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Communication from NHS Board Chief Executives' Meeting 21 June 2016:

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

Background and Purpose

1. The NHS Board Chief Executives' Group considered recommendations from the National Specialist Services Committee (NSSC) on 21 June 2016, on the proposal and consultation process for a single cleft surgical service consolidated on one site in NHS GG&C. 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 3 surgeon team of cleft surgeons for the whole of Scotland in NHS Greater Glasgow and Clyde, 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 on to one site providing mutual support and learning with effective management of workload through shared waiting lists; and effective communication within the team regarding the patient care pathway. This will also provide viable cross cover arrangements for planned leave and on call responsibilities and an effective training environment for future sustainability of the service. It will also foster the surgical teams ability to improve outcomes for cleft patients across all of Scotland.
3. The NHS Board Chief Executives' Group reviewed and considered the recommendation from NSSC and noted that NSSC had considered this issue in depth at its meeting on 8 June – specifically taking into account comments made in consultation. Board Chief Executives had also received correspondence on the proposal and took the points made in correspondence into account in discussion.

The consultation process

4. NHS Board Chief Executives considered that the process followed including public consultation had been appropriate.
5. NHS Board Chief Executives noted the concerns raised in consultation and that there was a group of respondents, including parents and local clinicians, who had expressed their opposition to the loss of the surgical service from NHS Lothian and their concerns about local services and continuity of care. The key concerns were about maintaining the good clinical outcomes achieved and the range of outreach clinics provided across Scotland. The review group and NSSC had carefully considered and addressed these concerns.
6. NHS Board Chief Executives also noted that a number of professional bodies and authorities had expressed support for the proposal based on being the best model of care for a specialist surgical service for NHS Scotland, in securing a safe, sustainable, resilient service that continues to provide improving care for patients with cleft wherever they reside.

7. NHS Board Chief Executives had heard clearly the demand for support for local services, outreach services, the concerns around clinical outcomes and continuity of care and were of the view these had been addressed in the review and subsequent NSSC consideration.
8. The commitment to local services and outreach services was confirmed and NHS Board Chief Executives 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; and specialist outreach clinics will continue to be provided.
9. 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 the NHS Board Chief Executives' Group

10. NHS Board Chief Executives concluded that the National Specialist Services Committee had followed a fair and transparent process and had given due regard to contributions and concerns expressed by respondents.
11. NHS Board Chief Executives noted that NSSC concluded that the proposal was a positive change to consolidate surgical expertise to provide a sustainable, resilient and high quality cleft surgical service for the current and future patients with cleft within Scotland; and 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.
12. **NHS Board Chief Executives therefore endorsed the recommended proposal for consideration by the Scottish Government Health and Social care Directorates as a sound, clinically appropriate model of specialist surgical care for NHS Scotland.**

Next steps in Decision Making process

13. The final decision on the proposal rests with the Scottish Government.

NHS Board Chief Executives' Group Secretariat
23 June 2016