

South East and Tayside Regional Planning Group



National Delivery Plan for Children and Young People's Specialist Services in Scotland.

SEAT Year 1 Progress Report

Aim

The aim of the report is to provide a brief summary of progress, as at the end of May 2009, with regards to the Year 1 funding from the National Delivery Plan for Specialist Children Services, allocated to SEAT in August 2008.

Background

The SEAT Interim Implementation Plan was submitted in July 2008 and, as requested by the Deputy Director of Child and Maternal Health Division at the Scottish Government, was developed to address the immediate service pressures within the region. The specialities identified include General Surgery, Gastroenterology, Children and Young People's Cancer, Managed Clinical Network for Child Sexual Abuse, Rheumatology and Cystic Fibrosis.

As requested the Progress Report is formatted to address the criteria stipulated by SGHD: Benefit to Patients, National Policy Context, Sustainability and Value for Money.

1. Infrastructure

Benefit to Patients

A Project Manager has been appointed during Year 1 to enhance SEAT's capability to plan investments on a regional basis with specific relation to the National Delivery Plan for Specialist Children's Services. The post has allowed SEAT to adopt a robust and informed project management approach towards the development of SEAT Year 3 Implementation Plan in order to ensure that funding is targeted appropriately and effectively where most needed.

2. General Surgery

Benefits to Patients

The appointment of a Consultant Paediatric Surgeon based in Royal Hospital for Sick Children in Edinburgh (RHSCE), but providing an outreach service to DGH's, allows elective paediatric day surgery to be repatriated to local District General Hospitals in the region negating the need for children and their families to travel to the Royal Hospital for Sick Children in Edinburgh (a locum started in Sept 08 and the substantive consultant starts in Sept 09). The specialist experience of the surgeon provides opportunities for more complex procedures to be carried out locally. The model also provides out-patient consultations including preoperative assessment and postoperative locally. Out-patient consultations commenced in NHS Fife early in 2009 with surgery due to commence in Fife, Borders and West Lothian from June

2009. To date over 350 children have been seen locally in NHS Fife, diverting the activity from RHSCE and providing a local service for the children and their families.

A 0.2 nurse post in Fife has been in place to support repatriated surgery from June 09.

Care standards have been developed and are in place.

National Policy Context

This appointment supports the NDP commitment to invest in additional consultant posts, working at a regional level, to support local general surgical services for children.

Sustainability

This network model of care provides a mechanism through which District General Hospital anaesthetists, theatre and ward teams have opportunities to maintain their skills in paediatrics and support sustainability of paediatric ENT, dental, orthopaedic and ophthalmological surgery out with the tertiary centre.

Value for Money

The investment paediatric surgery in SEAT supports the local delivery of day surgery and out-patient consultations, reducing travel for children and their families and diverting unnecessary activity from the RHSCE. The service also contributes to local peer support and review, encouraging audit and the uptake of local training opportunities for DGH surgeons.

3. Gastroenterology

The appointments to the Nurse Specialist, Dietician and Pharmacist posts are still currently in progress. A job description for the nurse specialist has been developed in support of the two existing nurse specialists currently in post; however Agenda for Change banding issues have significantly delayed recruitment to this post. A job description for the Dietician is being consulted on within Lothian. A job description for the Pharmacist post has been developed and submitted to the Agenda for Change banding process. This has significantly delayed recruitment to post.

The appointment of a Consultant Gastroenterologist during Year 2 of the NDP (anticipated appointment date Sept/Oct 09) will complete the team and allow the region to effectively manage the increase in the number of referrals of children with chronic and complex care needs, improve multi-disciplinary working and expand the local management of patients out with the tertiary centre through the establishment of a network. Post holders will contribute to the delivery of training and education to colleagues across the region, ensuring that there is a uniform high standard of care underpinned by shared protocols and pathways

4. MCN for Child Sexual Abuse

Benefits to Patients

A Clinical Lead has recently taken up post, with the post of Network Manager currently being recruited to along with a Network Administrator. These individuals will lead the development of the Network establishing a quality framework and standards, ensuring that there is an equitable, high quality service across the region

with suitably qualified and experienced clinicians available to provide this highly specialist service.

National Policy Context

The Strategy for Managed Clinical Networks in Specialist Children's Services recognises the need for the establishment of an MCN for a number of specialities including Child Protection issues.

Sustainability

A key objective for the Lead Clinician and network is to provide greater scope to develop sustainable rotas with a pool of staff that have the requisite skills and experience.

5. Children's Cancer

Benefits to Patients

The appointment of a Consultant Paediatric Oncologist has been made to RHSCE with a remit to develop a sub-specialty interest in the management of central nervous system tumours. Additionally, the post holder will dedicate time to palliative care to ensure development and improvement of service provision in this area.

National Policy Context

This appointment supports the NDP commitment to resource children and young people's cancer services in Glasgow and Edinburgh to provide the full range of specialist cancer care in Level 4 Principal Treatment Centres and to effectively support local shared care services in other centres.

Sustainability

The Consultant appointment at RHSCE is the commencement of investment to achieve compliance with the NICE Guidance which recommends a minimum number of consultants for a Principal Treatment Centre.

Value for Money

The added investment to the consultant cohort for children and young people's cancer services in RHSCE supports the development of a national strategy which will see children and young people from the East of Scotland treated and managed through a multi-disciplinary team approach enhanced by a network of IT support, including video-conferencing and image transfers. This approach provides the expert collaboration and support to other centres required to ensure equitable access to high quality clinical management and care.

6. Rheumatology

Benefits to Patients

Appointments have been made to the following posts: Consultant Paediatric Rheumatologist (Shared with Greater Glasgow & Clyde with a SEAT share of 0.6 WTE); Specialist Nurse and Specialist Physiotherapist. The increased resource offers a wider range of multi-disciplinary expertise, enhanced quality of care and the provision of Outreach Clinics to District General Hospitals in the South East Region.

Outreach clinics allow patients to be seen by specialist staff locally instead of travelling to the RHSCE.

National Policy Context

These appointments support the NDP commitment to invest in additional resources to support Paediatric Rheumatology. Although based in the central belt this post will support a network of service delivery across the whole of Scotland. The service model also supports the provision of specialist paediatric Rheumatology services closer to patients' home in Fife, Borders and West Lothian enabling easier access to specialist care.

Sustainability

The additional consultant post in the South and East provides a more robust and sustainable service which is not reliant on one individual. The development of the Specialist Nurse role, for example in performing joint injections, has enabled medical staff time to be freed for more complex cases. These regional roles contribute to the education and training of other staff across the region, promoting a model of care which sees care provided as locally as possible where appropriate.

Value for Money

As described above, the development of a multi-disciplinary team approach has led to maximisation of appropriate skill sets.

7. Cystic Fibrosis

The appointments to the Specialty Doctor, Pharmacist and Dietician posts are still currently in progress: Specialty Doctor post being readvertised in June; Pharmacist post is awaiting AfC banding. Job description for Dietitian post is being consulted on. The difficulty in recruitment to the Speciality Doctor post may lead to a review of the model of care for Cystic Fibrosis to include additional AHP and Nursing input as an alternative.

8. Additional Comments

It should also be acknowledged that £100,000 of the SEAT allocation was transferred to the Scottish Centre for Telehealth as requested at the NDPIG meeting on 17 December 2008.

Budget**Total Y1 allocation: £425,135**

	Specialty	NDP Y1 Funding	Spend
1	Infrastructure	£51,899	£22,480
2	General Surgery	£107,264	£60,000
3	Gastro	£55,000	£0
4	MCN for Child Sex Abuse	£22,147	£0
5	Cancer	£60,000	£10,000
6	Rheumatology	£75,000	£52,000
7	Cystic Fibrosis	£53,825	£0
	Total Y1 spend		£144,480
8	Slippage Spend in 2008/09		£33,578
	Apnoea Alarms		
	Laptop		
	Laerdal Baby Face		
	Resus Junior		
	Adam Rouilly Anatomical Models		
	4 x Alaris Pumps		
	1 Medical Trolley		
	1 Bodystat Qadscan 4000		
9	Y1 Slippage Spend in 2009/10		£147,077
	2 x Pulse Oximeters		
	2 x Clinical Psychologist posts		
	MCN for CSA Equipment		
	Training		
10	Transfer to the Scottish Centre for Telemedicine		£100,000
	Total Y1 monies spent	£425,135	£425,135