

Clinical Reference Group – E02 Paediatric Surgery (Specialised Surgery in children)

Meeting with Linda Doherty on 1/5/2015 – President and CEO in attendance

Url link to NHS England page is:

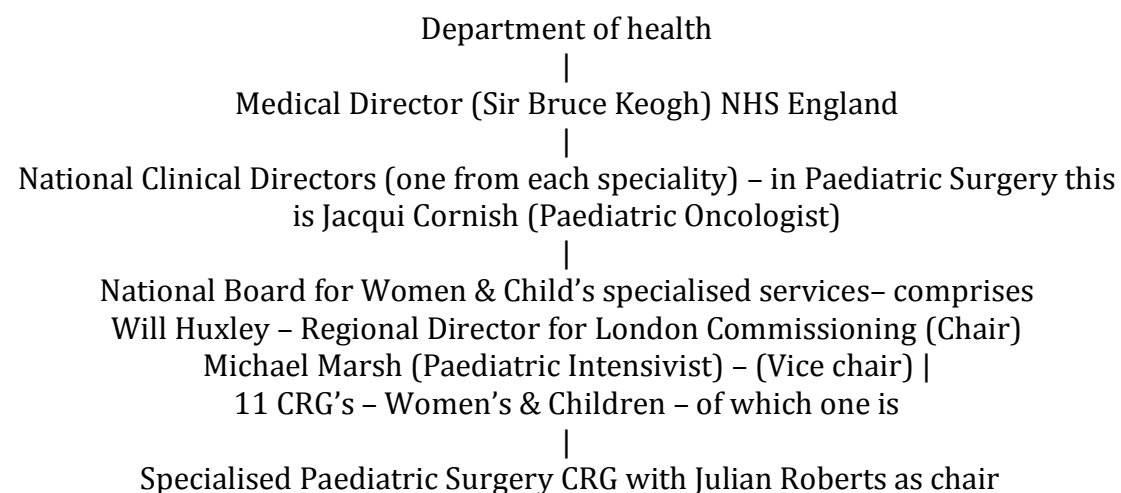
<http://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-e/>

The purpose of Clinical Reference Groups are to provide clinical advice to NHS England and CCG's for the strategic planning of specialised services.

The CRG is made up of

1. a chair (presently Julian Roberts but standing down in June 2015) ,
2. 12 senate places (presently 10 occupied of which 5 are Paed Surg/Urol/ENT/ortho surgeons),
3. 4 patient/carer posts (1 vacant),
4. 5 affiliate organisations. These are:
 - Royal College of Nursing
 - British Society for Orthopaedic Surgery
 - British Paediatric Pathology Association
 - British Society of Paediatric Radiology
 - Association of Paediatric Anaesthetists
5. An accountable commissioner (Linda Doherty)
6. 4 spaces for a Collaborating Commissioners from Clinical Commissioning Groups
7. The CRG's are supported by
 - Pharmacy
 - Public Health Lead
 - Finance
 - Contracting

The CRG sits in NHS England in the following way:



The aim of this group is to;

Provide strategic clinical advice to NHS England on specialised services related to children's surgery

1. Work with the Accountable Commissioner to produce specific products (specifications, policies, quality dashboards, advice on highly specialised services, includes ENT, Ortho etc), new technology, Individual Funding Requests.
2. Draw up documents documenting best practice in Children's specialised surgery (note this is not just Paediatric Surgery) by
 - a. Review Outcome data
 - b. Dashboards from which
 - i. CQUIN (quality) targets and payments
 - ii. QIPP (Quality Innovation Prevention and Production) targets
3. Review national practice and assess national requirements
4. Working to improve outcomes for children requiring specialised surgery
5. Support in planning long-term requirements. This includes
 - i) Reviewing and reducing variation in practice in England and advising on long term strategy around reconfiguration of specialised services
 - ii) Linking between national provision and local provision especially in improving association and communication between major centres and DGH's (via Strategic Clinical Networks)

The problems encountered so far:

1. Lack of specialised data retrieval resulting in issues in service planning
2. Vast array of subspecialties represented on the CRG therefore difficulties in agreeing specific best practice review and recommendations

Work programme agreed by the chair and NHS England. In some CRG's this may result in a lack of direction depending on the amount of work allocated to the CRG at the start of the year

Present requirement is a chair. Requirements of the chair are :

1. A vibrant person who will communicate well with both members but also other organisations to obtain best practice and make recommendations.
2. A person with experience of working within timescales
3. A person who has experience of local and national networking
4. Time for post – approximately 2 days per month (minimal) with Trust agreement but no Trust recompense. Duties will include
 - a. Chairing an agreed number of meetings per year. Minimum of two face to face meetings plus number of teleconferences to be decided by the group and dependent on work load (in 2015 the F2F are 6/5 in Birmingham and 18/6 in Manchester)
 - b. Organising document writing and reviewing work done with the CRG.
 - c. Meeting with National Board members to discuss requirements and progress.