

PAEDIATRIC CRITICAL CARE AND SPECIALISED SURGERY IN CHILDREN REVIEW

Expert Stakeholder Panel Meeting

Tuesday 2nd May 12:00 – 14:00

DoubleTree by Hilton, 60 Pentonville Rd, N1 9LA

Draft Minutes

Present:

John Stewart - Chair	Acting Director of Specialised Commissioning, NHS England, and SRO for Review
Mr Oliver Gee (by phone)	NHS England Clinical Reference Group Chair: Specialised Surgery in Children
Dr Gale Pearson	NHS England Clinical Reference Group Chair: Paediatric Intensive Care, NHS England
Dr Peter Wilson	NHS England Women & Children's Programme of Care Co-Chair
Dr Peter-Marc Fortune (by phone)	President, Paediatric Intensive Care Society (PICS)
Professor Liz Draper	Principal Investigator, Paediatric Intensive Care Audit Network (PICANet)
Fiona Lynch	Nursing Consultant, Evelina Children's Hospital
Dr Mike Linney	Consultant Paediatrician, Royal College of Paediatrics and Child Health (RCPCH)
Miss Carin Van Doorn	Chair of Congenital Committee, Society for Cardiothoracic Surgery in Great Britain and Ireland
Mr Richard Stewart	Chair of Children's Surgical Forum, Royal College of Surgeons
Eithne Polke	Chair, Paediatric Intensive Care Society: Acute Transport Group
Dr Mark Davidson	Consultant Paediatric Intensivist, Royal Hospital for Sick Children, Glasgow, PICS ECMO Group Chair
Professor Andrew Wolf	President, Association of Paediatric Anaesthetists of Great Britain and Ireland/Royal College of Anaesthetists
Dr Jacqueline Cornish	NHS England National Clinical Director for CYP and Transition, NHS England
Darren Banks	Director of Strategy, Central Manchester University Hospitals NHSFT and Shelford Group
Robert Munday Crates (by phone)	Patient and public voice (parent)
Ian Barrington	Divisional Director, Bristol Children's Hospital
Nick Harding	Chair of specialised Commissioning Place Based

Commissioning Oversight Group

Apologies:

Professor Mark Davenport	President of the British Association of Paediatric Surgeons
Dr Liam Brennan	Vice-Chair, Academy of Medical Royal Colleges (AoMRC)
Barry Thomas	Senior Informatics Manager, Specialised Services, NHS England
Professor Huon Gray	National Clinical Director for Heart Disease, NHS England
Louise Shepherd	Chair, Children's Hospital Alliance
Professor Neil Marlow	Chair, Neonatal Critical Care CRG, NHS England

In attendance from NHS England:

Dr Miriam Fine-Goulden	Clinical Fellow, Specialised Commissioning
Rachel Lundy	Lead Commissioner for Paediatric Intensive Care, Review team
Linda Doherty	Lead Commissioner for Paediatric Specialised Surgery, Review team
Laura Norris	Paediatric Critical Care & Specialised Surgery in Children Review Team
Sophie Solti	Paediatric Critical Care & Specialised Surgery in Children Review Team
Peta Mylan	Communications Manager, Specialised Commissioning
Priya Oomahdat	Service Specialist, Specialised Commissioning

Welcome, introductions and apologies	
1	<p>Members were welcomed to the fourth meeting of the Expert Stakeholder Panel (the 'panel') for the national review of paediatric critical care (PCC) and specialised surgery in children (the 'review').</p> <p>Ian Barrington, Robert Munday Crates and Nick Harding have joined the panel since the last meeting on 14th March.</p> <p>Apologies were received from Neil Marlow, Huon Gray, Louise Shepard, Liam Brennan, Mark Davenport and Barry Thomas.</p>
Minutes from previous meeting and update on actions underway	
2	<p>Minutes from the third panel meeting on 14th March 2017 had been updated with comments from panel members. The minutes were approved by the panel and will be published on the NHS England website as soon as possible.</p>
Action:	Person Responsible
<ul style="list-style-type: none"> Review team to publish the minutes from the 14th March expert panel meeting. 	Review team
Workstreams terms of reference and timeline	
3	<p>The panel discussed the terms of reference and membership for each of the four workstreams. The panel recommendations do not form any conclusions, nor does it pre-empt the content of any consultation that may be undertaken as part of the review of paediatric critical care and specialised surgery in children. The following points were made in discussion for each workstream:</p> <p>Models of care</p> <ul style="list-style-type: none"> The panel agreed that the future model of care could not be discussed in isolation from the associated workforce issues. The two workstreams will therefore need to work together to ensure alignment, and the chairs from all workstreams should join the model of care workstream. This workstream should include additional representation from district general hospitals, paediatricians, intensivists, radiologists and commissioners. <p>Workforce</p> <ul style="list-style-type: none"> The workforce workstream should have both a surgery and a critical care element. The workstream should include additional representation from Health Education England, paediatricians, radiology, specialist surgery and non-specialist surgery and paediatric intensivist representation as recommended by PICS. The workstream should work closely with the joint committee for surgical training and should consider the use of technology and innovation within the remit. <p>ECMO</p> <ul style="list-style-type: none"> There are interdependencies between the transport and ECMO workstreams. The panel agreed that the ECMO workstream will analyse the implications for mobile ECMO should the proposals from the Congenital Heart Disease Review be implemented. <p>Transport</p>

	<ul style="list-style-type: none"> The scope of the transport workstream should include transport to district general hospitals, HDU transfers, incorporating learning from major children's trauma centres and general ambulance services. The existing PICS Acute Transport Group should be used for wider consultation. The model of care proposed by the review will have implications for the transport teams. Therefore it is important for the transport and models of care workstreams to be aligned. <p>A verbal update was provided on the timeline to the review:</p> <ul style="list-style-type: none"> There was agreement from the panel that the development of the vision by workstreams should continue over the summer, with a possible public consultation in late 2017, and implementation starting from 2018.
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Action:	Person Responsible
<ul style="list-style-type: none"> Review team to consider adding the clinical commissioning group perspective to the panel and workstreams. 	Review team
<ul style="list-style-type: none"> The review team to work with Oliver Gee to appoint surgery representation to the workforce and models of care workstreams. 	Review team
<ul style="list-style-type: none"> Review team to add all chairs of workstreams to the models of care workstream. 	Review team
<ul style="list-style-type: none"> Review team to liaise with Health Education England to appoint a representative. 	Review Team
<ul style="list-style-type: none"> Review team updated the workforce terms of reference to include reviewing the use of innovation and technology. 	Review team
<ul style="list-style-type: none"> Transport workstream to reflect the interdependency with the ECMO workstream. 	Rachel Lundy

Next steps on the initial analysis for paediatric critical care and ECMO

4	<p>Gale Pearson presented some analysis of PICANet paediatric critical care and ECMO activity data. He explained that there was seasonal demand in paediatric intensive care units, with the highest pressure in winter each year. This demand is largely a result of children who have respiratory illness, are of lower levels of acuity and are under the age of one. The analysis also shows that a small cohort of patients use a significant proportion of resources in paediatric intensive care units.</p> <p>The panel then discussed how this data could influence the model of care. The following points were made in discussion.</p> <ul style="list-style-type: none"> The analysis indicates that some children could be moved out of PICUs and into a more appropriate setting and closer to home in some cases. However, moving children back to district general hospitals would be challenging and may require a shift in workforce and resources and a new model of care. Proposed solutions should be co-designed with regional commissioners and could use a single governance structure. Examining the reasons why long term ventilated patients sometimes spend more time than is optimal on PICUs, and the options for addressing this, should be pursued by the review.
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	<ul style="list-style-type: none"> The analysis examines the number of admissions to PICU, but this represents activity rather than demand. It may be helpful to look at the proportion of surgeries that are cancelled, for example through the cardiac quality dashboard. More analysis of the number of beds available in each unit at any one time may be helpful in understanding their ability to meet demand. 	
Action:		Person Responsible
	<ul style="list-style-type: none"> Review team to begin work on long term ventilated patients. 	Review team
	<ul style="list-style-type: none"> Review team to conduct more demand analysis, e.g. by reviewing the cardiac quality dashboard. 	Review team
ECMO		
5	<p>Mark Davidson presented paper 9 that outlined the state of ECMO across the country. The paper had been presented to the designated ECMO respiratory centres on 28th April. The panel discussed the issues facing ECMO as presented in paper 9. The following points were made in discussion.</p> <ul style="list-style-type: none"> The delivery of both cardiac and respiratory ECMO should be considered in a networked model or managed system. This arrangement would enable the designated centres to provide outreach support for lower volume centres whilst managing more complex patients. It may be necessary to define the varying levels of complexity of patients including the technical expertise needed to care for these different levels of complexity. Developing an appropriate tariff for the different elements of ECMO care could enable centres to be reimbursed for the activity they undertake. The workstream should consider how heart failure patients would be incorporated into the new model. The importance of considering neonates in the workstream and therefore the need to link with the review of neonatal critical care. 	
Action:		Person Responsible
	<ul style="list-style-type: none"> ECMO workstream to consider the range and complexity of ECMO patients. 	Mark Davidson
	<ul style="list-style-type: none"> ECMO workstream to consider the appropriate funding mechanisms. 	Mark Davidson
	<ul style="list-style-type: none"> ECMO workstream to link with the review of neonatal critical care. 	Mark Davidson
Next steps and close		
6	<p>An update was provided on the next steps for the review.</p> <ul style="list-style-type: none"> The next meeting is on 6th July, 2017. There are several workstream meetings already planned and it is anticipated that a significant amount of work will take place outside of the meetings and by correspondence. The review team is considering initial analysis required on specialised surgery in children to set the scene for these services in a similar way to the paediatric critical care initial analysis. 	

Action:	Person Responsible
<ul style="list-style-type: none">Panel members to send comments on papers by correspondence as required.	Panel members