

Expert Stakeholder Panel: Terms of Reference

Purpose

1. NHS England is undertaking a review of Paediatric Critical Care and Specialised Surgery in Children. The Review also includes in its scope transport for children requiring critical care and Extracorporeal Membrane Oxygenation (ECMO).
2. In taking forward this work it is proposed that we will ascertain the optimal models of provision required to deliver sustainable, high quality, responsive paediatric critical care services and specialised surgery in children in England, considering interdependencies between these services and critical co-dependencies with other essential services.
3. For the purpose of the Review, we will be using the following definition of Paediatric Critical Care given in the NHS England service specification¹:
 - **Level 1** Paediatric Critical Care Units (PCCUs) are located in all hospitals providing inpatient care to children. Level 1 facilities are provided in all District General Hospitals (DGHs) which have in-patient facilities. CCGs are responsible for commissioning Level 1 services.
 - **Level 2** PCC units (High Dependency Units – HDUs) may be specialist or non-specialist and are provided in tertiary hospitals and a limited number of DGHs, and deliver levels 1 & 2 care. Level 2 services are commissioned by NHS England.
 - **Level 3** PCCUs (Paediatric Intensive Care Units - PICUs) provide care for children requiring intensive care and monitoring, including medically unstable patients requiring intubation or ventilation, single or multi-organ support, and continuous or intensive medical or nursing supervision. PCC level 3 units also provide routine planned post-operative care for surgical procedures, or during some planned medical admissions. They are usually located in tertiary centres or specialist hospitals and can provide all 3 levels of PCC. Level 3 units are commissioned by NHS England.
4. The following definitions for surgical services will be used
 - **Specialised Surgery in Children.** Encompasses a large and diverse group of separate specialised surgical services in children, as defined in NHS England's Manual for Prescribed Services (the Manual).² Specialised Surgery in Children includes the following individual prescribed surgical

¹ NHS England, Level 3 Paediatric Critical Care (PCC) Service Specification. Accessed on:

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/e07-sa-paed-inten-care.pdf>

² NHS England, Manual for Prescribed Specialised Services 2016/17. Accessed On:

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/06/pss-manual-may16.pdf>

services: Specialist Paediatric Surgery services; Specialist Paediatric Urology services; Specialist Ear, Nose and Throat services for children; Specialist Orthopaedic Surgery services for children; Cleft lip and palate services; Specialist Plastic Surgery Services for children Craniofacial services; Highly Specialist Pain Management services for children; Specialist Dentistry services for children; Specialist Gynaecology services for children and Surgery for Complex Obesity in children.

- **Specialist Paediatric Surgery.** One single and specific surgical speciality contained within Specialised Surgery in Children (see full list above). This is usually performed by a surgeon who is registered on the GMC Specialist Register under Paediatric Surgery.
 - **Specialist Paediatric Urology.** One single and specific surgical speciality contained within Specialised Surgery in Children (see full list above). This is usually performed by a surgeon who is registered on the GMC Specialist Register under Paediatric Surgery.
 - **General Paediatric Surgery (GPS).** Non-specialised children's surgery that can either be performed by specialist paediatric surgeons or by surgeons who primarily operate on adults but have expertise in paediatric surgery.³
5. This Review of Specialised Surgery in Children will predominantly focus on ascertaining optimal models of provision for the specific prescribed services of Specialist Paediatric Surgery and Specialist Paediatric Urology. These two services have the same professional specialist registration and are usually linked within provider trusts. To achieve this, the Review will clarify the definitions and provision of all of the separate elements of Specialised Surgery in Children, and will highlight where newly defined optimal models of care may be applicable to other services within the wider scope of Specialised Surgery in Children.
6. The aim of the Review is to deliver benefits in line with the triple aim outlined in the NHS *Five Year Forward View*.

³ Royal College of Surgeons of England, Children's Surgical Forum. Ensuring the provision of general paediatric surgery in the district general hospital. Accessed on <https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/ensuring-the-provision-of-general-paediatric-surgery-in-the-district-general-hospital/>



Improving population health

- Improved **sustainability** of services and equity of access across the country to critical care services (including ECMO and swift transfer to critical care) and specialised surgery in children
- Delivery of more **joined-up services** for children with different levels of need, involving greater professional collaboration and possible network style working



Improving the quality of care

- **Reductions in variation of care** currently experienced – such as different admission criteria for paediatric intensive care, and reduction in variation experienced by children undergoing surgery
- Treating children **closer to home** wherever possible and improving patient and family experience of care



Improving value for money

- **Improved value for money** through preventing, where possible, children from requiring critical care services in the first place as a result of greater support at lower levels
- Providing care in an **appropriate setting and location** for the child, thereby optimising use of the highest level of critical care and specialised surgery in children

7. There are four proposed work-streams (ECMO, transport, models of care including interdependencies and workforce) that will develop the detailed proposals and options for future models. The workstreams will cover the distinct and interdependent elements of paediatric critical care and specialised surgery in children and provide the opportunity for wider participation, including by provider organisations, and for panel members to contribute to specific workstreams.
8. The purpose of the expert stakeholder panel will be to inform a vision for future services and contribute to excellent patient care. To this end, the Panel will:
 - Provide advice and feedback to inform the development of the Review, based on expertise or lived experience;
 - Help to identify potential solutions to issues currently facing paediatric critical care and specialised surgery in children;
 - Provide constructive challenge on emerging solutions;
 - Work together with providers around potential solutions;
 - Contribute to work of specific work-streams if required; and
 - Assist NHS England in building momentum and creating consensus, by sharing outputs of the Review more widely with professional bodies and colleagues.

Membership

9. The group will be chaired by the Director of Specialised Commissioning, NHS England.

10. Membership of the group is as follows:

Name	Title and organisation
Dr Liam Brennan	Vice-Chair, Academy of Medical Royal Colleges

Ian Barrington	Divisional Director, Women's and Children's Services, University Hospitals Bristol NHS foundation Trust
Dr Jacqueline Cornish	National Clinical Director: Children and Young People and Transition, NHS England
Professor Mark Davenport	President, British Association of Paediatric Surgeons
Dr Mark Davidson	Consultant Paediatric Intensivist, Royal Hospital for Sick Children, Glasgow and PICS ECMO Group Chair
Sir Mike Deegan	Chief Executive, Central Manchester University Hospitals NHS Foundation Trust
Professor Liz Draper	Principal Investigator, Paediatric Intensive Care Audit Network
Dr Peter Marc Fortune	President, Paediatric Intensive Care Society
Mr Oliver Gee	Clinical Reference Group Chair: Specialised Surgery in Children, NHS England
Professor Huon Gray	National Clinical Director for Heart Disease, NHS England
Professor Nick Harding	Chair of Specialised Commissioning Place Based Commissioning Oversight Group
Dr Mike Linney	Wessex Regional Representative, Royal College of Paediatrics and Child Health
Fiona Lynch	Consultant Nurse, Evelina Children's Hospital, Guy's and St Thomas' NHS Trust
Professor Neil Marlow	Clinical Reference Group Chair: Neonatal Critical Care, NHS England
Robert Munday Crates	Patient and public voice representative (parent)
Dr Gale Pearson	Clinical Reference Group Chair: Paediatric Critical Care, NHS England
Mr James Palmer	Medical Director for Specialised Services, NHS England
Eithne Polke	Chair, Paediatric Intensive Care Society: Acute Transport Group
Louise Shepherd	Chair, Children's Hospital Alliance
Mr Richard Stewart	Chair, Children's Surgical Forum, Royal College of Surgeons
Miss Carin Van Doorn	Chair of Congenital Committee, Society for Cardiothoracic Surgery in Great Britain and Ireland
Dr Peter Wilson	Women and Children's National Programme of Care Co-Chair, NHS England
Professor Andrew Wolf	President, Association of Paediatric Anaesthetists of Great Britain and Ireland/Royal College of Anaesthetists

Meetings

11. The group will initially meet in December 2016, January 2017, and March 2017. Further meetings may be required subject to discussion, and work will be progressed virtually outside of meetings where required.

Governance and secretariat

12. The Paediatric Critical Care and Specialised Surgery in Children Review will be chaired by the Director of Specialised Commissioning, NHS England.
13. The National Review Team will provide secretariat support functions that include the responsibility for arranging meetings, agreeing agendas, developing papers and recording actions and minutes. We will aim to publish high level actions on the webpage following each meeting in the interest of openness and transparency.