

National Framework for Service Change in the NHS in Scotland
Highly Specialised Care
Report on the Methodology

Lessons Learnt

April 2005

Introduction

1. One element of the work in the area of Highly Specialised Care was to consider the planning methodologies adopted by the two Action Teams in terms of how beneficial they were to the Teams in making progress with their work and to delivering against the remit and objectives of the Teams.

Structures

2. The remits of the Teams were set out by the Advisory Group, however both Teams confirmed these and identified any areas for clarification. The sub-speciality of paediatric neurosurgery – in the Neurosciences Action Team remit - and the Paediatric Intensive Care service – in the Specialised Paediatric Service (SPS) Action Team remit - were areas for potential duplication for the Teams and the communication linkages regarding these were agreed. Both Teams shared the same Project Lead, members of the SPS Action Team attended a meeting of the Neurosciences Action Team to discuss these issues and a member of that Team reviewed the papers from the SPS Action Team.
3. Additionally a group comprising the two chairs, project lead, Head of National Planning and expert advisors met on two occasions to discuss common issues.

Learning Point

4. Ensure clarification by the Team of their remit, accountability, timescales and identify any potential gaps/duplication and how these will be dealt with.

Process

5. The work of the Teams encompassed the elements of a standard planning process – that of analysing the current situation, defining the purpose, identifying the key issues and the critical success factors and setting out the actions which need to be taken to achieve the purpose. However they came into the process at different points and were able to build on other work to varying degrees. Particularly, the SPS Action Team were able to adopt the work of the Child Health Support Group Review of Specialist Paediatric Services in Scotland, which had followed a published methodology¹ and the Neurosciences Action Team decided to revisit previous work to identify a start point. The Neurosciences Action Team used a range of different tools during its work including a SWOT analysis, Option Appraisal, a self assessment against recognised UK standards, an independent opinion on workforce resources and a review of information.

Learning Points

6. Standard management and planning processes and tools should be used to secure a comprehensive approach and support objectivity. Where an

¹ Review of Specialist Paediatric Services HDL(2003)43

independent view eg through benchmarking or opinion can be obtained, this should be considered.

7. Expertise in application of techniques such as option appraisal should be developed and made available to support service planning.

Start Points

8. The circumstances of the two service areas – Neurosurgery and Specialised Paediatric Services (SPS) – were very different and this dictated to some extent the methodologies adopted. Specifically the two service areas were starting at different points with different supporting infrastructure. The Neurosciences Action Team had 3 previous service reviews in Neurosurgery to work from, however these had not been formally adopted, the level of support for their recommendations required confirmation and there was no ongoing organisational support to progress the outcomes of the reviews. The SPS Action Team was able to draw on the contemporaneous Review of Specialised Paediatric Services and the extant organisational support of the Child Health Support Group, which draws the community of children’s services to work together; this provided an initial cohesion and baseline which was absent in the Neurosciences Action Team.

Membership of the Teams

9. Initially both Action Teams identified 15 -16 individuals as members. These individuals were identified in terms of their personal expertise, experience and potential contribution to the work, not particularly as representatives of anything. The expertise of the Team members was identified by the Neurosciences Team as a positive in underpinning the process. The Teams’ membership took account of the need to ensure there was a geographic, professional and organisational mix. Clinical Leadership and engaging the clinical community in decision making were considered fundamental to the success of the work and its implementation. The mix included clinicians – doctors, nurses, AHPs, patient bodies, Scottish Ambulance Service, management, the specialist centres, District General Hospitals and GPs. There was difficulty identifying GP representation for the Neurosciences Action Team due to its highly specialised nature, however an agreement was reached with the Royal College of General Practitioners in Scotland that they would receive all the papers and that they would put in place arrangements to consider these papers and supply comments as they felt appropriate. The membership of both Teams increased, but for different reasons. The Neurosciences Action Team agreed at its first meeting that its membership should be increased to include a neurosurgeon from each centre. This was due to its focus on neurosurgery, the need to ascertain the level of support for the previous reviews’ recommendations to clarify the “start point” and the need to engage the clinicians in the developing the service. It considered working through a “Core” group and a separate “Reference” Group, however discarded this as impractical. This Team had 26 members. The SPS Action Team increased its membership to enhance the geographic mix and to support linkage to the Children’s workstream; it had 22 members, although some of these joined towards the end of its work.

10. An inclusive approach was adopted by the Neurosciences Team to support engagement in the decision making concerning the service. The size of the Team was one element of this and another was the agreement that each member would assume responsibility for communicating in and out of the Team with their colleagues locally and into the networks/organisations they were members of.
11. The large size of the Teams had the potential for difficult management of meetings, however feedback from the Neurosciences Team supported the need for chairs to have particular expertise in this area. The large size of the Team and the inclusive approach adopted by this Team was considered beneficial by them in allowing it to speak for all the neurosurgical centres.
12. Each Team had a lay chair, who were members of the Advisory Group. Both chairs identified a desire to have expert advisors to work with them for the duration of the work. These were nominated by the appropriate Scottish Royal Colleges. The “independence” of the chair, ie outside the specialty, was considered beneficial.

Patient Focus/Public Involvement

13. Both Teams included members from patient organisations and in both cases their input was significant to the process. In the SPS Action Team the member worked with colleagues and Action Team members to develop a specific section for the report. The members of the Neurosciences Action Team were part of the Neurological Alliance and carried out a piece of work with other members of that Alliance to provide information on patient expectations, priorities and elements they considered important in a future model. These fed directly into the criteria used in the Option Appraisal and into the Service Model that the Action Team agreed.
14. In both Teams the involvement of patient “representatives” provided the vital perspective in focussing on services and patients rather than organisations, professions and boundaries.
15. Feedback from the patient representatives was that they felt part of the Team and their contribution was welcomed and listened to.

Dialogue with Stakeholders

16. Both Teams recognised that the areas they were looking at were a stage in a patient journey. They were parts of wider systems of care and needed to be considered as part of that wider system, taking into account clinical interdependencies. In the work on neurosurgery this was recognised through the extended membership of the Action Team and their links. In the SPS Action Team this was recognised through participating in video-conferences and a consultative conference, which are described below. This integrative nature also encompasses the dimensions of teaching and research and the relationship with the Universities; this was discussed particularly in the

Neurosciences Action Team and recognised in the proposals for the service in the Report.

17. The Royal College of Paediatrics and Child Health worked closely with the SPS and the Children's workstreams and surveyed their members on identified issues following it up through a conference.
18. The SPS Action Team used a consultative seminar as a vehicle to involve the wider stakeholder community. This was a joint seminar with the Children's workstream and allowed ideas and early thinking to be tested.

Learning Points

19. The structure of the work should achieve a balance between keeping a focus on progressing the work and involving all the stakeholders. The work must engage those responsible for delivering the service – clinicians and managers who will provide a deep understanding of the issues and be able to articulate them and support wider understanding. Users in the form of patients' representatives/organisations are vital to the process as are voluntary organisations and other partners eg Local Authorities. However it should also include others who can view the issues from a different perspective and people who can bring particular expertise, eg workforce planning.
20. The size of a Team should be sensitive to the circumstances of the work and should take advantage of opportunities for co-option and work being progressed by smaller teams reporting in.
21. Communication methods for all stakeholders and the status of information should be identified and agreed. A wide range of methods should be considered including resting responsibility with individuals carrying out the work and consultative seminars which worked well for the two Action Teams.
22. Consideration should be given to identifying an independent chair and project management and to the support that they might require, eg access to expert advice.

Information Gathering

23. Both Teams spent a significant amount of time discussing their information needs and the availability of information to inform their work. Neither team identified a robust comprehensive dataset, however what information that was available was considered and used as appropriate. The issues with the information and evidence base are concerned with both the relevance of the definitions and datasets collected as routine and the supply of information from the services into these.
24. Consequently the Teams used a mix of quantitative and qualitative information from a variety of sources. In conjunction with the work on Children's services, the SPS team participated in an innovative information gathering exercise carried out by questionnaire and video conferencing. This was well received

and provided an effective and efficient mechanism with the added value of the videoconferencing giving the opportunity for discussion about the information provided.

25. Both Teams considered information in its widest sense, ie activity data, clinical audit, standards, workforce, guidelines. Neither considered financial information, which was consistent with their remits.
26. A literature search was carried out in both fields of work. The results were made available to the Teams and relevant literature considered.
27. The Neurosciences Team took time to consider the future need for neurosurgery and identified developments and their potential impact, and related the nature of the need for neurosurgery to demographic trends. However work in the area of trying to quantify future need through use of other techniques was not carried out.

Learning Points

28. Expertise in the field of making data relevant to decisions and articulating business problems into a specification for analysis of data should be developed.
29. Telelinks, eg videoconferencing should be considered as an additional communication tool to use for linking individuals or small groups into discussions.
30. Careful definition of information needs is important to prevent information overload and the danger of “analysis paralysis”. A literature search to identify an evidence base, existing standards, guidelines etc and other developments should be undertaken. If data is not available consideration should be given to a short focussed data collection exercise.

Accountability

31. Both Teams worked in a transparent way, with the papers for the meetings being circulated, the discussions at the meetings recorded fully and the papers being posted on the National Framework web-site. Feedback from Team members was that the process was felt to be fair and transparent.

Outcomes

32. The SPS Action Team produced a joint report with the Children’s workstream, reflecting the integrated nature of health care for children. As well as being included in the National Framework a number of their recommendations will be considered for inclusion in the Child Health Support Group Action Framework which provides a continuity.
33. The Neurosciences Action Team have recommended that their work should be remitted to a senior NHS manager to take forward with appropriate support. They were very critical of the lack of follow through from previous work.

Feedback from this team indicated that bringing the Action Team together had established contacts and good working relations which should be built on through involvement in implementation.

Learning Points:

34. Follow through arrangements for the outcomes from planning should be identified and communicated.

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