Women and Children's Directorate

Clinical Advisory Board for New Children's Hospital
Front Door Services Sub-group

Minutes of Meeting – Friday 14 July 2006

Present: Dr Jack Beattie (Chair), Mrs Coral Brady, Ms Maureen Kinney (Minutes), Dr Sandra Butler, Mr Dougie Fraser, Dr Christine Gallacher, Dr Sarah Hill, Mrs Marilyn Horne, Mrs Pamela Joannidis, Sister Joan Marshall, Sister Kalsoom Mohammed, Dr Norrie Gaw, Dr Scott Hendry, Mr Atul Sabharwal

Apologies: Mrs Lynne Robertson, Mrs Jean Wilson

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1. **Apologies**
   Dr Jack Beattie made introductions and their remit on group. Apologies are shown above.
2. **Minutes of the Meeting of 28 June 2006.**
   The minutes of the previous meeting were accepted as an accurate record.
3. **Matters arising:**
   Actions from the previous minutes:
   Jean Wilson had many actions from last meeting, but unfortunately could not attend today's meeting.
   Two main issues arising were projecting numbers within 95% for Business Plan. For Front Door services one problem was unpredictability from other locations and Paisley.
   Jack Beattie distributed graphs with figures he had sourced from HISS. This showed the number of attendees at A&E over past 9 years. Marilyn Horne stated that we needed robust figures for projections. Marilyn Horne will discuss this with Neil Sommerville.
   The group looked at a 2nd graph showing attendees. These figures showed a reasonable account over the past 9 months. There were a few variations for 2003-2004 and 2004-2005. There was an increase over winter/spring with a 15% increase in walk-ins. From April 2006 figures were 20% higher than same period in 2005, which was 15% higher than same period in 2004. Jack Beattie stated that this would make a difference to our projections. He also stated that these figures were reasonable, but uncertain.
   Using the spreadsheet of figures from outline Business Case in 2002 to predict expansion numbers.
   Annually there is a 2 week audit in all A&E in Scotland (for Scottish Executive) and this shows that A&E are within 2" of figures given. If all 13 year olds come to RHSC A&E, this would be a 75% increase in attendees.
   Dr Gallacher commented on Diabetes service. She stated that at present they have over 400 Type 1 under 15's (this is the biggest in Europe). If we are taking up to 16 years she projects another 40/year-60/year, which is an increase in 100 and their projection would be 800 13-16 year olds.
   - She predicts there will be more under 5's.
   - Type 2's there is not a lot, and she can only guess at average figures.
   - There are very few acute unplanned admissions. Dr Gallacher said she would look at the numbers. These patients do not normally attend A&E as the Diabetes Service has a contact service and these patients would normally come straight to SSW under medical acute receiving. It was suggested that these figures should be looked at. Dr Beattie suggested an audit of SSW and he would ask an SHO to loot at this.
   Mr Fraser had submitted figures from DCFP for self harmers. This showed a modest number of self-harmers. These figures were what was currently out of hours. There was a greater

number attending SGH than other sites. The projection for Mental Health is an increase in activity, especially if this group all attend new site.
Obs & Gyn: 24 hour service. Dr Hill still to look at figures currently and Mrs Valente will look at figures presently for Child Protection Service. Dr Hill stated that adolescent sexual assault victims who are at present seen in police stations would attend Sandyford. Children under 13 yrs will attend Child Protection Service for joint examination with consultant/police surgeon. 13-16yrs will go to Sandyford. Adolescents with physical injury may still be seen at CPS.
Chronic illness – no additions to service.

4. Review of the previous centralised A&E Service Business Case

Dr Beattie will look at figures for service at present and try and make a projection of what numbers we are looking at for next meeting.
Mrs Horne will try and get figures from Health Board; although these are not age banded she will do what she can. Dr Beattie also asked Mrs Horne to look at postcodes when gathering figures.

- Ortho – Mr Rod Duncan to comment. 10000 children attend fracture clinics.
- ENT – at new hospital, no comments made.
- Surgical Services – GP referrals for acute are seen at minor injury units. GP referrals for emergency are triaged at A&E and surgical JHO called. The number of acute referrals and how many are sent home after being seen will need to be checked. Mr Sabharwal stated that he would discuss this at the weekly surgical meeting on Tuesday.

  AS – Action
- Plastics – proposal for new plastic surgeon with specialty in burns. There are not many children at present attending. In future, minor burns will attend RHSC; major burns are transferred to EHSC.
- Radiology – Dr Butler will look in detail and report back to group. **SB – Action**
- Mrs Joannidis brought up plan for future infection control. Dr Beattie stated that the design format for the new hospital will take account of cross-infection and Mr Joannidis would be involved in this.
- Dr Beattie stated he would go through the paper and hopefully get first draft ready for next meeting.

5. Clinical Output Specification (COS) & Schedule of Accommodation (SoA)

All group members will look at activity for own area before completing this template.
Dr Hendry discussed the patient flow. The proposal for current service is to split the department into different sections. This would be an Emergency Department, where attendees would be triaged and directed to specific areas. Present SSW would be used for examination/assessment; Resuscitation would be as is; ICU vacated space – propose to open half space as SSW/Emergency/assessment. Over the next few months it is also proposed to combine the SHO rota to cover. This has still to be discussed with General Paediatricians.
Dr Hendry stated that this is a model that works well in other areas he has worked (Australia & England); this would influence the design for the new hospital. The unscheduled care collaborative shows 98% through department in 4 hours and this model would facilitate this.
If this is the model for business case the numbers of proposed attendees is crucial. Will the numbers attending other site minor injury units attend the new hospital? Accurate data is important and it would be better to overestimate rather than underestimate.
Dr Norrie Gaw was asked to comment on GEMS. He outlined what the service provided at the present time. For minor illness, this service will be nurse led. At present these nurses are not paediatric trained. The minor injury service will, in the future, be nurse led. Nurses can deal with this at the moment, but it is proposed to that more training will be provided.
The discussion concluded that if the minor injury/minor illness sites provided a good service then patients would most likely attend these rather than the Emergency Room at the new hospital site. One 'problem' highlighted was that no adult surgeons in Lanark do paediatrics, therefore, paeds would come into Glasgow sites. The final point was that training must be committed to.

Dr Hendry and Dr Beattie are meeting with Mrs Ros Crockett, Director of Women & Children's Services, to discuss what the future plan from the Health Board is re minor illness/minor injury units.
Is co-located GEMS site the way forward?

5. National arrangements for A&E response following child/young person's death.

Dr Beattie stated there is a draft Scottish wide policy re this. The proposal is there needs to be a parent 'viewing' room with staff being involved more, eg nursing staff staying with parents until body is moved. It is not clear what happens when death occurs out of hospital and does body come in through A&E. Dr Alan Howatson will be contacted.

JB - Action

6. AOCB

Mr Fraser brought up the need for adolescent self-harm bed in A&E and location. This will be better located near in-patient psychiatry. Other options for the self harm could be in an area closer to in-patient psychiatric services or in a ward or area geared towards the needs of the adolescent patient. 50% of referrals are adolescent. He also raised the issue of Social Work input stating where there are more adolescents there will be more SW input. It was stated that there is a Mental Health representative on all sub groups.

7. Date and time of next meeting

27 July 2006 at 10am in RHSC Committee Room.

MK/18/07/2006