



Children's Surgery Options Appraisal

Summary for the OSC

1. Purpose

The purpose of this paper is to:

- Summarise the work undertaken to date, by our CCGs and Providers, in reviewing children's non specialised surgery across South and Mid Yorkshire, Bassetlaw and North Derbyshire.
- Inform the OSC of the progress around the ongoing work and recommendation to go to public consultation on the options for the reconfiguration of children's non specialised surgery

2. Background and Context

2.1 As Commissioners Working Together, CCGs have undertaken a review of Children's non-specialised surgery. The first phase of work was agreed in June 2015 and following this, the case for change was agreed by CCGs and trust boards in the Working Together footprint in autumn 2015. The programme then progressed work as part of the review which included:

- A fully developed project plan
- A provider self-assessment against national standards of care
- Benefits analysis and outcomes
- Assessment of need and demand for provision
- The specified model of care including the standards to enable designation of providers of surgical care
- Undertaking procurement advice and market analysis
- Considering best practice nationally and internationally.
- Development of options to re-configure services to provide sustainable care.
- An appraisal of options for configuration to provide sustainable care

Progress reports have been considered by the Working Together Programme Team which has representatives for all CCGs and acute provider trusts, this has continued throughout the review of children's surgery. The work was phased and updates in between were taken to trust boards and CCG governing bodies. The phases included:

2.2 Phase one development January 2015 – September 2015 – included the development of the case for change including:

- Engaging with key stakeholders
- Establishment of a clinical task and finish group with representation from all trusts
- Undertaking a baseline assessment of current services
- Forming consensus of the issues
- Identifying best practice models
- Specifying the pathways that should be in place to meet standards
- Exploring strengths and benefits of potential models
- Considering our populations needs for the future
- Seeking external clinical scrutiny of the work to date (through the clinical Senate)

2.3 Phase Two October 2015 – September 2016

The development of a specification, options on a model and drafting full outline business case including:

- Implementation of communication and engagement strategy - Pre –engagement with patients and the public, key stakeholders (Health Overview and Scrutiny Committees) and staff
- Enacting procurement advice, including a provider engagement event and Prior Information Notice of Service changes
- Development of a service specification meeting national standards and gap analysis against existing provision
- Expert assessment panel advice and guidance
- Exploring demand and need, including flows in provision.
- Development of options on a service model and assessment and appraisal of options
- Consideration of the implementation plan and mechanisms to mobilise and operationalise change
- Development of full business case including activity and financial impact
- Planning for formal consultation
- Consideration of options to implement change and the impact

3. Stakeholder engagement and pre-consultation

Commissioners Working Together have facilitated significant stakeholder engagement throughout the review process engaging in particular with providers and commissioners and other key partners via a series of workshops, engagement events and the clinical task and finish group.

Between January and April 2016, Commissioners Working Together, held an open pre-consultation to inform the review of children's surgery services across South and Mid Yorkshire, Bassetlaw and North Derbyshire. Asking 'what matters to you when accessing children's surgery' the conversations were held face to face and across social media. Thousands of people accessed the website to read about the case for change, several hundreds were involved in face to face discussions and over two hundred responses were received.

The key themes emerging were: being seen and treated by knowledgeable staff, safety and quality of service, is the most important thing and that families were happy to travel for the right care services locally. It was also important to people that professionals had information on about their child and that the professionals talked to each other about the needs of the child and family.

A communication and engagement strategy for consultation has been developed for the next phase of this work and to enable us to progress to consultation with the public about proposed changes to children's surgery this autumn.

4. Developing options

The development of the options appraisal to support improvements to the delivery of children's surgery was discussed at the task and finish group, the core leaders group, and with key clinicians through a clinical reference group.

The focus has been on assessing the options and looking to the most sustainable option that provides the best outcomes in line with national standards.

It is proposed that provision is developed through a network of providers across the geography and that elective day case provision not requiring overnight care is provided at as many local sites as possible. This will be planned through a Managed Clinical Network of Providers that will work across organisational boundaries.

It is then proposed that non elective urgent care out of hours surgery is managed in fewer sites.

5. Summary of the outcome of the optional appraisal to date

The outcome of the options appraisal identifies a preferred option and it is proposed that we consult the public on this preferred option in October 2016. A consultation strategy has been developed to support this process with engagement from all local communications and engagement teams.

The preferred option is that we will move to a network of planned provision across all providers who meet the new service specification.

It is then proposed that for non-elective out of hour's surgery that provision is consolidated over fewer sites to provide 3 hubs and entry points out of hours.

The preferred option is that for these small numbers for some areas of non-specialised out of hours provision will be provided in Doncaster, Sheffield and Wakefield.

Chesterfield currently has a network in place with Nottingham so may take a view on developing these arrangements for out of hours provision.

The benefits of this change are that we will move to a more sustainable model of networked provision for all parts of the clinical pathway.

Further work is required on the detail around sub specialty areas that can be treated at local level where skills are available or maintained. Aspects of the operationalizing of the provision for the future will need development through the Managed Clinical Network. This work is currently taking place and the Managed Clinical Network is in the process of

developing a draft business case based upon these changes which will be shared with NHSE to support Level 2 assurance.

6. Assurance

Preparation work is currently being undertaken in order to submit the evidence to support Level 2 Assurance with NHSE.

This has included seeking guidance from the Clinical Senate, undertaking an Equality Impact Assessment and reviewing the viability of the current and proposed financial modeling.

7. Summary next steps

- Stage 2 Assurance for NHS England - 17 August
- Financial analysis and full business case development September
- Formal consultation on preferred option - 2 October for 14 weeks

8. Recommendation

Joint HOSC is asked to:

- Note progress of the work and the implications for moving forward through NHSE Level 2 Assurance and towards public consultation on the options in October.

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To be read in conjunction with the full Options Appraisal**