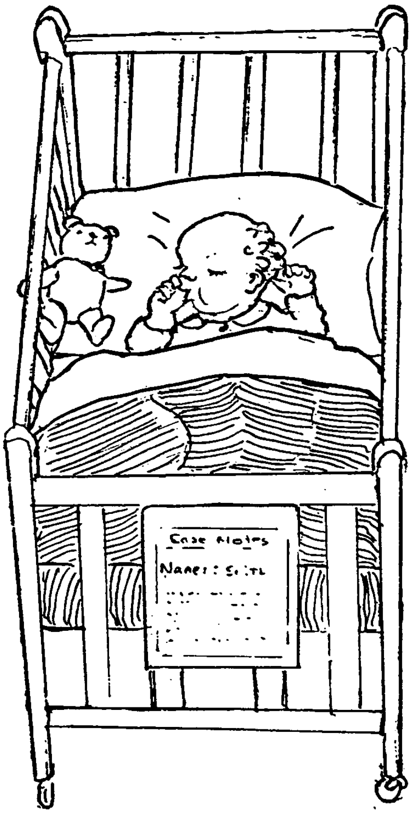
THE PATIENTS CHARTER AND CHILDRENS SERVICES

Workshop at the King's Fund Centre

1 May 1995

Report by Christine Farrell



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Introduction

The purpose of the workshop was to provide the NHS Executive Patients Charter Unit with material and ideas for a leaflet on Childrens Services. This leaflet will be one of a series produced for the public, to guide them in the standards they might expect from specific services.

Chris Kenny from the Patients Charter Unit explained this objective in more detail at the beginning of the day. One of the current tasks of the Unit is to broaden the scope of the Patients Charter. Market research on people's response to the original Charter had thrown up several aspects of service provision which had not previously been considered. To meet these needs it had been decided to produce a series of charters rather than trying to put everything into a revised edition of the original Charter.

Aims

The specific aim of the workshop was to identify key standards and issues for a childrens services charter from the parents and childrens point of view. The charter is not for professionals although they clearly have a role in moderating standards. The identification of good practice and suggestions for 'soft standards' as well as measurable targets were the required outcomes for the workshop. The Unit was also hoping that participants would be able to provide suggestions for information which might be collected for league table indicators for childrens services.

In the discussion the following points were made:

- existing publications could provide much useful information and targets for a parent and child audience; eg The Welfare of Children in Hospital in Three Countries;

- the **definition of children** should be from ages 0 up to 19 years with adolescents meriting special attention. This is the definition used in the publication mentioned above;

- the draft guidance on community services for children is due to be published in two to three months. The consultation period ends on June 30th and comments would be appreciated before July 4th;

Children in Hospital

Gill Sidall from the National Association for the Welfare of Children in Hospital made a brief presentation of the work this organisation has done on the identification of 10 targets for childrens services in the 1990s. NAWCH is a consumer organisation which works closely with professionals. It has a long and influential history stemming from the Platt Report in 1948. Key issues for consideration by the meeting and the Patients Charter Unit were:

- who will benefit from a Childrens Services Charter: the public, patients, purchasers, managers ?

- how will the Charter be distributed ? It could have an important educational role and needs to be directed to the right audiences;

- there are two client groups to be served by this charter; parents and children.

- what power will it have and what issues will it include ? The issue of children in adult wards had already been identified as important by European standards;

- the charter should set national standards for all childrens services in the NHS including preventive services. The allocation of a named, trained paediatric nurse and a named paediatrician to each child in treatment should be one of these standards so that consistency across the country could be assured;

The opening session was followed by small group work on charter standards for children in hospital. Feedback from this work identified three points in addition to specific recommendations:

- the need to be clear about the audience for the charter. There was general support for a document which addressed children directly as well as their parents. A suggestion was made that the centre pages of the pamphlet should be reserved for this purpose. Some participants were in favour of direct consultation with children to get their views directly about issues of concern to them;

- there should be a distinct section on and for adolescents;

- there should be separate consideration of standards for children with special needs.

- specific rights which already exist should be listed; eg the right to be examined at birth; the right to be offered immunization; the right to timed visits from a health visitor; the right to be registered with a general practitioner.

- the underlying principles of child health should be included in an introduction to the Charter;

- the language used in the charter should be clear and straightforward. (The FOG Index).

Community Services

To begin the afternoon session, Daryl Robertson, a Health Visitor and Alison Cornell, a School Nurse, gave brief presentations and examples of good practice in these two services.

School nurses work in partnership with many other agencies including local authorities, social services, housing authorities as well as the full range of health agencies. They are the first people to deal with children as individuals and there are many issues they have to negotiate with schools: medicines in school is one and sexual health another. The advice they receive from the two responsible departments, Health and Education, often conflicts. Little work on charter standards for school nursing has been done so far apart from the need to have a named school nurse for identified school populations.

Health visitors work is primarily with the under fives. The Trust in Kent where Alison works has produced a Childrens Charter which includes the following standards:

- each child should be treated as an individual;
- care should be provided in an appropriate venue;
- staff should have the appropriate training;
- family members and other carers should be treated as partners in the child's care;
- staff should listen to the child;
- effective means of communication should be used to discuss treatments and other aspects of care to the child and parents;
- children should have the right to know a named health visitor;

This document has been accepted as Trust policy.

Recommendations

The format of the charter should be accessible to parents and children; written in clear language, with pictures and/or cartoons and a separate section written for children.

The first section should make it clear that the standards identified in the Patients Charter apply equally to children. It should also emphasis the principles which underlie childrens services: ie that the entitlements apply to all children, well and sick, from birth to 18 years: that childrens services include prevention, services in the community and in hospital. This first section should identify the rights which are legal entitlements eg education in hospital as well as the right to privacy, confidentiality, respect for the person and his/her views; and to be treated at all times in ways which supports individual dignity.

Standards for Community Services

* the right to be registered with a general practitioner
* the right of new babies to have a physical examination within two weeks of birth
* the right to full immunization unless contraindicated
* the right to free dental treatment up to the age of 18
* the right to a health assessment at school entry by a school nurse/health visitor in cooperation with parents and teachers for the identification of problems

Standards for Sick Children in Hospital

- children should have a named paediatrician responsible for their care
- children should have a named paediatric nurse responsible for their care
- children should be cared for on a childrens ward. In exceptional circumstances children may be put on adult wards but where this happens there should be a named paediatrician and/or a named paediatric nurse responsible for their care
- children have the right to have their parents stay in nearby accommodation
- children have the right to have their extended family involved subject to their and their parents wishes * children have the right to open visiting round the clock for parents/immediate carers other than in exceptional circumstances
- children have the right to have their parents with them when they go to other departments during their stay in hospital
- children have the right to education during their time in hospital
- children should have access to play facilities in hospital
- children have the right to be secure in hospital
- children (and their families) should have access to a hospital chaplain or other religious leader of their choice
- menus for children should offer choices of attractive, nutritious and ethnically appropriate food
- children should be given a bed within 2 hours if they are admitted from casualty
- children should not be admitted to hospital overnight if an alternative is available
- children should be given information about their illness/condition, their treatment, procedures and all hospital activities relevant to their care
- children and their parents should be given information about discharge procedures together with a named nurse in the community who will be responsible for their after-care
- children should to be taught how to give their own care with the support of family and school (if needed)
- children and their families should be given information about local organisations and agencies which might help them with their care
- children can expect all areas used by them to be child friendly including separate waiting and treatment in accident and emergency departments; outpatients departments,theatres and specialty wards
- children should not be kept waiting to be seen for more than 30 minutes (or at all).

Adolescents

Adolescents are a discreet group whose needs differ from small children. Their competency should be recognised and their views listened to in all aspects of health services and treatment. The issue of consent presents particular difficulties for adolescents and suitable standards should be worked out in more detail.

- teenagers should be cared for in accommodation suitable to their needs. When this is in hospital they should be able to choose whether to be treated in an adult or a childrens ward. Whichever they choose there should be some facility for them to have privacy during the day and at night
- teenagers should have the right to confidentiality
- all teenagers should have access to personal, private health advice
- teenagers have all the same rights as other children listed above

Special Needs

Special needs children have all the rights afforded to other children. In addition:

- they and their parents have a right to a clear, professional explanation of their condition
- all special needs children have a right to an assessment of their needs and to an educational statement. The decisions made on the basis of these statements should be communicated to the child and its parents within 6 weeks
- children with special needs should have a named health visitor who visits throughout their childhood
- children with special needs have the right to educational provision suitable to their needs when they reach 16
- school age special needs children have a right to education when they are out of school through illness
- the entitlement of special needs children to therapy services should be equitably determined
- special needs children and their parents should be invited to put their name on the disability register
- financial and social support should be provided and coordinated to meet the special needs of these children at home, at school and for health care
- attention should be paid to their special needs during the transition from full-time education to work or further education

Other Minority Groups

All children are entitled to the standards of care listed above but some groups, travellers, the homeless, black and ethnic minorities and children in care have the right to expect services to be flexible enough to accommodate their particular needs which may include refusal of services.

Professional Standards

* staff working with children should have the appropriate qualifications

* all health service staff who come into contact with children should help them to avoid accidents

* health service staff should explain their roles to children and their families

* health service staff should support children in their care, and their families,in diminishing the risk of harm and abuse and where necessary to take action to protect them

Management Standards

* there should be cooperation between all agencies planning services for children in order to provide properly co-ordinated health care

* managers should ensure that all children and their parents receive copies of discharge summaries and out patient letters related to their care

* managers should ensure that information about the hospital is given to the child and their family before they are admitted and, if the circumstances allow it, arrange a pre-admission visit

* managers should ensure that all children and their parents receive clear explanations from professional and other staff involved with their care

- managers should ensure that there are separate policies and procedures for children. In hospital this would include waiting times in A & E, OPD and wards; clear admission and discharge procedures; and clear guidelines on pain relief.

APPENDIX 1

King's Fund/ NHS Executive

THE PATIENT'S CHARTER: CHILDRENS' SERVICES

Workshop: 1 May 1995 At the King's Fund Centre

Participants

A.Sue Burr	Childrens' Nursing Advisor, Royal College of Nursing
B. Dr Lister Cheese	Senior Medical Officer, Department of Health
A.Alison Cornell	School Nurse, West Sussex
B. Jenny Dodds	Quality Manager, Birmingham Childrens' Hospital
A.Chris Dowse	Patient's Charter Unit, NHS Executive
B. Sheila Drayton	Nursing Officer, the Welsh Office
A.John Edwards	Patient's Charter Unit, NHS Executive
A.Christine Farrell	Director, Clinical Change Programme, King's Fund Centre
B. Elizabeth Fradd	Regional Nurse Advisor, West Midlands RHA
B. Bill Godolphin	Visiting Professor, King's Fund Centre
A.Patricia Hooton	Director of Nursing and OP Services, Royal Liverpool Childrens' Hospital
B. Elizabeth Hunter-Johnson	Children's Policy Unit, Department of Health
A.Chris Kenny	Head of Quality and Consumers Unit, NHS Executive
B. Felicity Leenders	Nursing Division, Department of Health
A.Sheila Marriott	Queen's Medical Centre, Nottingham University Hospital
B. Margery Nowaz	Senior Nurse Advisor (Child Health)/Local Authority Liaison, Mid-Glamorgan HA
A.Yvonne Pope	Health Commissioning Directorate, the Welsh Office
B. Jerry Read	Childrens' Policy Division, Department of Health
A.Daryl Robertson	Health Visitor Manager, Mid-Kent Healthcare Trust
B. Judy Sanderson	Patient's Charter Unit, NHS Executive
A.Jill Siddle	Action for Sick Children, Liverpool
B. Paula Sneath	British Paediatric Association, London
A.Alison Sopp	Quality Directorate, South Tyneside Health Care Trust
B. Marion Stapleton	The Welsh Office
A.Barbara Wallace	Assistant Director, Health Strategy and Locality Development, South Tyne Health Commission

Please Note: The King's Fund Centre moves from its current address at: 126 Albert Street, London NW1 7NF on 24 July 1995. After that date, all correspondence should be addressed to: The King's Fund, 11-13 Cavendish Square, London W1M 0AN [Tel: 0171-307 2400].