

**Potential Impact of [E07/S/b Paediatric Critical Care - Level 2](#) on Embrace Yorkshire & Humber Infant & Children's Transport Service**

**Background**

This specification is new for 2014-15 and is in the stakeholder testing stage; previously part of the overarching paediatric critical care specification, now the Level 2 requirements are spelled out in a bespoke specification.

Paediatric Critical Care (PCC) has been defined in 3 levels:

- Level 1 Paediatric Critical Care Units (PCCUs) will be located in all hospitals providing inpatient care to children and will deliver level 1 PCC care. (provided in all district general hospitals (DGHs) which provide in-patient facilities and is not commissioned by NHS England)
- Level 2 PCCUs may be specialist or non-specialist and are provided in tertiary hospitals and a limited number of DGHs and will deliver level 1 & 2 care. These were formerly classified as High Dependency (HD) care. (commissioned by NHS England)
- Level 3 PCCUs are usually located in tertiary centres or specialist hospitals and can provide all 3 levels of PCC. (commissioned by NHS England)

This specification describes Level 2 PCCUs, formally classified as HDUs.

Regional Level 2 PCCU care is currently provided in Sheffield Children's NHS Foundation Trust and Leeds Teaching Hospital Trust; both are co-located with Level 3 PCCUs they also provide level 2 burns beds and cardiac beds respectively. There is also HD provision at Hull Royal Infirmary and further level 2 burns beds at Pinderfields (Mid Yorkshire NHS Trust).

It is unclear which of the District General Hospitals will be commissioned to provide level 2 PCCU. Sheffield Children's NHS Foundation Trust is planning to expand it's level 2 provision so as to meet the increase in service demand especially for those infants with complex needs. Discussions have also been held with Bradford Teaching Hospitals NHS Foundation Trust (Bradford). Patient pathways within the region are also considered within the remit of the Paediatric Critical Care Operational Delivery Network.

## Impact

Embrace the Yorkshire and Humber Infant and Children's Transport Service along with other transport services will need to consider the impact of this specification in the context of the Paediatric Transport Service Specification that is also out for consultation at this time.

As a transport service, Embrace is well placed to absorb a moderate increase in paediatric activity associated with the development of Level 2 Paediatric Critical Care because it is a joint neonatal and paediatric transport service with a large volume of, particularly neonatal, transfers. Paediatric transfers make up only one third of the total workload of the service although there is a significant concentration of such transfers over the winter and this would be the time of greatest impact.

There are clearly some risks:

- Local transfers between level 1 and level 2 PCCUs (e.g. Scarborough to Hull) can involve a long travel distance for Embrace from their base in Barnsley. This risk may be mitigated by Embrace's ability to access air transport resources.
- The sustainability of the designated DGH's to provide and maintain PCC level 2 provision can impact on Embrace. Commissioning should ensure PCC level 2 beds remain open and resources are not diverted elsewhere within a Trust to backfill for manpower shortages.
- Paediatric transfers are focused over the winter period and therefore any impact of growth in transfer numbers would have its greatest impact across the service during this time. Specific modelling would be required to assess whether this impact would be absorbed within current team provision or if a stepped increase in resources is required (e.g. an additional winter/night team) based upon regional designation of level 2 units. We would expect that this work would be undertaken in co-operation with commissioners and the Paediatric Critical Care Operational Delivery Network.
- The transport and PCC service specifications are being developed in parallel. There is a risk that the repatriation of patients from level 3 PCCU and the movement of level 2 PCCU patients slips between the specifications thus not ensuring the most effective and efficient use of the nationally commissioned beds. Some of this is mitigated through the Transport Service Specification.
- The specification includes provision for young adults aged 16 – 18. This reflects the choice available to young adults in DGH's to access paediatric services if they wish. This does not reflect practice in tertiary paediatric units and Embrace's scope of care only covers children under the age of 16 years unless the patient is under the care of a tertiary paediatric consultant and in transition arrangements.

Embrace will maintain a watching brief on the proposed changes to specialised services which directly impact on Embrace especially during winter peak activity. Embrace already has these service specifications and reviews as a standing agenda item on Embrace's reference group's bi monthly meeting (which attended by key stakeholders and specialised commissioners).