

NEW CHILDREN'S HOSPITAL PROJECT
IN-PATIENT CARE CLINICAL ADVISORY SUBGROUP
HELD ON THURSDAY 29TH JUNE 2006 AT
10AM IN THE RENAL UNIT SEMINAR ROOM, RHSC

Present

Jim Beattie (Chair) (TJB)
Anne Devenny (AD)
Douglas Colville (DC)
Ciara McColgan (CMcC)
James Wallace (JW)
Lynda Lawson (LL)

Ursula Monachan (UM)
Graham Stewart (GS)
Dermot Murphy (DM)
Helen Thomson (HT)

Apologies

Joan Burns (JB)
Fiona Mercer (FM)
Rosie Hague (RH)
Kay Maley (KM)
Winnie Miller (WM)
Robert Carachi (RC)
Lesley Wilson (LW)

Carl Davis (CD)
Neil Geddes (NG)
Kevin Hanretty (KH)
Mary McAuley (MMcA)
Michael Morton (MM)
Lesley Smith (LS)
Sameer Zuberi (SZ)

1. Welcome, introductory comment and apologies

TJB welcomed and introduced those present and apologies were noted as above.

2. Minute of the meeting of the NCH inpatient Subgroup of 5th June 2006

The minute of the meeting held on 5th June 2006 was accepted as a correct record.

3. Minute of the meeting of the NCH Project Steering group of 2nd June 2006

The minute of the above meeting had previously been circulated to members and was discussed in some detail. The following actions were noted:

- Outline Business Case Guide to be issued to members (LL)
- Members would like minutes of the Steering Group issued along with sub-group minutes (LL)
- Member requested copies of the WS Atkins report (TJB)

4. Matters Arising

4.1 Membership of the NCH inpatient subgroup

The membership of the group was discussed as well as the importance of obtaining opinion from as wide a constituency as possible to inform the work of the subgroup. It was agreed that members would advise/inform colleagues of the work of the subgroup and bring back comments by the end of July. **(ALL)**

4.2 Interface issues

TJB stressed the importance of maintaining close links with the neonatal subgroup, chaired by Dr Jonathan Coutts as CD for Neonatology. The new neonatal unit in the refurbished SGH maternity unit will incorporate neonatal surgery and a meeting took place on 28th June to discuss the feasibility of several options of delivering neonatal care during the transitional period until both the new neonatal facility and NCH are commissioned. Members asked if they could see the plan for the proposed SGH neonatal facility but TJB advised that to date, only a very preliminary outline was available but would try and obtain a copy (TJB).

TJB reported that there was already a NHSGGC paediatric neuroscience group in place prior to the development of the NCH advisory process, the main remit of which is to develop closer integration of the service between SGH INS and RHSC. This integration will be very important prior to the planned SE consultation on a single paediatric neurosurgery unit for Scotland in 2007 and a paper is currently being developed on service configuration options for the transitional period until the NCH is commissioned. The longer term plan is for an integrated neurology/neurosurgery unit within the NCH with a link to the INS.

4.3 Facilities for adolescent patients within the NCH.

Members were requested to consider a brief option appraisal paper, previously produced by a NHSGGC working group. In the short term for the purposes of informing the OBC it was felt important to ensure that all inpatient adolescent activity was collated but the inpatient configuration for adolescent patients would be the subject of discussion later on in the planning process. **(LL agreed to distribute this paper).**

JW highlighted the importance of retaining paediatric dispensary facilities within the NCH, particularly in the light of the centralisation of Pharmacy activity in the main SGH site.

DC raised the issue of the availability of external (High street pharmacy) prescription pads and the concern by GPs over the prescribing of complex and unusual medication. JW agreed to take this issue on board during the redesign of the pharmacy service.

4.4 Clinical subgroup event

TJB reported that there was a plan to bring all the subgroups together some time in August. Further information will be forwarded once a date and venue had been advised. The general view was that Mondays were not a good day for meetings.

4.5 CHKS benchmarking

TJB advised that NHSGGC wanted at least a limited degree of benchmarking, particularly for tertiary services probably via CHKS.

5. Responses to Date

At the last meeting a request was made for opinion on possible configuration options for inpatient services for the NCH. To date responses have been received from Winnie Miller, Clinical Services Manager RHSC and consultant colleagues in Rheumatology and Orthopaedics. The view of the Rheumatology and Orthopaedic colleagues is that a combined unit would not attract clinical support. The consultant group in Nephro-urology already have close working relationship and would be happy with a shared inpatient facility in which a selective group of urology patients would be managed. Currently there are 10 beds available in the Renal Unit and it is predicted that this number would increase to 14-16 in a combined Nephro-urology unit.

Outstanding responses – Oncology/Haematology, GI, Cardiology and Respiratory/ENT.

6. Next Steps

- Chase tertiary services responses and expand the use of selective ICD10 codes when calculating shared tertiary inpatient activity.
- Review existing secondary sector clinical activity, both elective and emergency and factor in the likely increase consequent on the implementation of the revised upper age limit for admission to the NCH.
- Develop ideas around a combined acute receiving unit for surgical and medical patients, already identified as a good training environment for junior medical and nursing staff, and consider the important adjacencies for this unit.
- Factor in developments in workforce for future.
- Consider need for teaching space/facilities close to clinical areas.
- Consider future siting of the Child Protection Unit.
- Consider infection control issues.

7. Date of future meetings

Three future meetings have been arranged for-

28th July at 10am -Renal Seminar Room, 6A

18th August at 10am - Renal Seminar Room 6A

11th September at 10am - Renal Seminar Room 6A