

Ref no: 137190718
From: Public
Date: 19/07/18
Subject: National Survey of Children with Medical Complexities

REQUEST & RESPONSE

We are part of a Multidisciplinary Team working at Birmingham Children's Hospital, dealing with processes around children who are medically complex (Children with medical complexities or CMiC). We define these as: children with a long term condition, lasting greater than 12 months and requiring input from 2 or more medical teams/specialities.

This group of children often have specialist feeding needs and many are technology dependent. In addition to this, they may also have unresolved housing, immigration and care package provision dilemmas. They may have extra family support needs due to parental capacity or illness. Co-ordinating clinical care for them can be a challenge.

We are currently doing a survey of all inpatient paediatric units, to look at how the problem varies nationally, and would like to ask you the following **eight** questions, as a freedom of information request, in line with The Freedom of Information Act 2000.

1. What is your paediatric inpatient occupancy, on your units (0-18yrs)?

We have 31 inpatient beds on the unit.

2. How many of these would fit into the definition above?

Difficult to give an accurate number as some children are cared for in the community and we rarely encounter the majority of these children in the hospital setting unless the child is unwell.

We also hand patients over to the community teams at the earliest opportunity and maintain very good links (shared care for some patients) with them to communicate any problems that arise.

Our team currently supports around 20 patients on an on-going basis but these numbers fluctuate.

2. How many long stay (>30days) paediatric patients do you have?

We are unable to provide the information you require as to release this data could lead to the identification of the person(s) involved due to the low numbers involved, and would breach the Trusts obligations under the Data Protection Act 1998. Accordingly, this aspect of your request is exempt from disclosure under the terms of Section 40(2) of the Act.

4. How many of these patients are medically fit to be discharged?

None

5. Amongst your long stay paediatric population, are there any non-medical barriers to discharge? If so what are the common reasons e.g. housing, care provider allocation, training or social care support?

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6. Who coordinates discharge planning for "CMiC" patients and how are they set up to do this e.g. specialist paediatric discharge nurse, CNS, adult discharge teams, support workers?

We are a district general hospital with 2 paediatric wards and a special care baby unit.

The Epilepsy nurse specialists also cover the care of patients with complex needs.

The team is informed daily in a written handover from the paediatric wards and SCBU of any new admissions with complex needs.

Staff liaise with Community teams / child development teams to ensure the appropriate support is available on discharge.

7. Do you have any links with charities when doing this work e.g. charity funded nursing positions, collaboration with charity workers?

CCG commissioner is currently considering a well-child bid in order to support transition of complex needs patients and GP engagement to support this group of patients. This proposal is In the very early stages

8. Do you have specific paperwork for long stay "CMiC" patients e.g. hospital passports, patient held records, advanced care plans?

We have advanced care plans and use the North West documentation developed by Alder Hey Children's Hospital and Manchester Children's hospital. We also use an 'all about me' document (similar to a hospital passport) for patients who are more complex and this proves useful for staff when children attend different environments

E.g. out patients so staff know the key information

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