

**NATIONAL STEERING GROUP FOR SPECIALIST CHILDREN'S
SERVICES IN SCOTLAND**

WORKSHOP

FRIDAY 10 AUGUST 2007 – 10.30 AM – 1 PM

CONFERENCE ROOM D ST ANDREWS HOUSE

MINUTES OF MEETING

Present:

Malcolm Wright, Chair, Chief Executive, NHS Education Scotland

Helen Byrne, Director of Acute Services Strategy Implementation and Planning,
NHS Greater Glasgow and Clyde

Dr Zoë Dunhill, Patients' Services Director and Community Paediatrician, Royal Hospital for
Sick Children, Edinburgh

Deirdre Evans, Director, National Services Division

Professor Stewart Forsyth, Medical Director, NHS Tayside

Morgan Jamieson, National Clinical Lead for Children and Young People's Health in
Scotland

Jackie Sansbury, Director of Strategic Planning, NHS Lothian

Lorraine Currie – Child Health Commissioner, NHS Grampian

Andrea Cail, Senior Project Manager, Children and Young People's Specialist
Services Team

Myra Duncan, Regional Planning Director, South East and Tayside Regional Planning Group

Dr Margaret McGuire, Nursing Officer, Scottish Executive Health Directorates

Dr Louise Smith, Senior Medical Officer, Scottish Executive Health Directorates

Ken Mitchell, Senior Project Manager, Children and Young People's Specialist
Services Team

Robert Stevenson, Head of Children and Young People's Specialist Services Team, Scottish
Executive Health Directorates

Colin Cook, Head of Healthcare Planning and Support, Scottish Executive Health
Directorates

David Cline, Strategy and Planning Team, Scottish Executive Health Directorates

Wendy Wilkinson, Workforce Unit, Scottish Executive Health Directorates

Janette Hannah, Child and Maternal Health Division, Scottish Executive Health Directorates

Apologies

Rory Farrelly, Nursing Officer, Women and Children Scottish Executive Health Directorates

Fiona Dagge-Bell, Women, Children & Learning Disability Services, NHS QIS

ITEM 1: Welcome and Apologies

Malcolm Wright welcomed everyone to the workshop, and in particular representatives from the three Regional Planning Groups, advising that the main focus of the session would be to consider what additional work should be taken forward for inclusion in the National Delivery Plan. Recommendations agreed by the Group would then be proposed at the next meeting of the Steering Group being held on Friday 21 September 2007.

ITEM 2: Aims of the session – to discuss further work required to complete the following elements of the National Delivery Plan for Specialist Children’s Services in Scotland

2.1 Planning and Commissioning

There was overall agreement on the proposals outlined in the discussion paper. It was recognised that the need to balance the drivers of accessibility, sustainability, quality and safety can only be addressed if services are planned, commissioned and operated on the basis of a clear and agreed understanding of the role of each unit –either DGH or specialist children’s hospital - and the interdependencies and relationships between units both regionally and nationally.

It was noted that there had been successes over the years in establishing national services such as cardiac surgery and Paediatric Intensive Care Units (PICU). However there were also examples where reviews and subsequent guidance had not resulted in delivering required improvements for example gastroenterology, cystic fibrosis and paediatric neurosurgery. Also recent national debate in relation to clinical outcomes indicated that Scotland and the UK are not achieving the best outcomes when compared to European other European countries.

The various models for planning and commissioning services was discussed with the following points being made:

- The current model for the designation of national services had a clear process and had delivered some success over the past few years for example cardiac, scoliosis, renal, PICU
- However there were some inconsistencies with the current approach in relation to how services were prioritised and presented for national designation.
- Regional Planning for child health was still developing and there had been some success around the establishment of MCNs and service models for example outreach surgery
- However there was variation on how services are planned and delivered Regionally resulting in different levels of access to services throughout the country

Discussion took place on how planning and commissioning could be developed to support the delivery of specialist childrens services with consensus on the following points:

- Clear criteria should be established on what services are planned and commissioned at a national, regional and local level.
- This should taken forward within a defined resource allocation
- The lines of accountability should be clearly defined

- A system of prioritisation should be established which resulted in uniformity of access for patients.
- The operational delivery of services would remain the responsibility of NHS Boards

The discussion also identified a number of planning and commissioning models:

- A single NHS Board with clearly defined lines of accountability and delegated authority to plan and commission specialist childrens services.
- Regional Planning Groups operating on a supra and intra regional basis for a number of defined services
- Continuation of the current arrangements.

Robert Stevenson informed the group of the economic evaluation exercise which was currently underway. It would cover current NHS spend by NHS Board and specialty, benchmarking of costs and revenue implications for the implementation of the National Delivery Plan.

A discussion took place on the performance management of child health within NHS Scotland with comparisons made between the different approaches taken by the Scottish Executive with mental health highlighted as a model where considerable pressure was put on NHS systems to deliver improvements. The following points were highlighted during discussion:

- Variation in service provision
- Differences in investment patterns regionally and at NHS Board level
- Differences in the implementation of the Action Framework

Robert Stevenson informed the meeting that the performance management of child health services was currently under discussion within the Scottish Executive.

2.2 Models of Care

Stewart Forsyth reported that the models of care paper had had been circulated widely for comment. Although feedback had been minimal, the purpose of the paper had been to encourage a brain storming approach to the varieties of models of care being used across NHSScotland and to assure NHS Boards that services can be provided locally.

The group discussed the paper at length and raised the following issues:

- The service map indicated that services would still be provided in a range of locations however further work was required to determine what is delivered at each site.
- The different hub a spoke service models reflected key elements of service delivery and not as alternative models
- There needed to be clarity on the role and purpose of MCNs and how they are prioritised
- The need for Specialists to travel to support locally delivered care
- How do we plan services planning to ensure equity of resources when resources are scarce
- Complications in retaining rotas where there is insufficient work to support a full time Specialist
- More clarity was required on where highly specialist paediatric services should be located
- Could the strategy stand up to independent scrutiny

- More debate required to decide which core services should be centralised

Morgan Jamieson cautioned that there should be a flexibility of approach and that Regions should be seen as key players but the disparity between regions with regards to population numbers and demographics made this challenging

The Group agreed that the role of care pathways and levels of care to be delivered would be a crucial element in deciding recommendations on configuration of services.

Malcolm Wright asked what decisions would have to be made on making recommendations to Ministers and that agreement would have to be reached around hubs, cancer, neurosciences etc. The issue of independent scrutiny had been raised by Ministers, however it was unclear what this would mean.

Action:

Robert Stevenson to seek clarification on the implications of independent scrutiny for the specialist childrens services review. .

Malcolm Wright asked for clarification on the process for childrens cancer services and the implications for consultation.

The group was informed that financial and activity data would be gathered with a view to providing a detailed analysis which would be looked through to determine the potential impact on the services with regards to bed numbers, patient travel, sustainability of services, NICE guidelines etc. Recommendations would then be put to the larger group on 1 October.

On the overall exercise NSG would be aiming to provide clear recommendations in the National Delivery Plan by the end of December for presentation to Ministers. the assumption is that if approved this would be followed by a three month period of consultation.

Action points:

Examples of good practice to be included in National Delivery Plan to highlight progress already made for example renal, cardiac and PICU

Case studies to be used to at next session on 21 September to test planning and commissioning assumptions –PICU/Cancer/Gastroenterology/Respiratory (Cystic Fibrosis).

Planning and Commissioning/Models of Care to be integrated based on discussion at 10 August and 21 September sessions

2.3 Implementation of MCN Strategy

Morgan Jamieson informed the group that the MCN Strategy had been sent to Chief Executives in July and thanked everybody for there input to its development

The group discussed how the MCN Strategy should feed into the National Delivery Plan and recommended the following revisions/ actions to the strategy document:

- Para 15 should be deleted as targets were already in place and decisions already made on the specialist paediatric services listed
- Paras 23 & 24 – The strategic application of MCNs will be taken forward through close collaboration between RGPs, NSAG and Children and Young People's Health Support Group – a decision would have to be made on who will support this structure

It was noted that clarity would be sought on where accountability of MCNs should lie.

It was noted that not all Regional Planning Groups receive the National MCN report and NHS Boards should be approached and asked to ensure that their respective RPG representatives are included in the report's circulation.

It was recommended that there should be stipulation in the National Delivery Plan that the onus will be on NHS Boards to implement the MCN strategy as the National Services Advisory Group (NSAG) has no executive function.

2.4 Workforce

Wendy Wilkinson reported on work that had been started using a new competency based approach to planning the workforce. The approach uses patient pathways and activity data to determine the tasks and competencies required to care for patients on that pathway. Options for the skill mix of the team required can then be determined using the Career Framework and this can include different options for comprising individuals from the Workforce Review Team (England), Skills for Health (UK) along with Ken Mitchell and Nick McAlister (lead workforce planner at NHS Lothian). The purpose in using colleagues from England is their experience of this approach and the opportunity to transfer learning. Work will begin with general surgery and all the data and pathways information used will be from Scotland.

Wendy confirmed that this work is in addition to the work already underway by the workforce sub-group led by Annie Ingram.

3. Any other Business

The Child Health Commissioners' role was touched upon and the group agreed to consider further and discuss at the next meeting. The group would also need to consider how to further support the regional/ inter regional meetings.

4. Date of Next Meeting

The next meeting of this group will be held on Friday 21 September 2007 from 9.30 am till 12.30 pm in Conference Room B, St Andrews House.