Paediatric General Surgery – Short Term Stabilisation

Policy Context

1. In May 2010, the Department of Health introduced new standards for general paediatric surgery; '*Improving Services for General Paediatric Surgery – Policy and Standards of Care for General Paediatric Surgery in Northern Ireland"*[1]. These Standards were developed in response to an emerging trend of reducing numbers of paediatric surgeries being performed in district general hospitals (DGHs) and were designed to help drive improvement in paediatric surgery across Northern Ireland.

2. The Department's 10 year strategy, '*A Strategy for Paediatric Healthcare Services Provided in Hospitals and in the Community'*, was developed and consulted upon between 2012 and 2014 and published in 2016. The Strategy contains 12 overarching themes and 23 objectives within it that aim to improve outcomes for children and young people across NI[2].

3. The Paediatric Strategy complements other regional strategies, such as '*Making Life Better' and* '*Delivering Together',* and aligns with the Programme for Government commitment "We all enjoy long, healthy active lives".

4. As part of the remit of the overall Paediatric Strategy a Child Health Partnership (CHP) was created and has developed significantly. The CHP has senior clinical, nursing and management membership from across all Trusts as well as senior membership from regional bodies in the HSC. Its primary role is to oversee delivery of the Paediatric Strategy and improve working relations within Paediatric and Child Health Services.

5. Throughout 2020 and 2021 the CHP, using its networking and partnership experience, effectively planned for pandemic surge and ensured essential services for children and young people were maintained throughout the pandemic. During this period the CHP also identified means to assist the overall HSC in the response to the pandemic.

6. In 2019 RQIA published a Review of General Paediatric Surgery in NI. This Review assessed arrangements for the provision of general paediatric surgery in Northern Ireland against the 2010 Standards and it proposed a future service model aligned to the 2016 strategy published by DoH[3]. The Expert Review Team

[1] Department of Health, Social Services and Public Safety (2010) Improving Services for General Paediatric Surgery - Policy and Standards of Care for General Paediatric Surgery in Northern Ireland
[2] paediatric-strategy-hospital-andcommunity.pdf (health-ni.gov.uk)
[3] 93721 RQIA Coloured Report Template (Reviews Directorate).indd

concluded that the 2010 Standards had not been fully implemented into practice in Northern Ireland.

7. The Review made a total of 13 recommendations which aim to improve general paediatric surgical services across Northern Ireland. It is the view of the Expert Review Team that these should be implemented alongside the full implementation of the 2016 Strategy.

Emergency General Paediatric Surgery

8. Major trauma cases involving children who require surgery are managed locally or brought to the Royal Belfast Hospital for Sick Children (RBHSC) on a case by case basis. All major trauma, over the age of 14, is directed to The Royal Victoria Hospital (RVH) as the major trauma centre. A paediatric trauma network has recently been established.

9. Cases that are time critical, such as testicular torsion, should be performed in the DGH. All general surgery of childhood, such as emergency appendectomy, management of abscesses and minor injuries in children over the age of 5 should be managed in the local DGH.

10. While some emergency surgery is undertaken at DGHs, feedback from the Trusts indicates that in some areas adult general surgeons are becoming increasingly reluctant to perform emergency surgery for children, particularly within younger age groups. This is due to concerns around appropriate training and skills set, particularly in the area of fluid management.

11. There has been a historical relationship between the South Eastern Trust and RBHSC meaning all children under the age of 13 are transferred to RBHSC ED for assessment and further management by the surgical team.

12. Access to support from both the RBHSC and local paediatricians is key to the safe delivery of paediatric services at a local level.

13. The upper age limit for paediatric care varies between hospitals and the need for age appropriate care settings was raised by Trusts. This will be considered as part of the longer term review, with a particular focus on adolescents, taking account of best practice in the rest of the UK.

14. As the review moves to the next phase it will consider models of care that support the continued delivery of emergency general surgery in DGHs for children over the age of 5. At the heart of this will be general surgeons and paediatricians working together to deliver a sustainable model of care.

15. The development of any new model of service delivery for adult emergency general surgery in Northern Ireland will invariably have an impact on the delivery of paediatric emergency general surgery. The review of General Surgery and its work streams will ensure that the appropriate linkages are in place.

Elective Paediatric General Surgery

16. The 2010 Standards outlined that surgery would be performed at DGHs by either a paediatric surgeon or an adult general surgeon with the appropriate skills and competence in paediatric surgery. They also promoted a hub and spoke model of service which would incorporate the Royal Belfast Hospital for Sick Children (RBHSC) as the hub and DGHs as the spokes. This model would also provide flexibility for service delivery either directly by RBHSC paediatric surgeons at DGHs, or by upskilling local adult general surgeons in DGHs, to enable them to perform elective surgery independently.

17. The RQIA Review concluded that the 2010 Standards had not been fully implemented into practice in Northern Ireland. Consequently, the majority of general paediatric surgery was being performed by specialist paediatric surgeons based at the RBHSC. These arrangements presented a challenge for the RBHSC in the delivery of both general and specialist surgery for the region.

18. This situation has now reached a critical point. RBHSC has only 3 theatres to support an ever increasing number of complex patients. These theatres are shared by multiple specialities such as neurosurgery, orthopaedics, paediatric surgery, paediatric urology, dental, haematology/oncology, plastic surgery, ENT and spinal surgery.

19. RBHSC is currently facing a Respiratory Syncytial Virus (RSV) surge with an unprecedented number of respiratory admissions. This is projected to continue for several months. This along with staff shortages means significant pressure on beds. The need to redeploy staff will mean a significant reduction in theatre capacity with the need to close one theatre.

20. Although Covid did not initially affect paediatric admissions, the need for staff redeployment resulted in a downturn in theatre capacity. With increased use of PPE and cleaning protocols, fewer cases were on each list. The need for an all-day emergency list left only one all day list for urgent cases to be shared between all specialities. All day care lists in the Ulster Hospital (UHD), Causeway and Altnagelvin stopped due to adult pressures. General paediatric surgery went from 12 lists each week (8 in RBHSC, 4 in UHD) to 2. There has been some

improvement over recent months but the UHD have only been able to offer 1-2 lists per week due to staff shortages.

21. The Causeway has not delivered any paediatric surgery lists in almost 2 years. There are no regular paediatric lists in the Southern Trust. The Western Trust have one list per month delivered by a paediatric surgeon from RBHSC but this has not been available with Covid pressures.

Workforce

22. The 2010 Standards advised that surgeons performing surgery on children should undertake a sufficient volume of surgery to maintain their skills and competence. This, combined with the low volume of surgeries performed in DGHs, has made it difficult for adult general surgeons to sustain the required experience and maintain their skills and competence. Consequently, there is a growing reluctance among adult general surgeons to perform elective paediatric surgery in the DGHs; the effect of which is that more children are being transferred to the RBHSC for surgery.

23. The reduced volume of surgery at DGHs has led to increased volume of surgery at RBHSC. Emergency surgery takes priority over elective meaning that many elective surgeries are cancelled or rescheduled. This in turn leads to increasingly long waiting lists and inequity of access to elective surgery.

24. Nursing shortages are a system wide issue and this is particularly stark in paediatric services where nurses require specialist paediatric experience and training.

Activity and Waiting list figures

25. Waiting lists for a paediatric general surgery outpatient appointment are in excess of 2000 patients with over 800 patients waiting over 52 weeks.

26. Over 900 children are waiting on a surgical procedure, with 426 waiting over 52 weeks at August 2021. The majority of these cases are suitable for daycase surgery. Since 2019/20 there has been over a 50% reduction in paediatric inpatient and day case activity and this very much reflects the impact of Covid-19 on surgical capacity.

Short Term Stabilisation Proposals

27. A number of short term stabilisation proposals are being developed as described below.

Regional Prioritisation

The Interim Director of Child Health & NISTAR services from BHSCT has joined the Regional Prioritisation Oversight Group (RPOG, which is tasked with ensuring a clinically led network approach to agreeing relative clinical prioritisation of time critical/urgent cases across surgical specialties and Trusts. This approach offers a consistent and transparent means of ensuring the optimisation of all available theatre capacity (in-house and in the independent sector) during this period.

28. If each of Northern, Southern and Western Trusts prioritised 2 paediatric day procedure lists per month (4 cases per list) this would allow 24 children to have their operations. If the 4 funded lists per week in Ulster Hospital were staffed another 64 children (16 lists x 4 patients) could be operated on each month. The daycase waiting list could be cleared within one year.

29. The Review of General Surgery Paediatric Work Stream will continue to reinforce this message at RPOG. We will emphasise the need for regional theatre capacity for paediatric surgery, the need for appropriately trained paediatric nurses to return to their posts as soon as possible and the return of paediatric surgical lists that were available pre-Covid.

Super Saturdays/Sundays

30. In recognition of the significant paediatric waiting list, the Day Procedure Centre Network Board established a regional paediatric day procedure pilot at the Ulster Hospital. The first list took place on 24 January 2021 with 6 patients from across the region. Procedures included time critical orchidopexy, repair of hypospadias and urgent circumcisions. Further weekend lists took place in April, May and October.

31. Work is underway with Trusts to identify the capacity for additional weekend lists. This will very much be dependent on the availability of staff and use of the enhanced rate is being explored.

Independent Sector

32. One paediatric list was used on a Saturday in the Ulster Independent Clinic in May 2020 for time sensitive procedures. Trusts will continue work with the HSCB to identify further Independent Sector opportunities for paediatric general surgery.

Capacity at Daisyhill Hospital

33. Daisyhill has a paediatric theatre which would be ideal for daycase paediatric surgery. It was visited in September 2020 to see if there was the possibility of starting some general paediatric surgical cases. It has previously been used for paediatric dental and ENT procedures. During Covid it was used for adult ENT outpatients. This is an ideal facility; however limiting factors are staff, especially paediatric theatre and recovery nurses. Applications from the ongoing workforce appeal are currently being considered by Trusts and in due course we will be able to determine if there are any candidates with the required paediatric experience. Daisyhill is also experiencing the impact of rising RSV admissions on available capacity and this is likely to continue over the winter months. However, discussions continue with SHSCT on the potential use of Daisyhill.

Regional Waiting lists

34. The current configuration of paediatric general surgery has resulted in inequality of access to elective surgery. A key objective for the longer term stabilisation of paediatric general surgery will be a move to a regional waiting list for some services in order to ensure that demand is spread equally and patients have an equitable level of access to services. This will require digital enablement, agreed pathways and workforce alignment. In the interim, there is learning from the Day Procedure Centre model that will be explored to identify any potential interim solutions.

Next Steps – Longer Term Stabilisation

35. In tandem with the short term stabilisation proposals, the review will turn its attention to the development of a long term regional service model for emergency and elective paediatric surgery, taking into account safety, access, sustainability and specialism.

36. The Review will take account of the strategic context and existing policy framework. In particular it will strive for the development of the hub and spoke model which will incorporate the Royal Belfast Hospital for Sick Children (RBHSC) as the hub and DGHs as the spokes. It will also seek to address the variations in age limit for paediatric surgery across the region, taking account of the complexities of adolescent surgery.

37. The Review will develop local and regional pathways and a sustainable, networked approach for the long term delivery of high quality emergency surgery in and out of hours and for the long term delivery of high quality elective surgery. It will ensure alignment with relevant interfaces and involvement of stakeholders including staff, service users and carers.

38. The availability of appropriate staff will be crucial to the success of the review and it will consider the most appropriate models of care for paediatrics and assess multi-disciplinary workforce considerations, including consideration of staffing levels, skills mix and training.

39. The Review will be underpinned by a comprehensive demand/capacity exercise and will develop and monitor quality and performance metrics, benchmarking against best practice in other parts of the UK.

40. The emerging proposals, pathways and models will be subject to consideration by the Minister and public consultation.