

Consultation Report

Topic details

Title of Service Specification:	Adult Critical Care
Programme of Care:	Trauma
Clinical Reference Group:	Adult Critical Care
URN:	1661

1. Summary

This report summarises the outcome of a public consultation that was undertaken to test the service specification proposal.

2. Background

Adult Critical Care (incorporating intensive care and high dependency care known as ICU/HDU) underpins all secondary care and specialist adult services. This service specification relates to adults on a specialised commissioned pathway where there is a need for Adult Critical Care (level 2 and 3) as a component of that care pathway.

This specification is not applicable to high care areas provided by specialised services such as Post-Operative Anaesthetic Care Units, Extended Recovery Units, Nephrology, Respiratory or Cardiology.

The specification has been developed to reflect current practice and treatment standards.

3. Publication of consultation

The service specification was published and sign-posted on NHS England's website and was open to consultation feedback for a period of 30 days from 8 November 2018 to 8 December 2018. Comments were shared with the Service Specification Working Group (SWG) to ensure full consideration was given to feedback and to support a decision as whether any changes to the service specification might be necessary.

Respondents to consultation were asked the following questions:

- Does the impact assessment fairly reflect the likely activity, budget and service impact? If not, please describe any further impact not already detailed.

- Does the document describe the care and quality standards that you would expect for this service? If you selected 'No', what is missing or what should be amended?
- Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed changes that have been described?
- Are there any changes or additions you think need to be made to this document, and why?

4. Results of consultation

There were 53 responses to the public consultation in total.

- 30 from clinicians (9 of whom responded on behalf of their organisations, the rest responded as individuals);
- 3 from service providers (2 of whom responded on behalf of their organisation, the other responded as an individual);
- 3 from pharmacists (1 of whom responded on behalf of their organisation, the other 2 responded as individuals);
- 6 from professional organisations;
- 7 from patients (2 of whom responded on behalf of Patient & Public Involvement, the other 5 responded as individuals)
- 1 from a not-for-profit professional;
- 3 others (1 Modern Matron, 1 Head of Nursing and 1 response from a CCG Quality Team).

Common themes in the responses related to:

- Staffing requirements and competencies. (The SWG agreed that this fell into category level 2 defined below);
- How the service specification differs from guidance developed by the Faculty of Intensive Care Medicine (category level 2 defined below);
- Co-location of services (category level 2 defined below);
- The difference between delivering adult critical care services in small, rural units compared with large District General Hospitals. The SWG determined that Operational Delivery Networks would support providers locally and that these comments therefore fell into category level 4 (below);
- The need for the contribution of all relevant clinical professionals, e.g. pharmacists, to be referenced accordingly in the document (category level 1).

5. How have consultation responses been considered?

Responses have been carefully considered and noted in line with the following categories:

- Level 1: Incorporated into draft document immediately to improve accuracy or clarity.
- Level 2: Issue has already been considered by the CRG in its development and therefore draft document requires no further change.
- Level 3: Could result in a more substantial change, requiring further consideration by the CRG in its work programme and as part of the next iteration of the document.
- Level 4: Falls outside of the scope of the specification and NHS England's direct commissioning responsibility.

6. Has anything been changed in the service specification as a result of the consultation?

Some minor changes to the wording of the document have been made to improve clarity and pharmacy leadership was incorporated into relevant quality indicators.

7. Are there any remaining concerns outstanding following the consultation that have not been resolved in the final service specification proposal?

There are no remaining concerns and the document submitted constitutes the final draft of the service specification.