

Women and Children's Directorate

Clinical Advisory Board for the New Children's Hospital Front Door Services Sub Group

Minutes of the meeting held on Thursday 10th August 2006 in the QMH Committee Room 10:00 – 12:00

Attendee List:

Dr Jack Beattie (Chair), Mrs Coral Brady (Management Support and Minutes). Dr Sandra Butler, Mr Rod Duncan, Mr Douglas Fraser, Mr Morgan Jamieson, Dr Scott Hendry, Dr Christine Gallagher, Dr Sarah Hill, Melanie Hutton, Ms Joan Marshall, Kalsoom Mohammod, Mr Stuart O'Toole, Dr Mary Ray, Mrs Lynne Robertson, Dr Fiona Russell, Jean Wilson.

Apologies: Norrie Gaw, Mrs Marilyn Horne, Maureen Kinney, Elaine Love, Mr Atul Sabharwal, Mr Stuart O'Toole

1. Apologies and Welcome

Dr Beattie opened the meeting and thanked members for attending. Apologies are shown above.

2. Minutes of the Meeting of the 27th of July 2006

The minutes of the previous meeting were accepted as an accurate record.

3. Matters arising:

3.1 Updated Activity Projections

3.1.1. MIU's

Still uncertainty surrounding MIU services across Glasgow & Clyde. Dr Jack Beattie told of two meetings planned to discuss this issue. The first being held on the 16th August 2006 at NHSGGC with JB in attendance. At this meeting Joe Clancy will be explaining how predicted patient numbers for MIUs have been produced. Overall looks like there is little reduction on paediatric A&E attendances at the Paediatric A&E, although still seeking clarity over what the figures mean for NCH. Specifically, Mr Clancy looked through the figures for children attending adult A&E departments and has predicted 70,000 through the door. This takes no account of any drift from Monklands and RAH, nor mandatory attendances of babies less than 1 year at the NCH.

A second meeting re MIUs was scheduled for 15 Sep at SGH. The background to this meeting was presently unclear. Mr Jamieson asked if demography had been taken into consideration in these figures. Dr Beattie believed that some account had been taken but did stipulate that GPs would be likely to refer some patients to the NCH.

Action:

3.1.2 Monklands figures

Dr Fiona Russell had been investigating the Monkland figures, but has received nothing to date. Mr Morgan Jamieson was asked if he could offer any information that would clarify the situation. Mr Jamieson intimated that a number of factors are likely to be involved; for example, travelling factors would need to be assessed for its impact on likely numbers.

Dr Mary Ray felt that the effect of the impact would also lie on the continuation of Monklands Hospital or its possible closure.

3.1.3 RAH Figures

Dr Mary Ray had looked at the Emergency Department presentations aged between 0-16 at RAH for the period December 2005 – August 2006 and identified 7, 798 cases presented, which included

triage and treatment. On average, there were around 900 patients monthly. 2% of A&E admissions from RAH are referred to Yorkhill i.e. for orthopaedics and surgery.

Dr Ray believes that in the short-term there would be no real difference in this activity, although this may change with time.

3.1.4 Orthopaedic Updated Projection

Mr Rod Duncan identified that the 10, 000 follow-up figure at Yorkhill provided by Marilyn Horne was correct. However, Mr Duncan did identify that the number of inpatient Orthopaedic admissions to Yorkhill was 733 per annum. This was similar to figures from Alder Hey, where 2% of front door admissions are directed to Orthopaedics. Furthermore, it was indicated that the number of fracture clinics provided would need to be increased. Mr Duncan did feel that this increase was more likely to be a threat to outpatient and radiology services. Dr Beattie asked how the Orthopaedic team planned to deal with this. Mr Duncan told the group that there was no Orthopaedic representation on the Inpatient Sub-group and was so far unable to put concerns forward. In addition, there is a question of how paediatric orthopaedic services would exist alongside the adult service – at the moment this discussion is yet to take place.

Mr Jamieson expressed the opinion that while service design issues were important and discussions should be taking place, the main objective of the Business plan for the NCH was more focussed on bed numbers.

Action:

3.1.5 Surgical Figures

Mr Stuart O'Toole had provided Dr Jack Beattie with surgical figures. Mr O'Toole has indicated that an increase of 30% of appendicectomy cases would be seen through the Emergency Department. This increase will clearly effect inpatient provision.

The figures for head injury were estimated at a 17% increase, linked to the increase in age range. Dr Fiona Russell felt that with the increased age group may bring additional demands on the service i.e. resources to deal with intoxicated patients (some with with head injury. The Emergency Department will be dealing with the vast majority of head injury patients with neurosurgeons seeing more extreme cases. Mr Jamieson thought that the length of stay of a head injury patient was likely to be a factor in deciding which service would be impacted more. Dr Russell suggested looking at head injury admissions requiring less than 24 hours treatment and dividing this group into theatre and non-theatre.

The concern around providing a service for penetrative thoracic and abdominal injury was raised. It was concluded that the NCH would be better served to deal with this overall, but may involve support from adjacent adult surgical expertise.

3.1.6 Gynaecology

Dr Jack Beattie confirmed that one assessment room in the new Emergency Department equipped for Gynaecological examination. This room would provide for Gynae patients on an ad-hoc basis as opposed to being a dedicated room.

Dr Sarah Hill queried the provision of room dedicated to Child Sexual Abuse. Dr Russell expressed concerns regarding privacy and security for the CSA service in Emergency Department. In addition, with the equipment needed for CSA there was also concern about having a room not functional for Emergency Department. The consensus was that CSA patients would be better served by having a separate suite.

3.1.7 National arrangements for A&E response following deaths

Dr Beattie told the group that the Scottish Executive's guidance was due shortly. It was still unclear as to the expectations. However it was clear that there would be physical resources required within the ED.

3.1.8 GEMS

Mr Jamieson will be attending a meeting shortly where this will be on the agenda. He also intimated that the opinion was that GEMS service was keen to work with the NCH. Group members were directed to the Royal Melbourne Hospitals plan for building a new children's hospital, where a formal link with acute primary care service is also being considered.

4. **Schedule of Accommodation**

Dr Beattie circulated a document containing accommodation requirements for the NCH (page 18). This document is based on the recent draft Scottish Health Planning note 22: A&E facilities for adults and children. There was general discussion after looking at this document. Dr Russell was concerned that a Clinical Decision Unit had not been factored into the plan. Lynne Robertson raised the question about how patients would be monitored if the Emergency Department was to full capacity. Dr Beattie felt this was a separate issue that was more about resources and would be dealt with in due course. Kalsoom Mohammad asked about en-suite facilities in the assessment rooms. Dr Russell pointed to GRI A&E which staff there felt was an excellent design and that the actual planning of space would come at a later stage at which time Infection Control, etc would be involved.

Dr Russell felt that working with the Scottish Executive document was the best thing. Coral Brady asked Dr Hendry about Alder Hey's set up. In reply, Dr Hendry felt that it would be similar for the new children's hospital.

Dr Beattie indicated that the new SSW Observation Unit would be multi-specialty and would be nurse-led with support from clinicians.

Mr Jamieson added a cautionary note that the planners will need to be told how many patients are expected.

Lynne Robertson queried a need for a dedicated plaster room. At the moment, this is located in outpatients. From an Emergency Department viewpoint it would be beneficial for the plaster room to be located nearby. Mr Duncan agreed to discuss this with orthopaedics team and felt that there may be some suggestion that the plaster room be located near to theatres.

5. **Other Group Issues**

- There was a general group consensus that IT systems would need to be developed to support the NCH. Mr Jamieson agreed that this is fundamental to discussion but that this would come later in the development.
- Dr Jack Beattie asked Mr Jamieson to clarify the amount of detail the planners were looking for in the OBC. Mr Jamieson felt that the key issues to get across at the moment were: number of patients expected in each area; what areas/departments were needed (do not need the precise locations at the moment although this discussion could begin internally) and amount of ancillary space needed. Mr Jamieson felt that the Board are happy with the work that has been done so far and cautioned that the Business plans were being prepared for the Scottish Executive to discuss the finances.
- A related issue was the Staffing support required to run the new hospital. Dr Beattie enquired if this information was also needed in the OBC. Mr Jamieson felt it was an integral part of the development plan, and that redesigning of services may need to take place, which would impact on staff required. Mr Jamieson went on to comment that the NCH services need to be affordable. The Scottish Executive has not allocated extra funding for the new staff numbers that may be required and any request for additional funding may be challenged.

Concerns were raised over Emergency Department nurses, as it was felt that such nurses were already in short supply. Lynne Robertson and Jean Wilson agreed to build a strategic plan for Emergency Department nursing and consider factors such as training etc.

Dr Russell felt that with the new Specialty training for junior doctors, the medical staffing was relatively protected. Dr Russell and Dr Hendry agreed to identify the numbers of doctors needed for the service.

Overall, Mr Jamieson felt that Yorkhill should not abandon the improvement of services. There will be closures of A&E departments across NHSGG&C before the NCH opens and this will allow the service to be redesigned before moving location. It was encouraged that Yorkhill seek to improve services and request additional funding; broadly speaking when moving to the NCH we will take the same funding.

- Lynne Robertson queried accommodation returns. Dr Beattie commented that this information was on its way.
- Lynne Robertson expressed concern over waiting and departure areas with the predicted increase of patients. Highlighting that transportation was a key issue i.e. patients arriving in an ambulance – how do we transport home? Dr Russell commented that the Scottish Executive Document has incorporated this type of information into its planning advice.
- Lynne Robertson also queried Dental Emergency service. Coral Brady highlighted that Miss Diane Fung covered most dental work in outpatients. Dr Beattie mentioned that most out of hours paediatric dental emergencies are filtered through GEMS service and that the Dental Hospital provides some out-of-hours work at night. Dr Russell had queried using the Dental Suite for dental emergencies, however, with 4000 general admissions per annum – it was thought best to have one of the admission rooms equipped with Dental services.
- Mr Jamieson highlighted the need for a paediatric pharmacy onsite and felt it was almost certain to be located near outpatients. As there is more preparing of medicines in Paediatrics, it was felt that there could be justification for a purely paediatric service. There would need to be thought given to an out-of-hours capacity. Jean Wilson pointed out that having extended pharmacy hours could enable the earlier discharge of children instead of patients having to stay overnight to wait for discharge meds.

6. AOCB

7. Dates of Future meetings

Meeting for 17th of August likely to be cancelled.