



**Working Together Programme**  
**Non- specialised Children's Surgery**  
**and Anaesthesia– Scenario**  
**Appraisal**  
**05/8/15**  
**Final**

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## 1. Executive Summary

It is important that commissioners review the case for change for Children's Surgery and Anaesthesia within the South Yorkshire Mid Yorkshire and North Derbyshire (SYMND) footprint and consider if provision commissioned is equitable, safe and sustainable for the future. The case for change and subsequent Health Needs Assessment takes into account consideration of quality aspects of the service, draws on national and regional guidance and clinical best practice on services, which set out the national standards for Children's Surgical services.

If a transformation scenario is supported, then location considerations will draw on demographic information, and take into account the impact of provision in different locations according to access, deliverability, cost and clinical quality.

The purpose of this document is not to provide the detail of the next phase of work but to add to the case for change and provide commissioners with a limited number of options on which to progress this project to the next phase. At which point there will be much wider stakeholder engagement and extensive patient and public involvement.

The options to be considered by commissioners are:

Scenario 1.	Do nothing
Scenario 2.	Continue to deliver the services within the current form and from the current sites across the working together footprint, with a focus on improving performance and quality against standards
Scenario 3.	Transform Surgical and Anaesthesia provision in the wider context of SYMYNDWTP footprint and change the service model and pathways to improve performance and quality

### 1.1 Preferred option

Members of the project team have reviewed high level options and considered the application of them in line with best practice and national models of configuration of Children's Surgical Services, taking on board feedback from the clinical community and sub groups within the Working Together programme.

It is the recommendation to the Programme Executive Group consider the work up of option 3 to provide wider transformational change in the context of the vision for this programme of work *Equitable, Safe and Sustainable Services*

## 2 Evaluating the high level scenarios

For the purpose of the high level scenario appraisal, Working Together programme commissioners have developed an evaluation criteria to use as part of the decision making process to highlight risks and issues and benefits with the various scenarios.

These criteria are shown below:

Table 1 – Working Together scenario evaluation criteria

Criteria	Indicator
Quality	Impact on premature / avoidable deaths Impact on staffing levels Patient safety – conforming with best practice/Guidelines and standards Patient experience e.g. complaints and feedback
Access	Impact on population weighted average travel time Feedback from patients and public – i.e. acceptability, willingness to travel
Affordability	Up front capital and other non-recurring costs required to implement reconfiguration Assessment of ongoing financial viability of hospital sites Assessment of affordability within commissioners allocations Total value of each option incorporating future capital and revenue implications
Deliverability	Workforce experience/quality (attractiveness for employment) Assessment of ease of delivering option in terms of public and stakeholder acceptability Assessment of ease of creating required capacity shifts within timescales (workforce and physical facilities) Degree of integration across acute, primary, and community services

### 3. Scenario Appraisal

#### 3.1

Within the case for change there is an evidence of variation in provision, which can lead to variation in quality, clinical outcomes and performance against standards. The key messages from phase 1 are as follows:

There is a variation in the ability of provision to meet core standards for Children's Surgery and Anaesthesia. This is evidenced by the assessment of providers against Royal College Standards

There is variation in thresholds for referral to services, therefore the patient journey and provision available will vary dependant on where services are accessed and at what time. Evidenced by the confirm and challenge event and subsequent work within the task and finish group.

There are challenges with maintaining and developing workforce skills and expertise to meet the needs of children requiring surgery. Evidenced by the position from trusts that the current workforce is not sustainable and the skills to undertake certain procedures is reliant upon minimal or diminishing workforce skills.

Clinicians are identifying that the current service configuration is not consistent, safe or sustainable in the short, medium or long term, and that there are significant variations in the services. This has been raised by medical Directors and supported by managers of trusts.

The economic case for change is demonstrated by the flat growth rate in resource and cost pressure within the NHS. There is not an option to look to additional investment as a solution.

The assessment of need and prediction of future demand identifies a growth rate in line with population growth.

We also know that:

- Evidence to date suggest that the adoption of network approaches to enable collaboration in terms of workforce may offer some solutions
- That hub and spoke models have been adopted in other areas successfully to enable the delivery of sub speciality provision over larger footprints.

## Risks and Issues - Scenario 1- Do nothing

Category	Risk/Issue	RAG	Mitigation
Quality	Non Compliance with RC standards evident at a DGH level		None identified - challenges given the changes in workforce, and the national shortage of specialised staff coming through training.
Quality and Safety	Changes in pathways and local provision driven by changes in staff skills and workforce retention and recruitment		None identified
Quality and Safety	There needs to be a critical mass of patients receiving treatment within some of the surgical sub specialities to ensure that staff have enough exposure to operating on patients regularly those with co morbidities and the younger age thresholds are of particular challenge		Reduce the number of people that deliver particular challenging sub speciality procedures so they each treat more patients. However this would reduce the flexibility and skillset of the team and may make it more difficult to cover rotas 24/7. This would also mean a move in provision to a site where the skills are available, which isn't an option due to capacity in other centres or clinical need for intervention within a certain time period (non elective).
Deliverability	Staffing shortages and loss of skill will mean that ability to respond to clinical		None identified

	need reduces		
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### Benefits - Scenario 1- Do nothing

Category	Benefit
Access	The impact on people from low incomes and deprived areas is assumed to be impacted upon if services move because the skills simply are not located within local centres anymore as it would involve changes to their current healthcare provision.
Affordability	There would be expected outflows of patients to other more skilled sites, so the viability of the local service and the local acute hospital trusts would change.
Deliverability	As we have an assessment of local need across the patch political and public perspective would need to be considered if a decision was taken to continue within the current form and predicted diminishing skills
Deliverability	Other areas of local hospital Paediatric Services may be effected and transport services would be effected if pathways changed due to not responded.

### Risks and Issues - Scenario 2- Continue to deliver the provision within the current form and with the current providers but develop a network approach and improve quality with a focus on improving performance against standards

Category	Risk/Issue	RAG	Mitigation
Quality	Staffing shortages and change in staff skills and expertise		Investment in services – Investment into a Clinical Network and investment into workforce planning and skills development
Affordability	Currently commissioners and providers are required to deliver significant cost savings, and this investment in		None identified



	existing services may prove to be prohibitive.		
Deliverability	Staffing shortages within the provision may continue to be challenging		None identified Even with investment, the workforce development and skills development timeframe will not respond sufficiently to meet growth in need

**Benefits – Scenario 2 - Continue to deliver within the current form and with the current providers but develop a managed clinical network to**

- Agree guidelines and protocols are in place for managing the full patient pathway and address unwarranted clinical variation.
- Improve access and egress to/from services at the right time.
- Provide a forum and clinical leadership for training and education, sharing best practice and development of the service.
- Ensure processes are in place to identify and monitor network risks and critical incidents.
- Address strategic issues by monitoring and predicting trends in patient flows, matching capacity to demand, workforce and succession planning.

Category	Benefit
Access	The impact on people from low incomes and deprived areas is assumed to be minimal with this option as it would not involve changes to their current healthcare provision.
Affordability	Consideration of the funded network.
Deliverability	There would be no need for extensive public or patient engagement and limited changes In model or pathways
Deliverability	Staff would not have to move to another site – they could continue to work at their local hospital site.

**Risks and Issues - Scenario 3 - Transform Surgical and Anaesthesia** provision in the wider context of SYMYND WTP footprint and change the service model and pathways to improve performance and quality. This would mean configuring children's surgery services into local provider network considering a blended model of Hub and Spoke as well as Tartan model to be defined by speciality and in line with meeting standards. This would mean this model would need to meet the emerging service specification. This proposal would mean a change in configuration and some patient pathways dependant on the speciality, presenting condition and determining the ability to meet thresholds. It would mean for some elective sub specialities there would be little or no change, however in other areas there would be change in the model or a need to take a different pathway of care that meets the clinical quality needs specified.

Category	Risk/Issue	RAG	Mitigation
Quality & Safety	Ability to skill up staff and develop skills across sites and provide a lead skills development from a hub would enhance quality but be challenging as there would be a need to collaborate		Consider the development of a clinical network for S&A. Ensure collaborative agreements are embedded within contractual arrangements
Access	If services were to be reconfigured, there would be a proportion of patients who may have to travel further. Including possibly		This needs to be investigated further as part of the next phase of work looking at possible options. Patients and the public

	longer patient journeys or longer ambulance travel times		would need to be reassured that travel times by embrace, blue light ambulance are fully understood and planned for.
Deliverability	There would be a need for extensive patient and public engagement as this would mean a change in where services are delivered but with overall benefits to patients		Overall outcomes will need to be worked on and the impact of changes should demonstrate overall acceptability even though there is significant change

**Benefits - Scenario 3 - Transform Surgical and Anaesthesia provision in the wider context of SYMYND WTP footprint and change the service model and pathways to improve performance, quality and sustainability**

Category	Benefit
Quality and Safety	Reconfiguration of services, to a more hub and spoke model has the potential to deliver improvements to quality and safety to the service. Also to make the service more resilient.
Quality and Safety	A more specialist site as a hub or several hub configurations fits with the national evidence base for best practice services, which should improve quality and outcomes. This should contribute to a much improved assessment against standards
Quality and Safety	Combining the services into a blended model including hub and spoke and elements of a tartan model would improve Paediatric skills on a local level for elective provision
Affordability	There are economies of scale to be sought from this transformation/reconfiguration. The transfers and number of interventions may reduce, however it should be noted that a full cost benefit analysis should be

	made available as part of the option appraisal phase of the project.
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## 5. Conclusion and recommendations

This high level options appraisal sets out the options, risks and benefits for Children’s surgical and anaesthesia services within the Working Together footprint. The project team are reviewing this work, and undertaken a high level criteria assessment to form a preferred option for phase 2 of the project.

Through consideration of these criteria, and careful review of the benefits and risks associated with service delivery the project team recommend that Option 3 (Transform Surgical and Anaesthesia provision in the wider context of South Yorkshire WTP footprint and change the service model and pathways to improve performance and quality, consider Hub and Spoke or Tartan model) should be considered by the Children’s Core Leaders group and then by the Programme Executive Group (PEG) as the preferred option.

The Working Together Executive will be asked to review the proposals in light of feedback from the Yorkshire and the Humber Clinical Senate.