

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

1<sup>st</sup> December 2016: 15:00 – 17:00

Mercure London Bridge Hotel  
71-79 Southwark St,  
London, SE1 0JA

**Draft Minutes**

**Present:**

Dr Jonathan Fielden - Chair	NHS England (NHSE) Director of Specialised Commissioning, Deputy National Medical Director
Dr Gale Pearson	Paediatric Intensive Care CRG Chair NHSE Clinical Reference Group Chair: Paediatric Critical Care, NHS England
Dr Peter Wilson	NHSE Women & Childrens' Programme of Care Co-Chair
Dr Peter-Marc Fortune	President, Paediatric Intensive Care Society (PICS)
Professor Liz Draper	Principal Investigator, Paediatric Intensive Care Audit Network (PICANet)
Louise Shepherd	Chair, Children's Hospital Alliance
Fiona Lynch	Nursing Consultant, Evelina Children's Hospital
Dr Liam Brennan	Vice-Chair, Academy of Medical Royal Colleges (AoMRC)
Dr Mike Linney	Wessex Regional Representative, 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
Darren Banks	Director of Strategic Development, Central Manchester University Hospitals [deputising for Sir Mike Deegan]
Mr Richard Stewart	Chair of Children's Surgical Forum, Royal College of Surgeons
Eithne Polke	Chair, Paediatric Intensive Care Society: Acute Transport Group



<b>Welcome, introductions and apologies</b>	
<b>1</b>	<p>Members were welcomed to the first meeting of the expert stakeholder panel for the Review of Paediatric Critical Care (PCC) and Specialised Surgery in Children, and thanked in advance for their input to the review process.</p> <p>Apologies had been received from Dr Jacqueline Cornish, Sir Mike Deegan, Professor Andrew Wolf and Mr Oli Gee.</p>
<b>Terms of Reference</b>	
<b>2</b>	<p>The group noted Paper 1 – Terms of Reference (ToR) for the Review which already been published. Panel members agreed to send any further comments on the group terms of reference (paper 2) to the Review team via email and felt it was important to be kept informed of the views of other members.</p> <p>The following points were made during the discussion:</p> <ul style="list-style-type: none"> <li>• Clear and consistent definitions of paediatric critical care and specialised surgery in children needed to be used throughout to ensure the scope of the review was clear.</li> <li>• The intention to work with providers around potential solutions needed to be referenced.</li> <li>• The overall aim that the panel’s work should contribute to excellent patient care should be referenced more explicitly.</li> <li>• The panel was reminded that the role of the group was to assist NHS England in devising a delivery plan for sustainable, high quality paediatric critical care and specialised surgical services, as opposed to recommendations as to how this could be achieved.</li> <li>• It would be important to ensure the right stakeholders and wider clinical community had the opportunity to contribute to the Review. Further work-streams to consider issues in greater detail would be set up, and the review team planned to proactively engage experts, stakeholders, patients and user groups going forward. Further consideration would be given to surgical representation on the group.</li> <li>• Many services were interdependent with paediatric intensive care (PIC). The panel acknowledged the need for this review to remain tightly focussed on paediatric critical care, extracorporeal membrane oxygenation (ECMO), and transport for children requiring critical care and specialised surgery.</li> </ul> <p>A final version of the ToR would be circulated including these comments.</p>

Actions:	Person Responsible
<ul style="list-style-type: none"> <li>• Any additional comments from panel members to be sent to the paedreview inbox (<a href="mailto:england.paedsreview@nhs.net">england.paedsreview@nhs.net</a>)</li> <li>• Review team to make amendments to Paper 2 as outlined above.</li> <li>• Review team to consider surgical representation on group.</li> </ul>	<p>All panel members</p> <p>Review Team</p> <p>Review Team</p>
Issues to address in the Review	
<p><b>3</b></p>	<p>The chair initiated discussion by updating the panel on the key issues identified by NHS England to date as drivers for the review as outlined in paper three. Panel members were asked for their views on these, and were in agreement that the paper accurately described the range of issues facing paediatric critical care and surgical services.</p> <p>The panel was updated on initial analysis undertaken on PIC and specialised surgical services. For the initial analysis, PICAnet, Secondary Use of Service (SUS) and Hospital Episode Statistics (HES) data had been used.</p> <p>The following points were made during the presentation:</p> <ul style="list-style-type: none"> <li>• Admissions trends for paediatric intensive care units (PICUs) showed that more than half of admissions fell within the category of unplanned non-surgical. The largest proportion of planned admissions was cardiovascular after surgery and the largest proportion of unplanned admissions was respiratory.</li> <li>• Seasonal variation demonstrated a decrease in PIC admissions in August. Planned post-surgery admissions were stable all year and it was thought that a decrease in respiratory disease in August may explain this trend.</li> <li>• The changing nature of the population admitted to PICUs was discussed.</li> <li>• The number of admissions in under 19s for paediatric surgery was increasing each year. Growth within specialised paediatric surgical providers was particularly increasing</li> </ul> <p>The following points were made in discussion:</p> <ul style="list-style-type: none"> <li>• For future PIC analysis it would be helpful to depict units in similar geographical area separately.</li> <li>• It would be helpful to consider how any changes to services that may arise as result of the Review would be evaluated. NHS England had begun some early work on evaluating major programmes that may be relevant.</li> </ul>

	<ul style="list-style-type: none"> <li>• The workforce aspect of the review was discussed and the need to consider two distinct elements: optimising use of the existing workforce, and ensuring that the future workforce was both sufficient in numbers and adequately trained for the roles required.</li> <li>• Transition from paediatric to both adult and neonatal care was a particular issue that may warrant investigation. Panel members also noted the current lack of consistency around the age that individuals transitioned from paediatric to adult care: 16, 18 or 19 were commonly used.</li> <li>• The need to understand the impact of neonatal care and neonatal surgical activity on paediatric critical care and specialised surgery in children was discussed. Outputs of this Review and the Neonatal Care Review would be shared to ensure alignment.</li> </ul>
<b>Action:</b>	<b>Person Responsible</b>
<ul style="list-style-type: none"> <li>• Review Team to share the draft data slides with panel members following the meeting.</li> <li>• Review team to separate out the PIC units in future analysis.</li> <li>• Review team to consider role of NHS England’s work in evaluating major programmes to this review.</li> </ul>	<p>Review Team</p> <p>Review Team</p> <p>Review Team</p>
<b>Aims and principles for future services</b>	
<p><b>4</b></p>	<p>It was explained that service reviews undertaken by NHS England aimed to contribute to the three ambitions of the five year forward view: (i) improving population health; (ii) improving quality of care; and (iii) improving value for money. This review would particularly address the need to ensure that services were sustainable in the future.</p> <p>The panel agreed with high level principles discussed and felt that the scoping of work-streams would help to add the next level of detail. The four proposed work-streams were: ECMO, transport, models of care including interdependencies and workforce.</p> <p>The panel also discussed:</p> <ul style="list-style-type: none"> <li>• The need to link in with other major initiatives such as the Sustainability Transformation Plan (STP) process.</li> <li>• The need to be informed of progressing thinking and comments from other panel members. The Review Team agreed to circulate a summary of and comments received back to the wider panel periodically.</li> </ul>

<b>Action:</b>		<b>Person Responsible</b>
<ul style="list-style-type: none"> <li>The Review team to provide summary updates on comments sent through from the panel.</li> </ul>		Review Team
<b>Next steps and close</b>		
<b>5</b>	<p>The chair provided an update on the next steps for the Review. The Review team would contact panel members regarding work-streams following the meeting.</p> <ul style="list-style-type: none"> <li>The panel noted the importance of having clear and consistent communications and messaging regarding the Review. The NHS England communications could advise on messaging as the need arose.</li> <li>The Review was focussed on England only, however the Review team would investigate how best to keep devolved nations informed of its development.</li> <li>The importance of providing engagement opportunities was discussed. Initial webinars with distinct audiences were planned on 5<sup>th</sup> January 2017 as an offer of early engagement with further opportunities to follow. The panel agreed to cascade webinar details through their networks to ensure maximum participation.</li> </ul>	
<b>Action:</b>		<b>Person Responsible</b>
<ul style="list-style-type: none"> <li>Review team to contact panel members regarding establishment of work-streams.</li> <li>Panel members to coordinate communications through the NHS England communications team to ensure consistent messaging.</li> <li>Review team to consider how best to keep devolved nations informed of developments arising from the Review.</li> <li>Panel members to cascade webinar registration details for 5 January through their networks.</li> </ul>		<p>Review Team</p> <p>All Panel Members</p> <p>Review Team</p> <p>All Panel Members</p>