

Services and Standards Sub Committee
Monday 7 July 2008
ABN Offices, London
Minutes (unconfirmed) of Meeting

Members Present:

Chairman Dr DE Bateman
Secretary Dr SR Hammans
ABN Honorary Assistant Secretary Dr H Angus-Leppan

Dr M Manford	East Anglia
Dr J Sussman	North West
Dr F Norwood	South East Thames
Dr G Warner	South West Thames
Dr O Malik	North West Thames
Dr Philip Barnes	ABN Clinical Directors Group
Dr A Ming	Yorkshire
Dr B Davies	West Midlands
Dr R Orrell	North East Thames
Dr R Davenport	Scotland South East
Dr P Heywood	South West
Dr J Quirk	LTFTWA

1. Apologies for Absence Professor GS Venables
Professor DAS Compston
Dr P Jarman
Dr P Cooper
Dr P McKee
Dr G Llewelyn
Dr RA Grunewald
Dr N Fletcher
Dr L Ginsberg
Dr A Wills
Dr C O'Leary
Dr A Weir
2. Minutes of the SSC meeting of 11 January 2008 were approved.
3. Dr Bateman requested that any members involved in the eighteen week rule commissioning guidelines need to feed back their involvement to the SSC for support and approval.
4. Choose & Book: Dr Hammans described the interaction with the National Specialty Reference Group. Following the decision made at the last SSC meeting to recommend a single general neurological clinic type, the NSRG indicated that they would prefer a number of clinic types. Although this was against the wishes of the Committee, cooperation was continued to allow editing and alteration of the clinic types, and this will now include clinics concerning cognitive disorders, neuromuscular, epilepsy, parkinsons/md, headache and neurovascular. There will be no general clinic type but there is a clinic type entitled 'neurology not otherwise specified'. Communication from Dr Bateman to indicate that this went against the wishes of the Committee was received by the NSRG although they had not formally confirmed their decision.
5. Workforce Planning: Dr Cooper was absent from the meeting, but had submitted a paper with respect to his manpower estimates. In the last section there are direct questions to members of the SSC in their regional capacity and Dr Bateman asked members to respond to Dr Cooper with the answers to these questions (**Action: All Members**). Dr Ghosh presented numbers of CCST qualifiers estimated for the next eight years.

6. **New Consultant Appointments:** The register of new consultant appointments and current neurological workforce is not currently up to date. It was suggested that Dr Manford should liaise with Karen Reeves concerning collection of this data in the most efficient manner possible. It was suggested that the minimal data set would include the name of all consultants in the region, year of birth, year of appointment, hospitals, whole time equivalent and whether they work part-time.
7. **Map of Medicine:** Dr Bateman explained that he and Professor Phil Smith had recruited chairs for various neurological conditions in the hope of improving the quality of the map of medicine which is being formulated by a private company in collaboration with the Royal College of Physicians.
8. **Modernising Medical Careers:** Dr Ghosh explained the experience of the recent event in Leeds attended by aspiring ST3 applicants. He stated that of 38 research trainees that the ABNT knew of, 19 received job offers. Dr Davies explained that he felt it is a flawed system. There are several criticisms. Firstly, the validity of the scoring system at the different stations. A further difficulty was the mismatch between applicants and posts in different areas of the UK. In the West Midlands, 6 trainee appointments were left unfilled and there had to be local appointment arrangements to recruit. Other regions experienced similar difficulties. Some appointments were of applicants without MRCP although it was explained that they would be expected to achieve MRCP within a year of appointment. Dr Davenport (who also sits on the SAC) said that the process was not going to be repeated in the same way and that it was likely to be devolved locally. SSC members pointed out that having a once yearly process would not be flexible and fill available spaces, and it was thought that it was likely that it may have to happen more frequently than this.
9. **Audit:** Dr Jarman was not present today. Dr Hammans will write to Dr Jarman to ask how the intended audit database was progressing.
10. **National Patient Safety Authority:** Dr Bateman explained that John Scarpello had invited reporting of frequent neurological errors. The members reported frequent errors in and derived from administrative and secretarial sources, included inadequate IT to alert clinicians to abnormal results. Other local clinical governance officers reported that communication errors were also a frequent source of complaint. Other frequently cited problems were transfer of patients between secondary and tertiary care, drug errors and illogical reporting, particularly with an association to the Alliance Medical Service. It was suggested that if this was to be taken further, it might be better to have closer surveillance in one region rather than a nationwide organisation. Dr Manford indicated that he is happy for this to be negotiated in his region.
11. **Stroke Care:** There were reports about the different arrangements for stroke care. In many regions, neurologists were closely involved and in other regions, this was devolved to stroke doctors, geriatric medicine and similar. Often, neurological involvement was confined to neurological centres rather than DGHs, being in a position to provide 24 hour intervention. It was said that Department of Health funding was available for developing services.
12. **Payment by Results:** It was indicated that the tariff for PBR would be applicable to outpatient consultations by April 2009. Tariffs are likely to be unbundled with investigations such as scanning to be priced separately. It was also indicated that one stop consultations may attract a substantially higher tariff.
13. **Job Planning:** Problems were discussed. In one region, consultants were under pressure to reduce SP activity to only one SPA per week in reducing the time allowed for administration. Members were referred to the job planning guidance from both the ABN publication and also the Royal College of Physicians 'Working for Patients' guide (see below). It was indicated that there could not be an overall recipe for a job plan which would vary according to responsibilities and geography.
14. **Royal College of Physicians 'Working for Patients':** This publication from the Royal College of Physicians includes some guidance as to job planning.

15. GMC, Royal College of Physicians' response: Dr Bateman indicated that Council rejected the SSC suggestions for revalidation. However, this needed to be considered again. It is indicated that one likely outcome measure, which could be employed, would be patient satisfaction which did have value in terms of revalidating patients.

16 Accreditation of services and what is a high quality service. The Royal College of Physicians is very keen to discuss how neurology services could be accredited and what constitutes a high quality service.

I have sent the Clinical Vice President a copy of the ABN response to the NSF, which has some good information about this and the Royal College of Physicians is using stroke as a model to try and develop this further. However Steve Pollock, Consultant Neurologist, Canterbury has recommended using his document. The Chairman, David Bateman, agreed to forward this to Services and Standards Committee together with the final Working for Patients RCP publication so that both could be discussed at the next meeting.

17. National Service Framework for Long Term Conditions: Dr Norwood reported that she had attended a meeting, which had resolved that the NSF framework should be devolved for local implementation. This was a cause of disappointment amongst several state holders.

18. Regional Reports: In the South East Thames group, it was reported that they were adopting a change from the attending physician of looking after in-patients to restricting this to a core group. Several representatives indicated a shortage of regional beds for neurology. Kings currently has 29 full time beds, and 8 'under investigation' beds for 3.2 million patients. Some members reported a lesser provision of beds which caused some alarm. Dr Sussman described the iCat system he employs in Manchester which has the advantage often of allowing investigations prior to seeing patients which apparently works well although other members indicated that they would rather see patients prior to planning investigations.

19. Bids were requested for the NCEPOD study. Interhospital transfer to tertiary neurological care was suggested as a possibility.

20. Dr Bateman announced that he does not wish to restand as Chair of the SSC. The post will therefore be circulated amongst members of the SSC (past and present). Dr Hammans led the thanks of the committee for his leadership over the last 3 years.

21. The next meeting is likely to be on Tuesday 13 January 2009. The following meeting will be held in June 2009 in Liverpool.