Commissioning guide:

Provision of general children’s surgery

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The Royal College of Surgeons of England, 35-43 Lincoln’s Inn Fields, London WC2A 3PE
1/3/2014
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 networks⁶ and health and wellbeing boards to ensure the following across all services:

- appropriate delivery

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- 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 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

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.\textsuperscript{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.\textsuperscript{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. \textsuperscript{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

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\textsuperscript{11} Royal College of Nursing. Children and young people in surgery. Day Surgery information, Guideline 3.2013

\textsuperscript{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.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with network audits</td>
<td>Provider can demonstrate compliance with network audits</td>
</tr>
<tr>
<td>Transfer to tertiary centres</td>
<td>Provider can demonstrate defined arrangements and standards for transfer</td>
</tr>
<tr>
<td>National Audits</td>
<td>Provider can demonstrate submission of data to relevant prescribed national audits</td>
</tr>
<tr>
<td>Service audit</td>
<td>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</td>
</tr>
<tr>
<td>Patient feedback</td>
<td>Provider can demonstrate collection, monitoring and audit of Patient Reported Experience Measures (PREMs)</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Data specification (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer of children</td>
<td>Electronic transfer of care documents to assist with verbal handover arrangements</td>
<td></td>
</tr>
<tr>
<td>Access to a consultant paediatrician</td>
<td>A named consultant paediatrician is available for immediate liaison and advice 24/7</td>
<td></td>
</tr>
<tr>
<td>Surgical staffing</td>
<td>Always at least one member of staff on site who is trained and maintains competencies in APLS/EPLS or equivalent</td>
<td></td>
</tr>
<tr>
<td>Children’s nursing</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Hospital play specialists</td>
<td>Hospital play specialists have a key role within surgery provision</td>
<td></td>
</tr>
<tr>
<td>Anaesthetic services</td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>

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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

<table>
<thead>
<tr>
<th>Name</th>
<th>Publisher</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAPS website</td>
<td>BAPS</td>
<td><a href="http://www.baps.org.uk">www.baps.org.uk</a></td>
</tr>
<tr>
<td>RCPCH website</td>
<td>RCPCH</td>
<td><a href="http://www.rcpch.ac.uk">www.rcpch.ac.uk</a></td>
</tr>
<tr>
<td>APAGBI website</td>
<td>APAGBI</td>
<td><a href="http://www.apagbi.org.uk">www.apagbi.org.uk</a></td>
</tr>
<tr>
<td>RCN website</td>
<td>RCN</td>
<td><a href="http://www.rcn.org.uk/">www.rcn.org.uk/</a></td>
</tr>
<tr>
<td>RCoA website</td>
<td>RCoA</td>
<td><a href="http://www.rcoa.ac.uk">www.rcoa.ac.uk</a></td>
</tr>
</tbody>
</table>

5.2 Clinician information for the provision of children’s surgery

<table>
<thead>
<tr>
<th>Name</th>
<th>Publisher</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensuring the Provision of General Paediatric Surgery in the District General Hospital. 2010</td>
<td>Children’s Surgical Forum (RCS)</td>
<td><a href="http://www.rcseng.ac.uk/surgeons/working/docs/General%20Paediatric%20Surgery%20Guidance%20for%20Commissioners%20202010.pdf">http://www.rcseng.ac.uk/surgeons/working/docs/General%20Paediatric%20Surgery%20Guidance%20for%20Commissioners%20202010.pdf</a></td>
</tr>
<tr>
<td>BAPS guidance documents</td>
<td>BAPS</td>
<td><a href="http://www.baps.org.uk/resources/documents/">http://www.baps.org.uk/resources/documents/</a></td>
</tr>
<tr>
<td>Facing the future: standards for paediatric services. 2011</td>
<td>RCPCH</td>
<td><a href="http://www.rcpch.ac.uk/facingthefuture">http://www.rcpch.ac.uk/facingthefuture</a></td>
</tr>
</tbody>
</table>
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.  

### 6 Benefits and risks of implementing this guide

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

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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.

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Declared Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Carol Ewing</td>
<td>Consultant paediatrician, RCPCH Workforce Officer</td>
<td>Tasked with conducting services reviews for the National Clinical Advisory Team with respect to potential redesigns and reconfigurations</td>
</tr>
</tbody>
</table>