

**BRITISH GERIATRICS SOCIETY
ENGLAND COUNCIL**

Minutes of the meeting held on 4th June 2008 at Marjory Warren House, 31 St John's Square, London,
EC1M 4DN

Present: Dr A Arora, Dr M Baxter, Dr A Clegg, Dr R Curless, Dr D Dasgupta, Prof. M Datta Chaudhuri, Dr D Forsyth (Chair), Dr S Loharuka, Dr C Long, Dr N Malik, Dr C Nicholl, Dr M Patel, Dr A Stanners, Dr T Solanki and Professor J Young.

In attendance: Mrs S Allport and Mr A Mair

EC08/14 Welcome and Apologies

Apologies were received from: Dr P Belfield, Dr I Donald, Dr K McLean, Dr S Morgan and Dr N Penn.

Dr. Forsyth welcomed Dr Mark Baxter our new trainee representative, Dr Claire Nicholl our new representative for the East Anglia region, Dr Richard Curless our new representative for the Northern region and Dr Andrew Stanners who was deputising for Dr Penn (Yorkshire).

EC08/15 Minutes of the meeting held on 13th February 2008

The minutes were approved.

EC08/16 Matters Arising

(a) *Approval of England Council rep on CPEC*

Council were asked to give approval for the appointment of Dr Jagdish Sharma as our Clinical Practice and Evaluation Committee representative. This was given.

Two vacancies will arise later this year for England representatives on the Academic and Research Committee and one vacancy on the Finance Committee. The posts have been advertised in the latest Newsletter.

(b) *RCP PbR Working Group*

Dr Forsyth reported back to the working group the outcome of our last meeting. The working group has not met since. Guidance has been sent to primary care organisations on unbundling stroke and fractured neck of femur. Tariffs are also being considered for rehabilitation and old age psychiatry.

(c) *Prevention Package for Older People*

Council had been sent a copy of the speech that the Secretary of State for Health had made. A consultation on this is expected soon. The references to falls, fractured neck of femur, foot care and hearing were welcomed. It was agreed that the following should also be considered:

- Mental health especially depression (it was recognised that most mental health issues will be addressed in the National Dementia Strategy)
- Care home funding – family concerns over selling the home may lead them to make the wrong decision on suitable care.
- Loneliness – the provision of day care facilities
- Social work liaison
- Cardiovascular disease and hypertension
- Reducing the drug burden by undertaking 6 month drug reviews (may

reduce hospital admissions)

The Older Persons Specialist's Forum meets next week and this item is on their agenda so Dr Forsyth will bring these comments to OPSF attention and see if he can get some clarification from DH representation at OSF as to how broad this initiative is likely to be.

DF

EC08/17 UKMC Minutes 22 May 2008

The minutes were circulated in advance and noted.

- (a) The Clinical Practice and Evaluation Committee is now a standing committee. It was formally a subcommittee of Academic and Research.
- (b) *Knowledge Based Assessment*

The proposed Memorandum of Understanding was debated fully but the trustees did not feel in a position to sign as further discussions with the Federation of Royal Colleges are needed. The main points of the discussion were:

- Communication with the Federation has been very poor
- Each Specialty Society has a slightly different MOU
- Very useful feedback was given from the trainees – the cost, the validity, the effect on those not required to take it when applying for jobs and the concerns that overseas doctors may be able to take the assessment and become specialists without the extensive training of our trainees (the post nominal's have been changed for geriatrics to prevent this)
- The Cardiologists are using their European partners to run their KBA; we would need to approach the Union of European Medical Societies (UEMS) for something similar.

The Specialist Societies meet recently and with the exception of the Gastroenterologists all have the same concerns as us and are not yet signing. A joint letter from them to the Federation is being sent tomorrow.

It was noted that the trainees are receiving mixed messages locally about whether the SpR's should take the KBA voluntarily. More clarification via the newsletter would be helpful.

- (c) *CME Journal*

There are only two more free volumes after the current volume, so the Society will be evaluating the members formally. In the meantime Council members were asked to informally seek feedback from their regional membership and send any comments they have particularly if they wish to continue receiving the Journal to Recia Atkins Editor@bgsnet.org.uk

All

EC08/18 Intermediate Care National Audit Update

We have had a very positive meeting with the Healthcare Commission and also with David Behan. The Commission are very keen to help and support us. Dr Forsyth has drawn up a questionnaire that Professor Young has reviewed. They would like to receive Dr Donald's input (Primary and Continuing Care SIG) before they circulate it to Council.

They will then present it to the HealthCare Commission for their input. As care is

given by many different organisations we will have to be very careful about whom it is sent to so as to ensure a good response.

EC08/19 Consultation responses

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

A new consultation has been received concerning a proposal to mark on the electronic patient record whether a patient has been violent. The consultation will be sent to Council for dissemination and also to the Nurse Consultants SIG.

Office

EC08/20 Darzi Review

The East of England was the first SHA to publish their report and although the Executive Summary does not mention older people the full report does in a positive way.

The regions have been approached by e-mail to read their report and to provide us with a bullet point summary of the positives and negatives by the end of June. We have been asked to report to UKMC in early July. Please use the East of England report (previously circulated) as a template.

EC08/21 Older Peoples Specialist Society Forum

Minutes of the previous meeting had been circulated and they are meeting again next week.

Professor Philp has now resigned as Chair and Nadia Chambers has been appointed, whilst a BGS member she is representing the RCN. Dr Forsyth has been appointed as Vice Chair.

An update was received on the National Dementia Strategy and we are expecting the consultation very shortly. In addition to the BGS response there will also be an OPSF response.

The Acute and Intermediate Care Pathway workshop has taken place but we are still awaiting the write up of the meeting. It was hoped that the workshop would revitalise the subject within the Department of Health and bring it to the attention of the Darzi review.

The National Indicator Set was also discussed. Dr Forsyth will send the presentation and an explanation to Council.

DF

EC08/22 England Council Business Plan

Council reviewed the business plan.

Item 6 – Effective PR was moved to amber as we have now signed the MOU with Help the Aged and have access to their PR department. Mr Mair was asked to amend the resources section of this item to reflect this.

AM

BBC Radio 4 is running a series of pieces on older people all this week and there may still be an opportunity to comment. Mr Mair agreed to approach them.

AM

EC08/23 Any Other Business

(a) Link Nurses and discrimination of Older People

Dr Solanki explained that in his region (Somerset) GP's who wish to have a patient admitted to hospital must go through a link nurse. Frail Older People who require acute care are being sent to the community hospital and those that need community care are being sent to the acute hospital. He wondered if this was taking place elsewhere in the country.

Ipswich – an audit has shown a similar position. The problem is Older People are not gaining access to a proper diagnostic investigation to determine the best place for treatment.

Bradford – an audit of direct admission to the community hospital showed 1 in 3 required an emergency transfer to the acute hospital.

Southampton – the SpR's undertake home visits at the request of GP's and others to carry out a full assessment before deciding on the most appropriate treatment. They also visit the Intermediate Care facilities.

The main difference in the care that is received seems to hinge on whether the Geriatricians are still able to undertake rounds on the intermediate care beds.

It was agreed that we should see if this issue can be included in the Intermediate Care Audit and also those Council members who have been asked to review the Darzi SHA reports can you please see if this area is covered in the acute care section?

DF & JY

EC08/27 Dates of Future England Council Meetings

- 14.00 Wednesday 29 October 2008
- 14.00 Wednesday 11 February 2009
- 14.00 Wednesday 3 June 2009
- 14.00 Wednesday 28 October 2009

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Signed by Dr Duncan Forsyth

29th October 2008