BAPS | British Association of Paediatric Surgeons

RCS ADVANCING SURGICAL STANDARDS

2014

Commissioning guide:

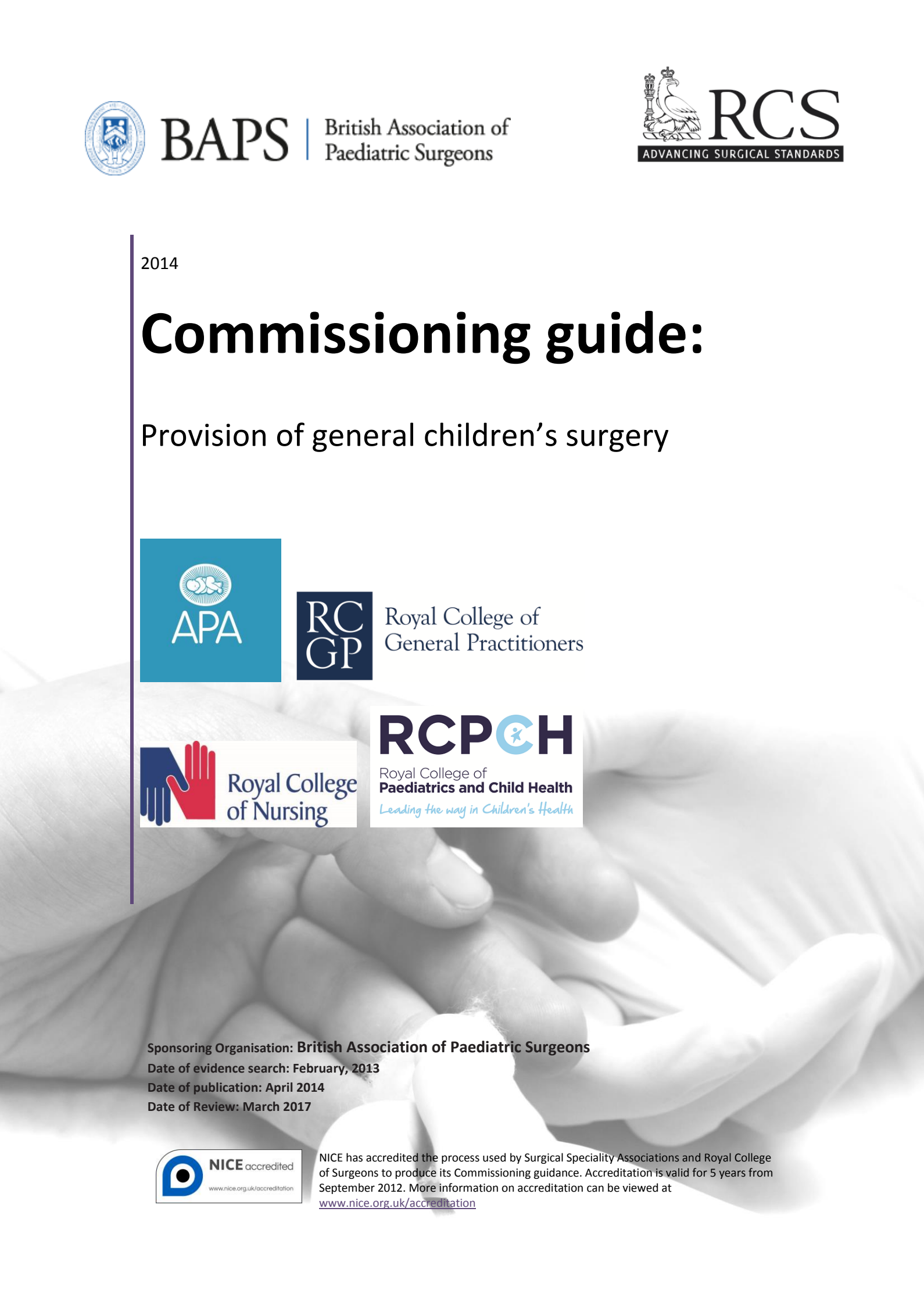
Provision of general children's surgery

APA

RCGP Royal College of General Practitioners

Royal College of Nursing

RCPCH Royal College of Paediatrics and Child Health Leading the way in Children's Health



Sponsoring Organisation: British Association of Paediatric Surgeons
Date of evidence search: February, 2013
Date of publication: April 2014
Date of Review: March 2017

NICE accredited www.nice.org.uk/accreditation

NICE has accredited the process used by Surgical Speciality Associations and Royal College of Surgeons to produce its Commissioning guidance. Accreditation is valid for 5 years from September 2012. More information on accreditation can be viewed at www.nice.org.uk/accreditation

CONTENTS

Introduction

The following services are within the scope of this document:

- non-specialist elective general paediatric surgery; and
- non-specialist anaesthetic services for planned procedures and investigations.

This commissioning guidance does not focus on single-condition care pathways, but considers the provision of treatment for the wide range of children's conditions that may require elective surgical intervention and/or anaesthesia for planned procedures and investigations. It should be read in conjunction with the Children's Surgical Forum document *Standards for Children's Surgery*,[1] which provides further detail for many of the recommendations in the document.

Children should be treated locally where safely possible and centrally where necessary. Every region, therefore, must consider the commissioning of children's surgical services. Children's surgical services must be configured into local provider networks,[2,3] which must have appropriate governance systems, clinical leadership and transfer arrangements in place. The care of unusual or complex conditions is concentrated in specialised settings, which is part of the direct specialised commissioning function of NHS England.[4] Emergency children's surgical services are not within the scope of this document; this will be the subject of further future commissioning guidance.

There are current and potential problems with the provision of children's surgery in some parts of the country as cases are unnecessarily referred to specialised centres and insufficient surgical staff are retained to provide 'routine' children's surgery at a local level.[5] In order to avoid both the overloading of specialised centres with routine procedures, and the danger of skill loss in the surgical workforce at local centres, it is vital that children's surgical services are commissioned and provided in networks and that these networks are appropriately resourced and supported.

Across the country, there are existing clinical networks for general paediatric surgery made up of secondary and tertiary care providers that operate to high standards. These must maintain links with NHS England's maternity and children's services strategic clinical networks[6] and health and wellbeing boards to ensure the following across all services:

- appropriate delivery

[1] Children's Surgical Forum. *Standards for Children's Surgery.* Children's Surgical Forum. London: The Royal College of Surgeons; 2013.

[2] Children's Surgical Forum. *Ensuring the Provision of General Paediatric Surgery in the District General Hospital.* Children's Surgical Forum. London: The Royal College of Surgeons; 2010.

[3] Royal College of Paediatrics and Child Health. *Bringing Networks to Life – An RCPCH Guide to Implementing Clinical Networks.* London: RCPCH; 2012.

[4] NHS England. *NHS Standard Contract for Paediatric Surgery: Surgery (and surgical pathology, anaesthesia and pain).* London: NHS England; 2013. http://www.england.nhs.uk/npc-crg/group-e/e02/.

[5] Children's Surgical Forum. *Ensuring the Provision of General Paediatric Surgery in the District General Hospital.* Children's Surgical Forum. London: The Royal College of Surgeons; 2010.

[6] NHS Commissioning Board. *The way forward: Strategic clinical networks.* London: NHS England; 2012.

- quality assurance and improvement mechanisms
- strategic workforce planning to ensure succession planning.

Commissioners should aim to build on the successes of existing clinical networks. Where these networks do not exist, commissioners should aim to create them. The south west, North West and the East Midlands have developed a network approach to general paediatric surgery which provides a good reference point.

1 Description of service for the provision of children's surgery

General Paediatric Surgery (GPS) is defined as the surgical management of relatively common, non-specialised conditions in general surgery and urology in children who do not require complex perioperative care arrangements. It can be performed by:

- specialist paediatric surgeons; or

1. surgeons who primarily operate on adults but have undertaken an appropriate level of paediatric clinical activity that is sufficient to maintain minimum competencies (as defined by their respective medical royal colleges) and consistent with their job plans[7] and should be delivered locally, in services configured into networks, where possible.

The same standards apply for the delivery of a safe anaesthetic service for children.[8]

GPS includes:

- Inguinal herniotomy
- Umbilical herniotomy
- Orchidopexy for undescended testicle
- Circumcision
- Minor soft tissue abnormalities

There has been a steady decline in the number of GPS cases performed in the district general hospital (DGH). There has been a progressive and well-documented shift of activity from DGHs to tertiary centres.[9] This is most

[7] Children's Surgical Forum. *Standards for Children's Surgery.* Children's Surgical Forum. London: The Royal College of Surgeons; 2013.

[8] KA Wilkinson, JJ KA, Brennan, A-M LJ, Rollin. A-M. *Guidelines for the provision of anaesthetic services.* London: Royal College of Anaesthetists; 2014. www.rcoa.ac.uk/gpas2014

[9] Cochrane H, Tanner S. *Trends in Children's Surgery 1994-2005: Evidence from Hospital Episode Statistics Data*. London: Department of Health; 2007.

marked in general surgery and urology. This trend presents a significant threat to the local delivery of routine surgical services for children and has resulted in severe pressure on specialist children's hospitals.

Furthermore, there has been a dramatic decline in exposure to elective GPS in the training of general surgeons and urologists. Lack of succession planning means that, once the current cohort of general surgeons and adult urologists who have traditionally provided this service retire, GPS may no longer be available locally.[10]

Non-specialised children's surgery and anaesthesia must be delivered through clinical provider networks. Networks are vital in underpinning the delivery of safe services locally and enabling units to share resources, services and expertise with other hospitals and tertiary centres as the central reference point in the area. They are interconnected systems of service providers, which enable the following:

- collaborative working
- the development and implementation of standards and outcomes of care
- routes of communication
- agreed thresholds for patient transfer through an effective transfer system

Within the patient pathway, care may be delivered on more than one site, with the overriding principle that it is provided by competent staff as close to the patient's home as possible. These networks must meet standards of discharge (information, medications, liaison with GP and community nursing services).

As part of the decision to operate on a child, consideration should be given to the requirements for pre-operative assessment and information and any possible emergency transfer requirements.[11]

Networks must be supported by contractual agreements that specify service requirements and outcomes and be appropriately resourced on an administrative and financial basis. If unexpected circumstances require that staff act beyond their practised competencies, the network provides support for clinicians in making the care of the patient their first concern. NHS England has established a number of Operational Delivery Networks. [12] Local area Teams for NHS England should consider this type of service delivery model. Commissioning bodies should also assure themselves of the delivery of and governance arrangements for, general paediatric surgery.

2 Procedures explorer for the provision of children's surgery

Users can access further procedure information based on the data available in the quality dashboard to see how individual providers are performing against the indicators. This will enable CCGs to start a conversation with

[10] Children's Surgical Forum *General Paediatric Surgery – Survey of Provision in District General Hospitals in England.* London: The Royal College of Surgeons; 2010.

[11] Royal College of Nursing. *Children and young people in surgery*. Day Surgery information, Guideline 3.2013

[12] NHS Commissioning Board. *Developing operational delivery networks: The way forward*. NHS England; 2012

providers who appear to be 'outliers' from the indicators of quality that have been selected.

The Procedures Explorer Tool will be available via the Royal College of Surgeons website.

Within the tool there is also a meta data document to show how each indicator was derived. Full instructions are also available which explain how to interpret the data.

3 Quality dashboard for the provision of children's surgery

The quality dashboard provides an overview of activity commissioned by CCGs from the relevant pathways, and indicators of the quality of care provided by surgical units.

The quality dashboard is available via the Royal College of Surgeons website.

4 Levers for implementation

4.1 Audit and peer review measures

The following measures and standards are those expected at primary and secondary care. Evidence should be able to be made available to commissioners if requested.

Measure	Standard
Compliance with network audits	Provider can demonstrate compliance with network audits
Transfer to tertiary centres	Provider can demonstrate defined arrangements and standards for transfer
National Audits	Provider can demonstrate submission of data to relevant prescribed national audits
Service audit	Provider can demonstrate a programme of audit across all elements of the service, to be measured against nationally agreed standards. This should include routine collection of age specific activity and outcomes in association with the local clinical network
Patient feedback	Provider can demonstrate collection, monitoring and audit of Patient Reported Experience Measures (PREMs)

4.2 Quality Specification/CQUIN

Commissioners may wish to include the following measures in the Quality Schedule with providers. Improvements could be included in a discussion about a local CQUIN.

Measure	Description	Data specification (if required)
Transfer of children	Electronic transfer of care documents to assist with verbal handover arrangements	
Access to a consultant paediatrician	A named consultant paediatrician is available for immediate liaison and advice 24/7	
Surgical staffing	Always at least one member of staff on site who is trained and maintains competencies in APLS/EPLS or equivalent	
Children's nursing	A minimum of one registered children's nurse must be on duty in recovery areas during planned children's surgical lists. Other registered nurses working in recovery must have acquired knowledge, skill and competence in the assessment of physiological observations, assessment of fluid balance and management of intravenous infusions and the administration of analgesia and anti-emetics to children. At least one registered nurse on duty in each of these areas must have paediatric advanced life support competences (e.g. EPLS/APLS or equivalent). Best Practice would be to have children looked after by registered children's nurse throughout the care pathway[13].	
Hospital play specialists	Hospital play specialists have a key role within surgery provision[6]	
Anaesthetic services	Pain management policies are in place and followed. A pre- and postoperative pain assessment takes place for every child. All nurses and support workers delivering care to children and young people are	

[13] Royal College of Nursing. *Defining staffing levels for children and young people's services: RCS standards for clinical professionals and service managers.* London. Royal College of Nursing. 2013.

	competent in this. At discharge patients and their families must have adequate analgesia and information. The service is supervised by a consultant paediatric anaesthetist
Service development	There is a named consultant anaesthetist and surgeon that are responsible for coordinating the service at Trust level.

5 Directory

5.1 Patient Information for the provision of children's surgery

Name	Publisher	Link
BAPS website	BAPS	www.baps.org.uk
RCPCH website	RCPCH	www.rcpch.ac.uk
APAGBI website	APAGBI	www.apagbi.org.uk
RCN website	RCN	www.rcn.org.uk/
RCoA website	RCoA	www.rcoa.ac.uk

5.2 Clinician information for the provision of children's surgery

Name	Publisher	Link
Standards for Children's Surgery. 2013	Children's Surgical Forum (RCS)	http://www.rcseng.ac.uk/publications/docs/standards-in-childrens-surgery
Ensuring the Provision of General Paediatric Surgery in the District General Hospital. 2010	Children's Surgical Forum (RCS)	http://www.rcseng.ac.uk/surgeons/working/docs/General%20Paediatric%20Surgery%20Guidance%20for%20commissioners%202010.pdf
BAPS guidance documents	BAPS	http://www.baps.org.uk/resources/documents/
Report of the children and young people's health outcome forum. 2012	DH	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/156062/CYP-report.pdf.pdf
Facing the future: standards for paediatric services. 2011	RCPCH	http://www.rcpch.ac.uk/facingthefuture

Defining staffing levels for children and young people's services: RCN standards for clinical professionals and service manager	RCN	http://www.rcn.org.uk/__data/assets/pdf_file/0004/78592/002172.pdf
Guidance for Provision of Paediatric Anaesthesia	RCoA	www.rcoa.ac.uk/gpas2014
Good Practice in Postoperative and Procedural Pain Management, 2nd edition, 2012	APAGBI	http://www.apagbi.org.uk/publications/apa-guidelines

5.3 NHS Evidence Case Studies for the provision of children's surgery

- *Are we there yet? A review of organisational and clinical standards of children's surgery*. NCEPOD. http://www.ncepod.org.uk/2011report1/downloads/SIC_fullreport.pdf.

6 Benefits and risks of implementing this guide

Consideration	Benefit	Risk
Patient outcome	Ensure access to effective medical and surgical therapy	Patients unnecessarily referred to tertiary centres
Patient safety	Patients have access to appropriate surgical care where needed	
Patient experience	Improve access to patient information, support groups	Patients and carers unnecessarily distressed due to provision of care in unnecessary locations
Equity of access	Improve access to effective procedures	Patients and carers required to travel greater distances to receive care
Resource impact	Reduce unnecessary referral and intervention	Resource required to maintain and establish operational delivery networks

7 Further information

7.1 Research recommendations

- Consideration of national data collection of pain outcomes after children's surgery
- Validated outcome and experience measures for children and young adults

7.2 Other recommendations

- Create new and convert existing paediatric general surgery clinical networks into operational delivery networks
- Strengthen the links between paediatric general surgery clinical networks and general paediatric and anaesthetic clinical networks
- Areas providing general paediatric surgery should have access to a community based children's nursing team.
- Development of APLS/EPLS courses that are area and discipline specific

7.3 Evidence base

1. Children's Surgical Forum. *Standards for Children's Surgery.* Children's Surgical Forum. London: The Royal College of Surgeons; 2013.
2. Children's Surgical Forum. *Ensuring the Provision of General Paediatric Surgery in the District General Hospital.* Children's Surgical Forum. London: The Royal College of Surgeons; 2010.
3. Children's Surgical Forum *General Paediatric Surgery – Survey of Provision in District General Hospitals in England.* Children's Surgical Forum. London: The Royal College of Surgeons; 2010.
4. Royal College of Paediatrics and Child Health. Bringing Networks to Life – An RCPCH Guide to Implementing Clinical Networks. London: RCPCH; 2012.
5. Cochrane H, Tanner S. Trends in Children's Surgery 1994–2005: Evidence from Hospital Episode Statistics Data. London: Department of Health; 2007.
6. Association of Paediatric Anaesthetists 2012 ed. Good Practice in Postoperative and Procedural Pain Management. http://onlinelibrary.wiley.com/doi/10.1111/pan.2012.22.issue-s1/issuetoc.
7. KA Wilkinson, JJ KA, Brennan, A-M LJ, Rollin. A-M. *Guidelines for the provision of anaesthetic services.* London: Royal College of Anaesthetists; 2013. www.rcoa.ac.uk/gpas2013.
8. Cochrane H, Tanner S. Trends in Children's Surgery 1994-2005: Evidence from Hospital Episode

Statistics Data. London: Department of Health; 2007.
9. Children's Surgical Forum. *General Paediatric Surgery – Survey of Provision in District General Hospitals in England*. London: The Royal College of Surgeons; 2010.
10. Royal College of Nursing. *Children and young people in surgery*. Day Surgery information, Guideline 3. 2013. http://www.rcn.org.uk/__data/assets/pdf_file/0009/78507/004_464.pdf
11. Royal College of Nursing. *Defining staffing levels for children and young people's services: RCS standards for clinical professionals and service managers*. London. Royal College of Nursing. 2013.

7.4 Guide development group for the provision of children's surgery

A commissioning guide development group was established to review and advise on the content of the commissioning guide. This group met once with additional interaction taking place via email.

Name	Job Title/Role	Affiliation
Mr Rick Turnock	Consultant Paediatric Surgeon	British Association of Paediatric Surgeons.
Mrs Su-Anna Boddy	Consultant Paediatric Urologist	Royal College of Surgeons
Dr Kathy Wilkinson	Consultant Paediatric Anaesthetist	Association of Paediatric Anaesthetists
Dr Carol Ewing	Consultant Paediatrician	Royal College of Paediatrics and Child Health
Ms Lorraine Tinker	Head of Nursing Children and Neonates	Royal College of Nursing
Mrs Gill Humphrey		Patient Liaison Group, RCS
Ms Sara Payne		Patient Liaison Group, RCS
Dr Janice Allister	GP	Royal College of General Practitioners
Dr Eric Kelly		CCG

7.5 Funding statement

The development of this commissioning guidance has been funded by the following sources:

- DH Right Care funded the costs of the guide development group, literature searches and contributed towards administrative costs.
- The Royal College of Surgeons of England and the British Association of Paediatric Surgeons provided staff to support the guideline development.

7.6 Conflict of interest statement

Individuals involved in the development and formal peer review of commissioning guides are asked to complete a conflict of interest declaration. It is noted that declaring a conflict of interest does not imply that the individual has been influenced by his or her secondary interest. It is intended to make interests (financial or otherwise) more transparent and to allow others to have knowledge of the interest.

The following interests were declared by group members:

Name	Position	Declared Interest
Dr Carol Ewing	Consultant paediatrician, RCPCH Workforce Officer	Tasked with conducting services reviews for the National Clinical Advisory Team with respect to potential redesigns and reconfigurations