

Services and Standards Committee
Tuesday 1 December 2009
Ormond House, 27 Boswell Street, London
Minutes of Meeting

Members Present:

Chairman:	Dr JG Llewelyn	
Secretary:	Dr SR Hammans	(and Wessex)
ABN Honorary Secretary:	Dr SJ Wroe	
	Dr A Ming	Yorkshire
	Dr N Fletcher	Mersey
	Prof M Rossor	President Elect
	Dr A Weir	Oxford
	Dr J Quirk	Less than full time advisor
	Dr F Norwood	South East Thames
	Dr R Orrell	North East Thames
	Dr P Jarman	NHNN
	Dr C Rickards	Wales
	Dr R Davenport	East Scotland

- 1.1 **Apologies for Absence:** Dr O Malik
Dr H Angus-Leppan
Prof A Compston
Dr J Craig
Dr P Heywood
Dr R Bosnell
Dr B Davies
Dr M Manford
Dr A Wills

1.2 Minutes of the previous meeting (26.6.09) were approved

2. **Workforce**

2.1 Manpower

Action : **All**

Dr Manford was not present. Dr Manford in collaboration with Josie Shew is updating the ABN database. Members of the committee are asked to edit the spreadsheet of regional members and notify Josie of any omissions. It was suggested that this might be cross-referenced to our membership database to highlight any other omissions.

2.2 Revalidation and recertification

Dr Wroe explained the revalidation process. The GMC have asked the Royal College of Physicians for guidance with respect to revalidation. This is expected to take the form of a five year cycle with appraisal every year. Multi source feedback was likely to be part of the appraisal. In some cases (pilot study in Mersey) this is being co-ordinated by private companies using a web based system to record feedback. Revalidation would also require the feedback of a local responsible officer, usually based within the Trust. Recertification was likely to be a speciality specific assessment. This is likely to involve some measure of quality. The RCP had

requested that the ABN considers five questions that could also be added to their existing MSF to make it more "speciality specific". Dr Wroe had received suggestions and is forwarding a response

3. **Service**

3.1 Choose and Book

Dr Hammans explained that he had attended a National Speciality Reference Group NSRG (Choose and Book) meeting the previous week. The clinic types are now established and changes would only be made if there were demonstrable problems with this system. Most problems were related to inaccurate Directories of service or clinic mapping. The NSRG had highlighted a problem with lack of clinical engagement and part of this was that many consultants were not issued with access to this system through smart card. Within the SSC about 30% of members had been issued with smart cards for online approval of referrals but many were unfamiliar with the Choose and Book user interface. It was likely that the Choose and Book usage will increase in the coming year as GPs were given financial incentives for use of the system.

3.2 Payment by results

Dr Fletcher discussed payment by results and how there was no current national tariff. Members did explain problems where tariffs have been set too low with the result of neurology services running at a loss. If further examples of this were found, feedback to the SSC chair was invited.

3.3 18 week pathway

Dr Fletcher indicated there were no newsworthy events related to the 18 week pathway.

3.4 Quality metrics

Lucy Brazg was invited to address the meeting. She is Chief Executive of the Neurological Alliance, unfortunately leaving the post shortly. She explained that Prof Bruce Keogh had led the working party on quality metrics. The initial number of quality metrics has been reduced to approximately 250 different metrics. With the exception of those related to stroke there were none that related to neurology. Ms Brazg explained that the quality metrics were not mandatory but several members of the committee expressed the opinion that they probably would be. They are likely to address three aspects; patient safety, patient experience and effectiveness of care. The most likely type of metric to be applied is patient recorded outcome measures (PROM). She gave examples of likely metrics such as: whether the patient was given the chance to ask questions, or being informed of patient groups. Dr Wroe said that there was ambiguity about whether the metrics were expected to address medical outcome or the process. They are currently hospital based rather than consultant based. Dr Orrell stated that there was a need for comparison of metrics between peers to address relative quality. They are likely to be both condition specific as well as more generic. Adherence to NICE guidelines is also likely to be represented. In disease specific questions Dr Fletcher stated that it was important that the metrics were kept simple and not designed by specialists in the area. It was suggested that one possible metric, after an outpatient consultation will be to ask 'were you satisfied?' The implications of this was discussed and the likely alteration of patient practice and eventual publications of the results of such metrics.

Miss Brazg talked about the current programme of the Neurological Alliance. They have a campaign to produce at least five priority outcomes in negotiations with the Department of Health. One of these was the appointment of a national clinical director for Neurology (a Neurology 'tsar'). Importantly next year there is a mid-point review of the National Service Framework by the Department of Health which was likely to give the NSF more priority. Also the Neurological Alliance has applied to the Care Quality Commission for a determination of the quality of Neurological care and they hope that this will be taken up. Ms Brasz also suggested the ABN may wish to propose a trustee for the Neurological Alliance Board. This will be put to Council.

3.5 National patient safety authority

Dr Llewelyn explained that Dr Bateman represents the ABN on the NPSA. A brief guidance on lumbar puncture has been produced following identification of a number of adverse incidents. This would be a suitable subject for Audit..

3.6 NCEPOD

No application for study by the NCEPOD has been made.

3.7 Minimum service standards

Action: Dr Hammans

Dr Hammans introduced a draft paper showing the minimum service standards. This was well received. There was some constructive criticism and Dr Hammans will update and circulate this paper within the next two weeks. It was envisaged that this might be included in the RCP working party on DGH Neurology as an appendix and perhaps published on the ABN website to allow members to specify requirements within hospital services.

4. **Audit**

Action: ALL

Dr Jarman has already identified a few audits that will be published on the new ABN website when it is ready, but audit leads were invited to inform him of any further studies or alternatively informing Dr Dipa Raja Rayan, Neurology Trainee at the National Hospital.

5. **Regional reports**

Scotland – main issues were the quality improvements which are published and obtainable on the web. There was some concern about the new trend in advertising Neurology posts as 9DCC + 1SPA. This not only is insufficient SPA but also prevented adequate quality of applicants.

Oxford – The main issue was financial with the local PCTs lacking money.

Yorkshire – Main issue was pressure about new to follow up ratios and recruitment to junior posts.

Wales – The main issues were recruitment of LATs. A Neuroscience review within Wales was discussed with resulting service disruption because of an abrupt movement of Neurosurgery from Swansea to Cardiff.

Mersey – Dr Fletcher said that their service made money; the main issue for him was

the pressures for demand management.

Midlands (report submitted by Dr Davies) – recruiting to ST3 posts a problem as was filling vacancies created by OOP periods. Maintaining an adequate service level was very difficult.

National Hospital for Neurology and Neurosurgery – The main issues were financial and the need for expansion in juniors to cover acute stroke services.

Less than full time working – the main issues were some difficulty in job planning but most appear satisfied with offered job plans.

North East Thames – The main issues were cost saving, the likely closure of acute hospitals and the movement of neurosurgery at the Royal Free Hospital to the National Hospital.

South East Thames – The main issue was preserving Neurology beds at King's at the expense of other users and the need to recruit juniors for the thrombolysis service.

Wessex – The main issues were some regional redistribution of services with many Health Authorities preferring to keep patients at their local hospitals.

6. Other reports

Action: Dr Llewelyn

The main issue discussed was the draft report of RCP working party on DGH Neurology. The committee had read through the draft report. This was discussed and constructive criticism ensued. The document was described as aspirational with, generally speaking, a desirable destination described but no clear indication of how this would be achieved. The report could be strengthened by further developing "interim solutions" More specifically, it was felt that there an over emphasis on specialist nurses and GPwSIs, whereas some services might be best provided by the proposed expansion in Neurologists. It was thought important that every DGH should have a visiting specialist Neuroradiologist with links to a Neurosciences centre. Liaison Psychiatry services were thought to be deficient generally and each DGH should have such a service specified. Some indication of the structure of job plans should be given. Demand management is extremely difficult and the offered solution of provision of an email service is unlikely to make any significant inroads into demand for outpatient services but would be useful as an "add-on" Provision of Neurophysiology by DGH Neurologists was thought not to be within the remit of the document. Dr Llewelyn will collate the responses, circulate these and feedback to the authors and Council

The SSC gave the Report its overall endorsement subject to the comments made above. The amended Report will be discussed at the next Council meeting in January.

Comments received from non-attendees in writing:

Paul McKee
Brendan Davies
Mark Manford

7. Next meeting

Action: Dr Llewelyn

The date of the next meeting is yet to be finalised but will be within 11-14 May 2010, at the ABN meeting in Bournemouth.