



CORE BRIEF TO MANAGEMENT GROUP MEMBERS

MEETING HELD ON 27 FEBRUARY 2020

This briefing sets out the key areas of discussion and decision. It aims to ensure the Management Group members have a common core brief to disseminate within their organisation.

1. Welcome and Introductions

The Chair welcomed members to the meeting.

2. Paediatric Ketogenic Diet – Change in Service Model

Members received the paper, previously considered at the meeting of 20 February 2020, seeking support for the release of funding to implement the Integrated Commissioning Plan scheme to establish a Paediatric Ketogenic Diet Service in south Wales. Members noted the scheme was prioritised by the Clinical Impact Assessment Group and subsequently approved for inclusion in the WHSSC ICP 2019-22.

It was confirmed there were no Powys patients currently on the Ketogenic Diet but they were able to access the diet through Alder Hey Children's Hospital, Birmingham Children's Hospital or Bristol Royal Hospital for Children, as appropriate. An event could be organised with The Daisy Garland Trust to raise awareness of the Ketogenic Diet as a treatment option for children and the fact that the service was being established in Cardiff. The WHSS Team had attended an SLA meeting with Alder Hey Hospital on 25 February and had requested feedback on the low access to the Ketogenic Diet to them from north Wales.

Members were reminded that the repatriation of the Ketogenic Diet service to south Wales was part of a wider piece of work to stabilise the Paediatric Neurology service and noted that CVUHB were already familiar with all the patients being repatriated through their role as gatekeeper.

Members approved the release of funding to establish a Paediatric Ketogenic Diet service in south Wales, subject to a review of activity at 12 months with a view to feeding into the planning cycle for the consideration of Year 3 funding.

3. Neonatal Transport Review Recommendations

Members representing the six affected Health Boards, received the Final Report of the 'Independent Review of the south Wales Neonatal Transport Service (CHANTS) in order to recommend future models of delivery for a

24 hour transport service' and a paper setting out the key recommendations from the review and a proposed implementation timetable to commission a permanent 24 hour Neonatal Transport service in south Wales.

Members agreed that:

1. They were supportive of the direction of travel of the report and clearly endorse a 24/7 model.
2. They were looking to establish a Lead Provider for Neonatal Transport. From a Commissioning perspective this model would:
 - provide a single governance framework with clear lines of accountability; and
 - give assurance of systems management for the service; and
 - allow for further development of the Neonatal Transport service through defined processes of engagement.

Members noted that there were lead provider models already being utilised to manage services in Wales, including the established successful lead provider model for the Emergency Medical Retrieval Transport Services (EMRTS) and the Operational Delivery Network currently being developed for Major Trauma. Management Group wanted to understand what aspects of these models could be useful in the delivery of a lead provider model for neonatal transport services.

3. WHSSC will develop commissioning intentions and a service specification utilising the support of the Maternity and Neonatal Network as a source of professional advice. These documents will inform the development of an options appraisal stemming from the options set out in the Independent Review and any other options presented.
4. WHSSC will establish a Task & Finish Group with commissioning, clinical and managerial representatives. The Group will consider how best to utilise the existing workforce with the proposed delivery model and also outline developments required for the future workforce.
5. In parallel, the Maternity and Neonatal Network would undertake demand and capacity modelling of both the number of maternity beds and cots required across the region.
6. Further work to define and clearly set out the funding of the clinical components of a 24 hours service needs to be undertaken by the WHSSC Finance Working Group.

