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## The Children's Surgical Forum eNewsletter June 2010

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### Introduction

Welcome to the June 2010 edition of the Royal College of Surgeons of England Children's Surgical Forum e-newsletter. This newsletter is designed to keep you up to date with key developments related to children's surgery, as well as with the issues discussed by the Children's Surgical Forum.

### About the Children's Surgical Forum

The principal role of the Children's Surgical Forum is to enable the College to meet its commitment to improving the quality of surgical care for children. The Children's Surgical Forum brings together a range of professionals involved in delivering surgical services to children. This includes representatives from the College, the surgical specialty associations, other medical royal colleges, the College's Patient Liaison Group, the Department of Health and the Care Quality Commission. For more information, visit [the Children's Surgical Forum website](#).

### Report from the Children's Surgical Forum Meeting

The Children's Surgical Forum met at the Royal College of Surgeons of England on Wednesday 14 April 2010. This meeting was chaired by Miss Su Anna Boddy, RCS Council member and consultant paediatric urologist at St George's Hospital, London.

### Participating Organisations

The following organisations were represented at the meeting: Department of Health, Care Quality Commission, Royal College of Surgeons of England, British Association of Paediatric Surgeons, Royal College of Paediatrics and Child Health, British Association of Urological Surgeons, Association of Paediatric Anaesthetists, Royal College of Anaesthetists, Royal College of Nursing, Royal College of Pathologists, British Association of Oral and Maxillofacial Surgeons, British Orthopaedic Association, Society of Cardiothoracic Surgeons, ENT-UK, Scottish Colleges Committee for Children's Surgical Services, RCS Patient Liaison Group.

### General Paediatric Surgery in the District General Hospital

One of the key priorities of the Forum is to ensure the continued availability of high-quality General Paediatric Surgery (GPS) that is easily accessible to patients locally, outside of tertiary and specialist centres. The Forum recognised that recent years have seen a decline in the number of routine children's surgery cases performed at the District General Hospital. In many units service sustainability is under threat because of a lack of succession planning for general surgeons and adult urologists currently providing this service. Unless innovative solutions are implemented, this service may no longer be available locally, resulting in pressure on specialist children's hospitals and often significant upheaval for children and their families.

The Forum organised a workshop to develop a definitive guidance document to assist commissioners and service planners in the NHS to

commission safe GPS services. The guidance advocates that the most effective way to provide general paediatric surgery in the DGH is through Managed Clinical Networks of Care, and provides guidelines for setting up and maintaining such networks. In addition, it outlines minimum training requirements for surgeons who are involved in the provision of general paediatric surgery and promotes the creation of attractive career opportunities for those surgeons who obtain the skills to perform routine surgery on children in the DGH.

The Guidance will be published on the 14<sup>th</sup> of July 2010, and will be followed by the results of a professionally-led survey, aimed to identify training opportunities in the DGH for general surgeons and urologists with an interest in the general surgery of childhood. An electronic version of the document will be available from the 14<sup>th</sup> of July on the College website at: [http://www.rcseng.ac.uk/service\\_delivery/children2019s-surgical-forum](http://www.rcseng.ac.uk/service_delivery/children2019s-surgical-forum). If you wish to send us your feedback, please [email us](#).

## **Safeguarding Children and Young People**

The Department of Health reviewed its document 'Working Together to Safeguard Children' in March 2010. The Royal Colleges and professional bodies are currently in the process of reviewing the intercollegiate guidance that accompanied the document. The new guidance will be published later in the year.

The intercollegiate guidance describes six levels of competencies for safeguarding protection and provides role descriptions for named and designated professionals. It also addresses training needs of specific groups of professionals, as well as different formats for the efficient delivery of safeguarding training. All clinical staff will be required to receive training at level 2. Clinicians working predominantly with children and young people will be trained at level 3.

The Department of Health has devised an e-learning package for level 2 training. There are thoughts of developing additional training components tailored to the specific medical specialties.

## **Reconfiguration of Specialist Paediatric Services**

### *Cardiac Surgery*

The National Specialised Commissioning Group published the document 'Need for Change' in March 2010 outlining the key risks within the current configuration of services.

A new framework setting minimum standards of service has now been developed and centres are expected to be assessed against these standards in order to be designated as providers of specialist paediatric cardiac surgical services. An important part of the assessment process involved building robust networks, and as a result several different setups of networks have been created around the country.

### *Neurosurgery*

The National Specialised Commissioning Group published the draft service standards for paediatric neurosurgical services in November 2009. The draft is currently being amended with feedback from stakeholders.

The next steps for the NSCG Steering Group are to carry out a detailed census of the current services providing paediatric neurosurgery care, to put forward different options for paediatric neurosurgery service models in the light of the draft standards, and to evaluate the different options from a patient outcome angle and from an economic viewpoint. The timescale for this process currently extends into 2011.

You can find more information on the reconfiguration of specialist paediatric services at the NSCG website at <http://www.ncg.nhs.uk/>

## **Payment by Results**

Dr Ian Rutter, Chair of the Clinical Advisory Panel for Payment by Results (PbR) at the Department of Health reported on the developments of the payment by results scheme in relation to children's surgery. He reported that the vast majority of funds for paediatric surgery did not come through PbR. There is a 78% top-up to the payment tariff for specialised services in paediatric surgery and only 22% of the cost is covered from PbR.

Forum members raised the issue of non-specialist paediatric surgical procedures, which only receive supplementary payment when performed in tertiary centres and not when performed in the DGH. This practice results in a disincentive for local hospitals to take on routine children's services. Similarly, specialist centres were discouraged from providing general paediatric surgical training for surgeons in the DGH.

The issue of neonatal surgery was also raised at the meeting. It was pointed out that the current system does not reflect the complexity of neonatal care, and payment is often provided for the neonatal unit spell but not for the neonatal surgery performed.

Dr Rutter confirmed that he is keen to work with the Forum and clarify these issues. He reported further that PbR includes flexibilities that can be utilised locally to encourage clinical networks. He invited members to keep him informed of cases where aspects of the system are operating against networks.

If you know of cases where the current pricing system and the Payment by Results scheme are hindering the development of clinical networks and the efficient delivery of services please [let us know](#) so that we can follow these cases with the Department of Health.

## **NHS Education Passport**

The Forum discussed the implementation of the NHS Education Passport, a tool aimed to facilitate cross-site working and training for clinicians with a substantive NHS post. This will allow clinicians to work in any NHS Trust on a short-term basis not only to cover emergencies but also to train or maintain skills. Currently, this development is being hindered by the lengthy requirement of honorary contracts and unnecessary duplication of criminal record checks.

The RCS President contacted government officials to discuss issues that prevented cross-site working for clinicians. The RCS, BAPS and RCPCH also wrote to The Times and tabled an early day motion in the House of Commons.

The Department of Health and NHS Employers have now taken action and are in the process of issuing guidance which will state the current legal requirements for CRB checks: Clinicians who already had a successful disclosure through an enhanced CRB check will not be required to repeat it in order to work at another Trust. The second Trust will be able to employ the clinician once it receives written confirmation from the base Trust that an appropriate CRB check has been carried out and the clinician does not appear on a barred list. Trainees are not required to undergo a CRB check every time they move to a different placement, as long as there is evidence of a successful disclosure to an NHS Trust within the previous three years. The College has issued guidance for its members and fellows, available on the [College website](#).

## **National Confidential Enquiry into Patient Outcome and Death (NCEPOD)**

The Chief Executive of NCEPOD briefed the Forum on its latest study regarding remediable factors in the processes of care of children who die within 30 days of a surgical procedure.

Data collection is underway and NCEPOD is in the process of sending out questionnaires to the relevant clinicians for completion. They are asking for these to be returned alongside copied extracts of the casenotes which are then made anonymous before being peer reviewed by a panel of multidisciplinary advisors.

If you wish to fill out and return the questionnaire, you can find it online at: <http://www.ncepod.org.uk/pdf/current/PS/PSSurgicalQuestionnaire.pdf>

Further questions about the study can be directed at:  
[paediatricsurgery@ncepod.org.uk](mailto:paediatricsurgery@ncepod.org.uk)

## **News and Latest Developments**

### *Networks of Trauma Care for Children*

The Department of Health is setting up a Children's Clinical Advisory Group (CAG). Its remit will be to provide advice on the development of strategic activities to support the NHS in designing bespoke networks that will deliver optimal care to children who suffer major trauma. This work is part of the development of the regional trauma networks for NHS England. The group will start discussions later in the summer.

### *Vetting and Barring Scheme*

In October 2009, the Government introduced the Independent Safeguarding Authority (ISA) as part of the new Vetting and Barring scheme in an attempt to make the implementation of safeguards for children and vulnerable adults more efficient.

Under the new scheme, the previous three barred lists are now replaced by two new lists (the Children's Barred list and the Adults' Barred list) which will be held and maintained by the Independent Safeguarding Authority.

Until recently the scheme's basic requirement was a phased registration of all clinicians with ISA starting on 26 July 2010. However, on 15 June the Home Office announced that ISA registration has now been halted. This development came as the new government decided to review and scale down the Vetting and Barring scheme. In the meantime the existing requirements for criminal record checks continue to apply and the ISA will continue to make decisions regarding barring unsuitable individuals from critical jobs.

## **Publications**

[Ensuring the Provision of General Paediatric Surgery in the District General Hospital: Guidance to Commissioners and Service Planners, Children's Surgical Forum, June 2010](#)

[Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children, Department of Health, March 2010](#)

[Not Just a Phase: A Guide to the Participation of Children and Young People in Health Services, The Royal College of Paediatrics and Child Health, 2010](#)

[Guidance on the Provision of Paediatric Anaesthetic Services - Chapter 8 in Guidelines for the Provision of Anaesthetic Services, The Royal College of Anaesthetists, April 2010.](#)

[Safe and Sustainable Paediatric Cardiac Surgery Services – Draft Service Specification Standards, National Specialised Commissioning Group, September 2009](#)

[Safe and Sustainable Paediatric Neurosurgical Services – Draft Service Standards, National Specialised Commissioning Group, November 2009](#)

## **Courses and Events**

### **Core Topic Day: Paediatric Anaesthesia**

28 June 2010  
Manchester Conference Centre  
Weston Building, Sackville Street, Manchester, M1 3BB  
For more information please visit: <http://www.rcoa.ac.uk/>

### **Paediatric Nutrition Course**

11 - 15 October 2010  
Childworth Manor Hotel, Southampton  
For more information please visit: <http://www.rcpch.ac.uk/>

### **Common Elective and Acute Problems in the General Surgery of Childhood**

Winter 2010 (date to be confirmed)  
The Royal College of Surgeons of England,  
35-43 Lincoln's Inn Fields, London WC2A 3PE  
For more information please visit: <http://www.rcseng.ac.uk/>

### **Operative Paediatric Urology Course and Symposium**

8 – 9 Jul 2010  
Weetwood Hall Hotel, Leeds, UK  
For more information please visit: <http://www.baps.org.uk/>

### **International Paediatric Endoscopic Workshop**

27 – 30 Jul 2010  
Leeds Teaching Hospitals, UK  
For more information please visit: <http://www.baps.org.uk/>

### **23rd International Symposium on Paediatric Surgical Research**

12 – 14 Sep 2010  
Tokyo Garden Palace, Tokyo, Japan  
For more information please visit: <http://www.baps.org.uk/>

## Communicating with the Forum

You can contact the Children's Surgical Forum by email at [csforum@rcseng.ac.uk](mailto:csforum@rcseng.ac.uk). The next meeting of the Forum is scheduled for Wednesday 13 October 2010. If you would like to raise any issues to the Forum, or if you have any information that you would like to include in the next newsletter please email us by **15 September 2010**.

If you know of cases where the current pricing system and the Payment by Results scheme are hindering the development of clinical networks and the efficient delivery of services please let us know so that we can follow these cases with the Department of Health. If you have received this message from a colleague and would like to subscribe, please [email us](#). Finally, if you would prefer not to receive any further communication from the Children's Surgical Forum, please [click here](#).

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