NHS England

Paediatric Critical Care and Specialised Surgery in Children Review – Expert Stakeholder Panel Meeting

14th March, 13:00 – 15:00

De Vere Brigade, Brigade, the Fire Station
139 Tooley Street, London, SE1 2HZ

Draft Minutes

Present:

John Stewart - Chair	NHS England Acting Director of Specialised Commissioning, SRO for Review
Mr Oliver Gee	NHS England Clinical Reference Group Chair: Specialised Surgery in Children
Dr Gale Pearson	NHS England Clinical Reference Group Chair: Paediatric Critical Care, NHS England
Dr Peter Wilson	NHS England Women & Children's Programme of Care Co-Chair
Dr Peter-Marc Fortune	President, Paediatric Intensive Care Society (PICS)
Professor Liz Draper (by phone)	Principal Investigator, Paediatric Intensive Care Audit Network (PICANet)
Louise Shepherd	Chair, Children's Hospital Alliance
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 (by phone)	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	NHSE National Clinical Director for CYP and Transition, NHS England
Mr David Burge	Past President, British Association of Paediatric Surgeons [deputising for Professor Mark Davenport]

Apologies:

Darren Banks	Director of Strategy, Central Manchester University

	Hospitals NHSFT [deputising for Sir Mike Deegan]
Professor Mark Davenport	President of the British Association of Paediatric Surgeons [deputy Mr David Burge]
Dr Liam Brennan	Vice-Chair, Academy of Medical Royal Colleges (AoMRC)

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

Welcome, introductions and apologies	
1	Members were welcomed to the third meeting of the Expert Stakeholder Panel (the 'panel') for the national review of paediatric critical care (PCC) and specialised surgery in children (the 'review') and thanked in advance for their input to the review process. A verbal update was given on the updated governance structure in light of Jonathan Fielden's absence. John Stewart is acting Director of Specialised Commissioning and will act as the review's SRO. James Palmer, Clinical Director of Specialised Services, has agreed to provide additional clinical leadership. Apologies were received from Darren Banks, Mark Davenport and Liam Brennan.
Minutes from previous meeting and update on actions underway	
2	Minutes from the second panel meeting on 13th January 2016 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. The panel agreed the amended terms of reference for the expert panel which will also be published on the NHS England website in due course. A verbal updated was provided on the engagement to date: • The first of three engagement events took place on 10th March 2017 for the surgery community. There are two more engagement events planned for the paediatric critical care and congenital heart disease community on 15th and 16th March.

Action:	Person Responsible
• Review team to publish agreed minutes from the 13th January panel meeting	Review team
• Review team to publish agreed terms of reference for the panel	Review team

Specialised Surgery in Children	
3	The panel discussed the particular issues facing specialised surgery in children. It agreed that: • The surgery element of the review will focus on specialist paediatric surgery and specialist paediatric urology. The panel also agreed that the model for a future service would have to consider the implications on specialised surgery in children as a whole. The following points were made in discussion, and will be used to inform the review's ongoing work. **Increasing pressure**. The difficulties associated with the delivery of specialised surgery in children and coping with the increased pressure were discussed, including: • Increasing volumes of non-specialised surgery conducted in specialist centres; • The different ways that care can be classified and coded as specialised; and • Understanding whether increased pressures in tertiary units are due to (i) greater demand for specialist surgery, or (ii) an increased number of children with complex needs has resulted in more surgeries being classified as specialised. **Workforce**. The panel agreed with the workforce issues identified in the paper 3 and reiterated that the changing nature of the workforce was a key driver of some of the challenges. This could be a result of more care being delivered outside of non-specialist hospitals. The panel observed that clinicians often have less exposure to children on the surgical pathway and

	therefore feel more comfortable referring children to the specialist centre. **Commissioning**. Specialised surgical services for children are commissioned by regional specialised teams however there hasn't been a clear strategy about how services evolved at regional level and whether there is cohesion across CCGs and NHS England around surgical pathways. This has resulted in a 'long tail' of providers with infrequent practice, and more work is required to understand the true case mix of procedures and complexity of children being managed among secondary and tertiary providers. The panel agreed that sustainability and transformation plans (STPs) are a good opportunity to bring together the specialised and non-specialised aspects of the pathway. **Networked model of care**. The panel discussed the proposed networked model of care as described in the paper. During the discussion the following points were made: • A successful network model should bring together commissioners, providers, clinicians and other stakeholders to make collaborative decisions across the whole patient pathway. It would need a clear governance structure and CCGs should have a clear role. • A networked or managed system model of care could be centred on the patient and the family and the skills and expertise required to deliver services. This should be reflected in the model diagram. • More data is required in order to understand activity in each locality, across both tertiary centres and district general hospitals. • There is a range of critical interdependencies for specialised surgery in children, including trauma, neonatal services, specialist nursing and radiology, which could be mapped to help understand the current provider landscape.

Action:	**Person Responsible**
• Review team to consider adding the clinical commissioning group perspective to the panel and workstreams. • The model of care work-stream to review the critical interdependencies for specialised surgery in children. • Review team to update the networked model diagram to reflect the focus on the patient and family.	Review team Review team Review team

Paediatric transport	
4	The panel discussed the issues facing paediatric critical care transport. The following points were made in discussion and will be used to inform the review's future work. • There is variation in the way transport teams have evolved which has impacted on the scope, geographical coverage and volume of transfers undertaken, as well as the seniority of staff used by the transport teams. Panel members agreed that this variation does not necessarily correlate with outcomes or quality but that further work would be helpful to understand variation and the extent to which if affected service delivery • There is some fragmentation in the commissioning arrangements for transport. There could be benefits from more consistent repatriation of children to district general hospitals, as well as transport services undertaking high dependency transfers, although the likely significant resource implications would need to be considered and some prioritisation may be necessary in this context • The time-to-mobilisation indicator could evolve to take into consideration changes in transport services, for example including the time taken to stabilise a patient and

	accounting for variations in acuity. • The review should aim for equitable access to transfer services across the country. • Whilst long distance transfers are undesirable, they may need to be undertaken in extreme circumstances. Such transfers could be reviewed to understand which ones were appropriate. • There is currently no dedicated national flight transport service in England for children requiring rapid transfer for specialist intensive care treatment, or for long-distance repatriation. NHS England should consider conducting an impact assessment on the use of a dedicated national flight transport service in order to inform its commissioning decisions. • A networked model for paediatric critical care should incorporate transport, and could be an opportunity to strengthen training and outreach for acute hospitals whilst providing the opportunity to learn from serious incidents. • The review could follow the process undertaken by NHS England London Region in 2016 when it asked for feedback from all referring hospitals on paediatric transport services.

Action:	**Person Responsible**
• Transport work-stream to incorporate the panel's steers into its work programme. • Eithne to circulate the updates of the national transport service work on air transport.	Rachel Lundy Eithne Polke

Next steps and close	
5	An update was provided on the next steps for the review. • Four workstreams have been established to take forward the review: models of care, ECMO, workforce, and transport. The terms of reference for each will be circulated. • The paediatric critical care capacity and demand analysis is in the process of being finalised and will be published as soon as possible. • Local election 'purdah' may affect the review's ability to engage widely from the start of April until early May 2017.

Action:	**Person Responsible**
• Review team to circulate work-stream terms of reference and membership.	Review team