

NATIONAL DELIVERY PLAN IMPLEMENTATION GROUP MEETING:

held in The Royal College of Physicians, 9 Queen Street, Edinburgh
EH2 1JQ on 22 April 2009 at 10.30am.

Present:

Caroline Selkirk, Director of Innovation and Change, NHS Tayside - **Chair**
Sharon Adamson, Chair of West Scotland Child Health Planning Group
Jim Beattie, Scottish Officer, Royal College of Paediatrics and Child Health
Michael Bisset, Clinical Director, NHS Grampian
Mary Boyle, Educational Projects Manager, NES
Helen Byrne, Director of Acute Services Strategy, Implementation & Planning,
NHS Greater Glasgow and Clyde
Lorraine Currie, Chair, Child Health Commissioners' Group
Eddie Doyle, Clinical Director, RHSC, NHS Lothian
Myra Duncan, Regional Planning Director, SEAT
Andrew Eccleston, Consultant Paediatrician, Dumfries & Galloway
Deirdre Evans, Director, National Services Division
Stewart Forsyth, Medical Director, NHS Tayside
Iain Hunter, General Manager, Scottish Centre for Telehealth
Dagmar Kerr, Area Coordinator, Greater Glasgow and Clyde, Action for Sick
Children
Heather Knox, Director of Regional Planning, West of Scotland
Mary Mack, AHP Children's Action Group
Ken Mitchell, Project Manager, North of Scotland Planning Group
(representing Annie Ingram)
Marie OSullivan, Children's Services Manager, NHS Orkney
Jackie Sansbury, Director of Strategic Planning, NHS Lothian
David Simpson, Chair, Scottish Colleges Committee for Children's Surgical
Services
Iain Wallace, Associate Medical Director, NHS Greater Glasgow and Clyde
John Wilson, Chair, SEAT Children's Regional Planning Group

Scottish Government

John Froggatt, Deputy Director, Child and Maternal Health Division
Lucy Colquhoun, [Project Manager, Specialist Children's Services](#)
Alison Hutchison Child and Maternal Health Division
Morgan Jamieson, National Clinical Lead for Children and Young People's
Health in Scotland

Apologies:

Fiona Dagge-Bell, Professional Officer, NHS, QIS
Annie Ingram, Director of Regional Planning, North of Scotland
Derek Lindsay, Director of Finance, Ayrshire and Arran Health Board
Margaret McGuire, Interim Deputy Chief Nursing Officer
Louise Smith, Senior Medical Officer

Unconfirmed
Anne Thompson

Guest Speakers

Phil Mackie, SPHN

Sarah Taylor, NHS Shetland

Alastair Philp, ISD

Lindsay Mathie, ISD

ITEM 1 WELCOME AND INTRODUCTIONS

Caroline welcomed everybody to the meeting and introduced Dagmar Kerr (title here). Caroline thanked Lucy for the work she had done in preparation for this meeting and the papers she had produced.

ITEM 2 MINUTES FROM MEETINGS HELD ON 16 January and 6 April

16 January – Amendments to be made as follows:

- Apologies from Jackie Sansbury to be added
- Myra's track changes to be added – then circulated to IG for agreement

6 April – One addition to be made:
Reflect the group agreement that pan-Scotland decisions need to be taken before individual regional proposals.

The National Planning Forum will be established by end June. This group may allocate special areas of work to the IG. Directors of Planning recognised that there may be immediate areas for HDU/critical care which the IG should address and concern was raised that if we wait until the establishment of the NPF in June to provide guidance on critical care it will be too late to include in Year 3 bids.

Some IG members stated that critical care should be considered by the IG rather than a separate group.

ITEM 3 MARCH 11TH CONFERENCE FEEDBACK

Caroline said that there had been good feedback received from the Conference. She was pleased with the number of clinicians from across Scotland that attended the event. The following points were raised:

- Care should be 'maturity appropriate' rather than age appropriate
- Consideration is needed of how MCNs can include parent/carer representation. Parents of CYP in care may not be appropriate/able to represent their child's views and the CYP may not have one consistent carer

Workforce issues for AHPs providing long-term care in the community. Need to liaise with education and social work colleagues. Consider workforce planning to enable these needs to be met.

Caroline asked that regions and those leading pan-Scotland work should take on board the comments made in the relevant conference workshops.

It was suggested that group members may also wish to cross-refer to Steve Arnold's presentation when considering Year 3 proposals i.e. the 23

specialties and the co-location issues i.e. services which must be co-located in order to sustain services.

ITEM 4 OUTCOMES MEASURES

4.1 ISD

- Alastair Philp gave a presentation on 'Developing clinical quality and outcome measures for children & young people's specialist services'. He went on to explain what they were trying to achieve with this work, what work was already underway and the timeline.

AP agreed to consider the patient-centred indicators listed in 'Better together' and to take account of existing indicators e.g. those in intensive care and leukaemia.

The following points were made:

- We should ensure that our data can be compared with other e.g. UK and international data
- We should use a combination of short and long term outcomes as well as patient-centred ones
- Need to link to patient safety
- We do not have baseline data from before the NDP so can only use data from when we begin to measure.

AP agreed to present the full list of outcome indicators by December 2009 at the latest.

4.2 Public Health Network Approach

Sarah Taylor gave a presentation on 'Developing a Needs Based Approach to Evaluation'.

The following points were made:

Request for discussion on what to do with the data that we capture from applying this model.

AP: Pan Scotland leads to apply logic model for year 3 bids and liaise with Sarah to identify resources. Leads to report back at next IG meeting

ITEM 5 NDP PROGRESS

Caroline thanked Lucy for updating the Progress map. The points to be looked at in this document were:

Commitment No 5 - SWISS

A discussion took place about what information we would want from SWISS. Concerns were raised as to whether or not SWISS would be the right tool to use as deals with large numbers of workforce whereas we are looking at very small numbers in specialist services.

The group should get agreement on what DGH should support, what should or shouldn't be in a DGH setting.

AP: SG to circulate information on SWISS' capabilities, then IG to discuss what additional functions we would like it to have regarding specialist children's services.

Commitment No 6

The group agreed that clarity was required on what you should and shouldn't have in a DGH setting and that this is a crucial piece of work. The comment was made that we need to specify what a general paediatric service should look like before describing a DGH model. The emergency care framework and HDU audit both make moves towards proposing a core set of requirements.

It was agreed that a group should be set up to take this forward. The group should include representation from the colleges, Scottish Government and a regional representative, perhaps from an individual Board rather than at regional level. The group should take account of the different starting points of each region.

Further points raised:

Recognition that we should provide appropriate training once appointments have been made, and build in sufficient time for this.

Must consider nurses and AHPs as part of this DGH work.

NES should be involved and has already started to look at what competencies may be needed.

'Mapping the Future' work should inform this project.

The Action Framework includes what regional and Board requirements and these can feed in to the proposed DGH model.

AP: Jim Beattie and Dave Simpson to establish group to look at DGH specialist CYP services model.

No 7

NES informed the group that they have paid for 10 places on the Advanced Practice Course at John Muir University in Liverpool and 2 places at Evelina Children's Hospital in London as there is currently no provision in Scotland.

AP: NES to circulate advance practice paper to the group

NO 8 – this form part of the NES paper referenced above.

NO 10

It was noted that some of the MCNs recommended in the Action Framework have been taken forward at a national level and some are no longer relevant. The group was asked as a whole to consider its plans for establishing regional MCNs.

AP: SG to circulate a pro forma for regions to detail their current and planned MCNs.

It was noted that the outcomes from national MCNs should be fed back to regional MCNs where appropriate as they may interlink.

No 18

Working group being formed this week. Their first meeting will be in May.

AP: SG to circulate membership of Group. to IG -

No 20

This is to be progressed by the SG.

No 24

Jan Warner and Jane Murkin (QIS patient safety) submitted a bid for a facilitator but are awaiting SG sign-off. John Froggatt had not received this. Would be helpful to progress this before the next IG meeting.

Local Boards should ensure that patient safety is an element of all CYP services.

AP: QIS to check and resubmit.

No 43

The general surgery pathway was referred to. NoS and SEAT confirmed that this is being implemented; WoS agreed to check with their clinical group.

ITEM 6

Caroline thanked Lucy for the status reports. She reminded the group that progress reports from year 1 are to be in by the end of May. Update from year 2, mid and end of year to be in by October 09 and April 10.

6.1 Specialities

An additional paper was circulated setting out the SG position on funding of nationally designated services.

The specialities were discussed with a view to agreeing priority investment areas for year 3.

The group endorsed the proposed additional areas for pan-Scotland approach, namely:

Allergy & immunology
Cleft lip and palate
Nephrology

Allergy & immunology: distinction was made between immunology, which needs a national model, and allergy services which are delivered at DGH level. However, the national element of this would be establishing standards. The SMASAC report is due for publication shortly and can inform the pan-Scotland work.

Agreed that we should approach the existing group led by Professor Jurgen Schwarze and discuss how that group can be involved in developing this work. The pan-Scotland work should also include management representation as the existing group is purely clinical. It should be set out that we are not seeking 'gold standard' service recommendations but guidance on what is needed to sustain those services which are in a critical state.

A Child Health Commissioner should also be involved.

AP: SG to invite a lead to take on this work and to draft a remit for the group, for circulation to the sub-group.

Cleft lip and palate: who to lead?

Nephrology: who to lead?

Critical care was discussed. Broad agreement that is a priority for Year 3 but clarity is still required about what critical care encompasses. It was agreed that Julie Adams should remain involved.

AP: Deirdre Evans to draft remit of a critical care group to present to the sub-group in May.

6.2 Role of Leads

The following comments were made regarding MSNs:

All Boards should be involved in the development of an MSN
Representation on an MSN should differ from that of a MCN
At present the cancer group has no links to individual boards – this should be addressed to ensure appropriate representation (agreed to discuss separately with Annie Ingram).

Caroline proposed that small group sit down and work out a detailed remit for the group to sign off and circulate round the IG. Set up Pan Scotland about this piece of work with Child Health Commissioners the circulate initially to the sub group then the full IG.

It was agreed to make some changes to the paper and recirculate it:

- Add 4th bullet point – Logic model and evidence base
- Add in Annie's paragraph

6.3 Finance

SEAT recorded their unhappiness with their representation in Derek Lindsay's paper. Caroline confirmed that this was still a working paper and that we would take people's views and it would be debated at the next sub group meeting in May. The paper would then be brought back to the IG to agree the funding option/ preferred model. Caroline reiterated that in the absence of a group consensus the SG will decide on the funding model to be used. SEAT referred to Annie's proposal to allocate money where it was needed as opposed to giving out Arbutnott shares to the regions.

Jackie stated that we had to agree the principles first before confirming allocations.

Concerns were raised that some boards were not spending the money as costs might be recurring and they didn't want to take on that debt – doubt about continuing financial support beyond Y3 is minimising the impact.

John Froggatt reiterated the point that the boards had to demonstrate additionality and if there is no addition to services there is less chance of the monies recurring. If regions use the money and show additionality there is more chance of the monies recurring although there are no guarantees.

AP: Feedback on paper to be sent to Derek Lindsay, Caroline Selkirk and Lucy Colquhoun for discussing at the next sub group meeting in May. The revised paper to be brought to the next IG meeting in July.

6.4 Timetable

Concerns were raised about the items highlighted in orange (timings of submitting proposals). Agreed to bring sub- group meeting forward to May to discuss the financial issues and critical care. It was noted that financial assumptions need to be clear before Y3 bids can be submitted e.g. will Arbutnott allocations be top-sliced?

Caroline stated that Year 3 spending will need to be prioritised as follows:

Ministerial commitments
Pan-Scotland commitments
Regional commitments

Regions requested clarity on what percentage they are likely to receive to enable them to plan accordingly and manage expectations.

It was requested that all bids be shared with the group, both national and regional, so that there are no surprises.

ITEM 7 COMMUNICATIONS

Lucy agreed to look at the production of a newsletter. Her proposal was to issue the first edition in June, subject to receipt of Year 1 progress reports.

ITEM 8 IG MEETING DATES

Next sub group meeting: Friday 29 May from 0930 – 1230 (including a buffet lunch). This meeting will be held in St Andrew's House, Edinburgh.

Next Implementation Group Meeting: Thursday 2 July from 10.30am – 15.00pm. This meeting will be held in St Andrew's House, Edinburgh.

