



POSITION STATEMENT PAEDIATRIC NEUROLOGY SERVICES

The Paediatric Society of New Zealand believes:

1. That all NZ children should have equity of access to a national tertiary paediatric neurology service.
2. An integrated national paediatric neurology service should be developed. This service should be funded by a single purchasing authority.
3. Time must be allocated for service organisation as well as pure service delivery
4. The service should provide a 24 hour consultation service to paediatricians and other medical specialists for phone and written advice.
5. Children throughout New Zealand should have access to paediatric neurology services at the request of their specialist by way of joint visiting clinics throughout New Zealand. Generally the paediatric neurologist should provide advice to the referring specialist rather than take over the care of the child.
6. To achieve the same level of staffing as seen in comparable countries the number of paediatric neurologists employed in New Zealand should increase in a step wise fashion from the current level of 2.3 FTEs to 7 - 8 FTEs within the next 10 years.
7. It is paramount that funding for this service does not compromise existing general paediatric services without which paediatric neurology services would not be able to function.

The Paediatric Society of New Zealand notes

1. Paediatric Neurology services are seriously depleted and at risk of imminent collapse. In the past 2 years NZ has lost 2 specialist paediatric neurologists.
2. The current neurologists are stretched beyond their limits and do not have the infrastructure or the personnel to support them or their work.
3. Although neurology was highlighted as the top priority service in the Paediatric Specialty Review, it is now in a more fragile state with the departure of one neurologist. A number of high level meetings have been held but with no outcomes.
4. There is inequitable access to services because funding is the responsibility of individual District Health Boards.
5. Of the 3 Neurologists in the country, two work 10/10, one 3/10. One of these specialists is considering retirement.
6. While there is some recruitment going on via Starship Children's Hospital other DHB's are not attempting to recruit as funding not been assigned. The issues both for Starship and the wider paediatric services remain unresolved.
7. Some paediatric neurologists are spending valuable time undertaking tasks that could more appropriately be undertaken by technicians.

8. Improving the infrastructure and facilities in Auckland, Christchurch and Wellington (including access to allied health professionals) is not seen as being prohibitively costly as the basic facilities are already on site.
9. General paediatricians, out of concern for their colleagues, and in the interest of not raising parental expectations, are refraining from referring children who should be seen.
10. Children with serious neurological problems are not being seen by specialist neurologists.
11. Large parts of New Zealand do not have access to paediatric neurology services and therefore prevalence figures within New Zealand are not known.
12. A recent Clinical Audit of Epilepsy Related Deaths in the UK¹ considered that care had deficiencies in 77% (17/22) of children and overall, 59% (13/22) of deaths in children were considered by the expert panel to have been potentially or probably avoidable. It can be presumed that the situation in New Zealand is the same or worse.
13. Trainees in paediatric neurology cannot obtain funding for work such as outreach clinics which are vital for future employment.
14. The National Paediatric Oncology Service provides a precedent and a model on which to develop a National Paediatric Neurology service.

The Paediatric Society of New Zealand recommends:

1. The Minister note the seriousness of the situation and the potential impact of the service collapsing.
2. The Minister directs the Ministry to work with the Paediatric Society and the Paediatric Neurologists to develop neurology as a national service similar to the paediatric oncology service to be completed by May 2003.
3. A recruitment and retention strategy be developed to ensure that the current staff do not leave, and the new staff are engaged rapidly.
4. National referral guidelines be developed to ensure equity of access to specialists.
5. That DHB's be directed to remove the specialists from the General Paediatric Rosters to enable them to be available for the national service.
6. Trainees are nurtured as an asset with the development of a strategy to ensure adequacy of training and retention in NZ workforce.

The Paediatric Society of New Zealand recommends to its members:

1. That all children requiring a specialist neurology consultation are referred to the neurology service.
2. That members continue to raise this critical issue with their DHB's and ensure it is registered on the risk register.
3. That members highlight to their DHB's the need for national services through promoting the PSNZ position statement on Purchasing National Services.

¹ Hanna N J, Black M, Sander JW, Smithson WH, Appleton R, Brown S, Fish DR (2002) The National Sentinel Clinical Audit of Epilepsy-Related Death: Epilepsy – death in the shadows. The Stationery Office