Children get “weak” services in most NHS trusts

Rebecca Coombes *London*

The health services watchdog, the Healthcare Commission, has scored most NHS trusts in England as weak for elements of their children's services.

Although the overall standard of services was “fair,” the commission found outpatient care, day care, and emergency care were singled out as the areas of greatest concern. The lack of training in surgical and anaesthetist staff working on emergencies and elective surgery in children also gave cause for concern.

The commission assessed 157 NHS trusts against standards set out in the National Service Framework for children and young people, which was launched in 2003 as part of its new system for assessing NHS performance—the annual health check.

Key standards in the framework include the treatment of children in child specific and child friendly environments and the provision of sufficient numbers of appropriately trained staff.

Hospitals should also ensure that clinical personnel deal with sufficient numbers of cases so as to maintain their skills.

One in four trusts were rated excellent or good. These included some district hospitals, such as Lewisham Hospital NHS Trust. Seven out of 10 trusts were rated as fair, meaning that services were mostly satisfactory, although several improvements were required. Five per cent of trusts were scored overall as weak.

Almost half the trusts (46%) achieved a weak rating for outpatient services. A key problem was the provision of staff with the right expertise.

Emergency and day care also ranked low, with 28% of trusts rated as weak in these areas. In emergency care the greatest problem was the lack of child friendly areas and sufficient cover for serious paediatric emergencies. This was a critical issue, said the commission, because 20-25% of the child

population needs emergency care every year.

Twenty eight per cent of trusts were rated as weak on training in emergency surgery, and 22% achieved a weak rating for elective surgery. None scored good or excellent.

The commission's chief executive, Anna Walker, praised trusts with high rankings and the overall success seen in inpatient wards. But she added, “Children's health care is very distinct, it has real needs of its own and is not the same as adult care.” The commission is now working with the lowest scoring trusts to improve their performance.

Dr Patricia Hamilton, the president of the Royal College of Paediatrics and Child Health, thought the findings were “disappointing but not surprising,” bearing in mind the lack of funding for children's services.

“The overall picture shows a considerable need for improvement. Children's services have been under funded for a long

Commission has concerns about hospital care for children

time. There is also increasing pressure on [emergency] services as parents opt to take their children to hospital rather than to their GP. We need more paediatricians and children's nurses,” she said. □

Individual trusts' scores are at www.healthcarecommission.org.uk.

Doctors must work in partnership with patients, says GMC

Peter Moszynski *London*

The General Medical Council was due to agree a revised edition of *Good Medical Practice*, the core guidance for doctors working in the United Kingdom, at a meeting in Cardiff on Thursday 7 September. This was the culmination of a two year consultation process to find out what patients and the public want from their doctors and what the profession thinks the right standards should be.

The new edition, to be launched next month, outlines the standard of professional conduct that the public expects from its doctors and provides

principles that underpin the council's fitness to practise decisions. It will be accompanied by additional guidelines for specialists, which will in future be directly linked in a new web based edition.

One of the most significant changes in the revised edition of *Good Medical Practice* is a focus on the need for doctors to work in partnership with patients. Equality and diversity and the care and treatment of children are the other specific new areas of guidance introduced to reflect the key themes which arose dur-

ing the consultation.

Professor Graeme Catto, the council's president, explained, “*Good Medical Practice* exists for the benefit of patients, as well as doctors, which is why our work to understand the views of both these groups has been vital in producing our guidance. Doctors can be encouraged by the changes to the text which recognise that their work in partnership with patients is the way towards providing more effective, inclusive care.”

The review process included a wide ranging consultation with more than 500 responses in total. Individual doctors made up more than 30% of responses received. Nineteen per cent were from patients and the public, including hard to reach groups such as homeless people,

black and minority ethnic groups, and people with disabilities. Medical bodies and regulatory organisations also contributed to the document's reworking, including the royal colleges and the BMA.

The council's patient and public reference group was also closely involved with the development of the new guidance. The group includes ordinary members of the public from throughout the country and plays an important role in helping the council seek patients' views.

A series of public meetings were also held in Belfast, Cardiff, Edinburgh, Manchester, and London. □

The guidance will be available in October on www.gmc-uk.org.