

FIRST FULL MEETING OF THE ALL WALES CRITICAL CARE DEVELOPMENT GROUP

NOTE OF MEETING ON 30 OCTOBER 2001

Present

NHS:

Dr Andy Webb, Medical Director for Clinical Services, UCL Hospital, London (Chair)
Dr George Finlay, Welsh Intensive Care Society
Dr Ronan Lyons, Consultant in Public Health Medicine, Iechyd Morgannwg Health Authority
Dr Ed Major, Director of Intensive Care, Morriston Hospital
Dr David Carlidge, A & E Consultant and Clinical Director, Glan Clwyd Hospital
Dr Les Gemmell, Consultant Anaesthetist & Clinical Director for Anaesthetics, Theatres and Critical Care, North East Wales NHS Trust
Mr Phil Davies, Director of Planning and Performance Management, Bro Taf Health Authority
Ms Maggie Aikman, Director of Finance, Gwent Health Authority
Ms Hayley Ellis Evans, Sister, ICU, Princess of Wales Hospital
Ms Judyth Jenkins, Chief Dietician, University Hospital of Wales, PAMS Representative
Ms Claire Lines, Specialised Health Services Commission for Wales (SHSCW)
Mr Martyn Jenkins, Chief Officer, Cardiff Community Health Council

National Assembly:

Dr David Salter, Health Professional Group,
Dr Chris Riley, Head of Performance Management Division
Ms Maggie Parker, Nursing Division
Ms Nia Watkins, Health Information Management and Technology Division
Ms Cathy White, Acute Services Development

Secretariat:

Mr Gareth Griffiths, Acute Services Development
Mrs Alison James, Acute Services Development
Mr Jason Stickler, Acute Services Development

Apologies

1.1 Mr Mike Jones, Chief Executive, Carmarthenshire NHS Trust

Purpose of meeting

2.1 The purpose of the meeting was to identify what needed to be done to develop and commission critical care services on an All Wales basis, in a strategic manner.

Introduction

- 3.1 The Chair, Dr Andy Webb, opened the meeting with introductions and explained the background to the formation of the Group.

Background

- 3.2 The Emergency Pressures Task Force Group produced a report in June 2000 which estimated that there was a deficit in intensive therapy unit (ITU) beds in Wales, and recommended that an initial increase of **30 ITU beds** was needed for the coming winter. Health Authorities were provided with an additional £40m to tackle both emergency pressures, including capacity and waiting times. Following an informal survey in November 2000, it was clear that Health Authorities were only intending to fund an increase of 5 ITU beds by the end of January 2001. Final outturn for January 2001 showed an even more disappointing picture, with the total increase in ITU beds amounting to 3 compared with the recommended 30.
- 3.3 The need for a full and proper assessment of the need for intensive care beds, and indeed high dependency care remains an outstanding issue. Monitoring has highlighted that urgent operations are being cancelled due to a shortage of critical care beds, which suggests that this must be addressed in preparations for Winter 2002-03. Health Authorities have been asked to make bids against the £3m available for strengthening capacity, but again they are likely to find that demands exceed the resources available, as theatres and medical beds are also pinchpoints. A longer-term study is ongoing on capacity needs.
- 3.4 The Director of NHS Wales, Ann Lloyd, wrote to Jan Williams and Paul Williams at NACE, as Chief Executive leads of health authorities and trusts respectively, to seek nominations from representatives from the Health Service in Wales for the All Wales Critical Care Development Group.
- 3.5 This Group, which has been put together from these nominations, also includes patient representation, nursing representation and Welsh Assembly Government representatives to take forward and develop critical care on a strategic, all Wales basis.
- 3.6 It is anticipated that the Group's lifespan will be one year, and that the work of the Group will be completed by autumn 2002.

Discussion

- 3.7 Dr George Findlay mentioned the omission of relevant Critical Care pages from the Emergency Pressures Task Force Report, which had been sent to members. **Acute Services Development agreed to urgently circulate these to the Group. (ACTION: ASD)**
- 3.8 Dr Ed Major mentioned the meeting that the Welsh Intensive Care Society had with the Minister last year and referred to the need, initially, for 30 extra intensive care beds in Wales, based on the work published in the Lancet from IMH.

Terms of Reference

4.1 The Group discussed its Terms of Reference. There was broad agreement to these. It was felt that there was a need to clarify how future services would be shaped. Discussion took place concerning:

- A service modelled on other managed clinical networks
- Separate commissioning for critical care
- Commissioning based on a particular model

4.2 In discussing the above in the Terms of Reference, the Group felt that it needed to be clear about current provision in NHS Wales, and that a brief baseline study, taking account of recent research and capacity studies, needed to be done to inform this. It was agreed that this would be carried out by the Welsh Intensive Care Society and co-ordinated by the National Assembly. **(ACTION: WICS)**

This would include:

- Bed numbers
- Bed locations
- How the beds are used
- Type of bed

4.3 The Group felt that clear definitions would be required to carry out the baseline study, to prevent confusion and promote a reliable baseline for future development. The Group also felt that there was a need to set standards of care, and that these standards would be used to develop a framework of service provision. **As a first draft of this, Ed Major was charged with drawing up proposals of a service standard based on existing standards, documents and research. (ACTION: DR ED MAJOR)**

4.4 Reference was made to the varying quality of training and the need to address this. It was suggested that training ought to be a separate item in the Terms of Reference but the Group agreed that the importance of training was already reflected in the Terms of Reference.

4.5 The Group finally agreed its Terms of Reference as:

- ❖ To develop an All-Wales strategy for developing critical care services
- ❖ To plan and develop the commissioning of critical care services in Wales
- ❖ To carry out a brief baseline study taking account of recent research and capacity studies
- ❖ To draw up a service framework looking at the work being taken forward in England & Scotland to see how it could be adapted for Wales and recent research/studies. This would need to include training needs and information requirements.

- ❖ To consider the clinical network model emerging from the Health Challenges Task and Finish Group and how it can be adapted for critical care.
- ❖ To prepare an implementation plan for the service framework
- ❖ To identify the financial, workforce and training and education implications of the implementation plan

Critical Care for Children

5.1 Clarification was sought as to whether the Group would be dealing with critical care for children. It was explained that the focus of the Group was adult critical care and not paediatric intensive care. SHSCW was responsible for commissioning paediatric intensive care as a specialised service in Wales. The Assembly had asked SHSCW to develop a service framework for critically ill children and standards for the whole pathway of care had been agreed. The interface between provision for adults and children was recognised. SHSCW did not commission level 1 care (some level 1 and 2 children were cared for in adult ITUs in Wales).

Financial Implications

- 6.1 Discussion about financial implications of any implementation process took place. The need to identify the cost of critical care services, and consideration of options was broached:
- Advantages of 'do nothing' option
 - Disadvantages of 'do nothing' option
 - Provide an extra 30 ITU beds – is this enough?
- 6.2 The point was made that part of this exercise was to identify standards of care and a model of service, both of which would not necessarily have further cost implications. Also, additional resources would only be secured if a genuine lack of current resources for critical care provision could be proved. This would need to be re-visited once the Group was at the stage of considering an implementation plan.

Clinical Network Models

- 7.1 The concept of clinical networks was discussed and it was felt that these had not yet been really effective in England.
- 7.2 A discussion took place about the effectiveness of outreach services and patient experience of these was said to be good.

European and American Models

8.1 Martyn Jenkins asked about European and American models of critical care provision. The Group felt that the European model was not necessarily better, and that the American model did not offer comparison, although it was noted that some international work might provide a model to aid service development.

Comprehensive Critical Care

9.1 Discussion took place about the English work, *Comprehensive Critical Care*. The Group felt that critical care services in Wales needed to be:

- integrated into a whole hospital approach,
- managed as networks to allow control and delivery to common standards

The question of whether these models exist in Wales and whether they are good practice, arose. It was recognised that an All Wales model would need to be robust.

Information Requirements

10.1 A discussion about the information requirements took place.

10.2 It was noted that the use of the APC MDS was mandatory in England. The options of using ACP and the ICNARC MDS were discussed. In Wales, the use of ICNARC would need to be funded and managed. It was felt that Wales would need firm audit, via a system that was:

- part of the normal clinical process;
- a real-time dataset;
- inclusive of all professionals,

and that funding issues need to be considered.

10.3 There was general agreement to this approach.

10.4 There was discussion about existing data provision, including the existing SITREPS system. **Nia Watkins agreed to undertake a baseline assessment of information systems, databases etc. to provide details on what critical care information was already available (ACTION: NIA WATKINS)**

Methods of Working

11.1 Consideration of how the Group was to approach its task was discussed. Reliance would be made on e-mail and telephone plus small group working.

11.2 **It was agreed that the main meetings should be timed for the delivery of any work agreed as action in previous meetings.**

Communication

12.1 David Salter mentioned that there had been demands for more representation on the Group. However, after discussion, it was agreed the Group's membership was wide ranging enough and other representatives could be co-opted as needed.

12.2 It was recognised that the Group needed a communication strategy in place

and that there was a need for the work of the Group to be communicated to the other interested parties.

12.3 It was felt that there was a need for a conduit in each hospital to facilitate communications both to and from the Group. It was suggested that this might be via a critical care clinician and the medical director together with nursing interests. There was a need to seek such nominations from each Trust. (ACTION: DR DAVID SALTER, MAGGIE PARKER AND Dr G FINDLAY)

12.4 It was also suggested that the Group's work could be published in the WICS Journal. (ACTION: DR GEORGE FINDLAY)

12.5 The possibility of a wider seminar to disseminate was considered by the Group and will be considered again at a later date.

AOB

13.1 In summing up, the Group felt that the following merited further discussion:

- ICNARC/SITREPS
- Transport
- Bed State Register

Next Meeting

14.1 The Chair thanked everyone for their contributions and closed the meeting. **It was agreed that the Group would hold its next meeting at 1pm, 15 January 2002, at the National Assembly Building at Cathays Park.**

Summary of Action

- Circulate Critical Care pages from the Emergency Pressures Task Force Report. **(ACTION: ASD)**
- A baseline study on current provision be carried out. **(ACTION: WICS/Co-ordinated by the National Assembly)**
- Draw up proposals of a service standard based on existing standards, documents and research. **(ACTION: DR ED MAJOR)**
- Nia Watkins agreed to undertake a baseline assessment of information systems, databases etc. to provide details on what critical care information was already available **(ACTION: NIA WATKINS)**
- It was suggested that communication should be via a critical care clinician, the medical director and through nursing channels. There was a need to seek such nominations from each Trust. **(ACTION: DR DAVID SALTER, MAGGIE PARKER, GEORGE FINDLAY)**
- It was also suggested that the Group's work could be published in the WICS Journal. **(ACTION: DR GEORGE FINDLAY)**