



## Partners in Paediatrics

### MINUTES: PAEDIATRIC ANAESTHETIC NETWORK (PAN)

15th January 2010 - Post Graduate Medical Centre, Stafford DGH

**Present:**

- Imogen Billingham (co-Chair)** Alder Hey Hospital, Liverpool
- Richard Crombie (co-Chair)** Heart of England
- Rob Alcock** Robert Jones & Agnes Hunt, Oswestry
- Alistair Cranston** BCH
- Suja Chari** UHCW
- Andy George** Mid Cheshire Hospital, Crewe
- Manab Haldar** Queen's Hospital Burton
- Paul Innes** Russells Hall Hospital
- Dori Ann McCulloch** Stafford General Hospital
- Simon Mills** UHNS
- Randall Pearson**, George Eliot Hospital, Nuneaton
- Alison Thwaites** SWBH
- Julia Greensall** Partners in Paediatrics

**Apologies:**

- Abigail Akita** New Cross, Wolverhampton
- Simon Crighton**, Warwick Hospital
- Bernhard Freitag** Walsall Hospital
- Rob Law**, Shrewsbury and Telford Hospital (SATH)
- Lucy Leong**, Worcester Acute
- Lesley Hines**, Partners in Paediatrics

**Imogen Billingham chaired this meeting.**

#### **1 MINUTES OF THE LAST MEETING**

The minutes from the meeting held **on Friday, 25<sup>th</sup> September 2009** were accepted as a true record, with one amendment.

**NB:** The date of the December meeting is **Friday, 10<sup>th</sup> December** (not 15<sup>th</sup> as previously stated).

#### **2 MATTERS ARISING**

➤ **Healthcare Commission Report: "Improving Services for Children";**

There has been no feedback from the APA. The report from the meeting held in September is on the APA website; it addresses resus training and safeguarding.

Alistair said that e-learning modules Level 1 and 2 training are now available on the internet. The URL is [www.e-la.org.uk](http://www.e-la.org.uk). They can also be accessed via the RCA (but have to be registered). Members agreed that having this training available as e-learning modules would be helpful. **Noted:** the APA is also looking at Quality Metrics.

➤ **Questionnaire re retrieval services:**

Imogen has followed this up with Tim Long. No completed forms were returned to Tim, but Richard had received two. Discussion took place as to whether this audit should continue, as the Retrieval service should be collecting data.

**Agreed:** we would not start collecting data on retrievals unless there was evidence of continuing problems with delays or transfers involving the referring hospital teams.

**Action:** Alistair to ask Phil Wilson what data is being collected and to see if there are any problems with the service.

➤ **Peer Review Visits**

Alistair said that there are no current plans to hold another Steering Group meeting, or carry out further Peer Review visits. The South Warwickshire review has taken place and been reported on.

A new group – the West Midlands Quality Review Group has been established.

**Action:** Alistair / Julia to get further information on this.

➤ **Peer Review of 'orphan' hospitals**

Alistair said that the main advantage of the Peer Review system was that the service for children was looked at as a whole - not just the anaesthetic service.

Imogen felt that Alder Hey would not wish to be involved at a time when their membership of PiP was under discussion, but would be suggested to the Anaesthetic Department at Alder Hey.

**Action:** Andy is to ask his colleagues whether Leighton would wish to be reviewed and report back.

➤ **NCEPOD – Clinical Advisors for Surgery in Children;**

Two PAN representatives have been accepted as advisors – Alison and Andy. It was noted that the work will include looking at cardiac deaths, and deaths of young people aged 16 – 19. It is thought that a report will be ready for June 2011.

➤ **BCH Inter / Intra net site**

This is still an internet site only.

➤ **Paediatric Surgery Event – held in October 09**

Several anaesthetists had attended this event; it was generally felt to be of limited success. There was considerable discussion about how the future of paediatric surgery could be developed in demographic regions and the aspirations people dreamed of. However, when it came to discussing practical issues a consensus was not reached. Clinicians found it difficult to explain to the Commissioners that there were major differences between emergency and elective work. If all elective work were to be carried out in designated hospitals then anaesthetists working in smaller hospitals would become deskilled and less able to cope with sick babies admitted through the ED.

A draft summary of the event has been previously circulated and it is understood that a final report is being presented to the WMSCG in January.

Imogen said that Manchester are adopting a model whereby 4 DGH hospitals will be undertaking children's general surgery around the 'hub' of the Tertiary centre. No elective surgery on a child under the age of 2 will be carried out at a DGH. Merseyside and Cheshire have also decided that no child under 1 year will have elective surgery (of any specialty) in any of the district general hospitals and from 1<sup>st</sup> April 2010, the age limit will rise to 2 years.

It was agreed that members of the PAN will be happy to contribute to the debate around the future of paediatric surgery across the West Midlands.

**Action:** Julia to circulate copy of the WMSCG report when it has been considered by the WMSCG.

➤ **'Modelling the Future 111' - This RCPCH document has been published**

**Actions:** Julia to circulate document to all PAN members.  
This will be an agenda item for discussion at next PAN meeting.

### **3 Update : PART**

Alison said that progress continues to be made, although it is a slow process. The University have asked a lot of questions and these are being addressed; the proposal document is now being completed.

The idea is that each hospital will nominate a person to do the course.

All PAN members should be the Lead Anaesthetist for this, with a different person being nominated as a mentor.

Students will undergo 2 assessments and complete a Log Book (which will not be assessed). For the MCQs, 2 sets of questions will be needed: the 2<sup>nd</sup> set for those students who have to retake the examination.

When the package is finished, and all PAN members have agreed it, the work will be sent to an external person to 'validate'. There is a small remuneration for this. Both Alistair and Imogen felt that someone at their respective organisations could fulfil this role, or perhaps someone at the APA.

**Actions:** Alison to chase up the two remaining Theory Chapters and ask for further information on one that is rather 'light' on information.

Imogen and Alistair to ask colleagues about the validation role.

In due course, PAN members will be asked to review & agree the Modules.

### **4 Study Day 2010**

Alison is lead organiser for this event. She had reviewed the topics covered at previous events and the feedback / evaluations from attendees.

**The following topics were proposed:**

- a) Paediatric stabilisation and preparation for transfer;
- b) Update on the Retrieval Service;
- c) Peripheral blocks in children in DGHs;
- d) Difficult airways – Guidelines and rationale.

In the light of the Manchester model being proposed, it was felt that there could be a "This house believes" debate around the topic of how Surgery in the under 2s should be dealt with. Potential speakers were identified and will be asked to present arguments.

Alistair suggested having a session on 'Best papers' prepared in recent years. Some ideas were proposed and these will be followed up.

**Agreed:** There will no breakout sessions or workgroups at this event.

**Actions:** Members to approach speakers as discussed;  
As soon as Alison has secured some names, a draft Flyer will be prepared and circulated as widely as possible. Information will also be put on the PiP Website. (Lesley Hines, PiP, to do).

### **5 PiP Paediatric Guidelines (previously circulated)**

It was generally felt that the Guidelines within the document, i.e. the Anaesthetics and Critical Care ones, were excellent. (The PAN had not considered other topics). The Guidelines that the members would like the Editors to consider were those relating to Pain Assessment. It was thought that the information within the document was the same as that used at GOSH. Members of the PAN have developed Pain Guidelines, which have been circulated for use within Trusts within the West Midlands, and it was thought that it would be appropriate for these to replace the current information.

**Action:** Julia to forward comment to the editorial team.

### **6 Coventry & Warwick Paediatric Anaesthetic Pathway**

The NHS Coventry and NHS Warwickshire 'Children's and Young People's Network Group' have been developing pathways for children. Suja and Randall have been part of a team looking at the Children's Anaesthesia Pathway (for elective & emergency surgery). They had brought the draft document to the PAN for members to review.

**Action:** PAN members proposed some amendments. These were welcomed by Suja and Randall, and will be incorporated into the final document.

### **7 AOB**

Simon Crighton is now representing Warwick Hospital, and Lucy Leong, Worcester Acute.

### **DATE AND TIME OF NEXT MEETING:**

**Wednesday, 21<sup>st</sup> April: 10 am – 12.30 pm.** A sandwich lunch is provided afterwards.

**Venue:** Stafford PGMC

**The 2010 Study Day is Thursday, 10<sup>th</sup> June. Venue:** the Dunwoodie Lecture Theatre, Stafford PGMC.

**Minutes prepared by:**  
**Julia Greensall**  
**Partners in Paediatrics**  
**February 2010**