Opening statement – Connor Green MB BCH BAO MCh MSc FRCSI FFSEM

We are delighted to attend today at the request of the committee to answer questions around scoliosis at CHI.

We are both dual north american fellowship trained paediatric orthopaedic surgeon practicing at Children's University Hospital Temple Street and the National Orthopaedic Hospital Cappagh Kids

Both are consultant surgeons and hold no administrative positions.

Scoliosis affects a diverse cohort of children in very different ways. Most do not require surgery. For those who do young and complex children often require surgery to live beyond their 20's while adolescent idiopathic children may require surgery to reduce the chances of breathing difficulty in the 5th or 6th decade of life. So it is not a homogenises group. I am happy to expand on this point during questioning as it is extremely important.

I know you all know the challenge of timely treatment in scoliosis. I know you understand the anxiety and suffering it is causing to families and medical professionals and so I thank you for the opportunity to advocate for children today.

However…. In order to adequately advocate for my patients and colleagues I would like to leave a clear message here today; The care of children with scoliosis in this country is inadequate. But the care of children with all other orthopaedic conditions is just as bad. This is alarming when I tell you scoliosis only represents about 20% of our practice. Therefore the real crisis is in everything else.

As paediatric orthopaedic surgeons we see children we huge potential to contribute through their abilities to Ireland of the future. But these abilities are destroyed physically and psychologically by inadequate access to care.

These are

Children with spina bifida. Amazing, mature, intelligent children. While waiting for surgery these kids have gone from walking independently to wheelchairs. From full time school to home school and from wearing shoes to open sores from their deformities with no date for surgery.

Children with cerebral palsy the majority of whom should be able to live independently and through their abilities improve Ireland of the future. Instead treatable foot and hip deformities are progressing until children live in daily pain; thus losing their education; losing their future and making Ireland a lesser place.

But its not just children with additional needs otherwise health children with hip deformities and limb deformities who are in so much pain and so ashamed of their appearance miss more school than they attend and spend their childhood on waiting lists.

We have no universal screening for stable hip dysplasia. A silent condition which if left untreated accounts for 40% of total hip replacements under the age of 50. The lack of this service is contributing to more significant future surgery and economic burden on the sate

We need to create a sustainable paediatric orthopaedic service for the children of Ireland and their medical professionals. The solution cannot wait until the national hospital to be delivered. Furthermore you must understand that assuming a building alone is going to fix this will only lead to disappointment.

A sustainable system involve infrastructure and staffing

In CHI and Cappagh Kids we have a group of colleagues that you would not better anywhere in the world across nursing, therapy and medical peers. In paediatrics we hold ourselves to an particular high standard. A minimum of 2 years international training is required after the usual 15 years at home. Access to care is the barrier not the quality of care.

However, it is very clear to me that this time is coming to an end. You will no longer find people willing to drag their families abroad for specialist training. The good will of the nursing profession to continue in the face of adversity and staff shortages has dried up. If we don’t act now the elite professional standards will become yellow pack. But equally as likely is that the next generation will leave for places where the can excel rather than be constrained.

We don’t ask for much just to be allowed to do our job and be supported it that. To come to work knowing there is enough staff on the ward. To not have to fight at every corner to get a bed for a child for surgery. For surgeons actually be given access to theatre when appointed.

I hope the new hospital will live up to expectations but care can’t wait

I know its costing a ridiculous amount of money but the existing children’s still need resources now.

In Temple Street our CD has fought hard for one more theatre at the end of next year. Why not 2? Why not by easter?

Stand alone facilities are the best way to deliver elective are and anyone who has turned on the radio this week will know that. I know the government and HSE know this and are planning for an elective care facility.

We have one- the National Orthopaedic Hospital where we have Cappagh Kids. In the last 2 weeks when all elective activity is cancelled in childrens hospitals we did nearly 20 procedures. Resource us and support us and we will do more. There is an expansion plan submitted with the HSE that for modest capital investment would see a revolution in orthopaedic care provision in paediatrics and adult.

Resource us and give my future colleagues a reason to stay. A national system to be proud of and ability to care for our paitents.