

PIP STEERING COMMITTEE MEETING

Meeting on Monday 6th December 2010
PGMC – Stafford General Hospital

Present:

Steve Cropper	Academic Adviser, PiP
Julia Greensall	Network Development Manager, PiP
Jenny Hawkes	Service Development Consultant, PiP
Jonathan Howell	West Midlands Specialised Commissioning
Helen Hipkiss	NHS West Midlands
Gunjan Patel	South Staffordshire Community Trust
Cheryl Sherratt	South Staffs PCT
Andy Spencer	Lead Clinician, PiP
Usman Zafar	Keele University (PhD Student)

Apologies:

Cath Boneham	NHS Walsall
Melody Bridges	West Midlands Specialised Commissioning
Andrew Cowley	Shrewsbury & Telford Hospitals
Lesley Hines	Project Support Manager, PiP
Loveday Jago	East Cheshire NHS Trust (Maternity Leave)
Tracey Malkin	NHS Stoke –on-Trent
Kathryn McCrea	Shrewsbury & Telford Hospitals
Angela Moore	Wolves PCT
Stuart Poynor	South Staffs PCT CEO and PiP Chair
Kate Reynolds	University Hospital North Staffs
Jacob Samuel	Burton Hospital
Diane Short	Telford PCT (Maternity Leave)
Jonathan Smith	NICCH
Nicky Smith	PiP
Diane White	Coventry and Warwick

This meeting was chaired by Andy Spencer

In attendance: Anna Sewell, Ruth Chambers & Vin Diwaker

Presentation: Anna Sewell, West Midlands Lead for ChiMat – Child & Maternal Health Observatory

Main points from discussion:

Anna explained that the DH had set up the Child & Maternal Health Observatory in October 2008; she has been in post since November 2010. It is thought that future funding is secure.

ChiMat uses data from HES – Hospital Episodes Statistics, ONS and other current sources. The ChiMat DataAtlas brings together a range of data & statistics on Child & Maternal health into one accessible 'hub'. Dynamic reports can be produced which contain bench marking data to aid decision-making, service planning & development. Information can be 'lifted' – there is no copyright.

ChiMat has developed a number of on-line tools for presenting key data and indicators. The indicators are around the policy 'Every Child Matters' – this may change in the future.

A Disease Management Tool (DMIT) has been developed; this is designed to increase the efficiency of services for children with long-term conditions – information that will support both Commissioners and Providers. Modules for paediatric asthma, diabetes and epilepsy are available.

Child Health profiles are due to be produced in January. These can be used to plan and commission evidence-based services based on local need.

It was noted that a lot of work happens in the community, which does not get counted. It is important to get OP data coded correctly, so that it gets included.

The Maternity Outcomes versus Expenditure tool can help organisations to identify where either expenditure or performance is significantly different to that of other organisations.

By the end of December, all 2010 information will be updated and on the website.

It was agreed that the information ChiMat produces could be useful 'profile information' for PiP. It is hoped that Anna will continue to link in with the work that PiP undertakes, in particular the work around paediatric surgery. The potential for collaboration on the neo-natal tool was also raised.

The Website is: www.chimat.org.uk

Anna was thanked for her interesting presentation.

Discussion: Dr. Ruth Chambers: GP, Clinical Champion Quality Improvement Framework (NHS Stoke on Trent) and Chair of Practice Based Commissioning Cluster

Re: Upskilling GPs – in line with core & enhanced competencies.

Main points from discussion:

Funding has been awarded to the Children and Young People's & Maternity Group (NHS Stoke on Trent) – and to NHS North Staffs - to undertake project work. The overall objective of the project is to Upskill GPs and practice nurses in the clinical management of children with acute and everyday health problems - through the development of competencies. Jenny Hawkes is the Project Lead for this.

The Collingham Healthcare Education Centre (CHEC), has been commissioned to undertake a joint work programme relating to the defining of core and enhanced competencies of the general practice workforce.

Ruth explained that there has been a year on year rise in the referrals to the Paediatric Assessment Unit at UHNS – averaging about 25 children per day. 62% of those children were referred by a GP, in or out of hours. Of those admissions, two thirds were discharged within four hours after assessment, without any active clinical intervention.

Masterclasses are being developed which will take place in February and March; local paediatricians will give these. The Masterclasses will enable GPs to assess their competence and confidence in managing children with acute and everyday health problems. GPs can undertake these in 'protected time'.

As part of the project and content of Masterclasses, referral guidelines for paediatric outpatient referrals and admissions are being finalised.

Competence profiles are being created for some of the most common conditions seen in practice.

It is anticipated that the project could be transferable across other localities in the West Midlands. Dr Diwaker is aware of a similar project in Taunton.

Ruth was thanked for attending to describe the project. Members expressed interest in hearing about the progress of the project.

Agenda:

1. Minutes of the last meeting – 20th September 2010

The minutes from the last meeting were accepted as a true record.

2. Matters arising

Due to the time limitations, it was not possible to discuss all the items on the agenda. It was agreed that the Item regarding the Future of PiP should take priority.

3. Discussion paper re Future of PiP

The premise of the proposal was outlined: to discuss PiP and BCH working in collaboration in relation to Network development across the Region.

The discussion paper had previously been circulated to PiP Steering Group reps and advisers. A paper summarising the responses was tabled. No negative feedback had been received from PiP members.

There was extensive discussion regarding the perceived advantages and disadvantages of this proposal. The main concerns raised related to the independence of PiP and the ability of PiP to continue to do work which may have little relevance to regional specialist networks. These points were clarified by Dr Spencer who re-assured the committee that PiP would continue to undertake any work that was considered a priority by the steering group and that the board of PiP would not only remain independent of BCH, but would be need to do so in order to fulfil the role that BCH required.

It was agreed that a 'Memorandum of Understanding' was needed, to include more information on the proposed Constitution, Governance arrangements and the Independent Board.

Once the Memorandum has been agreed by BCH and PiP core team, then a vote will be taken from all members of PiP, as this was considered to be an important decision about the future direction of travel. The main impact for PiP will be in agreeing to allow Trusts from the whole region to join.

Action: Steve Cropper to draft this Memorandum. It will then be circulated to PiP's Steering Group representatives and advisers and a vote taken on the proposal.

4. Paediatric Surgery

Not discussed.

5. PiP response to White Paper

Not discussed.

6. Work programme

Not discussed.

7. Finance report

Not discussed.

8. Date and Time of Meetings in 2011 to be confirmed.

Minutes prepared by: Julia Greensall, January 2011

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