



Minutes of Regional Network Leads meeting 25th November 2011

Present - K Bartholomew (Yorks) S Bew (Yorks), A Chisakuta (NI), S Courtman (SWACA), R Crombie (PAN-WM), L Daniels (NE), L Godsiff (East Anglia), J Short (Linkman Coordinator elect) G Wilson (outgoing Linkman Coordinator),
Apologies – D Marsh (WACA), D Patel (NWPAG), K Solan (SEPAP)

GW welcomed the members to a lunchtime meeting and introduced JS who will take over as Linkman Coordinator in May 2012. As she is a South Yorkshire consultant it is expected that there will be enthusiasm for network involvement in this area.

The current network situation is essentially unchanged since the last meeting (25th Nov 2011), with East Anglia, North East England and Yorkshire still in the early stages of development.

There was some general discussion initiated by LD as to how to engage hospitals in the region in the creation of a network. It was generally accepted that an innovator was required to drive local enthusiasm, and that it would be difficult to gain representation from all hospitals in the first instance. With the exception of PAN-WM all other networks have been built from an initial meeting, which has generated a core group who have then gone on to create an organising committee. Through this the local needs can be addressed – there was broad agreement that there is no single structure that works. GW offered to distribute the collated minutes of previous meetings, including a 'recipe' for network development,

Potential areas for development

Trainee involvement at network level – SWACA and SPAN (?PAGW) currently have trainee prizes at their annual meeting. A Calder (APA trainee rep) has offered to assist in encouraging trainees.

Improvement of cohesion through joint meetings. Probably best achieved through adjacent groups. SWACA and WACA have recently had a successful joint meeting.

Website. This is an ongoing thorny problem, with the APA website still in the throes of re-configuration. The information about networks is a year old, and GW has had limited response to his request for updated information. All agreed that it is worthwhile to have an individual portal to each network, which should be planned for in the new year.

Peer review report from SC. Acknowledged that networks provide an ideal structure for the peer review process. A lack of involvement in England North of Birmingham was noted, although this is partly due to the existing West Midlands Critical Care peer review process. Developing interest from both critical care (PICS) and paediatric surgery (BAPS) indicates the possibility of broadening the process. The RCoA is also showing interest to feed into the Departmental Accreditation system which is being piloted. This will not influence the independence of Peer Review, however, and will be voluntary.

LD tabled an enquiry about trainee case numbers in her region, as a comparator against other regions. Although overall numbers are a bad measure of trainee activity, there are signs that there has been a decrease in cases achieved during paediatric attachments, which may reflect decreased training opportunities. It may be of value to carry out a national survey. GW will liaise with Alyson Calder (trainee rep).