

**Supplementary written evidence submitted by Professor Alistair Burns CBE,  
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England**

Julian Knight MP  
Chair, Digital, Culture, Media and Sport Select Committee  
House of Commons  
London SW1A 0AA

24 June 2021

Dear Mr Knight,

Thank you for giving me the opportunity to present evidence to your committee on this important topic.

As requested at the Digital, Culture, Media and Sport oral evidence session on 18 May 2021, this letter provides further information on key areas raised in the hearing including:

- NHS collaboration with Headway and other organisations;
- Availability of data on concussion as a result of sport by sporting activity;
- The referral process to organisations such as the Institute for Sport, Exercise and Health, and;
- Response to Professor Richard Sylvester's comments during the oral evidence session on 27 April 2021.

On collaboration with other organisations, I can confirm that NHS England and NHS Improvement have previously worked with Headway to develop [guidance on community based neurological care](#). In addition to this, NHS England and NHS Improvement are members of the National Neuroscience Advisory Group (NNAG), which is a collaboration of professional bodies, patient groups, national and local policy and commissioning leads that collaborate with a view to improving the treatment, care and support available for people with neurological conditions. We also work closely with the Alzheimer's Society and greatly value their advice and input on the work we do with regards to dementia. I myself have a monthly call with the research lead at the Alzheimer's Society in my role as National Clinical Director for Dementia and Older People's Mental Health.

With regard to the availability of data on concussion as a result of sport, by sporting activity NHS England and NHS Improvement does not gather the information on a

sport by sport basis. The way NHS England and NHS Improvement codes injuries as a result of sport is based on World Health Organisation's International Classification of Diseases (ICDs) model, more information on which can be found [here](#).

On referrals to specialist centres such as the Institute for Sport, Exercise and Health, routinely, a GP or a clinician in A&E are unlikely to refer this kind of injury to a Sports Medical Doctor above a neurologist for example. However, on the wider point regarding information sharing, the Institute for Sport, Exercise and Health is able to request data on these sort of injuries from NHS England and Improvement if they think it would be useful and if the data did not compromise patient confidentiality in any way.

Finally, I would like to answer the comments Dr Richard Sylvester made in his evidence on 27 April 2021 that you relayed back to me on 18 May 2021. With respect, our experience within NHS England and NHS Improvement differs to that of Dr Sylvester with regard to his comments regarding clinical nihilism and the training of neurologists. The continuing professional development (CPD) of doctors' after they qualify as a specialist, whether that be as GP with special interest or Neurologist, is the personal professional responsibility of the doctor and their employer.

In both cases the time and attention given to CPD is in my opinion both appropriate and adequate, with annual appraisals forming part of their quintennial revalidation cycle which includes creation of a personal development plan. The revalidation is based on their identification of learning needs supported by their appraiser, where specific areas of development would be identified. For neurologists the appraiser is provided by their employing NHS Trust, and for GPs by NHS England. Furthermore, standards of medical training are the responsibility of the General Medical Council (GMC) which provides high standards of education and co-ordinates all stages of education to ensure that medical students and newly qualified doctors are equipped with the knowledge, skills and attitudes essential for professional practice.

Yours sincerely,

**Professor Alistair Burns CBE**

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