

units allow adequate staff cover and the development of specialist expertise together with research and teaching. The example of paediatric intensive care shows how centralisation of some services can be beneficial to children.¹⁸ This model need not be confined to London and tertiary services but can be extended to paediatric care generally. One proposal is for the introduction of day care facilities for children (B Taylor, personal communication), run on a five day a week, nine to five basis and providing facilities for investigations, day case surgery, treatment of conditions like leukaemia in conjunction with tertiary centres and initial management at least of most 'hospital' care. Children needing admission would be transferred to a central unit providing comprehensive children's services. Such a system would suit some localities particularly well, for example where two geographically close paediatric units are currently operating independently or where a unit presently operates in the shadow of a large children's unit in a metropolitan centre. In both situations there would be a comprehensive children's unit on one site which would provide care for children who need admission and neonatal intensive care with an obstetric unit for high risk deliveries, together with one or more children's day centres. Such centres would be staffed by paediatricians able to offer all the services required by children up to the point of admission to hospital and the ambulatory paediatrician is again the obvious person to head such a unit.

Such a change would allow the redeployment of staff which could in turn lead to reductions of juniors' hours and freeing of consultant time. Staff could rotate between the comprehensive secondary centre and the children's day centre and thus receive a more balanced training. General practice trainees in particular would receive experience much more in line with their needs and might spend the whole of their paediatric post attached to the children's day care centre. Staff from the secondary unit could rotate to the peripheral centre for training in ambulatory paediatrics. Dealing with the commoner complaints of families, the children's day centre would also be an appropriate setting in which doctors currently practising exclusively in the community might usefully work for some of their time, at associate specialist or staff grade level.

Some families would have to travel further if a child needed admission but to counterbalance this the use of senior staff in the peripheral unit should ensure fewer children need admission and the care they receive if they do require it would be of a higher standard. A vital part of the functioning of such a system would be close professional liaison between the centre and periphery both to ensure continuity of care and to avoid the professional isolation that has in the past sometimes marred aspects of work in the community. It would be important that doctors in the satellite unit be proficient in the initial care of children with life threatening

conditions and regular training such as the advanced paediatric life support course would be especially valuable.

Paediatricians have long held that the place for the child is in the home. In the light of continued high rates of admission of children to hospital it seems right to look at an alternative that considers the needs of children who may not need hospital admission. Such an alternative is ambulatory paediatrics. Its introduction should not be seen as yet another step in the proliferation of paediatric specialties. It should be seen rather as a drawing back from specialisation and a return, for some paediatricians at least, to a more generalist approach with a practitioner able to see the bigger picture and more in touch with the hospital and the community, a moving together of community and general paediatrics and thus another way of furthering the combination of hospital and community services. Ambulatory paediatrics could provide answers to some of the more pressing problems facing paediatrics today.

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Commentary

Dr Heller's paper expands upon some of the important themes outlined in the BPA's discussion document 'Flexible Options for Paediatric Care'. The aims of this discussion document were to avoid unnecessary admission to hospital, to offer high quality consultant based care accessible to the local population,

to provide more care at home, and to ensure skilled resident paediatric cover for children who need overnight admission. As Dr Heller correctly points out these aims are set against a background of training and manpower constraints, in particular the Calman report on higher specialist training and further planned reductions in junior doctors' hours of work. An additional problem in the UK which is exacerbated by these changes is that our acute hospital paediatric services are spread thinly across many units – for example in one district in the home counties four acute paediatric units cover a total population of only 0.5 million. A combined unit would have a more robust workforce and sufficient throughput to maintain expertise in high dependency work.

While I agree with the general outline of the scope of ambulatory paediatrics to which Dr Heller refers, it should also include day surgery, care within the paediatric specialties at secondary and tertiary level which may take place in clinic or at home, child and family counselling, and care of the low risk newborn baby. Perhaps the most important ambulatory service to develop is the emergency paediatric consultation clinic, primarily to provide a service to local general practitioners concerned about acute or subacute problems. Such services are already provided in many units on an *ad hoc* basis in general outpatient clinics, but could be developed as part of a paediatric medical day unit, or within a children's outpatient centre. The service should be provided by locally based consultants who can foster a close working relationship with general practitioners, encouraging early referral of cases so that the facility for investigation and observation can be used appropriately. Inevitably it may need to include self referrals but families should generally be encouraged not to by-pass primary care.

It must be emphasised that paediatric medicine in the UK is already predominantly an ambulatory service both for secondary and tertiary care. For most children, including those with chronic illness and handicap, the great majority of medical care is provided at home. The increasing use of paediatric community nurses both specialist and generalist together with advances in medical care such as the administration of intravenous antibiotics, oxygen treatment, parenteral nutrition, and haemodialysis in the home will continue this trend. Ambulatory paediatrics is not therefore a specialty but a way of working which embraces general paediatrics as well as the paediatric specialties. It is not a separate discipline but an integral part of the work of all paediatricians whether they are based in the community, in district general hospital or tertiary centres. Taking two of the examples to which Heller refers, preventive work in the accident and emergency department is an important role for a community based paediatrician, and the strategies to reduce hospital admissions for acute asthma were proposed by a specialist in paediatric respiratory medicine. The concept of ambulatory care

should be developed further in all branches of paediatrics and be included in our training programmes.

Children's day case centres could be sited in comprehensive children's departments providing inpatient care, and in companion units without inpatient beds for children. The opening times of companion units would vary according to local need. Medical staffing would be consultant based with associate specialists and staff grades where appropriate. The consultant may be based primarily in the hospital or in the community but must have local knowledge, contacts, and interest in order to forge close working relationships with primary health care teams. There should be close links between central and companion units in order to facilitate continuing medical education. Children's day case services would provide an excellent training environment for junior medical staff. Paediatricians in training would need to rotate between central and companion units while general practitioner trainees might undertake most of their paediatric training in the children's day case service of a companion unit. The close links with primary care would enhance their training and eventually lead to a more integrated child health service.

Development of children's day case services in hospitals without a comprehensive children's department would raise several new problems which must be addressed. While it is important to have consultants who are locally based and have local knowledge and expertise, they would need to forge and maintain close links with the comprehensive children's department. This could be achieved by joint appointments and by ensuring protected time for continuing medical education. Would consultants be prepared to undertake evening sessions in a children's day case service? They might if they were contracted to work no more than two sessions in a day, considerably less than most now work. Other specialties would be affected if resident paediatric cover was not present in an acute hospital, in particular obstetrics, surgery, and anaesthetics. Low risk obstetrics and day case surgery could be provided safely in these circumstances but transfer to the comprehensive children's department would otherwise be needed. Transfer of babies and sick children requiring admission to hospital would generally be the responsibility of the central unit.

Ambulatory care is developing rapidly in the UK but in a haphazard way based on existing hospital structures. A change in these structures is needed to encourage further development of ambulatory care for the benefit of children and their families. This will also necessitate changes in working practices but if children's day case services are developed our limited workforce will be used more effectively and better integration of our child health services at all levels will be achieved.

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