

NATIONAL STEERING GROUP FOR SPECIALIST CHILDREN'S SERVICES IN SCOTLAND
MINUTES OF MEETING: FRIDAY 7 DECEMBER AT 2PM
CONFERENCE ROOM 2, VICTORIA QUAY, LEITH, EDINBURGH

Present:

Malcolm Wright, Chair, Chief Executive, NHS Education Scotland
Marilyn Barratt representing Joanne Gillies, Workforce Unit, Scottish Executive Health Department
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
Lorraine Currie, Chair Child Health Commissioners' Group
Zoë Dunhill, Patients' Services Director and Community Paediatrician, Royal Hospital for Sick Children, Edinburgh
Deirdre Evans, Director, National Services Division
Stewart Forsyth, Medical Director, NHS Tayside
Jamie Houston, Consultant, Oban and Lorne Hospital
Morgan Jamieson, National Clinical Lead for Children and Young People's Health in Scotland
Jan MacLean representing Myra Duncan, Regional Planning Director, South East and Tayside Regional Planning Group
Isabel McCallum, Clinical/Project Director – Reprovision of Royal Hospital for Sick Children, Edinburgh
Alastair Philp, Programme Principal, Women & Children's Health Information Programme, Information Services Division
Jackie Sansbury, Director of Strategic Planning, NHS Lothian
Iain Wallace, Associate Medical Director, NHS Greater Glasgow and Clyde, Women's and Children's Directorate
Anne Wilson, Action for Sick Children Scotland
George Youngson, Consultant Paediatric Surgeon, NHS Grampian

In Attendance

Andrea Cail, Senior Project Manager, Children and Young People's Specialist Services Team
John Froggatt, Deputy Director, Child and Maternal Health Division, Scottish Government
Mary Sloan, Child and Maternal Health Division, Scottish Government
Louise Smith, Senior Medical Officer, Scottish Government
Robert Stevenson, Head of Children and Young People's Specialist Services Team, Scottish Government

Apologies

Sharon Adamson, West of Scotland Regional Planning Group
Colin Cook, Deputy Director, Healthcare Planning and Support, Scottish Government
Professor Sir Alan Craft, Past-President of the Royal College of Paediatrics and Child Health
Fiona Drimmie, Associate Postgraduate Dean, NHS Education for Scotland
Ellen Finlayson, CLIC Sargent
Rory Farrelly, Nursing Officer, Women and Children, Scottish Executive Health and Wellbeing Directorate
Heather Knox, West Regional Planning Manager, West of Scotland Regional Planning Group

Dr Margaret McGuire, Nursing Officer, Scottish Executive Health and Wellbeing
Ken Mitchell, Senior Project Manager, Children and Young People's Specialist
Services Team

Annie Ingram, North of Scotland Regional Planning Group

Adrian Margerison, Scottish Officer, Royal College of Paediatrics and Child Health

ITEM 1. WELCOME

1. Malcolm Wright welcomed everyone to the meeting, particularly Alastair Philp from ISD, who had replaced Anne Leigh-Brown. Malcolm went on to say the meeting would begin with feedback from the Open Meeting which had taken place at the Inchyra Grange Hotel on 26 November followed by discussion on the structure of the National Delivery Plan and the main recommendations to be included in the consultation document.

2. Malcolm pointed out the Group needed to agree timelines for inclusion in the Delivery Plan - what should be achieved in the first year 2008/2009 and what the priorities for the following 2 years should be. He suggested the substantial financial settlement for specialist children's services in the Spending Review provided an excellent opportunity to ensure the provision of sustainable services in the future but there was a need to ensure the money was spent appropriately.

3. Robert and his team would take any comments made at the meeting into account when drafting the National Delivery Plan, a draft would be circulated to the Group before being submitted to the Cabinet Secretary. The neurosciences review would have to be taken into account too and decisions taken on how to prioritise parallel work.

ITEM 2. FEEDBACK ON KEY ISSUES FROM THE OPEN MEETING

4. Robert Stevenson reported clear messages had been expressed at Inchyra Grange on 26 November:

- Managed Clinical Networks (MCNs) should be established
- Clear actions to ensure implementation of the National Delivery Plan would be needed
- The existing planning arrangements did not meet the needs of children: capacity at national and regional level should be increased: more effective national and regional planning was needed
- Education and training, developing new roles and creating additional capacity were the issues to be addressed around workforce
- Performance management arrangements should be enhanced and more specific indicators should be developed. Doubts were raised that the joint children's inspections would not adequately monitor specialist children's services.

The conference report would be circulated when available.

5. Andrea Cail went on to report she had looked through the recommendations in the Executive Summaries from each of the sub-groups to determine the common themes. From 86 recommendations contained in 10 of the reports, 38 recommended the establishment of Networks. Three specialties wanted a national service established; 4 wanted a further needs assessment carried out; 8 wanted further reviews; 2 mentioned age appropriate facilities and one recommended a laboratory review. The clear message from all the reports was that

Networks were the way forward, as recommended in *Delivering a Healthy Future An Action Framework for Children and Young People's Health in Scotland*.

ITEM 3 PRIORITY SERVICE AREAS

6. Robert went on to say traditional models and the redesign of services had been discussed. MCNs were seen as being the key driver for change, and also perhaps the establishment of Managed Service Networks. There should be a significant shift in how services were provided. He went on to say there were no surprises in the suggested priority services areas, i.e.

- Paediatric Intensive Care – already implemented
- Children's cancer
- Metabolic (interim steps are in place)
- Respiratory – Cystic Fibrosis and Home Ventilation
- Gastroenterology
- General Surgery

Robert questioned whether rheumatology should be added to that list and whether the list was correct.

ITEM 4 DEVELOPING CAPACITY

7. Robert went on to say that clear recommendations had come from the groups about developing capacity, i.e. better planning and commissioning, addressing workforce issues and establishing Networks. There was a clear steer on how paediatric intensive care, cystic fibrosis, children's cancer and endocrinology should be planned and commissioned.

8. The recommendations suggested the following services should be planned and commissioned at a regional level:

- Emergency care
- Gastroenterology
- Respiratory
- General surgery
- Rheumatology
- Dermatology.

9. Robert suggested the Development Plan should include 2 high level recommendations on planning and commissioning:

- Where existing expertise is in place at national and regional level this should be enhanced and capacity created to take forward the proposals in this National Delivery Plan.
- A clear prioritisation process should be adopted for service development based on the outcomes of the specialist children's services review.

10. During discussion the following points were raised:

- Was it possible to pull out recommendations from the reports, some of which were incomplete?

- The reports were clinically led, they were not business case level: they should be developed through formal planning processes at Board and Regional Planning Group level
- How had the specialties been prioritised – criteria (which should include deliverability) should be established to demonstrate how they had been prioritised. The Steering Group had to exercise judgement.
- Some services were about to “fall over” (e.g. rheumatology) – their problems had to be addressed first
- Why had child and adolescent mental health not been included (this was being dealt with elsewhere in the Scottish Government – this should be made clear in the Delivery Plan) or acute services
- Recognition that further work was needed to develop robust recommendations
- Work would continue during the consultation period – frustrations had been expressed about the lack of implementation and delivery of recommendations contained in previous review reports
- A pragmatic approach to short term solutions should be adopted while working out the long term solutions: the solutions could be permanent for some specialties
- The Steering Group could accept the problems set out in the Delivery Plan without necessarily accepting the solutions.
- *Delivering a Healthy Future an Action Framework* had recommended MCNs should be established by the end of 2009 – this had already undergone a consultation process
- Which services required an MCN and which required an Managed Service Network (which would require bigger investment) had to be determined
- Which forum has the strength, role and responsibility for developing children’s specialist services – the Children and Young People’s Health Support Group, Regional Planning Groups? A formal structure had to be developed
- Regional planning groups should be the deliverers
- Would NHS Boards still be planning and commissioning, and deploying funds – this work was being done by Derek Feeley, funding should support planning and commissioning structures and be deployed where it was required
- The £32m would not be given out without rigour – the Delivery Plan should make it clear where the money should be spent. There was no guarantee that this money would be recurring – evidence of positive changes i.e. additionality would be needed. If positive outputs/outcomes were demonstrated, it could reasonably be expected it would recur – a strong case would and could be made
- The opportunity should not be lost to make changes – the Steering Group was commissioned to undertake the reviews before increased funding was announced
- The establishment of MCNs was an obvious place for funding
- The draft National Delivery Plan would be submitted to the Cabinet Secretary for Health and Wellbeing by the end of the year and would be issued for 3 months’ consultation in January 2008.

11. Robert continued by saying there were no surprises in the priorities which had emerged for workforce issues ie the development of new roles to increase capacity, and the importance of training and education. The workstreams had identified the need to establish:

- 25 AHP posts
- 20 nursing posts
- 15 consultant posts.

12. It was thought to be crucial to develop an implementation plan to address workforce requirements for national and regional networks – this would be challenging for NHS Education for Scotland.

13. During discussion it was pointed out:

- redesign was very important – the availability of AHPs could be a problem. Some services needed specialist medical staff, recruitment was a problem Adaptability was important – were very specialist roles needed – consider services wider than just specialist services
- Need generic capacity to support specialist staff
- joint training should be offered, eg for middle grade medical staff and nurses
- the review of community nursing and the proposal to reform that service was causing anxiety: local semi-specialists were needed before children could be allowed home
- Pressure points would arise in 2009 and 2011 due to the Working Time Directive etc

ITEM 5 PRIORITIES FOR NETWORK DEVELOPMENT

14. Morgan Jamieson reported that Networks were seen as a good idea to support good and consistent practice and to address the issue of sustainability of highly specialised services. They encouraged multi-disciplinary team working with experienced staff supporting others. Performance management should be developed to focus on relevant outcomes.

15. Morgan went on to say Managed Clinical Networks were first introduced in 1998, there were national and regional approval processes in place but that there was no overview – there had been a progressive “unstructured” introduction of MCNs in specialist children’s services. A strategic approach was required – a strategy had been published in July 2007. There was strong support for the further use of MCNs and for them to be more joined-up. There was however a potential gap between MCNs and nationally designated services.

16. Morgan suggested the key issues were oversight arrangements, support structures and the concept of Managed Service Networks. The strategy suggested a national forum was needed, eg National Services Division (NSD) or the Children and Young People’s Health Support Group (CYPHSG), to determine the services for which it would be appropriate to set up an MCN; to prioritise; to determine whether the MCN should be local, regional or national; and to take a whole system approach. A prioritised programme should be developed within 2 years and regional planning groups should develop programmes to progress regional MCNs based on existing proposals and those emerging from the National Delivery Plan.

17. Regarding support structures, Morgan reminded the meeting that a Network office had been set up in Yorkhill 3 or 4 years ago which provided a business approach – a hub to free local clinicians, provide a common approach and support for generic skills. Telemedicine already supported Networks – it had £200k of investment for 3 years.

18. Morgan suggested there was a gap between MCNs and nationally designated services. This could perhaps be filled by Managed Service Networks but as yet there was no guidance on what these should “look like”, how they should be approved, resourced or what the governance arrangements should be. The National Delivery Plan should include a recommendation that further work should be done.

19. During discussion it was suggested:
- The further work on Managed Service Networks should be undertaken by a Scottish Government-led Group and Government policy produced - however a Service Network should be owned by NHS Boards because they are the deliverers
 - The CYPHSG and the Steering Group were set up by Scottish Ministers, not by NHS Boards – if further work was required, who would do it
 - Long term strategic planning, based in the NHS was needed
 - MCN offices should be set up quickly in Yorkhill (already in place), Lothian, Dundee, Inverness and Aberdeen to support clinicians
 - The general surgery report did not recommend an MCN – there should be a separate general surgery section in the National Delivery Plan.
 - Age Appropriate Care was a cross-cutting issue and should also have a separate section, to include a recommendation that a scoping exercise be done to determine the extent to which adult services, eg muscular dystrophy and cystic fibrosis, fail to address the needs of young people with chronic or complex conditions
 - A key recommendation for Telemedicine would be the expansion of a properly resourced service in line with a 4 tier model proposal
 - The cancer review was awaiting the outcome of the neurosciences review. The neurosciences review was due to report to the Cabinet Secretary later in December – the 2 process should be brought together
 - The recommendations for cancer would be the same as those contained in the Executive Summary which was available on the specialist children’s services website
 - The recommendations in the National Delivery Plan should all be “deliverable”
 - Training was UK-wide issue and not just one for specialist children’s services in Scotland
 - With the announcement of the new funding, the Steering Group had a huge opportunity to make a difference.

ITEM 6 PERFORMANCE MANAGEMENT

20. John Froggatt reported that the HEAT indicators were being reviewed to produce robust new outcome indicators which would be included in the National Delivery Plan. NHS Boards would be asked to provide annual progress reports. *Delivering a Healthy Future an Action Framework* contained timescales for establishing MCNs – the Scottish Government would expect rapid progress in the next financial year. MCNs should produce workforce plans by the end of 2008 – resources were available if required.

21. During discussion, the following points were raised:
- The National Delivery Plan should be clear on which MCNs should be established on a national basis and which ones on a regional basis
 - Early workforce plans were needed, eg it takes 4 years to train an advanced nurse practitioner. Existing workforce plans needed to be refined and strengthened.
 - Performance Management was very useful but what would the services be measured against, other European countries? Good enough is not good enough, the bar must be set high
 - Early indicators would be needed to get the momentum going and to ensure NHS Boards invest to provide the best possible care. NHS Quality Improvement Scotland (QIS) should be involved

- Some outcomes could relate to rapid diagnostics: clinical outcome indicators are achievable: health inequalities outcome measures were also needed (work on health inequalities is being done by a Ministerial Task Force – separate funding has been identified) but should be included for specialist children’s services
- The proposed joint CYPHSG/QIS visits should not take place until 2009 to facilitate monitoring progress on implementing the National Delivery Plan.

ITEM 7 NEXT STEPS

22. Malcolm Wright reported that Robert Stevenson and his team would draft the National Delivery Plan for Specialist Children’s Services taking into account the comments from the Steering Group and from the event at Inchyra on 26 November. The draft would be circulated and comments would be required by 21 December. It was proposed to hold an extra meeting of the Steering Group on 7 January, after which the Delivery Plan would be submitted to the Cabinet Secretary for approval to issue for public consultation.

Action: email presentation to Steering Group: members to submit comments as soon as possible.

23. Additional points raised included:

- The Delivery Plan must ensure sustainable services are developed in the 4 children’s hospitals
- Cumulative impact of change will be difficult to determine
- The Delivery Plan should include a list of services to be delivered nationally, inter-regionally, regionally and locally, and what funding was associated with each service
- Still concern about a too tight deadline and having to prioritise against incomplete, and uncosted, information
- Based on discussions, the establishment of MCNs should be achievable in the first year.
- There would be cost implications – probably around £5 to 6 m for additional workforce – priorities would have to be determined – this could be done during the consultation period
- The report will not spell out how the first year’s £2m extra funding should be allocated
- Planning and commissioning arrangements still had to be worked out
- Proper processes should be put in place for continuous prioritisation: systems won’t deal with urgent problems – the most vulnerable services must be dealt with within the next 12 months.

Action: members to send comments to Robert Stevenson on how best to ensure the recommendations are “deliverable”; what the priorities should be and how best to prioritise.

24. Malcolm Wright summed up by saying he had been encouraged by the mature dialogue, which had been difficult at times. The Steering Group should not hold back from raising legitimate concerns and anxieties. The Group should bear in mind that “good enough is not good enough”. It would be important for the Group to feel confident about the recommendations contained in the Delivery Plan. The draft would be circulated within the next 10 days.

25. Malcolm thanked everyone for attending the meeting and reminded them that an extra meeting would take place on Monday 7 January at 12 noon in Victoria Quay, Leith, Edinburgh.