



2 December 2020

Minister of Health, the Honourable Andrew Little
Director General of Health, Dr Ashley Bloomfield
Dr Andrew Brant, Interim CEO Canterbury District Health Board
Sir John Hansen, Chair Canterbury District Health Board

The Paediatric Society of New Zealand is a multidisciplinary organisation working to promote the health of Tamariki/children and Rangatahi/youth in Aotearoa. We wish to draw to your attention the following health disparity.

In a first world country such as New Zealand (NZ), children and young people should receive healthcare consistent with the United Nations Convention on the Rights of the Child (UNCROC). Children should be cared for in a hospital environment that meets their developmental and psychosocial needs. Where possible, children and young people should not be exposed to potentially distressing or disturbing aspects of adult healthcare or behaviour in Emergency and Intensive Care Units. Staff providing specialist care to children and young people in hospital require appropriately designed and resourced facilities.

Canterbury District Health Board (CDHB) is the largest secondary and tertiary child health service in NZ outside Auckland. CDHB provides the following paediatric subspecialty services:

- 1 of 2 Paediatric Oncology services nationally
- 1 of 2 Paediatric Gastroenterology services nationally
- 1 of 3 Paediatric Neurology services nationally
- 1 of 4 Paediatric Surgical services nationally
- 1 of NZ's 6 Neonatal Intensive Care units
- Paediatric Respiratory, Endocrinology, and Infectious Diseases

These subspecialty services and regional responsibilities mean that CDHB frequently cares for sick children with higher level needs, requiring High Dependency or Intensive Care level support. A dedicated High Dependency Care area, and a closely integrated working model of care with Intensive Care, ensures safe and appropriate child-centred care for these children.

We have been advised by PSNZ members in Christchurch that in preparation for delivering services in the very recently opened Waipapa building at CDHB, medical and nursing staff have spent years developing models of care that would appropriately meet the needs of sick children and young people. These collaborative models of care draw on the expertise of Paediatric Medicine, Emergency Medicine, Intensive Care Medicine, Paediatric Anaesthesia and Paediatric Surgical sub-specialities, and aim to deliver services of the highest standard. PSNZ members are gravely concerned that these highly-refined models of care are being set aside by CDHB, despite capital investment in the facility having been made.

It is understood that three areas in Waipapa have not had adequate staffing resources approved to enable the agreed models of care that have been developed:

- Children's Emergency Care (CEC) – this was to have been a combined service delivering Paediatric Emergency Care (Emergency Medicine specialty) alongside Children's Acute Assessment (Paediatric Medicine specialty). Due to lack of resourcing, Paediatric Emergency Care is not being delivered in the custom-designed newly built CEC facility. Children attending the Emergency Department are being managed in the adult-focussed main Emergency Department.

- Children's High Care (CHC) – this was to have been a combined service delivering Paediatric Intensive Care (Intensive Care specialty) alongside Paediatric High Dependency and Progressive Care (Paediatric Medicine specialty). Due to lack of resourcing, Paediatric Intensive Care is not being delivered in the custom-designed newly built CHC facility. Children requiring Intensive Care are being managed in the adult Intensive Care Unit
- Adolescent and Young Adult (AYA) Inpatient and Chemotherapy Suite – this was to have been NZ's first dedicated unit of this nature. This patient group has historically suffered worse outcomes compared to other age-groups. Due to lack of resourcing, AYA Oncology Services are not being delivered in the custom-designed newly built facility. AYA patients are continuing to receive care in services that do not meet their specific health needs.

As should be the process for any new hospital build in Aotearoa New Zealand an extensive review of the models of care was undertaken. The models of care that resulted from this aimed to make hospitalisation a more positive and less stressful experience for children and whānau with improved clinical outcomes. Unfortunately, although staff will strive to maintain standards, inadequate resourcing of staff for this newly built facility will result in negative healthcare experiences for children and whānau, with long-term sequelae and is a missed opportunity to improve the quality and safety of care.

This situation should be rectified so that models of care developed collaboratively by the health teams in Canterbury can be realised and implemented without delay.

Yours sincerely



**CEO of the Paediatric Society
On behalf of the PSNZ Council**



**Associate Professor Nicola Austin
President of the Paediatric Society**