

**BRITISH GERIATRICS SOCIETY  
ENGLAND COUNCIL**

Minutes of the meeting held on 13<sup>th</sup> February 2008 at Marjory Warren House, 31 St John's Square,  
London, EC1M 4DN

**Present:** Dr A Arora, Dr A Clegg, Dr D Dasgupta, Dr I Donald, Dr P Gosh, Dr S Loharuka, Dr C Long, Dr N Malik, Dr M Patel, Dr N Penn, Dr T Solanki, Dr D Walshe and Professor J Young (Chair).

**In attendance:** Mrs S Allport and Mr A Mair

**EC08/01 Welcome and Apologies**

Apologies were received from: Dr T Aspray, Dr M Baxter, Dr P Belfield, Dr D Forsyth, Dr K McLean, Dr S Morgan, Dr D Walshe and Dr P Woodhouse.

Professor Young welcomed Dr Andrew Clegg as one of our new Trainee representatives and Dr Amit Arora representing the West Midlands and Dr Tarun Solanki representing the South West.

It was also noted that this is Dr Dominic Washes' last meeting.

**EC08/02 Minutes of the meeting held on 31<sup>st</sup> October 2007**

The minutes were approved.

**EC08/03 Matters Arising**

*(a) Approval of England Council reps on Policy Committee and UKMC*

Council were asked to give approval for the appointment of Dr M Datta-Chaudhuri as our Policy Committee representative and Dr M Patel as our UKMC representative. This was given.

*(b) Approval of Trainee reps on England Council*

Council were asked to give approval for the appointment of Dr Andrew Clegg and Dr Mark Baxter as our new Trainee representatives. This was given.

**EC08/04 RCP PbR Working Group**

Dr Forsyth had asked England Council for their assistance in answering questions around perverse incentives in relation to the evolution of PbRs.

Council felt that the main perverse incentive was the fact that PbR was an increasingly complicated and technical process such that it was difficult for the majority of clinicians to engage with the work. One perceived benefit, however, was that it had stimulated closer involvement of clinicians with coding and joint working with trust.

Another perverse incentive was the pressures PCTs felt to reduce acute admissions. One consequence of this was a trend to a situation of age discrimination as some older people now have additional barriers and delays to direct admission to acute care. In some trusts GP's have to refer patients through a liaison nurse who decided whether they should be an acute or community admission.

Clinicians are being encouraged to fully code patients to ensure maximum income recovery for the trust. Variation in practices in respect to this may be contributing to erroneous discrepancies in high level trust performance indicators.

There are also inbuilt perverse incentives in the funding of out patient clinics. Each clinic attendance has a fixed price. This puts pressure on clinicians to avoid costly investigations. Could stimulate under investigation of illness in older people for whom non-specific presentations are the norm. It is becoming common for trust to publish lists of how clinics are performing. Potentially this could lead to under diagnosis or delayed treatment for older people.

These comments will be fed back to Dr Forsyth.

Office

**EC08/05 UKMC Minutes 24 January 2008**

The minutes were circulated in advance and noted.

**EC08/06 Intermediate Care**

Our second survey on rehabilitation beds included questions about intermediate care and from the results of these questions raised questions about aspects of care quality and involvement of geriatricians. This led to the idea of a national IC audit.

The Healthcare Commission are very keen to work with us on an audit as they are similarly concerned that the services are not properly monitored. However, they would not be able to consider funding until 2009 as they are beginning the process of merging with CSCI.

UKMC, the Policy Committee and the Primary and Continuing Care SIG have given their support for this work and England Council felt that it was work exploring further.

It was agreed that a small group of interested people should be convened to take this forward with the specific remit of considering whether an audit might be feasible and if so how it might be designed.

For example would we target all the PCT's and have an organisational audit along the lines of the Sentinel Stroke Audit? We would need to try and collate examples of the areas where Intermediate Care is working well and formulate some guidelines by which we can benchmark the services. It was suggested that Professor Young's compendium paper would be a good starting point.

Whilst the way in which the service is delivered around the country varies it was felt that we should be able to draw together some common principles that each service could be measured against.

The Society is meeting again with the HealthCare Commission after Easter and also with Dr David Behan, DH Director General of Social Care where this will be discussed further.

**EC08/07 Consultation responses**

The list of the recent consultation responses submitted by England Council and the Policy Committee was noted.

A new consultation has just arrived from the Healthcare Commission entitled "Developing the annual health check in 2008/2009: Have your say" It was agreed that Mrs Allport would circulate the questions to England Council and collate the responses.

Office

**EC08/08 England Council Business Plan**

Council reviewed the business plan and no amendments were made.

**EC08/09 Older Peoples Specialist Society Forum**

The minutes of the last meeting were noted. For the new members of Council it was explained that this group was created by Professor Ian Philp who wanted to bring together the various organisations in England involved in the care of Older People so that they could discuss common issues. The group is multi-disciplinary and has been running for around two years. With the departure of Professor Philp the Chair of the group will be rotated through the organisations. The BGS is the first Chair and also hosting the meetings and providing the secretariat.

The key issues for the group are to keep DH actively involved and to target the influential people that would normally have been contacted by Professor Philp. They also need to identify the issues they wish to work on.

The Society will be recognising Professor Philp's contribution to the care of the older person by making a presentation to him at the Spring meeting in Glasgow.

**EC08/10 Dignity in Care – Behind Closed Doors**

There is a conference organised by the BGS, CSIP, the RCN and the ADSS on March 6<sup>th</sup> which members are welcome to attend.

**EC08/11 Staff and Associate Specialists**

Dr Morgan has sent her apologies as Wednesday's are difficult for her to be away from the hospital.

**EC08/12 Any Other Business**

There was none.

**EC08/13 Dates of Future England Council Meetings**

14.00 Wednesday 4 June 2008  
14.00 Wednesday 29 October 2008

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Signed by Dr Duncan Forsyth

4<sup>th</sup> June 2008