

**Association of British Neurologists  
Services & Standards Committee  
Minutes of meeting Tuesday 7 June 2011**

Attending:

In attendance:

Gareth Llewelyn (Chair), Karen Reeves (ABN), Raeburn Forbes (by phone) (Northern Ireland), Fiona Norwood (Thames SE), Craig Heath (E Scotland), Lucy Kinton (Wessex), Mark Manford (East Anglia), Andrew Weir (Oxford), Graham Warner (alternate for Thames SW), Martin Rossor (President), Jenny Quirk (LTFT rep), Omar Malik (Thames NW), Alec Ming (Yorkshire), Paul Jarman (NHNN), Alok Tyagi (W Scotland), Heather Angus-Leppan (Hon Secretary), Brendan Davies (West Midlands),

1.

Welcome & Apologies for absence

Apologies: Geraint Fuller (President elect), Jeff Kimber (Thames SW), Peter Heywood (SW), Nick Fletcher (Mersey), Jon Sussman (NW), Jeremy Gibbs (Thames NE), Richard Grunewald (Trent), Ralph Gregory (Hon Assistant Secretary) & Rose Bosnell (ABNT)

2.

The minutes of last meeting (25 January 2011) were accepted.

3.

No matters arising.

4.

Update on:

4.1 Manpower:

MM agreed to attempt again to work with SSC members to update records. KR commented the RCP asks the ABN for updates (not vice versa).

4.2 DGH Neurology RCP/ABN report: GL explained that the document had now been formally launched with good coverage in the media.

4.3 Revalidation:

JQ had attended a meeting at the RCP as ABN representative on Revalidation Group. They had agreed a format and an e-version was in development. 2012 was the likely start date. Discussion continued on how to provide evidence that physicians were reviewing their practise and what constituted high quality audit. The RCP would welcome suggestions from the ABN. JQ would attend the next revalidation meeting in August.

4.4 Quality indicators

GL explained that in the new NHS structure, Quality Standards, developed by NICE at the request of the National Quality Board, would be key statements of what constitutes quality care. Quality Standards have already been produced for stroke and dementia, and would be developed for epilepsy, migraine and head injury but it was unclear what other Qs relevant to neurology would appear.

4.5 Audit

PJ explained that the 3 month data collection period for NASH (National Audit of Seizure management in Hospital) had finished in June. There was discussion about potential topics for a national neurology audit. Given the publication of the DGH Neurology RCP/ABN report, a topic relevant to acute neurology was popular (?thunderclap headache). MR would discuss with the Neurological Alliance to gather topics which were high priorities for people with neurological illnesses.

5.

Regional reports:

RF (NI): 2 new consultant posts had been created driven by OP waiting times. Neurology registrars at the RVH now made up a big part of the stroke service, causing some problems with their non-stroke training and with trainee morale. Trainees looking for subspecialty experience would be interested in experience outside the region; PJ said they might well be opportunities at NHNN.

BD (West Midlands): Several trainee posts (?5) were under threat, and this would cause problems for tPA services. The TPD was trying to get trainees to start periods of OOPR in August to allow easier recruitment of LATS/StRs. Some consultants were experiencing aggressive job planning. 2 New jobs had been created in the region.

MM (East Anglia): 1 new post (OP driven). There had been more discussion on the stroke service, which had now returned to medicine from neurology. The major trust was seeking 17% reduction in the neuroscience budget.

GW (Thames SW): A clinical assistant post had been converted into a new consultant post.

OM (Thames NW): The major trust was very in the red and doing some aggressive job planning (admin time = 0.25 clinic time rather than 0.5, core SPA time reduced to 1PA). There had been several early retirements and some posts would not be replaced.

LK (Wessex): A new post in Basingstoke. Problems on the stroke unit at Southampton because junior cover had been withdrawn by the trust.

PJ (NHNN): A large reduction in the trust budget and a reduction in consultant time by 20 PAs. A positive development was the development of a new neuro-oncology service with the Royal free.

AT (W Scotland): Stroke services with neurology closely involved working well. New job plans now based on 9DCC+1SPA.

CH (E Scotland): Several new posts (2 in DGHs) with teaching a driver. New job plans mostly 9+1; some 8+2.

AM (Yorkshire): 1 trainee post lost with some vacancies in training programme. Variable job planning but often pressure on admin time and the way SPA duties are reflected.

JQ (LTFT): Some pressure on SPA time in LTFT job plans; there had been a clear statement from RCP that they need a core of 1.5PAs for revalidation – the same as full time consultants.

FN (Thames SE): Job planning at major trust happening more seriously. Job plans very variable. As part of the creation of a trauma centre, neurology was taking on minor head injury – some uncertainty about the implications of this. Stroke service demands causing strain for trainees.

AW (Oxford): Role of neurology in stroke very variable from trust to trust. Uncertainty about future trainee numbers.

6.

Other business:

ABN meeting: A 10.30-12.00 slot for services and standards issues was scheduled. GL asked for suggestions for topics, and the list generated included: the ABN/RCP DGH document, and attending systems in neuroscience centers. GL to put programme together

Members ending term of office: GI thanked Omar Malik and Peter Heywood (in his absence) for their contributions to the SSC over the last 3 years

7.

Date of next meeting: 17<sup>th</sup> January, 2012.