

Paediatric Critical Care and Specialised Surgery in Children Review –

Expert Stakeholder Panel Meeting

13th January 2017: 13:00 – 15:00

Wellington House, LG19/20
London, SE1 8UG

Draft Minutes

Present:

John Stewart - Chair	NHSE Specialised Commissioning Director of Policy and Strategy, SRO for Review
Mr Oliver Gee	NHSE CRG Chair for Specialised Surgery in Children
Dr Gale Pearson	NHSE Clinical Reference Group Chair: Paediatric Critical Care, NHS England
Dr Peter-Marc Fortune	President, Paediatric Intensive Care Society (PICS)
Professor Liz Draper	Principal Investigator, Paediatric Intensive Care Audit Network (PICANet)
Louise Shepherd (teleconference)	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 (teleconference)	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

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 (teleconference)	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]
<u>Apologies:</u>	
Dr Peter Wilson	NHSE Women & Childrens' Programme of Care Co-Chair
Dr Jonathan Fielden - Chair	NHS England (NHSE) Director of Specialised Commissioning, Deputy National Medical Director
Sir Mike Deegan	Chief Executive, Central Manchester University Hospitals NHSFT [deputy, Darren Banks]
Professor Mark Davenport	President of the British Association of Paediatric Surgeons [deputy Mr David Burge]

In attendance from NHS England:

Rob Konstant-Hambling	Head of Intelligence, Specialised Services
Dr Miriam Fine-Goulden	Clinical Fellow, Specialised Commissioning
Rachel Lundy	Lead Commissioner for Paediatric Intensive Care, Review team
Linda Doherty (teleconference)	Lead Commissioner for Paediatric Specialised Surgery, Review team
Sophie Solti	Paediatric Intensive Care & Specialised Surgery Review Team
Elizabeth Stephenson	Paediatric Intensive Care & Specialised Surgery Review Team
Jo Stringer (teleconference)	Senior Communications Manager Specialised Commissioning

Welcome, introductions and apologies	
1	<p>Members were welcomed to the second meeting of the Expert Stakeholder Panel (the 'Panel') for the Review of Paediatric Critical Care (PCC) and Specialised Surgery in Children (the 'Review') and thanked in advance for their input to the review process.</p> <p>Apologies had been received from Jonathan Fielden, Peter Wilson, Sir Mike Deegan and Professor Mark Davenport.</p>
Minutes from previous meeting and update on actions underway	
2	<p>Minutes from the first Panel meeting on 1st December 2016 had been updated with comments from Panel members. The minutes were approved by the Panel and would be published on the NHS England website.</p> <p>Terms of Reference (ToR) for the Panel had been updated following discussions at the previous meeting. There was a further discussion about these:</p> <ul style="list-style-type: none"> • Clarity would be needed when referring to different levels of care, as levels of critical care (1-3) contrasted with the numbering of levels of surgical services, in terms of escalation of acuity. • The definitions used for the surgical aspect of the Review, and scope of this, were briefly discussed. It was agreed that 'specialised surgery in children' would be used for the duration of the Review to align with NHS England's Clinical Reference Group (CRG) terminology. This term encompassed a large group of separate specialised surgical services in children as defined in NHS England's Manual for Prescribed Services. This included Specialist Paediatric Surgery which was the focus of the Review, as opposed to wider specialities such as ENT or orthopaedics. The Review team agreed to clarify the definitions of: specialised paediatric surgery, general paediatric surgery, and specialised children's surgery in the Panel's ToR. • Separate terms of reference (ToR) for proposed work-streams would be developed.
Action:	Person Responsible
<ul style="list-style-type: none"> • Review team to publish agreed minutes from the 1st December Panel meeting 	Review Team
<ul style="list-style-type: none"> • Review team to clarify surgery definitions used in the panel's ToR and circulate these. 	Review Team
Update on engagement events to date, emerging messages and future plans	

3	<p>A verbal update was provided on engagement activities undertaken to date:</p> <ul style="list-style-type: none"> • Three webinars had been held on 5th January for: i) third sector/ patient and parent groups, ii) those working in paediatric surgical services and iii) PCC and extracorporeal membrane oxygenation (ECMO) professionals, to provide an early opportunity for engagement in the Review process. There had been a general consensus that the right issues had been identified as drivers for the Review, and no disagreement had been raised to the high-level aims of treating the right children in the right place and making services sustainable for the future. • Three meetings were planned for March with PCC, paediatric surgery and congenital heart disease (CHD) professionals to engage more widely on key issues for particular specialties and discuss potential solutions. The Review Team would recirculate details of the events planned. • The Review team was in the process of testing emerging thinking with children and young people. A fuller engagement plan was being developed which would be shared with panel members. 						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: left;">Action:</th> <th style="width: 30%; text-align: left;">Person Responsible</th> </tr> </thead> <tbody> <tr> <td data-bbox="124 1066 1141 1120"> <ul style="list-style-type: none"> • Review team to recirculate details of meeting in March. </td> <td data-bbox="1141 1066 1468 1120">Review Team</td> </tr> <tr> <td data-bbox="124 1120 1141 1294"> <ul style="list-style-type: none"> • Review team to circulate draft communications and stakeholder engagement plan </td> <td data-bbox="1141 1120 1468 1294">Review Team</td> </tr> </tbody> </table>		Action:	Person Responsible	<ul style="list-style-type: none"> • Review team to recirculate details of meeting in March. 	Review Team	<ul style="list-style-type: none"> • Review team to circulate draft communications and stakeholder engagement plan 	Review Team
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Paediatric Critical Care and ECMO discussion							
4	<p>The Chair explained that work was underway to analyse demand and capacity for paediatric intensive care across England to inform the Review. A webinar would be arranged to share this with panel members.</p> <p>A discussion about particular issues facing PCC and ECMO services was held. The following points were made in discussion - these would be used to inform future work of the Review, and that of the proposed work-streams that would be established:</p> <p>Paediatric Critical Care</p> <ul style="list-style-type: none"> • Meeting key standards (staffing levels): The difficulties involved in monitoring compliance with standards set for staffing levels on paediatric intensive care units (PICUs) by the Paediatric Intensive Care Society (PICS) were noted, given that PICANet audits were based on activity over one week in November each year. International comparisons of PICU performance were considered extremely difficult given the differences in health economies, social structure and geography that 						

existed between countries. Data was not currently captured nationally on levels 1 and 2 critical care delivered in acute trusts.

- **Seasonality and occupancy levels:** Though seasonal peaks in demand were often cited as problems for PCC, some felt that capacity pressures were present throughout the year and that this impacted on levels of elective surgery undertaken, particularly for certain specialties such as cardiac surgery. Cancellation of elective surgeries could be stressful for children and families involved, and could particularly affect children with urgent, but not emergency, needs.
- It was noted that at times, some PICUs operated above occupancy levels recommended by PICS. This was partly driven by difficulties sometimes encountered in discharging patients, in particular those with complex, long-term needs or on long term ventilation (LTV) – it could take several months to arrange appropriate packages of care close to home. Reliable data on such patients was scarce as currently the numbers of patients on LTV on general paediatric wards were not measured. The Panel agreed that considering the optimal model of care for children with such needs was important and it was suggested that transport and retrieval teams could be a valuable source of information about flows into and out of PCC.

Extracorporeal Membrane Oxygenation (ECMO)

- It was noted that there was a PICS group specifically considering paediatric ECMO and training/education standards required for this – these were due to be ratified shortly. The Review team would discuss with PICS how to align the work of the two groups to consider national provision of ECMO services in England.
- There was a discussion around the distinction between cardiac and respiratory ECMO services which were currently commissioned and provided differently. Many felt that the distinction was unhelpful and could lead to patients being transferred excessive distances unnecessarily on occasions.

Networked models of care

- In addressing some of the challenges discussed to date, the Panel agreed that it would be helpful to explore the role of networked models of care in realising the Review's aims of ensuring that the right children were treated in the right place and that services were sustainable for the future. This would also allow exploration of workforce considerations in both acute trusts and specialist children's hospitals.
- Clarity would be needed in describing what was meant by the term 'network' as these operated at different levels and had different meanings. Several national and regional networks existed already and should be analysed to inform the Review so that current arrangements

	<p>and interdependencies could be considered. The Getting it Right First Time (GIRFT) programme were also looking at provision of paediatric surgery and it was anticipated that this analysis would be shared with the Review team.</p> <ul style="list-style-type: none"> • Some regions such as Wessex and Thames Valley had a Critical Care Network which was commissioned as an Operational Delivery Network (ODN). This was felt to function effectively and should be considered further by the Review. • It was suggested that any networked solutions would need to accommodate both PCC and specialised surgery in children. Though there were interdependencies, there would also be distinct footprints and patient flows that would need to be reflected.
Action:	Person Responsible
<ul style="list-style-type: none"> • Review to consider optimal model of provision for patients with LTV. • Review team to consider alignment with GIRFT programme. • Review team to organise webinars to present emerging demand and capacity analysis to Panel members. • Review team to map existing networks that currently exist for PCC and specialised surgery in children. 	<p>Review team/all</p> <p>Review team</p> <p>Review team</p> <p>Review team</p>
Next steps and close	
5	<p>An update was provided on the next steps for the Review.</p> <ul style="list-style-type: none"> • As discussed at the previous meeting, four work-streams would be established to take forward the Review: model of care, ECMO, workforce, and transport. The Review team agreed to send the scope and terms of reference for each of the work-streams via email for comment.
Action:	Person Responsible
<ul style="list-style-type: none"> • Panel members to comment on the work-streams scope and work-stream terms of reference once circulated. 	<p>Panel Members</p>