

SUMMARY OF DISCUSSION: NATIONAL FRAMEWORK FOR SERVICE CHANGE

NATIONAL ADVISORY GROUP MEETING – 24 MAY 2004

Present

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| David Kerr | Chair |
| Malcolm Chisholm | Minister for Health and Community Care |
| Mac Armstrong | Chief Medical Officer |
| Irene Sweeney | Chair, Scottish Pensioners Forum |
| Jae Ferguson | Chair, Mid-Argyll Maternity Users Forum |
| Nora Kearney | Professor of Cancer Nursing & Director of Cancer Care Research, University of Stirling |
| Roger Gibbins | Chief Executive, Highland NHS Board |
| Jillian Morrison | Professor of General Practice & Deputy Associate Dean of Education, University of Glasgow |
| Lesley Summerhill | Director of Nursing & Patient Services, NHS Tayside |
| Charles Swainson | Medical Director, NHS Lothian |
| Alexis Jay | Director of Social Work, West Dunbartonshire Council |
| Graham Teasdale | President, Royal College of Physicians & Surgeons of Glasgow |
| James Kennedy | Chair, Scottish Partnership Forum |
| Trevor Jones | Chief Executive |
| Ian Gordon | Director, Service Policy & Planning Group |
| Derek Feeley | Head of National Planning Team |
| Jane Gallacher | Project Team |
| Brian Dornan | Project Team |

Apologies were received from Peter Bates, Lesley Holdsworth, Gillian Needham

Meeting

The group met for the second time on 24 May to discuss the following issues:

- Minutes of the meeting of 27 April
- Priorities for service mapping: Meeting Paper 5
- Revised work programme: Meeting Paper 6
- Communication and core script: Meeting Paper 7
- Arrangements for future meetings

Opening

Professor Kerr welcomed the group, and was keen to maintain the momentum established at the group's first meeting.

Minutes

Minutes agreed with some minor alterations, including to the titles of group members and a greater emphasis on the rurality issues considered by the group at the previous meeting. The Group wanted the minutes posted on the website.

Action Points:

Project Team to advise the group when the website is active.

Priorities for service mapping: Meeting Paper 5

The group has agreed to apply the national framework for service redesign to some specific services. Mac Armstrong explained the rationale behind some of the services listed in the papers.

Discussion points

- The Acute services review left the question around the future of some services open, e.g. neurosurgery. Previously concerns were raised around the number of centres delivering elective neurosurgery but the review called for a retention of all four centres with a greater emphasis on specialisation. A paper produced by the Academy for Medical Science in London would suggest that drivers for both basic and applied research in neurosciences should lead towards larger centres of specialisation.
- In tertiary children's services there are now 3 sub-specialist groups in children's medicine; community, frontline district general hospitals, and an increasingly fragmented tertiary service. Increasing specialisation in the tertiary sector would tend to result in a lack of cover.
- The group should consider whether cardiac surgery should be included in this list given developments in technology and interventions which might reduce the numbers requiring cardiac surgery.
- Fear that this list might make it look as if the group is interested in service attrition rather than development. The inclusion of child and adolescent services was welcomed and the following questions raised:
 - What are the knock-on issues and consequences of specific recommendations regarding service configuration in these areas?
 - How will public consultation and debate be focused?
 - How do we ensure cohesion between these recommendations and the 2020 scenarios?
- The need to work through the framework *before* making specific recommendations was reiterated. Do we have the resources and timescale to say in how many locations a specific service should be delivered and also to specify location(s)? It was agreed that the group would make an attempt to do so with a couple of these worked examples.
- We must be able to move firmly towards implementation of the framework, especially given consultant contract issues.
- One way to consider these issues would be to specify how many tertiary centres we need in Scotland, *then* considering where these should be based. A sub-set of the group could perhaps take a day or two in a hotel with a map of tertiary centres, specialist centres and the relevant information. Such planning of tertiary centres

more generally would then inform the specific examples of neurosurgery and children's tertiary services.

Action points

- Two of the examples given in the Priorities for Service Mapping Paper will be taken forward.
- A smaller Group should be convened to attempt to map more generally the future of tertiary services in Scotland

Revised Work Programme: Meeting Paper 6

Derek Feeley introduced the work programme paper and revised diagram which reflects the division of the work. Nora Kearney presented a complementary diagram which also explained the work in a way that captured the fluidity of a patient's journey through the health system.

Discussion points

- Both diagrams will be put on the group's website when it has been established.
- Important that community care is where we start rather than a step on the way to another service.
- The group should not equate complex care with tertiary or specialist services.
- Perhaps complex care should be thought of as relating to facilities rather than providers.
- There is a need to consider all of the work-streams in the context of the 2024 scenario.
- The group must also look at the incentives and drivers that will push health boards towards the 2024 vision, rather than just policy in the form of guidance. There is a need to ensure that incentives can be changed as the situation develops between now and 2024.
- Do we also need in the diagram sections on:
 - Financial incentives
 - Public participation
 - Change management
- Targets are one possible lever for change, do we have sufficient levers for change in the partnership approach being adopted in Scotland?
- Developments in radiology and imaging are likely to keep more patients out of hospital. It is therefore important that we assess these issues.
- Volume of procedures can be an issue in determining quality, a piece of work assessing this and other factors and their role in determining quality is necessary.
- It was suggested that the group look in more detail at the flow of money through the system, particularly between the boards.
- Constraints on building the health service we would like may not all be in our hands – are there bandwidth problems we need to consider alongside colleagues in other departments?
- The group should be looking at inequalities in healthcare rather than health per se, diversity needs to be built into our considerations from the start. Nevertheless it would be useful to have someone present to the group on health improvement, and

another on mental health. It was also suggested that the group has June Andrews along to give a presentation on current and planned CCI work.

Action Points

- National Planning Team to set up presentations to subsequent Advisory Group meetings.

Communication Planning: Meeting Paper 7

Derek Feeley introduced the communication plan paper.

Discussion Points:

- We need to consult CHPs throughout the process. Local Authorities should be engaged directly in the process, perhaps through Chief Executives of social work departments.
 - It is clear that this work is about future issues and will not be used to “park” existing difficult issues for the time being. To date, the work has been very positively received by the Health Committee.
 - Some scenario planning would constitute a useful illustrative tool – what would be the consequences of retention of local services or otherwise?
 - The core script outlined in this plan is similar to that given by health boards and would need to be made more interesting and meaningful for the public if it is to capture their attention and interest.
- Communication and consultation to be the main agenda item at our next meeting in early July with presentations from the relevant people from the Scottish Executive.

Action Points:

- Project Team to revisit Communication plan and bring it back to members at the next group meeting.

Project Team
June 2004