We have learned that Addenbrooke’s Hospital (part of Cambridge University Hospitals NHS Foundation Trust) has abolished the post of consultant neuropsychologist. This post has been in existence for almost 40 years. We have major concerns relating to the abolition of this post.

1. This decision contravenes the professional standards for Neuropsychology consultant posts laid down by The British Psychological Society. The Society states (2010, para 3) –

   All neuroscience centres should have a dedicated Department of Clinical Neuropsychology staffed by at least one whole time equivalent Consultant grade Clinical Neuropsychologist (KSF Band 9/Bd/8c), with additional qualified Clinical Neuropsychologists (KSF Band 8b/8a) depending on the size and remit of the department. As a general rule one Consultant Clinical Neuropsychologist for every five referring neuroscience Consultants or one qualified Clinical Neuropsychologist to every eight referring neuroscience Consultants is recommended.

For the Neuropsychology Service at Addenbrooke’s, there are around 45 referring consultants, and this would mean an establishment of 9 consultants in Clinical Neuropsychology. To have no consultant, when in fact 9 consultants should be in place, would appear to be negligent and to pose a risk to patient care and patient safety.

2. In a highly specialised service such as Clinical Neuropsychology, there are often complex diagnostic and treatment cases that require a high level of knowledge, skills and experience in the field of Neuropsychology. If this expertise is absent there would be risks to patient care. In recent years, there have already been at least 3 documented cases of adverse clinical events at Addenbrooke’s relating to staffing issues in respect of Neuropsychology, one of these being similar to a ‘Never Event’, and there is therefore a clear risk that further adverse clinical events may occur.

3. Abolition of the post means that Addenbrooke’s now has a clinical service running without on-site consultant cover. This may well be the only clinical service at Addenbrooke’s without consultant cover. In the eyes of many professionals, this situation breaches a ‘fundamental professional standard’. It therefore risks going against one of the recommendations (1.135) of the Francis Report into Mid-Stiffs – ‘Non-compliance with a fundamental standard leading to death or serious harm of a patient should be capable of being prosecuted as a criminal offence, unless the provider or individual concerned can show that it was reasonably practical to avoid this’.

4. No attempt appears to have been made to consult a completely independent panel of experts in the field of Neuropsychology before making such a major decision affecting patient care, and also affecting teaching and research.

5. No attempt appears to have been made to canvass the views of patients or their families who are using the service. The people of Cambridge deserve better, as do the people of East Anglia, since the Neuropsychology Service sees patients from throughout East Anglia.

6. No attempt has been made to assess in an objective, scientific way the quality of the Neuropsychology service that has been without a consultant for over two years. Some teaching and research activities were abandoned or curtailed following the dismissal of the previous consultant (e.g. the widely-acclaimed annual East Anglia Neuropsychology Forum). There was also a cessation of innovations such as self-help booklets that consultants and nurses could give to patients in Neuroscience outpatient clinics, and also an award-winning and popular Memory Aids Clinic.
7. Having no consultant cover will put an intolerable burden on current junior staff, who will have the pressure and stress of working in a service without a senior specialist in their field being there to give them support.

8. This decision will mean that Addenbrooke’s is probably the only major teaching hospital in the country without a consultant clinical neuropsychologist in post in its neurosciences centre. Addenbrooke’s Hospital will therefore be seen in a very poor light by the national and international neuroscience community.

We urge you to do everything possible to have this decision reversed.

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