FINAL

FOURTH MEETING OF THE ALL WALES CRITICAL CARE DEVELOPMENT GROUP
NOTE OF THE MEETING HELD ON TUESDAY 18 JUNE 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
Dr Ronan Lyons, Consultant in Public Health Medicine, Iechyd Morgannwg Health Authority – Health Authority Representative
Ms Hayley Ellis Evans, Sister, ICU Princess of Wales Hospital – Nursing Representative
Ms Judyth Jenkins, Chief Dietician, University Hospital of Wales – Allied Health Professionals 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 Alex Bowerman (deputising for Ms Gaenor Shaw, Project Manager, Capacity and Planning Group) – Capacity and Planning Representative
Mr Steve Bowden (deputising for Mr David Roberts Chief Pharmacist, University Hospital of Wales) – Pharmaceutical Representative

Welsh Assembly Government:

Dr David Salter, Senior Medical Officer, Office of the Chief Medical Officer – Lead Health Professional
Ms Maggie Parker, Nursing Officer – Lead Nursing Officer
Ms Eleanor Sanders, Emergency Pressures, Innovation in Care Team (Deputising for Dr Chris Riley, NHS Performance Management) – Deputy Policy Administrator.

Secretariat:

Mr Gareth Griffiths, Acute Services Development
Ms Alison James, Acute Services Development

Apologies

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 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.
Dr Chris Riley, NHS Performance Management, Welsh Assembly Government – Deputy Policy Administrator.
Ms Claire Lines, Specialised Health Services Commission for Wales (SHSCW) – SHSCW Representative
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
Ms Nia Watkins, Health Information Management and Technology Division – IT Representative
Mr Dave Roberts, Chief Pharmacist, University Hospital of Wales – Pharmaceutical Representative

Purpose of the Meeting

1.1 The Chair opened the meeting by welcoming members and explaining that the main aim of the meeting was to sign off the Service Standards for Critical Care in Wales. In addition, the Group should discuss and consider the agenda items deferred from April's meeting namely: Clinical Networks and Outreach Services.

Minutes of the Meeting held on 25 April

2.1 The Chair 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 25 April Meeting

3.1 All action points had been undertaken or were being undertaken as appropriate although Ms Lines had been unable to provide an update on the issues she was to undertake. **(Action: Ms Lines to complete and report on the action as assigned to her at the meeting of 25 April)**

3.2 Ms James confirmed that she had looked into the formal consultation process that the Welsh Assembly Government was required to follow and considered that the Standards could be issued via the minimum requirements of this, with a consultation period of no more than 8 weeks. As the document was of a technical nature, it was probable that it could be exempt from publication as a bilingual document, although any accompanying letter may need to be bilingual. The Secretariat would

confirm this and take forward with Dr Salter and the Chair. **(Action: Secretariat to take forward issues related to the consultation process)**

3.3 Dr Findlay had provided the Secretariat with outlined costs of any strategic development of Critical Care Services. These had been used by the Secretariat in the construction of its submission to be considered for inclusion in the overall health submission as part of the Assembly's Budget Planning Round for 2003-04 onwards.

Clinical Networks - Paper CCDG05

4.1 Dr Salter explained that the generic paper on networks provided to the Group had now become rather out of date but that the general principles of the proposals remained. He continued by providing some background to the value of such networks, informing that the proposals for a managed network for critical care would be formed via 3 subnetworks across Wales covering each health economy. He explained the type of staff mix and actual locations of such teams which would resemble the networks in place for cancer and CHD.

4.2 The paper included a set of proposed Terms of Reference which Dr Salter expanded on. He stressed that there may be concern that such networks would add another layer of bureaucracy to the provision of healthcare but stressed that this should not be the case as a network system was already in place on an informal basis. This initiative would merely ensure a formal body was in place. He added that although the generic paper would not prove suitable for all clinical networks, he believed it was a suitable base on which to develop a critical care model.

4.3 Dr Gemmell asked the Chair for his views of how such networks worked in England. The Chair explained the approach in England and gave examples. The intention had been for networks there to develop services, set standards locally and establish transfer networks to stop patients being transferred over long distances. In practice it was only on the last objective that a lot of networks had been successful so that overall their implementation was haphazard. He felt, however, that the Welsh model was good. He added that England was currently undergoing changes in commissioning and strategic development but that critical care networks had not evolved rapidly enough to match this. He suggested that Wales had the opportunity to take a lead on this initiative and develop a good strategic model.

4.4 Dr Major added that there were a number of useful papers and reports on clinical networks but stressed that there could be opposition from WICS etc. He felt that emphasis must be placed on the development of services and patient need with consideration being given to contributing factors such as service reconfiguration and working time directive issues. Funding issues were also discussed along with location, patient flow/cross boundary issues. Dr Salter stated that there was already an overlap in service provision and that networks would be flexible to ensure equality of

services across Wales. The next stage would be to consider the appointment of a Project Manager to take the initiative forward.

4.5 Dr Lyons queried whether there would be a network board to which networks would report. Dr Salter confirmed that the Terms of Reference would require all networks to report back to an overarching board and ultimately to the Welsh Assembly Government. It was also pointed out that each network could accommodate tertiary services, including North Wales with cross border facilities being included in the network.

4.6 Group members generally agreed with the principals of the proposals and that the development of a network should be taken forward in line with the development of the Standards. It was agreed that Dr Salter would consider further with colleagues at the Assembly and look at money/resource issues to aid the establishment of networks. There would be a need to consider who would champion this area of work. It was also agreed that ensuring the networks were in place would assist with the implementation of the Standards. Dr Salter agreed to consider this issue within the Assembly and report back with proposals when the Group next meet.

4.7 In summarising, the Chair asked for both WICS and nursing bodies' opinion on the proposals. Dr Findlay added that WICS colleagues had been sceptical about the ideas laid out in the generic paper but would revisit once a specific critical care proposal had been drafted. Ms Ellis Evans stated that the nursing community always welcomed the opportunity for a networking approach and that the generic paper had been well received. **(Action: Dr Salter to consider further and put proposals to the next meeting of the Group)**

Outreach Services

5.1 It was highlighted that Outreach services had not been covered in great detail within the Standards. Dr Major brought the Group's attention to an e-mail he'd received from Dr Cartlidge suggesting that the Group reconsider the references within the Standards, and whether outreach services should be classed as desirable and not essential. His reasoning being that some acute sites may only have level 0 and level 1 beds and that it might not be appropriate to commit them to a roving outreach team whilst there was presently no strong evidence base to support outreach teams in such a situation.

5.2 Dr Major suggested that the Group might wish to consider removing outreach issues from the Standards due to the lack of evidence. He informed that the Intensive Care Society had recently produced a draft paper on outreach services which could be circulated to Group members. Dr Findlay added that he had seen the paper but felt that it may not prove of use to the Group, although it did contain some anecdotal notes on positive changes on wards.

5.3 The Chair stated that the Group would need to decide whether the outreach system was valid. Dr Salter added that a published study had already provided evidence that an outreach system could improve patient outcomes.

5.4 A discussion followed on the practicalities and benefits of outreach services and how this system operated. It was generally agreed that they improve patient care, reduce admission numbers to critical care units and provide a way of increasing staff skills and education.

5.5 The Chair added that England was ahead on the outreach system and highlighted some of the issues affecting it indicating that one of the negative aspects was that nursing staff involved in an outreach team would result in less staff being available on the ITU ward.

5.6 As a result of the discussion, it was agreed that “Outreach” services may not be the most appropriate name and a clear definition of the service needed to be set out. Overall, it was agreed that this issue would need further consideration and that it would be more appropriate to exclude them from the Standards and to consider these services separately. It was also agreed that an emphasis be placed on seeking clarity of the most suitable system which would aid the production of a first draft paper on “Outreach Standards”. Dr Findlay, Ms Ellis Evans and Dr Gemmell were cited as the most suited Group members to take this forward. **(Action: Dr Findlay, Ms Ellis Evans and Dr Gemmell to develop a first draft paper on the merits of developing an Outreach system and consider a set of appropriate standards)**

Standards for Critical Care in Wales – Paper CCDG04 v4.2

6.1 The Chair stated that he had hoped that Group members had considered the latest version of the Standards prior to the meeting (as requested) so as to avoid an in-depth review on the day. He asked for any specific comments which Group members considered needed further discussion/clarification.

6.2 Dr Salter informed that he now had an agreed line on clinical governance which should be added at all levels.

6.3 Dr Findlay questioned the levels of care and the renaming of level 3. The change in name of level 3, from 3a and 3b to 3 and 3T as stated in version 4.2, was agreed. The “T” originally denoted “Teaching, Training and Tertiary referrals”. It was agreed to use 3 and 3T, with T denoting “Tertiary”.

6.4 Dr Major asked if Group members were content with the level of consistency across the Standards. This was agreed.

6.5 Ms Jenkins informed that she had redrafted the section on AHP, she circulated a copy to Group members and explained its content. The Chair

felt that the number of bullet points was excessive as they not only described the Standards to be met but how they should be achieved, and asked if they could be reduced. Dr Major added that, as AHP would provide a complete and “across the board” type service, there would be little choice than to include all of the details. It was agreed that the core points would remain in the text and would be supported by Role Profiles in the appendices of the Standards Document. **(Action: Ms Jenkins and Dr Major to agree information that was required within the Standards)**

6.6 Mr Bowden had considered the staffing WTEs on pharmaceutical issues. He confirmed that the Standards were not in line with *Spoonful of Sugar* as there was no mention of these. Mr Bowden would consider further and report back to the Chair and Dr Major. **(Action: Mr Bowden to consider WTE issues and report his findings direct to Dr Major)**

6.7 In addition to the naming of the levels and the pharmaceutical issues, the Chair queried the reference made to bereavement and social services. It was agreed that the reference currently included was adequate as shown under level 0.

6.8 Dr Major discussed letters he had received in response to circulating the draft Standards. The first was Dr Cartlidge’s comments on outreach as discussed earlier and the second from a district nurse concerning patients receiving ventilation at home. It was agreed that this was outside the Group’s remit as it would not be classed as critical care in an acute hospital setting. This matter should be dealt with by SHSCW.

6.9 Dr Findlay referred to the recent Intensive Care Society (ICS) report which he felt contradicted the Group’s Standards. These set standards on the care elective patients should receive post-operatively and were at odds at the Group’s Standards. It was agreed that the Standards should not be changed to reflect any of the ICS comments and that Dr Findlay should report back to ICS along these lines. **(Action: Dr Findlay to report the view of CCDG to the ICS Standards committee)**

6.10 The general consensus of the Group was that the Standards were acceptable subject to the minor amendments which Dr Major would incorporate and produce the final version. **(Action: Dr Major to produce final version incorporating revised text as agreed by Group members and forward to the Secretariat)**

6.11 The Standards would then be forwarded to the Secretariat to proof-read and check for consistency ensuring strong and directive wording was present throughout. A final version would be circulated to all Group members to review and report back via the Chair within a limited time. The Standards would then be circulated to a wider audience for consultation as per the requirements of the Assembly. **(Secretariat to produce a final version within a week of receipt and clear with the Chair. Circulate to all Group members for review within a short**

period before proceeding with consultation process)

AOB

7.1 There were no items of any other business to discuss.

Date for the Next Meeting

8.1 The Group agreed to next meet following the completion of the consultation process. A date was agreed as the afternoon of Tuesday 17 September. **(Action: Secretariat to arrange and advise Group members of details as soon as possible)**

ACTION

Issue final version of the minutes of the meeting held of 25 April to all Group members (Action: Secretariat)

Ms Lines to complete and report on the action as assigned to her at the meeting of 25 April namely: investigate and report back on issues connected to the UK-wide paediatric critical care steering group. Provide a copy of the current standards for paediatric critical care to the secretariat to forward to Group members. (Action: Ms Lines)

Take forward issues related to the consultation process. (Action: Secretariat)

Dr Salter to give further consideration to the development of clinical networks and take proposals to the next meeting of the Group. (Action: Dr Salter)

Produce a first draft paper on the merits of developing an outreach system and consider a set of appropriate standards. (Action: Dr Findlay, Ms Ellis Evans and Dr Gemmell)

Ensure appropriate information is contained within the Standards on AHP. (Action: Ms Jenkins and Dr Major)

Staff WTE issues related to Pharmaceutical issues to be considered further by Steve Bowden who should report his findings direct to Dr Major. (Action Steve Bowden)

Produce final version of the Standards incorporating revised text as agreed by Group members and forward to the Secretariat. (Action: Dr Major)

Report the view of CCDG on the change to level 2 standard to the ICS Standards committee (Action: Dr Findlay)

Produce a final version of the Standards, within a week of receipt, and clear with the Chair. Circulate to all Group members for review within a limited period before proceeding with consultation process. (Action: Secretariat)

Arrange and advise Group members of the details of the next meeting on Tuesday 17 September. (Action: Secretariat)