



Origins of the B-BISS Improving Services Series

June 2018

BACCH and BACAPH have become increasingly concerned by a number of factors that together are adversely affecting the quality and outcomes of services provided by community child health services. These concerns are mirrored by the findings of the RCPCH Invited Reviews Service who often find community child health services lacking leadership, being either "un-seen or misunderstood" by commissioners, with increasing numbers of referrals not matched by resources. The situation is then compounded by retirements outstripping numbers of CCT holders and appointments committees under pressure to appoint individuals not meeting expected standards, and then an almost impossible recruitment of staff grade paediatricians. This in turn creates pressure on existing clinical teams, inadequate CPD budgets and time for CPD, lack of dedicated time for quality improvement or investment in service planning to create value within the whole system, rather than short-term efficiency savings driven by almost a decade of austerity measures.

In December 2017 BACCH Council brainstormed ideas to promote community child health services and integrate their contribution into the wider NHS system with the aim to improve experience outcomes for children and families. BACCH recognises its limitations as a small professional organisation and has chosen areas where it potentially had the most influence and could act as a catalyst for improvement. Four areas have been selected to be the backbone of BACCH work plan for the next three years. These are:

1. Improving CPD.
2. Improving outcomes using pathways and networks.
3. Improving clinical leadership.
4. Improving commissioning.

Collectively we're calling this the BACCH and BACAPH "Improving Services Series" (B-BISS).

A summary of each area is included as appendices to this paper.

An additional piece of work examining the impact of changes in society, clinical advances, NHS management and demography/epidemiology will underpin the "B-B improving services series" and contribute to the RCPCH proposal for a review of future service provision.

At the BACCH Council in June 2018, working groups were set up to these proposals forward.

Addendum

January 2019 saw the publication of the NHS Long-Term Plan which recognised many of the problems being experienced by community child health teams. The B-BISS improving services series has therefore concentrated on support for the implementation of the NHS Long-Term Plan and is developing a series of mini modules consisting of a PowerPoint presentation on paper covering the key elements including:

- an introduction to the NHS long-term plan
- understanding health and disease
- service pathways
- life course pathways
- whole system approaches
- integrated health systems
- measurement for improvement
- delivering a net zero NHS

Appendix 1. Improving CPD

Introduction

- 70% of all NHS resources are invested in people.
- Ensuring clinical competence is an essential element of professional organisations.
- Potential opportunities within the RCPCH PROGRESS curriculum.

Where are we now?

- Currently BACCH provides a two-day ASM, and variable numbers of regional meetings.
- An annual community child health trainees meeting.
- The BACCH newsletter provides CPD content.
- Decreasing opportunities for CPD within the NHS. Expectation of more internal and less external CPD.

Where do we want to be?

- Creating a medical workforce that is highly competent, adaptable for new clinical challenges, new technology and new service structures.
- Clarifying the medical role within clinical teams, contributing to education and training of others, playing an active QI role within clinical networks.
- Using digital technologies to maximum effect.

How do we get there?

- Regional meetings. Repeat selected content from annual ASM.
- Learning from reflective notes. Individuals submit anonymised reflective notes with lessons for BACCH members.
- Webinars. Potential repeats from ASM, plus new topics.
- CPD Journal. Starting with CPD section of newsletter and BACCH website. Invited authors.
- Other options

Practicalities

- Who will lead this?
- What resources are required?
- In what timescale?

Appendix 2. Improving outcomes using pathways

Introduction

- Pathways are the foundation for improving patient experience, safety and clinical outcomes.
- All parts need to be in place and working well together to achieve maximum value from invested resources.
- There must be alignment in synergy between all stakeholders, patients, clinicians, managers, commissioners and regulators.
- The development of competent teams and effective clinical networks, creating an integrated seamless service both within the NHS and with other agencies based on collaboration and QI rather than competition offers the best opportunity to preserve the best of the NHS is ideal.

Where are we now?

- Increasingly fragmented service provision.
- Disjointed commissioning especially transitions between community, a hospital and specialist care, and between health, education and social care.
- Lack of investment in children's services (while the focus is on elderly care).
- Overstretched workforce
- Poor investment in "upstream" solutions, especially around perinatal care and early years links to population health management.

Where do we want to be?

- Part of the solution!
- Committed to quality improvement based on detecting and rectifying the weakest links in pathways.
- Able to work with a wide range of commissioners to ensure continuity, collaboration between service providers.
- Leaders in network management.

How do we get there?

- Designing pathways.
- Measures that matter.
- Quality improvement.
- Development of teams in networks.
- Other options

Practicalities

- Who will lead this?
- What resources are required?
- In what timescale?

Appendix 3. Improving clinical leadership

Introduction

- Clinical leadership and clinical management are essential elements of high quality service delivery.
- Leadership (vision) and management (getting there) are complementary competencies.
- These high level competencies are not covered in basic clinical CCT training, and current business models are not always best suited to managing clinical services and getting the best out of people.

Where are we now?

- Current clinical directors/leaders have little formal training.
- Often rotate every 3-5 years.
- Often a stressful position due to continual cost improvement and workforce pressures.
- The solution to current crises often outside the immediate child health department-i.e. system solutions.

Where do we want to be?

- Supporting the development of a cadre of clinical leaders for the future.
- Supporting current leader/managers.
- Providing tailored training for clinicians embarking on NHS management roles.
- Learning from invited reviews and supporting quality improvement within the NHS.

How do we get there?

- SPIN for clinical leaders.
- Annual meeting for clinical leaders.
- Learning from invited reviews.
- Learning sets/support group for clinical leaders.
- Mentoring program.
- Other options

Practicalities

- Who will lead this?
- What resources are required?
- In what timescale?

Appendix 4. Improving commissioning

Introduction

- Commissioning is basically the distribution of resources to achieve maximum value within the NHS.
- Value is appreciated differently by various stakeholders whose interests reflect efficacy, efficiency, effectiveness and equity (the 4Es) together with accessibility, acceptability, appropriateness and accountability (the 4As).
- It is a complex process that requires a whole systems approach, alliances with other commissioners, an understanding of clinical practice and the ability to make continuous marginal changes to evolve from the past to the future.

Where are we now?

- Too many commissioners, not enough collaboration.
- Massive turnover in commissioners leading to lack of knowledge and inexperience plus no organisational memory.
- Overall limited NHS resources.
- Historical investment in the wrong places (hospitals rather than communities).
- Inconsistent NHS leadership, politics!

Where do we want to be?

- Able to articulate the needs of children and families, describe best quality service provision, demonstrated quality/quality improvement and overall value.
- Able to support commissioners in the process of resource distribution by active engagement with clinical network management.
- BACCH able to support local clinical leaders.

How do we get there?

- Using Covering All the Bases
- Using a Family Friendly Framework.
- Engaging with NHS Commissioners.
- Engaging the Local Authorities/equivalent.
- Providing clear evidence based information to guide commissioning
- Other options

Practicalities

- Who will lead this?
- What resources are required?
- In what timescale?