

PIP STEERING COMMITTEE MEETING

Meeting on Monday 8th February 2010
PGMC – Stafford General Hospital

Present:

Stuart Poynor	South Staffs PCT CEO and PiP Chair
Andy Spencer	Lead Clinician, PiP
Julia Greensall	Network Development Manager, PiP
Lesley Hines	Project Support Manager, PiP
Jenny Hawkes	Service Development Consultant, PiP
Steve Cropper	Academic Adviser, PiP
Gunjan Patel	South Staffordshire Community Trust
Alison Wood	Shrewsbury & Telford NHS Trust
Cheryl Sherratt	South Staffs PCT
Kathryn Wilson	South Staffs & Shropshire Healthcare Trust
Simon Illingworth	BCH

Apologies:

Diane White	Coventry & Warwickshire PCTs
Tracey Malkin	NHS Stoke –on-Trent
Patricia Gavin	ROH, Birmingham
Loveday Jago	East Cheshire NHS Trust
Melody Bridges	West Midlands Specialised Commissioning
Martyn Rees	Shrewsbury & Telford NHS Trust
Kate Reynolds	UHNS
Jacob Samuel	Burton Hospital
Diane Short	Telford PCT
Nicky Smith	PiP (on maternity leave)

This meeting was Chaired by Mr Stuart Poynor

Presentation: Dr. Andy Spencer:

Re: Can the information centre help to improve paediatric services? A discussion.

Andy has taken on a two-year secondment (3 days a week), with the NHS Information Centre (NHS IC) as the National Clinical Lead for Hospital Specialties.

Main points from presentation:

The primary aim of the NHS IC is to "drive the use of information to improve decision making and deliver better care".

Andy quoted from the report 'High quality Care for All': "We can only be sure to improve what we can actually measure". The report stresses that quality should be the 'organising principle of the NHS'.

There are several organisations working to improve the quality of care and several websites which commissioners and those working in provider units can use:

www.drfoosterhealth.co.uk/quality-accounts

www.mqi.ic.nhs.uk/ - Gives indicators for quality improvement.

NHS Comparators: a website for commissioners & providers

HS Choices: is a website which patients can access.

It was agreed that whilst a lot of data is collected, it is not always used correctly, and can on occasions be interpreted inaccurately, which can have serious implications. However, it was agreed that if commissioners and provider units looked at data together, this could aid decision-making, assist in the planning of services and ultimately improve the quality of paediatric services.

At the end of the presentation Andy asked members that if they had any examples of quality indicators in their respective working areas, which could be measured, to contact him directly.

Contact details at the NHD IC: andy.spencer@ic.nhs.uk

Tel number: 0113 866 5624 or mobile: 07534 504 737

Agenda:

1. Minutes of the last meeting – 9th December 2009

The minutes from the last meeting were accepted as a true record, with one amendment:

Under item 7 AOB; The sentence should read, " The CHDP are going through the process of applying to be a social enterprise".

2. Matters arising

Proposed Workshop around WTD issues –

Chrisantha Halahakoon is keen to work on this with Andy Spencer. A meeting is arranged to plan this.

Proposal to Regional innovation Fund – The bid was submitted and it is understood that it is being considered on the 9th February. It is anticipated we should be informed of the outcome by end February.

PiP Research Project – No further information received.

Paediatric Guidelines & co-editors: Two expressions of interest have been received – from Loveday Jago at East Cheshire and Andrew Cowley from SATH. They have both been appointed and are due to undergo some training with Andy.

3. Feedback from National Conference – National Collaborative for Children's Integrated Healthcare – on 1st February.

Julia had attended this third National Conference, with a small team from the West Midlands, including Ed Peile, Tracey Malkin and Sue Hatton from the SHA. There are still few examples of integrated models of care working well; Ed is hoping to do a paper on this area of work.

One example of good practice given was that at St Mary's Hospital, London, the paediatricians do outreach clinics in GP surgeries. They work with the GPs when examining the children, and educational sessions are also carried out. This is resulting in less children being referred to hospital and has the benefit of 'upskilling' the GPs.

DH has announced that it wants to expand the integrated care pilot schemes from the current 16 sites – none of which are around paediatrics.

Some discussion took place as to how work could be progressed across the West Midlands.

PiP has received £1k from the NCCIH to organise a workshop, to explore how integrated models of care could improve services for children across the West Midlands. It was noted that Burton are developing a good model of care for paediatrics, around the A& E department and assessment unit.

4. Financial position / proposal re: Social Enterprise

A paper presenting the financial position and anticipated 'Carry Forward' for 2010 / 11 was tabled. A meeting of the Core Group had taken place in the morning to discuss this; it had been agreed that a business plan should be developed, which would give greater clarity about financial issues in the longer term. Stuart is willing to work with the Core Team on this, subject to him being re-appointed as Chair for a second term. (Discussed later in meeting).

Stuart had suggested that the Core Team spend more time on exploring opportunities for 'income generation'. If commissioned to do work, then this should be competitively priced, whilst retaining about 15% to cover the overheads to

support the management team. PiP could then focus on 2-3 main areas of work, ensuring that desired or anticipated 'outcomes' are stated, and that member organisations are clearer about the 'value' of their subscription fee.

Stuart explained the options that had been discussed, including increasing the subscription rate, inviting more organisations to become members and proposing that the SHA continue to support PiP.

Consideration had been given to PiP applying to become a Social Enterprise; It was agreed that this should not be taken forward at this stage.

It was agreed that PiP still has an important role to play as an advocate for children's services and should continue, if possible, to maintain its independent role. It can then be approached for advice and be consulted on various issues in relation to children's services.

Actions: Stuart to write to his fellow CEOs at PCTs, asking them to support PiP financially over a 3 year period, in order to ensure its longer term stability and viability. He will also approach the SHA.

5. Work programme

The updated template was tabled for information and a couple of work streams were discussed.

Jenny updated members on the development of the SARC in Staffordshire. The anticipated opening date has been put back a couple of months. She understands that the police have written to all partner agencies - CEOs of PCTs, LAs, County Councils etc proposing that the running costs of the SARC need to be agreed on a shared basis over the next 25 years.

The work is continuing around the CSA contract service specification, developed for Staffordshire PCTs and the development of the SARC. Staffordshire Police are keen to use the contract.

Re: the Annual Open Meeting. The Core Group proposed that this year's meeting should focus on the 'Quality' agenda, to try and reflect what is happening nationally and give examples of good practice around the PiP area (one example being the work around the CSA pathway). This would provide an opportunity to bring clinicians, managers and commissioners of children's services together. It is hoped that Sir Bruce Keogh, NHS Medical Director, will accept an invitation to give the keynote speech. Sir Bruce is now leading on Quality (following Darzi) at the DH. If he accepts, the date will depend on his diary commitments but it is hoped that this meeting can be arranged around late September / October.

Actions:

Stuart to write letter of invitation to Sir Keogh.

Members to forward ideas of 'good practice' to Julia for inclusion in the event.

6. Any other business

1) Prof. Ed Peile has now been appointed as the Clinical Lead for Children and Social Care at the SHA.

2) Appointment of the PiP Chair – due for renewal in April 2010. Stuart left the meeting for this discussion.

Stuart had informed the Core Group that he was willing to continue as Chair, if re-appointed, for a second term.

It was agreed that it was important to have a CEO from a PCT as Chair, as they are able to network, are recognised by their colleagues and the SHA and bring credibility to the work of the organisation.

The meeting was quorate; there was unanimous agreement that Stuart should continue in this role. It was recognised that, due to the considerable demands that have been placed on him, particularly during the last year, he has not always been able to attend the Steering Group meetings. To this end, it was proposed that a vice-chair is appointed. It was thought that a PCT Commissioner, with a nursing background, would be an ideal person to take on this role.

Action: Julia to contact Stuart about this, and, if he is in agreement, for 'expressions of interest' to be circulated to members.

3) Attendance at PiP meetings:

It was noted that attendance at the meeting was low - which could in part be due to the meetings now being held on a Monday. It is recognised that whilst the working groups are well attended, there are difficulties in getting attendance at the SG meetings - particularly as such a wide geographical area is covered.

There was some discussion about the format of the meetings. It was proposed that people leading the Network groups are asked to attend, to share information concerning their work.

There are two speakers who have said they will present at the next meeting.

Re Catering: In future, lunch will only be booked for those members who have confirmed that they are attending the meetings.

7. Date and Time of next meeting:

Monday 10th May 2010

Lunch 1.30pm meeting 2pm-4pm - Stafford PGMC

Minutes prepared by: Julia Greensall, PiP
February 2010

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