

Minutes of the BASHH Board meeting
Friday 25th September 2009 at the Royal Society of Medicine
11am-3pm

In attendance:

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| Dr Immy Ahmed (IA) | Dr Jan Clarke (JC) |
| Dr Katherine Coyne (KC) | Dr Ade Apoola (AA) |
| Dr Raj Patel (RP) | Dr Simon Barton (SB) |
| Prof Jonathon Ross (JR) | Dr Karen Rogstad (KR) |
| Dr Joseph Arumainayanam (JA) | Dr Richard Lau (RL) |
| Dr Keith Radcliffe (KWR) | Jane Bickford (JB) |
| Dr Helen Mullan (HM) | Dr Mike Abbott (MA) |
| Dr Emile Morgan (EM) | Chris Carne (CC) |
| Claudia Estcourt (CE) | |

Minute Taker: Hannah Wood (HW)

1. Apologies – Dr Sris Allan

IA welcomes the Board

2. Conflicts of Interest

None to report

3. Minutes of the last meeting/action points

Dr Helen Mullan named twice in attendance

IA – Item 10 – Chairman’s Report should be President’s Report.

MA – remove last three words from EC summary

Remove comments from 4J

The minutes were approved with the amendments

Matters Arising

PPI

KWR presents – It has been decided that the number one priority for PPI is a public panel. Rachel Challenor (RC) is to lead on this and will come back to the Board with a plan to set up and maintain a public panel to support BASHH guidelines and audit. The RCP has a panel and a five-year PPI strategy in which patients and the panel are very involved.

BASHH need to move further down the public engagement route, for example having lay members on the Board.

This should tie in with standards, having a validated questionnaire for all STI services from which a report may be generated to compare

figures regionally and nationally in order to benchmark quality (JR to lead).

The cost of this could be covered by BASHH or the participating services could pay or could be a joint BASHH and HPA venture. RL asks what the spec is for a lay member in terms of experience. KWR explains that RC is brainstorming answers to these questions in a PPI meeting and lay members do not necessarily need to be patients, members of the general public can also provide a valuable lay view. AA asks if BASHH could utilise the existing RCP plan rather than developing from scratch. IA comments that this is a very interesting suggestion but currently there is not enough known about what the RCP do. IA asks the Board to give KWR direction.

Action – KWR to take forward in manageable steps to develop the core strategy in order to enable the process to be developed.
KWR to report back at next Board

Business Plans

JC explains that the Undergrad group has not been formulated yet and this will come back when there is a request for business. There is no STIF business plan as the changes around STIF have not yet been finalised.

NE & NW Thames confused over an issue with the business plan. IA comments that NE & NW Thames meetings cannot be subsidised year in year out.

RP explains that an accounting irregularity made it appear that they had spent money they did not have.

IA suggests the business plan is approved and reviewed mid-term before committing to a year programme as there is not enough information for it to be signed off.

JC asks that it is clarified whether there has been a meeting and that if there has accounts should be received as soon as possible.

The Board supports the Pharmacy business plan.

The HIV SIG business plan is recommended for approval. KWR comments that the group have performed fantastically in the last 12 months with its meeting success and financial support to BASHH.

Adrian Palfreeman (AP) is stepping down in April

Action – names proposed for succession should be brought to next Board

Cathy Harman memorial team prize

JB has an initial proposal.

A fund for contribution needs to be set up.

This needs structure and terms of reference – this runs the risk of losing impact if not implemented quickly.

IA suggests the Board agrees in principle to implement within 6 months as money needs to start being collected.

An announcement will be made at the OGM on the 2nd October and in the next newsletter so contribution can begin.

IA suggests a proper submission for running should be submitted to next Board with a view to implement early in the New Year.

IA asks for a decision – approved by the Board

Action – JB to take forward and liaise with the Board

RP – this should be included in the newsletter and on the website and in a letter to all members

JC – there will be a preliminary announcement made at the OGM on the 2nd October

4. Revalidation and Audit

IA welcomes CC to present the NAG business plan.

CC presents – the NAG future plans were set up in 2003 as guidelines for the CEG and to respond to National Audits.

There have been 7 National Audits, with the last 3 being available online, with the aim of improving patient care and determining areas of practice to focus on. Feedback is available on spreadsheets for clinics to compare themselves at a regional and national level.

A lot has come out about revalidation since the business plan in February.

BASHH standards being developed – the audit should be conducted against these.

Sexual history taking should be re-audited, last audited in 2008 so key areas are known which will enable a shorter audit which should encourage participation.

IA suggests 2 or 3 items from the National Standards and CEG Standards could be run as National Audits for all Sexual Health Providers.

Board to advise on key standards to sanction, and submit to the Department of Health to support financially, to roll out to all Sexual Health Providers.

IA and CC to work together on proposal to Department of Health

IA asks if the Board is happy to approve the business plan

CC asks which option is preferred from the further business plan

The Board votes in favour of option 3.

Munro&Forster finance and activity report

IA welcomes Mark Paniakathan (MP), James Hollaway (JH) and Harriet Smith (HS)

IA explains that the Board will decide what to buy into from Munro&Forster's proposals

The feeling is that there should be a focus on strategic media, not just a response to requests

JH presents Media Report

JC comments that there is no financial breakdown as requested by the Trustees

JH – more financial breakdown can be done if required

IA asks the Board to debate the proposals
KWR comments BASHH need specific messages for Media group to put across

JH and HS leave – 12.45

MP comments that the Board should be at the centre of the Media group to direct and support alongside Munro&Forster.

Action – MP and Media group to come back to the Board with up to 3 messages to circulate and Board will give feedback. MP, IA and KWR to discuss which Munro&Forster services should be used and will ask for Board feedback.

Website

JR – BASHH website should be developed to cater for the public as well as for members rather than developing a new site.

IA – could this be part of PPI and web team?

JR – BASHH website should be the first site found when using a search engine

RL comments that it is difficult to have a site friendly to both BASHH members and the general public

KWR – this needs input from members of the public

IA - this is an area in which the Board would like to see progression. The existing site will be expanded rather than developing a new site

5. STIF Competencies (item 8 brought forward)

CE presents

A formal handover will be arranged for the Education Subcommittee

IA congratulates CE for the important and helpful work undertaken

IA comments that there is a dilemma over developing standards as the training and assessment courses do not fit fully into levels 1, 2 and 3

CE – the courses sit in level 2 but do not include all competencies.

Needs to be defined – will not train to full level 2 standard but will train in a number of competencies included in level 2

6. President's Report BASHH Standards

IA – feedback so far has been thin but more is expected. Provisional launch date is the 21st January 2010 at the House of Lords, Janet Wilson taking the lead as to who speaks – possibly Health Minister, and costing for invitees. MEDFASH submitted revised budget

IA recommends Board accepts additional cost

JC – every BASHH member should receive a hard copy

IA – copies needed for sexual health organisations
HM – more important to get hard copies to those who would not access via the web
JR – ask MEDFASH to justify the dissemination cost
KR suggests someone higher profile is used to launch the standards e.g. Boris Johnson
RP – cost of £3500 for proof-reading which should be done without extra cost

IA asks if the Board is happy to recommend the additional slippage to go to Trustees. Board approved

IA – this will be brought back to the next meeting with revised costings

7. Report from CGC

MA presents
CGC report accepted by Board

8. Report from ESC

KR presents
STIF business plan should have been brought back, will be sent to Board
The Diploma course is supported
KR asks for Board consideration of funding for publishing ASIG guidelines as a journal supplement
KR – 2 companies are interested in funding and will be responding shortly.
RP – this would be the first guideline BASHH would fund independently
KR – this would have been accepted into the main body of the journal but is too long and so needs to be a supplement
SB – could BASHH fund half and a company fund half?

Vote – Will BASHH fully fund the supplement?
Board votes against

Vote – will the Board contribute to the funding?
Board votes for contributing a top figure of £4,000

Action – KR to negotiate sharing cost with another company

9. General Secretary's Report

Preliminary call for Honorary Life Fellows to be discussed at next Board
Research Support – approved
New members – JC looking for guidance re 'Don't Forget the Children' publication
Action – to be given out at OGM

10. Journals

Proposal for CPD journal to complement STI journal
KWR – can't ask members to pay more subs for another journal
IA comments that member feedback suggests the STI journal is not always relevant to all clinicians
IA – do not want additional costs. The idea is good but should be incorporated into a redesign of the STI journal
Action – JR to report

11. Treasurer's Report

RP presents
Balanced income v. expenditure
Looking at DD run as down on subs compared to last year
Subs do not need to be raised this year

12. BASHH/BHIVA to be brought to next Board

13. Report from alcohol and sexual health group

SB presents
Recommendations:
There is a link from excess alcohol consumption to sexual health, sexual health clinics should have short interventions for alcohol risk reduction
There should be an increase in the unit price of alcohol

Atlanta Report

Recommendation:
Next meeting, 2013, consider CEG representation

14. Survey of SAS Doctors

A mailshot to all clinicians will be facilitated

15. Any other business

There is no other business

Date of next meeting is Friday 11th December 2009.

