

BAPS Paediatric Complex Upper Gastrointestinal Surgery Network

Mission statement:

To pursue the constant improvement in clinical care and long-term health outcomes of children and young people with Paediatric Complex Upper GI Conditions.

Background:

Complex upper GI surgery in the Paediatric population remains relatively rare and includes complex oesophageal atresia, caustic injuries, oesophageal replacement, foregut duplications and redo surgery for gastroesophageal reflux. As a result of the rarity of these conditions there is little high level evidence for the best treatment options for each condition and therefore practice varies across the country.

In order to optimise outcomes in complex cases it is important that clinical / surgical decisions involve a wide discussion between experienced surgeons with a subspecialised interest in the field - something not always possible in a single centre.

Improvements in care across the country may also be maximised with sharing experience of difficult cases and collaboration across subjects such as audit, bench marking outcomes and clinical research

Objectives:

We aim to establish a national collaborative Paediatric Complex Upper GI Network with the following objectives:

1. To facilitate multi centre / multi professional discussion of rare paediatric complex upper GI (oesophagus to duodenum) surgical patients in order to optimise patient care through the combined experience and expertise of surgeons from across the UK.
2. To facilitate cross centre learning from surgeons with an interest in paediatric complex upper GI surgery.
3. To maximise collaboration between centres in areas such as combined operating, audit, bench marking and peer mentoring

Format

- Quarterly video conference discussion group (WebEx)
 - Open invitation to all paediatric surgery departments
 - Centrally organised by one centre and hosted / chaired by different 'host centres' - with a declared interest in complex upper GI cases
 - Suggest may involve radiologist - early interest from radiologist in Leeds
- Yearly network meeting at BAPS Winter meeting

Discussion Group Format

Invitations to join the WebEx Video Conference discussion group will be sent several weeks before each meeting to surgeons registered with the group and any new surgeons who have submitted a case to the meeting.

1. Complex case discussion - anyone can submit a case for discussion. An eReferral (attached) will be completed including specific questions to be answered and submitted with images on PACS to the discussion group lead via a group email account. Cases will then be discussed and discussion written on eReferral which is then returned electronically to referring surgeon.
2. Review of previous cases - follow up from cases previously discussed
3. Difficult cases / cases I learnt from / tip and tricks - host centre will present previous difficult case / complication for discussion or operative tips and tricks or advice

Ground Rules / Position Statement

- BAPS Paediatric Complex Upper GI Surgery Network Discussion Group offers paediatric surgeons the opportunity to informally discuss difficult cases for the purpose of education and helping make informed decisions about complex patients care
- The discussion group is not a formally recognised multidisciplinary team meeting and as such will not come to a specific unified decision about specific patients care but different clinicians will simply offer their opinion on the best course of action for the presented patient
- Cases will be presented anonymously
- No soliciting or referrals - quaternary referrals may be appropriate following discussion but this is not the purpose of the meeting and such referrals should be done separately
- Informed consent - whilst patients will be presented anonymously it is good practice to gain parental / patient consent for cases to be submitted and discussed

Yearly Meeting

- Timed around the Winter meeting
- Half / full day of education / face to face discussion group / feedback from the preceding years discussion group
- Facilitate collaborative research / audit / data collection

Research / Audit

- Collaborative research / audit performed through the group should be the intellectual property of the group and hence presented / published on behalf of the group as opposed to by specific authors

Organisation

- BAPS Council endorsed the group at BAPS congress 2018 and agreed to help in advertising the network / meetings etc
- MDT lead / chair / secretary - plan for this to rotate centres every year 2 years - Ed Hannon happy to lead for the first term but please submit other offers of interest for the role
- Host centres - centres with a declared interest and suitable video conferencing facilities could act as hosts. At least one surgeon from each host centre will be expected to attend each meeting to ensure enough attendance and the host would rotate each meeting between centres to provide the educational content
- Secretarial support - funding should be available from TOFS patient support group to fund a secretary / discussion group coordinator. Estimated 6-10 hours work per quarter to received eReferrals, collate imaging, minute the meeting and send back completed eReferrals. Medical secretary in Leeds already interested in this post
- Report back to BAPS executive quarterly
- Have provisional support from TOFS patient support group

Details of discussion:

Date eReferral from received:

Date of meeting discussed:

Date of discussion form emailed back to referring surgeon:

Notes: