

25th Jan 2008 - Improved care for children: a new opportunity.

Most paediatricians recognise that treatments available for children in the NHS often lack the evidence to inform their safe and effective use. The government has established a large national programme with substantial funding to address this. They have established a national network, the Medicines for Children Research Network, to assist the testing of drugs for children. The Royal College of Paediatrics and Child Health is delighted that children feature as one of the five 'topic-specific' networks (the others are diabetes, stroke, dementia, cancer) and is very supportive of this initiative, co-ordinated by the centre in Liverpool. New research ideas for medicines research are generated 'bottom-up' from Clinical Study Groups covering the breadth of child health (eg. neuroscience, respiratory etc.). Examples of the 40 studies already adopted include the MENDS study of melatonin in children with neurodevelopmental disorders and impaired sleep; the TWICS study of oral steroids for pre-school wheeze; the P3MC study of propranolol or pizotifen to prevent migraine; and NIRTURE – insulin for very low birth weight infants.

However, there are many therapies for children which do not involve the use of medicines. We now have a window of opportunity to highlight these too. The Government's programme has now reached a new stage. A further national network is being established to allow current and new treatments to be tested and developed for all the other areas of medicine outside the five 'topic specific' networks. The plan is to involve working doctors in testing treatments as part of their normal working lives. There will be funding available for sessional payment to clinicians to get involved and support to allow those who want to start or join projects. The networks are a central part of the NHS, completely embedded in the health service structure and based in small and large hospitals.

We as paediatricians have the opportunity to use this to improve the care we give children and babies but we have to take the initiative. We are at the stage where local research networks (called 'Comprehensive Clinical Research Networks') are currently deciding which areas they want to be involved in. There will be about 25 Comprehensive Clinical Research Networks to cover the NHS in England and there will be approximately 15 Specialty Network Groups, currently envisaged for disease-specific fields such as gastro-enterology, nephrology etc. If children's research is immersed in predominantly adult organ specialties, the likelihood is that research for children will be relatively neglected. The problems and challenges of doing research in children are different (ethics, consent, invasive procedures, litigation etc) and historically this has led to the paucity of data we have to support the practice of paediatrics.

We need to ensure that non-medicines paediatric research is recognised as a separate "Speciality Network Group". Currently, Comprehensive Clinical Research Networks directors have been sent a list, which originated with the UK Clinical Research Collaboration, of a dozen areas (which will each become a Speciality Network Group) and asked in which of these areas they consider their Comprehensive Clinical Research Networks to be strong. This list currently does not feature non-medicines paediatric research.

Children need improved treatments, especially for non-medicines therapies which are outside the remit of the Medicines for Children Research Network. One tangible way in which the Royal College of Paediatrics and Child Health Research Division will support non-medicines paediatric research is to assist Royal College of Paediatrics and Child Health members to attend future working groups if non-medicines therapies for children are amalgamated with the Medicines for Children Research Network.

The reorganisation of support and funding for research within the NHS, described in the Department of Health's new strategy "Best Research for Best Health", has moved very quickly. I ask you to take this window of opportunity to ensure research for the benefit of children is not lost across 15 different Specialty Network Groups and 25 different geographical patches by recommending the above strategy to NHS R&D nationally.

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