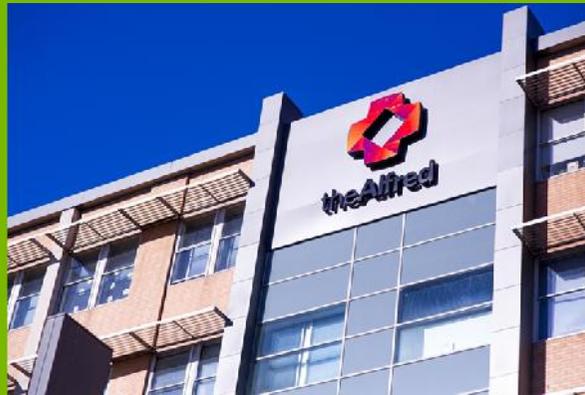




Mr Shobhit Verma:

Musculoskeletal services for children



Consultant Paediatric Orthopaedic Surgeon
MRCs (ED), MS (T&O), FEBOT, FRCS (T&O)



Presentation overview

- **Background.**
- **Current situation.**
- **Services.**
- **Future .**
- **Summary.**



Background

Local Challenges:

- Big Cohort-Neuromuscular & Paediatric patients.
- Increasing Paediatric populations and Referrals.
- Busy Paediatric unit/Tertiary Level NICU.

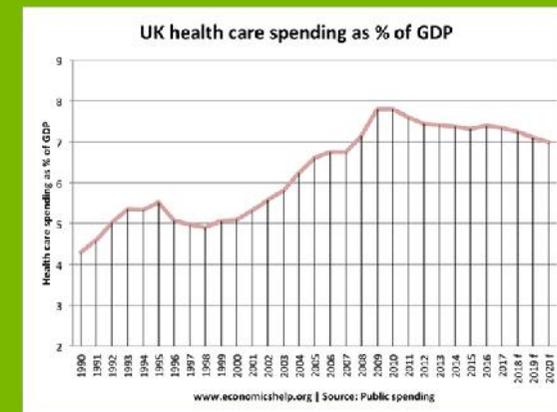
Regional Challenges:

- Merger with Bedford.
- Lack of Regional Paediatric Orthopaedic services.

National Challenges:

- NHS Spending.
- Lack of workforce.
- 7 day NHS.
- Coordinate care around people's needs and wants.

Around a
million





Positives

- Robust Paediatric/Neonatology Deptt and staff.
- Robust Paediatric Anaesthetic Services.
- Well Trained Plaster technicians and Physios .
- Outreach clinics from GOSH and Addenbrooke's.
- Well developed Community Services-MDT.
- Merger with Bedford opens up potentials





Team



Consultant Paediatric Orthopaedic Surgeon
Consultant Paeds-Community and Acute
Middle grades-Reg/Fellows
Paediatric Anaesthetists and Radiologist
Acute Physiotherapist
Community Physiotherapy
Research Nurse
Occupational Therapy and
Orthotics





Services Provided: What do we do

Paediatric Fractures

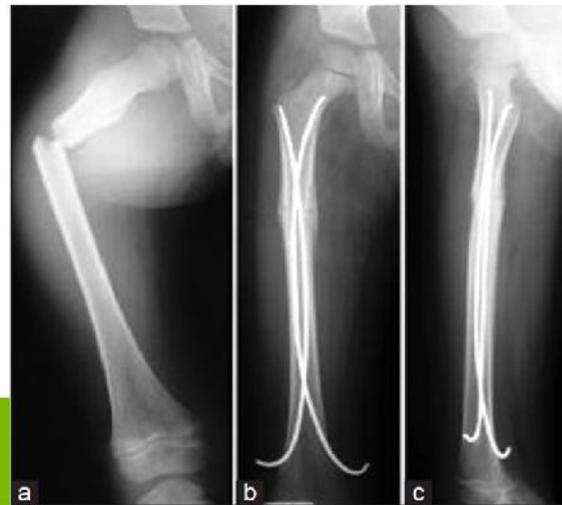
Paediatric Hip Surgery

Paediatric deformity correction

Paediatric Foot and Ankle surgery

Cerebral palsy and Neuromuscular conditions

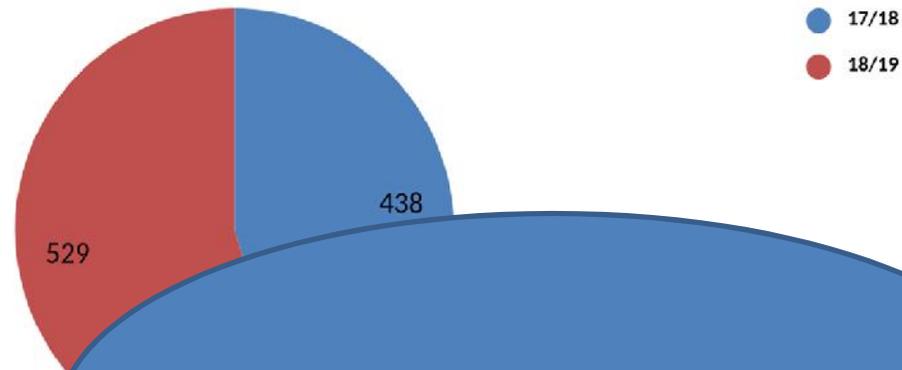
Skeletal dysplasias and Congenital malformations





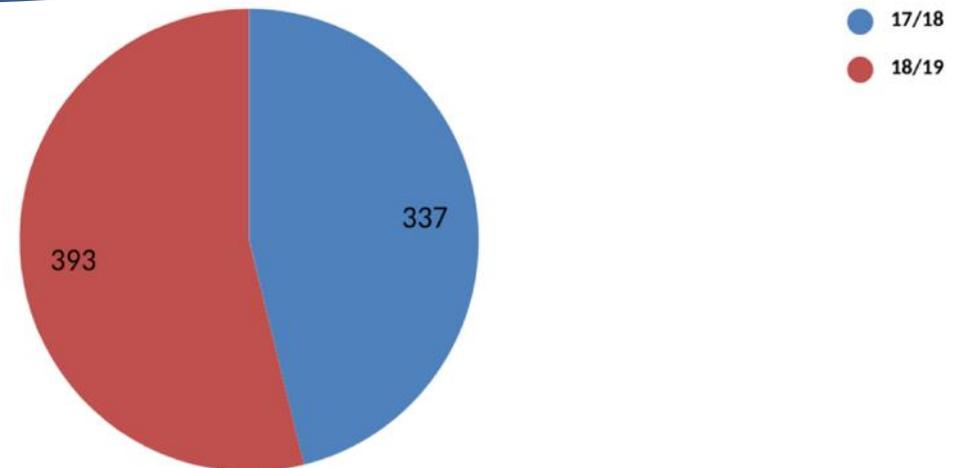
Numbers: How much do we do

Number of Elective Referrals per year



Increasing by the "Rate of Vat" :20 %

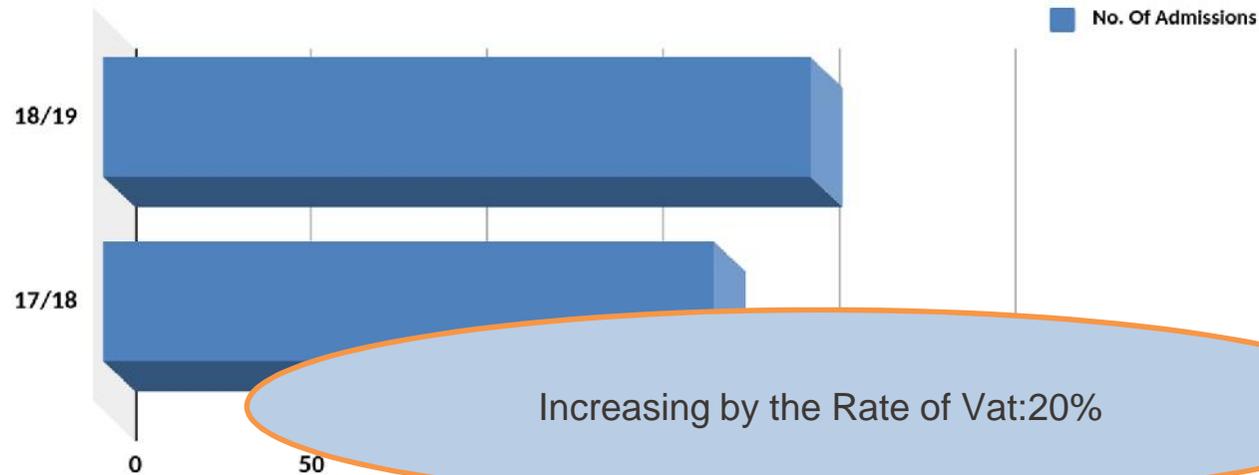
procedures :Elective and Trauma



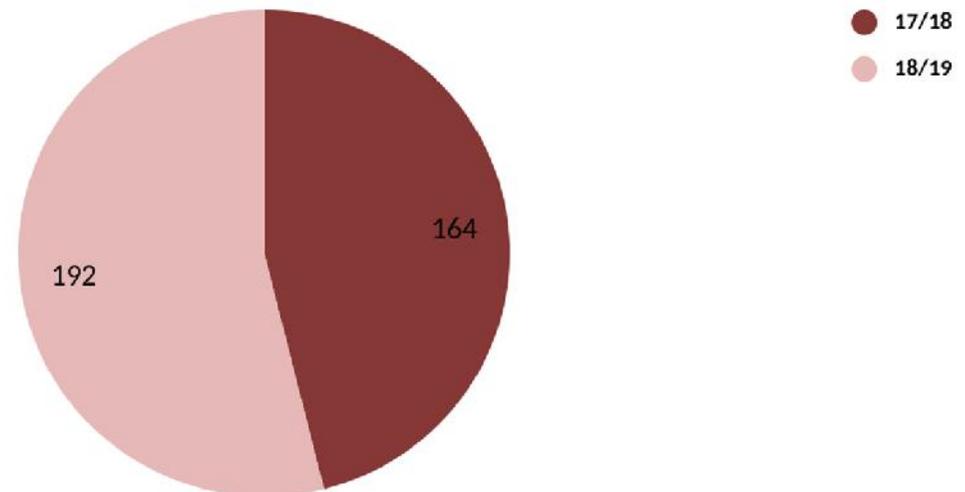


Numbers: How much do we do

Number of Paediatric Elective Admissions



Number of Paediatric Emergency Admissions

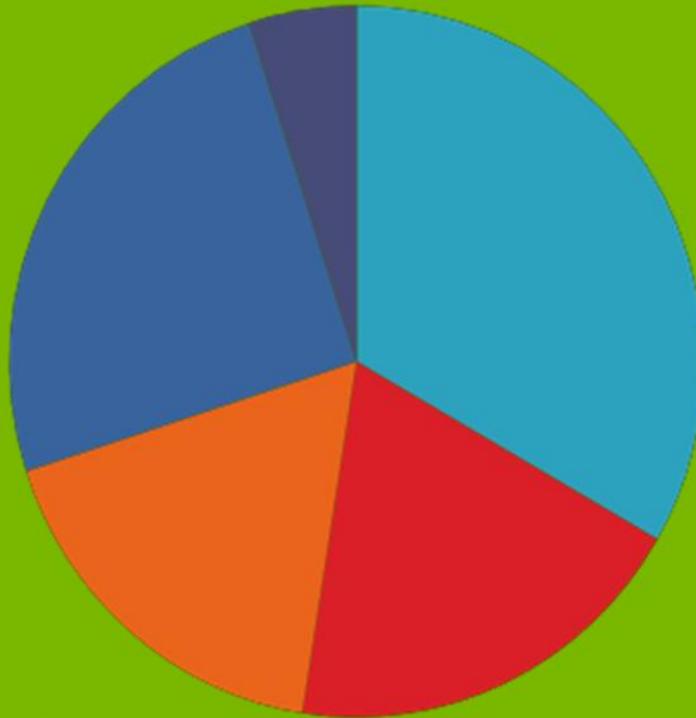




Cerebral Palsy Interventions

2018-2019: 97/120 patients

Interventions improved or helped maintain mobility and Functions



- Surgery 40
- Discharge 23
- Other 21
- Botox 30
- Serial casting 6



Congenital Complex deformities

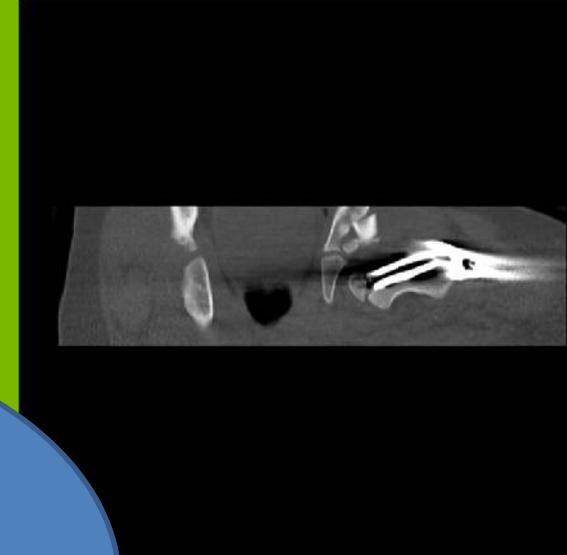


Started walking at 18 months post birth!!





Complex Hip Reconstructions



Weight bearing and Walking at Three months post surgery!!



CLINICAL EXCELLENCE, QUALITY & SAFETY



Corrective Ankle Surgeries



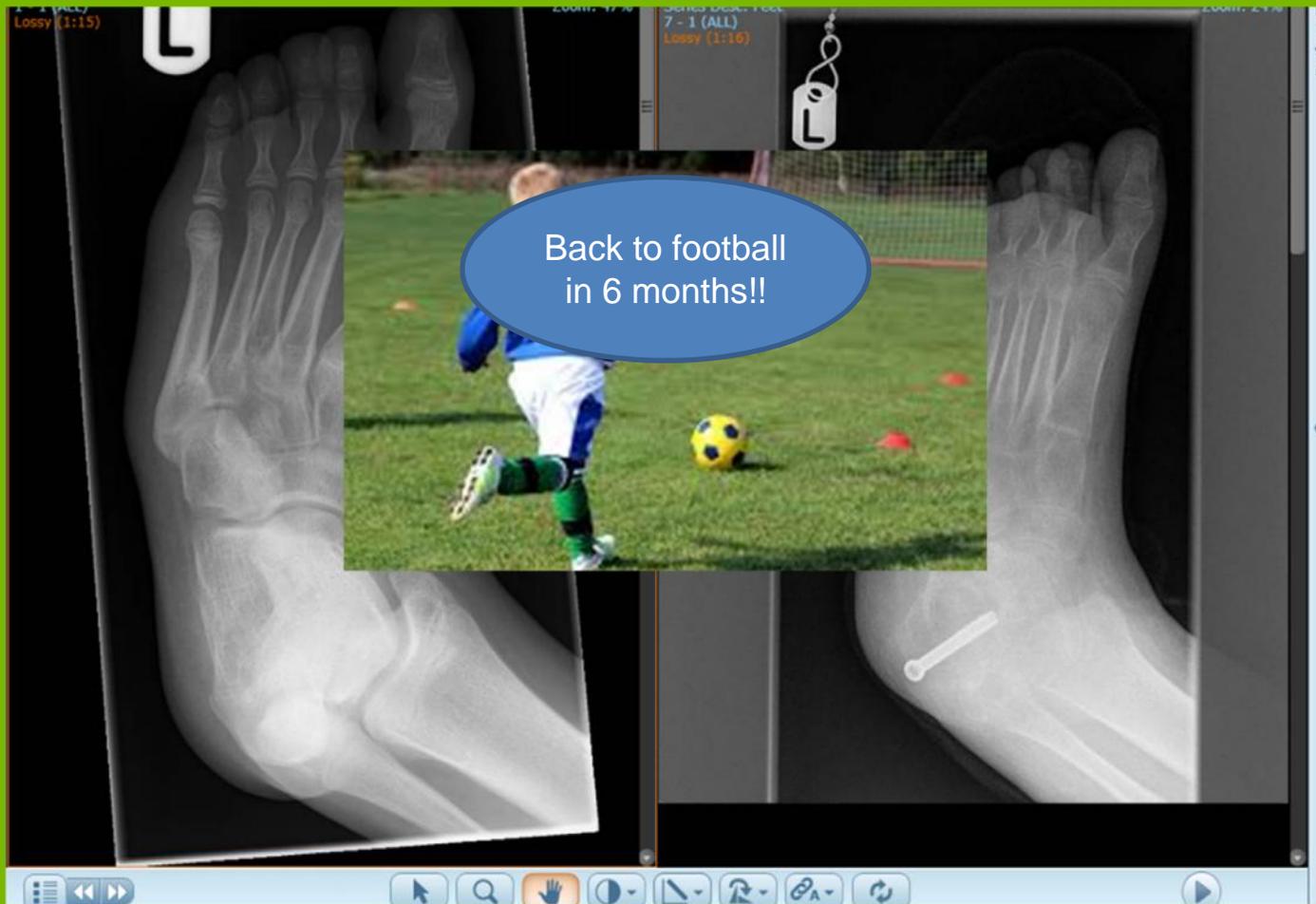
Corrected in 6 weeks



SAFETY

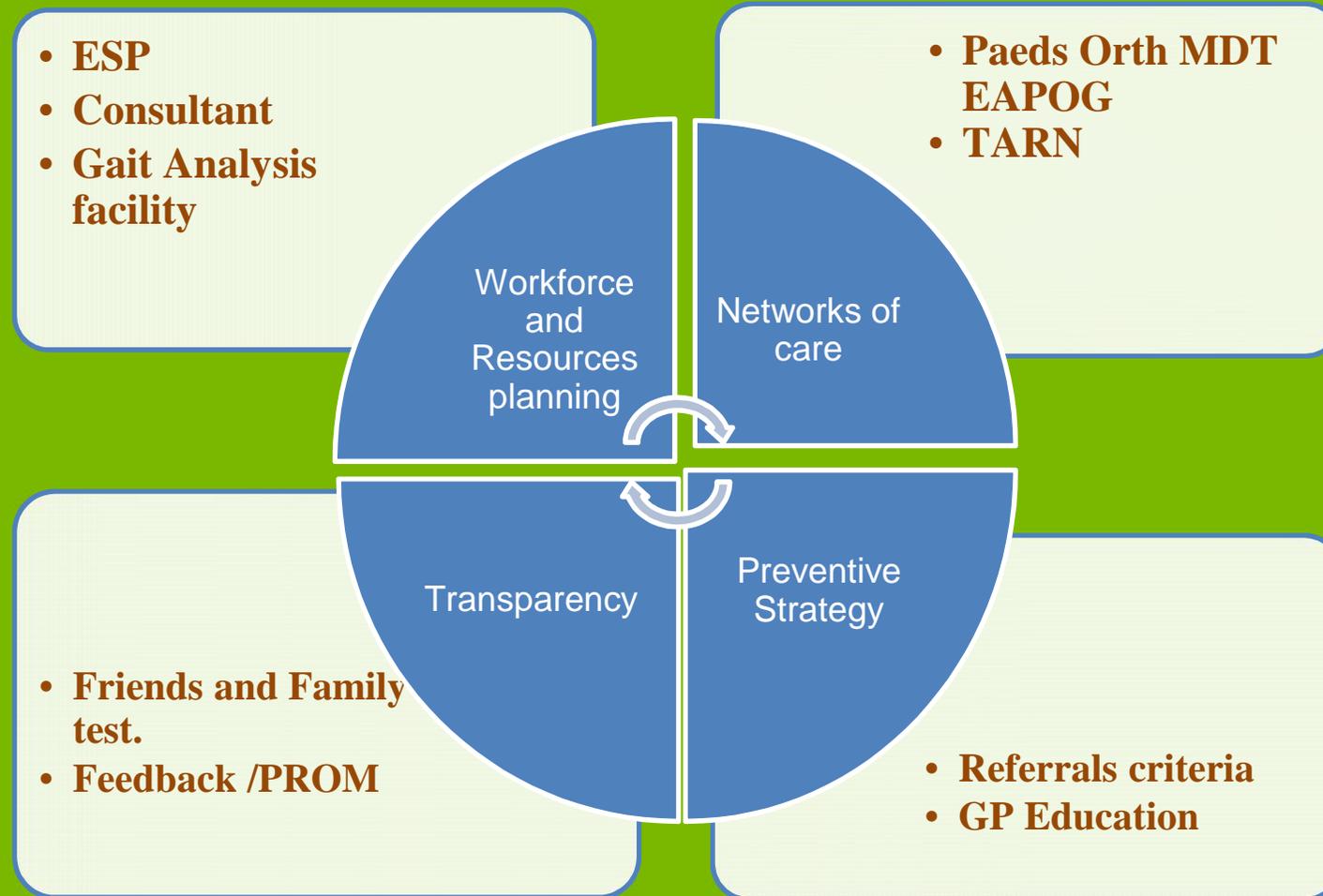


Corrective Foot Surgeries



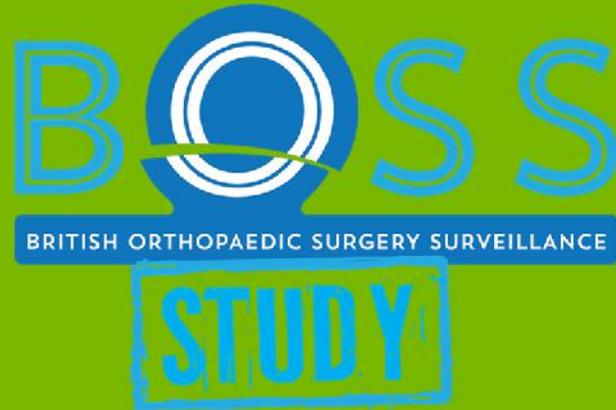


Regional Future Model of Care





Research



Cerebral Palsy Integrated Pathway
Establishing a UK-wide programme

Medial Epicondyle Fracture Study



Kids with any displacement (Inc. elbow initially dislocated, now reduced).
Not if >2 wks. old, fracture in joint, open/needs theatre for something else.

How to recruit at Luton & Dunstable Hospital

- In A&E please tell the patient there is a "study" (don't say "trial") comparing two commonly used treatments, both of which work well. We are trying to identify if one is better than the other by allocating patients fairly between treatments (don't say randomise!). You can tell them about the website www.ScienceStudy.org.
- They don't need admission.
- Please don't offer feelings "This is really bad...really mild...really unstable...really severe...really displaced...not very displaced...needs surgery...doesn't need surgery".

Do put the child in a back-slab and either:

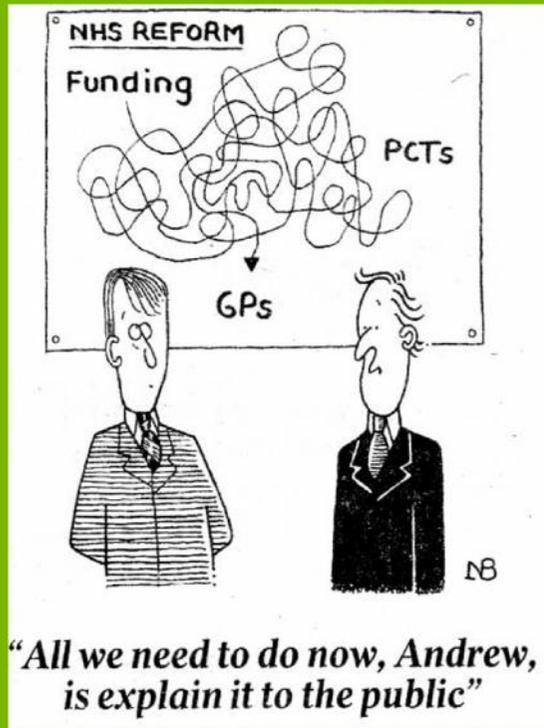
- Discuss patient in trauma meeting
 - Bring the child to the next fracture clinic within one week.
- Please drop the research nurses an e-mail to give them a heads-up
Paeds-Research-team@ldh.nhs.uk and inform **Mr Verma**.





SUMMARY

- A Busy Multidisciplinary Paediatric Orthopaedic practice .
- Holistic approach -Supporting Parents and Patients
- Investment in future- Analysis & Reporting service data.
- Increasing capacity-Physio/ ESPs /Consultant
- GP Education –Quality of Referrals / Organizing service.
- Regional leaders -Safe & Financially productive Service.
- Efficient Service delivery as per NHS England & GIRFT



Thank you !!

