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3 REGION'S KEY COMMITMENTS AND DISTRICT'S CURRENT POSITIONKey Commitments

26 Ensure Community based care with admission to hospital only when absolutely necessary.

27 Support GP's leadership of community services.

28 Achieve target rates for immunisation:

Triple	90%
Measles	90%
Polio	90%
Rubella	100%

29 Reduce accidents to children.

30 Ensure that children in hospital are cared for in designated wards when highly specialised treatment required.

31 Ensure that paediatricians and nurses with paediatric training are involved in care of all children in hospital.

32 Ensure that mentally handicapped children are not kept in hospital.

District's Current Position

1984 care ratio compared with Region's base of 100 was 86 indicating low inpatient admission rates compared with the Region as a whole. Of admissions, 76.6% were immediate or emergencies compared with Regional rates of 72.7% (1984). Paediatric day case surgery: 12.1% of admissions, which is less than some teaching districts.

Present services provided by clinical medical officers, health visitors, school nurses and some GP's. Rationalisation of service provision required to achieve measured effects of acceptable costs.

For children born in 1983, uptake by the end of 1985 was:

Diphtheria/tetanus	88.3%
Whooping Cough	64.5%
Measles	79.6%
Polio	88.1%
Rubella	84.1% (girls born in 1970)

Accidents per 1000 children aged 0 - 14 years, 1984:

Admissions following home accidents	3.6
Admissions following traffic accidents	1.7
Admissions following other accidents	8.9

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All children are housed in designated wards, but not all are provided at the Children's Hospital.

Involvement of paediatricians is indirect in some designated wards eg. orthopaedic, eyes, ENT. Not all nursing staff are paediatric trained.

No continuing care of children with mental handicap in hospital.