

BRITISH HYPERBARIC ASSOCIATION

ANNUAL GENERAL MEETING

MONDAY 28TH NOVEMBER 2016 1300-1630

LONDON HYPERBARIC MEDICINE UNIT

WHIPPS CROSS HOSPITAL

PRESENT: LHM, Orkney (via teleconference), Oban, DDRC Plymouth, DDRC Cardiff, Hull, London Diving Chamber, Midlands Diving Chamber, Great Yarmouth

APOLOGIES: Colin Wilson (Oban)

NOT REPRESENTED: Aberdeen, Wirral, Poole, Reading

MINUTES OF LAST MEETING: Minutes of AGM held on 24th October 2015 were accepted. Proposed by Pieter Bothma, Seconded by Gary Smerdon

MATTERS ARISING:

Coastguard procedures in the Solent appear to have settled down with no problems reported through the year.

ECHM Indications update has proved a useful review for each indication

Confirmation required that £100 has been donated to Rubicon and that donations have been made with respect to Richard Harrison and Bobby Forbes.

CHAIRMAN'S REPORT:

As you know, I offered to remain in the post of Chairman for the last year as I had hoped that I would then be able to hand over to my successor with hyperbaric medicine entering a period of stability, security and a clear vision of what the future holds. We are still not at that point but I can assure you that I will continue to dedicate myself to that goal. With that in mind, I know that some people have wondered whether my personal commitment to Hyperbaric Medicine is declining as I am no longer employed full time in a chamber. This was a change that was necessary to improve the resilience and the capability of the Chichester chamber and was in no way a result of diminished interest in the long-term success of hyperbaric medicine - I can offer as some proof of this commitment that I have since taken annual leave from my other job in order to represent the speciality.

I remain indebted to the committee, the appraisal team and other members for their continued support. Special mention must go to Peter Karpati who has transformed the website into an exceptionally professional product. Also, thanks must go to the editorial team and contributors to Hyperactivity which continues to publish interesting and useful material. As you know Jane is standing down as Honorary Secretary and we owe her much for keeping us in line administratively and constitutionally for the last 10 years or so. I am also grateful that members have trusted me with commercially sensitive information which has given me an invaluable insight into the strengths, vulnerabilities and local variations of the service and has allowed me to represent the specialty with confidence.

The appraisals round has recommenced - 4 have now been completed in the last 2 years and a member of the appraisal team will, I hope, give us a short commentary on progress to date.

I cannot help but view my tenure in the chair as being associated with a lot of effort but little to show for it. I sincerely hope that some of the work done to date will give my successor a solid foundation on which to complete the individual projects that are currently under way.

What of the future? We certainly need to work together to our common benefit, putting the needs of our patients foremost. In my opinion, in order to exert the appropriate level of influence and to avoid challenge, we need to establish ourselves on more formal basis and we need to update our documentation. We can update in one of two ways. We can, of course, revise our own publications. Alternatively, we can endorse and adopt European and other international documents while providing additional detail on obligations on BHA members that are required to comply specifically with national regulations.

I look forward to seeing some of you at our forthcoming Annual Scientific Meeting. I am disappointed that such a small number of us are attending but I fully understand that the distances and travel costs have had this impact. Despite the small numbers, I have tried to be uncompromising in my effort to arrange a high quality programme. I am hoping that the presentations can be made available in real time to those who are not present, by using the same technology that is allowing colleagues to participate remotely today so that members in UK can see the presentations and listen to the speakers in real time. Peter Karpati and I have already discussed how this might be achieved. If this is not possible, we will attempt to record the proceedings and to attach the commentary to the presentations (from those presenters who give permission) so that they can be played after the event.

I would like to finish by asking you to remember those former members we have lost and two who have died in the last year.

Sadly, Nick McIver died a few months ago. Many of you will remember Nick as one of the founders of diving medicine practice in UK as we know it today, a staunch supporter of BHA and a true gentleman. Nick developed a degenerative disorder a while ago but continued to contribute to BHA activities directly and then by email until he could no longer do so. Pieter had kept in touch with Nick via his wife and, once we learned how debilitated he had become by his illness and the fact that one of his remaining pleasures was listening to the spoken word, the committee authorised the purchase of two audiobooks with nautical themes which we sent for Nick to enjoy.

I was saddened to learn of the death of Jane Risdall in the last few weeks. Jane was the medical director of the Haslar hyperbaric medicine unit for several years before she returned to her mainstream role as a military anaesthetist with multiple tours to areas of conflict. She was diagnosed with a terminal illness several years ago and was given a very pessimistic diagnosis. Despite this, once over the acute phase of her treatment, she responded amazingly to palliative treatment and returned to much of her role in the military, recommenced her scientific studies and coxed an eight in Cambridge, her home city, for several years after her original predicted date of survival.

In memory of Nick and Jane, I would like to propose that the Association donates a sum of money to the Gurkha Welfare Trust and the Cambridge Pancreatic Cancer Centre respectively.

TREASURER'S REPORT:

Accounts for year end June 2016 were circulated to members prior to the meeting.

Treasurer, Gerard Laden, reported that the BHA is financially stable.

The main source of income is through membership fees. There are still a couple of chambers with outstanding payments for this year.

Expenditure is consistent and is attributed to the activity of the committee and appraisal teams.

Bursaries continue to be available but no one has come forward with applications. This award should be highlighted to member chambers.

NHS COMMISSIONING & FEEDBACK FROM CRG/CAG:

NHS England is continually adding to the points required for commissioning and is consistently questioning the interpretation of data. It is now requesting that evidence reviews be done for DCI and gas embolism.

Gerard Laden wrote to NHS England regarding the review but was dismissed. He subsequently contacted, and gained support from, Alan Johnston MP. Mr Johnston has in turn been in contact with Dr Fielden from NHS England who has been very unsupportive of HBOT. Mark read the communication from Alan Johnston to Dr Fielden and Gerard encouraged BHA members to contact their own MPs to rally support at parliamentary level.

A discussion ensued regarding the argument for funding based on a continuous 24/7 service versus clinical benefit

It was agreed that the second review for submission to NHS England should not just be a copy of the first and need to mobilise everything possible to support the second review. Benefit to individual patients needs to be highlighted and patients should be given a platform and a voice to speak out.

BHA APPRAISALS:

Martin Sayer from the Appraisal Team reported that appraisals are now into their second three year rotation. LDC, MDC, Chichester and Cardiff are next on the list for visits. These visits will check that the first round suggestions have been made

There is a huge variation in Standard Operating Procedures (SOPs) across facilities and how they are presented. It was suggested that a BHA template be produced for SOPs or at least a distillation of the best practice across facilities.

NEW ROLE OF IMMEDIATE PAST CHAIRMAN:

In line with other organisations such as SPUMS, UHMS, EUBS it has been suggested that the role of Immediate Past Chairman be created for the dissemination of information, experience and advice to the incoming committee.

Proposed: Pieter Bothma Seconded: Gerard Laden.

The constitution will need to be updated to reflect the new position

ELECTION OF COMMITTEE:

All existing committee members stood down and the following election took place

CHAIR PERSON: PIETER BOTHMA

PROPOSED: Mark Glover SECONDED: Gerard Laden. Unanimously voted to position

VICE CHAIRPERSON: CHRISTINE CRIDGE

PROPOSED: Pieter Bothma SECONDED: Andy Trevett. Unanimously voted into position

SECRETARY:

LESLEY BLOGG PROPOSED: Martin Sayer SECONDED: Gerard Laden

KIM SAYERS PROPOSED: Peter Kapatil SECONDED: Pieter Bothma

Kim Sayers voted into position

TECHNICAL MEMBER:

PETE ATKEY PROPOSED: Gary Smerdon SECONDED: Simon Wilson

ROLY GOUGH ALLEN PROPOSED: Phil Sayers SECONDED: Pieter Bothma

Roly Gough Allen voted into position

NURSE REPRESENTATIVE:**CAROL CROMPTON MUDD**

PROPOSED: Mark Glover SECONDED: Phil Sayers Unanimously voted into position

TREASURER:**GERARD LADEN**

PROPOSED: Pieter Bothma SECONDED: Mark Glover Unanimously voted into position

GENERAL MEMBERS:

MIKE GONESKI PROPOSED: Simon Wilson SECONDED: Gary Smerdon. Voted into position

OLI FIRTH PROPOSED: Dathan Hughes SECONDED: Simon Wilson Voted into position

ANDY TREVETT PROPOSED: Gerard Laden SECONDED: Martin Sayer

Andy was co-opted as Scottish Member pending approval from Scottish members *(following the meeting Andy confirmed he had received approval from Scottish members)*

CONSTITUTION AND GUIDANCE FOR MEMBERSHIP

Quotes for legal scrutiny from the BMA and from a firm of solicitors both exceeded the Association's annual income and so we did not proceed with either. Fortunately, a community sector support charity kindly looked over the documents and have not identified any shortcomings. These documents have now be accepted as discussed at the 2014 meeting Hull and have been posted on the BHA website.

COMPANY LIMITED BY GUARANTEE/ CHARITY REGISTRATION

At the last AGM we discussed the possibility of incorporation, primarily to address issues of liability. Mark has spoken to a solicitor who has recommended that the Association becomes a company limited by guarantee. Some members of the committee are already familiar with the administration required for this and have advised that it is not onerous although will prove costly.

Mark has also looked into the possibility of charitable status in order to maximise tax relief and to benefit from the official guidance on, and scrutiny of, the constitution document. BHA's aim would likely be accepted as satisfying the charitable purpose of "advancement of health or the saving of lives." One form of charity is the association charitable incorporated organisation (CIO) which appears to require registration only with the Charity Commission and not with Companies House. However, it might be necessary to register with other charity regulators in the British Isles such as the Office of the Scottish Charity Regulator (OSCR), as the Charity Commission has jurisdiction only in England and Wales.

More detail about charitable status can be found at <https://www.gov.uk/topic/running-charity/setting-up>

LIABILITY & INDEMNITY INSURANCE

It was considered at the last AGM that insurance is important for the appraisal teams and diving advice line.

Mark approached Zurich Insurance re liability & indemnity insurance but was declined after 8 months deliberation. He has since approached an alternative underwriter who claims to insure specifically for non-profit hyperbaric companies. Awaiting a response.

DATABASE

Pieter Bothma has been struggling to collect the annual data from member chambers with only six of the 15 chambers submitting for last year. It was agreed that the current database form (based on the one circulated by HTNA) is confusing. It is important, not least from the NHS England perspective, that data is collected. It was also agreed that the information should be collected on a quarterly basis (as opposed to annually) and that misinterpretations be smoothed out and the form simplified.

ANNUAL SCIENTIFIC MEETING

The 2016 ASM will be held on Cayman Brac from Monday 5th December – Friday 9th December. There will be 21 delegates in attendance.

The programme is available on the BHA website. It is hoped to stream the meeting via tele conference. A record of the meeting will be posted on the BHA website together with Powerpoint presentations.

WEBSITE

Thanks to Peter Kapati the BHA website has been updated and modernised. It was agreed that the following should be added to the site:

- Members only site
- Clinical indications
- Hyperlinks to other websites & sources of information
- Forum for conditions, evidence & discussion

ANY OTHER BUSINESS

Pieter Bothma thanked Mark Glover, the retiring Chairman, and welcomed him as the first Immediate Past Chairman. He acknowledged the hard work that Mark has done in his role and reminded him there is still a lot for him to complete! Gary Smerdon added to Pieter's thanks and acknowledged that it was down to Mark's tenacity that the BHA still existed in spite of the challenges of NHS England.

Martin Sayer asked for an update regarding the use of the RN67 table. Mark explained the difficulties he had had with getting open use of the table plus the extended treatment algorithms. Mark will continue to pursue.

Peter Kapati nominated outgoing Honorary Secretary, Jane Sayer, as an Honorary Member of the BHA in recognition of her time supporting the BHA.

DATE & VENUE OF NEXT AGM

2017 Birmingham in association with UKDMC again and will follow a similar format to 2015. The venue will be in the Birmingham area and the dates will be arranged around the Dive Show on Saturday 21 and Sunday 22 October.

2018 Midlands Diving Chamber