

Greater Glasgow & Clyde NHS Board

NHS Board Meeting

Date 15 April 2008

Board Paper No. 08/17

Report of the Director of Acute Services, Strategy, Implementation and Planning

National Delivery Plan for Children & Young People's Specialist Services in Scotland – Consultation Document NHS Greater Glasgow & Clyde Consultation Process

Recommendation:

Board Members are:

- asked to note the publication of the National Delivery Plan (NDP) for Specialist Children's Services in Scotland which is the subject of consultation until 28 May 2008 (hard copies available upon request);
- invited to provide comments for incorporation into the consultation feedback.

1 Background

1.1 As outlined in the National Delivery Plan (NDP), it is recognised nationally that there are a significant range of individual specialist services for children and young people which continue to face real pressures in sustaining and delivering high quality clinical services and best outcomes for patients. There is also increasing recognition of the interdependence of key services and the consequent need to ensure that long term service planning is effectively co-ordinated across specialties.

1.2 In 2004, the Child Health Support Group (CHSG) conducted a review of specialist services in four pilot areas covering children's cancer, respiratory medicine, gastroenterology and neurology. The resultant *Youngson Report* made specific recommendations on service provision, national planning, workforce issues and information technology development. A clear message from this exercise was that, for specialist services to be sustained and delivered across Scotland there was a need for an effective pattern of clinical networks, with the shape and distribution of each network being specific to the specialty in question.

1.3 In 2005, the Specialist Paediatric Sub-Group of the National Framework for Service Change (*Building a Health Service Fit for the Future*), proposed that the future planning of child health services should be underpinned by the following objectives:

- development of managed clinical networks at regional and national levels;
- redesign of services, using a four-level model of care that describes how services can be provided and organised at a local, district general hospital, regional and national level;
- provision of a specialist children's workforce that meets working time regulation and service requirements;
- development of specialist/consultant roles for nursing and Allied Health Professional (AHP) staff;
- the development of education, training and support to ensure that staff can provide a 21st century service;
- the development of regional and national planning for children and young people's specialist services.

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1.4 The importance of addressing these issues was reinforced in *Delivering a Healthy Future: An Action Framework for Children and Young People's Health in Scotland*, which sets out a ten-year action plan to assist hospital and community based health services to respond to the challenges of improving and maintaining children's health in the 21st century. The *Action Framework* has been recognised in *Better Health, Better Care* as underpinning the future development of specialist children's services.

2. The National Delivery Plan – the development process

2.1 To take forward the areas of activity described above, a *National Steering Group for Specialist Children's Services in Scotland* was established in 2006 with the aim of producing a **National Delivery Plan** – a commitment reinforced in *Better Health, Better Care*. This group membership included representatives of the 4 NHS Boards providing specialist children's services across Scotland (NHS Greater Glasgow and Clyde, NHS Lothian, NHS Grampian and NHS Tayside) and National Services Division (NSD), Regional Directors of Planning, and representatives of the Scottish Government Health Directorate (SGHD). There were also a number of voluntary sector representatives.

2.2 The Director of Acute Services Strategy, Planning and Implementation (DASSIP) and Associate Medical Director for Women & Children's Services represented Greater Glasgow and Clyde. Meetings of the NSG were held approximately every two months. The Board is also well represented on the variety of sub-groups set up to take forward specialist service workstreams.

2.3 Detailed work has been undertaken on a range of areas which included specific service reviews, planning and commissioning, networks, age appropriate care, models of care and a review of workforce requirements. Two 'option appraisal' events were held in relation to cancer services (one in February 2007 and one in October 2007) and a national event to share the recommendations in November 2007.

2.4 In undertaking its work, the major areas of focus were on 'priority areas for action' including:

- Children's cancer services;
- Inherited metabolic diseases and cystic fibrosis;
- Paediatric rheumatology;
- General surgery of childhood.

2.5 In addition, recommendations are made on:

- Planning of services;
- Workforce;
- Establishment of Managed Clinical Networks (MCNs) and a number of proposals made on investment in MCNs;
- Improving quality – performance management;

2.6 The National Steering Group (NSG) recognised that a number of other reports pertinent to aspects of specialist children's services had either recently been published, or were the subject of parallel work. For these reasons, the following were not been included in the National Delivery Plan:

EMBARGOED UNTIL DATE OF MEETING.

- *Health for All Children: Guidance on Implementation in Scotland (Hall 4);*
- *The Mental Health of Children and Young People: A Framework for Promotion; Prevention and Care;*
- *Scottish Diabetes Framework: Action Plan;*
- *Emergency Care Framework for Children and Young People;*
- Neonatal Services – review being led by the Maternity Services Action Group;
- Paediatric Neurosciences – review being led by the Neurosciences Implementation Group;
- Remote and Rural Report;
- Laboratory and Diagnostic Services.

2.7 The NSG sought to avoid duplicating work already completed or underway, while also seeking to ensure that wherever relevant, the National Delivery Plan complements other national work streams. It is recognised that this National Delivery Plan, even taken in conjunction with the workstreams identified above, does not address the full spectrum of specialist children's services. Further work is therefore required in respect of services including:

- Diagnostic radiology;
- Pathology;
- Burns;
- Palliative care;
- Ophthalmic;
- ENT;
- Dental surgery;
- Immunology and allergy;
- Renal and urology.

2.8 The different workstreams produced over 80 recommendations which the NSG shared at a national open session on 26 November 2007.

2.9 Following a number of draft iterations, the Scottish Government issued the draft National Delivery Plan in February 2008 for formal public consultation until 29 May 2008 and at the same time announcing an extra £32m investment over the next three years to support implementation of the NDP. This represents £2m in year 1, £10m in year 2 and £20m in year 3. As yet it has not been determined how this funding will be allocated nor that it will be made recurrent. The Cabinet Secretary for Health makes a commitment in the document to the development of two new children's hospitals, one in Glasgow and one in Edinburgh, complementing what 'has already been achieved in Aberdeen and Dundee'.

3 Why Change is Proposed

3.1 Within Scotland there have been difficulties in sustaining the current pattern of delivery of specialist children's services. The main pressures relate to:

- Specialist services where the patient numbers are small, the clinical condition is complex and relatively rare. For some centres, the 'critical mass' is insufficient to retain clinical skills;
- The need to design services and develop staffing models that will meet the constraints of Working Time Legislation, the reduction in junior doctor hours and the impact of Modernising Medical Careers;
- The lack of data on the quality of service provision and clinical outcomes;
- The desire to support local service provision;
- The requirement for these services to be supported by an integrated information technology infrastructure that allows exchange of information across services.

4 NHS Greater Glasgow & Clyde Consultation Process

- 4.1 Whilst it is acknowledged that progress has been made in developing specialist children's services nationally and the funding allocation is very much welcomed, throughout the development of the National Delivery Plan, and in previous years in the planning of specialist children's services, there has been considerable clinical concern about the sustainability of specialist children's services, in particular cancer services and paediatric neurosciences, in a Country with the population size of Scotland. There are concerns that sustaining 4 sites across Scotland for children's cancer is not in keeping with NICE guidelines for children's cancer services. There are also concerns about gaps in the NDP and those services that get no mention.
- 4.2 To support participation in the formal consultation process put in place by the Scottish Government and to enable the above and other concerns to be highlighted and shared, there will be a structured process for responses within the Acute Division and the co-ordination of those responses with those that are submitted from CH(C)P organisations. A copy of the consultation response prior to submission to the SGHD will be shared with Local Authority partners.

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Helen Byrne
Director of Acute Services Strategy, Planning and Implementation
April 2007

Note:

The consultation document can also be accessed via the Child Health Strategy Group's web site:
<http://www.scotland.gov.uk/Publications/2008/02/25093458>