National Delivery Plan Implementation Group Meeting
2 July 2009 – 10.30 – 3.30
St Andrews House, Edinburgh

MINUTES

Present:

Caroline Selkirk	**Chair,** Director of Innovation and Change, NHS Tayside
Sharon Adamson	Chair of West of 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 and Galloway
Deirdre Evans	Director, National Services Division
Stewart Forsyth	Medical Director, NHS Tayside
Annie Ingram	Director of Regional Planning, North of Scotland
Heather Knox	Director of Regional Planning, West of Scotland
Mary Mack	AHP, Children's Action Group
Marie O'Sullivan	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
Anne Wilson	Action for Sick Children (Scotland)
John Wilson	Chair, SEAT Children's Regional Planning Group
Scottish Government	
John Froggatt	Deputy Director, Child and Maternal Health Division
Morgan Jamieson	National Lead for Children and Young People's Health
Lucy Colquhoun	Project Manager, Specialist Children's Services
Angela Delaney **(minutes)**	Child and Maternal Health Division
Additional Guests	
Fiona Drimmie	Associate Postgraduate Dean, NHS Education for Scotland
Pauline Beirne	Educational Project Manager (AHPs), NHS Education for Scotland
Jenny King	Programme Manager - NHS Education for Scotland
Julie Adams	Programme Manager, National Services Division
Apologies	
Fiona Dagge-Bell	Professional Officer, NHS QIS
Iain Hunter	General Manager, Scottish Centre for Telehealth
Dagmar Kerr	Area Coordinator, Greater Glasgow and Clyde, Action for Sick Children (Scotland)
Derek Lindsay	Director of Finance, Ayrshire and Arran Health Board
Margaret McGuire	Deputy Chief Nursing officer
Ricky Verrall	Health Workforce – Education and Training
Iain Wallace	Associate Medical Director, NHS Greater Glasgow and Clyde
Anne Thomson	Royal College of Nursing

ITEM 1 WELCOME AND INTRODUCTIONS

Caroline welcomed everyone to the meeting and introduced Anne Wilson from Action for Sick Children (Scotland) to the group, deputising for Dagmar Kerr.

Ricky Verrall plans to attend NDP Implementation meetings in the future to provide a workforce perspective.

ITEM 2 – MINUTES AND ACTION POINTS FROM MEETING ON 22 APRIL 2009

Minutes - Amendments

Page 4 – Commitment No 6 – Paragraph 3: “Mapping the Future” should be “Modelling the Future”

NDP commitments to be described rather than simply numbered.

AP – The NDP commitments should be headlined in the future minutes (as opposed to numbered references only).

AP – Page 4 – Commitment No 6 – Paragraph 3 “Mapping the Future” to be changed to “Modelling the Future”

Action List

Annie expressed concern that SWISS may not be capable of gathering data which is useful for specialist children’s services.

Membership of the working group on complex needs transition is still outstanding. Mike Winters will supply.

The Patient Safety Coordinator bid has been approved and is going to advertisement on 3 July.

ITEM 3 – FINANCIAL PRINCIPLES AND OPTIONS

Caroline thanked everyone in the Sub Group for their hard work in producing this paper. Caroline now wished the NDP Implementation group to reach agreement regarding the way forward during this meeting, but explained that if this could not be done the final decision would rest with the Scottish Government.

John Froggatt’s letter of 25 June was discussed and it was confirmed that this should be seen in the context of the financial principles and options paper.

The NDP Funding Paper and Principles document was discussed. Caroline highlighted that a fifth option had been received from Myra:

‘Option 5 would be a hybrid of options 3 and 4. Short term flexible funding for children's cancer services will be agreed (as per principle 6), which will be topsliced. Each region gets their weighted capitation share of the balance after

this and nationally funded services are topsliced. The amount invested in individual Boards within the region would be decided by the region.'

The following points were made:

- Option 5 was not a new option, rather it reflected the principle of transitional funding which could apply to each of the options

- Transitional funding could be made more explicit and added as the second sentence on page 6

- An explanation of transitional funding was provided, highlighting cancer as an example. Cancer will be funded in this way until 2012. Principle 6 (page 3) provides further explanation of this funding.

Following this discussion it was agreed that Principle 6 should be embedded within all options.

Caroline asked for opinions on the options from North, West, SEAT and NSD.

North

Option 4 preferred (weighted capitation to regions).

West

Option 3 preferred (weighted capitation to Boards).

SEAT

Option 4 with children's cancer services being handled as per principle 5.

All three Regions indicated their acceptance of the principle of transitional funding (Principle 6) specifically in respect of cancer services although in subsequent discussion the West indicated that should the sums involved be substantial they would need to revisit their support for this approach. Annie confirmed that further work was required before the precise level of transitional funding for cancer services was fully understood.

NSD

As an NHS Special Board NSD did not express a view, as their role is to facilitate what is required.

It was agreed that Boards should not be put in financial difficulty or at risk by each Region following different options.

Caroline asked Heather if the West could accommodate option 4, and disaggregate accordingly. Heather confirmed that she would need to discuss this with the Chief

Executives although expressed concerns regarding the administrative workload involved.

Myra and Annie confirmed that it would not be possible to aggregate up to Regions once Boards have received their allocation.

It was therefore agreed to choose option 4 (weighted capitation to regions), including the principle of transitional funding.

It was confirmed that any transitional funding would apply until the service model was established and the substantive funding arrangements were in place. This should not be any later than 2012.

The group queried whether it might be possible for Regions to choose either option 3 or 4 depending on their preferred internal arrangements. John stated that in principle this is possible, but that he would need to discuss this with SG Finance Department.

AP – John Froggatt to discuss with SG Finance.

ITEM 7 – YEAR THREE PROCESS

7.1 - Letter regarding prioritisation process plus slippage

The timing of the bid process was discussed. It was felt that December was not ideal and a January deadline for final bids was agreed, with first drafts of pan-Scotland bids due by end September. Annie stated that she could not have the cancer draft bid ready by end September.

John mentioned the possible implications of a later agreement – late release of funding plus knock-on effect of later appointments, slippage etc.

Concerns were expressed that using the logic model may mean additional delay. At the moment one Region is using this model, however further work and support would need to be provided to those who are not currently using it.

Members also stated that time must be built in to the process for Boards to agree the proposals, and to aligning national, regional and pan-Scotland bids.

A concern was also raised regarding the risk to the funding if bids were submitted later. It was acknowledged that late bids may be more at risk; however in the current economic climate all financial issues will be closely examined. John expressed his concern that there may not be as much money in Year 3 as planned, but stated his intention to try to limit this to the unallocated amount i.e. funding not already earmarked for recurring commitments. The group asked for early notification if it is likely that NDP monies will not recur after Year 3. John indicated that what had already been said relating to recurrence still stood but recognised that all budgets will be subject to intense scrutiny and constraint. He committed to let the group know as soon as the SG position is confirmed.

Scottish Government now requires quarterly reports from each Region regarding slippage and the Scottish Government may ask Regions for this money back.

The group agreed to submit proposals by January 2010. Meanwhile, the sub group meetings should be used to discuss draft bids as they develop. Deirdre stated that NSD proposals can only be drawn up after pan-Scotland and national proposals.

Sub group meetings to be timetabled from now to June 2010, and agendas made clear in advance to enable colleagues to plan accordingly.

All NDP meeting dates are on the website. Link attached.

http://www.specialchildrensservices.scot.nhs.uk/pages/FutureImpGpMeetings.htm

AP – Timetable to be amended to show proposals due in January 2010.
AP - Sub group meetings to be timetabled from now to June 2010 and issued to group as soon as possible.
AP – Pan-Scotland draft proposal to be submitted to IG by end September (excluding cancer).
AP – Final Year 3 proposals to be submitted by end of January.

7.2 – Year 3 Proposal template

Caroline acknowledged that the bidding process last year was over complicated and Regions provided duplicate information. Last year the proposals were in different formats and it was therefore difficult to compare against each other, and against year end reports. Now need to marry the quarterly reports to the original proposals and the logic model.

The draft Year 3 Proposal template was circulated to the group. It was suggested that a group consisting of the regional project managers and Lucy should meet to agree a draft template.

It was stressed that this template needs to work for everyone using it and Caroline requested that any feedback regarding the template should go to Lucy via e-mail.

AP – Group to look at the template and Regions to e-mail Lucy with feedback.

7.3 – Logic model sample

Caroline invited Annie to comment on her experience of using the logic model.

Annie advised the group that the logic model assists with providing evidence and that it was very helpful when working on the year 1 and year 2 bids. However, support from Public Health was required when working through this process.

Caroline stressed to the group that Public Health are very busy at the moment with the swine flu pandemic. The group were asked to consider if this model could still be used without the assistance of Public Health.

Mike provided the group with a detailed account of his findings when using the logic model. Mike confirmed that the proposal template had been adapted in North of Scotland to take into account the logic model. Mike confirmed it he had been able to complete the year 2 bid for gastroenterology in one day. He also confirmed that the model could be used with minimum support from Public Health.

It was agreed that in addition to using the diagram, explanatory text would also be required to provide further detail. John endorsed the use of the model as a means of evidencing additionality.

Training sessions will be required. Noelle Finn and Ken Mitchell are currently working on a tool kit. Annie will discuss with them the possibility of arranging a core training session on using the logic model for regional project managers plus Myra Duncan and Chris Flannery.

AP - Annie to liaise with Noelle and Ken to arrange a training session.

ITEM 4 – NES Update

Presentation given by Mary Boyle, Pauline Beirne and Fiona Drimmie.

Fiona Drimmie asked the group to consider how to replace surgeons who have an interest in paediatrics. Without succession planning expertise will be lost. Need to ensure trainees undertake paediatric training. Job plans should be explicit if paediatric surgical training/experience are required.

The group raised the following points:

- There is a workforce crisis and there is a direct link to demand and supply. At the moment there is the workforce but a lack of posts. Boards need to make their needs explicit.

- General surgeons are moving towards further sub-specialty. Very few are electively choosing general surgery of childhood as an interest.

- Possibility of establishing local networks of general surgery.

- There are a number of key staff who are due to retire soon and succession plans need to be in place.

- It might be helpful for Fiona to visit hospitals and speak directly to the surgeons.

- Need to address the demand side of the equation i.e. devise training programmes and ensure jobs are available at the end, possibly by making proleptic appointments. Edinburgh and Glasgow Colleges of Surgeons need to support this – need a commitment as to how many surgeons they will train in paediatric surgery.

- Where required for maintaining service provision Boards should be encouraged to employ only those adult surgeons who are willing to operate on children. Boards may need to train staff post-appointment.

- Request for Fiona to use the Logic Model when producing her report in the future, as this will enable the link to be seen clearly.

Caroline summarised the discussion:

- Fiona may need to consider contacting the Medical Directors and the DGH surgical teams.
- Need the support of the Colleges
- Fiona to link in with the work that Dave, Andy and Jim are carrying out regarding the DGHs. Dave, Andy and Jim to investigate the number of surgeons who are due to retire in the next three years.

AP – The number of retirals due in the next few years to be investigated by Dave, Andy and Jim.

AP – Fiona Drimmie to provide information on her work on surgical retirals

It was suggested that NES could use the logic model in future to demonstrate patient benefit.

Caroline thanked Mary, Fiona and Pauline for their presentation.

ITEM 5 – PROGRESS REPORTS

5.1 – Year 1

Caroline thanked everyone for all their hard work regarding the Year 1 reports.

The following information was obtained:

North

Slippage has been identified and there is a plan in place to deal with this.

Agreed that report can now go on the website.

SEAT

Slippage has been carried forward from Year 1 for planned spend in Year 2; item 8 of the report details what it is to be spent on.

Agreed that report can now go on the website.

West

The slippage has been spent on front-ending Year 2 proposals.

Caroline requested that details be provided on slippage spend prior to the report going on the website.

AP – Heather to provide slippage details to Lucy by 9 July 2009.
AP – Year 1 reports to be put on SCS Website

NSD

Agreed that report can now go on the website.

Telehealth

The report highlights what slippage is being spent on, however a request was made for the report to be amended to show the intended benefit/outcomes of the Telehealth investment.

AP – Hazel Archer to amend Year 1 report to include a paragraph on the intended benefit/outcome of Telehealth investment.

5.2 Year 2

Lucy will issue a copy of this template to everyone via e-mail.

AP – Lucy to issue an electronic copy of the Year 2 Template to the group.

5.3 – Quarterly finance report (issued previously)

Quarterly returns are being requested by SG Finance.

A concern was raised by Annie regarding the fact that, to date, little money has been spent on Cancer as staff have not yet been recruited. Annie asked if the Scottish Government would wait until later in the financial year before asking for this money back. John could not guarantee this but advised that information may be required to make the case for carry-over.

ITEM 6 – Y3 Pan-Scotland remits

Allergy and Immunology: an introductory meeting is taking place on 3 July 2009. Caroline asked Lorraine to circulate membership of the new sub-group to the National Delivery Plan Implementation Group as soon as possible.

AP – Lorraine to circulate membership of the Allergy and Immunology Sub Group to the National Delivery Plan Implementation Group as soon as possible.

Cleft lip and palate

Caroline asked the group to agree that this will not be dealt with on a pan-Scotland basis. Regions may choose to prioritise this individually (West expressed intention to do so).

Deirdre requested confirmation that there will be no addition to the nationally designated service as it stands and that the surgical service will not be eligible for investment.

AP – Cleft lip and palate services to be considered by each region rather than pan-Scotland.

Endocrinology

This has been covered under pan-Scotland Year 2.

Diabetes

To be addressed regionally.

6.1 – Nephrology

The following comments were made on the paper:

Page 3 – first bullet point. Request for abbreviations not to be used.

N. B. at this point the order of the agenda was changed. 6.2 was moved to the last item on the agenda.

6.3 - Cancer

Annie spoke to the draft remit of the Managed Service Network. The following points were made:

- NDP money should be the lever for a national cancer plan, not an end in itself
- The Chair of this group should probably be a Board Chief Executive (BCE) - Scottish Government is considering who to approach. Membership will be discussed at the next BCEs' meeting on 19 August.

ITEM 8 – NDP PROGRESS

The following NDP commitments were discussed.

Commitment 19 – Ask NHS Boards to consider the economic impact on families when making decisions about the care of children and young people.

This item refers to paragraph 61 on page 16 of the National Delivery Plan:

"The ability to access care can also be hindered by practical issues. Even where well-structured local services exist, there will inevitably still be occasions when children, young people and their families need to travel to access specialist care. In such circumstances it is important that:

- *Episodes of care are well co-ordinated to make effective use of time and minimise travel.*
- *Adequate support, including parental accommodation, is available where inpatient care is necessary.*
- *Financial support is available to cover travel-related costs where necessary."*

It was felt that a large amount of work is required in this area to improve the current position and standardise financial support arrangements. Other sources of funding should be made clear to families if available.

Deirdre indicated that NSD already had information on this issue. Caroline asked Deirdre to carry out a scoping exercise regarding this.

Lucy to amend wording in progress report.

AP – Deirdre to do scoping exercise by September 2009.

AP – Lucy to reword commitment 19.

Commitment 43 – Publish care pathways to ensure the safe, consistent management of common surgical conditions.

George Youngson has agreed that the care pathways should be repackaged and circulated to DGHs, then put on the website. The group was asked to consider who should be included on the circulation list, and to bring suggestions to the next meeting.

AP – Care pathways to be re-packaged for circulation as an agreed element of the NDP

AP – NDP progress grid to be updated.

AP – NDP progress paper to be put on SCS website to enable all to see what has been done against each commitments.

AP – IG members to bring circulation list suggestions to next meeting.

Commitment 44 – Encourage effective collaboration between paediatric medical and surgical services within local hospitals.

This commitment links into the work of the DGH working group.

Commitment 49 – Work with Regional Planning groups to ensure appropriate investment in PGHN services across Scotland during 2009 – 2011.

This commitment has been met.

AP: Lucy to put progress report on specialist children's services website and consider an exception report in future.

ITEM 8.1 – District General Hospital competencies

Commitment 6: Seek agreement on the services, staff and competencies that should routinely be available to support specialist children's services within a District General Hospital paediatric unit

In discussion of the draft remit for this group, the following points were made:

- Timescales to be agreed and brought to next IG meeting
- Links need to be made to workforce areas in SG and to NES
- Will need to invite another DGH representative to join the group
- General management and medical director representatives should be on the group
- May need to bring forward the general surgery element to ensure it is considered for Year 3 funding
- Neonatal: needs two separate representatives, one for neonatology and one for transport
- Membership should include general surgeons with an interest in paediatrics rather than paediatric surgeons
- Consider inviting a regional workforce planning representative
- Informed succession planning should be recognised as one of the outcomes within the remit

AP – DGH group to agree timescales for scoping work of core competencies and inform IG.

AP – Informed succession planning to form part of the remit of the DGH scoping work.

ITEM 6.2 – Critical Care

Caroline welcomed Julie to the meeting.

Deirdre thanked everyone for all the comments on the Draft Remit paper.

The issue of transport was discussed. Annie confirmed that she had been dealing with Performance Management of Transport for a long while. The Transport service is currently under review and there is concern regarding the continuity of the service.

The Ambulance service had a meeting on the 3 June 2009. There is a concern that there is not the resource to meet the demand and that this service needs to be more coherent.

Caroline agreed that this is a comprehensive piece of work and therefore should not be included in the critical care pan-Scotland remit. It was suggested that Annie and Julie liaise with each other.

AP – Annie and Julie to liaise regarding neonatal transport.

Neonatal services were discussed. It was agreed that this falls beyond the scope of the NDP and regions have been asked to progress this area themselves. Links should be made to critical care but the remit should not include neonatal services.

AP: Deirdre to finalise and reissue the critical care remit.

Item 9 - A.O.B

Mary Boyle highlighted the proposed changes in training for nurses (consultation due out 23 July) and invited members to comment.

Caroline thanked everyone for all their hard work to date.

Date of Next Meeting

26 August 2009, 10.30 am – 3 pm – Venue to be confirmed