National Steering Group for Specialist Children's Services

General Surgery of Childhood

Executive Summary

DRAFT – NOVEMBER 2007

Background

This review was commissioned by the National Steering Group for Specialist Services for Children, on the basis of concern over the sustainability of general surgical services for children across Scotland. This is not a unique problem as across the United Kingdom, there has been a progressive withdrawal of adult general surgeons from the surgical care of children. This is now approaching a critical stage as many of the current older generation of surgeons are retiring and are being replaced with surgeons who have no preparatory training in children's surgery.

The implications of failure to provide a local service could be enormous. For every child who may require a general surgical operation, there will be three or four who will simply require assessment with no surgical intervention. If this service is not available in each locality, then not only will specialist centres be overwhelmed but transport providers would face an increased demand on their services - not to mention the inconvenience and distress to families, children and young people from potential delays in receiving treatment.

Whilst the problem has been well defined by the Medical Royal Colleges, training institutions and Specialty Associations, there appears to have been no ownership in terms of remedial actions. This review is designed therefore to consider the Scottish situation and to propose potential solutions. It should be said that the nature of the problem differs across the different geographical zones of Scotland and there is no one single solution that covers the whole of Scotland. However, this report offers several options and it will be for each strategic health care organisation to choose the solution that will best fit their area's needs.

The review team feels that this situation is urgent. Problems already exist and will become significantly more severe within the next five years.

Therefore the principal drivers behind this review are the quality and sustainability of the existing service. There is no evidence base available in Scotland to suggest that in terms of quality of outcome, the existing model of care is unsatisfactory. If new proposals can fortify the service they need consideration, but the emphasis in this report is given to service priorities with the implications for training, education etc. being secondary. This report attempts to define the care required as its primary concern; and the facilities, manpower and other resources needed to support this plan, as a consequence of this.

Approximately 40,000 children are treated each year by surgical services in Scotland. 33,000 are treated locally by surgical disciplines other than general or paediatric surgery. The general surgery of childhood should therefore be another service that is available to children in their own locality with the proviso being that, in terms of standards of care, local care is safe and sufficient.

Key Issues

Manpower

A substantial proportion of the general surgery of childhood, both elective and emergency is currently carried out in district general hospitals by non-specialist adult general surgeons. Trainees in general surgery are given discretion to choose their subspecialty interest with no reference to service requirement; general surgery of childhood has not proved a popular choice and therefore there are few, if any, trainees being prepared to succeed the current adult surgeons.

Changes in working patterns and training structure, driven by the European Working Time Directive, shift working and Modernising Medical Careers may combine to reduce the flexibility required to make use of the training opportunities available in District General Hospitals for children's general surgery.

Standards

There is in many existing units, poor compliance with the standards of care for all aspects of children's surgery set out in previous reports.

There is a perception that there exists a close relationship in all surgery between volume and outcome. In the absence of a defined programme of Continued Personal Development for surgeons performing children's general surgery, some adult general surgeons are becoming uncomfortable about continuing to treat small numbers of children, whether in the emergency or elective situation.

Service Delivery

There is a steady decline in the number of cases of both elective and emergency children's surgery being performed by non-specialist surgeons. This may in part be due to the move towards conservative management in many conditions of childhood. However, there is a definite shift of patients towards the specialist centres, either by direct referral from primary care or via an initial referral to the District General Hospital. This shift may or may not be fully funded.

Current adult surgeons performing children's general surgery may well be replaced on retirement by surgeons who are unwilling or untrained to perform children's general surgery, particularly if they fulfil the requirement for other pressurised services such as cancer care.

Age

The National Framework (Kerr Report) has suggested increasing the age of admission to children's units to 16 years. Whilst this may not impact directly on the District General Hospital where the full age range already is catered for, it will certainly impact on the workload in the specialist children's units and reduce their capacity to accommodate this new referral pattern from District General Hospitals.

Priority

Children's general surgery is not currently seen as a priority. This may be due to a higher priority given to other services such as cancer care, and the perception that the shorter waiting times for children indicate adequate provision. The true costs of the 'non-technical' needs of children and their families are poorly understood and remain unmeasured.

Timescales

There is a real urgency in addressing the issues in children's general surgery as there will be retirements of the current adult surgeons providing children's general surgery as early as 2008. The new hospital projects in Edinburgh and Glasgow and the requirement for them to provide services up to age 18 also impact on the requirement for urgent solutions.

Next 12 months

- All health boards in Scotland should produce a strategic plan for the provision of children's general surgery in their area which address local, institutional and regional needs, whilst examining current provision and the changes required to develop or to sustain this service. This should include succession planning for the current adult general surgeons who at present provide the service.

- All NHS boards to clearly identify at which surgical level they wish to practice in line with the tiered model of care

- Full implementation of care pathways developed to support the care of children within Rural and District General Hospitals

- All Specialist, District and Rural Hospitals are required to establish a multi-disciplinary forum, with the remit to address clinical issues linked to children's health.

- All Specialist, District and Rural Hospital are required to appoint a lead surgeon for paediatric surgery.

Next 2 years

- NHS Education for Scotland, along with the Royal Colleges Specialty Associations should provide programmes for Continued Professional Development for all of those involved with children's general surgery.

Regional appointments

- By 2011, regional appointments of specialist paediatric surgeons to support the larger District General Hospitals. The location of these posts will be dependent on local NHS boards and regional planning groups needs.

Recommendations

	Action	**By when**
1.	General surgery is a core part of health services for children in Scotland and should be provided to meet local needs. There is an urgent requirement for each Health Board to examine current provision in order to develop or sustain this service. Strategic planning needs to address local, institutional and regional needs.	2008
2.	Local services (including remote and rural hospitals) must have diagnostic care, resuscitation and stabilisation as a minimum clinical standards set.	2008
3.	All hospitals must develop a multi disciplinary forum, where the surgical care of children can be reviewed, discussed, planned, and audited on a regular cycle (see "package of care"). Communication between specialist centres and DGH's must be reinforced.	2008
4.	In the short-term (0 to 5 years), 4 regional appointments should be made in Scotland, to support the larger DGHs in the General Surgery of Childhood, and the children's hospitals in their requirement to expand their age group.	2011
5.	The care pathways described in the report require to be implemented to provide a basis for clinical decision-making across Scotland for the conditions described.	2008

6.	Medical paediatrics should be involved jointly in the care of General Surgery of Childhood in the following as a minimum: • Emergency conditions in children less than 5 years; • Children of all ages with diagnostic uncertainty; and • Children of all ages in need of high dependency care.	
7.	Paediatric training should reflect this clinical duty. Inclusion of medical paediatrics in the care of other general surgical children is at the discretion of local clinicians and is generally recommended.	
8	Inpatient adolescent facilities which provide privacy and gender separation require to be provided for young people. This will be taken forwarded in line with the recommendations produced for Age Appropriate Care	
9	The General Surgery of Childhood should be a mandatory part of core training in general surgery.	
10	Formal arrangements should be made through NHS Education for Scotland, Colleges and Specialty Associations for continuous professional development of surgeons and anaesthetists involved in the General Surgery of Childhood, and for all clinicians (including nurses, therapists and anaesthetic assistants) treating children.	2009
11	Health Boards should determine their intended level of care for children at each location. (Reference to Figure 3 may be useful in this regard).	2008