Bexley Community Paediatric Services
Building a better, brighter future

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Improving lives
Who are we?

- We are child health specialists, one of the specialist children’s services in the Oxleas Children and Young Peoples’ Directorate.

- We consist of a small team of doctors that currently includes 3.0 WTE Consultant Community Paediatricians, 1.5 WTE Speciality Doctors and 4.0 WTE Trainees.

- We have an administrative team made up of a manager, medical secretaries and receptionists.

- We work closely with other specialist services to provide holistic care for children with complex health, developmental and / or learning needs.
Where do we work?

• We are based at the Child Development Centre (CDC) – Queen Mary’s Hospital

• We work across the borough and hold clinics:
  • At CDC – Queen Mary’s Hospital
  • At Erith Hospital
  • At Shenstone & Marlborough Special schools
  • Additional sites where necessary
We accept referrals for children:

- Aged 0-18 years registered with a Bexley GP
- Up to 19 years if they attend a special school

Children need to be registered with a Bexley GP unless they attend Shenstone, Marlborough or Woodside special schools.

Children can be referred into the service by their GP, health visitor, school SENCO, other doctors or allied health professionals.
What services we provide

We see children with the following conditions:

A. Developmental difficulties:
   • Developmental delay in pre-school children
   • Neuro-disability eg Cerebral palsy
   • Medical continence issues – daytime wetting and complex nighttime wetting
   • Social communication problems - eg suspected Autistic spectrum disorder
   • Attention deficit hyperactivity disorder
   • Co-ordination problems following Jump Ahead Programme at school and assessment by an Occupational Therapist
B. We carry out statutory assessments:

Educational:

• *Special Educational Needs (SEN)* medical assessments and the Advisory Service to the Local Education Authority.

Social Services:

• *Child Protection*: medical assessments for suspected non-accidental injury, neglect, emotional and sexual abuse.

• *Looked After Children*: initial health assessments.

• *Adoption work*: medical advice for adoption panel, pre-adoption medical assessments of children and of prospective adopters.

C. Review of emotional and behavioural problems:

• Associated with developmental delay after first seen and offered by Health Visitor and other Tier 1 services.
Other services we provide include:

D. Special schools:
Medical reviews for children who attend Shenstone or Marlborough special schools and have complex medical needs.

E. Neonatal clinic:
Follow up of children born preterm or with adverse birth factors to identify developmental problems early on.

F. Child death:
Review all child deaths member of CDOP.

G. Designated Safeguarding Doctor:
Providing strategic direction and support to Bexley CCG, Bexley Safeguarding Board and Practitioners on Health issues.

H. Immunisation support:
Immunisation advice to practitioners and support to the nursing team

I. Audiology:
Medical input for audiology including aetiological investigation of hearing loss.

J. Multidisciplinary work:
With allied health professionals, Children’s social care, education and medical professionals from primary, secondary and tertiary centres.
• In August 2014 our total existing caseload was 1,428. This is subdivided into different teams as shown below.

• We have a block contract to see 4500 contacts a year.

• This financial year the service has had 2180 contacts so far (April – July 2014)
• We receive about 150 new referrals a month to add to our existing caseload.

• On average we discharge about 100 cases a month.

• The DNA rate average is 7%
How we achieve a quality service

- We aim to see 95% of our patients within 18 weeks.
- We have exceeded that target and the average waiting time so far this year is 7 weeks (excludes ASD) (as of September 2014)
- Current waiting times from ASD initial medical assessment to diagnostic appointment is an average of 20 weeks (as of September 2014)
How we achieve a quality service

• Our doctors keep up to date by attending regular continuing professional development (CPD) sessions both internal and external.

• They each have a yearly appraisal and are working towards or have achieved revalidation by the GMC.

• Work is guided by clinical guidelines that are informed and updated by guidance from bodies such as NICE, RCPCH, GMC, DoH and trust policies.

• The team carry out regular audits of the quality of our work and set targets to improve where we fall short.
Children tell us:

- 100% of children said they felt listened to during their assessment.
- 100% of children agreed they were treated well by staff.
- 90% of children felt they were provided with sufficient explanation about the help available here.
- 10% did not know

*Responses from 5 children using experience of service questionnaires in July 2014.*
Patient and parent experience

Parents tell us:

• 100% of parents said their family felt supported.

• 100% of parents said they had been treated with dignity & respect.

• 100% of parents agreed they had been fully involved with the care & treatment of their child.

• 100% of parents felt that they had been given enough information about the care and treatment of their child.

*Responses from 18 parents using experience of service questionnaires for July 2014.*
The future

We will need to face future changes and challenges in health services for children with neurodevelopmental disorders. Areas include:

• Benchmarking and provision of services delivered against nationally determined outcome measures and quality standards.
• Clinician access to Clinical networks for safeguarding/autism/cerebral palsy/motor disorders and others.
• Factor in the escalating increase in childhood autism.
• Improved access to highly specialist diagnostic and therapeutic services as advances in medicine generate new techniques for previously incurable childhood diseases.
• Improved transition services as more children with complex conditions surviving to adolescence.
• Clinicians able to offer patients access to national research networks and initiatives.
Thank you
Any questions?

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