

**NATIONAL DELIVERY PLAN IMPLEMENTATION GROUP MEETING:  
11:30 14 JANUARY 2009, MARRIOTT HOTEL 500 ARGYLE STREET,  
GLASGOW, G3 8RR**

**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 Bissett, Medical Manager, NHS Grampian  
Helen Byrne, Director of Acute Services Strategy, Implementation & Planning,  
NHS Greater Glasgow and Clyde  
Fiona Dagge-Bell, Professional Officer, NHS, QIS  
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  
Iain Hunter, General Manager, Scottish Centre for Telehealth  
Annie Ingram, Director of Regional Planning, North of Scotland  
Heather Knox, Director of Regional Planning, West of Scotland  
Derek Lindsay, Director of Finance, Ayrshire and Arran Health Board  
Isabel McCallum, Representing Jackie Sansbury, Director of Strategic  
Planning, NHS Lothian  
Mary Mack, AHP Children's Action Group  
Dawn Moss, Educational Projects Manager, NES (representing M Boyle)  
Frank Rankin Business Manager, NES (representing M Boyle)  
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  
Alison Hutchison Child and Maternal Health Division  
Morgan Jamieson, National Clinical Lead for Children and Young People's  
Health in Scotland  
Dr. S. J. Louise Smith, Senior Medical Officer.  
Robert Stevenson, Head, Specialist Children's Services Team

**Apologies:**

Mary Boyle, NHS Education for Scotland Assessment, NHS  
Lorraine Currie, Chair, Child Health Commissioners' Group  
Stewart Forsyth, Medical Director, NHS Tayside  
Marie OSullivan, Children's Services Manager, NHS Orkney  
Margaret McGuire, Interim Deputy Chief Nursing Officer

## **TEM 1. WELCOME AND INTRODUCTIONS**

Caroline Selkirk welcomed everyone to the meeting and apologies were as above. She acknowledged that the proposals were consistent and the amount of work people had completed since the last meeting and thanked them for their time and effort.

## **ITEM 2. PROPOSALS FOR 2009/2010**

Caroline acknowledged the high quality of the work carried out and the excellent job that had been done by all. She stated meeting held on 6 January 2009 had been productive, that we had looked at proposals from the Regions and PAN Scotland and that the purpose the meeting had been to sort out issues to enable this meeting to run smoothly.

### **2.1 Regional Planning Groups**

#### **NOS – Annie Ingram**

The North had tried to be as inclusive as possible, and had done so by holding meetings with key stakeholders to establish what worked as wanted to do things well. They had 3 mainland Boards and 3 island Boards with significantly different issues that had to be taken account of in the process. They all completed the template to produce proposals in logic model. Had included putting money into general surgery as limited resources had been invested last year. Also a section had been included for non pay costs to support the Islands and had agreed to support a whole time consultant for the Highlands with specialist interest.

#### **SEAT – Myra Duncan**

They have developed an existing children's strategy and proposals have been set against a criteria. £95,000 was still to be included for SEAT to reflect infrastructure costs. The proposals support the development of the new Sick Children's Hospital in their area. The summary on the last page of their proposal (already circulated) summarises their proposal in full.

#### **WOS – Heather Knox**

They have put in quite a bit of infrastructure around clinical engagement in WOS. Their proposals are phased over 2 years to give indication of what they would be looking for in year 3. They are trying to invest locally in services so in year 2, 80% of the Arbutnot share is to be invested in local services.

They have listed services they have invested in ( which fall within the NDP) but in addition to these specialities they also want to invest in Child Protection, Neurology and Orthopaedic surgery – all additional areas. BMT will be removed and reprofiled as national. They still needed to factor in an allocation element for Argyle and Bute population.

## **2.2 Pan Scotland**

### **Cancer – Annie Ingram**

This had been slightly updated since the document has been circulated for the meeting and the proposal was still to be reconciled with Regional plans. The impact of CATSCAN proposals were also to be reconciled.

They started with a strategic model and that is what they should still be aiming for, however they were now considering how it could be implemented. Some clinical issues had been raised about how engaged people felt and about what they were trying to achieve. They are trying to achieve a permissive network whilst trying to maintain services as far as possible in local areas, with people working together in a Managed Service Network. The focus was on developing the Multi disciplinary Team approach and implementation of the Managed clinical Network.

Issues remain around some of the priorities and some of it will be re-written was put into 3 sections.

1. Proposals about Strategic development of services overall.
2. Nationally Designated Services.
3. Regional – which still requires more work.

A senior figure, with Clinical skills to be recruited for a fixed term 2 year piece of work dealing with developmental issues was – was originally included in proposal as a post, but has now been suggested that it could be a legitimate thing to use slippage for, to prevent it coming out of Regional proposals.

Bone Marrow Transplantation will be highlighted as being a Nationally Designated Service, however it was recognised that the development should be supported as it was part of on going discussions at a UK level and any developments had to fit in with that process.

### **Complex Respiratory – Myra Duncan**

Complex Respiratory including CF and LTV should be looked at together and a Pan Scotland approach taken. The proposals are not reconciled at this time with Regional elements and should be considered in two parts:

1. The narrative – spot analysis, models of care and specific objectives.
2. The resource requirement – these do not necessarily support the implementation of the model of care and delivery of service objectives as they stand at this time.

Models of care is a national MCN for CF, regional networks for complex respiratory which will work together across those regional networks to look at Pan Scotland specific issues. The reasons for non reconciliation are:

- Decisions by rest of Scotland not to invest in LTV in year 2.
- To review the LTV service – which has a wide impact.

It was acknowledged further work needed to be carried out on LTV and they would have to consider whether the work can be carried out for year 2 or whether they need to look at it in terms of year 3 investment.

### **Endocrinology – Deirdre Evans**

In year 1 this was identified as needing a National MCN. Lead Clinician appointed and a Network Manager will be appointed shortly. Main area of investment was in the West and this investment was supported by the Pan Scotland proposals.

### **Metabolic – Heather Knox**

Model is based around a Consultant lead service, but a service that is integrated and stratified so the majority of care delivery is actually done by Dieticians and potentially also Specialist Nurses. Benchmarking work had been carried out with West Midlands in terms of what they had in place to support their population and looked at resource requirements and what they thought might be needed to support this service throughout the Regions. Heather highlighted that there were issues with resource requirements and that there were concerns about service sustainability in SEAT. Further work would be taken forward to resolve these issues.

### **Rheumatology – Deirdre Evans**

This service had featured as being one of those that had been at risk with concerns about sustainability. A National MCN had been established and a Consultant appointed. A Rheumatologist appointed in year 1 was re-current and further investment has been proposed for the NOS to ensure stability in the future.

## **2.3 National**

### **NES – Dawn Moss**

Their proposal for year 1 was all about Infrastructure with year 2 proposal concentrating on Education and Year 3 will be about sustainability. They want to concentrate on Education for Advanced Practitioners and take forward the Advanced Practitioner Pathway using the Scottish Government toolkit. A steering group was in the process of being established which should improve involvement across the various workstreams.

### **NSD – Deirdre Evans**

The needs for networks across Scotland were similar. With a standard format they could deliver a clinical system that would support these needs and allow each network an additional room within the system to be able to develop some specific data collection. The proposal identifies which of the National Networks have an element which cover's the Specialist Children's Services. They propose computer system and some Analysts to provide ongoing IT and

Analytical capacity. The establishment of databases to support each of the Networks was seen as being a key element and discussions had taken place with the Scottish Government EHealth Team.

### **Clinical Quality Indicators – Deirdre Evans**

This proposal reflected the decision to support this project for funding in the first year and the ongoing commitment in years 2 and 3.

### **Telemedicine – Ian Hunter**

Year 1 made a start to improved access to video conferencing concentrating on the 4 Specialist Children's Hospitals. Equipment paid for and technical support brought in. A Clinical Facilitator is still to be appointed but still debating job description and role. Year 2 proposal is around staffing, a continuing programme of equipment upgrades and beginning to look at the Remote and Rural agenda. Proposal was original £400000 but have had approval to be given £100000 from year 1's slippage, therefore only £300000 applied for in year 2. At this moment in time this proposal does not include an element for care at home which would cost £45000.

### **Finance – Derek Lindsay**

Caroline thanked Derek for the paper and information produced on available resources and highlighted the importance of ensuring that the Group was clear about the process and finances available for 2009/2010 and for services that had not been included in the process so far and would be seeking investment in 2010/2011.

Derek summarised the 3 steps taken in identifying the available resources::

Step 1: Total amount of money available less CAMHS - £10 million less £1 million

Step 2: Agree what are the top national amounts of money that have to be taken and set aside.

Step 3: Is how to share the balance of the pot within the Regions and that is where the Arbuthnot formula comes in.

Derek proposed that slippage in 2009/2010 could be used to fund non recurrent elements of proposals and that he would endeavour to identify these elements in the next version of the paper.

The issue of the Argyll and Bute proportion of Highlands share was discussed and the need to agree a way forward between NOS and WOS was noted.

### **Action Points for Proposals for 2009/2010:**

- **Cost's for posts for example Consultants to be standardised so that proposals are can be put forward on a consistent basis.**

- **Spreadsheet to be revised to identify non recurrent elements and what proposals/or part of can be earmarked for funding in 2009/2010 using identified slippage.**
- **All proposals to be reconciled with identified resource envelope for each area.**
- **Pan Scotland proposals to be reconciled within resource envelope after discussion with Regional Leads by 13 February 2009.**
- **All reconciled proposals to be resubmitted to the Child and Maternal Health Division by 27 February 2009.**
- **The Group recommended that Bone Marrow Transplantation services should be seen as a priority within the cancer proposal.**
- **The Group recommended that national and nationally designated services should be included in the specialist childrens services review.**
- **It was agreed to discuss with Scottish Government leads the implications of including services that were already nationally designated services.**
- **Nationally designated services to included in the review of services that had not been included in the process to date.**

### **ITEM 3. COMMUNICATION**

#### **3.1 Launch**

The National Delivery Plan will be launched by the Cabinet Secretary on Tuesday 20 January 2009, and will be available on the website from then.

**Action Point: Hard copies to be circulated to the group.**

#### **3.2 National Workshop**

It has been confirmed that Dr E Baker Medical Director , St Thomas hospital and Chair of ..... Will be a guest speaker. The purpose of this day was to discuss issues and some thought is still to be given to breakout sessions and that members of the Group would be contacted to lead the workshops.

The question of medical work workforce and the real pressures expected in 2009 was discussed.

#### **Action Points:**

**Discussion to be held with Louise Smith and Annie Ingram to discuss adding medical workforce as a breakout session**

**Further discussion to take place on the arrangements for the workshop sessions and final arrangements for the day.**

## **ITEM 4. Minutes of Previous Meetings**

### **4.1 17 December 2008 – Minute**

Amendments to be made as follows:

- Fiona Dagge-Bell's title to be changed
- Amendment to page 3 to be made.

### **4.2 17 December 2008 – Action Note**

.Action note to be updated as follows:

- 3.1 Financial Framework – letter from Derek Feeley on CAMHS received.
- 3.2 Slippage - The 100K identified from slippage for expenditure within Telemedicine has been spent.
- 5.2 Status Reports - Almost all work has been supplied with rest of the submissions to be in by 31 January 2009
- 9. Performance Management – ScotPHN have agreed to do a presentation at our meeting in April.

## **ITEM 5. MATTERS ARISING**

### **5.1 Directors of Planning – Update**

The paper is still not agreed yet, but to be circulated when available.

**Action Point: Papers to be circulated when available. Update to be given at next meeting.**

### **5.2 Long Term Care of Complex Needs – Morgan Jamieson**

It was noted that we would not be able to discuss this issue in depth at today's meeting, but points and comments were asked for. An issue was raised about the exclusion of the provision of information and educational support. A short life working group (SLWG) chaired by Dr Mike Winter, Medical Director, NSS, is to be established to co-ordinate this work stream.

**Action Point: Morgan Jamieson to set up SLWG to look at whole issue and transition.**