

Paediatric Critical Care and Specialised Surgery in Children Review – Frequently Asked Questions

[What services does the review cover?](#)

The review is of paediatric critical care and specialised surgery in children. It also includes extracorporeal membrane oxygenation (ECMO), which can be a life-saving intervention for babies or children with severe heart or lung failure, and transport for children requiring critical care.

[Why are you reviewing paediatric critical care?](#)

Our analysis suggests that critical care services for children are under pressure due to increased demand, particularly in winter, and that some children that are currently being treated in paediatric intensive care units could be looked after in a more suitable setting that is closer to their home. Such a shift is likely to require a new model of care that helps ensure that services are sustainable into the future. This shift will also entail understanding the impact on paediatric critical care transport, and specifically how critically ill children could move up and down the patient pathway. We are reviewing ECMO for children to ensure the national service provides the best possible coverage for emergency support for children all over the country, whilst maintaining our excellent standards.

[Why are you reviewing specialised surgery in children?](#)

Specialised surgery in children is commissioned by NHS England and defined in NHS England's Manual for Prescribed Services. General Paediatric Surgery (GPS) is commissioned by Clinical Commissioning Groups. The Royal College of Surgeons (RCS) has identified a number of issues related to workforce and training that have an impact on the delivery of specialised and general paediatric surgery. These included concerns that children are travelling longer distances for general paediatric surgery which could be delivered closer to home, resulting in a rise in GPS being undertaken in specialist children's centres, which in turn may be resulting in increased waiting times for children requiring specialised surgery.

To address these concerns, NHS England is reviewing specialised surgery in children in order to understand whether there is a real increase in GPS activity within specialist children's centres and whether this is affecting the delivery of specialised services.

[What is the scope of the review of specialised surgery?](#)

Specialised surgery in children consists of a number of surgical specialties including specialist paediatric surgery services, specialist paediatric urology services, specialist ear, nose and throat services and specialist orthopaedic surgery services, amongst others. In order for us to meet the aims of the review, we are linking in with the work the RCS is undertaking, however we will be focussing on surgical activity that can only be carried out by paediatric trained surgeons, rather than general adult surgeons who have additional training in children. Working with the RCS, we will then be able to support commissioners and providers to plan more integrated surgical services for babies, children and young adults across other sub-specialities within specialised surgery for children using this as a template or model.

[Who is conducting the review?](#)

The review is being undertaken from NHS England's Specialised Commissioning Team with clinical leadership and input from a range of stakeholders including, clinicians, nurses, allied health professionals, professional organisations, providers, commissioners, patients and their families and the public. The review is supported by an Expert Stakeholder Panel which meets regularly; the minutes of their meetings are available on the NHS England website.

[What is the timetable for the review?](#)

The review will be engaging on its vision and case for change over autumn and winter 2017, with implementation beginning during 2018.

[Who are you involving in the review?](#)

We are working with a range of clinicians to ensure the review is clinically-led and informed by experts working in critical care and specialised surgery. We have set up an Expert Stakeholder panel that meets regularly and will be providing expertise and guidance throughout the review.

In addition to this core group, we engaged with a wider set of stakeholders in early 2017 including others working in paediatric critical care, surgical services, cardiovascular services, and third sector organisations. Through these webinars and events we have already engaged with around 250 people.

We will continue to engage with clinicians, managers, patients, their families and the public during 2017, as well as regional commissioning teams and Sustainability and Transformation Partnerships (STPs) who will be crucial in implementing the review's findings.

[How can I get involved in the review?](#)

We welcome comments on the initial analysis that we have undertaken and the review's overall direction of travel, as well as any of the other outputs available on the website. If you have any comments or want to be kept informed of new content, you can get in touch with the review team at england.paedsreview@nhs.net.

[How long do I have to respond to the review and what will you do with my comments?](#)

Any comments on the initial analysis and the review's early evidence and thinking are welcome. The website is updated periodically with the review's latest materials and responses to these are welcomed as soon as possible after they are published. If you want to be alerted to new content please email: england.paedsreview@nhs.net.

Any comments or feedback will be used to help inform the next stages of the review. We will not be replying individually to all comments or publishing them directly.

[What is the difference between 'paediatric critical care' and 'paediatric intensive care'?](#)

The term 'critical care' incorporates a range of care including basic critical care provided in all acute hospitals which have inpatient facilities (level 1), care that is often referred to as 'high dependency' (level 2), and intensive care (level 3). Level 3 services are provided in 23 paediatric intensive care units across the country.

[Why is NHS England reviewing services that are commissioned by clinical commissioning groups?](#)

Clinical commissioning groups (CCG) are responsible for commissioning level 1 paediatric critical care services. Level 2 services are often commissioned by CCGs, unless they are delivered in specialist children's hospitals or certain designated acute hospitals, in which case they are commissioned by NHS England. All paediatric intensive care units are commissioned by NHS England. We are reviewing the whole patient pathway, which includes CCG commissioned care, to ascertain the optimal models for the future provision of sustainable, high quality, responsive paediatric critical care and specialised surgery in children in England, considering critical co-dependencies with other essential services.

[How is this work linked to the current review of congenital heart disease services?](#)

NHS England consulted on proposals to implement standards for congenital heart disease (CHD) services in England over spring and summer 2017. NHS England's assessment has shown that, if the proposals were to be implemented, there would be an impact on paediatric critical care and extracorporeal membrane oxygenation (ECMO). This review will be considering the wider impact on the provision of non-cardiac paediatric intensive care and ECMO, should the CHD proposals be implemented. The implementation of the paediatric critical care review's proposals will need to take the outcome of the CHD review into account.

[What evidence do you have to support the review?](#)

In June 2017, we published our report: *Paediatric critical care and extracorporeal membrane oxygenation: Initial analysis and early update*. The data in the report shows that, whilst admissions to paediatric intensive care units are relatively stable, length of stay is increasing and there are significant seasonal peaks, meaning that services are under increasing pressure.

The analysis suggests that this pressure may be coming from children who require the most basic level of intensive care, and paediatric intensive care units vary in their ability to absorb this unplanned demand. Some of the data suggests that units may have different admissions criteria for paediatric intensive care, and the number of patients receiving extracorporeal membrane oxygenation also varies depending on where a patient lives. The biggest increase in demand in the future may be for high dependency and basic intensive care, rather than for the highest levels of critical care. The analysis suggests that there are some children that could be moved out of intensive care into other, more appropriate, environments that may be closer to their home.

The report is intended to stimulate debate and help support our discussions with stakeholders throughout the next stages of the review, and we are also keen to seek views on the analysis from stakeholders.

[Where can I find out more about the review?](#)

For more information about the Paediatric Critical Care and Specialised Surgery in Children review, visit www.england.nhs.uk/paediatricsservicesreview/. Our web pages contain a range of information about the review, as well as terms of reference, blogs, a video and minutes from Expert Stakeholder Panel meetings. If you want to get involved, contact the review team at england.paedsreview@nhs.net.