

NSSC 2016-16G CLEFT SURGICAL SERVICE PROPOSAL CONSULTATION QUESTIONS SUMMARY

Topic No.	Topic Title	Overview	Review Group Response
1.	Current Model Working/Retention of Two Surgical Centres	Respondents believed that the current two surgical services model worked in their experience and did not feel there was sufficient evidence that it was not working. There is therefore a desire to keep the current surgical service configuration.	The material prepared for the option appraisal and the consultation document clearly outlined that the cleft surgical services could not be delivered as a single service operating on two sites. This means that the single handed surgical service is not resilient to periods of unanticipated workload pressure or unexpected absence. This weakness in a single handed surgical service is acknowledged by the two Royal Colleges submission into the consultation and their support for the recommended single surgical site with a single larger surgical team.
2.	Management Problem	Any problems in current service are management issues and not clinical/patient centred and therefore a management solution needs to be found.	The Consultation document clearly outlined why the cleft surgical services could not work as a single surgical service with two separate teams operating on two sites. The surgical services did not have aligned job plans, shared waiting lists, joint MDTS or shared audit and improvement planning. These are not management issues but inherent problems of trying to create a single team in two different Health Boards.
3.	Impact of Outpatient/Outreach Services	There were numerous concerns expressed that the consolidation of the surgical service on one site would lead to a reduction in the number of outpatient/outreach clinics across NHS Scotland. Many contributions wanted assurances around the continued provision of	The Proposal is to develop a single surgical team working from a single site. As was emphasised in the documents and at the meetings existing aspects of Cleft Care that are delivered locally will continue to be offered at local multidisciplinary clinics supported by the specialist surgical team and by locally employed cleft care staff. The Review Group heard very clearly how important

NSSC 2016-16G CLEFT SURGICAL SERVICE PROPOSAL CONSULTATION QUESTIONS SUMMARY

		outpatient clinics.	these services are to the local patients/parents and their family and will ensure that the proposal remains clear. There is an absolute guarantee that the single surgical service will continue to support the delivery of cleft care and cleft services in local clinics across Scotland. Only specialist cleft surgery is proposed to be moved.
5.	Impact on other Local Staff	Concern that other staff in Edinburgh would be impacted by the proposed change as well as other staff in other areas of provision throughout the East Coast.	Cleft Care will continue to be at local multidisciplinary clinics supported by locally employed cleft care staff including Speech and language therapy, orthodontists, paediatric dentists and specialist nurses. The wider cleft service does depend on a wider group of skilled staff working with cleft patients; such as Cleft Nurse Specialists, Speech and Language Therapists, Orthodontists, Paediatric Dentists; and they still be key in providing local cleft care on the East Coast of Scotland as already happens elsewhere in Scotland.
6.	Clinical Relationships	There were a number of comments that people felt the main reason for this problem was in the relationship between the surgeons and how would centralising this in one surgical centre resolve this relationship.	The proposal is about the best model of configuration for a sustainable and resilient cleft surgical service for Scotland by creating a single team of surgeons operating on one site, it is not driven by relationship issues.
7.	Continuity of Care	Many respondents and those who participated in the consultation meetings raised their concern that they valued the continuity of care provided by having a named surgeon who would be responsible for their child throughout their care.	The Review Group are very aware of the importance parents attach to continuity of care and the implementation of a single cleft surgical service for the whole of Scotland will take cognisance of this in planning how the service is delivered. A single site offers the opportunity for a named surgeon for each patient but with shared clinical knowledge ensuring

NSSC 2016-16G CLEFT SURGICAL SERVICE PROPOSAL CONSULTATION QUESTIONS SUMMARY

			continuing high quality service in the future for all patients within Scotland.
8.	Clinical Outcomes/Differential Clinical Outcomes	There were a significant number of respondents that commented on the difference between Glasgow and Edinburgh in terms of speech outcomes and given that Edinburgh results were better the proposal to consolidate in Glasgow was erroneous.	<p>The Review Group has taken into account the comments on outcomes made in responses to consultation and is certain that the proposal does give proper emphasis to outcomes. The proposal is for a service for the whole of Scotland not for two discrete regional services.</p> <p>It is contended and supported by professional opinion that a team of surgeons working collaboratively together and learning from each other will improve outcomes over time for all patients in Scotland wherever they reside.</p> <p>The Review Group is confident that the proposal not only provides a sustainable and resilient service but one that will continually improve on outcomes for all patients within Scotland.</p>
9.	Additional Travel/Accommodation	Comments received around the additional travel required for some parents/patients and whether there was enough accommodation to support the increased numbers in the Glasgow hospital on an annual basis. It should be pointed out that respondents indicated that this was not their main concern about the proposal but one that did cause some anxiety.	<p>The proposed change will mean that some patients will have to travel further for their surgery. For patients from Grampian, Highland, and Tayside, the need to travel for cleft surgery is already well established and the difference to patients from these areas is relatively small.</p> <p>While patients/parents in Fife, the Edinburgh area, East Lothian and the Borders would have longer travelling times, patients from West Lothian, Perthshire, Tayside, Grampian and Highland would only have a marginal change in journey times.</p> <p>For patients from NHS Highland, NHS Grampian,</p>

NSSC 2016-16G CLEFT SURGICAL SERVICE PROPOSAL CONSULTATION QUESTIONS SUMMARY

			<p>NHS Dumfries and Galloway, NHS Shetland, NHS Orkney and NHS Tayside, the requirement to travel for surgery is already the current reality and it should be noted that parents and patients travel to centres from all over Scotland for other elective national specialist services and therefore the model is not unique.</p> <p>All patients/parents that are currently able to claim expenses for travelling will still be able to do so under the proposed change.</p> <p>NHS GG&C has a suitable parent/patient accommodation on the site of the new hospital that can accommodate one parent for the length of the stay of the child at the hospital.</p>
10.	Other Board Managing the Service	There were a few suggestions that another Board should be given the responsibility of managing the service which would resolve the problems.	The issues with the service are not about management arrangements.
11.	Why Glasgow and Not Edinburgh	Enquiries were raised on why Glasgow was better placed to provide the single surgical service rather than Edinburgh.	<p>It was advised that the previous review in 2011/12 and the Options Appraisal both had consideration of an option for a single surgical service on one site and that on both occasions the single surgical service based in Glasgow scored higher, this was consistent when broken down into the groupings of the scorers including independent experts from outside Scotland.</p> <ul style="list-style-type: none"> • GG&C is more accessible to a majority of the population from across Scotland than NHS Lothian • National Complex Airways Service and Carniofacial Services are based in GG&C as

NSSC 2016-16G CLEFT SURGICAL SERVICE PROPOSAL CONSULTATION QUESTIONS SUMMARY

			<p>well as Paediatric Cardiac Surgery for a very small number of children with co-morbidities that might require access to these services</p> <ul style="list-style-type: none"> • An adult service was already established and a national adult service co-located with the paediatric service was beneficial.
12.	Surgical Capacity	A number of respondents raised a question of whether Glasgow would have enough capacity to manage the increased number of patients. Some concerns that waiting times would increase.	NHS Greater Glasgow and Clyde have given assurances that they have enough surgical capacity to take on the additional number of patients. The Service will be commissioned to ensure that patients have their required surgery as soon as clinically appropriate and not to exceed age appropriate procedures unless for a clinically agreed reason.
13.	Surgeon Not Transferring/Loss of Surgeon	A number of contributions were concerned that it was not certain that the Lothian surgeon would agree to transfer to Glasgow and therefore would leave to the service in Scotland.	<p>The Review Group had been asked to recommend on the best possible option for a safe, sustainable and resilient model for the whole of Scotland. The proposal is therefore based on a configuration that is best for the provision of cleft surgical care in Scotland now and in the future. It cannot be predicated on the preferences of any one individual.</p> <p>At any point in time a consultant can leave a service and it is clear that a cleft surgical service with a team of surgeons would be easier to recruit to than a single handed surgical model.</p>
14.	Increase number of Surgeons	Some respondents suggested that we should increase the number of surgeons to four to provide the degree of resilience in Edinburgh that is currently the case in Glasgow.	The Review Group noted that the previous two reviews had all agreed that the optimum number of surgeons for Scotland was three in order to have a degree of resilience in the service. There were currently only a sufficient number of new cleft cases to justify three surgeons and a fourth surgeon would

NSSC 2016-16G CLEFT SURGICAL SERVICE PROPOSAL CONSULTATION QUESTIONS SUMMARY

			dilute the critical mass of primary surgery too much to maintain skill levels.
15.	Concern Decision Already Made/Clarity of Decision Making Process	Many respondents claimed they felt the decision had already been made and views were not being listened to.	The Review Group has recognised the strong opinions of parents and patients regarding best possible care as well as the importance of continuity of care. The Proposal that was consulted upon has been developed in light of this shared intention and recognises independent professional advice that a single surgical team working together, supporting and learning from each other on a single surgical site is the best model for ensuring sustainable delivery of a high quality specialist surgical service for all patients within Scotland. Respondents were advised that all information, contributions and suggestions from this consultation would be presented to National Specialist Services Committee. No final decision has been taken on outcome of the consultation and that NSSC would decide on what recommendation to put to the Board Chief Executives.
16.	Consultation Exercise Not Promoted Enough	There were concerns expressed that the consultation exercise was not promoted enough and that some letters were late in being issued to stakeholders.	<p>The Review Group was advised on the consultation by a Consultation Stakeholder Group which included representatives of Cleft Lip and Palate Association and Changing Faces as well as input from Scottish Health Council to ensure that the Consultation enabled as many voices to be heard as possible.</p> <p>The Review Group acknowledged that there were some issues about getting the consultation information out to some families, particularly by NHS Lothian, which they apologised for and NHS Lothian attempted to rectify as soon as they were made aware of the issue.</p>

NSSC 2016-16G CLEFT SURGICAL SERVICE PROPOSAL CONSULTATION QUESTIONS SUMMARY

			<p>The Review Group tried to ensure that everyone who attending the meetings had an opportunity to make a contribution and emphasised that they could make a formal contribution in writing or by e-mail.</p> <p>On balance the Review Group feel confident that anyone who wanted to make a contribution was enabled to do so.</p>
17.	How would contributions be used	There were questions on how the contributions would be used to inform the process	<p>Respondents were advised that the contributions would be collated together and would be provided to the Governance Groups including National Professional, Patient and Public Reference Group and National Specialist Services Committee to consider along with the proposal.</p> <p>A summary of the contributions and the Review Group's consideration of them would also be provided for National Specialist Service Committee.</p> <p>The contributions would also be used to write up the proposal to clarify any areas where the consultation had highlighted any uncertainty on what was being proposed.</p>
18.	Staff Engagement	Some questions were raised on how staff involved in the services were being consulted.	<p>The Stakeholder Consultation Group agreed that consultation with staff would be the responsibility of the host NHS Boards of the cleft surgical services, NHS Lothian and NHS Greater Glasgow and Clyde respectively. Both Boards undertook discussions with staff on the proposals to both listen and explain the proposal.</p> <p>The Review Group also held a Consultation with Cleft Care Scotland members, which represents all staff</p>

NSSC 2016-16G CLEFT SURGICAL SERVICE PROPOSAL CONSULTATION QUESTIONS SUMMARY

			involved in cleft care throughout Scotland, and captured the issues they raised which were generally similar to those raised by the public contributions but more emphasis on the support for local clinicians in delivering their services for patients with clefts.
19.	Additional Psychology Support	Would there be additional clinical psychology support for the service in Scotland	It was confirmed that was in the business case for the national single surgical service and had already recruited some additional clinical psychology resource. There was still a significant amount of support to recruit which would be used to support the patients and services throughout Scotland for the period of the patient pathway from birth to adulthood.