

Glasgow report
Submitted for BAPS council meeting
July 2017

We are now well settled in the new Royal hospital for Children, which opened in June 2015. This has been a busy year for the department with some new enterprises, some old foes and plans afoot for further expansion.

Middle grade rota compliance has been a recurring issue. We hope to have solved this from August 2017 with an expansion of core level cover intended to supplement all surgical specialties in such a busy centre. Scotland has also been appointed a pilot site for the Improving Surgical Training scheme starting August 2018. Aimed at enhancing the experience of core trainees and beginning the first group of run through adult general surgical posts, this is being led by Graham Haddock.

The urologists are increasing their presence. There are 4 substantive consultants, with the fourth due to be advertised shortly. There is now a 3rd urology nurse specialist in place and they are taking on an enhanced role in the urodynamic service and the delivery of post-operative care. Other urological developments include the establishment of a national bladder meeting under the auspices of the Scottish paediatric renal and urology network (SPRUN); and the introduction of a laparoscopic pyeloplasty service with proctorship from Edinburgh.

Atul Sabharwal has led on the Chief Medical Officer's national 'General surgery of Childhood' review, and it is hoped that substantial changes are in the pipeline for the current provision of GSC in Scotland. In a similar vein, the Royal College of Physicians and Surgeons is running a symposium in September on Paediatric Surgery for Adult Surgeons, and we would extend an invite to any colleagues in the UK who wished to attend.

Our Thoracic services continue to expand. Following National Service Designation last year, the Chest Wall Abnormalities service is seeing upwards of 100 patients a year and now offers a full range of treatments. A 3D body scanner is due to arrive later in the year! The National CPAM MDT has established a prospective database (in line with the discussions at BAPS 2016) and is undertaking a natural history study while working towards full Managed Clinical Network status.

There is currently no central government support for the SWORD database and it is hoped that this will be forthcoming to bring the Scottish Consultants in line with our southern counterparts. We continue to have issues with local provision of adolescent care and engagement of district general services with patients aged under 16, and again it is hoped that the GSC review and involvement of the CMO for Scotland will improve things.

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