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General Paediatric Surgery: A Model of Care for Ireland 2024

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In 2016, the National Clinical Programme for Paediatrics & Neonatology produced 'Improving Services for General Paediatric Surgery, Policy and Standards of Care for General Surgery in the Republic of Ireland' which set out standards for comprehensive non-specialist Paediatric surgery (GPS). This document contained recommendations as to how improvements in the provision of the service could be achieved with the designation of both Regional and Local General Paediatric Facilities (RPSFs, LPSFs), providing a 'bundle' of operative procedures appropriate for each site. In the intervening period however, little progress has been made in implementing the goals of this report. Currently, challenges remain in the delivery of GPS, and in particular emergency GPS, in many units outside of CHI. This issue has been repeatedly highlighted by the HSE's National Clinical Programmes for Paediatrics and Neonatology, Surgery and the National Surgical Training Programme in RCSI.

In an attempt to address these issues the National Clinical Programmes in Surgery and Paediatrics and Neonatology recently launched a revised comprehensive Model of Care for the provision of General Paediatric Surgery (GPS) in Ireland.

Currently 21 hospitals provide general Paediatric surgery in Ireland, three of which are Children's Health Ireland hospitals in Dublin which will soon amalgamate to form the new National Children's Hospital on the St James's Hospital site. The remaining 18 hospitals find it increasingly difficult to appoint surgeons who can provide a General Paediatric Surgical service. The provision of GPS is challenging due to the growth in sub-specialisation within the general surgical workforce and the subsequent difficulty in appointing non-specialist or 'general' surgeons to provide a GPS service in regional and local hospitals.

It is important to note that GPS is for the most part is low acuity general surgery. In the elective setting common general surgery operations include hernia repair, surgery for an undescended testicle and circumcision, these operations are usually carried out as day cases. In the emergency setting the commonest operations are appendicectomy, surgery for soft tissue sepsis and trauma and less common but of significant importance, testicular torsion. The issues around surgical sub-specialisation and consultant recruitment within the smaller hospitals is now such a challenge that without intervention, children within many areas of Ireland will not be able to avail of local or regional GPS care for the management of these and similar conditions, in the future.

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Challenges in the provision of Paediatric general surgery are not unique to Ireland. In the UK, variation in general Paediatric surgery care reflected in the GIRFT Programme Specialty Report, February 2021, which highlights variations of care in regard to the particular management of testicular torsion and appendicitis in children. With changes in subspecialty training and the retirement of true 'general' surgeons in many of the smaller hospitals this report also highlights the trend for the increasing shift of low complexity elective and emergency surgery from local to specialty centers. The report lists a series of recommendations which included developing paediatric surgery networks, increasing the scope of day-case paediatric surgery and urology, improving overall governance of paediatric surgical care, reducing unnecessary surgical procedures and specifically improving the care of children with appendicitis and testicular torsion. It is clear that similar issue are relevant to the provision in GPS in Ireland.

With the development of the HSE Health Regions and the opening of the new National Children's Hospital an opportunity arises to revisit the challenges around non-specialist GPS in Ireland. Additional considerations that need to be addressed are the current and future demographic changes in the Paediatric population and the need to satisfy Sláintecare commitments, to treat appropriate patients closer to home whenever possible.

Despite demographic projections indicating future significant growth in the population of Ireland, these predictions also indicate that the proportion of children below the age of 16 will fall in the coming years. Although recent immigration trends with the conflict in Ukraine for example distort these predictions in which Ireland experienced a large influx in child immigration. This figure was 21,000 children as of April 2023. Irrespective of population changes however, should not distract from the principles of equity of surgical care which dictate that children whenever possible should be offered a high standard of surgical care, irrespective of where they live.

Furthermore, CHI has indicated that capacity issues for GPS in the new NCH will arise unless a significant proportion of the low acuity GPS currently performed in CHI is returned to regional and local hospitals.

The MOC contains recommendations as to how improvements in the provision of the GPS can be achieved with the designation of both Regional and Local General Paediatric Facilities (RPSFs, LPSFs), providing a 'bundle' of operative procedures appropriate for each site. These units should be developed in the context of managed clinical networks for GPS which will link local multidisciplinary teams with outreach CHI surgical consultants. The Model of Care refers to GPS

only and does not address issues around neonatal and specialist general paediatric surgical services which will always be carried out in CHI.

This document rightly places a spotlight on the importance of multidisciplinary workforce planning with an emphasis on both training general surgeons with appropriate paediatric surgical skills and quality assurance of service provision. All children who require acute or elective GPS should be managed in an appropriate environment by a multidisciplinary team with the requisite skills. Key good governance principles should also include consultant oversight and a consultant led services, working within an agreed network with CHI surgeons, appropriate designed care pathways with access to child friendly wards and theatres and multidisciplinary workforce planning and peer review and audit to ensure the quality and safety of care. The report also outlines requirements for children's nursing, anaesthesiology, paediatric emergency medicine, and intensive care, radiology and HSCP working within a multidisciplinary team.

Following widespread consultation this report has a broad consensus and has had input from all relevant specialty groups. In addition, input was sought from the National Director of Surgical Training, RCSI and the Director of the National Doctors Training Programme in order to align with future surgical training and consultant workforce planning. The report is relevant to all those who work with children in Ireland and will be of value to the evolving HSE Health Regions to use as a template to support the future surgical care of children within their communities.

Declarations of Conflicts of Interest:

None declared.

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