

Blog

Meeting the pressures of treating seriously ill children

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[Dr Peter Wilson](#)

Southampton Children's Hospital's Clinical Director gives an update on the Paediatric Critical Care and Specialised Surgery in Children review:

As we say goodbye to summer, we are moving into a new and exciting stage for the review.

The work we have undertaken in the first half of the year has helped us to develop a vision of what a future model of care could look like for paediatric critical care and specialised surgery in children.

We are fortunate to have services of excellent quality across all parts of the country but we all know that, as more and more patients have gravitated towards the specialist centres, this has left them under real pressure and has meant that some referring hospitals no longer feel that they have the skills or experience to treat more seriously ill children.

The model of care that is emerging is one that makes use of all levels of care so that capacity is not concentrated in one part of the system. It helps ensure that patients are not treated far from their home when this is not necessary, and that they return home, or to a hospital nearer to their home, as soon as possible.

It is a model that supports NHS staff to work flexibly across specialist centres and referring hospitals to maintain their expertise and confidence in dealing with critically ill children or children requiring surgery. And we hope it is a model that will help these services to become sustainable and affordable into the future.

We are calling this a 'managed system' of care, and I hope that doesn't sound too much like jargon. It essentially means that the secondary and tertiary centres in a geographical area work together to deliver a holistic package of care to the children for whom they are responsible. Some existing operational delivery networks work in a similar way currently, and we are looking at the best features of these to help inform the development of the managed system.

There are practical things that managed systems can implement in order to support the delivery of care in their area: flexible deployment of staff to encourage the sharing and maintenance of skills; the use of common equipment and protocols; agreeing clear step-up and step-down criteria.

However, in my view there are three elements of a managed system that are vital to its success: involving patients and their families is essential if we are to create a system that really works. We need to support managed systems to really understand what is important and not make assumptions about, for example, where patients

would prefer to be treated. In the review we have talked extensively to children who have experienced specialist paediatric services and their parents/carers, and it will be vital that each managed system does the same.

The managed system needs to work across commissioning boundaries: children and their families do not care about whether their services are commissioned by NHS England or by their local clinical commissioning group, provided they are joined up, good quality and patient-focused, so this should not be our main concern either. The managed system should be a joint endeavour between national and local commissioners, health and social care providers, clinicians, and patients and their families, and should be firmly rooted in the priorities and plans of Sustainability and Transformation Partnerships.

Whilst the managed system should adopt some of the features of the best clinical networks, it also needs to have real commissioning teeth and clear leadership. What this looks like will vary from region to region but, without clear responsibilities and accountabilities, it will not be able to affect the kind of change we are looking for.

So we have lots of work to do over the coming weeks to describe this in more detail, and achieve our goal for the managed system to be built into contracts by April 2019.

We have started work with our regional colleagues who are thinking about how this could look in their area, and over the autumn we will be seeking an even wider range of views to help test and develop the model.

As ever we would be grateful for any views on what you are hearing so far – even if it's just to tell us that you would like to be kept up to date. Just email england.paedsreview@nhs.net.

Look out for further blogs on the way from Dr Gale Pearson, Chair of NHS England's Paediatric Intensive Care Clinical Reference Group and Clinical lead at Birmingham Children's Hospital NHS Foundation Trust. There will also be an update blog from Mr Oliver Gee, Chair of NHS England's Specialised Surgery in Children Clinical Reference Group and Consultant Paediatric Surgeon, Birmingham Children's Hospital NHS Foundation Trust who will talk about the work the review is undertaking on the critical care and specialised surgery elements of the managed system.



[Dr Peter Wilson](#)

Dr Peter Wilson has been a consultant in paediatric intensive care medicine at the University Hospital Southampton NHS Foundation Trust since 2003 and has been involved in delivering critical care for 15 years.

Peter has been Clinical Director of Southampton Children's Hospital since 2010 and has created a number of regional networks to improve care and efficiency.

He is immediate past President of the Paediatric Intensive Care Society, a position that involved creating national standards, implementing national plans and working with commissioners around issues such as capacity management especially during winter pressures.

In 2015, Peter took up a post with NHS England delivering paediatric and women's specialist services nationally. He is involved in the national reviews of paediatric intensive care, neonatal intensive care, paediatric surgery and cardiac surgery.