Minutes of Regional Network Leads meeting 23rd November 2009

1. Introductions
    a. Present – K Bartholomew (Yorks), I Billingham (PiP), A Carr (Chair Education and Training Committee), S Courtman (SWACA), C Gildersleve (PAGW), P Jameson (Chester), J Keogh (Brighton), D Marsh (Wessex), D McDonald (Brighton), N Morton (President APA), G Rodney (SPAN), I Walker (Thames PAG), G Wilson (Linkman Coordinator)
    b. Apologies – D Patel (NWPAG), R Rogers (Oxford), P Stewart (NIPAN)

2. Composition of group. It was accepted that this is a mechanism whereby support can be offered to paediatric anaesthetic practice throughout a region, as well as offering a means of disseminating information. Some regions were not represented – East Anglia, North East England, Republic of Ireland. This is either because there is no network currently operating, or that no contact has been made with the network lead

3. What do we do? A review of network activity around the UK. G Wilson invited the 5 networks represented to provide an overview of what role they fulfilled.

    a. Thames PAG (TPAG). Now 10 years old, it is primarily a means of providing an educational and training resource. There are two educational meetings held per year, the recent one being on patient safety and quality issues. There are also ongoing discussions about training. A very comprehensive website is maintained (http://www.ich.ucl.ac.uk/gosh/clinicalservices/thames_pag/Homepage). An

audit of specialist hospitals has been organised. The network structure relies on three co-ordinators - I Walker, R Howard and J Smith. There is no external funding for this network, support being provided from local sources.

b. SPAN. Now 6 years old, this was established in response to concerns about the care of children in remote areas. It has a membership ranging from specialist hospitals to remote and rural practitioners. An annual business meeting is held in Dunkeld, with educational updates, trainee presentations, as well as sessions on peer review and a visit from SWACA. A first educational meeting was held on the 13th November aimed at anaesthetists and assistants, with a mix of workshops and lectures. Unlike Thames PAG, there is not much involvement from the Scottish specialist centres, but a website is maintained (http://www.span.scot.nhs.uk). SPAN relies on funding from an annual meeting charge.

c. PiP. Partners in Paediatrics. This developed along multidisciplinary lines, whereby all clinicians involved in paediatric care initially met. In many cases the anaesthetists have maintained the practice more than others, and there is a separate Paediatric Anaesthetic Network. Co-chaired by I Billingham and R Crombie, there are three business meetings per year, open to reps from each hospital. There are a number of ongoing projects – pain guidelines, educational meeting, audit of retrieval services, refresher training for consultant and ODPs, educational package for support staff. A number of hospitals in the region are deemed to be 'orphans' from the PiP format – Crewe, Macclesfield and Alder Hey – but their anaesthetists have continued to meet as part of the Network.

d. SWACA. Also 10 years old, this was created because of a geographically disparate group of hospitals and is aimed at maintaining standards and providing support. Primarily driven by the DGHs, the current chairman is S Courtman (Plymouth). There is an annual scientific meeting, which is well attended, and CME registered. An initial aim of supporting audits and guidelines has now gone by the wayside. It has helped to strengthen links between hospitals in the region, and has recently piloted interdepartmental peer review.

e. PAGW. 7 years old. DGH driven with 'mixed success'. They have an annual educational meeting with a trainee prize, audits, workshops and guidelines. There has been a recent project on the dissemination of hospital guidelines.

Although only gaining income from meeting fees, a research scholarship is now being offered. PAGW has remained apolitical to date.

4. Network construction. Discussion about whether the network should be constituted? Generally accepted that this is a requirement, but that it does not need to be too complex. I Walker reported that TPAG has a totally informal arrangement, but others are fully constituted – SPAN and others. Should there be a role for management? It was noted that the West Midlands has a more formal system through Partner in Paediatrics, which has successfully bid for funding to set up an educational package for theatre staff. The North West has set up a review of Children's Surgery, led by a SHA commissioner, which has subsequently recommended to PCTs the hospitals where categories of children's surgery may be performed and where they should no longer pay for such work to be done.

5. Standards – there was a general discussion about the imposition of standards through CQC. All clinical services will have to register by April 2010. There is a drive to centralise surgical services which may lead to some predatory activity between adjacent trusts, which is not conducive to the development of networks. As Safeguarding is currently dominating the CQC, then there may be less pressure to impose standards.

6. Websites. Most networks have developed their own websites, which are frequently run by interested individuals, and will carry a cost for hosting by various servers. It was announced that the APA are seeking to renegotiate their website provider, and that this would be a good time to introduce a portal on the main site to allow access to all networks. This may allow for central handling of the websites, and reduce the amount of duplication of information. It is also important for each network site to retain its individuality.

7. Peer Review. S Courtman as chair of the Peer Review sub-committee gave a presentation on the interdepartmental peer review pilot carried out in the South West. There was a wide ranging discussion about the review process and how different departments viewed it, although the majority were in favour of it. It does remain voluntary although it is closely linked to the RCoA standards documents, so should help to inform the revalidation process. C Gildersleve wondered about how Wales should be reviewed – as a region or as individual hospitals? Given that a number of local reviewers are required then the review process may help to develop a network. Other points -
    a. It was acknowledged that the process needs a good leader and that a specialist centre should not be the lead.

b. Documentation – general thought that web-based documents would be a good development, using the Survey Monkey service or something similar
c. Feedback to reviewed hospitals. Is there evidence that it results in a measurable improvement in quality of service?
d. CQC- will it be used by this agency for good or bad. This is a continuing concern about the process in that it may highlight poor practice, although it generally reveals good practice. It is clear that a voluntary review will be supportive of current practice and it will make managers aware of what is ongoing.
e. Surgical services. Anaesthesia works closely with other services and apparently the British Association of Paediatric Surgeons (BAPS) is interested in the peer review documentation, but who would administer it?

8. Setting up a network – establishing some ground rules. Four representatives present were interested in setting up a Network in their area – D McDonald, J Keogh, P Jameson and D Marsh. It was apparent early on that each of the current Networks was established in response to different local pressures. Three strands of development were highlighted:
    a. Education. Probably the most common throughout the groups. This is aimed at acting as a resource for consultants wishing to retain skills as well as trainees wanting to develop them. An educational meeting forms the basis of this. An important issue to be aware of is individual liability when organising meetings. It was noted that insurance policies are available and should be applied for, otherwise office bearers are liable for the consequences of cancellation etc
    b. Standards.
    c. Political/representative. This is more of relevance to the devolved nations with a different health care system, but has a growing importance throughout the UK.

    D McDonald described the situation in the Brighton area where there are 10 hospitals that provide paediatric care. They were keen to establish a network using Linkmen or College Tutors and to start with some form of updating process. They expressed concern about a non-specialist centre running a network, but as discussed above this is a positive attribute. Generally accepted that an initial meeting of lead paediatric anaesthetists would provide a means of 'pump-priming'.
    D Marsh explained that a Wessex group had been running an annual meeting for the last 10 years, but had only recently developed into a network. This group had concentrated on providing relevant updating activity, concentrating on simulation including team working sessions.

9. Communication between groups, sharing good practice. This was briefly discussed. It is clear that there is a lot of good practice that can be shared and the concept of a 'recipe book' of tips to pass on was thought to be a good idea.

10. Education and Training. A Carr presented an overview of what the E&T committee's structure and aims were. Following a scoping exercise a number of tasks have been allocated to individual committee members to develop. Resuscitation training is a cornerstone of this, and a list of basic competencies was offered, as developed by Drs Bingham and Wilkinson. Opinions were sought about these, which could be incorporated into a locally delivered course, possibly arranged at Network level? Concerns were raised that if anaesthetists were not APLS-trained that this might result in conflicts with other specialties attending resuscitations. This was thought to be unlikely, as the core competencies are designed to be the same.

11. Next steps.
    a. It was agreed that Networks should have a session allocated in the APA Annual Scientific Meeting. G Wilson will investigate and feedback.
    b. Website development. A network discussion forum would be of value, along with other web-based resource, such as a portal for access to each individual site. G Wilson to liaise with APA website developer.