



# Headlines

## BANN in Blackpool

### BRITISH ASSOCIATION OF NEUROSCIENCE NURSES ANNUAL CONFERENCE

SYNAPSE  
'A meeting of minds'  
Imperial Hotel,  
Blackpool  
October 24, 25, 26, 2003



**Sarla Gandhi**  
**Reports**  
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### Editorial Notes

Welcome to the new BANN newsletter. There will be two publications a year in April and October.

This is my first chance to say hello to BANN members in my new role as Vice President and Editor.

This edition covers many aspects of Neuroscience Nursing, from educational to political issues.

As your new Editor I

would like to encourage you to use the newsletter to communicate with one another. In future editions we will have a letters page.

Members are invited to submit short news items to keep everyone up to date with any changes.

BANN members are invited to submit items for publication and authors/contributors will be paid - at the discretion of the BANN Board - as

follows :  
Articles / paper  
around 2000-2500  
words : £50  
around 1000-1500  
words : £25  
around 500-750  
words: £10

Lastly I would like to ask your opinion on whether the title of the newsletter 'Headline' should be changed. A prize will be given for a new and better name if members think this is appropriate.

#### Inside this issue:

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#### Special points of interest:

- *BANN Conferences*
- *Geographical perspectives in care*
- *Benchmarking*
- *Education*
- *Action on*

## The End of an Era

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In November 1985, the British Society of Neuromedical and Neurosurgical Nurses (BSNNN), held its Autumn Conference and AGM in Preston. It was there that I was elected Vice Chairman and Editor. In October 2003, the British Association of Neuroscience Nurses (BANN), as it had become, held its Annual Conference and AGM in Blackpool, hosted by members from the Royal Preston Hospital. So maybe it was apt to come to the end of a long tenure at the place (almost) where I first took on the role. Back in 1985, I never imagined I would be Vice Chairman/Vice President and Editor for the Association for so long. Many things have happened over the last 18 years and I will mention just a few here. One of the main aspects of the role has been producing the journal 'Headlines' - no easy task. Initially it meant using a manual typewriter, producing stencils (sometimes having to start all over again if a mistake was made!) and printing copies on a very messy duplicating machine. Some of you will remember the process, no doubt. Envelopes then had to be hand written, Headlines inserted, envelopes sealed, stamps moistened and applied, and boxes of the final product taken to the post office for mailing. It really was hours of work. At least the amount of time taken to do all that has diminished a little in recent years with the use of a computer, self-

seal envelopes and mailing labels. Our postal



Lesley Pemberton

system would be greatly improved if all stamps were self-adhesive (not just the standard first and second class) and by the provision of a home collection service for large amounts of mail!

Working with other members of the 'committee' has been enlightening and enjoyable. There have been some changes in structure and of 'officers/committee members' during the time that I have been involved. Meetings involve a lot of discussion, debate and, occasionally, disagreement, but maybe the latter is essential to keep the Association alive. I don't recall any really adverse situations where someone has been so upset that they resigned from the committee on a point of disagreement - we tended to come to a point of consensus and move forward. We have been fortunate in getting on well together as a professional team and as good friends too. Being a member of the BANN has given me many opportunities to visit various parts of

*I have met a lot of people whom otherwise I wouldn't have met, and made many friends all over the world.*

the UK, attending meetings and conferences and doing a few presentations. This has been extended to visiting other parts of the world when taking part in European Association and World Federation events. I have met a lot of people whom otherwise I wouldn't have met, and made many friends all over the world. When I became Vice Chairman, I had little experience of committee work and publication, so it shows that you don't need to be an expert at the beginning. It's a bit like nursing, I suppose - you learn an awful lot as you go along. Finally, I wish Shanne, my successor, well and trust that you will all support her as I have offered to do. After more than 20 years of involvement with the Association, I'm sure I will be keeping in touch, particularly with all of you whom I consider to be friends. Those of you who are newer members and perhaps I haven't met personally, or don't know very well - keep up enthusiasm for the BANN. You are its future.

**Lesley Pemberton**  
**We wish Lesley all the best for her retirement and look forward to seeing her at the annual BANN conference.**

# THE LATEST HEALTH CARE POLICIES & DEVELOPMENTS: HOW WILL THEY EFFECT THE CARE OF PATIENTS WITH NEUROLOGICAL DISORDERS IN ENGLAND?



**Carol Kirrane**  
**Lecturer Practitioner in Neuroscience's**  
**EANN Representative**  
**The Radcliffe Infirmary**  
**Oxford**

A great deal of commitment, enthusiasm and hard work was evident at this year's British Association of Neuroscience Nurses Annual conference in Blackpool. The speakers at this national conference were refreshing and challenging but it was also clearly highlighted that there needs to be a sharing and dissemination of knowledge and practices throughout our speciality to ensure our patients are receiving the best possible evidence-based care available to them.

*"I suggest that the greatest challenge to the future of our speciality will be providing quick, accessible means of communications for all neuroscience nurses to assist in the provision of safe evidence-based patient care."*

Many new government plans support the theme of developing and sharing good practices that are evidence-based to improve the care given to patients with neurological disorders and these are leading to many projects throughout England. The NHS Modernisation Agency was established in 2001 to bring together individuals and teams from the NHS with established reputations for modernising services. Department of Health initiatives, such as The National Service Framework (NSF) for Long Term Conditions and the NSF for Older People, focus on the need to improve neurological care and

services across England and will provide a framework to capitalise on new interventions that are emerging. The Department of Health has also allocated 35 million over 2003/2004 to 'Action On' programmes available to trust/health communities who may bid for funding to promote innovative service design. Phase 3 of the 'Action On' agenda includes Neurology that will aim to improve patients' experiences through the development of care pathways and shared care guidelines. The appointment of such posts as a National Neuroscience's

Project Manager for the NHS Modernisation Agency Critical Care Programme (Debbie Ingleby) and a North West Stroke Task Force Co-ordinator (Professor

Caroline Watkins) can only improve the integration and quality of care provided for patients in acute, primary and rehabilitation settings.

Other specific neuroscience projects include The Neuroscience Benchmarking Group that aims to identify best practice from available research, practice examples and through professional consensus. The group identifies key factors and action plans are compiled with representatives throughout England disseminating information back to neuroscience areas. We also have a

SmartGroup for communication that combines web-based Group information together with email messaging. This group is open to anyone involved in neurosciences allowing members to post and receive messages from the group or have on line discussions that include the sharing of practice guidelines or projects.

Many of the new government initiatives and plans for modernisation are exciting, diverse and may be an ideal platform to enhance clinical care within neuroscience as seen by the explosion in new projects and creation of working groups addressing patient care issues throughout England. However, we must not lose sight of the need for good communication between neuroscience practitioners through UK national databases, our BANN web site, SMART and other networking groups else much of our hard work will be in vain. I suggest that the greatest challenge to the future of our speciality, as with the NHS as a whole, will be providing quick, accessible means of communications for all neuroscience nurses to assist in the provision of safe evidence-based patient care.

Relevant web links & contacts:  
 BANN & Benchmarking: [www.bann.org.uk](http://www.bann.org.uk)  
 SmartGroup: Debbie Ingleby, National Neuroscience Project Manager ([dingleby@aol.com](mailto:dingleby@aol.com))  
<http://www.smartgroups.com>  
 'Action On' programmes: Sue Barrow Associate Director Action On Neurology) email: [susan.barrow@npat.net.uk](mailto:susan.barrow@npat.net.uk)

## BANN Membership form

SURNAME.....FORENAME.....

ADDRESS.....

Tel No Home..... Work.....

E-mail.....

Job title.....

Place of work.....

Tick for membership required:

FULL membership £20 per year

RETURN TO: CATH WATERHOUSE 22 CAMM STREET SHEFFIELD S6 8TR



## Benchmarking in Neurosciences ~the Scottish Perspective

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Benchmarking is a tool which provides a structured approach to improving and maintaining best practice thus ensuring and maintaining a high standard of patient care. The concept of benchmarking has been around for many years although the Americans claim to have developed it in the 1970's, I have been a member of the Scottish group for around 2 years.

Benchmarking is not a one off exercise – but a process which involves the continuous revisiting and re-examining of best practices. It allows for an improvement in service provision by identifying critical competencies in the chosen subject and then evaluation of the application of these competencies. Any areas for development can be highlighted and then targeted on for improvement.

The benchmarks that we hold are all Neuroscience specific, examples of these are: Nursing guidelines for the use of Intravenous Human Immunoglobulin Therapy and more recently Best Nursing Practice in the Care of the patient undergoing Transphenoidal Hypophysectomy.

The benchmark itself is a 4 part process – firstly it identifies the factors that need to be achieved for the chosen subject, then it identifies 4 categories which need to be considered in order that the benchmark is met (i.e., Nursing documentation, Education, Protocols and Patient information) and finally an action plan, this needs to be drawn up detailing any areas for development. Following this the action plan must be actioned and then the whole process begins again. At present the Scottish group intend to

review the pituitary benchmark. The results of this will be presented at the next national meeting in Cardiff on 29<sup>th</sup> April.

At the last National meeting which was held in Glasgow also heralded the formation of a Neuroscience practice development forum. This forum will be held in conjunction with the benchmarking meetings as many of the members are indeed heavily involved in practice development. At the next meeting group members will bring a copy of their competency booklet for D grade Staff nurses – with the aim to discuss crucial elements of the booklet and perhaps devise one document which can be used in Neuroscience units throughout the country.

Helen Cook Edinburgh  
Helen Cook

## ACTION ON

### NHS Modernisation Agency - *Action On* Neurology Programme

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Many people with neurological conditions have real difficulty gaining access to consistently high quality services and there are variations in service provision across the country. *Action On* Neurology is starting to address these issues by setting up a number of pilot sites across England. The sites will be testing out a range of new and different ways of delivering neurological services during 2004 and 2005.

*Action On* Neurology is one of a series of *Action On* programmes run by the NHS Modernisation Agency in specialties ranging from dermatology to urology. They work with clinicians and managers to generate real improvements in quality and access. *Action On* Neurology was initiated in response to the National Sentinel Audit of Epilepsy Related deaths but has been extended to include the full range of neurological conditions. The programme is also working closely with other NHS Modernisation Agency programmes as well as the Department of Health, professional

bodies and associations and the Neurological Alliance to ensure a cohesive approach to service delivery.

A national *Action On* Neurology steering group, representing health professionals, statutory and voluntary organisations from around the country, meets regularly to oversee the programme. Their first challenge was to select the eight pilot sites for the programme. The fact that almost 90 applications were submitted by centres and units across England shows the level of enthusiasm for change within the specialty. The selected pilot sites reflect a diverse range of conditions and services and have been chosen to test out new and innovative ways of improving services for both patients and staff. One example is the use of telemedicine to improve and enhance the community based epilepsy service for people with learning disabilities in the rural parts of Cornwall whilst the North Hampshire Health Community are focusing on the development of services for people with acquired brain injury.

As the work of the pilot sites progress, the learning will be shared across the country. There may appear to be some replication of schemes already developed by forward thinking clinical teams. The value of being part of the *Action On* programme is that they will be formally tested, monitored and measured. However, they also have the opportunity to learn from those sites that have already developed similar services.

The results of the programme will be published in 2005 and the spread of good practice encouraged throughout the country. In the meantime if you would like to find out more about the programme and the selected pilot sites, visit the *Action On* web site at [www.modern.nhs.uk/action-on](http://www.modern.nhs.uk/action-on) where you can also subscribe to *@ction online* to receive a monthly digest of the latest news from *Action On*.

For further information, contact Sue Barrow, Associate Director *Action On* Neurology on 07810 880281 or email her at [susan.barrow@npat.nhs.uk](mailto:susan.barrow@npat.nhs.uk)

# Healthcare in Wales

In 1998 Parliament passed the Government of Wales Act, which established the National Assembly for Wales. This has facilitated devolution for Wales, transferring power and responsibilities from the Secretary of State for Wales, over to the Assembly.

Wales continues to be part of the UK and laws passed by parliament still apply to Wales. However, the Assembly is able to develop and implement policies which reflect the needs of the people in Wales. One of the main responsibilities of the Assembly is developing and funding NHS services in Wales.

Currently in Wales there are 22 local health boards (LHBs). 75% of the budget of the NHS in Wales is allocated to the LHBs. They pay the hospital trusts for services. In theory this will enable local people to plan their local health services.

Here in Wales we are still impacted by some of the major policies to come from the department of health, for example the agenda for change, NICE guidelines. There are however, other issues that do not affect us here in Wales, our hospitals and trusts are not scored and our waiting list targets are different.

So how does this impact on Neuroscience care?

Neurosciences in Wales are predominately delivered from two hospitals, the University



## *Malisa Pierri reports from Cardiff*

Hospital of Wales (Cardiff) and Morriston Hospital (Swansea), both in South Wales, consultants visit district general hospital for out-patients. North Wales is currently covered by the Walton Centre in Liverpool. We deal with the same issues that other departments across the country are facing. Not enough beds, not enough nurses and doctors. Neuroscience in Wales is currently undergoing a major review. Recommendations from this review are going to re-shape the way in which neurosciences care is provided, indeed even where it comes from.

There are distinct advantages and disadvantages to the Assembly providing health care. We can watch policies being implemented and learn for the mistakes made or watch how problems are dealt with, before implementing them into the health service in Wales. Health care is provided at a local level to meet the needs of local people. However there are some disadvantages. The neuroscience review has discovered some inequalities. Waiting lists targets are different in England than to those in Wales. Patients in Wales can expect an 18

month (non-urgent) referral to a consultant neurologist, where as in England that target currently stands at 6 months. Therefore patients in South Wales wait 18 months, whereas patients in North Wales (because they are seen at the Walton centre in England) wait only 6 months.

Wales is now 5 years into its first move towards devolution. The health service in Wales has seen changes, is still seeing many changes and evolving. The major changes in neuroscience are still to come.

*Positive or Negative-  
Watch this space*

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## *Sarla Gandhi reports on the October 2003 Conference*

I don't know quite what possessed me at the National Conference at Liverpool in 2000, perhaps it was youthful zeal, or a wish to impress the boss (I was new in post as Lecturer-Practitioner for Neurosciences at Preston), but I volunteered the unit to host the 2003 National conference. As I left that Sunday afternoon I thought, 'Great, I've got three years to sort it out!' I went to the next National conference at Sheffield and I hadn't really done much, except to let colleagues know that we were going to host it in 2003, it seemed such a long time to go. It was a Sheffield in 2001 that it dawned on me that it may not be a bed of roses, this conference organising lark, especially after speaking with Cath Waterhouse who co-ordinated the Sheffield Conference. My mission on my return was to sort out a venue. Well, Preston isn't the best endowed with conference facilities and adjacent hotels; the net was cast wider, and we decided that our seaside neighbour and generally 'good time' town of Blackpool would fit the bill - they were used to hosting conferences. We contacted a couple of venues, and we appeared to get a good deal at the Imperial Hotel. OK I had the venue, I now needed speakers...It's a bit like booking a venue for a wedding and then realising we needed a Bride and Groom!

The National Conference in 2002 was in Oxford, and this is where I took copious notes re speakers and booked a couple for the 2003 conference, made contacts, presentations - it was starting to take shape....An organising committee was set up on our return, and I left the financial/administrative planning to Debbie Burrows the clinical manager for Neurosciences and the person who had experience in planning conferences and balancing budgets, besides, I have trouble balancing my cheque book at the end of the month. I think I would have liked to have had the title 'Creative Director' - I went around networking and generally calling in favours. By spring 2003, I was starting to have cold sweats in the middle of the night, the note book on my bedside table was getting full with to do lists! I'd get emails from Lesley Pemberton encouraging us with regard to the conference.

My biggest success or so I thought was when Joanne Hickey agreed to speak at the conference, but it was a case of counting my chickens before they had hatched! She had to pull out due to work commitments, and there we were looking like it was going to be a very expensive disaster. Luckily Karen March from Integra Neurosciences stepped in and we were on track again (Phew!)

As the Conference date lurked closer and closer, it just wasn't me who was having the broken sleep, Debbie was concerned too; had we requested too many rooms, and the penalty was high for non-occupancy, very high. The conference timetable was adjusted and then readjusted a number of times. One colleague, Karen Gundry broke her leg a couple of weeks before the date, but she insisted that she would come and 'do' her workshop. For those of you who attended the conference, you may recall Karen sat at the reception desk, leg elevated, and crutches at her side. I'm not going to go on too much about the content of the conference, the evaluations were great, and there was a good mix in relation to the content of the programme. Those of you who were there appeared to enjoy the programme.

Having attended the Oxford conference, I knew that we had to do something special for the conference dinner entertainment. It was a hard act to follow Oxford, with their jazz band and casino. What could we come up with, here in the centre of night club land in Blackpool? It then dawned on us...a murder mystery night, followed by a disco. It was different but enjoyable. Thanks to Integra Neurosciences for supplying prizes (of the alcoholic persuasion) for the raffle during the conference dinner (That's a second mention and I don't even work for them!). This is where my memory starts to fail me; I had started to relax a little with the help of some alcohol, as by this stage after all there was only a three hour session the next morning and it would be all over (Hallelujah!). I think the hour lie-in every one got on Sunday morning helped the conference mood - the clocks went back that weekend.

Yes, there had been a couple of technical hitches, but on the whole we had managed to work our way through any difficulties that had been encountered. The reps were happy as they had a captive audience in the refreshments area where their stands had been set up. Any other problems that had cropped up with regard to the hotel were followed up by the organising committee.

In the weeks approaching the conference I had inwardly cursed the words 'NEVER AGAIN' and they were never far from my lips or my thoughts, but if you ask me now would I do it again, I'd reply it's a bit like childbirth, excruciatingly painful at the time, but once you've given birth, the joy makes you forget the traumas and you may want to do it again. However, I've got to say I've done my bit for humanity, (and the British Association of Neuroscience Nurses) so it won't be for a long time yet. I have spoken with Catherine Best at the National and provided a little bit of an insight into what she has taken on board with organising the 2004 conference in London. Good Luck Catherine, see you in October.

### **LONDON 2004**

#### **National Hospital for**

#### **Neurology and Neurosurgery**

**Date:** 15-17 October 2004

**Venue:** Holiday Inn London—  
Bloomsbury

For further details contact Anoushka Singh on 0207 837 3611 Ext: 3670

E-mail: [anoushka.singh@uclh.org](mailto:anoushka.singh@uclh.org)

### **EDINBURGH 2005**

#### **Western General Hospital**



**Date:** 28-30 October 2005

**Venue:** Macdonald Holyrood Hotel

Start planning your oral and poster presentations NOW

## NEUROSCIENCES PROGRAMME

The Neuroscience project was started at the beginning of August 2002, and is currently scheduled to finish at the end of September 2004.

The project is part of the N.H.S Modernisation Agency Critical Care Programme, and its' aim is to improve access, experience and outcomes for patients who require Neurocritical care. For more information about the work of the Modernisation Agency go to [www.modern.nhs.uk](http://www.modern.nhs.uk), and to look specifically at Critical care, go to [www.modern.nhs.uk/criticalcare](http://www.modern.nhs.uk/criticalcare) Links there will take you to the Neurosciences area.

The focus of the Neurosciences project is on examining issues specific to Neurosciences, from the point of both those who provide, and access the services.

The model for the project is based around service redesign, organisational structures and relationships, and influencing policy.

The sorts of issues that commonly cause difficulties are:

- Identifying and understanding capacity and demand for services across England.
- Referral guidelines, and support and advice for outlying hospitals.
- Transfer/transport protocols.
- Repatriation of patients to referring hospitals.
- M.R.S.A policies.
- Availability of rehabilitation facilities.
- Transplant protocols.
- Availability of teleradiology services.

A one day national event was held on Monday 18<sup>th</sup> November 2002 at the Café Royal in London. The aim of this multidisciplinary event was to give participants an opportunity to raise and debate the issues that they believe affect their ability to access, or provide Neuroscience services. Delegates were also asked to complete a questionnaire detailing their understanding of the Neurosciences critical care bed availability in their units.

An advisory steering group was established, chaired by Dr Mike Pepperman, with representatives from the

following key professional bodies

- Society of British Neurological Surgeons (S.B.N.S)
- Association of British Neurologists (A.B.N)
- Royal College of Nursing (R.C.N)
- British Association of Neurosciences Nurses. (B.A.N.N)
- Royal College of Anaesthetists
- Royal College of Radiologists
- Allied Health Professionals (A.H.P's)

U.K Transplant Authority

### **Progress of the project**

#### *Service Improvement*

- In order to promote and encourage communication between colleagues working in the field of Neurosciences, we have established a Neurosciences Smartgroup, which is a free to run and join web-based forum. There are currently 358 members and there are facilities for you to ask for help with projects, advertise events and find links to many Neurosciences Resources. If you would like to join, please go to [www.neurosciences-subscribe@smartgroups.com](http://www.neurosciences-subscribe@smartgroups.com)
- A Neurosciences Service Redesign workshop (which was attended by over 60 people) was held on 21<sup>st</sup> January 2004 in London. A follow up event for those who attended on that day will be held on 17<sup>th</sup> May 2004
- Further training days are to be held in Birmingham on the 13<sup>th</sup> May 2004, and Leeds on the 19<sup>th</sup> May 2004. Agendas and registration forms are available from the programme website at [www.modern.nhs.uk/criticalcare](http://www.modern.nhs.uk/criticalcare)
- These events are designed to give delegates an understanding of and introduction to the basic service redesign tools and techniques, such as how to process map a process, how to collect and use information, and how to get started on projects. They are open to anyone who works in Neurosciences, and are free of charge. We will then support delegates in applying the techniques in their own work areas to complete Service Improvement pro-

jects.

- A Protocol has been introduced across London for the emergency transfer of Neurosurgical patients, agreed with LAS. A copy of this is available on the Neurosciences SmartGroup.
- An audit was undertaken during the summer of 2003 to look at the levels of demand for emergency Neurosurgical beds across units in England.

#### *Networking/Building Relationships*

- We are currently developing joint work between Modernisation Agency programmes, which includes, Critical care, Radiology, Action on Neurology and the Cancer Services Collaborative;
- The Neurosciences SmartGroup currently has 358 members
- Sub groups have been formed in London for Nursing, Allied Health Professionals and General Managers. Their programmes of work will feed into the London Modernisation group
- We have developed links with SBNS, ABN, BANN and newly formed RCN Neurosciences forum

#### *Influencing policy*

- The Neurosciences Advisory Group are currently working on the draft report which will highlight the issues in Neurosciences Critical care, and give examples of best practice

[www.modern.nhs.uk/criticalcare](http://www.modern.nhs.uk/criticalcare)

The medical lead for the Neurosciences project is Dr.Mike Pepperman, who is available on 07778303007 or E-mail: [Mike.Pepperman@btinternet.com](mailto:Mike.Pepperman@btinternet.com) Debbie Ingleby is the National Neurosciences Project Manager, and is available on 0790 9991472 or E-mail [dingleby@aol.com](mailto:dingleby@aol.com). Please do not hesitate to contact us if you would like any further information the project.  
Debbie Ingleby  
February 2004



## President Elizabeth Preston wishes to take BANN forward

It is a great pleasure to welcome you to this first edition of a new style HEADLINES..... as ever it is only as good as its contributors and I hope that you will feel inspired to put something together for the next edition.

As many of you will know it has been a rocky couple of years and at last we are getting the British Association of Neuroscience Nurses back on an even and upward footing. It was so good to have the support and patience of the membership whilst we re-organised the Association and now we are really moving forwards.

It has also been the end of an era and I should like to pay tribute to a number of individuals who have worked tirelessly over the years for the Association, but it was time to move on. Sincere thanks go to Anne Murdoch, Lesley Pemberton, Ansley McGibbon and Kerry Humble, who have all resigned from the Board in the last couple of years .....I trust you will all keep up your interest in the Association and we look forward to welcoming you to future conferences.

This year we have an ambitious agenda to achieve and I am looking to the new Board to take this forward with their usual enthusiasm and good humour. We need to get the message out there to all nurses involved in the care of neuroscience patients that the British Association of Neuroscience Nurses is alive and well and would love it if they would join and help take the association forward.

BANN Committee  
President: Elizabeth Preston  
Vice President: Shanne McNamara  
Treasurer/Membership Secretary: Cath Waterhouse  
Secretary: Anne Preece  
Committee Member/WFNN: Kate McArdle  
Committee Member/EANN: Carol Kirrane

## Letters

Headlines is the official BANN publication. The Editor would like to encourage you to use Headlines to communicate with your colleagues via the letters page.

*The best letter will be awarded a £10 book token*

Are you undertaking a project to do with your work? Why don't you let us know. Do you need advice or information about your work in Neurosciences—ask your fellow BANN members on this page.

Do you have an opinion on matters relating to neurosciences, nursing and the NHS?

Let us know what you think.

Are you running a study day or having a meeting/

Publicise in HEADLINES

Send your letters by the end of August 2004 to the Editor:

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