

Services and Standards Committee
Tuesday 13 January 2009
ABN Offices, London
Minutes of Meeting

Members Present:

Chair	Dr JG Llewelyn	
Secretary	Dr SR Hammans	(and Wessex)
ABN President	Professor GS Venables	
ABN Honorary Secretary	Dr SJ Wroe	
	Dr P Jarman	NHNN, Queen Square
	Dr O Malik	North West Thames
	Dr A Ming	Yorkshire
	Dr P Heywood	South West England
	Dr B Davies	West Midlands
	Dr R Grunewald	North Trent
	Dr J Sussman	North West
	Dr N Fletcher	Mersey
	Dr R Davenport	Scotland East
	Dr A Weir	Oxford
	Dr R Orrell	North East Thames
	Dr P McKee	Northern
	Dr C O'Leary	Scotland West
	Dr G Warner	South West Thames
	Dr B Ghosh	ABNT Treasurer
	Dr J Quirk	Less than full time working

1. Apologies for Absence: Dr H Angus-Leppan
Dr M Manford
Dr A Wills
Dr F Norwood

2. Workforce

Following the last meeting, Dr Manford has work to in collate the database but unfortunately was not present at this meeting. There was a discussion as to whether the database should be extended to other neurology providers including GPSIs, nurse specialists and other physicians, but this was thought too complex.

Action: Dr Manford to email members of the SSC for any further alterations to the workforce database.

3. Job Planning

The document 'Working for Patients' has been updated and is shortly to be published. Dr Wroe explained that members need evidence in order to argue their case in job planning and that any update should provide this evidence in some form. It was reported that some trusts are combining appraisal with job planning. This is against BMA job planning advice, and members were unanimous in discouraging this practice. Appraisal is likely to evolve as it becomes part of recertification and revalidation.

4. Choose and Book

Dr Hammans explained that the choose and book interface was continuing to evolve. As

explained previously, the clinic types have been formalised despite reservations of the Committee previously. Dr Hammans said that he had recently edited a document mapping key words to different neurological clinic types.

5. Cancer Two Week Referrals

Dr Orrell explained problems arising from abuse of the referral process. However, it was felt that further refinement of the referral guidelines would not improve the poor referral practice in this area.

6. Payment By Results

Professor Venables explained that version 4 of health resource groups (HRG) is shortly to be published. He expressed his concern that there are serious flaws in this. He explained that a new tariff is likely to be introduced and this could cause difficulties to neurological units when it is implemented in April 2009. Neurology outpatient tariff was likely to be fixed at just under £200, but there would be unbundling for radiology. Agreements about neurophysiology are still likely to be local. In-patient tariffs are likely to be mandatory but out-patient tariffs likely to be indicative. He also advised that there would be a new category of 'same day elective procedures' in which admissions for TIA and multiple sclerosis would be fixed in the region of £600 and £400 respectively. There was also likely to be separate tariffs for multi disciplinary clinics and telephone tariffs. Thrombolysis within licence was likely to attract funding of £800. The financial implications of these changes were discussed. Neurological services are likely to be influenced by service line accounting which will reveal profit and loss for trusts, departments and doctors. It may be cheaper to provide neurology services outside hospitals (e.g. health centres) where there are lower hotel costs than in hospitals. Funding of tariffs will probably invoke a 5% reduction which would be withheld unless quality targets are achieved. Professor Venables invited someone to take over membership of the payment by result (PBR) committee.

Action: Dr Fletcher has undertaken to attend the Royal College of Physicians' PBR Committee and also the HRG Working Group, taking over from Professor Venables.

7. Eighteen Week Rule

Dr Fletcher recently produced a presentation which was included on the eighteen week rule website. It was pointed out that the eighteen week rule can be used to enhance neurological services such as access to follow up and investigations.

8. Measuring Quality

Dr Wroe introduced this topic and explained that the Department of Health has introduced quality measures to allow published results by 2010, which mean that those parameters are going to be measured in 2009. Currently there are some 400 suggested standards for measurement, few of which are relevant to neurological practice. All members agreed that it was important to choose the correct metrics in order to push neurological practice towards improvement. After further discussion, a group including Dr Heywood, Dr McKee, Dr Quirk, Dr Warner, Dr Grunewald and Dr Ming would discuss appropriate metrics.

Action: Members of this group to email suggestions to Dr Heywood.

9. Map of Medicine

Several members explained that the topics incorporating the map of medicine were of high quality and could be used as sources of information for pathways of care.

10. National Patient Safety Authority

Dr Manford previously was happy to communicate with this authority for surveillance of neurological errors in his region. Unfortunately Dr Manford was not at the meeting.

Action: Dr Manford to report progress

11. NCEPOD Study

Bids were invited for the NCEPOD study. Dr Grunewald expressed an interest in investigation of avoidable patient errors.

Action: Dr Grunewald to refer to NCEPOD website and make a bid for this topic.

12. Regional Reports

All members gave reports of the most pressing issues in their region. Common themes included job planning with pressures to limit SPAs; also under-provision of outpatient services together with rising referrals. Several regions reported increasing outpatient referral of 20-25% when waiting times went down to five weeks as per eighteen week rule recommendation. There are pressures due to European working time directives. It was recommended that use of the hospital at night service can sometimes provide a solution. Difficulty in provision of College representatives to appointment committees was discussed, with many members reporting difficulty in getting away from their Trusts for such duties. Provision of acute stroke services with thrombolysis and acute surgical management was suggested as opportunities for neurologists to re-establish their links with acute medicine and to capitalise further improvement in services. Difficulties with recruitment of SpRs was reported following NTAS. This was particularly noted if registrars left within a year – leaving units with depleted neurological numbers until more could be recruited. Scottish representative however reported few problems.

13. Audit

Dr Jarman introduced a letter shortly to be sent to audit leads across the country to allow inclusion on a centralised database to allow comparison and dissemination of results.

14. Less than full time working

Dr Quirk reported that advertisements will shortly be made for a conference 'Part time working: full time professionalism' at the Royal College of Physicians this spring.

15. There was a full discussion of the role, strengths and weakness of the Services & Standards Committee. Strengths were thought to be the representative nature of the committee and its widespread distribution geographically and within the different parts of neurology. Weaknesses including the difficulty reponding fully within short time frames, and the location of many professional and governmental orgainsations and meetings in London, and difficulty in providing representatives. Objectives were discussed. It was thought the provision of appropriate metrics (ie measurable standards pertaining to neurological practice) were extremely important and could be a useful tool for improving the standards of neurological care. A working group has been set up for this (as per paragraph 8).

A further objective would be to establish minimum service standards. This would be a brief document explaining the minimal acceptable standards for providing a neurological service.

Action: Dr Hammans & Dr Llewelyn.

Date of next meeting: Yet to be decided but likely to be within the week of the ABN scientific meeting in Liverpool, 22-26 June 2009.