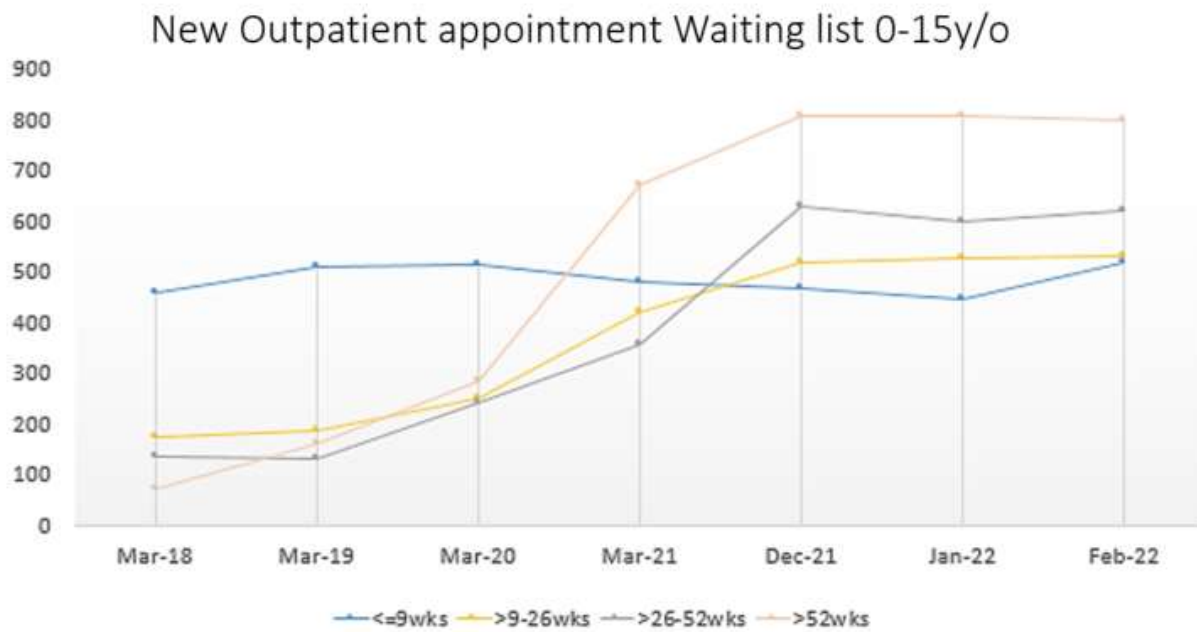
⁵ [Vol3-09-Recommendations.pdf \(ihrdni.org\)](#)

Recommendation – Age appropriate care is not unique to general surgery, however the Review of General Surgery supports the principle of age appropriate care and recommends that adolescent general surgery is considered as part of this ongoing work.

Recommendation – pathways must be in place for adolescents needing input from both paediatric and adult surgical specialities.

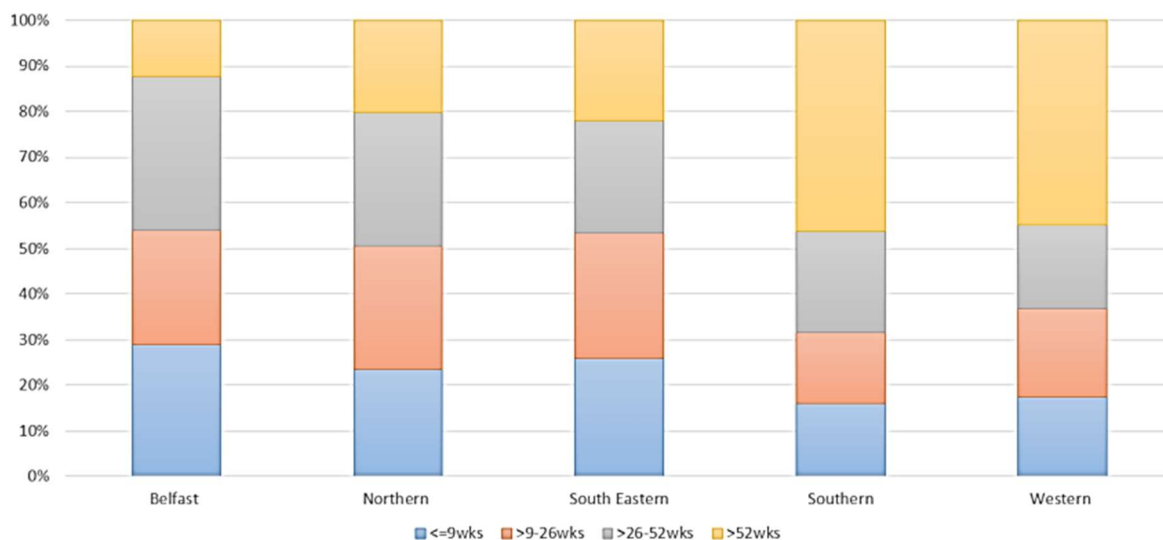
Elective Paediatric General Surgery

35. The waiting list for a paediatric general surgery outpatient appointment is in excess of 2000 patients with over 800 patients waiting over 52 weeks.



36. There is a wide regional variation in how long children are waiting for new outpatient visits.

Proportion per weeks on the waiting list for a new paediatric OP appointment by Trust as of Feb 2022



37. The Southern Trust has a much larger number of children waiting on a new appointment. This is because no children were seen during the pandemic and for some time before that.

38. Paediatric surgical clinics have started in Daisy Hill with a paediatric surgeon from Belfast supporting local adult general surgeons. There are 2 local surgeons who have expressed an interest in this service and these clinics have gone very well. There have been 4 clinics to date.

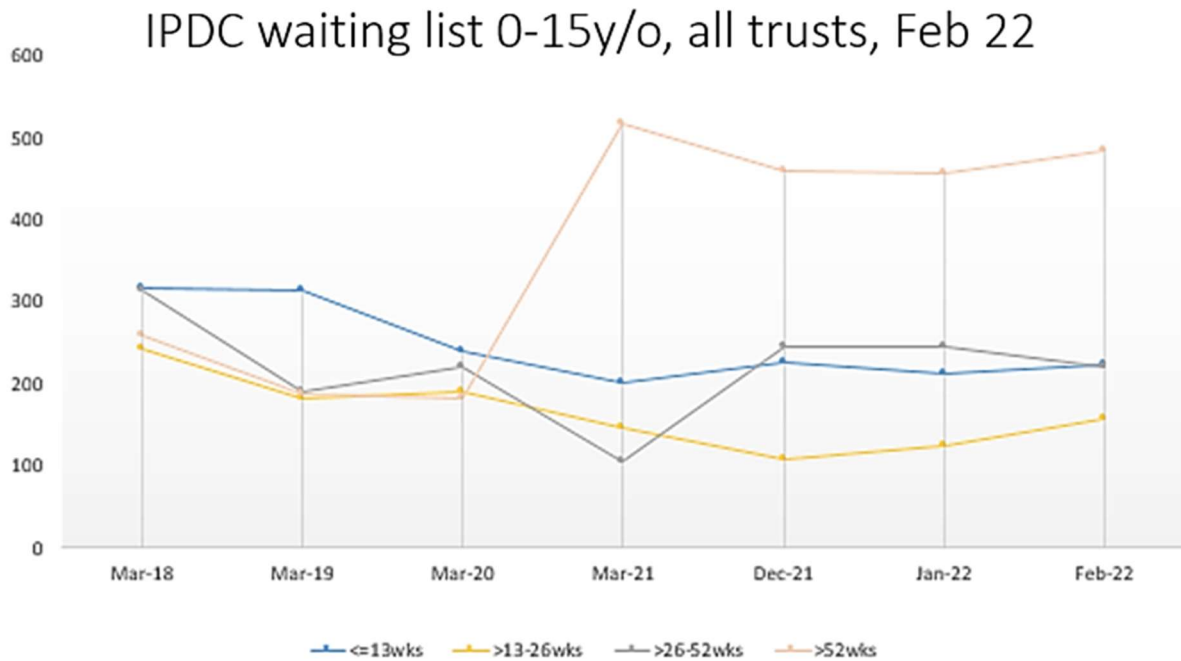
39. If this continues on a monthly basis it will take many years to tackle this waiting list. The Southern Trust needs to consider waiting list initiative clinics or more frequent clinics to address this shortfall.

Weekend Lists

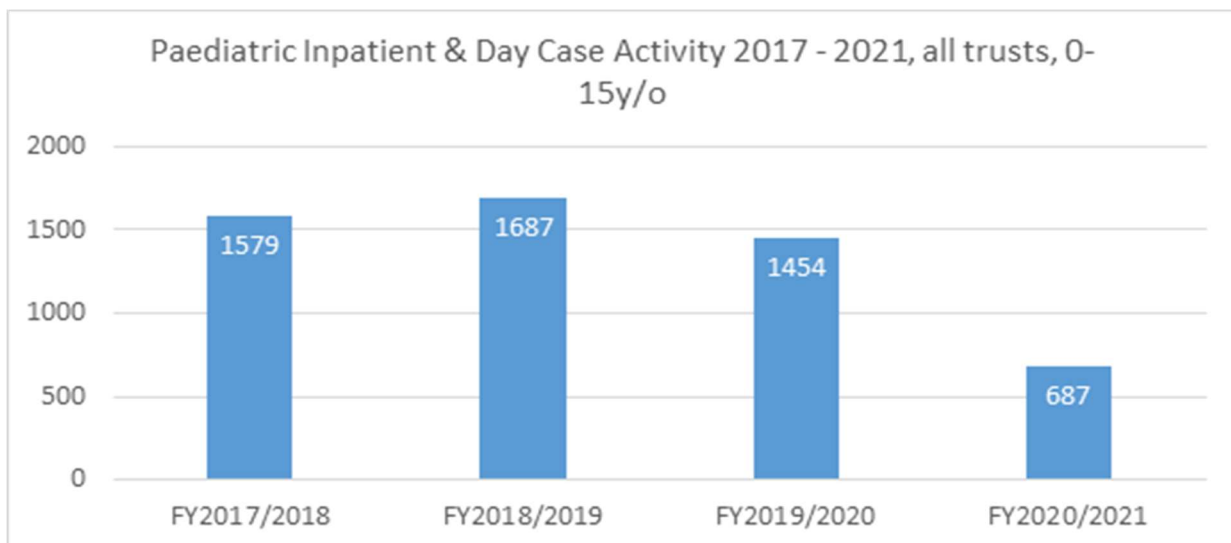
40. In recognition of the significant paediatric waiting list, the Day Procedure Centre Network Board established a regional paediatric day procedure pilot at the Ulster Hospital. The first list took place on 24 January 2021 with 6 patients from across the region. Procedures included time critical orchidopexy, repair of hypospadias and urgent circumcisions. Further lists took place on a monthly basis to June 2021 and again from October 2021 with 62 children in total treated at February 2022.

Recommendation –It is recommended that work continues to identify the capacity for additional weekend surgical lists and waiting list initiative outpatient clinics across all Trusts, but especially the development of clinics in the Southern Trust.

41. Over 1000 children are waiting on a surgical procedure, with 484 waiting over 52 weeks at February 2022. The majority of these cases are suitable for daycase surgery.



42. Since 2019/20 there has been over a 50% reduction in paediatric inpatient and daycase activity and this very much reflects the impact of Covid-19 on surgical capacity.



43. The 2010 Standards⁶ for general paediatric surgery outlined that surgery would be performed at DGHs by either a paediatric surgeon or an adult general surgeon with the appropriate skills and competence in paediatric surgery. They also promoted a hub and spoke model of service which would incorporate the Royal Belfast Hospital for Sick Children (RBHSC) as the hub and DGHs as the spokes. This model would also provide flexibility for service delivery, either directly by RBHSC paediatric surgeons at DGHs, or by upskilling local adult general surgeons in DGHs to enable them to perform elective surgery independently.
44. The RQIA Review concluded that the 2010 Standards had not been fully implemented into practice in Northern Ireland. Consequently, the majority of general paediatric surgery was being performed by specialist paediatric surgeons based at the RBHSC. These arrangements presented a challenge for the RBHSC in the delivery of both general and specialist surgery for the region.
45. This situation has now reached a critical point. RBHSC has only 3 theatres to support an ever increasing number of complex patients. These theatres are shared by multiple specialities such as neurosurgery, orthopaedics, paediatric surgery, paediatric urology, dental, haematology/oncology, plastic surgery, ENT and spinal surgery.
46. Prior to the pandemic there were 4 paediatric day case lists per week in the Ulster Hospital. There was one daycase list per month in Altnagelvin delivered by a paediatric surgeon from Belfast and on average one list per month in the Northern Trust delivered by the local team. These lists were downturned during the pandemic as a consequence of the severe pressures on the HSC system.
47. In driving forward the concept of the hub and spoke model, the Paediatric Workstream Chair of the Review of General Surgery has been proactively working with Trusts throughout the pandemic to rebuild regional theatre capacity for paediatric day case surgery in the DGHs. This has involved RBHSC paediatric surgeons working alongside adult general surgeons at DGHs to deliver outpatient clinics and surgical lists for patient across the region.
48. However, the availability of lists and clinics in DGHs to date has been ad hoc and has impacted by continuing hospital pressures and availability of appropriately trained staff.
49. The Paediatric Workstream is clear that if each of Northern, Southern and Western Trusts prioritised 2 paediatric day procedure lists per month (4 cases per list) this

⁶ Department of Health, Social Services and Public Safety (2010) Improving Services for General Paediatric Surgery - Policy and Standards of Care for General Paediatric Surgery in Northern Ireland

would allow 24 children to have their operations. If the 4 funded lists per week in Ulster Hospital were staffed, another 64 children (16 lists x 4 patients) could be operated on each month. The daycase waiting list could be cleared within one year.

50. It is therefore imperative that there is a consistent and transparent means of ensuring the optimisation of all available theatre capacity for paediatric general surgery across the region on a consistent and sustainable basis.

51. If the majority of daycases were moved out of RBHSC this would allow enough capacity for those requiring inpatient procedures and the more complex children requiring daycase procedures.

Recommendation – It is recommended that each Trust provide two dedicated general surgery paediatric day procedures lists per month and that the funded paediatric day procedure lists in the Ulster Hospital are reinstated.

Recommendation - A regional co-ordinator must be identified to ensure consistent and transparent means of ensuring the optimisation of all available theatre capacity for paediatric general surgery

Regional Waiting lists

52. The current configuration of paediatric general surgery has resulted in inequality of access to elective surgery. Waiting times vary significantly across Northern Ireland depending on demand, capacity and performance in different Trust areas. In practice this creates a postcode lottery in terms of access to treatment, with children in one area waiting many months for treatment, while in another area they may be able to access the same treatment within weeks.

53. A key objective will be a move to a regional waiting list for some services in order to ensure that demand is spread equally and patients have an equitable level of access to services. This will require digital enablement, agreed pathways and workforce alignment. In the interim, the SE Trust has begun work to develop a pilot waiting list for SET and Belfast Trust paediatric day procedure patients. In due course, subject to the required resourcing, this can be expanded out to the region.

54. The Northern Ireland Commissioner for Children and Young People (NICCY) highlighted the challenges facing children on a long waiting list. The lack of communication and follow up once on a list needs to be addressed. Ideally children should continue to be followed up in an outpatient setting (if appropriate)

while they are waiting, to ensure no deterioration. However, it is recognised this adds to already long outpatient waits.

Recommendation - it is recommended that work progresses on the development of a regional waiting list for paediatric day procedures, with appropriate funding, to ensure that children have an equitable level of access to day procedure surgery irrespective of postcode.