

Minutes of the SICS Council Meeting, Wednesday 21st January 2015

Willie Park Suite, Old Course Hotel, St. Andrews

Present: Mike Fried (MF), Liz Wilson (LW), Ian Mellor (IM), John Colvin (JC), Steve Cole (SC), Rosie MacFadyen (RM), Charles Wallis (CW), Nigel Webster (NW), Fiona McIlveney (FM), Malcolm Sim (MS), Richard Appleton (RA), Phil Korsah (PK), Neil Spenceley (NS), Kallirroi Kefala (KK), Alistair Gibson (AG), Andrew Mackay (AM), Martin Hughes (MH), Ruth Forrest (RF), Graham Nimmo (GN) & Sarah Ramsay (SR)

1.) Apologies & introductions: Apologies were received from Jim Ruddy, Brian Cook and Sheila Winship.

2.) Minutes of previous meeting on Friday 19th September 2014

The minutes were accepted as an accurate record, proposed by MH and seconded by CW.

3.) Matters arising not covered elsewhere in the minutes

GN ran through the relevant action points from the previous meeting:

AP 4.1: SMMRG had met twice but nothing specific to report; the SICS subgroup had not yet convened

AP 4.2: The 'spoke & hub' programme was not covered due to time spent on other matters

AP 5.6: SR would co-ordinate gifts from SICS and SICSAG for Louie Plenderleith

It was assumed that all reports had been read in advance.

4.) President's report – reports tabled and copies on file

- **Patients and Relatives Group:** GN had visited the ICS Patients and Relatives Committee and was impressed by their work. He felt that the SICS was an 'outlier' organisation in not having a lay representative but recognised that a single person might not be the best way forward. He suggested a subgroup to look into this and Council agreed.

AP 4.1: GN to take this forward and report back at the next Council meeting

- **Guidance for the Provision of Intensive Care Services (GPICS):** MH described the draft GPICS document and the early deadline for replies. A wide ranging discussion ensued where Council expressed their views and concerns, particularly focussed on the difficulties that many Scottish units, probably like many others in the rest of the UK, would face in meeting the guidance particularly in terms of out of hours staffing, and that Scotland does not have healthcare commissioning to drive these potentially costly developments forward. Current SICSAG data does not show poorer outcomes as measured by SMR for units without 24/7 intensivist cover, although less ICM in the anaesthetic curriculum might reduce the capability of future consultants on such rotas. NW felt the clinical section would date quickly, and others noted that some others aspects of the staffing section were unrealistic.

The decision was between accepting the guidelines but with recognition of the difficulties, or rejecting them and writing our own guidelines. Separate Scottish guidance was not felt to be a good idea and it was important to be engaged in the process so as not to become marginalised. NS noted that having such guidance to benchmark against might work in our favour. JC was keen that Scotland was more involved in future versions of GPICS. The next big step would be get the devolved nations health departments to accept the guidance.

AP 4.2: MH & GN to gather written responses from Council and collate these into a reply to GPICS

JC felt GPICS made a pressing case for a proper review of critical care services in Scotland by the National Planning Forum, rather than the recent 'stocktake', to inform discussions with Boards and the SGHD, especially around the role of critical care in the National Taskforce on 7 Day Services. The stocktake report had not yet been released but was likely just to recommend that Boards looked at their own provision. JC asked GN to write to the CCDG Chairs group outlining the risks and benefits, and JC would also take this forward via SMASAC. GN noted that FICM's Peter Nightingale was leading a similar review in England.

AP 4.3: GN to write to the CCDG Chairs group setting out the risks & benefits of a NPF review

- **Simulation:** GN intended to set up a simulation subgroup with the goal of one doctor and one nurse in each Scottish ICU trained in on-site simulation.

AP 4.4: GN to take this forward and report back at the next Council meeting

- **Increasing associate membership:** GN had been promoting this during his unit visits.

5.) Honorary Secretary's & Website reports - report tabled and copy on file

- **Elections:** SR reported on recent elections and congratulated Martin Hughes as President Elect. She welcomed Gavin Simpson, Barbara Miles, Judith Joss and Iain MacLeod as regional reps. All would start their term of office at the AGM on 22.01.15.
- **Constitution:** SR noted her intention to ask for a vote at the AGM to ratify a change in the constitution allowing elected reps to serve a second term without having to stand for re-election, providing this was acceptable to both parties.
- **Transfer insurance:** Aviva had changed the terms of the insurance pay-out in light of a recent claim. They had agreed to honour the current terms until 31.03.15 while the broker investigated other options.

AP 5.1: SR to report back on insurance options

- **AGM:** The format had been changed and all comments were welcome.
- **Website report [SR & RA]:** SR noted that the new site seemed to be working well but required work to keep it current. RA described future directions including a log-in area for content such as meeting videos and extra educational materials, and meeting payment on line.

6.) Treasurer's report - report tabled and copy on file

- **Membership:** Numbers continue to rise with more than 50 new associate members. Subscription fees will remain unchanged.
- **Finances:** NW thanked David Cameron for preparing the annual reports which showed the overall balance was reduced due to spending on the education account. NW was still struggling to get bank access.
- **ASM:** There were more reduced fee registrants. CW felt this was a means to encourage trainee and associate delegates and suggested KK and NW should discuss future fee structures. KK wondered if there should be a limit of reduced fees numbers but AM felt that this sent the wrong message and consultant fees should be increased instead.

7.) SICSAG Report - report tabled and copy on file

- **Personnel changes:** SC thanked GN for writing to Angela Khan. Paul Smith has taken over the post. More analyst time should improve responses to data requests.
- **Ongoing work:** More obstetrics units have joined the audit, data extracts are being improved and there is ongoing work with HDUs to meet QI standards.
- **Achievements:** SICSAG's 20th year will be recognised at the annual conference to be held this year at the Beardmore Hotel in Glasgow and at the ASM. GN had sent the SICSAG annual report to the entire ICS Council.

8.) Scottish Critical Care Trials Group (SCCTG) Report – report tabled and copy on file

- **Ongoing work:** MS reported reasonable success with units taking part in single day and other non-commercial studies.
- **Future plans:** High flow nasal oxygen therapy had come top in the research priorities Delphi exercise. There was commercial interest in a Scottish study. SC noted that the recording of HFNO in the ACP pages of Wardwatcher was being improved. Council had noticed generally good experiences with HFNO and NS had seen an impact with reduced bronchiolitic referrals.

9.) ASM / Meetings report – verbal report

- **ASM 2015:** CW - All was ready for the meeting on the following two days. The winning abstracts would be published in JICS who had offered to produce an e-supplement of all the abstracts. NW cautioned that this might be quite expensive, considering it was non-indexed.

AP 9.1: CW to get back to NW with costings before a decision can be made on an e-supplement

- **ASM 2016:** KK – The key decisions for the 25th anniversary meeting would be what style and where. Links to the 20th year of SICSAG would be important. Expanding the meeting would most likely require a new venue and there was general reluctance to spoil a winning formula with the Old Course Hotel. Currently very few if any potential delegates were turned away. Ways to attract more delegates were explored, LW suggested the Irish Societies, and NS the paediatric intensive care community. KK intended to explore all options at the planning meeting to be held on 06.03.15.

AP 9.2: KK to report back at the May Council meeting

10.) Scottish Transplant Group Report - report tabled and copy on file

- **SNOD weekly performance reviews:** CW reported a push for this by the central office of NHSBT which was not thought helpful locally and they were seeking SICS support. SC felt it would adversely affect morale. MH thought it potentially grossly unfair with such small numbers.

AP 10.1: GN to write a letter of support to the Scottish NHSBT team in regards to this concern

- **Scottish BSD testing form:** The form had received good feedback and was working well but had been rejected by some retrieval surgeons unfamiliar with it. SDTG had declined a request to change back to the previous form. SC added that the AoMRC 'Diagnosis of Death' document on which the previous form was based was now seen as no longer fit for purpose.

11.) CMO's Advisor in ICM Report

- **Current work:** JC thanked MF for co-ordinating replies for the annual report, and all the contributors. He asked Council to get in touch with any issues they would like raised. He touched again on the need for a service review, and the change in training numbers. A definitive CMO appointment should be made by Easter.
- **Shape of Training Review:** A UK implementation group paper has been sent to all four UK government health departments and a Scottish working group will now be established. ICM, anaesthesia and pain may be a broad based theme. LW asked if there would be piecemeal implementation, and JC noted that there was recognition that some aspects of training worked well and efforts should be concentrated on key win areas.
- **ACCPs:** the Acting CMO was supportive of non-medical practitioners, and NES were becoming more involved in recognition and regulation. GN noted that the ACCP assessment and curriculum documents should soon be available, and that NHS Lothian were working with NES to develop a national process with a national lead, co-ordinated training and an e-portfolio.

12.) ICM Recruitment and Training Report - report tabled and copy on file

- **Recruitment:** LW ran through Scotland's situation and difficulties. Four posts have now been made available for national recruitment in April, meaning that trainees in partner specialities already holding an NTN in a Scottish deanery can apply for dual training and for the first time trainees, with a suitable background, from all over the UK can apply for ST stand-alone ICM training in Scotland. Ten other posts will be 'badged' with anaesthesia ST posts and these interviews will be arranged by ScotMT. Over time more posts will go to national recruitment. For this year only trainees can apply for these post up till the end of ST6, from next year it will be up till the end of ST5.
- **Shape of Training:** It is not clear how ICM will fit with SOT, and ICM may again find itself as a 'tag on' specialty at the end of general training.

- **Problems ahead:** Current funding should maintain current numbers, but does not allow for under-recruitment as in recent years, for any growth in the specialty or factor in the attrition from the training programme that is already becoming apparent. LW thanked JC for his efforts in this matter. JC and LW were keen that the new posts were promoted as much as possible.
- **Promoting the specialty:** MH noted that there was little undergraduate exposure to critical care and the BSc offered in Glasgow was a good way to bring people into the specialty early, rather than the current system when many trainees realised too late that they enjoy ICM. GN mooted the possibility of developing an MSc in ICM, along the lines of the Edinburgh University/Royal College of Physicians of Edinburgh MSc in Internal Medicine. GN had spoken at the well-attended GUAS meeting and wondered if links between medical students across Scotland would be beneficial.
- **FICM approved exam course:** LW was working with the Education Group to deliver this in Scotland.

13.) Critical Care Delivery Group

- Brian Cook had asked that the GPICS were considered by Council and that the upcoming FICM Census was drawn to Council's attention.

14.) Paediatric Intensive Care Report – reports tabled and copies on file

- **Increased activity:** Both Glasgow and Edinburgh were increasing bed numbers and moving to new premises, Glasgow in June 2015 and Edinburgh in 2017/8. They will take patients up to age 16. HDU care needs were also increasing. Scotland will host two PICM related meetings in 2016.
- **Trainees:** A lack of trainees might force the hand of centralised services. Glasgow RHSC offered a post CCT post including anaesthesia, three months PICU and transport experience.
- **ECMO & transport:** there were 40 ECMO cases in 2014 and transport capabilities while on ECMO were improving. ScotSTAR will amalgamate adult and paediatric services in summer 2015 with one paediatric team, although 1.5 teams may be required. BBC Alba & Scotland are currently filming with the team.
- **Quality dashboard:** While mortality is rare in PICM, this group was detecting previously unrecognised morbidity, which can lead to years of problems, and so improving quality and safety.

AP 14. 1: NS to provide flyers for two upcoming meetings in 2016

15.) Education Group Report - report tabled and copy on file

- **Modules:** The content is being finalised and filming will start soon.
- **Ongoing activities:** As well as the education days and the November meeting the group intend to run a local FFCIM exam course.
- **Future chair:** MH announced his intention to step down. His successor will be announced in due course.

16.) Trainees' Report - report tabled and copy on file

- **Activities:** The education days will comprise a two year rolling programme. The 2014 audit on tracheostomy care was complete and will be presented to SICSAG.
- **Membership:** Numbers were increasing and ongoing efforts were being made to link with trainees in medicine and emergency medicine.

17.) Associate Members Report - report tabled and copy on file

- **Activities:** The videoconference will go ahead in Edinburgh on 11.06.15. All welcome, more information is available from RF. Critical care was now part of the MPharm exam with an OSCE station. The Scottish Antimicrobial Prescribing Group are to look at meropenem use but currently lack input from clinicians such as intensivists and haemato-oncologists. The critical care pharmacy group have become involved.

AP 17.1: RF to report back on the SAPG review of meropenem use

- **Membership:** Numbers were increasing. GN and RF agreed to work on a link nurse project.

AP 17.2: GN & RF to report back on the link nurse project

18.) AOCB

- **Annual Report:** GN thanked RM for her hard work on the SICS Annual Report and FM for now taking on the job of Report Editor. SR will assist FM.

AP 18.1: Production of SICS Annual Report by late spring 2015

- **Community ventilation:** SC drew attention to the lack of a centralised, funded service for the increasing number of patients requiring ventilation in the community. KK works with Anthony Bateman in this area and she recognised the need for a nationally funded, dedicated unit to manage treatment and co-ordinate discharge, and that all support was welcome. JC queried the differences between long term weaning and home ventilation. KK said they both came under the term of complex care ventilation and offered to send JC some papers. NS described the successful RHSC home ventilation service which is involved in care from ICU right through to home discharge. MF noted that BOC sponsored long term ventilation centres in England.

AP 18.2: GN to take forward this unmet need with KK and raise awareness with the CCDG Chairs Gp

AP 18.3: NS to forward information on the RHSC service

- **Promoting ICU:** GN felt this could be achieved by a variety of ways including the Patients and Relatives Group and hosting a session at an upcoming RCPE international meeting to reach physicians. Council agreed in principle pending more details including costs.

AP 18.4: GN to report back on possible RCPE meeting session

Date of Next Meeting: Friday 15th May 2015, 13:30 for 14:00

Royal Hotel, Bridge of Allan