

Commissioning Safe and Sustainable Specialised Paediatric Services

A perspective from England

**National Delivery Plan for Children and Young
People's Specialist Services in Scotland**

Workshop - Wednesday 11th March 2009

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	<div data-bbox="1018 230 1077 255">  </div> <div data-bbox="523 311 762 414"> <p>Commissioning Safe and Sustainable Specialised Paediatric Services</p> </div> <div data-bbox="523 416 798 434"> <p>A Framework of Critical Inter-Dependencies</p> </div> <div data-bbox="523 461 1077 900"> <ul style="list-style-type: none"> • Allergy • Blood and marrow transplantation • Burns • CAMHS • Cardiology • Cardiothoracic surgery • Cleft lip and palate • Clinical Haematology • Complex child & adolescent gynaecology • Cystic fibrosis • Dermatology • Endocrinology • ENT (Airway) • Ear nose and throat surgery • Gastroenterology • Haemophilia • Hepatology • HIV/AIDS treatment and care • Immunological disorder • Infectious disease • Major trauma • Malignant haematology • Medical genetics • Metabolic medicine • Morbid obesity • Neonatal intensive care • Neonatology • Nephrology • Neurology • Neurosurgery • Non-malignant haematology • Nutritional support • Oncology • Ophthalmology • Oral & maxillofacial surgery • Orthopaedics and spinal surgery • Paediatric critical care • Pathology • Plastic surgery • Renal replacement therapy • Respiratory medicine • Rheumatology • Specialised paediatric anaesthesia • Specialist paediatric surgery • Urology </div> <div data-bbox="970 958 1077 990">  </div>	<div data-bbox="1241 705 1310 725"> <p>Source:</p> </div> <div data-bbox="1153 750 1310 878"> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088068</p> </div> <div data-bbox="1209 947 1337 1016">  </div>
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MEDICINE BALLS



Think of the children

WELL done, Department of Health. With the help of assorted royal colleges, it has produced an excellent document, *Commissioning Safe and Sustainable Specialised Paediatric Services*, spelling out why we need to limit the increasingly complex treatment of sick children with rare diseases to centres with the expertise, staff and resources to do the job properly.

The Bristol inquiry made similar recommendations seven years ago that, according to consultant paediatric cardiologist Ted Baker, "have yet to be fully implemented... in particular the need to undertake an adequate volume of work to promote safe practice".

Resistance to reorganisation is still widespread. Surgeons are self-protective about their desire to have a go at rare operations and may not want to relocate to a larger unit, where their work can be properly scrutinised. Politicians are reluctant to close down units in key constituencies and the public and press cry foul if they try. And patients want to be treated as close to home as possible (although most parents would travel anywhere if it meant their child was much more likely to live).

There are now 23 different specialised paediatric services, from bone marrow transplantation to brain surgery, which rely on each other's expertise. This makes planning very complicated but the new report is a consensus agreement on which services need to be provided alongside each other on the same site (eg cancer care needs to have a critical-care unit on hand in case children go into organ failure after

chemotherapy). So there really is no excuse not to get on with it.

There are still 11 hospitals performing child heart surgery, with some struggling with too few staff and trying to avoid another Bristol. Heart surgeons at least know their figures, but there is an equal number of child brain surgeons, some without specialist accreditation, who don't collect and compare results and have no idea about the quality of their care. They get away with it because most parents of children with brain tumours are so grateful for any care they don't question whether it's up to par.

In the absence of legislation, the only way to ensure that critically ill children get a good standard of care is if those purchasing the care have the balls to insist on it. The DoH is now dominated by two surgeons, Ara Darzi and Bruce Keogh, who know little about general practice but should at least be able to bring surgeons into line. The wannabe NHS chief executive, Mark Britnell, is obsessive about "world-class commissioning" and this new document tells him how to do it, with the miraculous agreement of the royal colleges. If we don't stop the dabblers now, we never will.

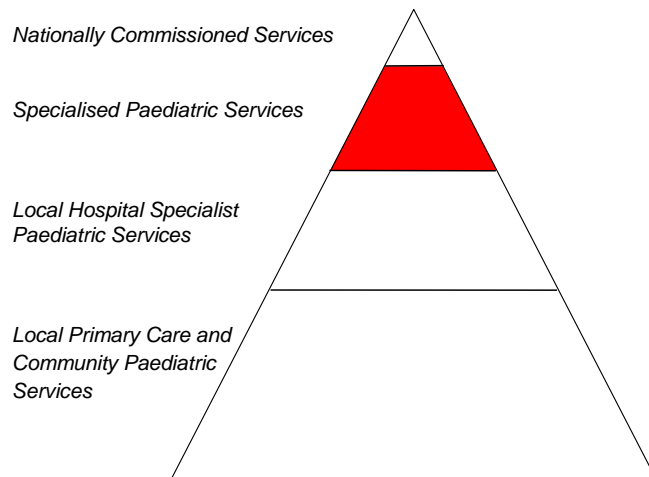
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- Drivers for change:
 - Medical workforce issues – WTD; accreditation; potential future shortages; growing need for networks
 - Configuration issues – lack of clinically agreed reference points; single service reviews, not the 'whole' child; impact of change in adult services
- Project structure:
 - Steering Group, Clinical Advisory Group, Modelling Group
 - Supported by DH, NSCG, SCGs, Royal Colleges
 - Clinically led
- Expected outcomes:
 - Support for commissioners:
 - Framework – to assist commissioning discussions
 - Model – to assist development of a supra-regional strategy
 - Emphasis on multi-specialty context of service delivery

Commissioning Safe and Sustainable Specialised Paediatric Services
Project focus



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Commissioning Safe and Sustainable Specialised Paediatric Services
Selection of services

- Specific criteria:
 - Within the National Definition Set of Specialised Paediatric Services
 - More likely to have critical inter-relationships
 - More likely to directly affect configuration
- Broad principles:
 - Diagnosis
 - Severity
 - Other underlying conditions
 - Complications
 - Age

Commissioning Safe and Sustainable Specialised Paediatric Services
Services

- | | |
|---|---|
| 1. Blood and marrow transplantation | 13. Major trauma (inc Maxillo-facial and Plastic surgery) |
| 2. Clinical haematology (non-malignant) | 14. Orthopaedics and spinal surgery |
| 3. Immunological disorder | 15. Nephrology |
| 4. Metabolic medicine | 16. Urology |
| 5. Oncology (inc Haemato-oncology) | 17. Endocrinology |
| 6. Burns | 18. Gastroenterology |
| 7. Infectious diseases | 19. ENT (airway) |
| 8. Respiratory medicine | 20. Neonatology |
| 9. Cardiology | 21. Specialist paediatric surgery |
| 10. Cardiothoracic surgery | 22. Paediatric critical care |
| 11. Neurology | 23. Specialist paediatric anaesthesia |
| 12. Neurosurgery | |

Commissioning Safe and Sustainable Specialised Paediatric Services Matrix

Specialised Paediatric Services	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
	MT	Brain	Brain	Paed onc	Gen	Brain	Med on	Resp on	Gen	Gen on	Brain	Brain on	Brain on	Gen on	Gen on	Gen on	Gen on	Gen on	Gen on	Gen on	Gen on	Gen on	Gen on
1 Blood and marrow transplantation					3		2	3	1		1				3			2			3		1
2 Haematology (non malignant)			1						1													2	1
3 Immunological disorder	2	1					3	2							1			3			1	1	1
4 Metabolic medicine		2						1	2		2				1								1
5 Oncology (inc Haem oncology)	1						1	3	1	1	3	3*	1	1	3	2	1	2	1				
6 Tumour											1		3		1								
7 Infectious diseases			2					1	1		1							1				2	1
8 Respiratory medicine			1				2		3		1				1		1	3	3		3*	3	1
9 Cardiology							1		3*	1											1		1
10 Cardiothoracic surgery		1						2			2				1				2	1	3		
11 Neurology		1	1	2			1	2	1			3*		1	1		1	1	2		1		1
12 Neurosurgery					3								3*	2	1	1	2		2	1	2		
13 Major trauma (inc max fac and plastics)		1						2	2	1				1	1	2							
14 Spine Ortho & Spinal surgery					1			2	1		2	1			1						1	3*	
15 Nephrology		2	2	1	1		1	2	3		2			2		3*	2	2	2	3			
16 Urology					2										3*		2				3		1
17 Endocrinology												1										1	1
18 Gastroenterology			2	1			2														3	1	1
19 PHT (Airway)								3	2	2	1		1								2		
20 Neuroimaging									2												3		1
21 Specialised paediatric surgery		3			1			3	1	1	2	3	1	3		3	3	3	1	3			
22 Paediatric critical care		3	1	2			1	3	3		2	3	2		2	1		1					
23 Specialised paed anaesthesia		1						1	1								1		1	1	1		

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Commissioning Safe and Sustainable Specialised Paediatric Services
Matrix - detail

Specialised Paediatric Service		A	B	C	D	E	F	G	H	I	J
		BMT	Haemo	Immun	Met med	Onc	Burns	Infect dis	Resp med	Cardio	Card surg
1	Blood and marrow transplantation					3		2	3	1	
2	Haematology (non malignant)			1						1	
3	Immunological disorder	2	1					3	2		
4	Metabolic medicine		2						1	2	
5	Oncology (inc Haem oncology)	1						1	3	1	1
6	Burns										
7	Infectious diseases			2					1	1	
8	Respiratory medicine			1				2		3	
9	Cardiology								1		3*
10	Cardiothoracic surgery		1						2		
11	Neurology		1	1	2			1	2	1	

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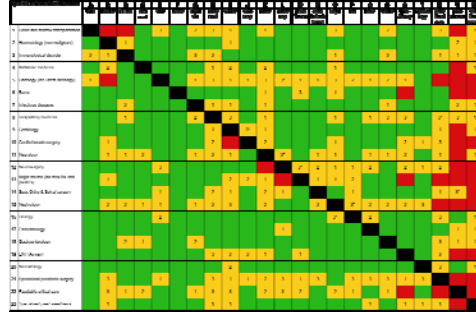
Commissioning Safe and Sustainable Specialised Paediatric Services
Scoring system

- GREEN – indirect or no relationship
- AMBER 1 – planned intervention, as required
- AMBER 2 – visit by specialist or transfer of care, next day
- AMBER 3 – integrated service; visit/transfer within 4 hours
- AMBER 3* - without co-location, limited range of services
- RED – absolute dependency requiring co-location

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
1. Neonatal intensive care unit																									
2. Neonatology (non-intensive)																									
3. Paediatric intensive care																									
4. Paediatric surgery																									
5. Paediatric oncology																									
6. Paediatric radiology																									
7. Paediatric cardiology																									
8. Paediatric nephrology																									
9. Paediatric gastroenterology																									
10. Paediatric endocrinology																									
11. Paediatric infectious diseases																									
12. Paediatric immunology																									
13. Paediatric rheumatology																									
14. Paediatric dermatology																									
15. Paediatric ophthalmology																									
16. Paediatric otolaryngology																									
17. Paediatric plastic surgery																									
18. Paediatric orthopaedics																									
19. Paediatric neurology																									
20. Paediatric neuropsychiatry																									
21. Paediatric psychology																									
22. Paediatric social work																									
23. Paediatric dietetics																									
24. Paediatric pharmacy																									
25. Paediatric nursing																									

Commissioning Safe and Sustainable Specialised Paediatric Services Implications

- Clarifies what does (and does not) need to be co-located
- Recognises the cumulative impact of RED relationships:
 - Combined dependencies
 - ‘Core’ services
- Offers a unique contribution to commissioning:
 - Clinically agreed reference points to inform wider debate
 - Basis for the future planning of specialised paediatric centres



Population and Accreditation Constraints

- a **minimum** number of consultants is required to meet the needs of the child population
- if a **maximum** number of consultants is exceeded “accreditation” requirements may not be met

Workforce Constraints

- there is a **finite number** of consultants, limiting the number of departments

Constraints arising from the Interdependencies

- Locating Service A at Location 1 will mean
 - **Co-locating** Services D and F there
 - **Services** B, C, G and K must be **at Locations** within given **transfer times**
 - And as Services D, F, B, C, G and K are “switched on” **further interdependency requirements are triggered**
 - And so on
 - » And so on



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- a **minimum** number of consultants is required to meet the needs of the child population
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Workforce Constraints

- there is a finite number of consultants, limiting the number of departments

Constraints arising from the Interdependencies

- Locating Service A at Location 1 will mean
 - Co-locating Services D and F there
 - Ensuring that Services B, C, G and K are at other Locations within given transfer times
 - And as Services D, F, B, C, G and K are "switched on" further interdependency requirements are triggered
 - And so on....

Model Purpose

- enable group to view **how all the constraints operate together**
- test out various **strategies for locating** Services
- discover **whether it is actually possible** to meet all its recommendations about how Services should be configured
- The best approach is for an **"expert group"** to **iterate** through a sequence of experiments and learn from this
- There is probably **not "one right answer"**

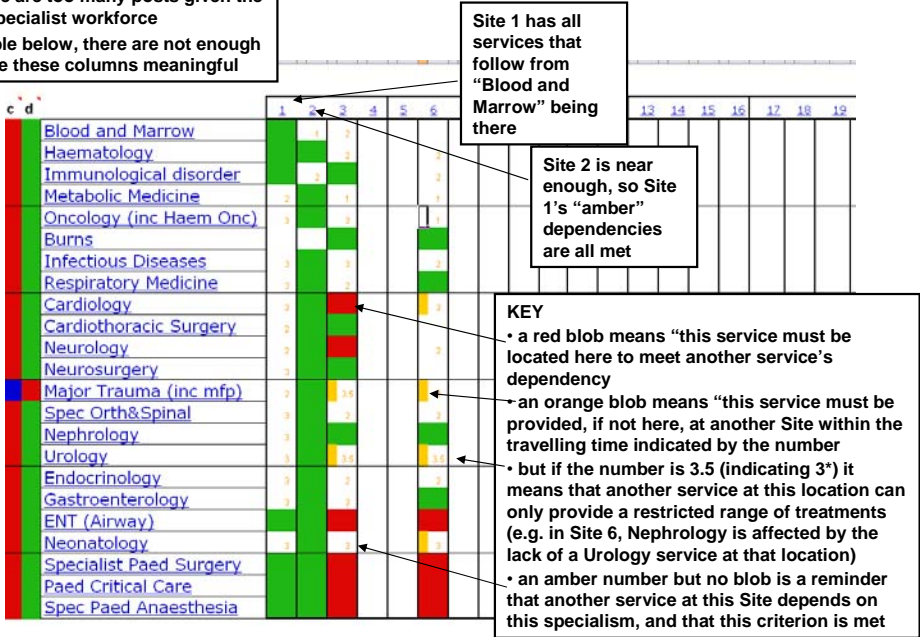


The Multi-Site Model

columns C and D track respectively:

- whether there are not enough/enough/too many consultants for child population
- whether there are too many posts given the size of the specialist workforce

In the example below, there are not enough Sites to make these columns meaningful



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