Health Service Circular

NHS Executive

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MODERNISING CRITICAL CARE SERVICES

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MODERNISING CRITICAL CARE SERVICES

Summary

This HSC summarises the modernisation programme for critical care services following the publication of *Comprehensive Critical Care*, the Report of the Expert Group on Critical Care Services; allocates additional resources for critical care services during 2000/01; sets out the requirements for increased critical care capacity this winter; and gives advance notice of additional investment in neonatal intensive care in 2000/01.

Action

- Chief Executives of Health Authorities should co-ordinate the preparation of local plans for critical care services across their network, including proposals to recruit and train critical care nurses, which must be submitted to Regional Offices by 16 June.

- Chief Executives of NHS Trusts with critical care services should participate in this local planning, ensuring that both medical and nursing critical care clinicians in their hospital are fully involved through a Trust-wide Critical Care Delivery Group.

- Regional Offices will support the development of these plans, will assess them to ensure that they will begin to modernise critical care services and deliver increased capacity this winter, and will performance manage their implementation.

Modern critical care services

Comprehensive Critical Care outlines a modernisation programme to develop consistent and comprehensive critical care services. Whilst additional staff, beds and services are essential, it is equally important that the shape of the service is informed by better assessment of need and evaluation of the impact of early change. *The Review of Adult Critical Care Nursing* looks specifically at the implications for nursing staff.

Critical care should be seen as a spectrum, with care at four levels:

Level O : normal acute ward care

Level 1 : acute ward care, with additional advice and support from the critical care team eg patients who are at risk of deterioration, or who are recovering after requiring higher levels of care

Level 2 : more detailed observation or intervention eg patients with a single failing organ system, or post-operative patients, or patients stepping down from higher levels of care

Level 3 : advanced respiratory support alone, or basic respiratory support together with support of at least two organ systems.

Comprehensive Critical Care highlights the need for action in four areas:

- **A hospital-wide approach to critical care** with services which extend beyond the physical boundaries of intensive care and high dependency units, making optimum use of available resources including beds.

- **A networked service** across the NHS Trusts which together serve one or more local health economies, meeting the critical care needs of those within the network, minimising the need for transfer outside.

- **Workforce development** including the recruitment, training and retention of medical and nursing staff, and balancing the skill mix so that professional staff are able to delegate less skilled and non-clinical tasks.

- **Better information** with all critical care services collecting reliable management information, and participating in outcome-focussed clinical audit.

This comprehensive approach applies to specialist critical care as well as general adult services.

Action this winter

Local plans should reflect this direction of travel, and ensure the following early progress during 2000/01:

- Each NHS Trust should establish a Trust-wide Critical Care Delivery Group, reporting through either Trust Chief Executive or a designated executive director to the Board.

- NHS Trusts should work to build integrated networks across health economies, including critical care for the range of specialties, and involving the independent sector, ensuring services for all patients within a geographical area.

- Health Authorities should co-ordinate the preparation of local plans for critical care services across their network.

- Admission to Level 2 or Level 3 care should be by consultant to consultant agreement only.

- Critical care provision should be based on the principle of moving upwards from Level 0, with the introduction of Level 1 and Level 2 services where these do not currently exist.

- Up to 50 of the next tranche of nurse consultant appointments should be to critical care services (CNO/PL 2000/4 refers).

- All NHS Trusts should plan to make better use of theatre recovery facilities for short term, post-operative intensive care, and at times of greatest pressure other appropriate facilities.

- All NHS Trusts should return complete augmented care period datasets (at present only 63% do so); and all NHS Trusts should sign up to the national comparative clinical audit scheme, ICNARC (at present only around 60% do so).

- Where, exceptionally, it is proposed to transfer a critical care patient outside the local clinical network, ensure transfers are agreed by the responsible consultants in both NHS Trusts and the respective NHS Trust Chief Executives. The NHS Trust from which the patient is being transferred will be expected to also inform its host Health Authority Chief Executive of the transfer.

- In the context of the national service framework for coronary heart disease, health communities should increase the capacity of cardiothoracic critical care where necessary.

Action to be taken in the event of a potential cancellation of urgent elective surgery is set out in HSC 2000/16 LAC 2000/14.

Nurse recruitment and training

Any plans put in place by NHS Trusts for additional capacity or reconfiguration of services should include robust plans for the recruitment and education or training of nurses. Trusts should put in place high dependency training for ward staff as an early measure.

Neonatal intensive care

Over the last 5 years there has been a decrease in the national availability of neonatal intensive care cots, and surveys have reflected local staff recruitment and retention difficulties. Regional Offices will be asked to take stock of the position, and to involve education consortia in developing proposals for the additional allocation of £5m this year.

Allocations

A total of £145m is available in 2000/01 for adult critical care, including £2.5m to support local service redesign. Indicative allocations for the eight Regions are shown below. Allocations will be made to Health Authorities by end June.

Indicative additional allocations for critical care for 2000/01

Region	Distribution of £142.5 million for critical care £000s
Northern & Yorkshire Region total	18,869
Trent Region total	14,709
Eastern Region total	14,334
London Region total	22,909
South East Region total	23,013
South West Region total	13,530
West Midlands Region total	15,063
North West Region total	20,073
England total	142,500

Local plans

The additional allocations should focus on both strategic change to begin to modernise services, and ensuring increased capacity this winter, taking account of the recommendations of the Expert Group. Attention should be focused on the establishment of outreach teams, additional beds for level 2 and 3 care, and post-operative intensive recovery facilities. Plans should take account of startup costs, and should identify the distribution between revenue and capital. Regional Offices will work with local health communities to develop plans within the overall resource envelope. Regional returns should be made not later than 16 June 2000. Health Authorities will be informed of their allocations by the end of June, but should meanwhile prioritise the early recruitment, education and training of nursing staff. Detailed guidance is available through Regional Offices, together with a pro-forma.

Associated Documentation

Comprehensive Critical Care. Report of an Expert Group. Department of Health, 2000.

The Review of Adult Critical Care Nursing. Report to the Chief Nursing Officer. Department of Health, 2000.

Both reports are at http://www.doh.gov.uk/nhsexec/compcritcare.htm
The first report is available from the Department of Health, PO Box 777, London SE1 6XH.
This Circular has been issued by:

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