

**Meeting of the PCCS Working Group held on Friday
29 March 2013 at 12.30 pm in the 5th Floor Meeting Room,
HSC Board Headquarters, Linenhall Street, Belfast**

Present:	Dean Sullivan (Chair)	HSC Board
	Philip Moore	HSC Board
	Dr Miriam McCarthy	Public Health Agency
	Denise Boulter	Public Health Agency
	Dr Brian Armstrong	Belfast Trust
	Dr Frank Casey	Belfast Trust
	Rosie Byrne	Belfast Trust
	Sarah Quinlan	Children's Heartbeat Trust
	Julie Greenaway	Children's Heartbeat Trust
	Irwyn McKibbin	Heartbeat NI
	Clare Caulfield	Heartbeat NI
	Maeve Hully	Patient Client Council
Observers:	Jackie Johnston	DHSSPS
	Dr Heather Livingstone	DHSSPS
	Karena McErlean	Parent
	Joanne Clifford	Parent
	Gerald Clifford	Parent
	Orla McElroy	Parent

Item:

Action

1. **Apologies**

Teresa Magirr, HSC Board
Dr David McManus, NIAS
Dr Paddy Woods, DHSSPS

2. **Minutes of Previous Meetings**

The revised minutes from the meeting held on
15 March 2013 were agreed.

The minutes from the meeting held on 22 March 2013
were agreed as an accurate record.

3. Matters Arising

3.1 Update on responses to letters issued to HSE and Belfast Trust

Dean Sullivan noted that the response from the HSE regarding the feasibility of children from ROI being referred to a service in Belfast and the feasibility of clinical staff supporting the Belfast service had been received. This correspondence was circulated to Working Group members with the papers for today's meeting.

The HSE have stated that it would not be feasible for Belfast to secure referrals from ROI as this would impact on the sustainability of both units (Belfast and Dublin). Furthermore the correspondence from HSE highlights the difficulties that there would be in providing 24/7 cover for both sites.

The Children's Heartbeat Trust's view was that the ultimate decision on this matter would be at Ministerial level in both jurisdictions.

A response from Belfast Trust has also been received by the HSC Board. A copy of the correspondence from the Trust will be shared with Working Group members.

In the response, the Belfast Trust has indicated that an expansion in capacity to accommodate a minimum of 250 procedures working towards 400 procedures would be challenging. Brian Armstrong stated that such expansion would take at least 15 – 18 months, due to the significant step up in infrastructure required and the dependency on recruiting highly specialist staff.

It was noted that any expansion in Belfast needed to be considered in the context of the correspondence from HSE.

4. Draft Identification of Preferred Options Paper

It was noted that the first draft of the preferred options paper was considered at the last meeting and that there were no material issues raised. The document was also circulated to Working Group members after the meeting on 22 March for comments. Dean Sullivan noted that no comments had been received from Working Group members.

Dean Sullivan added that it was the intention to have further discussion at today's meeting with a view to agreeing sections 1 to 4 of the document including firming up on the scores for each option.

Following discussion, sections 1 to 3 of the report were agreed by the Working Group. Sarah Quinlan asked on behalf of the Children's Heartbeat Trust that it be noted that they would have preferred the number of adult surgical procedures be included under each option. It has been previously advised that these procedures were not included in the remit of the Working Group and have not been included in any stage of the process to date.

There was discussion at previous meetings regarding scoring two different scenarios under option 4. As outlined above under the matters arising section, the response from the HSE indicated that it would not be feasible for ROI to refer children to Belfast or for the clinical staff from the unit in Dublin to provide 24/7 cover on two sites. On this basis, it was agreed that option 4 would be scored on the basis of 110 NI children cared for predominantly in Belfast with clinical support from the team in Dublin. Under this option it was noted that a proportion of emergency cases would be referred to Dublin for treatment.

Dean Sullivan advised that since the last meeting, the HSC Board had undertaken a high level analysis of the relative costs associated with the provision of the different options to allow the effective use of resources criterion to be scored. This analysis had

focussed on two key areas, namely: the unit cost for a planned procedure and the associated transport / accommodation costs.

In this regard, it was noted that the procedure costs in Belfast are slightly higher than those in GB and that the procedure costs are higher in Dublin than in GB. With regard to the transport / accommodation costs, it is assumed that there is no cost associated with a service in Belfast, and the transport /accommodation costs in Dublin are lower than those associated with service provision in a GB unit.

In summary, taking account of the above relative costs, it was noted that Belfast would be the least expensive, GB more expensive and Dublin would be the most expensive. The options will be scored on this basis with consideration given where more than one centre will be providing a service.

With regard to providing a reminder as to exactly what is being considered under each option in section 4 of the document, it was agreed that the explanation of each option as set out in the paragraph under section 3.3 would be included under the relevant paragraphs in section 4.

Sarah Quinlan asked that the Children's Heartbeat Trust view be recorded that the charity's assessment against the safe and high quality criterion was that any option that does not include a surgical service in Belfast cannot meet this criterion.

It was noted that all options have been assessed against the safety/quality criteria in the context of the standards included in the agreed service specification.

Issues were raised in respect of the timeliness of access for emergency cases should the preferred option be one with no surgical service in Belfast. It was noted that under current arrangements 24/7 cover is not available in Belfast. The majority of emergency cases are being treated in Dublin and no

issues in relation to timeliness of access have been raised.

Dr Casey added that the only long term viable solution to support surgery in Belfast would be for it to become a much bigger surgical centre and that this needed to be fully explored. However, having sought clarification from elsewhere, there may be a need to consider other models of care for the population of Northern Ireland.

Having worked through the scores included in the draft preferred options document, it was noted that there are two options – Option 2 (Dublin only) and Option 5 (Dublin and GB) that scored significantly higher than other options.

It was agreed that further detailed consideration would be given to these two options, to include qualitative considerations as appropriate, with a view to identifying a preferred way forward.

5. Any other business

5.1 Transport arrangements

Working Group members queried the current position with regard to the expansion of the transport service. Dean Sullivan noted that the HSC Board has approved an expansion to 24/7 cover for the paediatric road transport service. This will include the provision of interim back-up arrangements whilst the expanded hours are put in place. It was noted that the hours of cover for the neonatal road transport service have been increased to cover 9am to 9pm seven days a week.

The Board is also currently reviewing the air ambulance contract which is due for renewal with a view to new arrangements being in place from the summer 2013.

The importance of the transport arrangements were

acknowledged by Working Group members and it was agreed that these would be kept under review.

5.2 Confirmation of current position

Dean Sullivan confirmed that as indicated at the previous meeting on 22 March 2013, the Minister was provided with the post consultation paper agreed by the Working Group and the HSC Board. No recommendation has been made to the Minister at this time in relation to a preferred option.

6. Dates of future meetings

It was agreed that the meeting scheduled to take place on Friday 5 April 2013 would be postponed.

Two further dates for the Working Group meeting have been scheduled. These will take place at 12.30pm on:

- Friday 12 April 2013
- Friday 19 April 2013

The venue for both meetings will be the 5th floor meeting room, HSC Board headquarters.