

## LEEDS HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 16 MAY 2012

### SAFE AND SUSTAINABLE: PAEDIATRIC NEUROSURGERY REVIEW

#### 1 Introduction and Background

The national Safe and Sustainable Team have been working on a review of paediatric neurosurgery services in England, on behalf of the NHS Medical Director and the 10 SCGs since 2009. The review was commissioned to address three key concerns:-

- Children's neurosurgical services have developed in England but in an ad hoc way with no strategic oversight for this specialty service nationally.
- Children and their families expect a "world class service" for the challenging conditions these children have and current services are not sustainable nor able to meet future requirements and developments in the field, and may not be able to match the best outcomes when compared internationally.
- Few of the current children's neurosurgical services are able to provide access to specialists 24/7.

The first phase of the work has been to work with clinicians, other health professionals, parents and families to develop:

- a model of care
- patient pathways
- service standards

The second phase of the engagement work is to circulate the relevant documents to secure wider ownership and final sign off of the proposed way forward.

#### 2 Paediatric Neurosurgery

Paediatric neurosurgery is a complex specialty and interfaces with a number of other key specialties. There are also very different pathways dependent on the nature of the neurosurgical condition.

There are around 4200 paediatric neurosurgery operations performed in England each year of which 70% are emergency.

The main sub-specialties of neurosurgical care, and therefore the different patient pathways, relate to: hydrocephalus; trauma/head injury; brain tumour and epilepsy.

There are currently 14 NHS hospitals in England recognised as providers of paediatric neurosurgery. Most of these operations are carried out by trained paediatric neurosurgeons or neurosurgeons with a paediatric interest. However, they are mostly based in general neurosurgical centres and only 5 centres in England have a dedicated paediatric neurosurgery consultant rota.

### **3 Proposed Model of Care**

The proposed model of care is that in future there will be a number of Children's Neuroscience Networks (for the neurosurgical child) (CNN) across England who meet the geographical and service criteria described in the national framework document. These networks will comprise at least two Children's Neurosurgical Centres (CNC), one of which will be responsible for the management role for the network supported by clinical leaders from the CNC and/or clinical leaders who are responsible for specific pathways or subspecialties across the network.

### **4 Process**

Two documents have been launched to support the wider consultation process plus a questionnaire:-

- Children's Neuroscience Networks (for the neurosurgical child); a framework for services in England – February 2012.
- Children's Neuroscience Networks (for the neurosurgical child): specification standards – February 2012.

These are available on the Safe and Sustainable Website ([www.specialisedservices.nhs.uk/document/steering-group-reports](http://www.specialisedservices.nhs.uk/document/steering-group-reports)).

There is an online questionnaire and individual patients, families, carers and clinicians are encouraged to use this method of response. The web link for the questionnaire is: [www.jacksonsurveys.com/nhsneuro](http://www.jacksonsurveys.com/nhsneuro)

The results will be analysed by an independent consultant and the report submitted to the next meeting of the national Steering Group. The deadline for the questionnaire submissions is 9 May 2012.

It is suggested that Trusts, other organisations or groups of clinicians respond to the following email address: [childneuro@london.nhs.uk](mailto:childneuro@london.nhs.uk) using the PDF version of the questionnaire to help frame responses around specific questionnaires.

The deadline for any other comments, views or suggestions is 5.00pm on Wednesday, 16 May 2012 and these should be sent to Stephanie Stanwick, Programme Manager for the Safe and Sustainable Children's Neurosurgical Services review by either:-

- Email: [childneuro@london.nhs.uk](mailto:childneuro@london.nhs.uk)
- Letter: NHS Specialised Services, 2<sup>nd</sup> Floor, Southside, 105 Victoria Street, London SW1E 6QT
- Telephone: 0207 932 3958

### **5 Position in Yorkshire and the Humber**

There are two providers of paediatric neurosurgery in Yorkshire and the Humber: Sheffield Children's Hospital and Leeds Teaching Hospital. There are three providers of adult neurosurgery: Sheffield Teaching Hospitals, Leeds Teaching Hospitals and Hull and East Yorkshire Hospital. At the moment neither of the two services meet the required standards and can operate as independent services with fully compliant rotas. Both Trusts have plans to recruit an additional consultant.

With regard to the development of the networks there has already been a “regional workshop” held involving North East and Yorkshire and the Humber Specialised Commissioners, and clinicians and managers from the providers in Newcastle, Leeds and Sheffield. This was held on 28 September 2011. The Sheffield provider and the Yorkshire and the Humber Specialised Commissioner also participated in a similar workshop held by the Midlands and the East “region”.

The workshops focussed on the emerging proposals from the national review work and exploring possible linkages in terms of clinical networks and patient pathways.

The proposed clinical networks for paediatric neurosurgery also need to take into account the adult neurosurgical centres. The possible network footprints currently under consideration are:-

- Leeds, Sheffield, Newcastle, Hull and Middlesbrough
- Leeds, Newcastle, Hull and Middlesbrough (Sheffield would be in Midlands Network)
- North of England solution

At this stage it is considered that a North of England solution would be too large and too unwieldy in terms of developing patient pathways and strengthening clinical links.

It is very important to ensure that the paediatric neurosciences network footprint takes account of and is coherent with the pathways for children’s cancer, paediatric trauma and paediatric critical care.

Bilateral meetings have taken place between the Yorkshire and the Humber Specialised Commissioning leads and the relevant senior managers and clinicians in Leeds and Sheffield. The meeting with Leeds took place on 3 April. The Sheffield meeting took place on 24 April.

It is recognised that Leeds and Newcastle will need to be covered by a single network. The key question is whether or not Sheffield should also be part of the same network.

The discussions with Sheffield have identified a number of advantages and disadvantages around the two options for Sheffield. There are various links with the service in Nottingham e.g. medical staff training rotations and there are also links with Leeds e.g. paediatric intensive care.

It has been agreed that the specialised commissioning leads will complete a risk assessment of both options to help determine the most appropriate way forward.

The national deadline for specialised commissioners agreeing all the “footprints” for the networks is 31 July 2012. It is envisaged that a report outlining the preferred option will be received by the North of England on 13 July 2012.

Cathy Edwards  
**Director of Specialised Commissioning**  
**Yorkshire & the Humber Office**  
**North of England SCG**

2 May 2012