Clinical Senate
Yorkshire and the Humber

"An independent source of strategic clinical advice for Yorkshire and the Humber"

Clinical Senate Review

for

The Working Together Programme on Non Specialised Children's Surgery and Anaesthesia

Version 1.0 November 2015

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Yorkshire and the Humber Clinical Senate
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Version Control

Document Version	Date	Comments	Drafted by
Version 0.1	6th September 2015	Based on working group discussions by telephone and email	Joanne Poole
Version 0.2	14th September 2015	Updated based on Working Group comments	Joanne Poole
Version 0.3	5th October 2015	Updated to incorporate Council comments from September meeting	Joanne Poole
Version 1.0	18th November 2015	No further changes requested from commissioners. Confirmed as final version	Joanne Poole

1. Chair's Foreword

1.1 The Senate welcomes the opportunity to review the developing work on children's surgery and anaesthesia. There are a number of challenges facing the provision of children's surgery in district general hospitals and the Working Together Programme Case for Change and scenario appraisal is a good step forward towards the development of solutions to deliver a safe and sustainable service. The Senate hopes there is opportunity to continue working with the commissioner as the second phase of the work develops.

2. Summary Recommendations

2.1 The Senate agrees that there are no major changes required to the Case for Change in terms of its review of the issues facing children's surgery and anaesthesia as it provides a solid and comprehensive analysis. The Senate has a number of suggestions which may help to further improve the document. These include:

a. More focus on individual hospital activity and outcomes within the Working Together geography to demonstrate the local picture
b. Further emphasis on the problems that the workforce shortages will create in the future
c. Separating out the issues facing elective surgery and emergency surgery as different solutions are required to the issues

2.2 The Senate raises questions about the geography of the model, particularly due to the inclusion of Mid Yorkshire within the geography and their pathways into their tertiary centre at Leeds who are not part of this programme. There are also wider questions about how the next steps can ensure that there are no artificial boundaries created across the centre of Yorkshire and the Humber.

2.3 The Senate also emphasises the need for a good dialogue with patients and the public in Phase 2 of this work. Commissioners need to ensure that there is emphasis in the Case for Change on how the solutions will work to keep as much of the care pathway as close to home as possible, where it is clinically safe to do so. Commissioners need to be mindful of the need to consider the whole pathway of care in their solutions and not solely focus on the surgery aspect.

2.4 Scenario 3 is the proposed solution that the Senate supports. Establishing a Network however is not a solution in itself, there will need to be provider level changes to how and where services are delivered in order to ensure a sustainable service for the future. Although the Senate recognises that at this stage the scenario is only setting out the direction of travel rather than detail on the options, commissioners are encouraged to provide greater clarity on what would be the next steps if Scenario 3 was supported.

2.5 The Senate strongly supports the need to move to Phase 2 of the work. The current service is unsustainable and the workforce situation will not improve. Urgent action is required to deliver a clinically safe and sustainable service.

3. Background

Clinical Area

3.1 The Working Together programme for the review of non-specialised children's surgery and anaesthesia is a collaboration of Health Commissioning Organisations, 8 CCGs and NHS England across South Yorkshire and Bassetlaw, North Derbyshire and Wakefield.

3.2 Nationally, the Royal College of Surgeons have highlighted the issues and challenges facing the provision of children's surgery in district general hospitals. Challenges identified by stakeholders locally (surgeons, anaesthetists, and Trust managers and commissioners) are the key drivers for the South Yorkshire, Mid Yorkshire and North Derbyshire (SYMYND) Working Together Programme and have been explored in the case for change and public health needs assessment provided to the Senate.

3.3 The baseline analysis included in the Case for Change has highlighted a number of variations in the quality of children's surgical services across providers within the Working Together Programme. These include the variation in provider's ability to meet core standards and variation in thresholds for referral to services leading to unnecessary variance in the patients' journey. The challenge of maintaining and developing workforce skills to meet the needs of children requiring surgery is also highlighted as a key issue. Commissioners have identified the need for change but have not quantified what changes are required.

Role of the Senate

3.4 The Senate was approached by the Working Together Programme to provide independent clinical advice on their Case for Change and Scenario Appraisal. The specific question the Senate was asked to address is:

"Could the Senate advise on the non-specialised children's surgery and anaesthesia Case for Change, and whether this provides a comprehensive review of the issues facing the services. The Public Health Needs Assessment and best practice guidance documents are shared as these have informed the Case for Change.

Considering the Case for Change can the Senate review the three proposed scenarios for service change and advise on any clinical concerns relating to any individual scenario."

3.5 The Senate advice will inform the Working Together Programme approach for phase 2 of this work and commissioners hope that the Senate advice will assist with stakeholder buy-in for the next phase of work.

Process of Review

3.6 The Senate received the Case for Change, the supporting Public Health Needs Assessment and Best Practice document, and the scenario appraisal on the 6th August 2015. The Terms of Reference for the review were agreed on the 19th August 2015.

3.7 Work commenced to draw together the Working Group and the membership was largely confirmed by the 18th August. The Senate Working Group held a teleconference to aid their discussions on the 2nd September and held a teleconference with commissioners and clinical representatives on the 9th September to clarify outstanding questions formed from those discussions. The report was drafted by the Working Group following those discussions and provided to the Council for comment at the September meeting. The final draft report was submitted to the Working Together Programme on the 16th September. This was to allow discussion at the Working Together Programme Executive Board. The CCG have opportunity to comment on the report prior to its final ratification by the Council.

4. Evidence Base

4.1 The Case for Change, the Public Health Needs Assessment and the Best Practice document all contain reference to the evidence base for non-specialised children's surgery and anaesthesia. The Senate Working Group felt that this was a very thorough review of the evidence base and for this reason it is not repeated within this document.

4.2 The Senate has referred to one additional reference which is an update of the Children's Surgical Forum Standards for the Non- Specialist Emergency Care of Children. This is currently out to consultation but is due to be published in November and will supersede the 2013 standards.

5. Recommendations

5.1 The Senate considered the following question:

"Does the non-specialised children's surgery and anaesthesia Case for Change, provide a comprehensive review of the issues facing the service?"

5.2 The Senate agreed that there are no major changes required to the Case for Change in terms of its review of the issues facing children's surgery and anaesthesia as it provides a solid and comprehensive analysis. It clearly demonstrates that changes are needed to provide a clinically safe and sustainable service. The Senate did make the following observations, however, which may help to further improve the document.

5.3 Much of the focus is on a general view of the pressures facing paediatric surgery services and it would be helpful to have more focus on individual hospital activity and outcomes within the Working Together geography to demonstrate the local picture and better inform the local Case for Change. Commissioners are aware of the incomplete data and the Senate acknowledges the difficulties in providing this. We found the most helpful part of the document was the data in section 2.4 onwards which highlights the difficulties providers are having in delivering care to the agreed standards under the current model of service.

5.4 We are aware of the workforce pressures and the lack of trainees in general paediatric surgery and we felt that the document could give further emphasis to the problem that the workforce will create in the future. How to overcome the shortage of surgeons with the knowledge, skills and experience in paediatric surgery and deliver a safe and quality service is the key question. The Senate felt that the Case for Change needs to highlight this issue further and that this point gets a little lost in the Scenario Appraisal.

5.5 Commissioners may wish to consider separating out the issues facing elective surgery and emergency surgery as different solutions are required to the issues. It will be easier to find solutions to the elective work issues but the need to provide a safe and quality 24/7 emergency service is more problematic. In moving forward in Phase 2 of the work, commissioners may want to focus on parts of the service first rather than trying to solve the entirety of the non-elective and elective work in one leap. Commissioners will need to consider what will make the biggest impact.

5.6 There is some repetition across the documents supplied which made it harder for the Senate panel to pick out the important detail. The Working Together Programme leads have assured the Senate of the strong support for this project from commissioners and providers across the geography. There is a clear need to involve and engage clinicians at an early stage and ensure the right people are involved to deliver the required service changes. If the Case for Change is going to be used to engage and involve local clinicians in the need for service change, it is recommended that it is re-presented more succinctly.

5.7 Once stage 2 is reached, a good dialogue with patients and the public is needed. The cost of travel and parking and the stress of being at a distance from your family support is not to be underestimated. With that in mind there could be more emphasis in the Case for Change on how the solutions will work to keep as much of the care pathway as close to home as possible, where it is clinically safe to do so and this should be the starting point of any public engagement. It is important that if the public have to travel away from home for their care they know that this change is necessary to ensure their child gets the best treatment. It is important to ensure commissioners consider the whole pathway of care and not solely focus on the surgery aspect. Follow up can be provided locally and this message will be an important one in public engagement. Any solutions need to ensure that there are no

boundaries between primary and secondary care. The patient dialogue will also help to address such issues as caring for complex patients with long term care and ensuring continuity within any transition arrangements.

5.8 The Senate has questions about the geography of the model. The inclusion of Mid Yorkshire within the geography raises questions about their pathways into their tertiary centre at Leeds, who are not part of this programme. The Senate understands that there are no anticipated changes to the relationship with Leeds as the tertiary provider. This raises further questions about the footprint. The obvious way forward is to develop a solution on a Yorkshire and the Humber basis as we need to avoid artificial boundaries across the centre of Yorkshire and the Humber, confusing pathways between providers. The Working Together commissioners therefore, need to ensure a continued dialogue with commissioners in the Healthier Together Programme in West Yorkshire and the Healthy Lives Healthy Futures Work in Northern Lincolnshire and commissioners in North Derbyshire.

5.9 The Working Together commissioners have assured the Senate that they recognise the benefits of this work being taken forward on the Yorkshire and the Humber footprint but that further discussions are needed with West and North Yorkshire commissioners to achieve that. The Working Together commissioners are mindful of the boundary issues but keen not to delay progress across their geography.

5.10 The Working Together programme will also need to consider how this service aligns with the development of other health and social care services, like the Urgent and Emergency Care Work Programme, for example. The future approach needs to provide the integration and flexibility to take into account these wider developments.

Question -

"Can the Senate review the 3 proposed scenarios for service change and advise on any clinical concerns relating to any individual scenario?"

5.11 As a general point, the Senate agreed that the documentation does not provide any detail of how to take the next step forward. Although these are high level, the Senate agreed that they would benefit from greater clarity. The wording of the 3 scenarios leaves them open to interpretation in terms of what level of change is anticipated, and moving on to phase 2 may be difficult if there is confusion about the scenario agreed. As currently worded, the proposals in scenario 3 do not give any detail on what is going to change and how the workforce pressures are going to be addressed. This is the key driver within this Case for Change and we recommend that this is made more explicit.

Scenario 1
"Do Nothing"

5.12 The Senate does not support this scenario as the current service does not deliver a safe and quality service for the reasons outlined in the Case for Change.

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"

5.13 The Senate interpreted this scenario as not including provider level reconfiguration. The lack of availability of the paediatric surgical skills required to provide this service across all sites makes this scenario unsustainable in the view of the Senate.

Scenario 3
"Transform surgical and anaesthesia provision in the wider context of SYMYND Working Together footprint and change the service model and pathways to improve performance and quality"

5.14 This scenario is the solution that the Senate supports. Establishing a Network however is not a solution in itself, there will need to be provider level changes to how and where services are delivered in order to ensure a sustainable service for the future. This is not explicit in how this scenario is currently worded and it is recommended that this is made clearer. The Senate recognises that at this stage the scenario is only setting out the direction of travel rather than detail on the options but we felt there would be benefit in providing greater clarity on what would be the next steps if Scenario 3 was supported. The goal must be to ensure that any child who presents anywhere, at any time, across the geography, will access the same quality care.

5.15 The detail within this scenario suggests that a Managed Clinical Network will be the vehicle for achieving this change. There are different interpretations of a network and its role and there is little detail within this document to suggest the preferred model. There needs to be a strategic grasp of the issues and a willingness to work differently. The Senate emphasises the importance of the network setting the parameters of care within each district general hospital and each specialty, and agreeing separate solutions based on the ability of the provider to deliver a clinically safe service, measured through its ability to meet standards.

5.16 The Senate suggests that the Network would need to first establish its Terms of Reference which encompasses meeting locally agreed standards and providing care as close to the patient's home as reasonably possible. It is recommended that the Network moves at pace and establishes sub-groups for each surgical subspecialty to recommend necessary changes, based on activity and standards, to ensure safe and

sustainable services. Commissioners have confirmed that this mapping exercise has commenced. The Senate recommends that this work will need to entail the development of clear definitions regarding who treats what, in each specialty, which will guide pathways of care. The sub-groups will need to report back to an overarching Board within the network so that impact of changes on each other can be assessed.

5.17 It is recognised that there need to be different solutions for different surgical specialties but the Senate felt that the reference within this scenario to tiered and tartan models at this stage, confuses the message of agreeing what the basic service should look like.

5.18 Commissioners need also to consider broader solutions, a lead provider model for example, rather than more of the same and be aware in their development of solutions of the wider impact on paediatric services.

5.19 The Children's Surgical Forum standards are not statutory but commissioners will want to consider them as a basis for local discussion within the Network. These standards now focus less on numbers of lists and cases but more on competencies and outcomes which allows more flexibility in how service models are developed.

5.20 There are other examples of Children's Surgery and Anaesthesia Networks which have effectively developed solutions for rotation of staff to tertiary centres to maintain skills and experience and with effective simulation training programmes. Commissioners are advised to consider if these best practice examples can be utilised locally.

6. Summary and Conclusions

The Yorkshire and the Humber Clinical Senate concludes that:

- There are no major changes required to the Case for Change in terms of its review of the issues facing children's surgery and anaesthesia as it provides a solid and comprehensive analysis. This report suggests some ways to improve the document for use in the next phase of the work.

- The geography of the model raises some questions. These relate to:
    - The inclusion of Mid Yorkshire and their pathways into their tertiary centre at Leeds, who are not part of this programme
    - How this work would benefit from a pan Yorkshire and the Humber approach

- Commissioners need to ensure that there is emphasis in the Case for Change on how the solutions will work, to keep as much of the care pathway as close to home as possible where it is clinically safe to do so, and this should be the starting point of any public engagement. A good dialogue with patients and the public is essential in the next stage of this work to maintain the focus on the whole patient pathway and not just the surgical episode.

- Scenario 3 is the proposed solution that the Senate supports. Establishing a Network however is not a solution in itself, there will need to be provider level changes to how and where services are delivered in order to ensure a sustainable service for the future.

- The Yorkshire and the Humber Clinical Senate hopes that this report provides assistance to the Working Together Programme in obtaining commitment from stakeholders to the need for service change as discussions develop in Phase 2 of the programme.

- Moving agreement in principle through to achievement of change will be challenging, but the Senate fully endorses the need to move to Phase 2 of the work. The current service is unsustainable and the workforce situation will not improve. Urgent action is required to ensure the delivery of a clinically safe and sustainable service

APPENDICES

Appendix 1

LIST OF SENATE WORKING GROUP MEMBERS

The Working Group developed for this review consists of:

Senate Council Members

Jon Ausobsky, Consultant Surgeon, General Surgery, Bradford Teaching Hospitals NHS Foundation Trust (Chair of this Working Group)

Senate Assembly Members

Jean Gallagher, Citizen Representative

Sue Morgan, Teenage Cancer Nurse Consultant, Leeds General Infirmary

Co-opted Members

Gareth Hosie, Chair of the Northern Children's Surgery Network and Consultant Paediatric Surgeon, Newcastle upon Tyne Hospitals NHS Foundation Trust

Lisa Daniels, Paediatric Anaesthetist Lead of the Northern Paediatric Anaesthesia Network and Consultant Paediatric Anaesthetist, Newcastle upon Tyne Hospitals NHS Foundation Trust

Roly Squire, Consultant Paediatric Surgeon, Leeds Teaching Hospitals

Appendix 2

PANEL MEMBERS' DECLARATION OF INTERESTS

Working Group Members Declaration of Interests

Name	Title	Organisation	Date of Declaration	Reason for Declaration	Date of Response	Proposed way of Managing Conflict
Mr Roly Squire	Consultant Paediatric Surgeon	Leeds Teaching Hospitals	10.8.15	As co-chair of the Task& finish Group regarding children's surgery & anaesthesia in Y&H I have been kept informed about how the Working Together programme has progressed, and have attended a couple of the meetings, in an independant observer role. The outcome of the Working Together programme is likely to impact upon the recommendtaions made by the Task & Finish Group.	19.8.15	You have acted as the co-chair of the Task& Finish Group regarding children's surgery & anaesthesia in Yorkshire and the Humber. Through this role you have been kept informed about how the Working Together programme has progressed, and have attended some of the meetings in an independent observer role. The outcome of the Working Together programme is likely to impact upon the recommendations made by the Task & Finish Group but the Task and Finish Group is not in a position of influencing the Working Together programme. The Senate therefore agrees to manage this Conflict of Interest by recording the declaration and agreeing to your participation in the review.

Senate Council Members Declaration of Interests

Richard Parker, Jeff Perring and Sewa Singh declared conflicts at the Council meeting.

Appendix 3

TERMS OF REFERENCE

TITLE:

Working Together Programme Review of Children's Surgery and Anaesthesia

Sponsoring Organisation: Working Together Programme, Collaboration of Health Commissioning Organisations 8 CCGs and NHSE across South Yorkshire and Bassetlaw, North Derbyshire and Wakefield.

Terms of reference agreed by: Chris Welsh on behalf of Yorkshire and the Humber Clinical Senate and Will Cleary Gray on behalf of the Working Together programme

Date: 18th August 2016

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1. CLINICAL REVIEW TEAM MEMBERS

Clinical Senate Review Chair: Jon Ausobsky, Yorkshire and the Humber Senate Council member and Consultant Surgeon, General Surgery, Bradford Teaching Hospitals NHS Foundation Trust

Citizen Representative: Jean Gallagher

Clinical Senate Review Team Members:

Name	Job Title	Contact Information
Sue Morgan	Teenage Cancer Nurse Consultant, Leeds General Infirmary	suemorgan@nhs.net
Gareth Hosie	Chair of the North Paediatric Surgery Network	Gareth.Hosie@nuth.nhs.uk
Lisa Daniels	Cons Paed Anaesthetist, GNCH Paediatric Anaesthetist lead, North Paediatric Surgery Network	Lisa.daniels@nuth.nhs.uk
Mr Roly Squire	Consultant Paediatric Surgeon, Leeds Teaching Hospitals	r.squire@nhs.net

2. AIMS AND OBJECTIVES OF THE REVIEW

Question:

Could the Senate advise on the Non-specialised Children's Surgery and Anaesthesia Case for Change, and whether this provides a comprehensive review of the issues facing the services. The Public Health Needs Assessment, and Best Practice Guidance documents have also been shared as these have informed the Case for Change.

Considering the Case for Change can the Senate review the three proposed scenarios for service change and advise on any clinical concerns relating to any individual scenario.

Objectives of the clinical review (from the information provided by the commissioning sponsor)

- To set out the Case for Change and provide commissioners with a limited number of options on which to progress this project to the next phase. This stage provides the high level options, the next stage will quantify the changes required.
- The Senate advice will allow the Working Together programme to be assured that there is Clinical Senate support for the recommended approach for phase 2 of this work, which will assist with stakeholder buy in for the next phase of work.

Scope of the review

- Advise on the Case for Change and whether this provides a comprehensive review of the issues facing the services.
- Review the three proposed scenarios for service change and advise on any clinical concerns relating to any individual scenario.

3. TIMELINE AND KEY PROCESSES

Receive the Topic Request form: 6th August

Agree the Terms of Reference: 18th August

Receive the evidence and distribute to review team: between 6th and 18th August as members appointed to the panel

Teleconferences: Dates to be confirmed. Will be in the 1st and 2nd week of September

Draft report submitted to commissioners: By the 16th September

Senate Council ratification; 23rd September Council meeting but pending commissioner comment

Final report agreed: Commissioners given 10 working days to review the report and request any changes. Any substantial changes will need to be reported back to the Council

Publication of the report on the website: End September 2015

4. REPORTING ARRANGEMENTS

The clinical review team will report to the Senate Council who will agree the report and be accountable for the advice contained in the final report. The report will be given to the sponsoring commissioner and a process for the handling of the report and the publication of the findings will be agreed.

5. EVIDENCE TO BE CONSIDERED

The review will consider the following key evidence:

- Scenario Appraisal
- Public Health Health Needs Assessment
- Best Practice Guidance

The review team will review the evidence within these documents and supplement their understanding with a clinical discussion.

6. REPORT

The draft clinical senate report will be made available to the sponsoring organisation for fact checking prior to publication. Comments/ correction must be received within 10 working days.

The report will not be amended if further evidence is submitted at a later date. Submission of later evidence will result in a second report being published by the Senate rather than the amendment of the original report.

The draft final report will require formal ratification by the Senate Council prior to publication.

7. COMMUNICATION AND MEDIA HANDLING

The final report will be disseminated to the commissioning sponsor, provider, NHS England (if this is an assurance report) and made available on the senate website. Publication will be agreed with the commissioning sponsor.

8. RESOURCES

The Yorkshire and the Humber clinical senate will provide administrative support to the clinical review team, including setting up the meetings and other duties as appropriate.

The clinical review team will request any additional resources, including the commissioning of any further work, from the sponsoring organisation.

9. ACCOUNTABILITY AND GOVERNANCE

The clinical review team is part of the Yorkshire and the Humber Clinical Senate accountability and governance structure.

The Yorkshire and the Humber clinical senate is a non-statutory advisory body and will submit the report to the sponsoring organisation.

The sponsoring organisation remains accountable for decision making but the review report may wish to draw attention to any risks that the sponsoring organisation may wish to fully consider and address before progressing their proposals.

10. FUNCTIONS, RESPONSIBILITIES AND ROLES

The **sponsoring organisation** will

i. provide the clinical review panel with agreed evidence. Background information may include, among other things, relevant data and activity, internal and external reviews and audits, impact assessments, relevant workforce information and population projection, evidence of alignment with national, regional and local strategies and guidance. The sponsoring organisation will provide any other additional background information requested by the clinical review team.
ii. respond within the agreed timescale to the draft report on matter of factual inaccuracy.
iii. undertake not to attempt to unduly influence any members of the clinical review team during the review.
iv. submit the final report to NHS England for inclusion in its formal service change assurance process if applicable

Clinical senate council and the **sponsoring organisation** will:

i. agree the terms of reference for the clinical review, including scope, timelines, methodology and reporting arrangements.

Clinical senate council will:

i. appoint a clinical review team, this may be formed by members of the senate, external experts, and / or others with relevant expertise. It will appoint a chair or lead member.
ii. endorse the terms of reference, timetable and methodology for the review
iii. consider the review recommendations and report (and may wish to make further recommendations)
iv. provide suitable support to the team and
v. submit the final report to the sponsoring organisation

Clinical review team will:

i. undertake its review in line the methodology agreed in the terms of reference
ii. follow the report template and provide the sponsoring organisation with a draft report to check for factual inaccuracies.
iii. submit the draft report to clinical senate council for comments and will consider any such comments and incorporate relevant amendments to the report. The team will subsequently submit final draft of the report to the Clinical Senate Council.
iv. keep accurate notes of meetings.

Clinical review team members will undertake to:

i. commit fully to the review and attend all briefings, meetings, interviews, and panels etc. that are part of the review (as defined in methodology).
ii. contribute fully to the process and review report
iii. ensure that the report accurately represents the consensus of opinion of the clinical review team
iv. comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it. Additionally they will declare, to the chair or lead member of the clinical review team and the clinical senate manager, any conflict of interest prior to the start of the review and /or materialise during the review.

END

Appendix 4

BACKGROUND INFORMATION

The evidence received for this review is listed below:

- Working Together Programme – non specialised children's surgery and anaesthesia Scenario Appraisal Version 4 5/8/15
- Working Together Programme, Children's services, Case for Change – non specialised children's surgery and anaesthesia March 2015
- Health Needs Assessment Paediatric Surgical Care July 2015
- Working Together Programme Children's Workstream. Best Practice Guidance for the Configuration and Provision of Children's surgery August 2015