

**Meeting held on Wednesday 24th October 2007
Stafford PGMC**

Present:

Stuart Poynor, South Staffs PCT, CEO and PiP Chair
Andy Spencer, PiP, Lead Clinician
Julia Greensall, PiP, Network Development Manager
Jon Cook, NHS West Midlands
Jonathan Howell, South Staffs PCT
Diane White, Coventry PCT
Dr Jacob Samuel, Queen's Hospital, Burton on Trent
David Coan, Hereford Hospital
Cheryl Sherratt, South Staffs PCT
Ali Lawton, Stafford General Hospital
Dr Halahakoon, New Cross, Wolverhampton
Nina Spofforth, SSBC Maternity Network
Mick O'Donnell, West Midlands Specialised Commissioning Team
Kim Woolliscroft, Stafford General Hospital
Shomik Ghosal, Stafford General Hospital
Vicky Brain, PiP Project Manager
Karen Evans, PiP Project Manager
Nicky Smith, PiP (Minutes)

Apologies:

Angela Moore, Wolverhampton City PCT
Janet Anderson, New Cross, Wolverhampton
Kate Reynolds, University Hospital of North Staffordshire
Gunjan Patel, South Staffordshire Community Trust
Andrew Crawshaw, ROH, Birmingham
Martyn Rees, Shrewsbury & Telford NHS Trust
Anthony Choules, Burton Hospital
Alison Wood, Shrewsbury & Telford NHS Trust
Moya Sutton Alder Hey
Jenny Hawkes, Central & Eastern Cheshire PCT
Karen Morrey, Stafford General Hospital
Barnaby Schofield, BCH
Rosemary Jones, Central & Eastern Cheshire PCT
Steve Cropper, Keele University
Jaishi Vaid, Telford & Wrekin PCT
Alison Heard, North Staffs Combined Healthcare
Barnaby Schofield, BCH
Ed Piele, Warwick Medical School

In attendance: Dr Clive Ryder, Consultant Paediatric Rheumatologist, BCH

1. MINUTES OF THE LAST MEETING

The minutes from the last meeting held on Thursday, 12th July 2007 were accepted as a true record.

2. MATTERS ARISING

- The meeting between Paul O'Connor, BCH and Stuart and Andy is to be arranged.
- Mrs Karen Evans, the recently appointed PiP Project Manager (for Staffordshire Health Economy) was welcomed. Karen is based at South Staffordshire PCT, Rugeley.

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- There has been no response to the letter which was sent out from Stuart to all CEOs at Acute Trusts and PCTs, inviting them to subscribe to PiP.

Action: We will wait and see which Trusts continue to pay subscriptions. Stuart will raise the issue of PiP membership at the PCT meetings. Often when PiP Trusts have cancelled subscriptions, the members of the Trust involved with PiP have wanted to continue. Stuart has agreed to approach senior managers in such Trusts to point out the benefits of PiP membership.

Jon Cook pointed out that PiP provides a unique and valuable forum in the West Midlands. He suggested that PiP may wish to consider being 'West Midlands wide' in order to take forward the regional re-configuration agenda.

Decision: PiP has worked 'across region' on a number of projects including paediatric surgery and anaesthetics. If invited to take part in any projects where this would be of benefit, then PiP would work across traditional boundaries.

- A draft copy of the Annual report was tabled at the meeting. The draft copy was agreed; it will be finalised in the near future and copies will be circulated to all members of the Steering Committee in November 07.
- Julia asked for ideas / thoughts for the 2008 PiP Open Day to be forwarded to her. As it is the 60th Anniversary of the NHS, it might be good to incorporate this theme into the Open Day.

Action: All to email - Julia@greensall.com - with ideas.

4. Report from: Rheumatology Paediatric & Adolescent Network Group

Dr Clive Ryder, Consultant Paediatric Rheumatologist, reported on the current situation concerning the provision of paediatric rheumatology services across the West Midlands and partnership area. He explained that he and colleagues had been discussing rheumatology services for several years, but were frustrated as they had not been able to engage effectively with commissioners to discuss improvements to the service.

Clive explained that the way patients with rheumatology problems are treated has changed considerably over recent years; in particular there are a number of drugs which are now available - although some of these are expensive. At present, the clinicians themselves often have to negotiate with individual PCTs for agreement to drugs being prescribed on a 'named patient' basis. There are also clinical governance / risk issues which need to be understood & addressed.

Clive emphasised the fact that the clinicians involved in the network group were in agreement about what is needed to improve the services offered to children and their families. It is thought that about 60% of clinical work could be moved from the specialist centres to local services, if the correct infrastructure was in place locally to support this.

Clive, together with some of his colleagues, had recently met with Mick O'Donnell, Commissioner for Specialist Children's Services – West Midlands, to discuss with him the best way to take service developments forward. Mick had explained that Rheumatology is not currently commissioned as a specialised service, and there is no intention for this to change in the next 1-2 years.

It was acknowledged however, that in some respects it was a service that would fit into the definition of a 'specialised service' - that is, small numbers of patients, complex drugs.

Some discussion took place concerning the need for a forum that can look at these clinical service developments - where the PCTs - either across the West Midlands or at the level of the Local Collaborative Commissioning Groups - can develop a common approach, ensuring that there is equality and consistency of service provision, treatment and support for children & their families, irrespective of post code.

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Jonathan mentioned that the West Midlands renal network use a proforma, where the need for drugs to be used is considered.

Agreed: There are two areas where a collaborative approach would be useful - 1) drugs, and 2) developing models / pathways of care.

Action: Further work required on the needs assessment - (activity data etc) to be carried out by members of the Network group - supported by the appropriate commissioners.

Further comments to be emailed to: clive.ryder@bch.nhs.uk

Action: Stuart to talk to his fellow Chief Executives about setting up a Forum.

3. Update on the Regional Programme of Work

Jon Cook briefed members on 'Investing for Health' - the SHA's framework for improving the health services in the West Midlands, and the National Review (Darzi review) being undertaken. 'Investing for Health' sets out the requirements for all health economies to determine their plans for delivering their preferred models of care over the next 5 years.

There are several strands of work:

8 regional clinical pathway groups have been set up;
Principles have been developed around the most 'challenged' specialties - including maternity & paediatric services, and emergency services for children;
The Durrows Consultancy Group has been commissioned to carry out 'risk assessments' concerning the sustainability of paediatric & maternity services.

Clinical leadership is provided from: Professor Ed Peile, Warwick Medical School, and Dr Janet Anderson (recently retired Consultant Paediatrician).

Jon explained that although SHAs cannot be prescriptive about future service models, the SHA will have a role in approving those plans which are being put forward for public consultation. If the plans do not ensure that services will be compliant, then the SHA will be able to ask areas to revise their proposals. Foundation Trusts will also have to ensure that the services they are providing are safe and sustainable.

Jon encouraged clinicians to 'raise their heads' - and look beyond their own organisations. Andy said that this is an opportunity for clinicians within PiP to be engaged in the debate about how paediatric services are to be delivered in their localities.

5. Paediatric Surgery Review

Andy Spencer reported that all data has been collated from the 21 participating trusts and is currently being analysed. There are a number of areas / standards which have shown significant improvement; these areas were mostly where the individual Trust itself was responsible for making the improvement. There are still some areas / standards where further work is needed.

The results are to be presented at the Stakeholder Day which is being organised in the near future.

Action: Date to be circulated once confirmed.

6. a. Burton Draft Action Plan – Children's Services Planning Group

Members were given the opportunity to comment on a draft action plan, produced by the Children's Services Planning Group.

Dr Jacob Samuel was pleased to announce that a Consultant Paediatrician has been appointed to the Joint post. The post-holder will commence in March 2008.

Action: Further comments on the draft action plan, please forward to: Julia@greensall.com

6. b. Report on Shropshire WTD project

Vicky Brain, Project Manager, explained that she was still waiting for the new Shropshire Clinical Leaders' Forum to decide what work they would like PiP to do, if any, to support work around 'Investing for Health' and 'Our NHS, Our Future'. Andy commented that the main purpose of PiP was to be a 'voice' for local paediatricians, therefore he and Vicky would be meeting with some of the consultants in Shropshire - to ascertain their views on how they would like services to children delivered in the future.

Action: Meeting scheduled for Thursday, 29th November.

7. Report of Progress re Child Protection Project

Jonathan Howell reported on this work. Steve Cropper originally began the project, forming a multidisciplinary group which included Police and Social Services representation. About a year ago funding was obtained to assist with the development of a business case.

Agreed: The project now needs to be taken forward by the commissioners, so that the appropriate 'model' can be agreed, and the funding / resources needed identified.

Action: The project will be handed over to PCTs in Staffordshire. (Julia to contact Lesley Gerhardt, Head of Sexual Health Commissioning, who has agreed to convene a meeting to take this work stream forward).

8. Discussion Regarding Work Programme/Project Work to be Taken Forward

Andy said that there was now an opportunity to look again at some of the previous clinical working groups and see whether any of these should be started up again - for example, gastroenterology, neurology.

Members were asked to suggest additional areas of work which they would like PiP to take forward.

Two proposals were made:

- CAMHS group to reform to look at areas such as eating disorders
- Care of adolescents - and transitional care to adult services.

Action: Further suggestions or comments to be emailed to: andy.spencer@uhns.nhs.uk

9. Any Other Business

Julia mentioned the website NHS Networks, which is designed to promote and connect the networks that exist - and to encourage the formation of new ones. The URL is: www.networks.nhs.uk

The Rheumatology Paediatric & Adolescent Network Group has been posted on the web-site. This can be accessed at: www.networks.nhs.uk/networks/page/1106

One of the networks which may be of interest to members is the Children's Workforce Network. (An alliance committed to creating and supporting a world-class children's workforce in England).

10. Dates for 2008 Meetings

As this meeting was well-attended, it was agreed that the 2008 meetings will also be held on **Wednesdays**, preceded with a sandwich lunch. **Lunch 1.30 pm; meeting 2pm - 4pm.**

Dates for 2008:

16th January - Stafford PGMC, Room 5

9th April - South Staffs PCT, Rugeley - **please note different venue.**

16th July - Stafford PGMC, Room 5

15th October - Stafford PGMC, Dinwoodie Lecture Theatre.

It is hoped that these meetings will become an important forum where members can raise issues of interest, or of concern, and where service developments can be discussed.

Action: Members to forward ideas for presentations / speakers / topics for discussion to:
Julia@greensall.com