

National Burn Care Group

Minutes of the meeting held on Tuesday 24 June 2008.

Friends Meeting House, Euston Road, London.

Members Present

Adrian Pollitt (Chair)	Director, National Specialised Commissioning Group
Alaine Yates	Therapy Representative
Alexandra Watson	Scottish Government
Barbara Howe	London SCG
Becky Kirk	Therapy Representative
Blessing Chukwunyere	Department of Health
Cathy Edwards	Yorks and Humber SCG .
Dawn Anderson (DA)	National Programme Manager
Geoffrey Carroll (GC)	Medical Director, Health Commission Wales
Greg Williams	Chelsea and Westminster Hospital
Henrietta Spalding	Changing Faces
Jayne Andrew	Network Development Manager, Northern Burn Care Network
Jenny Collings (JC)	Patient and Family Representative
Jo Myers (JM)	Nurse representative
Kath Berry	Royal College of Paediatrics and Child Health
Keith Crittenden	South East Coast SCG.
Keith Judkins	Clinical Director, Northern Burn Care Network
Ken Dunn (KD)	B B A/ NBID
Ken Sim	Royal College of Anaesthetists
Mark Darlow	East Midlands SCG
Mike Maunder	North East SCG
Nichola Rumsey	Professor of Health Psychology, UWE Bristol
Paul Hyde	South East Coast SHA
Peter Dziejewski (PD)	BAPRAS
Rachel Ferris (RF)	South West SCG
Roy Dudley-Southern (RDS)	North West SCG
Simon Jupp	Director, South Central SCG.
Catherine Parsons	Network Manager, SW UK.

1. Apologies for absence were received from:

Amber Young	Clinical Lead SW UK
Bill Dickson	Clinical Lead SW UK
Sheila Hayes	South Central SCG
James Partridge (JP)	Chief Executive, Changing Faces
Pete Sagger (PS)	London and SE Burns Network
Howard Stevenson	Lead Clinician, Scotland Burn Care Network
Stephanie Newman (SN)	South East Coast SCG
Michael Wright	DH Representative
Naiem Moiemem	Consultant Burn Surgeon, Birmingham
Jane Harper	Intensive Care Society
Teresa Warr	South Central SCG

There were several new members to the team and therefore introductions were made. Congratulations were also extended to Dawn Anderson, who recently got married and best wishes were also sent to James Partridge, who is recovering, following an operation.

2. Minutes of last meeting and matters arising

2.1. The minutes were accepted as an accurate record of the meeting.

It was noted that Bill Dickson and Amber Young are joint Clinical Leads for the SW UK.

2.2 Workforce Planning: This piece of work is still ongoing. There had been a delay due to the lack of definitive guidance regarding training needs. It is anticipated that this will be presented to the BBA Exec at

the end of July and also BAPRAS. Further progress is to be reported at the September meeting of the NBCG. **Action PD.**

2.3 Consultation (item 3.3): It was emphasised that all networks are to ensure that they are in full communication with their SHA's. **Action Networks.**

2.4 Costing of Burn Care (item 6.3.5) Work is currently being undertaken by the Welsh services to cost the patients from England who have recently been treated there. It was agreed that this work would be shared with KD and KJ in order to assist with their discussion with the Department of Health and PBR Team. **Action GC**

It was agreed that information regarding the cost of burn care is currently poor. Burns and plastics have traditionally been costed together. It is essential to have bottom up costing in order to have an accurate benchmark figure. This benchmark figure must be a robust figure to use.

4.1 Overview of finance: exploring the funding of burn care. This item was taken out of order as it was felt that it was more appropriate to be discussed at this point. It was agreed that in the majority of services it is not known what the service really costs. It is likely that PBR and burn care will not be included in PBR for some time. The actual cost of burn care had been raised at the recent core group with a request that this should be dealt with at a national level. It was agreed that a key starting point was the sharing of work that had already been done. **Action DA to facilitate sharing of costing data.**

2.5 Sharing of bed bureau (item 7.7.1): SN had been asked to raise this at the SCG Director's group. The terms of reference for this group were currently being put together and it was anticipated that this would be included with these. **Action SN.**

2.6 Burn Major Incident Plan (item 7.7.3) Due to changes in personnel at the Emergency Preparedness Team the issue of consumables for the burn major incident plan had not been resolved. This has been raised again with the team. **Action AP to speak to Janet Meacham.**

2.7 Network Data requirements (7.1.1). Following agreement at the core group, a national meeting is being co-ordinated with Adrian Pollitt, Ken Dunn, Dawn Anderson, Network Managers, a clinical representative and a data person. This meeting with to explore the capabilities of BID and to formulate standard reports required for the networks. If anyone else wishes to attend they are to contact DA as soon as possible. **Action ALL.** It was also emphasised that those representatives are the conduits for their networks and should be as fully briefed about the data requirements for their areas **Action Network Managers.**

Any questions that are to be discussed at the meeting are to be forwarded to DA asap. **Action ALL.**

3. Chair's Update

3.1. Guidance for submissions.

A framework for the 'autumn' submissions was discussed at the meeting. This had been reviewed at the recent core group meeting. It was emphasised that the proposals must be quantified and be firmly rooted in the standards. It was agreed that the guidance would be strengthened with regard to the quantified data required. **Action AP**

It was also confirmed that the proposals were to be prospective and the distance from the standards at the current time should not be a determinant of the outcome. The proposals should detail how what is being put forward will meet the standards.

3.2. 'Autumn Submissions': There was debate regarding the current deadline for the submission of implementation plans particularly in light of the fact that an extension has been agreed with the Northern Burn Care Network (until the meeting in February 2009). Each network was asked to comment on the likelihood of having a fully worked up proposal by September. It was clear from the comments received, that this date would not be achievable in all areas. After significant discussion it was agreed that the SW UK, London and SE and Midlands would submit their proposals to the November meeting, with the North offering a progress update. **(Deadline date Monday 17th November, meeting date Tuesday 25th November).** **Action Networks.**

4. Overview of Finance

4.2. The meeting was presented with two documents. The first document summarised the carry forward from 2007/8. There was discussion about how to deal with these monies ie should they be sent to the lead PCT for each SCG? It was highlighted that there was the potential to lose the monies if they are not distributed quickly. It was agreed that SCGs would speak to their PCT/ SHA as soon as possible

so that the monies could be distributed quickly. The plan/ destination for these monies is to be confirmed as to Paul Hyde as soon as possible. **Action SCGs.**

- 4.3. For 2008/9** A summary of the allocation for each network (on a weighted capitation basis) was tabled (see attached). All of these monies have now been sent to SHAs and each SCG was advised to actively seek out these monies. **Action SCGs**
- 4.4.** It was suggested that the host PCT for the SCG (not the network) should be the appropriate place for these monies to be kept, depending upon the ability of the host PCT to hold the funds. However it was recognised that there may be some flexibility with local arrangements depending upon the ability of the PCT to hold funds.

5. Information for Planning : Current Burn Service and District General Hospital Links.

- 5.2. This paper made suggestions about what information was needed and how questions could be answered for each network. It was agreed that this was a useful document and could be used as a preliminary document for the planned data meeting. **Action DA/KD**
- 5.3. There was a discussion about severity and planning for ICU beds. It was emphasised that BID could produce an accurate picture of the resources that are required. It was agreed that some modelling of resources was required. There was debate about the 98% confidence level which was used in the original burn care review. It was agreed that modelling using different confidence levels would be produced for the September meeting. **Action KD.**
- 5.4. It was also agreed that network Managers would pursue the issue of collection of data. **Action Network Managers.**
- 5.5. There was also discussion regarding cases treated outside of burn services. It was recognised that it may be appropriate for some of these cases to be treated outside of burn services (ie very minor cases). It was also recognised that some of the cases which do not appear to have been treated by a burn service may have been treated appropriately using other methods such as telemedicine or outreach. It was clear that this needed to be understood. This needs to be factored into the percentages in order to get a true picture. Various methods of looking at this were discussed including a pilot study in each network. It was agreed that this would be on the agenda for the data meeting. **Action DA.**

6. Network Progress Reports

6.2. South West:

- 6.2.1. An update report had been circulated prior to the meeting. The revenue has been reviewed in light of the recurrent funding. There were no changes in the proposals for centres, unit and facilities however the term 'interim' has been removed, in light of the fact that designation is for a 5 year period. The SW also recognised that more public engagement may be required.
- 6.2.2. Cathie Parsons has been acting as the Network Manager for a few weeks and plans are in place to extend her contract.
- 6.2.3.** Amber Young is working on paediatric protocols for transfer. There is still some debate regarding the threshold for transfer for adults. This is to be discussed at the next network meeting in July. It was agreed that any guidelines that were formulated would be copied to KD when completed. **Action Networks.**
- 6.2.4. The network has been engaging with overview and scrutiny committees (OSCs) in a variety of ways, including written briefs and also a meeting with an informal network of OSCs. SHAs have also been contacted and the SHA assurance process is being taken into consideration. A briefing paper for OSCs is being written.

6.3. Northern

- 6.3.1. The appointment of the network posts has been undertaken and the recruitment to the support posts is underway. A team base has been established at Fulwood House in Sheffield.
- 6.3.2. Following a meeting with Adrian Pollitt and Mike Potts, the chair of the network, it had been agreed that the Northern proposal would be submitted to the February 2009 meeting for consideration. This will ensure that a fully worked up proposal can be formulated and signed off by all of the relevant stakeholders.
- 6.3.3. A risk assessment process is being facilitated by an independent consultant to help inform this proposal.

6.3.4. There was also discussion about whether Scotland needs to be involved with discussion in the north and it was agreed that this would be useful. **Action Network Manager.**

6.4. London and the South East

6.4.1. The discussions regarding trauma networks are still on-going. The proposal is on target for submission in September, however will be influenced by the strategic context of the Darzi review. Services currently bidding to be a trauma centre are being asked how they would provide a burn service. It is likely that a medium to long term proposal will be submitted.

6.4.2. 'Changing faces' have been funded to run an educational psychosocial project.

6.5. The Midlands

6.5.1. The group has agreed of a second phase of service developments in line with the recurrent monies.

6.5.2. There is no change in the original proposal for the designation of centres, units and facilities for the region, but detailed plans to support these are being compiled.

6.5.3. The steering group (East and West Midlands Burn Care Group) have agreed their terms of reference and have advertised the Burns Implementation Manager post.

7. National Projects Progress Reports

7.2. **NBID** A data report had been sent out to all members of the NBCG in May. This is also available for download on the BID database (www.nbid.org). The database is able to provide the same data at a number of levels (ie service, region). There have been growing requests for data from individuals but not co-ordinated network requests. **Action Network Managers**

7.3. There are still issues regarding the sustainability of the system, which currently relies upon KD, an analyst and administrative support. Following discussion with AP, contact has been made with the DH however the registries currently supported are in a state of flux regarding funding for the future. This places doubt over whether this infrastructure would be able to support an additional database. It was agreed that this avenue still needed to be pursued **Action AP and KD**

7.4. It was also agreed that funding would be found to support the database for whatever option was agreed and that the recurrent funding would be an appropriate place to draw funding from if required.

7.5. Confidentiality and data sharing

7.5.1. It was agreed that the formalisation of data sharing across networks and services was a priority and that this should be agreed across all networks. **Action Network Managers.**

7.5.2. The paediatric burns confidential enquiry will require the identification of individual cases and this was flagged up.

7.6. National Burn Bed Bureau

7.6.1. Some progress has been made and a meeting is to take place on 3rd July. A draft report has been circulated, however was lacking in detail, in particular in relation to the development of the bed bureau and this was attributed to the changes in staffing. This and other issues will be raised at the forthcoming meeting. **Action KD/DA**

7.7. Standards Review

7.7.1. The standards review team has completed the process of looking at the standards and all of the comments have been taken on board and a summary of these has been circulated to all of those involved. The actual process for the visits was also reviewed and the results of this are to be sent out. **Action KD.**

7.7.2. The standards are able to be viewed on line and in future the facility will be available to comment on the standards and suggest changes so that future reviews will be simpler. It is anticipated that the standards will be able to be exported into an excel format or that the scores will be able to be entered on line and previous scores compared. It is anticipated that this process will be completed by the summer. **Action KD**

7.7.3. The psychosocial standards remain outstanding and there was some discussion about when this work would be completed so that the standards could be closed down. It was agreed that Henrietta Spalding and KD would look at the standards outside of the meeting to ensure that both parties were happy that the psychosocial standards had been covered appropriately. **Action KD/HS**

7.8. Psychosocial Project

7.8.1.The work of the researcher was almost complete and it had provided the opportunity to engage staff. The project was currently focussing on proposed minor tweakings of the standards and the development of measures of compliance. It was anticipated to be completed by September.

8. Unforeseen Items

No items were raised.

DATE OF NEXT MEETING

Tuesday 9th September 11am until 3pm
Deadline for Papers Monday 1st September 2008.

Future Meetings 2008

Tuesday 25th November 11am until 3pm

Meetings 2009

Tuesday 24th February 11am until 3pm

(Venue Friends Meeting House)