

PIP STEERING COMMITTEE MEETING

Meeting on Wednesday 11th February 2009
PGMC – Stafford General Hospital

Present:

Stuart Poynor	South Staffs PCT CEO and PiP (Chair)
Andy Spencer	Lead Clinician PiP
Steve Cropper	Academic Adviser, PiP,
Julia Greensall	Network Development Manager PiP,
Lesley Hines	Project Support Manager, PiP,
Jenny Hawkes	Service Development Consultant, PiP,
Jaishi Vaid	Telford & Wrekin PCT
Chrisantha Halahakoon	New Cross, Wolverhampton
Jonathan Howell	Consultant in Public Health, South Staffs PCT
Kate Reynolds	Consultant Paediatrician, UHNS
Alison Wood	Nurse Manager, Shrews. & Telford NHS Trust

Apologies:

Diane White	Coventry PCT
Gunjan Patel	South Staffordshire Community Trust
Helen Hipkiss	NHS West Midlands
Martyn Rees	Shrewsbury & Telford NHS Trust
Nicky Smith	PiP
David Coan	Hereford Hospital
Cheryl Sherratt	South Staffs PCT
Frank Hinde	Shrewsbury & Telford NHS Trust
Tracey Malkin	NHS Stoke –on-Trent
David Eltringham	BCH
Jane Evans	Walsall PCT
Loveday Jago	East Cheshire NHS Trust
Sue Hatton	NHS West Midlands Deanery
Patricia Gavin	ROH

In attendance: Dr. Martin Smith, Consultant Neurologist, Oswestry/BCH
Dr. Guirish Solanki, Consultant Neurosurgeon, BCH
Liz Wright, Senior Physiotherapist, BCH

Discussion – Jenny Hawkes: Review of CSA services for SSPCT, and update on SARC

Jenny has completed a Review of CSA services in South Staffordshire for SSPCT. This is now in draft form and will be finalised following Jenny's scheduled meeting with Yvonne Sawbridge. There are a number of recommendations made, including the establishment of a CSA clinical network across Staffordshire (or maybe the region) and recommendations for CSA training. As part of this work, consideration can be given to developing the skill mix and roles within the CSA Network.

Noted: PiP has been allocated 15k from Safeguarding budget at the WM Deanery, to support training around CSA. This money will be used during 2009/10.

Jenny highlighted the fact that the NHS Standard Contract for Community Services has now been finalised. These contracts will be legally binding from April '09. It is recommended that the National template for developing the CSA service specification is used.

Jenny will be continuing to work with the PCT commissioners and other partner organisations, including the SHA, to complete this.

Jenny has also been supporting the development of a SARC in Staffordshire. The Health reps on the Board have done all they can, including developing a Job specification and Job description for a Project Manager. The funding is available for the SARC; the Police are leading on recruiting a the Project Manager, who will run the SARC.

The National Support Team from DH are coming to the area on 25 March. Neil Hemmings from the police is sending out invites. Jenny will be attending.

There is a need to look at on-call arrangements – so linking up with the Walsall SARC could be useful.

There is still work to be done on how the SARC's will be commissioned and run; it is recognised that it is a complex commissioning structure. It is vital to ensure the LA is involved.

Actions: Stuart to contact a) the Chief Constable re the urgency of getting a Project Manager in place; and b) Peter Traves re the need to have the SCC committed to, and involved in, the development of the Staffordshire SARC.

Presentation: Martin Smith, from Robert Jones & Agnes Hunt – on Intra-Thecal Baclofen (ITB) (supported by Guirish Solanki, Consultant Neurosurgeon and Liz Wright, Senior Physiotherapist from BCH).

Martin explained that Baclofen is a medication used to reduce muscle tone in conditions characterised by spasticity. However, it has limited effectiveness when given orally.

The main benefit of giving Baclofen via Pumps is that it goes where it is needed – with no systemic side effects. There are some disadvantages, which include the fact that the pumps require top ups and the pump needs to be replaced after about 7 years. The cost varies (approx 20k).

Pumps cost about 12k if inserted at BCH; but 27k when inserted at Nottingham.

For children within the West Midlands, the major issue is in equality of access. Implants are not routinely available at BCH (only about 2-3 pumps are implanted per year at BCH). Children are currently implanted in Nottingham – causing an additional burden for many families; these children have to go back for top-ups 3-4 times a year.

There are often difficulties in getting PCT funding; at times, it can take up to a year to get the funding agreed.

A business case is being prepared at BCH; however, there are capacity problems within the Neurology department at BCH. Martin estimated that about 10 children a year would need Pumps.

Martin said that he would like the support of PiP for 2 reasons;

- a) Children in the West Midlands are losing out;
- b) PiP could act as an external catalyst and support this service development.

Guirish said that he had convened a meeting in Birmingham in December; the aim of which was to develop a plan for the Region. Some services can be provided within the community / at home. It is hoped that a Network can be developed across the Region.

Agreed:

- a) Support for this region wide service is required. Paediatricians could influence BCH by being involved and showing that it is a service that is required.
- b) This would be a specialised service and a business case could be taken through the LCCB;
- c) The pathway should be developed to include care undertaken in the community, to the Tertiary end of care. This would of course include physiotherapy requirements.
- d) PiP could support the work at BCH and help take the process through to Commissioners.

Action: In the short term - Lead Clinicians, supported by PiP, to write to paediatricians around the area to ascertain their views and gauge the need for this service. This information could then be shared with BCH.

In the longer term - PiP to support the development of a Business case - to be taken through the route of the LCCB and specialised services team.

1. Minutes of the last meeting – held on 5th November 2008

The minutes from the last meeting held on 5th November 2008 were accepted as a true record.

2. Matters arising

Clinical Lead for Children – It was noted that, despite interviews being held on two occasions, the Clinical Lead for Children has not been appointed. Ed Peile has been appointed as Interim Clinical Lead.

Review of paediatric Services – South Staffs PCT – Report has been circulated to those on the Service Improvement Group & to the Executive.

Agreed: Cheryl Sherratt will present to PiP Steering Committee at next meeting.

Modelling the Future 111 is due to be published in March 2009. However, there is a possibility that this could be delayed, as Simon Lenton from the RCPCH has said that he wants to tie it in with the publication of the Children's Health Strategy, to ensure that the combined messages can be reinforced. The Health Strategy has been delayed for some time now.

Nurses Workshop – held 13th November 2008 Was well attended and very well evaluated. The key note speaker was Liz Morgan, Professional Advisor on Children & Young People from the DH. She did an excellent presentation on 'Future Health policy, the Role and Contribution of Nursing'. This will now be followed up through the Nurses Forum to ensure that the enthusiasm shown at the workshop is not lost.

PiP's Aims & Objectives / Constitution update

These have now been updated and circulated to all members.

PiP Clinical Guidelines, 3rd Edition - Have now been published and distribution has started; some members reported they had received their copies, but others had not. Alison Wood said that those sent to SATH had arrived damaged in transit. She also requested further copies.

RCPCH publication 'Supporting Paediatric Reconfiguration': Need to confirm this is on the website.

Speakers for future PiP Steering Committee meetings confirmed as:

20th May 2009 – Dr Anna Pigott (re Gastro services)

9th September 2009 – Jane Evans, Walsall PCT

9th December 2009 – Rob Willoughby, Government Office, West Midlands

3. PiP's Work Programme for 2009 Updated proforma including current and proposed work streams was circulated for information and discussion.

Main issues highlighted:

- Rheumatology Network: Members of the Network are preparing a bid for the Health Foundation's 'Closing the Gap through Clinical Communities' awards. The deadline for the bid is 27.03.09.
- PiP Workshops - It was agreed that the next PiP Workshop around the 'Modelling the Future' work, would be held in May/June. Simon Lenton to be approached for potential dates.

- Clinical Network Specification – Commissioners have developed a framework for the implementation of the West Midlands Clinical Network Specification. This framework takes the form of a gap analysis & action planning - to help PCTs and networks assess where they are in relation to delivering the specification. It was positive that PiP had been included in this work, as it is not a managed network as many of the other networks are. A draft report has been published. The final report is being presented to PCT CEOs.
- Noted: The scores from PiP's self-assessment were higher than the scores given by the Commissioners. It is proposed that PiP remains a provider focussed network and as such will not be expected to meet the network specification in total (although it should where appropriate to do so). PCTs should develop ways of engaging networks such as PiP in the commissioning process. Further meetings will be held with Commissioners in due course.
- Review Team also stated that they may be able to identify other strands of funding work with PCTs & LCCBs.
- Neurology PiP would like to work with Neurologists across the Region to carry out a gap analysis of service provision. (resources to be identified).
- Annual Report to be finalised. This will highlight where PiP's achievements are 'adding value' to service provision.

4. Financial Position:

The financial report, showing expected full year expenditure was presented. The expected 'Carry Forward' for 2009/10 is £65,894. Walsall PCT have now subscribed for 2009 / 10.

Noted: This amount will be reduced as certain costs and items of non-pay are not included. The importance of having a significant amount of 'Carry Forward', to enable PiP to plan a work programme in advance, was recognised.

PiP has received monies from the WM Deanery for carrying out training activities over the next financial year – money to support the CSA training initiatives and to carry out APLS training for nurses across the partnership.

Agreed: A letter, justifying the Carry Forward, needs to be prepared for the finance team at UHNS.

Action: JG / LH

5. Any Other Business:

WTD issues were raised. There is concern that not all Trusts will be compliant by August 2009. Each Trust has had to put a plan to the SHA on implementation, but some Trusts were reporting recruitment problems. After some discussion it was agreed that this was a broad issue and not something PiP could address.

6 Dates and Time of next meeting:

Wednesday 20th May 2009

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

**Minutes prepared by: Lesley Hines, PiP
February 2009**