NATIONAL STEERING GROUP FOR SPECIALIST CHILDREN'S SERVICES IN SCOTLAND
MINUTES OF MEETING: 5 DECEMBER 2006
CONFERENCE ROOMS A & B, ST ANDREW'S HOUSE, EDINBURGH

Present
Malcolm Wright, Chair, Chief Executive, NHS Education Scotland
Dr Michael Bisset, Clinical Director, Royal Aberdeen Sick Children's Hospital
Helen Byrne, Director of Acute Services Strategy Implementation and Planning, NHS Greater Glasgow and Clyde
Fiona Drimmie, Associate Postgraduate Dean, NHS Education for Scotland
Myra Duncan, Regional Planning Director, South East and Tayside Regional Planning Group
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
Jamie Houston, Consultant, Oban and Lorne Hospital
Annie Ingram, North Regional Planning and Workforce Director, North Regional Planning Group
Morgan Jamieson, National Clinical Lead for Children and Young People's Health in Scotland
Anne Leigh-Brown, Information Services Division
Isabel McCallum, Clinical/Project Director – Reprovision of Royal Hospital for Sick Children, Edinburgh
Jackie Sansbury, Director of Strategic Planning – NHS Lothian
Iain Wallace, Associate Medical Director, NHS Greater Glasgow and Clyde, Women's and Children's Directorate
Professor George Youngson, Consultant Paediatric Surgeon, NHS Grampian

In Attendance
Dr Ian Bashford, Senior Medical Officer, Scottish Executive Health Department
Andrea Cail, Senior Project Manager, Children and Young People's Specialist Services Team
Ken Mitchell, Senior Project Manager, Children and Young People's Specialist Services Team
Mary Sloan, Child and Maternal Health Unit, Scottish Executive Health Department
Robert Stevenson, Head of Children and Young People's Specialist Services Team, Scottish Executive Health Department
Wendy Wilkinson, Workforce Unit, Scottish Executive Health Department

Apologies
Colin Cook, Head of Healthcare Planning and Support, Scottish Executive Health Department
Professor Sir Alan Craft, Past-President of the Royal College of Paediatrics and Child Health
Ellen Finlayson, CLIC Sargent
Heather Knox, West Regional Planning Manager, West of Scotland Regional Planning Group
Jacqui Lunday, Scottish Executive Health Department
Dr Margaret McGuire, Nursing Officer, Scottish Executive Health Department
Rebecca Strachan, Action for Sick Children Scotland

ITEM 1: WELCOME AND APOLOGIES

1. Malcolm Wright welcomed everyone to the 3rd meeting of the National Steering Group for Specialist Children's Services in Scotland. He pointed out that a lot had been happening since the August meeting and that this meeting would be getting updates from the various sub-groups.

ITEM 2: MANAGED CLINICAL NETWORKS (MCNs)

2. Malcolm reminded the meeting that Morgan Jamieson had reported at the last meeting that the final meeting of the Group looking at MCNs had taken place in August and that the broad strategy document which had been circulated had been agreed with minor amendments. Morgan had suggested that the National Steering Group would have to advise on prioritisation and should work with regional planning groups to take a strategic approach across Scotland to regional MCNs. The amended Strategy had been circulated to the Group and also to the Regions: the South-East and Tayside region's (SEAT) response had also been circulated.

3. Deirdre Evans informed the Group that MCN applications had been submitted to the relevant Kerr groups (groups set up to implement Prof Kerr's report *Building a Health Service Fit for the Future*). Some of the applications required greater priority than others and Deirdre pointed out there were still gaps. She reminded the Group that the Strategy had been developed in consultation with the Regional Planning Groups. The MCN applications differed in that some required to be fully funded, some would require partial funding and others would need no additional funding. To sustain specialist services close to home in many areas would require networking. Services treating very few children could be delegated as national services by National Services Division (NSD).

4. The role MCNs could play in networking children's services had to be considered. Decisions had to be taken on prioritising the MCN applications and which areas needed immediate resourcing. Deirdre reported that the West of Scotland Planning Group had met the previous week and had expressed concerns over the wording of the Strategy and would encourage more networking rather than the setting up of MCNs.

5. Morgan Jamieson suggested the MCN methodology had to be reconsidered and that this Strategy provided a methodology. The MCN approach should be used in a number of specialities and consideration had to be given on which specialities required regional MCNs and which required a national MCN. Prioritisation would have to take place to gain equitable service provision across Scotland.

6. During discussion it was pointed out:

- The North of Scotland Planning Group's comments had been included in the Strategy
- The Strategy identified the need for service delivery networks
- Concern was expressed that paragraph 34 of the Strategy stated that all MCN proposals should be first cleared by the National Steering Group – Regional Planning Groups should not have to ask permission from the National Steering Group: also the National Steering Group was a short-life Group set up until March 2008, who would undertake the oversight role when it disbands? The National Services Advisory Group (NSAG) may also receive proposals for MCNs

- Para 34 was not intended to inhibit the setting up of MCNs or to interfere with Regional Planning Group decisions but an overarching Group is needed to get a picture of what is happening across all Scotland: clinicians, planners, Health Boards may all have differing priorities
- The National Steering Group was set up to give advice to the Children and Young People's Health Support Group and to Scottish Ministers, and to ensure the MCNs which are agreed are actually set up
- This Strategy is about MCNs: a clear definition of network was needed: service networks would need resources
- Large volume specialist services could be delivered regionally but low volume services should be designated as national services although even regional services might need support nationally
- Different groupings should link together better, eg Directors of Planning, children's advisory groups, Regional Planning Groups, Ministers
- National guidance on MCNs was awaited
- The reference to lead clinician had to be more specific although the wording had been taken from the draft Health Department Letter (HDL). It was suggested the Group could influence the amending of the HDL to make the wording stronger – a formal appointment process was needed for accountability
- The National Steering Group could also make recommendations to Quality Improvement Scotland (QIS) re accreditation
- Perhaps a workstream of the National Steering Group or of NSD should be established.

7. Malcolm summed up by saying that the National Steering Group broadly supported the Strategy but that it should be amended to take on board the comments. He thanked Morgan Jamieson and Deirdre Evans for the huge amount of work they had put in to this Strategy.

Action: Amend Strategy to take account of the points above, perhaps to include an algorithm.

Amend paragraphs 22, 34 and 38 of the MCN Strategy to define the roles of the different groups, eg QIS, NSAG, the National Steering Group.

ITEM 3: PUBLIC ENGAGEMENT

8. Malcolm reminded the meeting that Rocket Science consultants had been hired to organise the public engagement events which was the initial stage in canvassing wider views on the development of the National Delivery Plan for Specialist Children's Services in Scotland.. The first event had taken place the previous day in Edinburgh. More events were planned for Tuesday 12 December in Aberdeen; Wednesday 10 January in Inverness; Thursday 11 January in Glasgow; and Monday 15 January in Dundee. A newsletter had been issued to the service at the beginning of October and had been circulated with the agenda.

9. Robert went on to say 15 events would take place: 10 had already been timetabled (a morning and evening event on each of the above dates) and 5 more "mop up" events would be arranged. He acknowledged the islands had to be better involved, perhaps through tele-conferencing, and that special sessions with families and young people should be organised.

10. The initial event in Edinburgh had been interesting, although the number who had attended was lower than expected. However, families involved with cancer care had given a

rich description of their experiences and what issues they'd like addressed and the need to provide age appropriate care had been highlighted. Another Edinburgh event would be organised for late January/early February targeted at professionals

11. Two websites had been establsihed: one through Rocket Science for the engagement events and one for the work of the National Steering Group. An online survey would become live in January on the Rocket Science website. He asked the Group for their views on how to encourage a wide representative sample of attendees and if there were any additional issues these events should cover. A report on the events would be submitted to the Group in March and the outcomes would feed into the individual workstreams.

12. During discussion the following points were raised:

- Concerns about notification of events and who was expected to attend
- Several notices about the meetings had been issued but they weren't clear who should attend, why, how long they would last etc
- The term specialist children's services means different things to different people
- NHS Boards should be given feedback on the events in their area
- The organisers would work better with NHS Lothian to ensure the mop up event didn't clash with other things
- The chosen locations weren't readily accessible to all NHS Board areas
- These events are the listening stage to gather views and take the points on board in planning services.

13. Malcolm summed up by saying that the engagement process should be seen as the initial phase of the exercise and that Boards should be involved in planning the events. Feedback should be given to local Boards and to the National Group.

Action: Members to encourage participation at local events to still to take place in December and January.

The issues raised by Steering Group members to be discussed with Rocket Science.

ITEM 4: METABOLIC SERVICES

14. Jackie Sansbury tabled an update paper. She explained that SEAT had agreed to support the service on an interim basis while awaiting long-term recommendations from the National Steering Group. SEAT had not stipulated how long it would support the service.

15. During discussion, the following points were raised:

- The service at RHSCE would be supported by consultants in Yorkhill in the interim
- The North of Scotland was supportive of a national service
- Lothian and Tayside consultants also treated adults
- The Group which had produced the report on Metabolic Services should perhaps be re-convened as their suggested way forward had not proved possible
- An MCN proposal, which required no funding, had been submitted to the Scottish Executive but was this the right solution?
- Metabolic services could be a shared network service but that wouldn't be cost neutral or it could be a national service with dedicated time and models of care
- A short-term solution is in place but work must be done to find a long-term sustainable solution.

16. Malcolm summed up by thanking NHS Lothian and SEAT for reaching an interim solution.

Action: Core Group to consider if the Metabolic Services Steering Group should be re-established to consider future models of care for metabolic services.

ITEM 8: CANCER SERVICES

17. An update paper was circulated prior to the meeting. Andrea Cail reported that the data collection was almost complete. Different models of care were in place in different places, the challenge would be to produce a model of care if cancer became a national service. A meeting with paediatricians in DGHs and specialist hospitals would take place in January to discuss the shared care model with the full option appraisal due to be completed by the end of January and conclusions would be considered during February. Andrea hoped to be able to go out to consultation in May/June 2007.

18. Andrea went on to say she was to meet with the 3 Regional Planning Groups and was thinking about how best to engage with families to collect samples of good and bad experiences.

19. During discussion it was pointed out that:

- Decisions on each speciality should take account of possible impact on other services
- The next meeting of the Steering Group would discuss the potential recommendations and the implications to get an idea of what the future service might look

Action: next meeting to be workshop format to do mapping exercise of what services should be delivered in each of the 4 centres.

ITEM 6: AGE APPROPRIATE CARE

20. An update paper had been circulated. The Sub-Group would produce an interim report in March and a final report in August 2007. This work potentially had major implications for the organisation and delivery of services including resources, buildings, workforce, etc.

21. Morgan Jamieson reported that some DGHs had already begun work to implement the recommendation that the age for admission to children's hospitals should rise to the 16th birthday. No date had been given for this change, there were various timelines – the planning for the new hospitals; the recommendations in the Emergency Care Framework, the Mental Health Framework etc. The National Steering Group should give a recommendation on the timeline.

ITEM 7: GENERAL SURGERY

22. George Youngson reported that the General Surgery Sub-Group had now met twice. He acknowledged there weren't enough adult surgeons on the Group although they had been invited to join. The Sub-Group could not visit all 26 hospitals but planned to visit Stirling, Inverness, Wishaw, Ninewells and Crosshouse hospitals to get the opinions of staff etc there. It was developing a template to issue to all hospitals and this would shortly be circulated to all NHS Boards to gain a full picture of general surgery provision in Scotland.. The Sub-Group would have to be selective in its information-gathering, it had to be clear what it wanted to get out of it. It would look at facilities, patient journey, tiered approach to age,

where would each hospital like to be. The problems the service faced included a vanishing workforce with retiring surgeons being replaced by surgeons with very different experiences and training. Services would have to be re-provided in a different way to ensure sustainability.

23. The Sub-Group had looked to Norway, Sweden, Canada, New Zealand and Australia for examples of good practice but they are also experiencing problems and have no solutions yet. England faces the same problems but on a different scale.

24. The Sub-Group would look at alternative configuration of services, e.g. shared appointments between Dundee/Edinburgh and Aberdeen/Inverness. The timescale of any emerging proposals had to be considered, i.e. a 5-year fix would look very different from a 10-year fix. Modernising Medical Careers (MMC) and the Kennedy report (which stated children should not be operated on by an adult general surgeon) had to be taken into account. Training should better match service requirements, disease patterns are changing. The Sub-Group hoped to report within the next 6 months.

25. The following points arose during discussion:

- The relationship between sick children's hospitals and District General Hospitals (DGHs) was important
- How to improve patient journeys had to be considered: appropriate local services must be in place. For every one operation, at least 4 assessments resulting in no operation will have taken place
- Board Chairs should get together urgently to discuss a paediatric training programme – Board Chairs will be invited to the hospital visits
- The Sub-Group will be careful not to make recommendations that would de-stabilise other services eg anaesthetists
- The role of sick children's hospitals was crucial as most surgery takes place outwith these hospitals
- The different Sub-Groups of the National Steering Group should avoid sending out too many templates.

26. Malcolm summed up by thanking George Youngson and his Team for their work to date.

ITEM 8: PAEDIATRIC INTENSIVE CARE

27. Deirdre Evans referred to the paper that had been circulated. She informed the Group that a sub-group had been set up to scrutinise the projected assessed need for 27 beds as this figure had been challenged as had the resource projections.

ITEM 9: MODELS OF CARE

28. Stewart Forsyth reported that the regional planning groups had been asked to look at the paper which had been submitted to the previous meeting and to come back with suggestions and recommendations.

Action: Re-circulate the Models of Care paper for comment to members to get views from NHS Boards Regional Planning Groups and professional organisations.

ITEM 10: LINKS WITH OTHER *DELIVERING FOR HEALTH* WORKSTREAMS

10.1 NEUROSCIENCES

29. Malcolm informed the meeting that Stewart Forsyth had agreed to represent him on the Neurosciences Group. Stewart reported that he had unfortunately been unable to attend the first meeting. The Group had set a workplan – Malcolm would be the link between the Neurociences Group and the National Steering Group. The Neurosciences Group would look at children and young people co-locating with adult services, standards, protocols, models of care at different levels and in different settings, and the development of an MCN.

30. Paediatric neurosurgery was different from adult surgery – the needs of children had to be considered. Children and young people were often admitted as an emergency – there had to be close networking of neurology care – there is a paediatric neurologist on the Group. The Neurosciences Group intends to produce recommendations during 2007.

31. During discussion, concern was expressed that:

- Progress on *Delivering for Health* recommendations was not being reported to NHS Boards. The Implementation Board only gave partial information
- That paediatric issues were not being raised and considered properly – should a paediatric sub-group be established?
- Assurance should be sought that a neuroscience model of care and specific standards would be developed for children
- The work of the Neurosciences Group would affect the planning of the new children's hospitals.

Action: Malcolm Wright to write to John Glennie to clarify timescales, to draw out the distinctions between children and adults and to emphasise that it would be crucial to take into account the planning of the new children's hospitals. Invite John or a member of his Team to speak to the National Steering Group.

10.2 REMOTE AND RURAL

32. Annie Ingram reported the Sub-Group had met once. It had produced a Project Initiation Document and would produce a report which would be circulated. The issue about primary care paediatrics had been raised. There was debate as to whether Dumfries & Galloway and the Borders should be included in remote and rural considerations, eg is Stranraer hospital a Rural General Hospital or a District General Hospital? The Group was due to meet again on Friday 8 December.

ITEM 11: INFORMATION SUB-GROUP

33. Malcolm reminded the meeting that Anne Leigh-Brown had provided a helpful update paper. Anne reported that she thought the system for making information requests seemed to be working well but urged members to submit requests as early as possible. The meeting thought it was crucial to have recommendations underpinned by evidence/data.

Action: All Working Group Chairs to consider information requirements for their workstreams and submit request to ISD as soon as possible.

ITEM 12: WORKFORCE

34. Malcolm reminded the meeting that Annie Ingram was leading this piece of work and that all sub-group leads had been asked to make sure their remit included addressing workforce issues and that they should keep Annie informed of any proposed developments.

35. Annie reported that the Sub-Group had met once. Work needed to be done on data collection – Jim Beattie was helping with this. Annie would report to the next National Steering Group meeting.

36. During discussion it was pointed out:

- The sub-group was helping the Scottish Executive Health Department's Workforce Unit because it was looking at service structure and workforce together
- The Workforce Unit has money to support consultant posts but Boards would then have to identify their long-term funding
- There would be no new SPR appointments from January until August
- The NES paediatric sub-group was supporting this work by looking at training: Fiona Drimmie was a key point of contact
- The Sub-Group were trying to get a list of those staff with a "special interest" from the Royal College.

ITEM 13: PROJECT PLAN SUMMARY

37. The meeting was invited to note the project plan summary.

ITEM 14: MINUTES OF PREVIOUS MEETING: 23 AUGUST 2006

38. The minutes of the previous meeting were agreed subject to one amendment:

Page 6, paragragh 36: "6 rural DGHs" should read "6 Remote General Hospitals".

ITEM 15: MATTERS ARISING

Action: Morgan Jamieson to re-circulate the Planning and Commissioning paper. Members to send comments on the membership of each Group to Ken Mitchell. A list of the members of each Sub-Group should be compiled.

ITEM 16: DATE OF NEXT MEETING

39. Malcolm thanked everyone for attending and for such a fruitful discussion. The next meeting would take place on Wednesday 7 March at 10.30am, the venue (Glasgow) would be confirmed. Meetings thereafter would take place on Wednesday 6 June (Dundee) and Wednesday 5 September (Inverness).