



Minutes

Meeting:	APPG on Intensive Care		
Location:	Virtual meeting by Zoom		
Date:	19 July 2022	Time:	5:00pm – 6:30pm
Chair:	Rachael Maskell MP		

No	Item
1.	<p>Welcome</p> <p>All were welcomed to the All-Party Parliamentary Group meeting on Intensive Care. It was noted that Rachael Maskell MP would chair the meeting in place of Sir Gary Streeter MP, also present but in transit with variable quality signal for this virtual meeting.</p>
2.	<p>To agree minutes of the last meeting and to receive an update on the actions</p> <p>The minutes of the last meeting were agreed as an accurate reflection of the discussion and the disclosures of interest were noted.</p> <p>A single action from the November 2021 meeting was noted around minimum staffing configurations for ICU ward level and step down to home. Data from the GPICS V2 audit pilot will be able to be shared at the next meeting.</p>
3.	<p>Presentations: ICU workforce and patient pathway from ICU through to rehabilitation</p> <p>Rachael Maskell introduced Liz Staveacre, Lead Nurse and Associate Director NW London Critical Care Network, as the first speaker.</p> <p>Liz Staveacre gave an overview of critical care outreach, and the acronym 'PREPARE', which highlights how services should be focusing their energies. Patient Track & Trigger, Rapid Response, and Rehabilitation after Critical Illness were highlighted as key.</p> <p>She noted that outreach services bridge the gap between ICU and the wards. However, patients discharged from ICU are sometimes seen as a secondary priority by staff so outreach services vary widely, and it can be a stretch to fully support recently discharged ICU patients.</p> <p>Liz Staveacre referred to 'The Getting it Right First Time' report which highlighted that critical care outreach services delivered high level skills at the bedside where they are needed. It was noted that not all units have 24/7 outreach services and that there is a paucity of structured provision of post-ICU care and rehabilitation.</p> <p>Paul Twose, Consultant Therapist for Critical Care, Cardiff and Vale UHB, focused his presentation on the rehabilitation workforce from the allied health professional cohorts.</p> <p>He noted that the patient's recovery journey is a much longer one than is often anticipated and it is about how we support them through that whole process. He shared details of data captured on the existing AHP workforce and some of the challenges it presents, some of which is available here.</p> <p>The workforce survey demonstrated that where services are more ring-fenced, daily input is more likely to be provided to patients. It also showed that significant variations between levels of staff needed, and levels of staff provided, notably in psychology.</p>

	<p>It was noted that 99% of patients require occupational therapy during their admission but only 60% of units have any form of OT service. Where there is a service, each patient will receive on average 25-30 minutes per week. This highlights that there is a huge unmet need in the service provided. The result of insufficient therapy staff working within ICU is poorer patient experience and outcomes.</p> <p>Dr Julie Highfield, Consultant Clinical Psychologist Cardiff and Vale UHB and National Wellbeing Director, Intensive Care Society, gave the meeting's final presentation. It focused on the patient perspective and what is needed and assessing the role of psychology in the wider healthcare system.</p> <p>It was noted that the word 'abandoned' came up frequently at the last APPG meeting in January and this is a common theme often mentioned by patients after step-down from ICU.</p> <p>It was highlighted that many ICU staff are focused on high acuity, short term patients and that there is a small proportion of people who work with the longer-term patients. This difference in approach to care suits some professionals more than others with the longer term relational focus required for patients going through rehabilitation.</p> <p>The last two years have been extremely difficult for ICU staff and Julie Highfield noted that the role of ICU has changed and not yet fully returned to pre-pandemic working. Workforce modelling across the UK suggests that we need to consider long-term changes to manage the future workload of the ICU.</p>
4.	<p>Summary of actions and next steps</p> <p>Chair thanked the panel for their presentations and noted how they all made a strong case around having a specific focus on the pathway from ICU to ward recovery, as well as understanding the story as people move forward.</p> <p>The following comments and questions were raised:</p> <ul style="list-style-type: none"> • The role of the family in supporting a patient's rehabilitation journey Baroness Finlay raised the example in some European countries, whereby the family are expected to provide more hands-on support to their relative post ICU admission and as they navigate their rehabilitation journey. She noted that added support was required urgently as training and recruiting new staff is a lengthy process. The panel noted that family intervention and support is utilised where it is appropriate to do so and highlighted the breadth of work regarding different rehabilitation models in intensive care. Additionally, the challenge of complex relationships between families and managing the different expectations of healthcare services was also noted. The panel agreed that while there isn't a one size fits all approach, there was scope to encourage families to be involved more and that this must be done with thought and understanding for the situation. • The case for standardising data collection Zudin Puthuchearu noted that the work like that done by Paul Twose needs to become standard, to inform the story of patient outcomes. Kate Tantam agreed that data is needed to fill the gaps and referred to the newly launched '100-day challenge' from NHS England. Baroness Finlay agreed that data collection also must be simple, so it doesn't create more work for healthcare professionals. • Longstanding challenges in recruiting to (i.e.) allied health posts and workforce planning Gary Streeter queried why filling vacant posts for Speech and Language Therapists for example is so challenging as observed in his region for many years? It was noted that one of the problems is that enough training places haven't been funded historically and that university entrance requirements for Speech and Language Therapists are high, akin to medicine, and so highly competitive. The different training routes between professions and impact on workforce planning was also referred to. For example, medical consultants are trained as intensive care specialists whereas ICU nurses and therapists train within their profession then they specialise in intensive care later. The added challenge of workforce planning in busier and bigger ICUs was also highlighted.

	<p>Paul Twose noted that AHP workforce data has shown that succession planning is extremely challenging. He underscored the importance of addressing how intensive care and rehabilitation is promoted and supporting staff to upskill and progress.</p> <p>Liz Staveacre noted the importance of the career development pathway particularly for highly skilled Nurses moving into Outreach. While recruitment mattered, how we develop and retain the expert workforce was a priority too.</p> <p>Stephen Webb added that attention should be paid to creating the right atmosphere so a career in intensive care is attractive for all whilst also addressing difficulties on entrance and retaining staff along their career journey.</p> <p><u>Next steps to progress the work of the APPG:</u></p> <p>The group considered next steps and the further engagement that was needed with government representatives:</p> <ul style="list-style-type: none"> • Baroness Finlay suggested that making a case for change with data and demonstrating positive outcomes was important. For example, employing a comparative study of methods of delivering care and looking at outcome measures on the patient and the family. Using the findings where benefit is demonstrated along with patient stories would be extremely powerful. Given local links she would like to explore options with colleagues in Wales. • It was suggested that the APPG could speak to NIHR representative, Lucy Chappell to consider a research call as described earlier. A call by NIHR would help to achieve good representation of patients across the UK. Chair, Rachael Maskell agreed that a research call would be impactful as well as demonstrating cases where good practise is in place. She noted that as the government are developing a workforce plan, the APPG's findings or recommendations need to be integrated. • The APPG agreed that a priority was to provide quality data that can be fed into Parliamentary questions. <p>Sir Gary Streeter MP noted that a new government will be in place in September, is expected to be in post for at least 18 months and so the group should begin conversation with Ministers and Shadow Ministers. The group agreed that some pre-correspondence about how best to advance this agenda including process and outcomes about their involvement, should be shared ahead of invitations to attend future meetings.</p> <p>It was noted that as an All-Party Group and subject matter experts, a compelling case had been made, and priority should move to solutions and the 'ask' of government. Sandy Mather noted that through the process of the APPG's meetings, solutions are emerging that require a multi-pronged approach.</p> <ul style="list-style-type: none"> • system changes required around the basic connecting of databases including PICUPS held by UKROC with ICNARC database which links to the presentation shared by Prof Kathy Rowan in January 2022. • The cultural change in relation to workforce and the role of the family as suggested by Baroness Finlay and the importance of the roles of Chief AHP Officer and Chief Nursing Officer, as workforce is an urgent priority. <p>A planning meeting on Tuesday 6 September was noted, to discuss plans for the formal APPG meeting in Autumn/Winter, work in the interim including a policy statement and invitations to relevant ministers/shadow ministers.</p> <p>Chair, Rachael Maskell thanked invited speakers for their excellent, well-coordinated presentations.</p>
5.	<p>AOB and date of next meeting</p> <p>No items of AOB were raised.</p> <p>The date of the next planning meeting of the APPG is Tuesday 6 September 2022 and will be held in Portcullis House, Westminster.</p>
6.	<p>Meeting closed</p>

In attendance

Name
Rachael Maskell MP (Chair), Sir Gary Streeter MP, Baroness Finlay of Llandaff, Stephen Webb, Sandy Mather, Liz Staveacre, Paul Twose, Julie Highfield, Rebecca Smith, Kate Tantam, Zudin Puthucheary, Alex Day, Asha Abdillahi, Daro Iizuka Bjayou, Jenny Gowen

Apologies

Name
Baroness Masham of Ilton, Lord Wigley, Baroness Watkins of Tavistock