

Safe and Sustainable

Assessment of Nationally Commissioned Service (NCS) provision

Overview

1) Introduction

There are three services that are nationally commissioned by the National Specialised Commissioning Group (NSCT) and that are currently provided at some paediatric cardiac surgery centres in England. It is necessary for the *Safe and Sustainable* review to consider and address the future of these services as part of the process for delivering recommendations for reconfiguration of paediatric cardiac surgery services.

The nationally commissioned services are:

- Paediatric Cardiothoracic Transplantation and Mechanical Device as a Bridge to Heart Transplantation (currently provided at Freeman Hospital, Newcastle and Great Ormond Street Hospital)
- Extracorporeal Membrane Oxygenation (ECMO) for severe respiratory failure (currently provided at Great Ormond Street Hospital, Glenfield Hospital, Leicester and Freeman Hospital, Newcastle)
- Complex Tracheal Surgery (currently provided at Great Ormond Street Hospital)

These services all require cardiac surgery or surgical back up in order to operate safely.

The NSCT is not looking to increase the number of centres providing these services in the future. However it does need to be assured that whatever the future configuration of paediatric cardiac surgery provision, the nationally commissioned services can continue to be provided to a good standard of care with good geographical access across England.

It is important that you consider whether, if designated as a paediatric cardiac surgery provider in the future, you would also want to be in the position to provide one or more of the nationally commissioned services. Because final decisions on the designation of providers for Nationally Commissioned Services can only be made by the Secretary of State, he or she will need to be assured that all viable options for paediatric cardiac surgery services also enable high quality provision of these national services.

If you do not wish to provide one of the nationally commissioned services in the future, you should declare this now by emailing that as your response on the 7th May 2010.

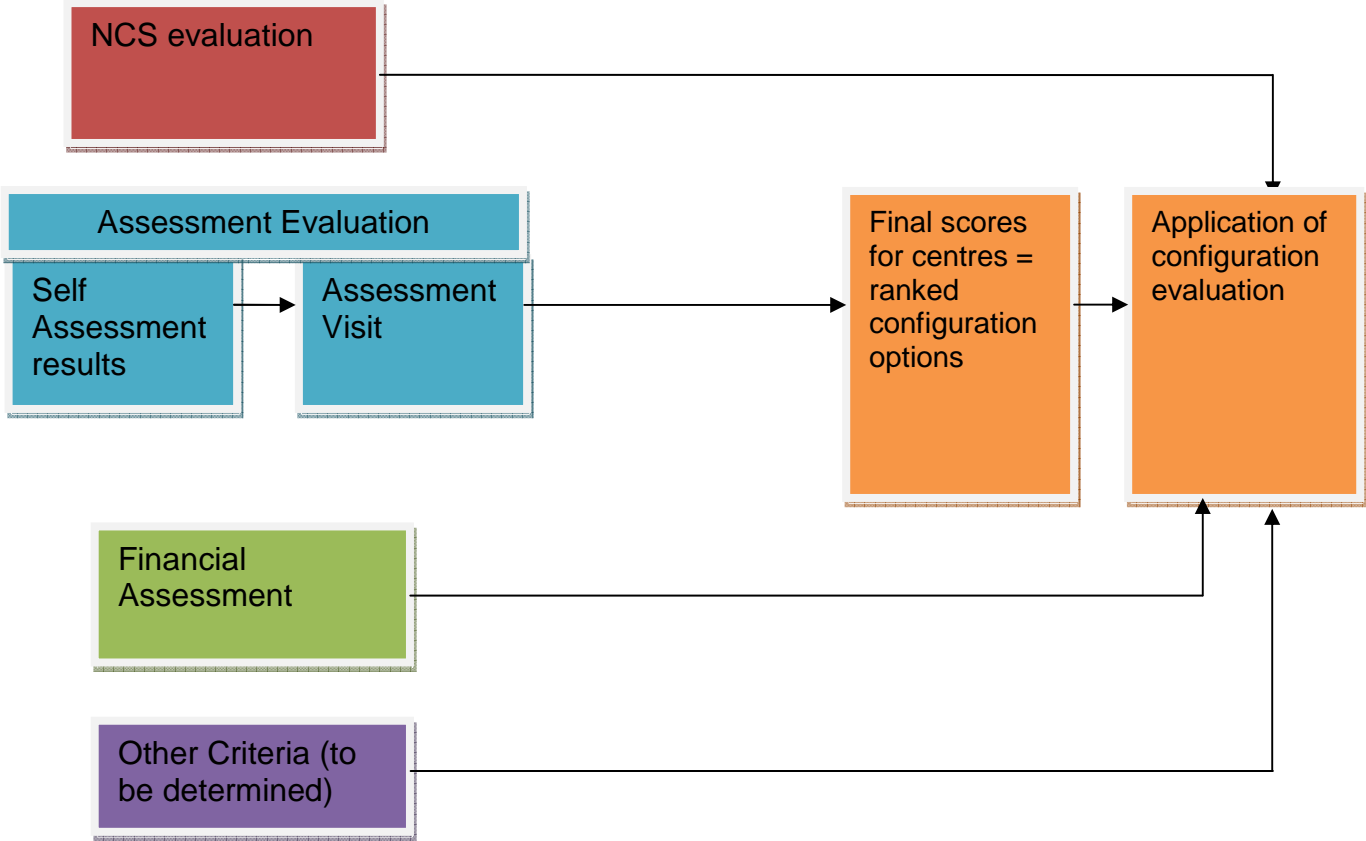
2) Process

The completion of this NCS template is separate from the self-assessment template that was sent you on the 22nd March 2010.

The self assessment template is attached again for your information (Appendix A). The scores derived from the completion of the self-assessment template will, with the assessment visits, enable us to arrive at a number of configuration options. Those configuration options will need to be tested against a number of criteria, in order to evidence the best configuration scenario for patients.

The information gained from this return will contribute to addressing one of those criteria – risk to other dependent services. Details of the other criteria to be used will be made available to you once known.

Although the NCS template is scored, these scores will not form part of the individual organisation assessment scoring – the scores will only be used when testing configuration options. This is illustrated below:



3) Service Guidelines

For each of the 3 Nationally Commissioned Services, we have attached some guidelines which indicate the level, type and complexity of the service.

This template asks you to consider these guidelines, and to judge the implications to your organisation in providing these services.

Paediatric Cardiothoracic Transplantation and Bridge to Transplant (Appendix B):

The guidelines have been taken from:

1. The existing NSCAG designation standards
2. The NHS Blood and Transplant National Standards for Organ Retrieval from Deceased Donors.

Respiratory ECMO (Appendix C): the criteria have been derived from the Extracorporeal Life Support Organization (ELSO) guidelines for Paediatric Extracorporeal Membrane Oxygenation, most recently updated in 2002.

Complex Tracheal Surgery (Appendix D): the criteria have been derived using the case definition applied by Great Ormond Street Hospital and agreed with existing clinical and commissioning experts.

4) Scoring

The information you supply in this exercise will be assessed as one of the criteria used in determining the configuration evaluation.

In order that we can apply the criteria fairly, we need to be able to quantitatively evaluate the potential of each centre that wishes to provide each of the Nationally Commissioned Services.

For each service that you do not currently provide, we require you to consider the guidelines for each service, and to assess your ability to provide the service in the future, if required.

The areas in which you will be scored against are your assessment of:

- Workforce requirements and risks
- Ability to meet the required capacity
- Team working and infrastructure
- Network arrangements
- Continuous professional development, training and education
- Governance structure and risk management.

Each area will be equally weighted, and will be scored as follows:

1	Inadequate (the centre is unable to meet this requirement)
2	Poor (it is unlikely that the centre will be able to meet the requirement)
3	Unsatisfactory (there are significant risks or issues involved in the centre meeting this requirement)
4	Good (evidence supplied is good, and we are assured that the centre is in a good position be able to meet the requirement)
5	Excellent (evidence is exemplary and we are absolutely certain that the centre can meet the requirement)

Each assessment will be scored by a panel of experts, once the submissions are returned on the 7th May. Further details of the membership of the panel will be sent to you in due course. There is a possibility that the evaluation panel will request clarifications/interaction with your centre in respect of this submission. This is likely to take place in late May 2010.

As discussed, the scores will be considered alongside other criteria, as part of the Configuration Evaluation stage. Full details of the configuration evaluation criteria will be sent to you once known.

Assessment

Please attach any additional information you feel necessary, such as strategies or project plans that demonstrate the answers to the questions.

1. Paediatric Cardiothoracic Transplantation and Bridge to Transplantation

Please refer to the guidelines in Appendix B

Area of Assessment
Are you confident that you will be able to recruit and sustain the required workforce for the service? What risks do you envisage, and how would you mitigate against these risks? Type here
The activity for these services across England in 08/09 was: Paediatric Cardiac Transplantation: 32 transplants Paediatric Lung Transplantation 6 transplants Bridge to Transplantation: 22 procedures The length of stay in paediatric intensive care for transplantation varies considerably, but in 08/09 the range of was between: For Assessment 0 to 0.6 OBDs For Transplant – ITU 17 to 22 OBDs, ward 12 to 22 OBDs For Follow up – ITU 0 to 0.4 OBDs, ward 1.5 to 2.5 OBDs Outpatient attendances 704 For Bridge to Transplantation the average length of stay in paediatric intensive care was between 31-63 OBDs. What is your assessment of the capacity required to run this service? What evidence do you have that your centre would be able to dedicate the required capacity? Type here
Referring to the guidelines at Appendix B, what is your assessment of the infrastructure and multidisciplinary team working required to effectively run this service? How can you evidence that this is, or will be, in place? Type here
Please describe the network arrangements that you think need to be in place in order to ensure the effective operation of the service? Type here
How will you ensure that training, education and continuous development is made available to all members of the team? How would you ensure that your service continued to improve so as to ensure sustainability? Type here
What service specific governance arrangements would you have in place? Type here

2. Extracorporeal Membrane Oxygenation (ECMO) for severe respiratory conditions

Please refer to the guidelines in Appendix C

Area of Assessment
Are you confident that you will be able to recruit and sustain the required workforce for the service? What risks do you envisage, and how would you mitigate against these risks? Type here
The activity for these services across England in 08/09 was 59 patients. The length of stay in paediatric intensive care varies considerably, but in 08/09 the range was between: For Assessment 0 to 6 OBDs For ECMO procedure 7 to 17 OBDs What is your assessment of the capacity required to run this service? What evidence do you have that your centre would be able to dedicate the required capacity? Type here
Referring to the guidelines at Appendix B, what is your assessment of the infrastructure and multidisciplinary team working required to effectively run this service? How can you evidence that this is, or will be, in place? Type here
Please describe the network arrangements that you think need to be in place in order to ensure the effective operation of the service? Type here
How will you ensure that training, education and continuous development is made available to all members of the team? How would you ensure that your service continued to improve so as to ensure sustainability? Type here
What service specific governance arrangements would you have in place? Type here

3. Complex Tracheal Surgery

Please refer to the guidelines in Appendix D

Area of Assessment
Are you confident that you will be able to recruit and sustain the required workforce for the service? What risks do you envisage, and how would you mitigate against these risks? Type here

The activity for these services across England in 08/09 was 28 patients.

The length of stay in paediatric intensive care varies considerably, but in 08/09 was:

ICU stays: between 2 to 17 days

Ward stays: between 1 to 4 days

What is your assessment of the capacity required to run this service? What evidence do you have that your centre would be able to dedicate the required capacity?

Type here

Referring to the guidelines at Appendix B, what is your assessment of the infrastructure and multidisciplinary team working required to effectively run this service? How can you evidence that this is, or will be, in place?

Type here

Please describe the network arrangements that you think need to be in place in order to ensure the effective operation of the service?

Type here

How will you ensure that training, education and continuous development is made available to all members of the team? How would you ensure that your service continued to improve so as to ensure sustainability?

Type here

What service specific governance arrangements would you have in place?

Type here