

## Health Bill unlikely to improve children's health services, warn child health experts

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The coalition government's Health and Social Care Bill is a missed opportunity to deliver the improvements in children's health services in England that are urgently needed, warn experts in a paper published in the British Medical Journal today.

Ingrid Wolfe and some of the country's leading experts in child health propose a fundamentally different way of delivering children's health care that is long overdue in the UK.

The authors argue that care provided by UK children's <u>health services</u> is inferior in many regards to that in comparable European countries. However, the government's proposals fail to learn the lessons from how those countries deliver healthcare for children and risk making the situation worse, they write.

Death rates from illnesses that rely heavily on rapid access to care, such as meningococcal disease, <u>pneumonia</u>, and asthma, are higher in the UK than in Sweden, France, Italy, Germany, and the Netherlands. Planned care for children with long-term conditions also gives cause for concern, with fragmented inconvenient services and poor outcomes.

"If the UK performed as well as Sweden, the best performing country in our sample, as many as 1,500 children might not die each year," say the authors.

Yet they argue that the government's proposals to reform the NHS in



England fail to recognise the distinct health care needs of children.

Specifically, the proposals fail to address the dangerous gap between general practice and specialists, where many of the problems lie. General practitioner commissioning may lead to a conflict of interest in developing innovative pathways of care for children, they say.

The proposals to increase competition between providers pose risks of even greater fragmentation than at present, they add, while creating barriers to development of appropriate pathways to care for acutely sick children and children with chronic illness.

The proposals risk creating even greater problems in effective information sharing, while the potential loss of regional and national planning of children's services poses significant threats to quality and safety, they write. The proposals also disregard the importance of networked care and training across organisational boundaries.

The authors point to Sweden, where care for children is provided by general practitioners with enhanced training in paediatrics working closely with paediatricians in local health centres, while the system in the Netherlands contains measures to improve coordination between primary and specialist care.

"Our analysis leads us to recommend that comprehensive integrated teams in primary care settings should provide the majority of children's healthcare. These new children's healthcare teams should comprise general practitioners with dedicated training in paediatrics and paediatricians with dedicated training to provide care for children with conditions that could better be managed in the community than hospitals. We believe such teams stand the best chance of delivering the right care, at the right time, in the right place, and by the right people."



"We believe that the coalition government's proposed changes to the NHS in England do not address children's needs and, worse, risk exacerbating the problems we have described," they conclude.

## Provided by British Medical Journal

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