

**FIFTH MEETING OF THE ALL WALES CRITICAL CARE
DEVELOPMENT GROUP:
NOTE OF THE MEETING HELD ON
WEDNESDAY 23 OCTOBER 2002**

Present

NHS:

Dr Andy Webb, Medical Director for Clinical Services, UCL Hospital, London – Group Chair

Dr George Findlay, Chair of the Welsh Intensive Care Society (WICS) – WICS Representative

Dr Ed Major, Director of Intensive Care, Morriston Hospital – Education and Training Representative

Ms Hayley Ellis Evans, Sister, ICU Princess of Wales Hospital – Nursing Representative

Mr Martyn Jenkins, Chief Officer, Cardiff Community Health Council (CHC) – CHC Representative

Dr Les Gemmell, Consultant Anaesthetist and Clinical Director for Anaesthetics, Wrexham Maelor General Hospital – Anaesthetist Representative

Ms Sue Rees deputising for Judyth Jenkins, Chief Dietician, University Hospital of Wales – Allied Health Professionals Representative

Dr David Cartlidge, A&E Consultant and Clinical Director, Glan Clwyd Hospital- Accident and Emergency Representative

Mr David Edwards, Chief Executive, Cardiff and Vale NHS Trust – Trust Chief Executive Representative

Ms Claire Lines, Specialised Health Services Commission for Wales (SHSCW) – SHSCW Representative

Welsh Assembly Government:

Dr David Salter, Senior Medical Officer, Office of the Chief Medical Officer – Lead Health Professional

Mr Chris Edmonds deputising for Sally Greenway,, Health Information Management and Technology Division – Lead Information Management Advisor

Secretariat:

Mr Gareth Griffiths, Acute Services Development

Ms Alison James, Acute Services Development

Apologies:

Ms Gaenor Shaw, Project Manager, Capacity and Planning Group – Capacity and Planning Representative

Mrs Maggie Aikman, Director of Finance, Gwent Health Authority – Finance Representative
Ms Cathy White, Acute Services Development, Welsh Assembly Government – Lead Policy Administrator.
Ms Maggie Parker, Office of the Chief Nursing Officer – Lead Nursing Officer
Dr Chris Riley, NHS Performance Management, Welsh Assembly Government – Deputy Policy Administrator
Mr Phil Davies, Director of Planning and Performance, Bro Taf Health Authority – HA Planning Representative
Mr Martin Turner, Chief Executive, Gwent Healthcare NHS Trust – Deputy Trust Chief Executive Representative
Mr Dave Roberts, Chief Pharmacist, University Hospital of Wales – Pharmaceutical Representative
Dr Ronan Lyons, Consultant in Public Health Medicine, Iechyd Morgannwg Health Authority – Health Authority Representative
Mr Steve Bowden deputy for Mr David Roberts Chief Pharmacist, University Hospital of Wales) – Pharmaceutical Representative
Ms Judyth Jenkins, Chief Dietician, University Hospital of Wales – Allied Health Professionals Representative

Minutes of the meeting held on 18 June

- 1.1 Dr Webb asked if anyone had any comments or suggested amendments to make to the draft minutes. Everyone was content and the minutes were agreed as an accurate record of the meeting. **(Action: Secretariat to issue minutes as final version to all Group members)**

Agreed action resulting from the 18 June meeting

- 2.1 All action points had been undertaken or were being dealt with as appropriate. An action point assigned to Ms Lines at the previous meeting concerning issues connected to the UK-wide paediatric critical care steering Group and the development of paediatric standards was discussed. Ms Lines explained that draft Standards for paediatric intensive care in Wales were to issue soon. Dr Salter added that as soon as the standards were available he would arrange for them to be shared with the Group. **(Action: Dr Salter to provide a copy of the paediatric standards as soon as they became available)**

Consideration of paper on Managed Clinical Networks (MCN) for Adult Critical Care – paper CCDG08

- 3.1 Based on an earlier generic paper, Dr Salter had produced a first draft of MCN proposals for adult critical care services. Dr Salter explained the paper and informed that to date the development of such networks had been limited to coronary heart disease and cancer services, although a lot of interest has been shown in their development for other areas of healthcare. The Chief Medical Officer's review of paediatric services in the Swansea area had developed the thinking on establishment and operation of MCNs in Wales. This was still currently being thought

through and hence the current proposal was based on the CHD/Cancer model. Dr Salter once again stressed that MCNs should not be looked at as an additional layer of organisation but as a formal establishment of what was, in practice, already in place across the NHS and reinforced the current, unofficial clinical patient pathway.

- 3.2 Dr Salter added that it was vital that the structure of a critical care MCN was considered and whether the network would work best based on the geographical/regional structure of the 3 new health communities, or whether some other structure could prove more appropriate.
- 3.3 Discussions continued on the political aspects of networks, the commissioning role they would play, their accountability arrangements and clinical governance role. It was noted that the Assembly would have overall responsibility for the development of policy on MCNs and regional offices would need to ensure that consistency and improved quality was attained via such networks. It was agreed that clinical governance and accountability issues would need to be addressed and monitored and that the networks themselves would need to be clear about these roles. It was also agreed that, in future, MCNs would form a vital role in the delivery of the Standards being developed for critical care services. Dr Salter added that work would be undertaken on these issues and applied to all networks together with consideration of funding issues.
- 3.4 The idea of proposing critical care services as a specialised service as far as commissioning of services were concerned was discussed. It was agreed that this was an area of healthcare that could be appropriate for such consideration in the future.
- 3.5 In summary, the draft proposals for adult critical care MCNs were agreed and that the development of a network for critical care should now be tied in with the implementation stage of the Standards. Consideration should be given to the possible appointment of a project manager to facilitate this. Dr Salter was tasked with reporting back to the Group once the generic work on MCNs had been completed and provide a more detailed description within the draft proposals on the best way forward. **(ACTION: Dr Salter to update draft proposals on MCNs as discussed and provide a copy for the Group's further consideration)**

Outreach Services

- 4.1 A meeting had taken place between Paul Frost, Liz Williams and Drs Findlay and Gemmell. Their view had been that this was a difficult standard to define as the concept meant different things to different people. Their initial thoughts had been that the bottom line was to train individuals to recognise/treat critical care patients throughout the hospital, which was very much the message in *Critical Care Without Walls*. It was suggested that the term 'outreach' should be considered as an umbrella approach with an emphasis placed on staff training and educational issues, as was the case in England. A discussion took place on

England's system and approach, which varied across the regions and presented in different formats although, generally, outreach had evolved and been delivered on a more reactive rather than structured basis. It was agreed that as outreach would be a new concept in Wales a more proactive and structure approach would need to be developed from the outset. It was seen as vital that a data collection system was in place as the fundamental reason for developing an outreach system was to ensure a network approach fully utilised resources and services.

- 4.2 Mr Edmunds explained the current audit tools and arrangements in place and it was agreed that to be able to develop a meaningful data collection, information would need to be based on population needs and trends.
- 4.3 Dr Webb concluded that the next step would be to develop standards to cover outreach for incorporation in the main standards and fully consider the required data collection system that needed to be developed. These standards would need to incorporate details as to how such an outreach system could be applied to the varying types in critical care units
- 4.4 Dr Major questioned how realistic it was to be able to achieve such data collection. The Group was informed that a paediatric audit was already in place to capture critical care data at Level 1 and above. An evaluation was made on each child who entered the critical care system and although this process was difficult and time consuming it did provide very helpful information. Mr Edmunds added that it could be possible to do a similar exercise for adult critical care and that this could be achieved via the Health of Wales Information Service (HOWIS). Mr Edmunds explained the current work in hand on the future IT strategy for the NHS but added that the whole programme would take up to 10 years to fully implement and link with other specialities, this work would be co-ordinated via the Assembly.
- 4.5 The Group agreed that this was an area of development that needed further consideration and should be tied into the work being undertaken on the baseline assessment. **(ACTION: Drs Findlay, Gemmell and Cartlidge to consider defining outreach standards and data collection system)**

Royal College of Physicians Report on Isolated Acute Medical Services – paper CCDG09

- 5.1 Dr Salter explained a report produced by the Royal College of Physicians following a questionnaire survey that had been undertaken on all hospitals in England, Wales and Northern Ireland that took acute medical admissions, even though they might have limited services or facilities. It was agreed that the Report was of interest and could prove of use to feed into work the Group was undertaking on the baseline assessment.

Consideration of Feedback Following Consultation on the Draft Standards – summary paper CCDG07

- 6.1 A summary of the 31 responses received from a wide cross-section of organisations following the completion of the consultation exercise had been prepared and provided to the Group along with a copy of each response. Dr Webb confirmed that he had been able to consider both the summary document and the actual feedback letters prior to the meeting and concluded that the comments and suggestions generally provided some valid points and information. Dr Webb proposed that the Group ran through the summary without going into too much detail but hopefully briefly consider and agreed which comments and suggestions etc should be incorporated into the standards.
- 6.2 A full discussion took place and relevant amendments that were agreed as suitable for incorporation in the final version of the standards were noted. Dr Webb agreed to carry out the actual update of the standards with the assistance of relevant Group members and that Ms Ellis Evans would provide a more comprehensive nursing input into the Standards. It was also agreed that there was a need to acknowledge the response that had been given to the Consultation. **(ACTION: Secretariat to produce draft letter for the Chair to issue to all those who had responded. Dr Webb to incorporate agreed amendments with the assistance of Group members, in particular, Ms Ellis Evans)**

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- 7.1 Dr Findlay handed out a paper at the start of the meeting entitled Provision Survey Questionnaire Data Collection Manual, and a copy of a draft of the Baseline Review of Welsh Adult Critical Care Facilities. This would form part of the audit collection of current service provision which would assist with the preparation of the baseline assessment data. Dr Findlay was proposing to issue this and following up with data collection visits to each unit. This line was agreed. **(ACTION: Dr Findlay to undertake baseline assessment of facilities using questionnaire proposed and suggested visits)**

Date of the next meeting

- 8.1 Dr Webb suggested that it would not be necessary to hold another meeting before spring 2003 and that in the interim work would need to be considered on the facilities audit visits proposed by Dr Findlay.

FOLLOW UP ACTION

- **Secretariat to issue minutes of the 18 June meeting as final version to all Group members.**

- **Dr Salter to provide a copy of the paediatric intensive care standards as soon as they became available.**
- **Dr Salter to update draft proposals on MCNs as discussed and provide a copy for the Group's further consideration.**
- **Drs Findlay, Gemmel and Cartlidge to consider defining outreach Standards and data collection system.**
- **Secretariat to produce draft letter for the chair to issue to all those who had responded.**
- **Dr Webb to incorporate agreed amendments in to the Standards for Critical Care with the assistance of Group members, in particular, Ms Ellis Evans.**
- **Dr Findlay to undertake baseline assessment of facilities using questionnaire proposed and suggested visits.**