NHS SCOTLAND

BETTER HEALTH, BETTER CARE update

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

update **one**

healthier scotland
SCOTTISH GOVERNMENT

INTRODUCTION TO THE NDP

WELCOME TO THE FIRST NEWSLETTER FOR THE NATIONAL DELIVERY PLAN FOR CHILDREN AND YOUNG PEOPLE'S SPECIALIST SERVICES IN SCOTLAND (NDP). THE PURPOSE OF THIS BIANNUAL PUBLICATION IS TO PROVIDE AN UPDATE ON PROGRESS TOWARDS THE RECOMMENDATIONS MADE IN THE PLAN, TO KEEP ALL THOSE INVOLVED IN SPECIALIST CHILDREN'S SERVICES UP TO SPEED AND TO INVITE COLLEAGUES TO GET INVOLVED WHERE POSSIBLE.

The commitment of £32 million of additional resource over three years (April 2008 – March 2011) gives Scotland an opportunity to improve the quality and availability of specialist services at local, regional and national levels and to direct funds at those areas most identified as being in need.

An Implementation Group was established in September 2008 to ensure that all recommendations made in the NDP are acted upon and, most importantly, to ensure that the funding is invested appropriately. The Group comprises Directors of Planning from each region, clinicians, voluntary sector representatives and others (full membership list here).

The first phase of this investment is already resulting in the appointment of additional frontline staff to provide care and improvements in service provision throughout Scotland. Click here for more details on what has been achieved in the first year of investment.

Scotland has much to be proud of in its health services but there is continual scope for improvement, as the NDP consultation and preceding service reviews show. While we cannot expect the NDP alone to meet all the identified needs within specialist children's services, we recognise that an investment of £32 million affords a tremendous opportunity to boost existing services and to work collaboratively for the overall benefit of patients and their families.

I hope you find this newsletter informative and encouraging.

Best wishes,

CAROLINE SELKIRK
CHAIR
National Delivery Plan Implementation Group

FAQs

Q. When was the National Delivery Plan published and what time period does it cover?

A. The National Delivery Plan (NDP) was published in January 2009 following a review of specialist services carried out by the Children and Young People's Health Support Group. It covers a three year period from April 2008 – March 2011. Although the NDP was formally launched in January 2009 the Year 1 funding (£2 million) was allocated in 2008 on the basis of immediate priorities agreed by the NDP Implementation Group and confirmed through the consultation exercise for the Delivery Plan.

Q. How much money is available?

A. The Scottish Government has committed £32 million over three years. Of this, £1 million has been dedicated to child and adolescent mental health services in 2009/10 and a further £1 million in 2010/11.

Q. Who receives NDP money?

A. The money is allocated to each of the three regions (North, West and South East & Tayside) plus several national organisations: NHS Education Scotland, NHS National Services Division and the Scottish Centre for Telehealth.

Q. What has the money been spent on so far?

A. The money is being spent in phases, with £2 million in Year 1, £9 million in Year 2 and an estimated £19 million in Year 3 (the remaining £2 million is being invested in child and adolescent mental health services). To date the money has been spent on a mixture of new posts (for example a consultant paediatric surgeon to provide an outreach service to district general hospitals; nurse specialist, dietician and pharmacist posts for gastroenterology), education and training, infrastructure and equipment, nine new telemedicine systems plus four new national managed clinical networks. For a summary of Year 1 spend and progress click here.

Q. What happens after March 2011? Will the funding continue?

A. As with all investment in NHS services the continuation of this funding will depend on the ability to demonstrate that the additional staff and services introduced through the NDP have made a genuine difference to the patients whom they were designed to benefit. If this can be demonstrated, the ongoing funding for the new posts and other initiatives which have been introduced as a result of the NDP will be incorporated into the overall allocation of NHS funding beyond 2011.

Q. How will you know if the money has made a difference?

A. All those in receipt of money are being asked to provide regular updates detailing the use of funding and the ways in which services have benefited. These quarterly progress reports enable the NDP Implementation Group and the Scottish Government to monitor what money has been spent and to what effect. There is also a specific piece of work being done to establish specific clinical outcome and performance indicators for specialist children's services, which will be piloted in 2010.

FAQs
CONTINUED

Q. How are decisions made about how to spend the money?

A. A number of priorities were already set out in the NDP and money was invested into these areas. On top of these, regions identify their own priorities using established planning procedures. For services which require coordination between regions, the Implementation Group has established pan-Scotland working groups to provide an overview of areas of need and priorities for investment.

In order to ensure that funding is used effectively, work has been undertaken with colleagues in Public Health to develop a means of scrutinising proposals to demonstrate how investment will impact on patient care.

Organisations which support specialist children's services through national initiatives relating to education, networks or telemedicine (NES, NSD and the Centre for Telehealth) are funded directly, subject to approval of their proposals.

Q. Can anyone submit a proposal for funding?

A. Clinicians wishing to seek NDP funding for their service should liaise with their Regional Planning Director, who will consider all regional requirements.

Q. My service has not been identified for NDP funding. What will happen to it?

A. The NDP money is intended to boost those services most in need. It is additional to existing funding through NHS Boards. Funding discussions should take place between clinicians, local service managers, NHS Boards and Regional Planning Directors using the normal channels.

Q. What are the priority investment areas for Year 2?

A. Some priorities are being planned collectively by regions (referred to as 'pan-Scotland') while others are regions' own priorities. They are:

Pan-Scotland
Metabolic
Cancer
Rheumatology
Respiratory
Cystic Fibrosis
Endocrinology

National
Support for MCNs
Range of educational initiatives
Staff/equipment for telemedicine

Regional priorities are specific to each region but include
Gastroenterology
Neurology
General Surgery
Psychology
Sexual abuse/child protection
Orthopaedic surgery
Neurology/epilepsy

Q. Who sits on the Implementation Group?

A. The Implementation Group is chaired by Caroline Selkirk, Director of Change and Innovation at NHS Tayside. Membership spans a broad range of stakeholders including clinicians, regional planners, national organisations, the voluntary sector and others. For a full membership list please click here.

HOLDING OUR BREATH

DR JONATHAN McCORMICK, CONSULTANT IN PAEDIATRIC RESPIRATORY MEDICINE, NHS TAYSIDE

YEAR 1 NATIONAL DELIVERY PLAN SPENDING ON CYSTIC FIBROSIS/COMPLEX RESPIRATORY

THE NATIONAL DELIVERY PLAN (NDP) IDENTIFIED CYSTIC FIBROSIS (CF) AS A PRIORITY AREA FOR ACTION WHEN IT WAS RELEASED FOR CONSULTATION IN 2008. REGIONAL SPECIALIST RESPIRATORY SERVICES FOR CHILDREN AND YOUNG PEOPLE ARE CURRENTLY PROVIDED IN THE FOUR SCOTTISH CHILDREN'S HOSPITALS WITH LINKS TO LOCAL DISTRICT GENERAL HOSPITALS. HOWEVER, SIGNIFICANT INEQUALITIES PERSIST IN TERMS OF ACCESS AND QUALITY OF CARE WITH REGARDS TO CF, COMPLEX RESPIRATORY AND LONG-TERM VENTILATION, PARTICULARLY AROUND THE PROVISION OF MEMBERS OF THE MULTI-DISCIPLINARY TEAM. **WHERE HAS THE YEAR 1 NDP INVESTMENT MADE AN IMPACT?**

In Dundee, the first specialist NHS appointment in Paediatric Respiratory Medicine was made in November 2008 at Tayside Children's Hospital within Ninewells, superceding a University Paediatric Respiratory position. This 100% NDP funded appointment has helped the creation of a regional respiratory network between Tayside Children's Hospital, the Royal Aberdeen Children's Hospital and Raigmore Hospital in Inverness. The first Highland specialist CF and respiratory clinics took place in early May with joint working between visiting respiratory consultants and local paediatricians in Inverness. Future clinics are planned to take place four times a year. A regular flexible bronchoscopy list in Aberdeen serves the needs of patients from all three hospitals and the new Tayside appointment brings a third bronchoscopist to the network. New cross-cover arrangements between Aberdeen and Dundee mean that CF teams can access a CF consultant 52 weeks a year. Additionally, Edinburgh and Dundee's CF dietician posts were extended with Year 1 NDP resources. This support is critical as nutrition is tightly linked with better lung function and therefore longer survival in this condition.

It was recognised that Year 1 spending could have been better coordinated to ensure equal regional investment. A pan-Scottish document was produced coordinating the Paediatric Respiratory bid for Year 2 money though further work is necessary in Year 3 to ensure its message is heard. At present, the key issues in Paediatric Respiratory Medicine across Scotland are ending discrepancies in service provision (and not creating new ones) by ensuring that investment is concentrated in the priority areas identified in the NDP, creating shared care clinics within networks and improving local access for children and families, working towards standardising care pathways across Scotland and sustainability planning for our future workforce. Paediatric Respiratory Medicine, like other specialties, is holding its breath to see if the NDP fulfils its ambitions as set out in the consultation document.

DEVELOPING A NEEDS AND EVALUATION BASED APPROACH: the 'logic model'

NORTH OF SCOTLAND PUBLIC HEALTH NETWORK (NoSPHN)

Background

The North of Scotland Public Health Network (NoSPHN) was asked by North of Scotland Planning Group to develop a mechanism to identify the impact additional investment from the NDP resources would have at a regional (North of Scotland) level.

NoSPH progressed this through the development of a logic model, which has been progressed in a number of stages, outlined below –

Stage 1

Using a logic model methodology NoSPHN adapted the NoS criteria designed to support the development of Implementation Plans for 2009/2010. This approach was utilised in finalising the North of Scotland's submission for Year 2 NDP resources. Whilst core information was included within the proposals, it was felt that additional work was required to enhance the indicators and translate these into information which will be usable by service providers, regional planners and the commissioners of the services. This was progressed focusing on the three main regional network developments (Neurology, Gastroenterology and Paediatric Surgery), but did not include the regional elements of the pan-Scotland proposals.

Stage 2

Work was progressed with each of the regional networks to further develop the logic model template.

- **Neurology** – The development of the logic model has been progressed very successfully and a number of outcomes have been identified to evaluate investment against performance. Work on the logic model has also assisted in the development of an implementation plan for the network.

- **Gastroenterology** – The development of the logic model has identified some areas where additional work will be required to support the development of robust outcome measures. These include:
  - Addressing challenges in the collection of robust data to inform the development of outcome measures
  - Clarification over whether a national solution for a database will be available in time
  - Identification of the support requirements to achieve this, e.g. public health.

- **Paediatric surgery** – the network is still in development but the template is being used to help progress the establishment of the service specifications.

One key element in progressing the development of the model has been the support from colleagues in public health, who have worked with clinical colleagues to populate the model. The success of the model is down to their input and the continued development will be dependent on this input.

Stage 3

Stage 3 of the model will focus on designing and preparing to evaluate the impact of the investment. In addition work is being progressed to develop a tool kit, which will assist the development of the Year 3 proposals.

Summary

The development of the logic model is seen as a key element of the North of Scotland's NDP process and its development to date has been key in progressing the NoS NDP proposals.

FOR ADDITIONAL INFORMATION PLEASE CONTACT:
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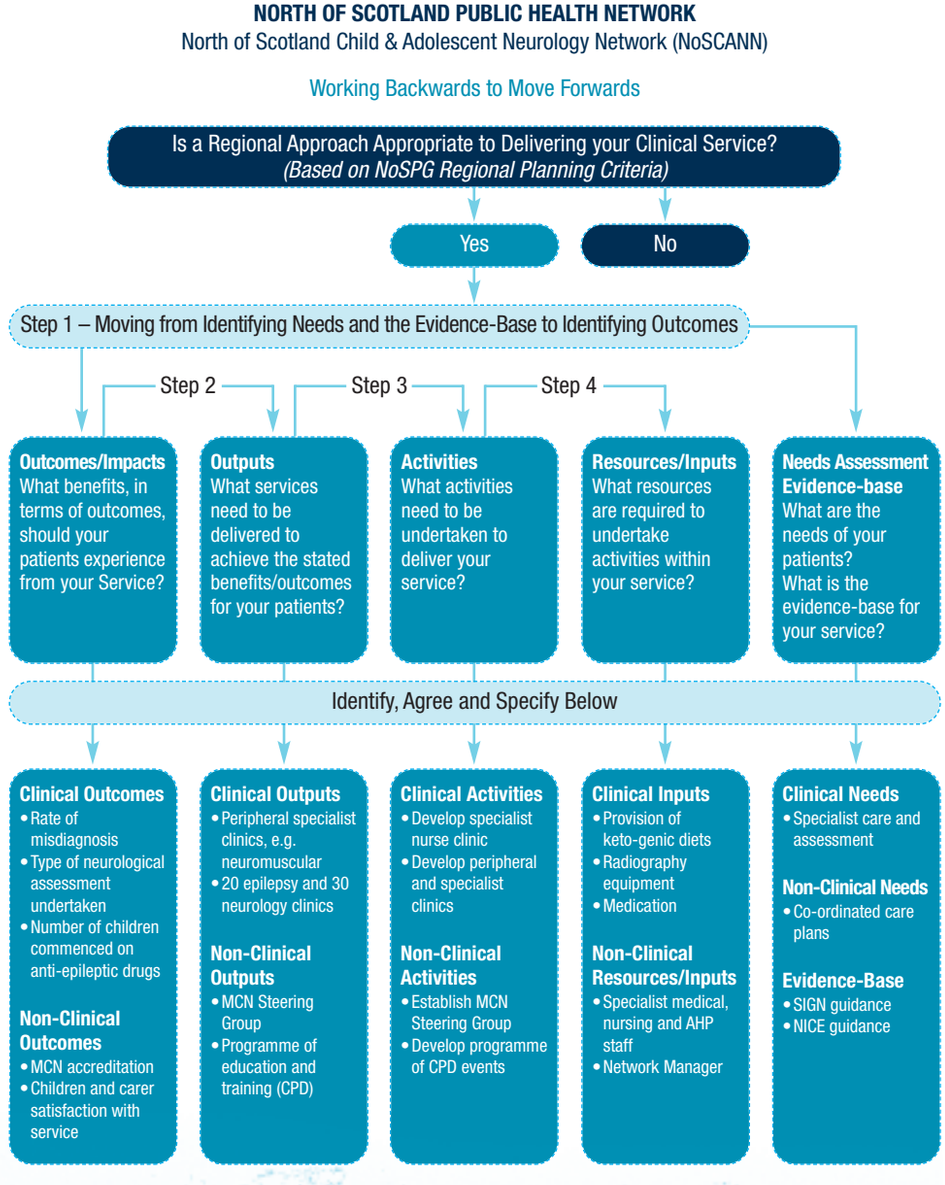

HELPING CHILDREN AND YOUNG PEOPLE

MEET THEIR HEALTH CARE NEEDS, IN PARTNERSHIP WITH PARENTS, CARERS AND PROFESSIONALS

"THE VIEWS OF CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES HAVE BEEN THE FOCUS OF OUR APPROACH… I WILL EXPECT THE IMPLEMENTATION GROUP, NHS BOARDS AND REGIONAL PLANNING GROUPS TO CONTINUE TO INCLUDE THESE IMPORTANT STAKEHOLDERS AS THE NATIONAL DELIVERY PLAN IS TAKEN FORWARD."

NICOLA STURGEON
MSP, Deputy First Minister and Cabinet Secretary for Health and Wellbeing

Action for Sick Children (Scotland) (ASC (S)) has for more than thirty years campaigned for children and young people to receive the highest standard and quality of care when they are ill in hospital, at home or in the community. Whilst our core purpose remains that of influencing and collaborating to secure best health care outcomes for sick children and young people, our activities also reflect the dynamic developments in the planning and delivery of health care in Scotland today. We work in partnership with parents, carers, health care professionals and most importantly with children and young people themselves.

We are delighted to have been invited to become a member of the National Delivery Plan (NDP) Implementation Group not only as Action for Sick Children (Scotland) but as a representative of the voluntary sector, promoting stakeholder engagement.

The NDP has been described by the Cabinet Secretary for Health and Wellbeing as "our best opportunity in a generation to get the best services and the best outcomes for our children and young people".

A fundamental plank of our work and one that is highly respected by policy makers and planners is the European Association for Children in Hospital (EACH) Charter with its ten articles explaining the rights of children, young people and families when using health care services. The EACH Charter is underpinned by the United Nations Convention on the Rights of the Child and the Scottish Government has recommended that it be used by NHS Boards as a standard against which to review their child health services. We would strongly recommend that this is given due consideration when planning the next phase of the NDP. At least four of the articles are highly relevant to the NDP:

- **Article 1** – care as close to home as possible
- **Article 3** – financial support for families when their child is in hospital
- **Article 6** – care appropriate to age and stage
- **Article 8** – staff trained to know how children and young people work

To see all ten articles of the EACH Charter please visit - http://www.ascscotland.org.uk/default.asp?page=66

We invite those involved in the planning process to use our experience and expertise to seek evidence for standards of care and to access the views of families and their children and young people. We will always be able to assist whether it be linking directly to a condition-specific group for a view, canvassing our own membership or arranging focus groups such as a recent NDP consultation group in NHS Forth Valley.

Finally, our website www.ascscotland.org.uk provides more ideas on how to involve stakeholders. The families we support have direct experience of specialist services and are the ones whose views are fundamental to the development of safe, sustainable, equitable and accessible health services across the sector from specialist hospitals to DGHs and the community in the best interests of patients and families.

"THE EACH CHARTER IS UNDERPINNED BY THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD."

TELEMEDICINE AND ITS ROLE IN THE SCOTTISH GENITAL ANOMALY NETWORK

S. F. AHMED, CONSULTANT PAEDIATRIC ENDOCRINOLOGIST, SGAN, GLASGOW

C. DRIVER, CONSULTANT PAEDIATRIC UROLOGIST, CLINICAL LEAD, SGAN, ABERDEEN

The Scottish Genital Anomaly Network (SGAN) is a national multi-disciplinary managed clinical network that provides care to children and adults in whom there are concerns about a congenital disorder of sex development. In most cases, these concerns arise at birth because of a variation in genital development but in some cases, young men and women may present for the first time with concerns about their pubertal and sexual development. SGAN was originally created in 2002 as an informal network and was subsequently formally approved as a national managed network by the National Services Division of NHSScotland in 2006.

The cornerstone of SGAN is effective communication. It achieves this by developing information resources for patients, parents and staff. It links families together when necessary and it publishes regular newsletters. For effective communication between staff across Scotland, SGAN relies heavily on telemedicine support. The network clinics in Glasgow, Edinburgh and Aberdeen are tele-linked so that clinicians in these centres can take part in the discussion and share their specific expertise with others. In addition, for the Glasgow clinic the clinicians at the other centres can also view the consultation via a CCTV link to the clinic room. As travel time is eliminated it enables a much larger group of individuals to participate than would be otherwise possible. The clinic case mix varies between the ‘severe but common’ and the ‘average but rare’ and the use of tele-medicine has enabled education and upskilling of a large body of professionals. In essence, each case now has the benefit of a multi-disciplinary, Scotland-wide opinion, delivered on the patient’s doorstep. The model has attracted interest south of the border in some of the more remote areas of England.

The tele-link is also used for the four-monthly steering group meetings and works effectively but requires good meeting discipline. The fixed bridge time also helps to focus minds and prevent over-run, which optimises efficiency of the meeting. With the clinical lead remote from the network office we have also use the tele-link for interim meetings to minimise travel times.

The other use of telemedicine has been in the acute clinical setting. There is the rare need for an urgent decision to be made around diagnosis, acute management and optimal sex of rearing of the newborn child born in a distant location. On two occasions we have met acutely to discuss a newborn and view the examination and diagnostic imaging. Outwith the obvious advantages to parent and child, the local team is also engaged and supported in a more robust manner than would otherwise be possible.

SGAN currently uses a range of video conferencing systems maintained and supported through National Delivery Plan funding. It is anticipated that improved video conferencing facilities in Aberdeen, Edinburgh and Glasgow along with increased levels of technical support will lead to improved levels of reliability and provide additional capacity to support other networks. New links to district general hospitals will also provide facilities to undertake clinical consultations and outreach.

SGAN has no doubt that telemedicine holds a lot of promise which needs further development and exploration.

"IN ESSENCE, EACH CASE NOW HAS THE BENEFIT OF A MULTI-DISCIPLINARY, SCOTLAND-WIDE OPINION, DELIVERED ON THE PATIENT'S DOORSTEP."

THE MANAGED CLINICAL NETWORK
FOR CHILD SEXUAL ABUSE IN SOUTH EAST AND TAYSIDE

DR HELEN HAMMOND
LEAD CLINICIAN FOR THE SEAT MANAGED CLINICAL NETWORK FOR CHILD SEXUAL ABUSE

"AS A CONSULTANT COMMUNITY PAEDIATRICIAN WITH SPECIALIST INTERESTS IN CHILD PROTECTION, CHILD DEVELOPMENT AND THE NEEDS OF 'LOOKED AFTER' CHILDREN, I AM PLEASED TO HAVE BEEN APPOINTED AS THE LEAD CLINICIAN FOR THE SOUTH EAST AND TAYSIDE (SEAT) MANAGED CLINICAL NETWORK FOR CHILD SEXUAL ABUSE, CURRENTLY BEING ESTABLISHED WITH FUNDING FROM THE NATIONAL DELIVERY PLAN FOR CHILDREN AND YOUNG PEOPLE'S SPECIALIST SERVICES (NDP)."

The quality, accessibility and sustainability of services provided to children who are referred for sexual abuse investigation are fundamental priorities to me in leading this Managed Clinical Network in the first two years.

Child Protection services in Scotland face particular challenges in relation to succession planning with the most specialist/experienced paediatricians approaching retirement and fewer paediatricians specialising in Child Protection. In addition, the impact on medical staffing of Modernising Medical Careers and the European Working Time Directive creates additional challenges particularly in relation to out-of-hours rotas.

Clinical networking is a means of extending the reach of specialist care and advice by supporting local clinicians and services, sharing best practice and offering advice, thereby improving the care given to children. In addition to offering a framework for clinical service delivery, the principles behind MCNs support other key objectives such as multi-disciplinary working, quality assurance, audit and a more effective use of resources. All of these have particular relevance to the field of child sexual abuse, where effective multi-agency working is vital.

The funding from the NDP will allow this MCN to identify and improve patient pathways and protocols from the initial referral to follow-up of the child, facilitate the development of a sustainable on-call rota across the region for the very small number of out-of-hours cases which need to be seen acutely, invest in training and education and explore the potential of new roles. I am confident that the SEAT MCN for Child Sexual Abuse will make a real and sustained difference to the services provided to children and their families across the region.

NDP ONE YEAR ON

THE FIRST YEAR OF FUNDING HAS PASSED AND, DESPITE A FEW TEETHING PROBLEMS PRIMARILY CONNECTED WITH ESTABLISHING THE CORRECT PROCESSES, THE MONEY HAS BEEN ALLOCATED AND (MOSTLY) SPENT. FUNDING WAS PHASED TO REFLECT THE DEVELOPMENT OF PLANNING: £2 MILLION WAS INVESTED IN 2008/9, RISING TO £9 MILLION IN THE CURRENT YEAR AND A PROJECTED £19 MILLION FOR 2010/11.

SO WHAT HAS BEEN ACHIEVED SO FAR?

Investment has gone into **infrastructure**, employing staff to manage the NDP work and draft proposals. Three programme/project managers have been appointed in the regions to ensure that NDP work is planned, coordinated and responsive to local needs. A key success in the North of Scotland has been the development of a 'logic model', used to prove additional benefit of NDP investment and provide consistency across proposals.

Funding for the Scottish Centre for **Telehealth** has bought nine new systems and the upgrading of four existing ones. Click here to read about how telemedicine technology has improved one national MCN.

New appointments have already had a significant impact upon children and young people who require specialist services. A newly appointed **consultant paediatric surgeon** based in the Royal Hospital for Sick Children Edinburgh is providing outreach services to DGHs. Over 350 children have been seen locally in NHS Fife, diverting activity from the RHSCE and ensuring that DGH staff maintain their paediatric skills.

An **outreach surgical service** in Wishaw has reduced inpatient wait from 18 to 3 weeks and outpatient wait from 18 to 9 weeks.

Four new national MCNs have been established, in rheumatology, endocrinology, cystic fibrosis and children with exceptional healthcare needs.

NHS Education Scotland is setting up a Managed Knowledge Network for cancer and rheumatology, to support specialist teams at a regional level. This will be launched in the autumn.

These are just some of the developments which the NDP has funded. For a summary of Year 1 activity plus individual progress reports please click here.

GET INVOLVED

With fifty-five commitments listed in the NDP there is a great deal of work being done and still to come to improve specialist children's services. We are keen to make sure that frontline staff are involved with developments as they progress, wherever possible. Your experience is valuable in shaping service developments.

There are several current pieces of work which you may be able to feed into. If you would like to be involved in any way, voice your opinions or simply find out more about the piece of work, please click on the relevant name below.

- Agree 'the core services, staff and competencies that should be routinely available to support specialist services within a DGH paediatric unit'.
  Contact Jim Beattie
- 'Establish a working group to bring forward proposals for the long-term care of children with complex and life-limiting conditions.'
  Contact Mike Winter
- 'Identify practical and meaningful outcome measures to support the monitoring of progress in specialist children's services.'
  Contact Claire Clark

For any other queries about the NDP please contact Lucy Colquhoun, Project Manager.

YEAR 3 PAN-SCOTLAND PRIORITIES

A number of services have been agreed as priorities for pan-Scotland planning and investment in Year 3 (2010/11). These are:

- **Critical care**
- **Nephrology**
- **Allergy**
- **Primary Immune Deficiency/HIV**

Members of the Implementation Group have volunteered to lead these pieces of work, chairing a small group of interested parties and submitting a proposal for Year 3 investment across all three regions.

Aside from these pan-Scotland service areas, regions will submit proposals for their own locally identified priority areas using the established channels.

Contact details for Directors of Regional Planning are:

Annie Ingram, Director of Regional Planning North of Scotland.
Contact Annie Ingram

Myra Duncan, Director of Regional Planning South East and Tayside.
Contact Myra Duncan

Heather Knox, Director of Regional Planning West of Scotland.
Contact Heather Knox