



SCOTTISH EXECUTIVE

Health Department
Directorate of Service Policy and Planning

Dear Colleague

REVIEW OF SPECIALIST PAEDIATRIC SERVICES

Summary

This letter outlines arrangements for a Scotland-wide review of specialist paediatric services to support development of regional planning in Scotland, led by the Child Health Support Group. It describes:

- the background to the review
- the methodology
- proposed timescales and outputs

Background

The Minister for Health and Community Care established the Child Health Support Group (CHSG) in 2000 to harness professional expertise in driving forward improvements in child health and in the quality of child health services across Scotland. A review of Specialist Paediatric Services is included in the Group's current work plan (see [HDL 86/2002](#))¹. This was based on recognition of the need to take a strategic approach to the planning and development of specialist services in the light of key policy and service imperatives including:

- the issues that arose from the Bristol Royal Infirmary² paediatric cardiac surgery inquiry
- the drive towards continuous improvement in access and quality of health care
- the need to reduce waiting times
- sustaining low volume highly specialised services in Scotland
- the impact on the workforce of European working time legislation and changes in medical training
- the need to ensure appropriate training and development opportunities for staff

¹ Scottish Executive, Health Department, Child Health Support Group, NHS HDL (2002) 86, 28th November 2002

² Report of the Public Inquiry into children's heart surgery at the Bristol Royal Infirmary, January 2002

26 September 2003

Addresses

For action

Regional Planning Group Chairs
NHS Board Chief Executives

For information

Chief Executives, NHS Trusts
Directors of Public Health
Directors of Finance
Nursing Directors, NHS Boards
Directors of Planning
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These issues are not exclusive to specialist paediatric services. However the comparatively small numbers of both patients and professional staff providing these services, coupled with demographic change and geographical considerations, present some specific challenges for sustaining these services.

The CHSG has established a working group, chaired by George Youngson, Professor of Paediatric Surgery, which has agreed the methodology for the review in consultation with Regional Planning Groups, specialist clinicians and Child Health Commissioners (For membership of the Working Group see Annex 1).

The Methodology

There are some twenty medical paediatric specialities in Scotland centred in one of the four tertiary centres, in Edinburgh, Glasgow, Aberdeen and Dundee, with local secondary care in acute services in general NHS hospitals. Each speciality might benefit from review and many have strong links with others. However the review proposes to pilot the methodology with one speciality in the first instance - paediatric oncology and haematology. Thereafter the method will be applied in up to four other specialities including: gastroenterology and neurology. If this method proves fruitful, subsequent speciality reviews may be carried out, as necessary, by Regional Planning Groups.

The Working Group has prepared a template on which the review will be based. This sets out ten areas for data collection (Annex 2). The Group will work with existing clinical and service networks to gather this information and use this to inform discussion of the options for future development of these networks based on a Managed Clinical Network approach. The Group wishes to adopt a consistent approach to the review that is also flexible enough to take account of the individual characteristics of each speciality. The ten areas include:

- Definition and scope (define and detail those aspects of service to be provided)
- Incidence and prevalence of conditions under consideration
- Mapping current services
- Review of current practice
- Workforce planning and training
- Quality standards/Outcome indicators
- Review of education and information
- Identify current research
- Implications for stakeholders
- Possible options for service delivery

The reviews are expected to identify practical solutions in ensuring the future sustainability of the services under consideration.

Proposed Approach

The initial pilot review of oncology and haematology is expected to report in November 2003. The preliminary findings will inform the remaining pilot areas. The CHSG will convene a conference in Spring 2004 to allow key stakeholders in these five specialities and the regional planning groups to consider the overall approach and the outputs from the review process, with a view to identifying preferred options for development in these areas

of service. Thereafter the lessons learned in reviewing these can be applied to other specialities.

Action Required

Regional Planning Group Chairs and NHS Board Chief Executives are asked to draw the content of this letter to the attention of all staff with responsibility for and interest in the provision of specialist paediatric services in their area.

Yours sincerely

IAN GORDON
Director of Service Policy and Planning

Membership of Child Health Support Group- Specialist Paediatric Services Sub Group

George Youngson	CHSG member, Chairman
Jim Beattie	Scottish Committee, Royal College of Paediatrics & Child Health
Linda de Caestecker	Lead Child Health Commissioner, NHS Greater Glasgow - representing West of Scotland Regional Planning Group
Morgan Jamieson	Medical Director, Yorkhill NHS Trust - representing West of Scotland Regional Planning Group
Lorraine Currie	Lead Child Health Commissioner, NHS Grampian - representing North of Scotland Regional Planning Group
Deirdre Evans	Director, National Services Division
Hilary Davison	NHS Quality Improvement Scotland
Jackie Hyland	Lead Child Health Commissioner, NHS Fife
Gwen Garner	Action for Sick Children Scotland
Annie Ingram	North Regional Planning Group Co-ordinator
Jackie Sansbury	South East & Tayside Regional Planning Group
Caroline Selkirk	Lead Child Health Commissioner, NHS Tayside - representing South East & Tayside Regional Planning Group
Isabel McCallum	Director of Nursing , Lothian University Hospitals NHS Trust
Irene McKune	Deputy Director of Nursing, Yorkhill Hospital NHS Trust

SEHD

Ian Bashford	SEHD Senior Medical Officer
Jackie McRae	SEHD Women & Children's Unit
Robert Stevenson	Child Health Support Group Co-ordinator, SEHD Women & Children's Unit
Lindsey Wright	SEHD Women & Children's Unit

SPECIALIST PAEDIATRIC SERVICES

PILOT REVIEW METHODOLOGY

1. INTRODUCTION

1.1 A clear agenda for modernisation of specialist services is emerging in NHS Scotland. This is driven by the outcomes from the Report of the Inquiry into child deaths following cardiac surgery at Bristol Royal Infirmary³, workforce pressures linked to changes in European Working Time Legislation training arrangements for medical staff and the New Deal for Junior Doctors. . Alongside key objectives from the Scottish Executive including:

- Securing safe and sustainable services.
- Improving access to health care.
- Improving the quality of healthcare and in particular reducing waiting times.
- Empowering health professionals to improve services.
- Better integration of services, to smooth the patient pathway.

These issues make a strong case for review of specialist paediatric services.

1.2 The Child Health Support Group Specialist Paediatric Services Sub Group identified 10 areas that should be included in pilot work to review certain small volume paediatric specialities. This pilot work constitutes the second phase of the review process and the Sub-Group is providing the following guidelines to promote a common approach across the specialities involved in this phase of the exercise.

1.3 The specialities for the pilot phase (Annex A) have been identified through discussions with Clinicians, Regional Planning Group representatives, the CSHG and SEHD.

2. PILOT REVIEW PROCESS

2.1 The Child Health Support Group sub-group on Specialist Paediatric Services will work with existing clinical networks and fully engage with Regional Planning Groups to carry out pilot reviews, of key specialities based on the 10 key areas of activity listed below:

- Definition and scope (Define and detail those aspects of service to be provided)
- Incidence and prevalence of conditions under consideration
- Mapping current services
- Review of current practice
- Workforce planning and Training
- Quality Standards/Outcome indicators
- Review of education and information
- Identify current research
- Implications for stakeholders
- Possible options for service delivery

2.2 It is expected that the review should produce potential options for delivering improvements in specialist services based on a sound evidential approach.

2.3 After the pilot phase has been completed the intention is to consider the outcomes from the exercise at a conference in spring 2004. The conference will

³ Report of the Public Inquiry into children's heart surgery at the Bristol Royal Infirmary, January 2002

focus on the lessons learned from the pilot reviews and the implications for applying the approach to other specialist paediatric services..

2.4 The CHSG Sub-Group will approach existing clinical networks or groups in each of the identified pilot specialities for information about the following aspects of need, demand and service provision in their area. The pilot review report will be expected to cover each of the following areas.

Definition and Scope

2.5 Give a description of the speciality and conditions to be included in the review and major links with other services that may have an impact on the delivery of the speciality on a regional basis.

Incidence and Prevalence

2.6 Incidence and prevalence of the most important conditions and problems managed by the speciality. What this means in terms of how many cases are seen at NHS Board, regional and national level

Mapping of Current Services

2.7 The clinical networks should identify the distribution of clinicians involved in the present delivery of care, and in consultation with the different service providers review caseloads by area where possible, and document the challenges in sustaining the service at present.

2.8 The clinical networks, supported where necessary by the CHSG Sub-Group, should work with Information Services Division to identify the activity on children and young people aged 18 and under within their speciality. This may identify where need and demand appears most concentrated. Existing referral pathways and gaps in current service provision should also be described.

Review of Current Practice

2.9 Colleges and clinical networks should help us identify the characteristics of the disease and its course, and treatment processes and outcomes. The review should also describe the extent of the current evidence base for treatment and existing protocols. Emphasis should be given to well-established quality standards of care.

Workforce Planning and Training

2.10 The Scottish Executive Health Department is currently reviewing the workforce requirements needed to meet the demands of working time legislation. This provides a useful model to apply to data gathered for the speciality pilot reviews to help identify gaps that will be produced by compliance with the European working time directive.

2.11 The pilots should identify the necessary steps to consolidate succession planning. They should also identify the necessary education and training infrastructure.

Quality Standards/Outcome Indicators

2.12 This area should describe any relevant standards impacting on the specialist area under review. These may include standards agreed with NHS QIS, SIGN guidelines, College guidelines and requirements and any policy objectives for the NHS for example in the Performance Assessment Framework⁴, waiting times, environmental standards accessibility etc. Where applicable the standards described in the National Service Framework⁵ for England and Wales should be taken into account when considering service delivery.

2.13 The review should consider current arrangements for audit, the involvement of patients⁶ and relevant voluntary sector organisations, and identify any shortfalls in these areas.

Education and Information

2.14 Clinical networks should advise on what information and resources are available for education of patients and parents about the disease, the services and other forms of support available.

Current Research

2.15 The role of academic institutions, links between services and clinical training and research should be assessed when considering options for future service delivery.

Involvement of Stakeholders

2.16 Tertiary services, by their nature, depend on other specialities and secondary and primary care for care provision, and service redesign will affect the relationships between these service tiers. The pilots should be fully aware and able to describe the extent to which any reconfiguration of service will influence and will be influenced by other services.

2.17 The pilots should also ensure that patient and lay representation inclusion is achieved in their work.

Possible Options for Service Delivery

2.18 The aim of the review process is to offer solutions to problems of sustainability in key specialties, if necessary by reconfiguration of existing services. The questions for consideration at this stage include:

- What services should be provided at a national, regional and local level and how should the service evolve to meet identified pressures?

⁴ Performance Assessment Framework: Self Assessment in Health Services for Children and Young People 2002-2003

⁵ Getting the Right start: The National Service Framework for Children, Young People and Maternity Services-Standard for Hospital Services, Department of Health, April 2003

⁶ Patient focus and Public Involvement, Scottish Executive Health Department, December 2001

- Which children and which conditions are likely to need direct involvement of a specialised service, and which should be managed according to agreed protocols and schemes of care?
- How should services be reorganised in order to simplify and smooth the care pathway?
- What role can clinical networks play to improve the integration of services, whether within NHS Boards, across a region or in the Scottish context?
- How should parents and users be consulted and involved in service redesign?
- What is needed to secure good transition from paediatric to adult services for teenage patients in each speciality?

Annex A Medical Paediatric Specialities Identified for Review

Recent/Current Reviews	Suggested Pilot Areas	Remaining Areas
Nephrology PICU and Anaesthesia Cardiology and Cardiac Surgery Pathology Neonatology Accident & Emergency*	Complex respiratory disease Endocrinology/diabetes Gastroenterology Neurology Oncology/Haematology	Radiology Clinical Genetics Dermatology Major Burns Immunology Infectious Diseases Rheumatology Neurodisability Metabolic diseases

*Already committed to carrying out service review