

NSSC

Communication from National Specialist Services Committee (NSSC) Meeting 8 June 2016:

Proposal to Establish a Single Cleft Surgical Service in NHS Greater Glasgow & Clyde for NHS Scotland.

Background and purpose

1. National Specialist Services Committee (NSSC), which makes recommendations on the delivery of specialist national services, considered a report on the proposal and consultation process for a single cleft surgical service consolidated on one site in NHS Greater Glasgow & Clyde (NHS GG&C) at its meeting on 8th June 2016. This paper provides a brief update on the outcome of that meeting and the next steps in the decision making process.

The proposal

2. The proposal under consideration is to form a three surgeon team of cleft surgeons for the whole of Scotland in NHS GG&C, with continued local provision of other cleft lip and palate services and an outreach service across Scotland. This would bring together the specialist surgical service to one site, therefore providing mutual support and learning with effective management of workload through shared waiting lists as well as effective communication within the team regarding the patient care pathway. This would also provide viable cross cover arrangements for planned leave and on call responsibilities and an effective training environment for future sustainability of the surgical service.
3. NSSC reviewed and considered the background papers on the proposal, a report on the consultation and copies of all the individual and groups contributions to the consultation.

The consultation process

4. A Stakeholder Consultation Group guided the Consultation process with representation from Cleft Lip and Palate Association (CLAPA - the main cleft patient and family representative organisation), Changing Faces and the Scottish Health Council.
5. The Consultation was held over a 12 week period between 11th February 2016 and 11th May 2016 with submissions accepted by letter, email and verbally at a series of public events across the country. The proposal consultation document was posted on the NSD website and communicated to parents and patients through letters from the host NHS Boards providing the current surgical services, through CLAPA, Cleft Care Scotland and via local NHS Boards engagement channels.
6. NSSC acknowledged that anyone who wished to make a formal contribution to the consultation was enabled to do so. NSSC noted the concerns raised about some aspects of the consultation process and that the Review Group had tried to resolve these as they occurred. NSSC was satisfied that the consultation had been carried out with a level of transparency and openness, which was acknowledged by the Scottish Health Council feedback. There were areas that could have been improved on and these should be considered for future consultations.

7. NSSC noted that there was a large group of respondents, including parents and local clinicians, who had expressed their opposition at the loss of the surgical service from NHS Lothian together with their concerns about local services and continuity of care.
8. NSSC also noted that a number of professional bodies and authorities had expressed support for the proposal. This was based on the proposal providing the best model of care for a specialist surgical service for NHS Scotland, in securing a safe, sustainable, resilient service that would continue to provide improving care for patients with cleft wherever they reside.
9. The advice of the National Public Patient and Professional Reference group was to strongly support the proposal based on sound clinical principles of ensuring sustainability and ongoing quality improvement.
10. NSSC was advised by the Review Group that while they did not agree with the main demand of the majority of individual respondents, to retain of cleft surgical services in NHS Lothian as at present, they had heard clearly the demand for support for local services, outreach services and continuity of care. The commitment to local services and outreach services was confirmed and noted that all other non-surgical aspects of cleft care will continue to be delivered close to home, through a combination of local care and multi-disciplinary team (MDT) discussions. No changes are proposed to local cleft care - such as orthodontics, speech and language therapy, dental services and support from specialist nurses. In addition, the intention is to retain specialist outreach clinics.
11. It was also acknowledged that CLEFTCARE Scotland, the National Managed Clinical Network would continue to support all cleft services across Scotland.

Conclusion and recommendation of NSSC

12. NSSC concluded that the consultation process had followed a fair and transparent process and had given due regard to contributions and concerns expressed by respondents.
13. On balance, while there were clearly lessons to be learned from the administration of the consultation exercise, NSSC was content that people had the opportunity to participate and they had been listened to.
14. NSSC concluded that the proposal was a positive change to consolidate surgical expertise that would provide a sustainable, resilient and high quality cleft surgical service for the current and future patients with cleft in Scotland.
15. NSSC therefore strongly supports the proposal to bring together three cleft surgeons on one site. This will achieve best results for education and training, and, through a single team, the best outcomes for everyone in Scotland
16. NSSC confirmed the need to ensure that an appropriate outreach model for non-surgical care was in place to support families and local professionals in maintaining their skills; to ensure that all that could be delivered locally would be delivered locally.

NSSC therefore endorsed the recommended proposal for consideration by the Board Chief Executives as a sound, clinically sensible and principled model of specialist surgical care for NHS Scotland.

Next steps in Decision Making process

17. NSSC requested that, given the level of interest in this proposal and consultation, a communication regarding their considerations and recommendations be prepared and circulated to all stakeholders as soon as possible but no later than 10 June 2016.
18. The Proposal and Consultation Report should be considered at the June meeting of the Board Chief Executives on 21 June 2016.
19. Once Chief Executives recommendation is known, the final decision on the proposal will rest with the Scottish Government.

NSSC Secretariat

09 June 2016