Mr John Stewart
SRO Paediatric Critical Care and Specialised Surgery in Children Review
National Director of Specialised Commissioning
NHS England.

Dear Mr Stewart,

We would like to thank Peter Wilson and Janette Harper for speaking about the status of the Paediatric Critical Care (PCC) review at the PICS Directors and Nurse managers meeting on 11th July. This provided a welcome opportunity for leaders across the PCC community to ask direct questions about the review to members of the NHSE team.

As agreed with Peter & Janette, for the benefit of the Review, I have sought to collect the views of attendees at this meeting, PICS members, and of Council and summarise them below:

- All parties agree there is insufficient capacity in paediatric critical care. However, PICS Council does not support the fundamental premise underpinning the Review’s suggestion that there is a large quantum of paediatric critical care activity that might be safely delivered outside of the major PIC centres. We would politely suggest that the Review’s own data analysis does not support this position. Specifically, no prospective data has been collected to identify any patient cohort that might safely receive care within the proposed model. The analysis presented has been based on historical data that is not sufficiently granular to inform the conclusions that have been drawn.

- There is surprise that no ‘gap analysis’ has been undertaken to understand the current skill mix and workforce capability across DGHs in relation to paediatric HDU’s and adult anaesthesia/ITU. The absence of any evidence of significant progress in developing a joined-up approach with Health Education England with regard to workforce training, on the cusp of implementation, is also a concern. Council would suggest that a rudimentary appreciation of the implications of the Review’s intentions for workforce recruitment and training is essential to inform an understanding of cost and feasibility that are a prerequisite to supporting and implementing the Review’s recommendations.

- Given the training and competency issues raised above and the current, significant, vacancy rate across both paediatric critical care and paediatrics generally, there is concern that dispersing a specialised workforce across a greater number of centres is unlikely to be practical and may, in fact, impact adversely on both safety and efficiency.

Council Officers
Peter – Marc Fortune – President, James Fraser – Honorary Secretary, Adrian Humphrey – Treasurer.
Registered as a Charity in England & Wales No. 1146515
• There is support for appropriately resourced clinical networks that deliver services to agreed standards. However there remains a lack of clarity regarding exactly what form the proposed Operational Delivery Network will take and how they will differ from existing network models. It is also unclear what new commissioning process will underpin ODNs, what their governance arrangements will be, how they will be funded, which body will be the lead authority in deciding upon patient flow, and how they will operate across national boundaries.

• Concerns have been expressed that there is a lack of robustness in the Review’s approach to modelling potential outcomes. No risk assessment has been shared. Further, in the absence of clearly defined goals, the metrics that are proposed to measure ‘success’ and more importantly to capture evidence of unintended consequences that impact on patient safety and mortality are notably absent. Furthermore, no modelling has been undertaken to understand the change in patient acuity and numbers of transfers that may arise from a more distributed model. Without this it is not possible to understand the impact on cost, safety or patient experience.

• It was noted at our meeting that it would be essential that service changes do not destabilise existing critical care units. However, no proposals have been shared regarding the future commissioning models that are under consideration. It is not possible for PIC centres to evaluate alternative networked models of care without this information.

• In recent correspondence it has been advised that South London and South East, and Yorkshire and Humber have been selected as co-production/test sites. Council is surprised that no consultation appears to have occurred with either PICS or any other professional societies or colleges in making this selection. It would be helpful if a rationale for this selection could be shared in order to enable colleagues to understand how either of these sites will test the concerns raised above.

• Finally, while it is acknowledged that the Review has undertaken an informal process of engagement with stakeholders in its consultation events, it has been a common refrain at PICS council that the absence of circulated papers or minutes arising from meetings of the Expert Stakeholder Panel have contributed to a lack of transparency in the Review process. As a member of the expert stakeholder panel myself I note that several members, including myself, have reported this concern directly to the Panel on more than one occasion. The feedback that council has received from both members and colleagues is that the consultation events have been perceived as ‘high level’ and that the Review ‘slide set’ has lacked focus. It is disappointing that the Review does not intend to publish a formal Report summarising its objectives, methodology, findings, and an options appraisal supported by a robust dataset, financial analysis and an impact report. The lack of meeting minutes, discussion papers and a formal report has made the process seem opaque.
In the absence of a Report I have written this letter, on behalf of the PICS membership and Council, based on the proposals of the review, as they are understood at this time. In short summary, many of our membership continue to express significant concerns regarding the lack of an evidence base, the lack of information regarding workforce implications and revised model costs, and the absence of any formal impact assessment. We are concerned about the lack of clarity regarding the nature of the future model and we question the appropriateness of progressing to pilot test sites without consensus support.

That said, I would like to assure you that PICS is a body that advocates for change. It recognises that the drift to centralisation has resulted in unforeseen consequences in terms of skill retention in local hospitals. It also fully acknowledges the capacity and national resource constraints upon the NHS and wishes to support the development of new approaches that enable the development of a sustainable model for the delivery of paediatric critical care. PICS also supports the guidance from the Royal College of Paediatrics and Child Health relating to high dependency care\(^1\), and the DHs own guidance relating to critical sub-specialty co-adjacencies and dependencies\(^2\).

Looking ahead, PICS council believes the Review might focus on the following areas:

1. **Operational Delivery Networks.** PICS Council believes its published standards defining the levels of critical care delivery in different units\(^3\), and the necessary personnel and infrastructure across the critical care pathway, might form the basis for commissioned services across operational delivery networks. However, on behalf of its membership, we would suggest that clarity of the proposed funding, governance, and commissioning arrangements underpinning such networks is an essential prerequisite for both engagement with, and implementation of any new model.

2. **Prospective detailed data collection to intelligently quantify the volume of level 3 critical care activity that might safely be committed to level 1 and 2 units.** PICS Council would actively collaborate with NHSE to facilitate such research.

3. **A comprehensive ‘gap analysis’ to understand the workforce, skill-mix, and speciality challenges that exist outside of tertiary units and which might impact upon those centres’ ability to care for acutely ill children.** We suspect that the relevant Royal Colleges would also advocate for this work to be carried out.

Finally, we request that a formal Report is published that summarises the evidence examined and describes the concrete proposals that flow from it. Expert feedback could then be collated from key stakeholders to inform both pilot and final implementation.
We hope that our feedback is helpful and would welcome further discussions to progress this work.

Yours sincerely

Peter-Marc Fortune
President
(Letter reviewed and unanimously supported by PICS Council)

References

2. Specialised Paediatric Services – A Framework of Critical Inter-dependencies. DH 2008

Cc Peter Wilson
Chair Women & Children’s Program of Care Board
NHS England

Russel Viner
President
Royal College of Paediatrics & Child Health

Carl Waldman
Dean Faculty of Intensive Care Medicine

Liam Brennan
President
Royal College of Anaesthetists

Paediatric Critical Care and Specialised Surgery in Children Review, Expert Stakeholder Panel (all members)