

Meeting:	Shetland NHS Board
Date:	15 th December 2020
Report Title:	Request for establishment of Paediatric Consultant Post (Cost pressure)
Reference Number:	Board Paper 2020/21/43
Author / Job Title:	Kirsty Brightwell, Medical Director

Decisions / Action required:

Approval of £21-40,000 additional cost pressure in Paediatric budget recurring for establishment of Consultant Paediatric post.

High Level Summary:

Establish a clinical lead for Paediatric services on island
 Intention of current GPwSI in Paediatrics to retire in April 2021
 Increasing need for medical lead in community paediatrics especially in Child Protection
 Improve Clinical Governance in terms of training and clarity of pathways for management of acutely unwell children in support of the local service.

Corporate Priorities and Strategic Aims:

Support repatriation of patient care to the Island
 Drive high quality local healthcare provision.
 Continue relationship with NHS Grampian but increase sustainability of local service
 Collaborate with NHS Orkney to increase mutual support and service development whilst

Key Issues:

Opportunity to drive service improvements across child health
 Governance and Support for MDT working
 Cost pressure on the budget
 Single handed practitioner so opportunity to increase resilience through networked approach and collaboration with Grampian and Orkney.

Implications : <i>Identify any issues or aspects of the report that have implications under the following headings</i>			
Service Users, Patients and Communities:	Continued access to a range of specialist advice but with coordination at a local level. Increased clinical input into education. Increased scrutiny and focus on clinical governance and so patient safety		
Human Resources and Organisational Development:	Consistency of local clinical lead in support of local teams. Potential to develop other clinicians' knowledge and skills for paediatric care.		
Equality, Diversity and Human Rights:	Not applicable		
Partnership Working	The post would have a focus on community paediatrics including education, social work and third sectors.		
Legal:	Support the requirements of the Board around Child Protection, Adoption and Fostering		
Finance:	Cost Pressure £21-40,000 (dependent on consultant salary scale)		
Assets and Property:	Not applicable (Child Health Clinic already established).		
Environmental:	Not applicable		
Risk Management:	<p>CRR 7: Within the scope of treating paediatric patient, there is risk of an adverse event or adverse clinical outcome due the generalist nature of the workforce sometimes being responsible for very sick children or children who are deteriorating in clinical status. This risk also affects potential recruitment of consultant physicians as they are not keen to have paediatric care within their scope of practice especially when some of it could be in the emergency scenario</p> <p>CRR 14: Sub-optimal clinical outcomes as a result of failure of clinical governance, performance, continuous learning from adverse events and improvement through the implementation of corrective actions</p>		
Policy and Delegated Authority:	Board decision required to approve cost pressure and determine the appropriateness of the spend		
Previously considered by:	<table border="1"> <tr> <td>Child Health team including the Manager, AHP lead, Consultant Anaesthetist, HSCP CO and deputy, Nursing Director, Clinical Director in NHS Grampian</td> <td>26.11.20 4.12.20</td> </tr> </table>	Child Health team including the Manager, AHP lead, Consultant Anaesthetist, HSCP CO and deputy, Nursing Director, Clinical Director in NHS Grampian	26.11.20 4.12.20
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"Exempt / private" item	N/A		

The main report is to be attached together with a list of the appendices and references to any background documents or material e.g. include web links.

Consultant Paediatric Post NHS Shetland

Situation

The Board is asked to approve a £21-40,000 increase in pressure on the paediatric budget. This SBAR sets out a proposal to establish a 6 PA substantive Consultant Paediatrician. The post holder would then be tasked with taking forward the service as set out below. The SLA with NHS Grampian will remain in place though requires some re-negotiation. It is not expected that there will be a significant saving from this renegotiation.

Background

The GP with Specialist Interest (GPwSI) has intimated her intention to retire from her current outpatient paediatric work from April 2021. There is no obvious local solution such as another GP or other advanced practitioner with a specialist interest. This post should go to advert in the New Year to have a post holder by April 2021.

Current dedicated paediatric workforce

The Children's Outpatient Department:

- 1 full time equivalent Paediatric secretaries
- 1 part-time Senior Healthcare Support Worker.
- 1 manager of the wider Child Health and CAMHS team
- 1 part-time Hospital Children's Nurse
- 1 full time Community Children's Nurse (runs own clinics occasionally in the department but does not assist the doctors in the clinic)

Wider team:

- 6.8 whole time equivalent health visitors
- 2.7 WTE school nurses
- Small CAMHS team (CAMHS psychiatrist and CAMHS psychologist are both visiting services contracted privately).

Other departments support or work with the team including: Speech and Language, AHPs, Learning Disability nurse, Social Work and Educational Psychology.

NHS Shetland has a high quality outpatient service with good support from NHS Grampian consultants. Acute medical paediatrics and neonates is provided by the General Medical and Nursing Teams with support from the consultant Anaesthetists. The neonatal care is provided by the Maternity Staff, Consultant Anaesthetists and the Consultant Obstetricians and Gynaecologists. Both teams are supported by NHS Grampian and children/neonates requiring in-patient care will be transferred to NHS Grampian via the Scottish Ambulance Service and ScotSTAR (Emergency Medical Retrieval Service).

Safe and effective care requires regular training to maintain skills which currently rests with a highly competent Anaesthetic Consultant. Fortunately, emergencies are infrequent but this highlights the need for clear and robust plans. There is a lack of confidence in and ownership of the development of local pathways of care for children and neonates.

Although the majority of child health care is delivered within General Practice it is recognised that issues of child protection, child development and adoption and fostering require dedicated time, expertise and leadership. Currently child protection and adoption and fostering is undertaken locally by the GPwSI with child development led by staff in NHS Grampian.

Nationally it is recognised that the Neurodevelopmental Children's services require development. Locally, the small teams work hard to provide a good service but there are gaps in service provision which again highlight a lack of dedicated local clinical leadership.

There is a small team in the outpatient child health department but there is no senior nursing colleague or GP ready to undertake the role of advanced practitioner.

Early conversations with NHS Orkney show that they are having similar issues with neurodevelopmental pathways, child protection and community services. Their acute services are similarly led by a workforce with generalist training. There is a willingness to work collaboratively.

Assessment

Taking into account the gaps in the current child health service in Shetland it is felt that a dedicated local, clinical lead role is required. The post will be a clinical advisory role focusing on sustaining the entire workforce to provide a safe, high quality modern child health service. The current service provides a robust local response to acute, emergency care and it is not expected that a new post holder would have a hands-on role in this aspect of care and there would be no on-call responsibility.

Key Objectives

- Agreeing, formalising and embedding emergency care protocols
- Supporting children with complex care needs in the community
- Developing shared care pathways for specialist Child Protection assessments
- Oversight role in the governance of the shared care services with NHS Grampian eg auditing pathways with the local team where children transfer for specialist care.

The post holder will be responsible for developing clarity of local protocols for the wider scope of care undertaken for the children and neonates locally including the role of Clinical Lead for Child Protection, Child Development and Adoption and Fostering. This would provide clearer governance for the services.

There is a need for coordination of services around children and the lead would need to work with people across local and regional services including mental health and education.

It is felt that the visiting services from Grampian could be reduced but that there is a need for the lead to work collaboratively with consultant teams to improve communication and care between visits whilst being a conduit for the acute and community services where specialist input is required. By having a dedicated lead there will be a local point of contact maintaining an overview of care that is currently shared between several services and boards.

It is essential that the post is well supported. It is potentially isolating to be a sole post holder and whilst the responsibility for immediate care for children and neonates must rest with the current workforce, the post holder will require a team both locally and regionally with good peer support to benchmark and support development and skill maintenance. There will therefore be an expectation that the lead will regularly spend time in Grampian on the acute receiving team in the Royal Aberdeen Children's Hospital.

Current spend on visiting Paediatrics:

Z149102 Paediatric Visiting Clinicians:

Staff £43,226

Non Pay £10,197

It is anticipated that the visiting services would reduce but not stop. Many of the specialists undertake procedures when they are here and the lead will benefit from regular peer support. It is also proposed that the post holder would visit Grampian every 2-3 months to take part in their acute paediatric receiving rota

to maintain their skills and develop their network of support as well as clinical governance experience. This will incur a cost in terms of travel and accommodation. Therefore it is estimated that and saving in visiting clinicians would be offset by the increase costs of the lead spending regular time in Grampian.

Current spend on local medical post:

Z23101 Paediatric Medical Staffing

GPwSI £36,413

SLA NHS Grampian £11,688

NHS Grampian have committed to 1PA for this post

The Board is asked to approve a 5PA post which after subtraction of the GPwSI post equates to a £21,000-£40,000 increase in funding to the proposed investment in paediatric service. (see Appendix).

It is proposed that the incumbent GPwSI will work alongside any new post holder for 1-2 months during an extended induction period. Therefore there will be a short-term increase of cost.

Recommendations

The Board is asked to approve the establishment of this consultant post with a plan to review the SLA with NHS Grampian and adapt so as to provide the local team with governance, developmental opportunities, support and access to specialist services.

Appendix

Consultant salary scale 2020/21			
Salary	Salary + DIA	Consultant Gross Cost for 10 Sessions	Consultant Gross Cost for proposed 5 Sessions
84,984	86,879	115,852	57,319
86,779	88,674	118,278	58,533
89,362	91,257	121,771	60,279
91,946	93,841	125,264	62,026
94,523	96,418	128,748	63,768
100,659	102,554	137,044	67,916
106,795	108,690	145,340	72,064
112,925	114,820	153,628	76,208

NHS Shetland Consultant Paediatrician Permanent, Part-Time

Weekly PAs 6:	DCC 4, EPAs 2
Total hours:	24
Principal Place of Work:	Gilbert Bain Hospital
On-Call Availability Supplement:	0
Out of Hours Work:	0
Managerially accountable to:	Medical Director

Job Description

Introduction

The post holder will join a dynamic team in Grampian and Shetland. Their base and majority of time will be spent in Shetland. The post holder will be expected to work closely with colleagues in Grampian in order to maintain and enhance the quality of services in Shetland. This is expected to include time spent in Aberdeen to maintain paediatric skills, for example on “acute take.”

The consultant will not be expected to hold a clinical role within the acute services, rather be a lead and support to the rest of the team who are receiving and assessing acutely unwell children.

As lead for Child Health Services and Child Protection for children living in Shetland you will join the North of Scotland steering group and network for Child Protection to provide mutual support and scrutiny to maintain a high quality child protection service which assesses and supports children at risk, subject to, or survivors of abuse or neglect.

Children in Shetland

The population is 22,000 with approximately 5000 children and young people, under the age of 18 years. There are approximately 210 births annually. There are 10 GP Practices, 1 Rural General Hospital and 1 Local Authority. There are 22 Primary Schools, 5 junior high schools and 2 high schools one with a hostel facility for the outer isles.

Paediatric Service NHS Shetland

The majority of healthcare provision for children in Shetland is provided by the GP practices and health visitors. Therefore close, working relationships with these clinicians is paramount.

The Children’s Outpatient Department consists of 1 full time equivalent Paediatric secretaries and one part-time Senior Healthcare Support Worker. There is a manager of the wider Child Health and CAMHS team, a part-time Hospital Children’s Nurse and a full time Community Children’s Nurse who run their own clinics occasionally in the department but do not assist the doctors in the clinic.

There are 6.8 whole time equivalent health visitors, 2.7 WTE school nurses and a small CAMHS team (CAMHS psychiatrist and CAMHS psychologist are both visiting services from NHS Grampian). Other departments support or

work with the team including: Speech and Language, AHPs, Learning Disability nurse, Social Work and Educational Psychology.

This is a unique post designed to improve links and develop skill sets for professionals working with Children in Shetland. Whilst the post holder will be the only Paediatrician on the Island there will be strong links with Combined Child Health in NHS Grampian and support from Allied Health Professionals, General Practice and Health Visting services. There are no inpatient beds for paediatrics or neonates and all emergency admissions requiring a stay in hospital will be transferred to NHS Grampian usually by air retrieval. Acutely unwell children are managed by the medical team led by the Consultant Physicians and/or the Consultant Anaesthetists. There is an adult HDU, a theatre department, a laboratory, a radiology department including a CT scanner, an Anaesthetic team, General Physicians and General Surgeons. There is a small department at the Gilbert Bain Hospital where regular outpatient clinics have up till now been held by a senior medical clinician one day a week with support from NHS Grampian specialists.

Acute in-patient services for paediatrics are provided by Junior Doctors, general-trained nurses, Consultant General Physicians and Consultant Anaesthetists. Neonatal services are provided by the Anaesthetists, Midwives and Obstetrician and Gynaecology Consultants supported by NHS Grampian and the Emergency Retrieval Service (ScotSTAR).

Consultant Paediatrician NHS Shetland

The intimated retiral of the GPwSI has facilitated a review of the service from April 2021. It is proposed that this post will encompass the current outpatient responsibility as well as establishing a Clinical Lead for children's services in the Island. We will retain the current professional line to NHS Grampian's governance structure with the aim that the post is not in isolation nor seen as responsible for all child health care on Shetland. The post holder will be expected to spend the equivalent of 1 PA weekly (or 1 week in 6-8 as agreed) in the Royal Aberdeen Children's Hospital. The clinical work in this time will be mutually agreed between the post holder and the Clinical Director in NHS Grampian. This is likely to consist of a Consultant of the Week on call commitment, being responsible for the admissions to the hospital on a 9-5 basis Monday to Friday and having oversight of all inpatients that week.

The post holder will lead on the operationalisation of Clinical Governance for the paediatric clinical services in Shetland. This will include; establishing and clarifying pathways of care and policies for all staff; clinical responsibility for leading Child Protection, Adoption and Fostering; as well as the training and education of all staff for the clinical care of children and young people in Shetland. It is recognised that Child Protection is a key responsibility for this role. There is a network of Child Protection in the North of Scotland including a Steering Group to provide mutual support and scrutiny. The post holder will be expected to join both and actively participate to ensure high standards are maintained.

It is recognised that the expectations of the statutory bodies to deliver children's neurodevelopmental services are developing nationally. The post holder will be required to implement best standards with the local team, identifying and gaps and work with colleagues locally and regionally to develop solutions to best meet the needs of the population.

NHS Grampian Paediatric Services

Royal Aberdeen Children's Hospital (RACH), Aberdeen

The Royal Aberdeen Children's Hospital has 78 inpatients and 15 day patient beds. It provides specialist inpatient and outpatient care in paediatrics including Emergency, HDU, AHPs, Radiology, Pharmacy and Social Work. It does not provide intensive care (which are provided in Edinburgh and Glasgow), cardiac and hepatic surgery or bone marrow transplantation. There is a team of 14 Specialist Children's Nurses who support a range of specialities. There are four Paediatric Surgeons at RACH including urology and gastroenterology.

The Community Child Health Department including the purpose built Child Protection Suite is located in Royal Aberdeen Children's Hospital. This is the administrative base with children being seen at clinics and schools throughout Grampian.

Aberdeen Maternity Hospital

The Neonatal Unit has 40 cots including 10 for intensive care is located in the Aberdeen Maternity Hospital which hosts 4500 of the 5500 deliveries in the area annually. It also accepts referrals from other regions and acts as a regional Neonatal Surgical Unit.

Networks of Care

Many Paediatric services are supported within a network. National networks include those for oncology, nephrology and cardiology with regional North of Scotland networks for neurology and gastroenterology. RACH is one of the recognised Children's Cancer and Leukaemia Group Centres.

Department of Child Health, University of Aberdeen

Professor Adilia Warris, Paediatric Infectious Disease

Professor Stephen Turner, Respiratory Paediatrics

<http://www.abdn.ac.uk/childhealth/>

The Department has laboratory and office accommodation within RACH and has access to all the facilities in the Institute of Medical Science on the Foresterhill Campus. The Medical Faculty has made significant investments in teaching technology including distance learning, computer assisted learning, video conferencing and tele-medicine. Aberdeen University currently supports 180 undergraduate medical students in each year. The Aberdeen Medical Course includes some Paediatric teaching in the community spine from the first year, teaching during the third year and a four week Paediatrics clinical attachment in the final year.

Person Specification – NHS Shetland Paediatric Consultant

	REQUIREMENTS	ESSENTIAL	DESIRABLE
A	Qualifications	<p>MBChB or equivalent MRCP or MRCPCH or equivalent</p> <p>CCT in Paediatrics or within 6 months of obtaining CCT.</p>	<p>Higher degree Subspeciality SPIN module</p>
B	Experience	<p>Demonstrate a high level of clinical experience and competence in paediatrics</p>	<p>Experience in a subspecialty</p>
C	Knowledge and Skills	<p>Knowledge of appropriate management of paediatric neurodisabilities, child protection and adoption/fostering services. Competent in the management of acute paediatric emergencies (APLS). Level 3 skills and competencies in Child protection with willingness to achieve Level4.</p>	<p>Specialist competence in one treatment modality would be an advantage. Experience of clinical governance systems and processes.</p>
D	Motivation	<p>Interest in developing multidisciplinary and multiagency services for children. Motivated to work closely with other services to develop an effective and integrated service within a regional network of General Paediatric and Neonatal care</p>	
E	Disposition	<p>Good interpersonal and communication skills, team-player, adaptable and flexible. Ability to co-operate and collaborate with other agencies in a creative and flexible manner.</p>	<p>Ability to lead and facilitate interdisciplinary and multidisciplinary teams.</p>
F	Audit	<p>Ability to initiate and implement audit cycles in relation to own work, team's work and wider service context. Evidence of completed audit.</p>	
G	Research	<p>Knowledge and experience in research methodologies.</p>	<p>Published research or review paper in peer reviewed journal. Active or past contributor to research projects.</p>

H	Management Ability	Knowledge of management structures and ability to initiate, participate in, evaluate and review processes of change.	
I	Training and Teaching Experience	Teaching/training/ assessment/ curriculum management skills Experience in postgraduate and/or undergraduate teaching	Qualification in medical education
J	Other requirements	GMC Registration (Specialist Register) Satisfactory fitness for employment. Full UK Drivers Licence.	

6PA Weekly Programme – Consultant Paediatrician

	AM	PM
Day 1	Leadership of team; cross-sector work on pathways and service development EPA	Teaching and Training / Clinical Admin DCC / EPA
Day 2	Child Development/ Neurodevelopmental Service/MDT/CAMHS/ Adoption/ Fostering and Child Protection Work DCC	Clinical work in NHS Grampian (worked as a week equivalent every 6-8 weeks) DCC
Day 3	Outpatient Clinic DCC	Outpatient Clinic DCC

The detailed Job Plan will be agreed with the successful candidate at the time of the appointment, taking account of the experience, skills and interests of the candidate and how they can best be used within the Consultant team.