

Report to Joint Health Overview and Scrutiny Committee for South Yorkshire, Nottinghamshire and Derbyshire 24th March, 2020

Report of: Report on update on the children's surgery and anaesthesia work and recommendations to change the appendicectomy pathway

Subject: **Update:** Children's Surgery and Anaesthesia

Author of Report: James Scott (SYB Programme Manager for Children, Young People and Maternity) and Anna Clack (Children's Network Manager)

Summary:

In June 2017 the Joint Committee for Clinical Commissioning Groups (JCCCG) for South Yorkshire and Bassetlaw took a decision to change the way some children's surgery and anaesthesia services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire. At that time, the JCCCG agreed to clinical recommendations that children needing an emergency operation for a small number of conditions, at night or at a weekend, would not be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital in Wakefield.

Since that decision, a number of factors have changed (as detailed in this report) which mean that a new recommendation has been put forward by local clinical experts. The new recommendation is for surgery for three of the four conditions covered by the previous decision (post-tonsillectomy bleeding, foreign body in the airway, torsion of the testes) to continue being provided in the local District General Hospitals, with no change. The recommendation for the fourth condition – suspected appendicitis – is that for children aged under 8, and for children with complex needs, appendicectomies should be conducted at Sheffield Children's Hospital. This would affect around 45 children a year from across South Yorkshire and Bassetlaw.

We are currently seeking the views of parents and carers from across South Yorkshire and Bassetlaw on this potential change.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	

The Scrutiny Committee is being asked to:

Consider the recommendations of the report and provide the JCCCG with any views or comments.

To provide their views on whether any changes to the appendicectomy pathway in South Yorkshire and Bassetlaw for children under 8 and those with complex needs would be considered a substantial development or variation, and accordingly if they recommend that there is a formal duty to consult with the Local Authority under the s244 regulations.

Category of Report: OPEN

Report to update on the children's surgery and anaesthesia work and recommendations to change the appendicectomy pathway

1. Introduction/Context

- 1.1 The purpose of this paper is to provide an update to the Joint Health Overview and Scrutiny Committee on proposed changes since the Committee were last updated on the South Yorkshire and Bassetlaw Children's Surgery and Anaesthesia work (February 2019).
- 1.2 This paper sets out details of a new proposal for a revised service model, and the implementation of an associated pathway for paediatric appendicectomy surgery. The proposal has been put forward by Clinicians working in South Yorkshire and Bassetlaw and has been supported in principle by the Joint Committee of Clinical Commissioning Groups (JCCCG).
- 1.3 The JHOSC is being asked to consider the recommendations of the report and to provide their views on whether any changes to the appendicectomy pathway in South Yorkshire and Bassetlaw for children under 8 and those with complex needs would be considered a substantial development or variation, and accordingly if they recommend that there is a formal duty to consult with the Local Authority under the s244 regulations.

2. Background

- 2.1 In June 2017 the Joint Committee for Clinical Commissioning Groups (JCCCG) for South Yorkshire and Bassetlaw took a decision to change the way some children's surgery and anaesthesia services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire.
- 2.2 At the time, the JCCCG agreed to clinical recommendations that children needing an emergency operation for a small number of conditions, at night or at a weekend, would not be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital in Wakefield.
- 2.3 Since the decision:
 - Strengthened partnerships across the region and even closer ways of working have been formed across the patch
 - Closer joint working across the NHS Hospitals has strengthened Ear, Nose and Throat (ENT) services and made them more stable and sustainable

- The more detailed investigation that happens before any proposed change takes place (known as the designation process) has shown reality to be more complex than the original business case assumed
 - There is evidence that the torsions pathways are appropriate and should be retained
 - The introduction of Integrated Care System geographical footprints has changed previous joint working arrangements. In South Yorkshire and Bassetlaw this has impacted on working arrangements with Mid Yorkshire Hospitals
- 2.4 These changes of circumstance therefore led the Children’s Surgery and Anaesthesia Managed Clinical Network (which is a regular meeting of working clinicians from South Yorkshire, Bassetlaw and North Derbyshire) to develop revised recommendations, which meet the principles from the original work of:
- Commitment to a model where children are guaranteed to be seen by surgeons and anaesthetists who have current training in, and / or who regularly work on, the care of children
 - Commitment to no unnecessary transfers of patients, and that care close to home, where this able to be delivered in line with standards, is the preferred outcome
- 2.5 The revised recommendations do not support the three hub geographical model proposed in 2017.
- 2.6 A new paper, which was received by the Joint Committee of Clinical Commissioning Groups (JCCCG) in February, instead recommended that clinical models should be different depending on the type of surgery.
- 2.7 All of the information about the original proposal and consultation can be found here: <https://smybndccgs.nhs.uk/what-we-do/childrens-surgery>

3 Proposal

- 3.1 A new paper, which was received by the Joint Committee of Clinical Commissioning Groups (JCCCG) in February, and which was put forward by local clinicians, recommended that clinical models should be different depending on the type of surgery.
- 3.2 The new proposal suggests all district general hospitals maintain the provision of these pathways where there is evidence that they are able to provide a safe, quality and sustainable service. Only in a small number of cases would activity be transferred from district general hospitals to the Sheffield Children’s Hospital which will be supported by clear clinical protocols.
- 3.3 Anaesthetic skills across South Yorkshire and Bassetlaw, including within district general hospitals, are deemed to be effective and safe in managing paediatric cases.
- 3.4 The Ear Nose and Throat (ENT) pathways currently in place, developed through the previous Working Together collaborative programme are clinically appropriate and should be retained.

- 3.5 Torsions pathways should be retained. Further work is required within Doncaster and Bassetlaw Teaching Hospitals to recruit the workforce to secure a long term torsion service comparable to the torsion service provided in other district general hospitals.
- 3.6 Abdomens are the most complex pathway. Issues include:
- An inconsistency of approach, particularly with regards to the age ranges covered by district general hospitals.
 - The number of appendicectomies (surgery to remove the appendix) undertaken in South Yorkshire and Bassetlaw each year on children under 8 is very small. The numbers are so small that some surgeons in some of the district general hospitals had only been exposed to one or two in the past 5 years.
 - Children under 8 are not 'small adults' and if they need an appendicectomy, it is better and safer for them to be seen by a surgeon who is trained to and regularly operates on children their size.
 - Appendices do not have the time criticality of testicular torsions. All Trusts, including Sheffield Children's Hospital, already operate a policy of not operating on children after midnight, except in extremis.

A clinical pathway model was developed by senior local clinicians to address this, and would involve the movement of children under 8 years or with significant complexities or comorbidities from district general hospitals to Sheffield Children's Hospital. This would affect about 45 children a year and arrangements would be put in place to ensure safe transfers.

- 3.7 For those children who will remain at their local DGH for appendix surgery, the proposal also suggests additional ways to strengthen the service – these are that all children will be jointly managed between the paediatrics and surgical teams to ensure that the child's holistic needs are met; surgery will be undertaken (or directly supervised) only by consultant surgeons. There is a view from our clinical experts that this would put our area ahead of most other parts of the UK in assuring a quality service.
- 3.8 An Equality Impact Assessment (EIA) was completed to identify whether the proposed changes to the appendicectomy pathway are likely to result in any adverse or negative impacts in the promotion of equality and diversity. The proposed changes to the pathway are aimed at assuring equitable access to high quality surgical capability for all children and young people in South Yorkshire and Bassetlaw. While there are some key areas in the EIA identified for consideration, the proposed changes to the pathway are not considered to hinder the promotion of equality and diversity.
- 3.9 The JCCCG supported the changed proposal, subject to the outcomes of the discussion at the JHOSC and the outcomes of a current engagement exercise, which is asking the public in South Yorkshire and Bassetlaw, in particular parents and carers of children aged under 8, about the appendicitis element of the proposal. If the JHOSC and the

engagement exercises show support for the proposal, work would take place to change the appendectomy pathway during 2020.

- 3.10 It was felt that the proposal outlined within this document addresses the issues in an appropriate and proportionate way given the changing context, whilst meeting the spirit and intent of the 2017 work in terms of ensuring all children are treated by professionals who have access to appropriate skills, and wherever possible close to their homes.

4. What does this mean for people in South Yorkshire, Bassetlaw and North Derbyshire?

- 4.1 More care will be retained closer to home than was originally agreed in 2017. Children with three of the conditions that were looked at during this work - post-tonsillectomy bleeding, foreign body in the airway, torsion of the testes - will now have their surgery provided in their local district general hospitals, as it is currently, and patients will not have to travel to one of the three out of hours hubs as had previously been agreed in 2017.
- 4.2 The proposal is for children aged under 8, and for children with complex needs, appendicectomies should be conducted at Sheffield Children's Hospital, this would affect about 45 children a year and arrangements would be put in place to ensure safe transfers.

5. Recommendations

- 5.1 The JHOSC is asked to consider the proposal within this report and provide the JCCCG with any views and comments.
- 5.2 The JHOSC is asked to provide their views on whether any changes to the appendectomy pathway in South Yorkshire and Bassetlaw for children under 8 and those with complex needs would be considered a substantial development or variation, and accordingly if they recommend that there is a formal duty to consult with the Local Authority under the s244 regulations.