



Royal College  
of Nursing



**Commissioning  
health care services  
for children and  
young people:  
increasing nurses'  
influence**



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of Nursing

## The RCN Children's Leadership and Management Forum

The Royal College of Nursing (RCN) Children's Leadership and Management Forum (previously known as the Paediatric Nurse Manager's Forum) produced this guidance. The forum supports all nurses working with children in a supervisory, managerial or leadership capacity and is particularly aimed at children's nurses of G grade (or equivalent) or above who have continuing responsibility for care.

You can join the forum by contacting RCN Direct (0845 772 6100) or via the RCN website, [www.rcn.org.uk](http://www.rcn.org.uk). If you would like to make contact with a member of the Forum Steering Committee you can contact the RCN Adviser in Children's Nursing, telephone: 020 7647 3753 or email [fiona.smith@rcn.org.uk](mailto:fiona.smith@rcn.org.uk)

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# Commissioning health care services for children and young people: increasing nurses' influence

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# Introduction

This guidance provides assistance in influencing the commissioning process for nurses who manage and lead children's and young people's services. As children's nurses, it is our professional duty to monitor the quality of services provided to children and their families and influence processes for service enhancements.

Commissioning processes are continually evolving, and this document will provide information and support to help you influence the development of effective, efficient and appropriate high quality services for your area.

The guidance refers predominantly to services in England, but we have highlighted the commissioning process in Scotland, Wales and Northern Ireland wherever possible – and we believe the information will be of benefit to nurses across the United Kingdom.

## What does commissioning mean?

Commissioning is defined as:

*'a set of planned activities undertaken with the intended outcome of measurable improvement in the health and wellbeing of resident populations, involving the implementation of change to secure the most effective and efficient use of resources.'*

*(Health and Social Services Executive, Northern Ireland, 1997)*

Commissioning embraces:

- ◆ the assessment of need and strategy development
- ◆ the identification of priorities and investment planning
- ◆ service specification and contracting
- ◆ service monitoring of activities for individuals and populations
- ◆ the evaluation of service developments/projects
- ◆ the development of best practice guidance and quality standards.

## 1

## Children and young people in the UK

In this document, 'children and young people' are taken to be between the ages of 0-19 years. When commissioning services, you will need to recognise the different stages of childhood and adolescence (RCPCH, 2003), as well as the specific needs of particular groups of children such as minority ethnic, asylum seekers, those living in poverty and children with disabilities and complex health care needs.

Children and young people make up approximately 25% of the population across the UK. In England alone there are around 3 million children under five years old, 6.4 million aged between five and 14, and 3.1 million young people between 15 and 19 (DH, 2003 a and b).

In England, there are:

- ◆ 12 million children
- ◆ 600,000 live births a year
- ◆ 400,000 children in need
- ◆ 59,700 'looked after' children
- ◆ 320,000 disabled children
- ◆ around 1 million children and young people with mental health problems (DH, 2003 a and b).

Although 80% of illness is managed at home without professional intervention (DH, 2003 a and b) we know that in a typical year:

- ◆ a pre-school child will see their general practitioner about six times
- ◆ a school-age child will see their general practitioner two to three times
- ◆ 50% of infants under one year of age and 25% of older children will attend an A&E department
- ◆ one in eleven children will be referred to an outpatient clinic
- ◆ one in ten to fifteen will be admitted to hospital
- ◆ one in a thousand will be admitted to children's intensive care

- ◆ one in ten babies born require admission to a neonatal unit (DH, 2003 a and b).

Nevertheless, children's health care is a small part of health care provision for the whole population – children enjoy relatively good health in the twenty-first century, especially compared with the increasing demands of an ageing population and the medical advances that allow those with chronic illness to live longer lives.

### The health services that children use

Children need the full range of health care services but, because of their unique physical and psychological make up, have requirements that are not always understood or recognised by those outside paediatric practice. Professionals who work with children all the time, and particularly nurses, are ideally placed to educate others and share the expertise which is not as commonplace among those working in adult services as we might expect.

The range of services children and young people require include:

- ◆ **preventive and restorative child health** – health promotion including child health surveillance, immunisation, school health, health visiting, child development, and services for children with disabilities and complex health care needs
- ◆ **social care** – health care support within the education sector, children looked after by the local authority (such as those in care, those being adopted and those with child protection issues) (RCPCH, 2003) and also in criminal justice and youth offending services
- ◆ **acute health care** – planned and unplanned medical and surgical admissions, children attending accident and emergency departments, adolescent services, maternity/neonatal services, specialist acute services including paediatric oncology, cardiology and neurosurgery and child and adolescent mental health services (Scottish Executive, 2001a).

## 2

## Why should nurses influence service commissioning?

### National direction

Nursing strategies for all countries of the UK have stressed how important it is for nurses to be involved in commissioning – strategy documents such as *Making a difference* (DH, 1999 a), *Caring for Scotland* (Scottish Executive, 2001), and *Realising the potential* (National Assembly for Wales, 1999). For example, Northern Ireland's strategy, *Valuing diversity* (DHSS, 1998), states: 'In developing roles as commissioners, nurses can use their expertise to challenge clinical practice, evaluate alternatives, contribute to quality and measure effectiveness'.

Nursing is in a strong position to influence change, as it takes place across organisational and professional boundaries to enable integration between existing and future elements of service provision (RCN, 1999 a and b).

The nursing strategies' key principles include:

- ◆ all nurses, midwives and health visitors have a contribution to make to the commissioning of health and social care
- ◆ nurses should work with communities, families and individuals in assessing need and designing services to meet this need
- ◆ nurses should contribute to the development of service specifications and service level agreements across programmes of care and across the range of services commissioned
- ◆ nurses should ensure that services commissioned are based on the best evidence of effectiveness and efficiency available
- ◆ monitoring and evaluating services is a key component of the role of nurses in commissioning (DHSSPS, 2000).

### Advocating on behalf of children

Children's nurses are in a unique position to influence commissioning: they combine clinical expertise, an ethos of child-centred and family-centred care, and an understanding of their local health economy or clinical specialty. That you advocate on behalf of children and young people is vitally important, particularly as society does not fully recognise children as a separate client group (RCN, 2001 a; b; c and d).

In 1999, only 16% of health authorities identified children as one of their key priorities; some scarcely mentioned children at all in their health improvement programmes (HiMPs) (Children's Society et al, 2000). Since then, children's services have received greater attention, partly as a result of adverse events and subsequent reports, including the Kennedy Inquiry into children's cardiac surgery in Bristol (Kennedy et al, 2001), the Laming Inquiry into the care given to Victoria Climbié (Laming, 2003), and the Carlile Enquiry (Carlile, 2002) into safeguarding children in Wales. The development of a Children's National Service Framework (England, due in 2004), and one for Wales (due autumn 2004), will also improve the profile of children's health services.

Until recently there was no body or governmental appointee advocating for children at policy level (Aynsley-Green, 2000). There are now Independent Children's Commissioners in Wales and Northern Ireland looking after the specific needs of children and a similar appointment has recently been made in Scotland, where children were acknowledged as a priority in 1999 (Scottish Office, 1999). The establishment of a Children's Commissioner for England is one of the proposals included within the draft Children's Bill. England and Wales now also have a Director of Healthcare Services for Children and Young People. A children's strategy is also being compiled in Northern Ireland and is expected to be circulated for consultation in the summer of 2004.

## 3

## The commissioning process

Commissioning depends on a needs assessment of the health of the whole population, and is prioritised according to local needs and resources. Commissioning covers all aspects of care, not just care required in periods of illness.

### Local commissioning

Local needs differ according to various factors including the age range distribution, ethnic mix, local geography, deprivation factors and relative affluence of the population.

In England, with the introduction of the Department of Health's *Shifting the balance of power – securing delivery* (DH, 2001) in 2002, the responsibility for commissioning was devolved to local primary health care organisations or trusts (PCOs). Each PCO has responsibility for commissioning suitable care to meet the needs of its local population. Paediatrics is one of the more specialist services PCOs commission (in comparison with adult services). Often one PCO will develop expertise in children's services and will 'host' paediatric commissioning on behalf of several PCOs in a larger geographic area. All PCOs have a named person who is responsible for children's health, though the experience they have may be variable. All PCOs are under the umbrella of a strategic health authority (SHA) whose responsibility it is to ensure clinical governance and equity across a wider geographical area.

Once the National Service Framework for Children is published it will be the driving force for the direction of child health in England for the next ten years and will be extremely influential in the commissioning of services. The first standard, on hospital care, was released in April 2003 (DH, 2003 a).

In Wales, trusts and local health boards feed into three regional offices and a children's lead is identified in each geographical area. Standards for a national service framework are currently being developed with all modules of the framework being published together later in 2004.

In Northern Ireland, the equivalent of PCOs are called local health and social services boards, and in Scotland they are local health boards. In Scotland<sup>1</sup>, Children's Services Plans drive local, regional and national direction for children's health services and integrated planning with local authorities. National health direction flows from the National Child Health Support Group (CHSG) and the Scottish Executive's dedicated department for Women and Children's Services. After trusts are dissolved by April 2004, operational divisions will be directly responsible to health boards.

<sup>1</sup> For Scotland see 'Scottish Executive (2003) *Making it work for Scotland's children*'

## Specialist commissioning

Some specialist care is commissioned at a regional or even national level. Specialist commissioning covers rare conditions which are high cost to treat and are most likely to be provided in a tertiary care setting. The conditions covered are currently prescribed by the National Specialist Commissioning Advisory Group (NSCAG), which commissions such services as craniofacial surgery, paediatric liver disease care and endoprosthetic limb surgery. Regional specialist commissioning advisory groups advise on regional services for children, such as cardiology and oncology, and define centres for the work.

The Department of Health issued additional planning guidance for 2003-2006 in England in the document *Improvement, expansion and reform: the next three years* (DH, 2002), which followed the allocation of new money for health and set out the Government's expectation for setting targets in local health services.

In Wales, specialised services are commissioned through Health Commission Wales (HCW)<sup>2</sup>. Northern Ireland has an integrated health and social system, with the commissioning of services Boards. Each Board is required to assess the health and social needs of their population and to plan and fund services to meet these needs. Children's services plans are compiled in each Board to assist this process. Changes to the commissioning process are currently taking place, through the establishment of Local Health and Social Care Groups consisting of primary health care professionals and members of the local community. These will be increasingly influential in the commissioning of primary health services to best meet local need. In Scotland, the National Services Division (NSD) of the Common Services Agency commissions national clinical services (for example, cardiac surgery and renal transplantation). The Regional Medical Services Consortia fulfils this role in Northern Ireland.

## Other funding sources

Another major potential source of funding is project or 'pump priming' from particular initiatives awarded both locally and nationally. These can be funded by bodies, such as charities, pharmaceutical companies or the government. Examples include the New Opportunities Fund and the Foundation in Nursing Fund. Each project has its own criteria and usually involves some sort of competitive bidding process. Funding that comes from such initiatives is generally for new and innovative work. As part of the departmental management team, you should be aware of this possible funding source and be ready to respond at short notice to bids for service development. It is important you have agreement as needed for on-going funding for any developments that are 'pump primed'.

<sup>2</sup> HCW, previously SHSCW: see SHSCW (2002) *Tertiary children's services for Wales – a review*

## 4

## Issues to consider

When you are working to influence the commissioning process, there are some important challenges in the changing delivery of health care, and new directions from stakeholder bodies. You need to consider how to manage these and build them into the planning process.

Changes in knowledge and delivery:

- ◆ the implementation of the Children's National Service Framework (England and Wales) and equivalent policy initiatives in Scotland and Northern Ireland
- ◆ increasing use of ambulatory care facilities reduces the length of hospital stay for many children, but shifts the work onto community-based staff, especially community children's services
- ◆ the impact of the General Medical Services contract which is likely to drive new approaches to the assessment and treatment of patients, including children, particularly 'out of hours'
- ◆ reducing numbers of middle grade paediatricians over the next decade – alternatives to medically-led services must be developed (RCPCH, 2001)
- ◆ the boundaries between specialist paediatric care in the community and in hospital are increasingly irrelevant. Children with long-term conditions or neuro-disability need care delivered mostly at home or at school, but will have acute episodes needing hospital care (RCPCH, 2001; National Assembly for Wales, 2001)
- ◆ recognition that much of adult disease has its root cause in childhood
- ◆ increasing survival of children and young people with long-term conditions and complex health care needs, as a result of new medical interventions
- ◆ the continuing use of Government targets for health care, such as for immunisation.

Integration of services:

- ◆ integrated key services for children and young people will be in place in England by 2006 with the introduction of children's trusts, under the auspices of a Director of Children's Services, who will be part of Social Services but will incorporate some health services
- ◆ we need 'greater integration of community, primary, acute and specialist health care for children' (DH, 1999 b; National Assembly for Wales, 2002)
- ◆ 'a single trust managing specialist child health services for an identified population is in a better position to develop care pathways, business cases, staff training, record systems, information systems and standards of service, therefore integrating services across trust and service boundaries and across the primary, secondary and tertiary interface' (House of Commons Select Committee, for Health when it researched child health services in the community in 1997)
- ◆ a significant proportion of children attending accident and emergency departments have psychological and psychiatric issues – a close relationship with the Child and Adolescent Mental Health Service (CAMHS) and an enhanced emergency service for these young people is important (RCPCH, 1999; 2001)
- ◆ child development centres should be managed as part of a complete paediatric service under combined management (RCPCH, 2001).

### Service profile and public attitudes:

- ◆ paediatrics still has a relatively low public profile compared with other services, because it does not contribute significantly to things like long waiting lists or trolley waits. The problems created by the chronic shortage of children's nurses and specialist allied health professionals, as well as the impact of ongoing changes in doctors' training and working hours, are all also relatively small scale in child health compared with the more high profile services. This could affect decisions about the allocation of limited funds
- ◆ growing public interest in health and health care systems. Media coverage of tragedies and public inquiries, along with the portrayal of health-related matters on television and in other media, has led to heightened awareness and increasing expectations of service provision
- ◆ increasing public involvement means we must engage children, young people and parents and carers in the commissioning of service provision and work with consumer representative organisations (DH, 2003 a and b).

The Government Green Paper *Every Child Matters* (DES, 2003) lists five outcomes described as essential to the wellbeing of children and young people: being healthy, staying safe, enjoying and achieving, making a positive contribution and economic wellbeing. All these impact on health provision in its broadest sense.

### General principles for children's care:

There are numerous general principles about caring for children that should be applied to all situations where children and young people receive care, and can help in your planning of services. These include:

- ◆ children should be cared for by appropriately trained and experienced staff in a suitable environment (DH, 1991)
- ◆ at the very least, two registered children's nurses should be available on duty 24 hours a day in all children's wards and departments (DH, 1991)
- ◆ there should be a senior paediatric nurse available for advice 24 hours a day
- ◆ children should not be nursed in adult environments (DH, 2003 a).
- ◆ children and their families should be actively encouraged to participate in decisions about their own care (DH, 2003 a and b)
- ◆ children should not be admitted to hospital unless absolutely necessary, and when admitted should be admitted as a day case if possible (DH, 1991).
- ◆ children need different kinds of support whilst in hospital, which should be provided by a full multidisciplinary team including psycho-social, play and family support (DH, 1991)
- ◆ children should be provided with education by hospital schools whilst in hospital (DH, 1991).

## 5

## How to influence commissioning

Senior children's nurses need to influence the commissioning of children's services at trust, local and – if possible – national level.

### Make yourself visible and knowledgeable

To maximise your influence, you must make yourself visible throughout your trust or organisation – and not just in the field of paediatrics. You should also maintain a high profile in your local PCO or equivalent, working as part of a multidisciplinary team. It is worth identifying who your local champions are. When new services are being commissioned, the earlier you get involved in the process, the more you can influence the final shape of the service. You need to be aware of national and local priorities for service development, including the relevant National Service Frameworks or similar. You need to be aware of local authority mechanisms and priorities to see where you can influence them to ensure equitable service provision.

### Influencing at trust level

Every trust should have a senior children's nurse as an equal partner with the service manager and a lead paediatrician in the management of children's services. To fulfil that role, you will need to be proactive, and get involved in:

- ◆ all decisions made about the service
- ◆ the business planning process and bids for service development

- ◆ ensuring that safe and appropriate care is provided for all children across the trust, no matter where they are cared for. This includes an advocacy role, as well as providing a professional resource to advise on all areas where children are seen and cared for
- ◆ ensuring that your trust's clinical governance structure pays heed to the needs of children and that the trust's leading staff member for children's services is routinely involved in day-to-day children's care in the trust, and aware of all children accessing service provision across the trust
- ◆ plans to implement the Children's National Service Framework standards.

Every organisation should also have a children's champion at executive board level. It is essential that this champion understands local services and can effectively lobby on behalf of children and young people, particularly in the annual budget and business planning process which influences commissioning. You must keep the children's champion fully informed about services provided, highlighting any deficiencies or difficulties.

### Influencing at local level (PCO)

You will need to identify the local commissioner of children's services and raise their awareness and understanding of local provision for children and young people, particularly as the development of unified budgets between the NHS and local authorities (DH, 1999 b) will increasingly influence service commissioning. This means, for example, that school nurses will have a growing role working with head teachers and governors to provide health services specifically for children with special needs within the education sector. Developments in criminal justice, particularly youth offending teams, means that some commissioning, especially of mental health services for children and young people, will need to be undertaken in conjunction with police and probation officers.

## Raising your profile at national level

Attendance at national professional events will enhance your knowledge, give a national perspective and increase your credibility. Make every effort to interact nationally, if you want to increase your effectiveness locally. Ensure that any good practice you develop is published not only in the nursing press but in national and local media.

## Working with other agencies

To influence services effectively, you may well need to work in collaboration with consumer organisations representing the needs of children and young people, such as Action for Sick Children, Contact a Family and the Children's Heart Federation.

## Frequently asked questions

These questions cover the key areas you will need to know about.

- ◆ **What is the most effective way to influence commissioning?** – to be recognised as the senior children's nurse who is able to affect the way services are delivered. It is important that you are seen as effective in implementing change and that you are authoritative about children's services. You will need to be knowledgeable about the recommendations from major current reports (see our reading list in Appendix 1) and the direction from key figures such as the Children's Commissioners in each of the four countries of the UK.
- ◆ **What evidence is there about appropriate commissioning of services for children and young people?** – Appendix 1 lists various sources of information.
- ◆ **How do I compare the level of service offered by my organisation with other providers?** – you need to benchmark against national standards and principles for caring for children, young people and their families. You then need to produce reports highlighting what is and what isn't working well about the service your organisation provides.
- ◆ **Who do I approach in order to influence commissioning?** – your local lead PCO commissioner and, if you manage specialist services, the person who leads that for your trust/organisation. You will need to find out who the key stakeholders are. Although commissioning processes may vary in different areas, it is almost certain that one or two people will take the lead for children's services; make sure they are aware of you and your interest. Funding will come to your hospital or service from a variety of sources, but again is likely to be handled by one or two people – identify them and make sure that they are aware of your role.
- ◆ **When is the best time to influence commissioning?** – coming up to your organisation's budgetary negotiations for the new financial year (normally around November/December for the financial year which begins the following April), but you can be just as influential at other times.
- ◆ **What should I do if I feel I am being ignored?** – use the questions in *Maximising your influence* opposite to try to identify the cause of your difficulty, and where you can build influence.

## Maximising your influence

### Think about:

- ◆ is now the right time to make your approach?
- ◆ who are your allies?
- ◆ who is likely to oppose your position?
- ◆ who are all your key stakeholders?
- ◆ who are the key purchasers?
- ◆ who are the key providers?
- ◆ are you providing a solution to a difficult problem?
- ◆ are you providing an innovative way of working to improve the services for children?

### Gaining support:

- ◆ are you approaching the right person?
- ◆ is there a person with responsibility for children's services in your trust?
- ◆ who is the lead commissioner for children services within the local PCO and strategic health authority (or equivalent)?
- ◆ are there any local pressure groups that support your position?
- ◆ are you working with partners (social services, education, probationary service, housing) to extend the effectiveness of your service?

### Gathering evidence:

- ◆ are there any local guidance documents that support your position?
- ◆ are there any relevant national or local edicts stating what must be provided for children?
- ◆ have you got all the information that you need?

### Presenting evidence:

- ◆ be prepared to present your case to the executive team in your trust
- ◆ know the facts
- ◆ write a business plan/project proposal
- ◆ make the case
- ◆ identify the benefits of your recommendation and the implications if it is not taken forward
- ◆ include an assessment of risk and link with the trust clinical governance strategy
- ◆ provide a cost analysis for your initiative
- ◆ identify how you would see the project going forward
- ◆ keep it brief and to the point.

## 6

## Conclusion

It is the responsibility of *every nurse* to ensure that patients receive a good level of care. It is the responsibility of *every senior children's nurse* to ensure that they know what is a good level of care for children, and to ensure that all children receive it. You need a clear understanding of recommended good practices so you can understand what is or isn't acceptable.

If you feel that children are not receiving the right level of care, you must bring this to the attention of your organisation's managers. The RCN fully supports its members in raising appropriate concerns about the care of children and young people, and the protection of children's rights as individuals. If you have come across such problems, you can seek specific advice by contacting RCN Direct on 0845 772 6100 or from your local RCN Office (contact numbers in the *RCN Diary and Members' handbook*).

It is also for you to take the initiative to shape future care to truly meet the needs of your young patients – and that means increasing your influence with key stakeholders and making your voice heard with colleagues at local, regional and national level.

## 7

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# Appendix 1: Sources of information and reading

This list provides a starting point for your further reading.

## Websites

[www.dh.gov.uk/PublicationsAndStatistics/fs/en](http://www.dh.gov.uk/PublicationsAndStatistics/fs/en) – useful for all Government publications

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk) – Department of Health, Social Services and Public Safety, Northern Ireland

[www.wales.gov.uk](http://www.wales.gov.uk)

[www.wales.nhs.uk/nsf](http://www.wales.nhs.uk/nsf) – drafts of standards for the National Service Framework for Wales

[www.wales.nhs.uk/cypss](http://www.wales.nhs.uk/cypss) – provides information on children's specialist services in Wales and the development of Managed Clinical Networks which will be commissioned by Health Commission Wales

[www.show.scot.nhs.uk](http://www.show.scot.nhs.uk) – Scottish Health on the Web, useful for Scottish Executive publications/information

[www.nice.org.uk](http://www.nice.org.uk) – National Institute for Clinical Excellence

[www.nelh.nhs.uk/](http://www.nelh.nhs.uk/) – National Electronic Library for Health - an excellent site for many reports

[www.childcomwales.org.uk](http://www.childcomwales.org.uk) – The Children's Commissioner for Wales website, for those aged 18 or under living in Wales

[www.funkydragon.org](http://www.funkydragon.org) – Funky Dragon is a peer-led organisation which aims to make sure that the views of children and young people are heard and supports decision making at national level

[www.rcn.org.uk](http://www.rcn.org.uk) – the Royal College of Nursing website provides the latest information on all aspects related to nursing and has numerous publications available to download for free

As an RCN member you can view information related to this subject by visiting [www.rcn.org.uk](http://www.rcn.org.uk) and go to RCN Advice Online and search under nursing issues/ children's nursing

## Recommended reading

Action for Sick Children (1996) *Health services for children and young people – a guide for commissioners and providers*. Edinburgh: Action for Sick Children

Audit Commission (1993) *Children first: A study of hospital services*. London: The Stationery Office

British Association for Community Child Health (1994) *Services for children. A model for purchasers and paediatricians*. London: BAACH

Clothier, C (1994) *Report of the Independent Inquiry relating to deaths and injuries on the children's ward at Grantham and Kesteven Hospital during the period February to April 1991*. London: The Stationery Office

Department of Health (1995) *Child health in the community: a guide to good practice*. London: HMSO

Department of Health (1999) *The NHS Plan*. London: The Stationery Office

Department of Health (1999) *Saving lives: our healthier nation*. London: The Stationery Office  
House of Commons Health Select Committee (1997a) *The specific needs of children and young people. Session 1996-7, third report*. London: The Stationery Office

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Department of Health and Social Services (1999) *Nursing services for the acutely ill child*. Belfast: DHSSPS

Department of Health and Social Services (1999) *Hospital services for the acutely ill child*. Belfast: DHSSPS

National Assembly for Wales (2002) *Review of services for children with special needs*. Cardiff: NAFW

Royal College of Paediatrics and Child Health (1996) *Children surgical services. Report of an ad hoc multidisciplinary children's surgical liaison group*. London: RCPCH

Royal College of Paediatrics and Child Health (1997) *The essentials of effective community health services for children and young people*. London: RCPCH

Royal College of Surgeons of England (1999) *Report of the Paediatric Forum of the Royal College of Surgeons of England: children's surgery – a first class service*. London: RCSE

Scottish Office (1993) *At home in hospital – a guide to care of children and young people*. Edinburgh: HMSO

Scottish Executive (2001) *For Scotland's children: better integrated children's services*. Edinburgh: The Stationery Office

Scottish Executive (2003) *Partnership for care: Scotland's health white paper*. Edinburgh: The Stationery Office

Welsh Assembly Government (2002) *Framework for partnership*. Cardiff: WAG

Welsh Assembly Government (2003) *Caring for critically ill children – standards*. Cardiff: WAG

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