

**BRITISH GERIATRICS SOCIETY
POLICY COMMITTEE**

Minutes of the meeting held on Thursday 7th February 2008 in the Amulree Room, Marjory Warren House, London EC1M 4DN

Present: Dr P Belfield(chair), Ms S Briggs, Dr N Chambers, Dr B Chapman, Dr M Cheshire, Dr S Conroy, Professor P Crome, Dr I Donald, Dr D Forsyth, Dr K Ganeshram, Dr S Hamilton; Mr R Latham, Dr D Oliver, and Dr F Tracey.

In attendance: Mrs S Allport and Mr A Mair.

PC08/01 Adults with Incapacity (Scotland) Act 2000

Action

Dr Chapman's presentation explained how the Act in Scotland is implemented.

- The Act has brought in monitoring bodies, defined the role of the courts, and clarified the use of funds and medical treatment.
- It was a phased implementation
- The Act applies to those over the age of 16

Those that do not have capacity require a certificate of incapacity. This is provided by the primary doctor and may be accompanied by a treatment plan. It states the nature of the incapacity, the form of treatment required, the duration of the treatment (maximum 12 months) and the details of anyone else who has been consulted.

- Emergency treatment is exempt from requiring a certificate.
- When the Act was first introduced the number of certificates issued by the continuing care and rehabilitation units was ok, the number issued by the acute department was too many and in the community it was not fully implemented. This was because the GP's have received the least amount of training.
- The Mental Welfare Commission undertakes spot checks on the certificates that are issued and also the solicitor's offices of those issuing the Powers of Attorney. Dr Chapman is not aware of any checks carried out on the doctors issuing the certificates.
- The Act does not cover Advance Directives.

Discussion

Dr Cheshire explained that Ian Carpenter (RCP (London)) is looking at the single electronic patient record and would like there to be a section for recording Powers of Attorney and also organ donation.

Dr Chambers explained that in Southampton they have worked with the PCT and Social Services to develop a joint assessment framework. As they are all using the same process there are less conflicts over the capacity of the patients. She offered to circulate it to the committee.

**NC &
Office**

Dr Cheshire wondered if we should consider talking to the Royal College of Psychiatrists and the Association of Directors of Social Services as they take a different view on capacity to us. The Psychiatrists look at capacity in terms of the home and feel that is where capacity should be assessed and Social Services are worried about the risks to the patients. It was felt this was a good idea and the officers should consider contacting them.

**AM, PB,
PC**

Actions

- To not write a compendium paper or position paper at present but to wait for the Act to settle in England.

- To ask the Trainees to consider having this as a session at their next national Conference along with the issues of Dignity and how to report breaches of dignity.
- Dr Chapman will write this up as a Newsletter article.
- Dr Oliver explained that he and Dr Vassallo were writing a paper on the use of restraints and would be including capacity. He hoped that it would be suitable for the compendium.

PB

**BC
DO**

PC08/02 Welcomes and Apologies

Apologies were received from: Dr J Birns, Professor M Datta-Chaudhuri, Dr L Patterson, Dr M Rea, Professor J Starr and Professor John Young.

Dr Steve Hamilton was welcomed as the new representative from Scotland, Dr Mike Cheshire as a representative of the Royal College of Physicians (London) and Dr Simon Conroy who is deputising for Dr Eileen Burns and representing the Primary and Continuing Care SIG.

PC08/03 The minutes of the meeting held on 11th October 2007.

The minutes were signed as an accurate record

PC08/04 Matters Arising

(a) *Relations with Royal College of GP's*

The letter had been circulated in advance and it clarified that whilst the Special Interest Groups are working with the College the formal link between the College and the Society is via the Policy Committee. Dr Cheshire explained that the RCP (London) has been working with RCGP on how primary and secondary care work together. An editorial and paper are to be published shortly. The College will then be asking the Specialist Societies to consider what parts of their practice could be undertaken outside of the hospital and he hoped that the Policy Committee would have a key role in this.

(b) *Committee Membership*

Dr Belfield asked if in addition to the reports that we receive from the National Councils we should also have updates from the three Special Interest Groups that have representatives on the Committee. These are Primary and Continuing Care SIG, Cerebral Ageing and Mental Health and the Nurse Consultants. It was decided that this would be a good idea. Dr Forsyth also explained that the Cerebral Ageing and Mental Health SIG have a seat on the Executive of the Royal College of Psychiatrists.

(c) *Help the Aged Memorandum of Understanding*

This has now been approved by the Trustees for signing. A representative of Help the Aged will be given a seat on the Policy Committee and a Health Advisory Panel is being created which will probably have 4 BGS representatives of which two would ideally be from the Policy Committee.

PC08/05 UKMC Update

The minutes of the last meeting had been circulated in advance.

It was noted that Professor Ian Philp has retired from his role as Tsar for Older Peoples Services.

Professor Crome explained that with regards to the Knowledge Based Assessments he has received a reply from the Federation of Royal Colleges to the Specialist Societies concerns but that the reply is unhelpful

and despite the Federation been offered a solution they have not taken it up. He therefore thinks that the assessments will probably not take place this year.

PC08/06 **BGS Business Plan**

Agenda

It was felt that in order to effectively answer the requests for consultation responses and other queries it would be helpful to have the Committees areas of special interest and Mrs Allport will contact the committee for this.

Office

PC08/07 **Reports from National Councils**

(a) *England*

England Council is still debating how to take forward the issue of intermediate care following the two surveys that have been undertaken. They are considering an audit and are meeting next week. Dr Donald suggested that they contact the Primary and Continuing Care SIG for help with the questions.

(b) *Northern Ireland*

Dr Tracey explained that the structure of commissioning is changing and it will be undertaken by a central authority. There have also been changes to how continuing care is delivered.

He is pleased to report that following lobbying by the Northern Ireland BGS and Age Concern £1.8m has been set aside for a Commissioner for Older People.

(c) *Scotland*

Dr Chapman reported that there was to be a review of the eligibility criteria for continuing care due to some recent challenges and also the differences between how the care is provided in England and Wales.

Their joint meeting with RCGP Scotland on care home medicine is in three weeks time.

Jennifer Armstrong from the Medical Officers office has been in contact looking for advice (she attended the last BGS Scotland meeting) so it would seem that this is a positive relationship.

(d) *Wales*

The official opening of the new office will hopefully be 13 March. The office is within the offices of Age Concern in Cardiff.

PC08/08 **Clinical Governance**

Dr Belfield's paper had been circulated. The paper was approved subject to the following amendments:

PB

- Inclusion of appropriate references for Northern Ireland, Scotland and Wales.
- Remove references to the Elderly
- 5.2 not all patients require comprehensive geriatric assessment
- Emphasis of multi-department working should be emphasised in sections 4 and 5 and the conclusion
- Reference should also be made to care in the wider hospital.

Dr Tracey was concerned that smaller departments may not be able to undertake all of these requirements and may then be faced with closure.

Dr Cheshire explained that the HealthCare Commission were looking at service accreditation but rather than looking at the structure i.e. the number of consultants you need they are looking at what the service need to deliver and then does it have the resources to deliver.

This together with this paper may provide a strong case for giving more resources to departments in this situation.

The Committee were asked to send any further amendments to the office by the end of February. As Doctors Belfield and Donald cannot make the next UKMC meeting the paper will be presented for approval at their May meeting

Committee

PC08/09 CPEC

We still require a member of this Committee to be our representative on the Clinical Practice Evaluation Committee. Mr Mair explained that CPEC are currently working on a proposal that would allow them to become a standing committee rather than a sub-committee of Academic and Research. At present this is being considered by the Academic and Research Committee before being presented to UKMC.

Dr Hamilton volunteered to be the representative and this was accepted.

PC08/10 Consultation documents and correspondence received

- (a) *All Party Parliamentary Group on Dementia*
The response was approved by UKMC and submitted.
- (b) *DH Pandemic Influenza*
Dr Belfield's draft had been circulated. He was asked to include something on the fact that the reduction of support for the frail older person in the community would mean that they would probably deteriorate and therefore be admitted to hospital anyway.

PB

PC08/11 BGS Compendium

Agenda

- (a) *The Older Person in A&E*
Dr Donald asked if reference could be made to the different models and styles of A&E around the country and also to the roles of the other professionals in the department.
It was agreed that Dr Birns would be asked to consider this and that if the committee had any further comments could they please be sent by the end of March.
- (b) *Intermediate Care*
The suggestions made by the committee have been incorporated so this has been approved.
- (c) *Copying letters to patients*
This was approved with the following amendment:
The reference to England in the opening sentence of 1.1 is removed.
- (d) *Papers that require reviewing*
It was decided that it was timely for us to look at the whole compendium as there were some papers that may no longer be relevant and some that could be merged with others. It was agreed therefore that the compendium would be our item for the discussion session at our next meeting. It was also agreed that we should consider moving this item higher up the agenda

JB & Committee

Office

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to allow more time for a proper discussion.

PC08/12 **Any other business.**

- (a) Mr Latham has been appointed to the NICE Group looking at BPH and LUTS.
- (b) We have received a letter from the German Geriatric and Gerontology Society asking for help with health economic evaluations. Dr Hamilton suggested that Scotland Health Services Research may be able to help and that there was probably NICE guidance on this.

Office

PC08/13 **Future meetings: (Please note earlier start time of 13.00)**

Agenda

Thursday 8 May 2008
Thursday 4 September 2008
Thursday 20 November 2008

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Signed by Dr Belfield
8th May 2008