



Partners in Paediatrics

MINUTES: PAEDIATRIC ANAESTHETIC NETWORK (PAN)

21st April 2010 - Post Graduate Medical Centre, Stafford DGH

Present:

Rob Alcock Robert Jones & Agnes Hunt, Oswestry
Suja Chari UHCW
Alistair Cranston BCH
Simon Crighton, Warwick Hospital
Dori Ann McCulloch Stafford General Hospital
Simon Mills UHNS
Alison Thwaites SWBH
Julia Greensall Partners in Paediatrics

Apologies:

Abigail Akita New Cross, Wolverhampton
Imogen Billingham (co-Chair) Alder Hey Hospital, Liverpool
Nuala Bywater, Hereford Hospital
Richard Crombie (co-Chair) Heart of England
Bernhard Freitag Walsall Hospital
Andy George Mid Cheshire Hospital, Crewe
Manab Haldar Queen's Hospital Burton
Paul Innes Russells Hall Hospital
Rob Law, Shrewsbury and Telford Hospital (SATH)
Lucy Leong, Worcester Acute
Randall Pearson, George Eliot Hospital, Nuneaton

Simon Crighton was welcomed to his first meeting.

Dori Ann McCulloch chaired the meeting.

NB: Attendance at this meeting was affected by a number of factors: (sick leave, covering for absent colleagues stranded abroad and problems on the motorway).

1 MINUTES OF THE LAST MEETING

The minutes from the meeting held **on Friday, 15th January 2010** were accepted as a true record.

2 MATTERS ARISING

- **Feedback from BCH re data on retrievals:** Alistair had spoken to Phil Wilson who says that the service is working well. Since September '09, there have been 750 retrievals and 'solutions' had been found for all the patients. BCH is 'refusing' between 8 – 15 patients a month; this may seem high, but patients are being dealt with elsewhere in the region.

Other points: a) As discussed previously, this service is collecting data, so it was agreed there was no need for information to be collected locally;

b) Phil has asked for information concerning the Paediatric Critical Care Forum to be circulated. The date is: 22nd September (all day event). The subject being debated is: 'The House Believes that Paediatric HDU should be regionalised into fewer centres'. Other topics include: Access to PICU, the Retrieval Service and the Regional Trauma Plan;

c) It was noted that Leicester have set up a Retrieval service. Leicester link with Nottingham and retrieval service covers the whole of the Trent region. Currently, UHCW and Warwick refer to Leicester.

➤ **Info on WM Quality Review Group**

Information on this group had been circulated. However, due to the changes currently taking place at SHA and PCT level, the terms of reference for this Group may change over time.

It was noted that there have been no further meetings of the Peer Review Steering Group and the last Peer Review visits took place in 2005 /06.

Action: Alistair to enquire about the future work of this Group.

➤ **Peer Review of Leighton hospital**

Andy George has discussed this with his management team. It has been decided that Leighton will not need to be Peer Reviewed by the West Midlands group, as their trust will be part of the sub-network of Cheshire & Merseyside (part of the Northwest Clinical network), and so will be peer reviewed as part of that network. This may have implications for Andy's future attendance at PAN meetings.

➤ **Copy of WMSCG report (re Surgery in Children)**

Julia had contacted the WMSCG; following the production of the draft report about the event in October, no further report had been issued. Now that the election has been announced the SHA are now in the 'Purdah' period, so no further update is available.

It was noted that a lot of initiatives have taken place over recent years to try and resolve the issue of children's surgery. The Medical Director at BCH is keen to address this issue and explore how PiP can support the development of networked services between BCH and Trusts across the region. A meeting between the MD and PiP personnel is taking place in early May and it is hoped that work on surgery can re-commence. It is hoped that the Lead Surgeon for Paediatrics and their managers in each Trust, could agree a 'clinical consensus', about what surgery should be carried out where. This could then be presented to PCT commissioners.

Simon said that a lot of work is taking place at UHNS and it would be helpful to link in there.

Action: Julia to liaise with management at BCH.

➤ **PiP Paediatric Guidelines**

Alistair has updated the guidelines relating to Anaesthetics & Critical Care. The 4th edition of the Guidelines is due to be published in August 2010.

➤ **Coventry & Warwick Paediatric Anaesthetic Pathway**

Suja confirmed that this had been completed and the Commissioners have accepted it. The Pathways are being phased in. PAN members had made some comments on the draft, and these had been incorporated into the final document.

Suja thanked members of the PAN for their assistance in developing the Pathway.

3 Update : PART

Alison and Julia had attended a meeting with BCU staff on 03.03.10 to progress this initiative.

Several points were discussed:

It has been agreed that the two modules will be accredited 15 credits each. Alison hopes that each Trust will be able to identify a Lead Anaesthetist and two nurses to lead on this. Staff are needed who have mentor qualifications; senior nurses usually have these.

Each Trust will then put forward one person to undertake the course; that person will have progress meetings with their mentor.

Each Student will have a logbook, which would be photocopied and used to assess the students' exposure to particular aspects of the work. The Mentors will have a handbook.

Alison proposed that rather than do the two modules at the same time, the Recovery module should be done first. This was agreed, as it was felt that Recovery is more important, and more of these modules are done.

4 Study Day 2010

Alison ran through the draft agenda for this event.

It was agreed who should chair some of the sessions and Alistair will be the moderator for the debate in the afternoon.

Representatives from NCEPOD are keen to attend the Study Day; it is understood that they are having difficulty in getting reports back from Trusts in a timely manner and wish to raise this with delegates.

Alison asked for volunteers to present papers that had 'changed their practice'.

To date, only 15 people have registered for the event. It was noted that there were two other events scheduled around the same time, (Manchester & Plymouth) which may have had an effect on attendance.

There will be 3 'reps' attending the event. They will not be giving presentations, but maybe able to show their wares during the lunchtime session.

Actions:

Alison to complete programme and circulate to all.

PAN members who have not registered, to do so at the earliest opportunity.

The flyer to be circulated widely to colleagues to encourage attendance. This needs to take place in the very near future, to enable clinicians to give the 6 weeks' notice to cancel clinics.

PAN members to give consideration to present papers, which had 'changed practice'.

Alison to liaise with Lesley Hines (PiP Project Support Manager) regarding the attendance of the reps and the paperwork required for delegates on the day.

5 Modelling the Future 111 – (Mf 111) RCPCH document

Simon gave a resume of some of the points from the Executive Summary:

The conclusion from the 2nd RCPCH paper was that number of inpatient units needed to decrease.

The Mf 111 document highlights the importance of networks; as networks will span different sized units, it is important that they work together to deliver better outcomes.

The importance of maternity & newborn networks being 'mapped onto' neonatal networks was highlighted. This is a significant issue for Warwick Hospital, as they are a relatively large maternity unit. The unit is expanding as they are taking women from further afield (particularly from areas in the South of the Region).

6 AOB

a) Rob raised the subject of a form he had received asking questions about pre-operative services. No other members had received such a form; Rob will make further enquiries as to where the form originates.

b) Re: Healthcare Commission Report; Alistair said that the HCC had met the APA in December. A draft report has been produced and there is now a consultation period. The RCN are also involved in the work. Work is continuing on the e-learning modules and how they will be delivered in future.

Alistair mentioned the APA review system – this has been piloted in South West – which is to be reviewed again – and the next one is taking place in Oxford.

c) Julia said that Alder Hey may not continue to be members of PiP. Ongoing funding of PiP is being raised at CEO level within acute trusts and PCTs. PiP is reliant on Trusts continuing to subscribe to cover running costs; UHNS have confirmed their ongoing commitment.

Those members of the PAN who work at Trusts who are not PiP members were encouraged to speak to their management teams to discuss the advantages of becoming members.

d) Imogen's period as co-chair finishes in October. As she may not be able to continue to be a member of the PAN, then it may be appropriate to have two DGH clinicians as joint chairs of the group. This matter, and the PAN Terms of Reference, which are due for review, will be discussed at the meeting in September.

DATE AND TIME OF NEXT MEETING:

Thursday, 23rd September: 10 am – 12.30 pm. A sandwich lunch is provided afterwards.

Venue: Stafford PGMC

The 2010 Study Day is Thursday, 10th June. Venue: the Dunwoodie Lecture Theatre, Stafford PGMC.

Minutes prepared by:

Julia Greensall

Partners in Paediatrics

April 2010