



## **PIP STEERING COMMITTEE MEETING**

**Meeting on Wednesday 9<sup>th</sup> July 2008**

**PGMC – Stafford General Hospital**

### **Present:**

Stuart Poynor, South Staffs PCT CEO and PiP Chair  
Andy Spencer, PiP, Lead Clinician  
Jonathan Howell, South Staffs PCT  
Jaishi Vaid, Telford & Wrekin PCT  
Jacob Samuel, Queen's Hospital, Burton on Trent  
David Coan, Hereford Hospital  
Kim Wooliscroft, Stafford General Hospital  
Alison Wood, Shrewsbury & Telford NHS Trust  
Ali Lawton, Stafford General Hospital  
Gunjan Patel, South Staffordshire Community Trust  
Dr Halahakoon, New Cross, Wolverhampton  
Shomik Ghosal, Stafford General Hospital  
Sarah Jane Marsh – BCH  
Julia Greensall, PiP,

**In attendance** Ed Peile – Member of the Children's & Young People's Maternity Services Group

Kathy Bailey- Consultant Paediatric Rheumatologist & General Paediatrician

Nick Bowman – Acting Head of Contracting at South Staffs PCT

### **1. Apologies:**

Diane White, Coventry PCT  
Cheryl Sherratt, South Staffs PCT  
Martyn Rees, Shrewsbury & Telford NHS Trust  
Nicky Smith, PiP  
Steve Cropper, Keele University  
Angela Moore, Wolverhampton City PCT  
Kate Reynolds, University Hospital of North Staffordshire  
Andrew Crawshaw, ROH, Birmingham  
Karen Morrey Stafford General Hospital  
Alison Heard, North Staffs Combined Healthcare  
Jon Cook, NHS West Midlands  
Grace Hopps, Macclesfield General Hospital  
John Gilbert, East Cheshire Hospital  
Patricia Gavin, Robert Jones Agnes Hunt Hospital, Oswestry

**Presentation by Professor Ed Peile – Member of the Children’s & Young People’s Maternity Services (CYPMS) Group.**

**Ed explained the background to the work of the Children’s Integrated Healthcare model.**

The concept of ‘integrated care’ means different things to different people, and so there will not be just one model. Different models will be developed, depending on the needs of each health economy.

The work is supported by the DH, THE RCPC and the RCGP. Although it was initially difficult to engage with GPs, there are now GPs on the Steering Group.

The DH are looking for a number of models – to work across all fields – primary & secondary care and health and social care.

There are a number of ‘demonstration’ sites – Coventry & Warwick have registered interest in being one.

DH as promised funding of the sites in future – if they are able to give ‘proof of concept’.

From the work that has been undertaken to date across the West Midlands, as elsewhere across the country, there is strong support for maternity services to remain widely distributed, but paediatric workforce limitations, combined with changes in practice, mean that paediatric admissions need to be more ‘centralised’. The mismatch of these service needs poses distinct challenges for neonatal services. The assessment of the ‘unwell child’ will be undertaken differently and there will be different triage arrangements – depending on the needs and resources in each area.

Some issues that were raised:

**Re Primary Care** – there are not enough doctors with the appropriate training – many are feeling ‘deskilled’. Less GPs are taking part in OOH assessments and there are, as yet, not many GPs with ‘special interests’ in paediatrics.

**Community Paediatricians (CPs)** - there is different understanding of the role of the CP in different areas. Some areas are developing ‘Hospital at Home’ type services – some areas have Children’s Trusts that are working well, others do not.

For more information on the work of the National Collaborative for Children’s Integrated Healthcare – please see the Website:

[www.healthcareworkforce.nhs.uk/childrensintegratedhealthcare.html](http://www.healthcareworkforce.nhs.uk/childrensintegratedhealthcare.html)

**Next Stage Review – Darzi work**

Ed had attended the recent launch of the Next Stage Review. Some issues were highlighted:

- **Mid-wifery led units** - Both Lord Darzi and David Nicholson had emphasised the

importance of more mid-wifery led units ( as well as Consultant-led Units), thereby giving mothers more 'choice'. There is likely to be a large increase in the number of midwives over the next few years.

- **Children's Trusts** - Nationally, there is a drive for more health services for children to be developed within children's trusts, and for co-location of resources in children's centres, which are ideal for preventative work. They should be developed, with health and social issues being well integrated.

- **Training issues** – Extended training is now back on the agenda. SHAs will be developing 'Innovation Units', to address training issues. The 'High Quality Workforce' document, talks about 'clinicians' generally, and defines the skills that doctors and other health care professionals can bring to the Team. Not impossible for some junior doctors training to take place in mid-wifery led units.

**Poly clinics** – A lot of information pertaining to the development of polyclinics is still 'sketchy', but it is believed that there may be 150 polyclinics funded nationally.

#### **Key messages for the West Midlands:**

The Quality Assurance of services is important. The delivery of services must be centred around the care of the child and the mother.

Commissioners need to look at the needs of the child when considering resource allocation. They also need to concentrate on developing quality metrics for paediatric services.

Trusts will not be able to think about their interests only, but must consider how and where the service can best be delivered, and by whom.

#### **Summary:**

We need to think innovatively about how best we can assess the unwell child across the Region. Different models of care / triage arrangements will be needed in the different health economies.

The ongoing Darzi work will be taken forward by the Clinical Leaders / Champions who are currently being recruited to lead the Pathway Groups.

The CYPMS group will be funded until September with the objective that if any group requires support for the work going on in their area, members of the group can still provide ongoing support, whilst the pathway groups get up to speed.

#### **Role of PiP:**

Ed considers that PiP will continue to have an important 'honest broker' role to play. PiP has, through the project work it has undertaken in the past, looked at the needs of the child and the family, and so is well placed to undertake work in the future.

**Discussion – Rheumatology Network Group – Kathy Bailey & Nick Bowman**

Kathy updated the meeting on the progress of the Network Group: Considerable progress has been made over the last two years; medical input for patients is good, but an increase in the number of physios, OTs and nurses is required. Standards of care are being finalised by BSPAR.

The Network is undertaking Peer Review and CPD.

Two Stakeholder days have been held in 2007 – and a number of parents are keen to be involved in developing various aspects of the Network's objectives.

One initiative is to produce a DVD, which will include parents' views of service development – which can be used to show Commissioners.

The Network is very pleased to have the support of Nick Bowman from South Staffs PCT. Nick is developing a Business case Approval Guide that can be used in dialogue with Commissioners.

Nick acknowledged that the commissioning cycle is not yet developed well enough in relation to the commissioning of paediatric services and a networked approach is a new way of delivering services.

He emphasised the fact that Commissioners want to develop services on a "needs led" basis.

It is important that the Business Case demonstrates the clinical issues and Nick reiterated the view that commissioners need to develop quality metrics for paediatric services.

The issue of ensuring that all Commissioners who are commissioning rheumatology paediatric services are involved in this process was discussed. In Staffs, the Business Case will go through the LCCB process. Julia has met with the Joint Commissioner in Warwick to ensure that they are aware of the work.

It was noted that there is a Joint Children's Services Commissioner (John Lees) now employed by Heart of Birmingham PCT, but working on behalf all the PCTs in Birmingham.

**Action:** Julia to meet with John Lees at HoB PCT to discuss this work.

## **2. Minutes of the last meeting – held on 9<sup>th</sup> April 2008**

The minutes from the last meeting held on 9<sup>th</sup> April 2008 were accepted as a true record.

## **3. Matters arising**

**Anaesthetic Study Day** – The Paediatric Anaesthetic Network (PAN) hold an annual Study Day - the date of the next one is Thursday, 4<sup>th</sup> June 2009.

**Report from Surgery Workshop** – There has been a delay in finalising this report. Once completed, it will be circulated to all who attended and to the SHA.

## **4. Child Protection Project Update**

Gunjan Patel described the background to the work that PiP had undertaken in this area. The Business Case that had been originally developed was not finalised as a number of various models were being proposed.

**Current position:** South Staffs PCT (SSPCT) has agreed, in principle, to work with Stoke on Trent PCT to develop a Sexual Abuse Referral Centre (SARC); however, the site of this, and the funding arrangements, have yet to be finalised. SARCS are usually for adults, and a service for children and young people would need to be separate from the adult service.

Lesley Gerhardt from SSPCT is linking with the commissioner from Stoke on Trent PCT to progress this.

PiP has employed Jenny Hawkes to work part time on the regional development of SARCs for children / young people, and to ensure that the views of paediatricians (& other health care professionals) within the partnership area are taken into account. Jenny has experience of developing SARCs in Cheshire and is a policy adviser at DH.

A draft proposal for the work that Jenny could undertake had been circulated to members of the Steering Group.

**Action:** No additional comments were received about this. The proposal will now be agreed, and progressed with Lesley Gerhardt.

It was noted that in the Birmingham area, Dr Geoff Debelle chairs a pan-Birmingham group.

#### **5. Paediatric Anaesthetics Network (PAN) update.**

This group continues to be proactive. At the last meeting representatives from the Deanery attended; the group is hoping to address workforce issues in the future.

The PART training has not progressed recently, due to the work commitments of the Lead Clinician.

**Action:** Further discussion with the Lead Clinician and key players is required.

#### **6. Pathways to the Future – Open Day – 9<sup>th</sup> October 2008**

The keynote speaker for this event is Dr Simon Lenton from the RCPCH. It is anticipated that there will be a speaker to present the Commissioning view of developing pathways. This will be primarily an educational day, rather than focusing on service development.

**Action:** A Flyer, outlining the key objectives for the day, will be developed & circulated - to encourage clinicians and commissioners from organisations across the West Midlands to attend.

#### **7. Nursing Forum – Meeting and Workshop**

**The Inaugural meeting** was held on 2<sup>nd</sup> July. This was well attended: 19 nurses were

present, representing 13 Acute Trusts and one PCT. All who attended agreed that there was a need for such a Forum.

It was agreed that the following issues were important ones that the Forum should address first:

- Skill mix issues – including new & extended roles; training – particularly for non-RSCNs and benchmarking of services;
- A & E / PAU – where children are seen and how the activity is counted and paid for (different arrangements are in place across the region);
- Development of Guidelines / Competencies / Care Pathways.

**A Workshop is being held on Thursday, 13<sup>th</sup> November – at Stafford PGMC.**

The speakers will be Fiona Smith, Adviser in Children's & Young People's Nursing at the RCN and Liz Morgan, Professional Adviser for Children & Young People at the DH.

Both Fiona and Liz are keen to hear from nurses across the West Midlands about the key challenges that face the profession today, and the issues that will affect nursing in the future.

Further information will be circulated about this in due course.

**8. Any Other Business** – The latest PiP Newsletter is now available. (The newsletter is printed twice a year – June and December).

**9. Date and Time of Next Meeting**

**(Please note change of Date)**

**New date: 5<sup>th</sup> November 2008**

**1.30pm lunch 2pm – 4pm Meeting**

**Venue: Stafford PGMC**

**Minutes prepared by: Julia Greensall, PiP  
July 2008**