

Paediatric Critical Care & Specialised Surgery in Children Review

Test sites

Y&H PCC ODN meeting – 16th October 2018



There is a clear case for change in relation to paediatric critical care and specialised surgery in children

Paediatric Critical Care

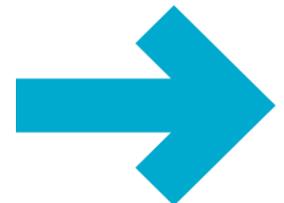
Year on year pressure due to a number of compounding factors:

- Increasing demand for specialised life preserving interventions
- Increased survival rates of children with complex and life-limiting conditions
- Long-term lack of workforce to fill vacancies
- Ongoing surge pressures every winter

Specialised Surgery in Children

Concerns over increasing activity in specialised centres/decreasing capacity for local hospitals to manage acute need of local patients:

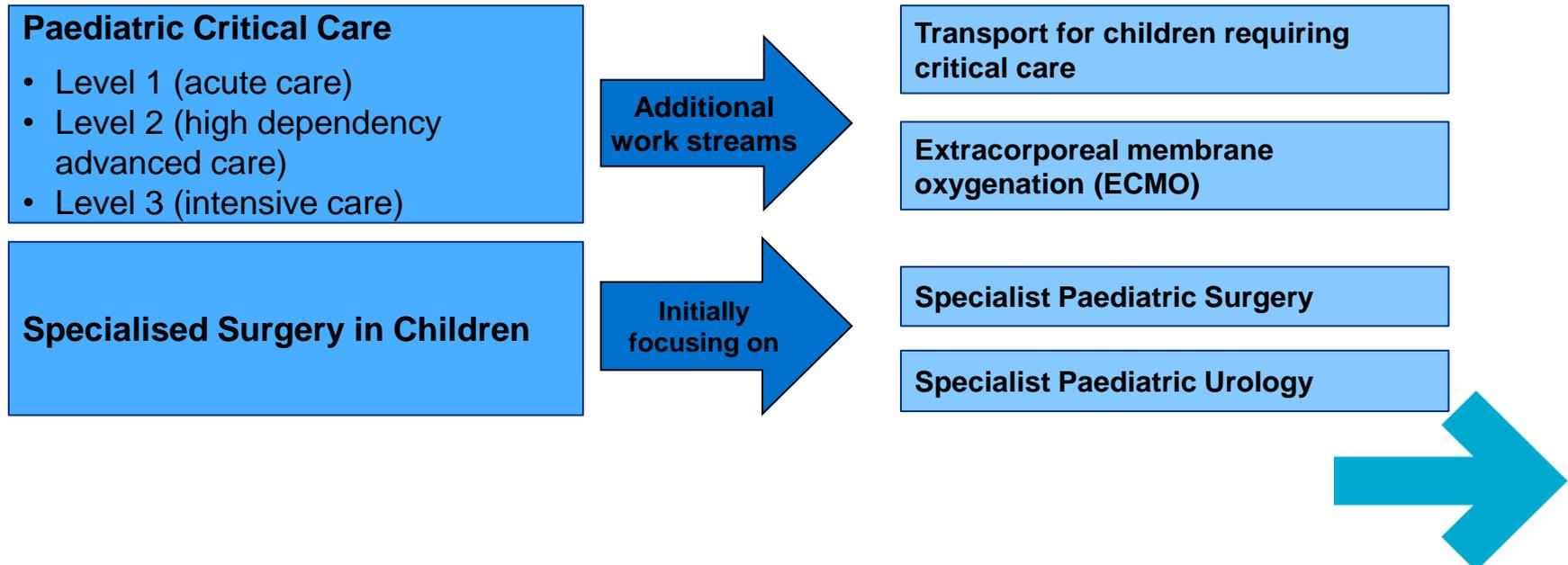
- Perceived impact on waiting times for specialised surgery and General Paediatric Surgery (GPS)
- Patients and families travelling further than necessary, with potential impact on clinical outcomes for time critical emergency interventions



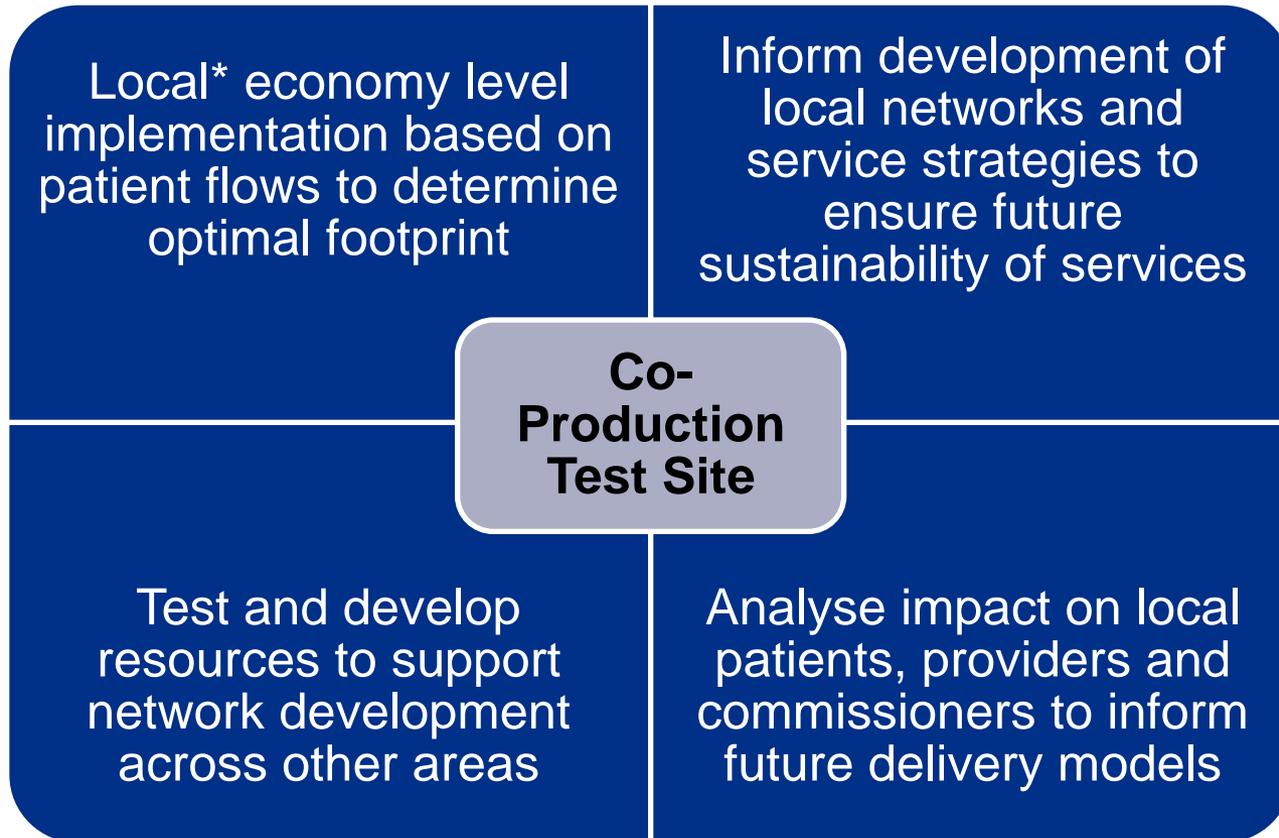
The national review of paediatric critical care and specialised surgery in children aims to address the issues identified

Aims:

- develop a sustainable model of care that prevents children having to go out of area for treatment
- maintain current high quality services, with the right expertise available to deliver patient centred care
- develop a sustainable and affordable way for the future, avoiding significant costs associated with increased PIC beds and risk of needing to send patients outside of England for treatment



To support the delivery of the national service review, two co-production test sites have been commissioned to identify the optimal network care model



*Local refers to the relevant place-based level of provision that offers the optimal footprint for a network to function at. This is based around patient flows and population size. In most cases this will be set at the Specialised Commissioning hub level, but will be for regional determination.

Two sites have been identified by NHS England as suitable for this work, based on the following criteria:

- Visible clinical leadership
- Strong commissioner leadership and support
- Access to local and robust analytics
- Good engagement of STP/CCG partners
- Good engagement with local non-specialised providers
- Commitment between stakeholders to work together
- Financial position of the local health economy
- Track record/previous work on large scale service transformation
- No significant quality or other performance issues with local health economy that would impede work within a test site

Choice of test site took into consideration:

- Capacity and engagement of local providers (specialised and non specialised, organisational as well as clinical engagement)
- Capacity and engagement of local Specialised Commissioning team commissioners (including senior sponsorship within the regional team and working relationships with local providers and CCGs)
- Assurance check from NHS England Commissioning Operations Directorate (CCG/STP and system assurance)
- Assurance check with NHS Improvement (provider financial and quality assurance)

Areas not selected as test sites are continuing to develop their roadmaps, and the national team will support capture and spread of best practice

- It is recognised that there are a number of networks outside of the test sites, both formal and informal, supporting local models of care/ pathways, which are at various stages of development.
- Regional teams are currently developing their own roadmaps, setting out where they are now and where they want to get to, to ensure that existing structures are understood and considered in the development of local models of care and networks.
- The national review is only able to work with two areas as test sites, but is developing plans for rapid spread of the learning from both the test sites and the ongoing regional work.
- The national review will continue to work with regional teams to capture and share best practice in place across other networks (including outside of paediatric critical care and specialised surgery), feeding this into the test site work to ensure that this is shared and built upon.

Test Site outcomes will include:

- A proposal on the core requirements for the optimal model of care for a local commissioner-led Operational Delivery Network (including the optimal network size and alignment with other paediatric networks).
- Identified data and analytic requirements to support the ODN to manage local demand and capacity, including requirements for future minimum data-set requirements.
- National and international benchmarks, governance frameworks, methodology to calculate any local improvement opportunities and a recommendation on how to realise the opportunity.
- A guide for NHS specialised commissioners on how to establish an ODN in a rapid cycle time and tools to support this work.
- Clear costings to determine the costs of implementing the optimal model of care and the key service requirements to inform service specification revision and financial impact assessments.



The test sites will have a slightly different focus to maximise the learning opportunities, but will both be looking at testing the overarching national principles at a local level

Yorkshire & Humber:

- Priority focus is system management for paediatric intensive care over winter period
- Paediatric Surgery Network development and spread through the test site phase
- Development of metrics to operationally manage networks
- Governance arrangements
- Financial implications and service specifications requirements

South London & South East:

- Model of care over large geographical area with multiple cross-regional boundaries
- Governance and functional requirements to develop an ODN
- Engagement strategies
- Long term ventilation pathways
- Development of children's strategic networks and interface with other children's ODNs

The two test sites identified offer opportunities to consider the following:

- Rural and urban areas
- Cross-boundary working
- Management in areas without a tertiary children's hospital
- Differing configuration of services and history of collaborative working

Metrics will need to be in place to monitor local and national systems through implementation to demonstrate impact of change on a local health economy

Critical Care



- Length of stay
- Out of area placements
- Delayed transfers of care
- Elective Care Cancellation rates due to critical care capacity

Surgery



- Cancellations (non clinical)
- Waiting list size
- Non specialised activity levels within tertiary unit

Longer term outcome metrics need to be developed and implemented to enhance quality management across these services

Resourcing will be via the national team, working with regional and hub leads to ensure ownership remains local whilst learning is rapidly spread to other networks

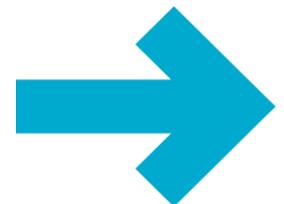
- Additional capacity and expertise will be made available via the national team to undertake a rapid diagnostic and support the development of analytics, costings and tools, testing these as they are developed following PDSA* methodologies.
- Regional teams in areas where the test sites are located have committed to providing resource to drive forward this work locally and continue after the test site work is concluded.
- After the test site phase is concluded, the national team will continue to work with the regional team to capture learning to inform specification, policy and business case reviews.

*PDSA = Plan/ Do/ Study/ Act



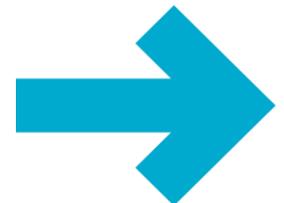
Test Site Project Phase: Engagement and Baseline (Sept)

- Develop local data packs and understanding the local service model of the selected sites.
- Gain engagement and buy-in for the project from the main local stakeholders, including patient and public representation.
- Gather insights and background documents to support understanding of the co-production sites.
- Scoping of test site project, SRO sign off and internal resourcing.



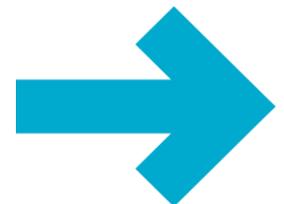
Test Site Project Phase: Project Launch (early Oct)

- Diagnostic of local issues
- Collection of trust and commissioner local data sets such as:
 - Outcomes (e.g. friends and family test, infection rates)
- Diagnostic of local issues
 - Unit costs at different points of the pathways
 - Patient access (e.g. maximum travel time/distance);
 - Minimum volumes;
 - Processes and standardisation (e.g. patient pathways)
 - Type of provider (e.g. District general hospital, large teaching hospital, elective care centres, specialist care centres, transport service) and links to neighbouring providers
 - Patient mix
 - Capital requirements (including workforce mix, IT and estates)
 - Commissioner forecasts (activity and finance)



Test Site Project Phase: Analytic and Development Work (spread across Oct - Jan)

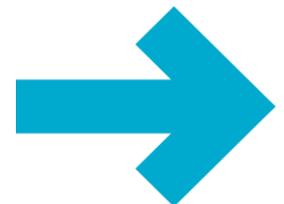
- Work with local teams to develop the optimum ODN model.
- Research, review and develop 'good practice' case studies against the working model in order to establish the potential 'stretch' or 'benchmark' model for the NHS.
- Make a set of recommendations for how to achieve the optimal care models for a local system, including identification of governance structures and data flows required to support this.
- Test models of care and network systems management in practice where possible.



Test Site Project Phase: Publish (Feb/March)

- To place all the major findings, insights and recommendations from the work into a guide for NHS commissioners and providers.

- Publication/guides for NHS specialised commissioners which sets out:
 - how to establish an ODN in a rapid cycle time
 - what the optimum care models for a Paediatric Critical Care and Paediatric Surgery ODN look like against an agreed set of metrics
 - optimal network size
 - alignment with other paediatric networks
 - future MDS requirements and analytics
 - governance principles and recommended structures
 - proposals for development clinical outcome measures.

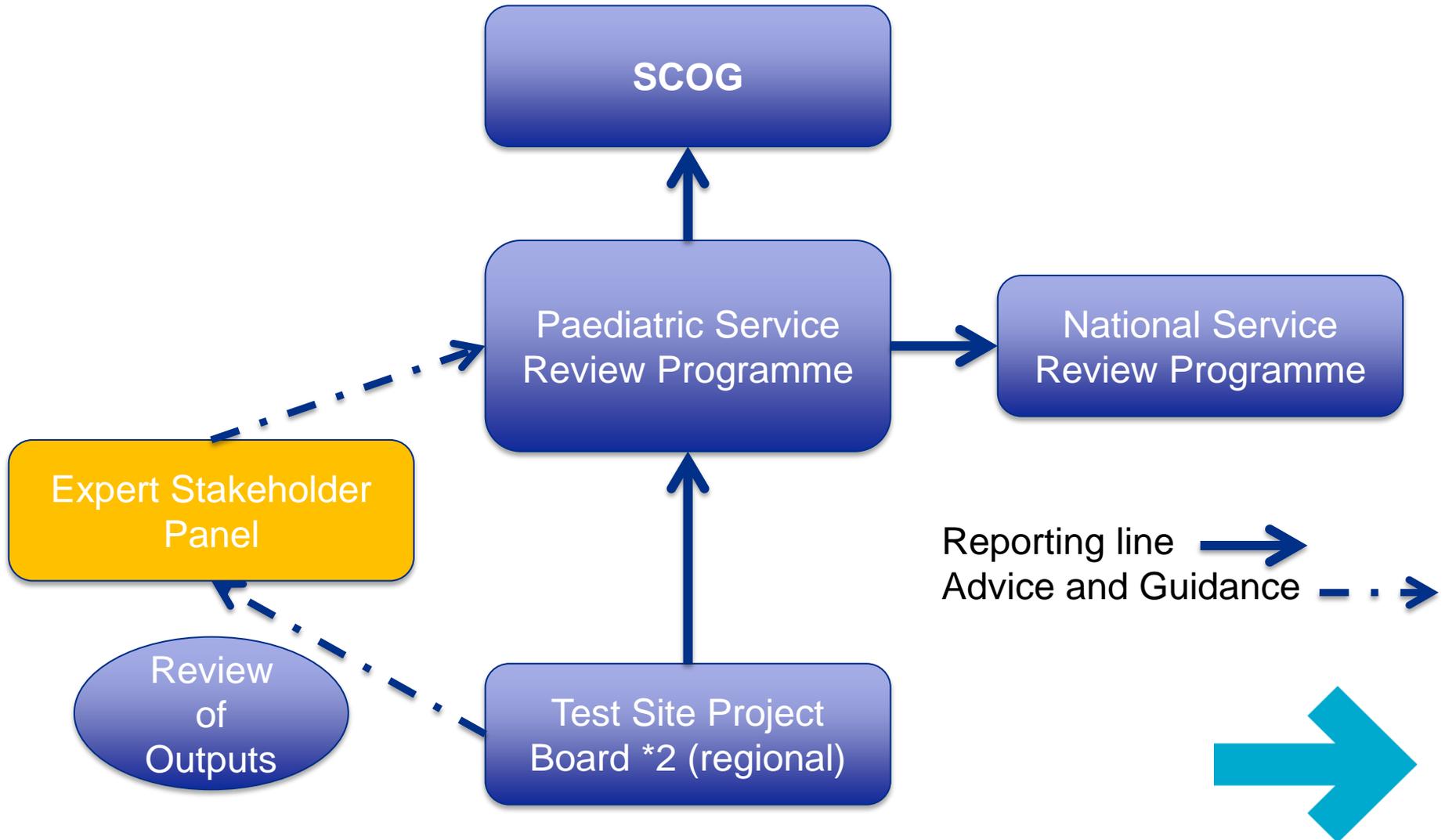


The Expert Stakeholder Panel will have the role of critical friend with the test site work stream

- The ESP will be provided with regular updates as to the progress of the test sites, with meetings being convened at key stages to review any outputs and recommendations from the test site work.
- The ESP will be key to ensuring that the programme receives feedback from the stakeholders they represent on the impact of the test site work locally.
- NHS England will continue look for clinical advice and guidance from the ESP as part of the national review programme governance.



Test Site governance will be part of local governance structures and feed into governance of national programme



Yorkshire & Humber Test Site Specification



The Y&H test site will specifically consider the following areas:

System Management	
Surge Management	System management of surge over winter, maximising PIC capacity, reducing out of area transfers, manage elective/urgent requirements and use of HDU provision
Patient flow	Alignment of policies across the system to remove barriers to patient flow, e.g. access criteria, infection control. Identification of other priority areas for addressing patient flow to be considered in diagnostic phase
Workforce management	Management of workforce resource across system, including movement of staff across the system where required
Cardiac Capacity	Management of access to PIC & HDU to support cardiac patients and minimise cancellations and treatment delays
HDU requirements	Determine demand and map against current capacity to identify units for designation, identifying resource requirements
Transport (critical care)	Development of local critical care transport service to facilitate patient flow within the system and identify future service development requirements

The Y&H test site will specifically consider the following areas:

Paediatric Surgery Network	
Develop model of care and local care pathways	Identify process and learning from development of models of care for paediatric surgical patients locally and nationally, and work to develop consistent models of care across Y&H
Establishing network	Build on existing structures (e.g. Y&H Children's Hospital partnership board) to develop local surgical network
Workforce competency	Map current skills, competency and capacity within non-specialised centres, mapping this against the modelled level of demand and service configuration. Identify with local education stakeholders route to rapidly upskill staff where significant gaps identified.
Transport (non critical care)	Develop protocols with the local ambulance service to ensure that patients are taken to the most appropriate provider directly (unless a clinical emergency prevents this)

The Y&H test site will specifically consider the following areas:

Network Structures	
Optimal network size (footprint)	Determine the optimal footprint for a network, based on population covered, access to services and patient flow
Model/ Structure	Determine the optimal structure of an ODN ensuring efficiency and clarity of roles
Principles	Test ODN principles that will be developed nationally and consider across all ODNs in specialised services
Governance/ Hosting arrangements	Develop and test governance arrangements for hosting of networks outside of providers/ within NHSE or other commissioning body, e.g. ICS, ACO/S, STP
Network Office function	Determine requirements support networks and develop network office function to ensure efficiencies and access to required resource at key times is available to all networks
Strategic Alignment	Develop and test structure for strategic alignment of children's services with different footprints across the network, starting with specialised services (PCC, SSIC, NIC, CHD, Cancer, CESS)

The Y&H test site will specifically consider the following areas:

Information	
Baseline analytics	Determine baseline utilisation position
Network access to data	Determine current access to data, and requirements for optimal network management
Surgical MDS requirements	Determine requirements for management of specialised surgery across a network and map against current data available within providers. Work with national team to determine routes to collect and analyse this information
Critical care data coverage	Scope the areas critical care data should be captured from and work with national team to develop Critical Care database
Outcomes	Working with the national team, identify areas for collection of meaningful outcome data to support long term development and management of services
System monitoring	Working with the national team, identify system indicators to monitor change

The Y&H test site will specifically consider the following areas:

Resourcing	
Specification review	Review of service specifications against identified service requirements at end of test site phase
Service costings	Costing of services, mapping against current spend and identifying service development costs (HDU, Transport)
Network resourcing	Identify resource requirements to set up network and ensure ongoing operational and strategic management, with consideration to efficiencies available through a network office function
Transport & HDU developments	Quantify any service development requirements in these areas, including activity, current spend, efficiency opportunities and benefits achievable through development

