Staffordshire, Shropshire & Black Country
Neonatal Network

STAKEHOLDER CONFERENCE

MINUTES

Thursday 22nd July 2004
Shrewsbury Post-Graduate Medical Centre

ATTENDANCE LIST

Jon Crockett
Andy Spencer
Andy Coe
Babu Kumararatne
David Brookfield
Wendy Tyler
Dr Thakker
Doreen Quammie
Sue Malbon
Barbara Hodgkiss
Dave Churchill
Colin Melville
Dr Bagchi
Dr McMillan
Clare Price
Sandra Reading
David Drew
Doreen Humphries
Steve Washbourne
Fiona Chambers
Julia Greenaway
Greg Stevens
Susan Bresh
Sabrina de Bellini
Andrew Tapp
Carly Lawrence
Martyn Rees
Adam Gornall
Sue Ellis
Pek Wan Lee
Ajay Gupta

PROGRAMME

09:30 REGISTRATION AND COFFEE

10:00 WELCOME AND INTRODUCTION
Jon Crockett, Chair of Network Board

10:15 BACKGROUND TO SETTING UP OF NETWORKS AND BAPM PAPER
Andy Spencer, Clinical Lead
Followed by group discussion

10:45 HOW WILL NETWORK AND DEVELOPMENTS BE FUNDED
Andy Coe, Children's Specialities Advisor with Accountant
Followed by group discussion

11:15 COFFEE

11:30	WHAT SHOULD FALL WITHIN THE REMIT OF THE NETWORK Group discussion
12:30	FEEDBACK AND CONCLUSIONS
12:45	LUNCH Opportunity for informal networking
14:00	PROPOSED NETWORK INFRA-STRUCTURE **Andy Spencer, Clinical Lead** Followed by group discussion
14:30	PRESENTATION OF NEW CONSULTANT POSTS Followed by group discussion
15:15	AFTERNOON TEA
15:30	GUIDELINES PROJECT **Babu Kumararatne, Consultant Paediatrician Royal Wolverhampton Hospital**
15:45	TRANSPORT AND CROSS NETWORK ISSUES **Andy Spencer, Clinical Lead and Andy Coe, Children's Specialities Advisor**
16:00	CONCLUSIONS AND CLOSE

WELCOME & INTRODUCTION (Appendix i)

Jon Crockett CEO of Wolverhampton PCT and Network Chair welcomed everyone to the inaugural meeting of the North West Midlands Neonatal Network, covering Staffordshire, Shropshire and the Black Country (SSBC). A number of questions were posed:

- Why are we here?
- What is this network thing?
- What are we trying to achieve?
- How is it going to work?

The purpose of the day was described as involving everyone present in finding new ways of working together in order to provide better care for babies. We need to work differently in order to:

- Make best use of resources
- Provide safe services
- IMPROVE CARE

To be successful we must:

- Work together
- Share experience and skills
- Pool our talents

To achieve these aims we need

- Partnership
- Standards
- Good practice

The agenda for the day was reviewed as a means to commence the groundwork for the development of a successful network. It was pointed out that the network can only work if the practitioners involved in care help to design a network that it is:

- Effective
- Owned
- Makes a real difference

Finally the Chair impressed upon delegates his believe that the network is the only we way we will achieve the progress and development of neonatal services that are required. However we can only make this work if we pull TOGETHER.

Background to Setting up of Networks and BAPM Paper (Andy Spencer)

Andy Spencer, consultant neonatologist and recently appointed network clinical lead gave a short presentation (Appendix ii).

The Department of Health imperatives or "must do's" were described along with the ways in which these changes could improve neonatal outcomes. Requirements for a successful network were suggested along with the initial steps required to make a start. During the day urgent decisions were required with regard to spending the revenue from the national allocated NIC monies. Reasons for this urgency were clarified. A way forward was identified and discussion was invited regarding the future decision making process.

Discussion

During the discussion that followed Jon Crockett made a list of issues that required further discussion either during the day or at a later stage. This was prioritised into 1) urgent/now through to 4) long term/strategic as shown below:

1. Balance between consultants and nursing ?
   Alternative funds ?WFC

1. Consultant post “Network ownership”, Network posts.
   Time to be involved with network issues.

2. Capacity Mapping
   How, Who & When

2. How will designation happen ?
   What network involvement will happen

2. Understanding where totality of £ is spent
   Where, what for whom.
   Performance management

3. Understanding Process of Decisions
   Where, by whome, timescales.

3. Planning Strategy
   Short Medium Long

4. Longer Term – Payment by results
   Tariffs

It was agreed that an urgent priority is to do a big piece of work as soon as manager in place to understand capacity and associated costs across the network.

The network also needs to think in terms of totality of funding, not just in terms of £492K which is from DH to promote network development.

How will Network and Developments by Funded.
A joint presentation was made by Andy Coe (Children’s Specialities Advisor) and Stephen Washbourne (Head of Finance, West Midlands Specialised Services Agency).

The proposed allocation of the national monies was outlined, based on a document that had previously been circulated by Simon Brake. The West Midlands received an allocation of £2,350,000 in 2004/5 on a recurring basis, and the funding, based on the newborn low-birth-weight weighted capitation (£000s) is as follows:

Network	Network Infrastructure	Network General Allocation	Total	Proportion of Region
CNN	£32	£209*	£241	16%
North WM	£110	£496	£606	38%
South WM	£110	£600	£710	46%
Total	£252	£1305	£1557	100%

* CNN's allocation includes the consultant appointment to UHCW, funded at £87,000

These sums exclude the £800,000 assumed allocation for Transport, which remains the subject of consultation, and any surplus will be re-allocated to the networks proportionally.

It was confirmed that revenue of £496K is available in this financial year to support the SSBC Network, in addition to £110K infra-structure. This revenue stream will form a permanent source of funding, but the only additional funding from the national pot for next year will be the normal uplift for NHS inflation.

If the money allocated to transport is not fully utilised then any residual funding will be re-allocated to networks. In the future the Network needs to think in terms of the total NIC spend and not just the national monies. Future developments will either have to be funded through internal re-structuring or as new bids to PCT commissioners through the WMSSA.

As it often takes time to get new staff into post it is imperative that decisions about spending the revenue stream are made urgently, otherwise none of this money will be spent this financial year. It is likely that at least some of the unspent money will be used to cover overspends in other areas and consequently the slippage may be lost to neonatal services.

Group Discussion

Groups were asked to self-select in order to achieve a mixture of people from different professional disciplines and units in each group. Three questions were posed?

1. What should be Network Boundaries – In other words, in what ways should the Network develop. What should we be doing now?

2. In term of planning/strategy please suggest:
   2 short term objectives
   2 med term objectives

2 long term objectives

3. Priority Balance
   What is the correct balance of priorities for development. Eg Consultants verses nurses.

Each group was invited to record their observations on a flip chart (Appendix iii) and then feed back to the meeting. There was a high degree of commonality between the groups. The outcomes will be used to inform the Network Board regarding the commissioning of projects and also to inform the initial development of the neonatal strategy across the network.

Proposed Network Infra-Structure

Andy Spencer did a short presentation (Appendix iv) outlining a suggestion for the composition of the Network Board. It was agreed that a small Network Board would be most efficient provided it was accountable to the Stakeholders. This could be achieved by holding an annual open meeting. Furthermore it was agreed that most Network Board decisions should be under pinned by a working group which would involve interested and involved individuals from the constituent units. Andy went on to explain the urgent need for consultant expansion in order to move towards BAPM standards, cope with the working time directive and to start to develop much stronger working links between adjacent units.

Presentation of New Consultant Posts

The need for 4 new consultant post were presented as indicated below:
Shrewsbury & Stoke – Wendy Tyler (Appendix v)
Stoke & Stafford – David Brookfield
Wolverhampton & Walsall – Nil Bagchi
Wolverhampton & Wordsley – Pradip Thakker

The job descriptions for the post had been circulated before the meeting. It was agreed that all these post were essential to the establishment of the network. There was much discussion about the need for ANNP's especially by Wordsley hospital who recognised this as a very high priority for their service. It was agreed that these four posts should be approved subject to funding by WMSSA. Further work into the development of the ANNP grade was required. Appointing trained ANNP's remains a difficulty.

A proposal was also put forward for the development of two time limited (2 year) nurse educator posts (appendix vi), one to work between Stafford, Stoke and Shrewsbury and the other between Wolverhampton, Wordsley and Walsall. This proposal was also strongly supported.

It was agreed that Andy Spencer would propose to the WMSSA that the four consultant posts should be funded as a first priority out of the revenue stream. Then if there was spare revenue or non- recurring funding that could be used, the two nurse educator posts should also be funded. It was recognised that the workforce confederations might be interested in funding the nurse educator posts. It was agreed that in order to fund the four consultant posts it would be acceptable for each post to be supported by 0.2 – 0.3 secretarial time. This also reflects a change in the way in which neonatologists will work in the future.

Guidelines Project

Babu Kumararatne presented a proposal for the development of common neonatal bedside management guidelines (Appendix vii) to be used across all the constituent units. This could be facilitated by working with the West Mercia Bedside Management Group who had considerable experience in developing clear and robust guidelines. The network would be expected to contribute 2 – 3K per annum to the network, but in exchange get the services of a paediatrician, an evidence based librarian for literature searches, an administrator with publishing expertise and an editorial team. The group had successfully published medical and surgical guidelines and paediatric guidelines in collaboration with PiP are shortly due off the press. It was agreed that this is a very worthwhile initiative and should be supported.

Transport and Cross Network Issues

Andy Coe outlined a vision for a regional neonatal transport service. In the first instance a call centre would be established, this would assist in data collection for future developments. Flow sheets were presented for both baby and in utero transfers (Appendix viii). In the future cross network issues will be negotiated through clinical leads. They would be responsible for representing the collective view of their networks.

Conclusion

The meeting was closed with a reminder that working together to achieve the BAPM standards was essential for the effective working of the network (Appendix viii).