CENTRAL MEDICAL ADVISORY COMMITTEE

Minutes of the meeting of the Central Medical Advisory Committee held on Wednesday 23 February 1994 at 2.00 pm in Room 414, Dundonald House

Members present:

Dr S M Lyons (Chairman)
Dr E P Beckett
Dr C A Hamilton
Dr J Jenkins
Dr H A Jefferson
Dr D A J Keegan
Dr J M W Park
Professor R W Stout

Present by Invitation:

Dr P Cosgrove - Chairman WAMAC
Dr R M Galloway - Chairman SAMAC

In Attendance:

Dr J F McKenna (CMO)
Dr P McClements
Dr C Hall
Dr A Mairs
Dr E Mitchell
Mr J Hunter
Mr A Sheppard
[redacted]

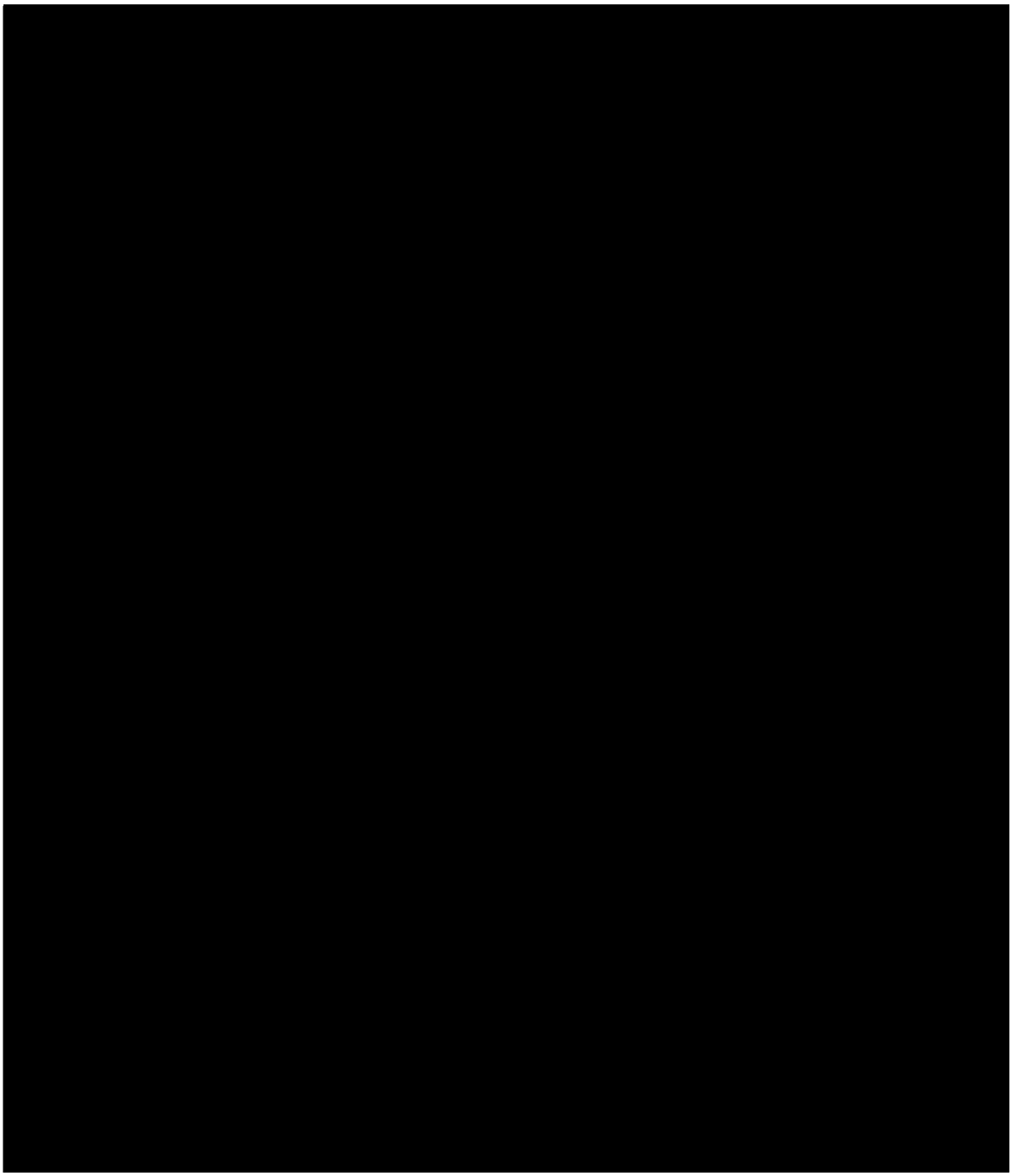
1. APOLOGIES

[redacted]

2. CHAIRMAN'S BUSINESS

[redacted]

2.1 MINUTES OF THE CENTRAL ADVISORY COMMITTEES



Named Nurse - Findings from the NIHAS Reports indicated that the named nurse concept was not fully implemented and that many relatives of patients were not aware of the concept.

3. MINUTES OF THE LAST MEETING

4. MATTERS ARISING FROM THE MINUTES OF THE LAST MEETING

4.1 Screening for Hypertension

4.2 Review of Cardiac Surgery in Northern Ireland

[redacted]

4.3 **Working Party on Major Trauma Services in Northern Ireland**

[redacted]

4.4 **CREST Report on Adult Intensive Care Services in Northern Ireland**

[redacted]

5. MATTERS ARISING FROM THE MINUTES OF THE 2 SUB-COMMITTEES

a. **Hospital Services Sub-Committee**

[redacted]

Meeting 20 May 1993

Junior Doctors House - Members' attention was drawn to the fact that 60% of junior doctors had worked in excess of 83 hours per week. On 1 April this had been reduced to just over 6%. HSSC were appreciative of the work of the Task Force. The Task Force had been supported by the Dean in an effort to ensure that the question of inappropriate duties was addressed.

Calman Report - HSSC had discussed the Calman Report. It was recognised that there will be a decrease in the number of doctors in the training grades and a compensatory increase in career grades will be required. Calman had raised many issues, not just for manpower planning but for training, staffing structures and how hospital services are organised. Each SAC had also taken an initial explorative look at the implication of the Calman recommendations for manpower planning.

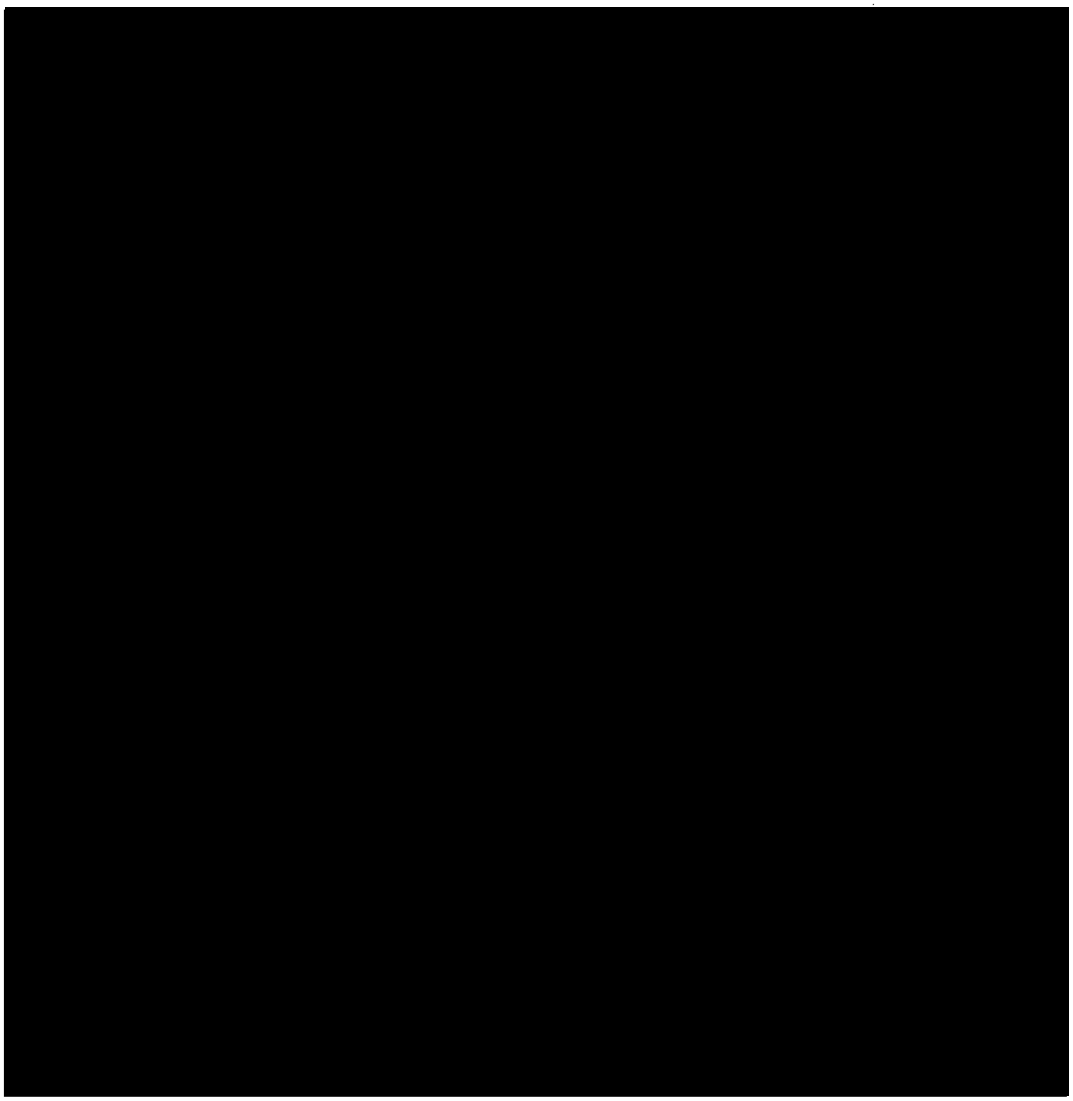
Meeting on 26 January 1994

Report on Child Health Services in Northern Ireland - The report was fully endorsed by HSSC.

Hospital Medical Staffing at September 1993 - The committee received a report on hospital medical staffing in 1992. It highlighted the following - consultant numbers had increased by 2.2% from 1991; the number of women in consultant grades was 17.4% in 1992 - up 1% from 1991; there were 590 SHOs - 9% more than in 1991.

Professor Stout said the proposal to change the starting date for Hospital Junior doctors had been welcomed and questioned if this would apply to all junior staff. Dr Hall explained this would apply to PRHOs and SHOs but not to Rs and SRs. It was not practical to include 1st year SHOs at present, but after one year there would be a review of the situation and it was expected that all SHOs would be included.

b. General Medical Care Sub-Committee



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6. **STRATEGY FOR RESEARCH AND DEVELOPMENTS IN THE HEALTH AND PERSONAL SOCIAL SERVICES IN NORTHERN IRELAND**

[redacted]

7. **REPORT OF A SUB-GROUP ON CHILD HEALTH SERVICES IN NORTHERN IRELAND**

Members had received a copy of the Report of the Sub-Group of SAC Paediatrics on Child Health Services.

Dr Mairs introducing the report said it considers the changes that will be required in medical manpower planning and training to ensure the closer co-ordination and eventual unification of the hospital and community elements of the child health service resulting in a combined child health service.

There are 2 main elements in the report. The first deals with the purpose and aims of a child health service, and the benefits of a combined health service. The second relates to medical staffing, medical training, and a unified career grade.

Dr Mairs explained that there was a misconception that there would be less work in the community now that GPs had become involved in child health surveillance and immunisation. This is not the case and the community child health service role is expanding and becoming more specialised.

The Report makes recommendations for training in paediatrics and emphasises the need to extend training into the community.

Dr Mairs referred to concerns that medical resources in the community are being eroded and that Northern Ireland is the least well provided of the 4 UK countries in respect of paediatric staffing.

Members were asked to comment and advise on the recommendations in the report.

Members made the following comments:-

- Dr Keegan said the report had received the unanimous endorsement of the Hospital Services Sub-Committee.

- Dr Jenkins said that this document should be circulated widely and emphasised the need to move towards a combined child health service as soon as possible. He also emphasised the importance of trying to produce appropriate management models for a combined child health service.

- Dr Jenkins also drew attention to the table at page 20 of the document which highlights how medical resources in the community had been eroded and that NI is the least well provided of the 4 UK countries for paediatric staff.

- Dr Hamilton referred to paragraph 55 of the document which indicated that the sub-group had recommended that no new appointments be made to the SCMO and CMO grades in child health. He referred to some practical difficulties in moving in that direction. He was concerned that as some Units did not yet have consultant paediatricians it would be impossible to employ Associate Specialists or Staff Grade doctors and when CMOs left their posts these posts would be lost. Dr Mairs explained that CMO/SCMOs could be replaced on a short term contract.

  Dr Galway emphasised that the erosion of community child health services is an issue that needs to be monitored carefully. Also he felt there was limited potential for retraining medical staff currently working in the community towards paediatric consultant posts and it would be difficult to establish purely paediatric consultant posts in the community.

- Dr Jefferson indicated that General Practitioners supported the establishment of a combined child health service.

In response to a query about how this matter would go forward, Dr Hall said that the report had been referred to the Management Executive to consider how to progress towards the implementation of the recommendations.

The Chairman thanked Dr Mairs for his attendance at the meeting.

8. NATIONAL CONFIDENTIAL ENQUIRY INTO PERIOPERATIVE DEATHS 1991/92

Dr McClements explained that the National Confidential Enquiry into Perioperative Deaths (NCEPOD) is concerned with the delivery of anaesthesia and surgery and the perioperative care of the patient.

The report identifies important issues in management, surgery and anaesthesia. It repeats some similar findings in previous reports, however, the report states that the overall standards of anaesthesia and surgery are excellent and are improving.

Dr McClements outlined some of issues identified in the report:-

- The failure of some consultants to return NCEPOD questionnaires.

- The critical importance of fluid balance in elderly patients.

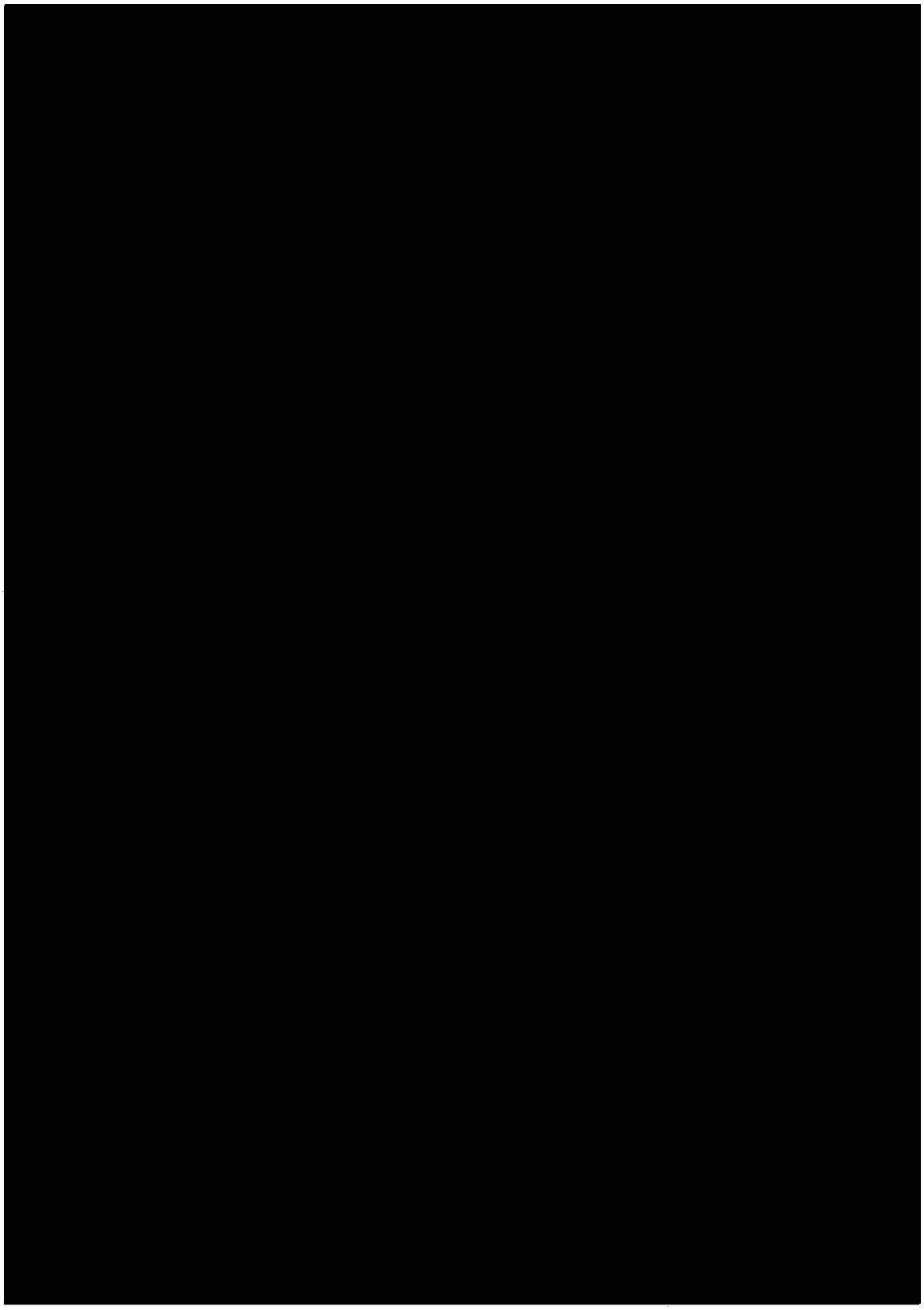
- The continuing problem of thromboembolism which causes death after surgery.

- The low postmortem rate in some hospitals.

In discussion Dr Keegan referred to the recommendation that Anaesthetists should review the practice of non-invasive instrumental monitoring at induction of anaesthesia. It was stated that this had major implications, either in the provision of further monitoring in Anaesthetic rooms and the costs involved or in the use of the theatres for the induction of Anaesthesia with the consequent effect on "turn over" time.

9. NORTHERN IRELAND MUSCULO-SKELETAL TRAUMA AUDIT

10. HEPATITIS B AND HEALTH CARE WORKERS



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11. MEDICAL STAFFING POLICIES - ADDRESS BY DR BRIAN MAWHINNEY

[redacted]

[redacted]

In discussion the following points arose:

- The Chairman said that the Calman Report and junior doctors hours have tremendous implications for the health service and issues had been identified which need to be addressed urgently. He questioned whether different staffing structures and the removal of the current controls on the staff grade might assist future medical staffing. He emphasised the need for consultants to look at their working practices.

[redacted]

- Professor Stout felt there was a need for a change in working patterns particularly in relation to junior doctors hours. He referred to the clerking in of patients by house officers on-call out of hours and said whilst this is an appropriate duty for junior doctors, it was an inappropriate task if it was not carried out at the right time. Dr Hall said this problem will be highlighted in the letter to be issued from the Minister.

12. CLINICAL STANDARDS

CMO outlined concerns about the large number of clinical standards being issued from a variety of sources to purchasers and providers. Main sources were the Royal Colleges, Clinical Standards Advisory Group, other Professional Bodies and the NHS Management Executive.

CMO was concerned that there was no systematic mechanism in Northern Ireland for the consideration of all these clinical standards. Also there is no mechanism for revision of the guidelines.

CMO proposed that a local Group, composed of multi-professional representatives should be set up to examine all guidelines on clinical standards and to advise on their acceptability and distribution in Northern Ireland.

CMAC supported this approach and agreed in principle to the setting up of a Group to advise on guidelines on clinical standards.

13. MINIMAL ACCESS SURGERY

[redacted]

14. REVIEW OF THE PURCHASING FUNCTION AND STRUCTURES IN NORTHERN IRELAND

Mr J Hunter, Chief Executive of the HPSS Management Executive and Mr A Sheppard, Principal Officer in the Management Executive, attended the meeting for this item.

Members had received a copy of a consultation letter which sets out the background to the review, explains the review procedures and lists key duties under consideration by the Review Group.

Mr Hunter briefly outlined the key aspects of the review.

Members were asked to consider the key duties of Boards in respect of their purchasing role and other functions and were invited to comment on the relative importance of these duties and the criteria for their most cost-effective discharge. Members were also invited to comment on possible models for the future organisation of Boards which would minimise management costs, while ensuring the cost-effective discharge of the purchasing and other functions. Members were also asked to make comments on other aspects of the review which they considered important.

In discussion members made the following comments:

- In response to a query, Mr Hunter said that the HPSS Management Executive had no Blueprint for the outcome of the review of the purchasing function and structures in Northern Ireland. He explained that the review would look at all aspects of the purchasing function and the structures needed to support it. All options would be considered and the Management Executive had not made up its mind on the preferred options.

- The Chairman considered that some functions within the health service would be better served by having one Board or a single purchasing Authority. He said there was a need for a purchasing mechanism for regional services and he believed that one Board or a single purchasing Authority would be the best approach. However, he also put forward the view that some local services would not be well served by that approach and there was a need for locality based purchasing and a number of purchasing structures which would be responsive to the health and social services needs of local populations.

- Mr Hunter said that purchasers should be alert to the need to develop linkages between providers and between the acute sector and community services to ensure the delivery and development of care at local level.

- With regard to regional services, Mr Hunter referred to the Regional Medical Purchasing Consortium which had been established to contract with providers

for specific regional medical services and acts on behalf of the 4 Boards. He explained that the Review would look at this existing structure and models for future purchasing mechanisms for regional services.

- Dr Hamilton emphasised that professional medical advice to purchasers should be strengthened. He questioned how purchasers should acquire medical advice and whether there would be guidance on clinical input to purchasers. He said that purchasers seek medical advice from GP Fundholders and from consultants in different ways and he questioned whether the best approach was to have a larger purchasing authority with one structure for medical advice.

- Mr Sheppard explained that the NHS Management Executive in England had issued guidance to purchasers on medical and nursing input and advice. In Northern Ireland the Management Executive was currently working on guidance covering the range of professional input and advice to purchasers. It is hoped this will be issued shortly.

- Discussion focused on the option of a single Regional Authority. It was recognised that people outside the Belfast Area might have less enthusiasm for this model. Mr Hunter asked members from outside Belfast for their perspectives on purchasing.

- Dr Keegan indicated that in the Western Board a variety of views were being expressed. He felt that people in different age groups held different views. Some in the older age groups saw merit in a single Regional Authority and others in the younger age groups saw merit in purchaser independence. Dr Keegan considered there seemed to be a case for purchasing on behalf of a bigger population area.

- Dr Jenkins said the Northern Board had developed good relationships with providers and would wish to see this maintained and built on. Concerns had been voiced about future purchasing arrangements and where the purchasing centre would be if the Northern Board was abolished.

- Dr Galloway, Southern Board, felt that the development of purchasing had improved the equity of access to regional services for residents outside the Belfast area. He was in favour of having local Boards and felt this improves access to services, for example cardiac surgery and hip replacements.

- Dr Beckett felt there was a need to look at Boards' purchasing roles and other functions. He felt there was a more even handed way in which regional services could be provided. He noted that a possible model advocated for the future organisation of Boards was the replacement of the 4 Boards with a 2 Board scenario, for example, a Belfast Board and another Board outside Belfast.

- The Chairman said the view had been expressed that 4 Boards were too many for the population of Northern Ireland and that the Northern, Southern and

Western Boards had not large enough populations to discharge their purchasing functions efficiently. The Chairman pointed to the need to be sensitive to the health and social care needs of the local population and to take into account the unique HPSS market in Northern Ireland which includes integrated, primary health, hospital and personal social services.

- Dr Park was concerned that some of the existing problems with regard to the purchasing system should be sorted out rapidly. He indicated that he was in favour of one Board for Northern Ireland because the Province could be looked at as a whole and it would be easier to determine sites where certain procedures should be carried out and to forward plan.

- Discussion focused on the management of the Family Practitioner Services. Dr Beckett said there were concerns that the functions carried out by the Central Services Agency should not be reduced or discharged in a less effective way by any changes in the existing structures. He said that some General Practitioners were in favour of establishing a Central Practitioner Administration service for the management of Family Practitioner Services. However, GPs had mixed feelings about this, some preferring greater contact with Health and Social Services Boards.

- Dr Jefferson said he found the CSA arrangement to be an effective system which had served GPs well. He indicated that he was interested in some form of centralised function for GP administration rather than a Board-related one.

Mr Hunter pointed out that Boards in developing their purchasing functions must take into account the views of GPs and therefore there must be close contact between Boards and GPs.

Professor Stout considered that in any system devised, the role of purchaser should be clearly delineated, preferably in a way that could be compared to arrangements in other parts of the United Kingdom. He asked if the review would look at the present structure and composition of Boards. He indicated that he was not in favour of the new Board structure because of the lack of medical input, and there was no representation of local interests. Professor Stout questioned the accountability of Board's executive directors and he referred to concerns that non-executive members could not always be present when decisions are taken by the Board.

- Mr Hunter explained that the question of obtaining a balance of views would rest with Board Chairmen. The review would not cover membership of Boards. Under the recent Reforms Boards were reconstituted on the same lines as in the rest of the United Kingdom. There had been many debates on these issues, however, this was a politically determined matter and the Government had made it clear that this was not negotiable.

- In response to a query Mr Hunter confirmed that the Review would take account of possible future developments in the number of Trusts and GP

Fundholders. He said that it is Government policy that all Directly Managed Units become Trusts.

- Dr Galloway referred to a phrase in the consultative letter - "that certain duties of the Boards might be vested in other HPSS bodies or Trusts, for example the HPSS Management Executive". He said concerns had been voiced that the Management Executive is a new body and has not developed the skills needed to exercise these functions.

- Dr Galloway also referred to a lack of understanding about how the Department and the Management Executive interrelate.

- In response, Mr Hunter said that the reference in the consultative letter to the transfer of duties to other bodies had been inserted at a late stage. He explained that he was not keen to see the Management Executive take on Board functions. It was recognised the Management Executive has less expertise in some of these areas than those engaged in the development and delivery of services.

  Mr Hunter outlining the role of the Department and the Management Executive said that the HPSS ME tried to ensure that confusion between the roles was minimised although, there were some issues which required both a policy and ME input.

Summing up the Chairman said that the health service had lived through a period of "revolution" and there was anxiety that we were setting up another "revolution" which would affect everyone.

The Chairman said that the review covered sensitive areas and CMAC had not formulated a resolved view. Members had presented a wide diversity of views which he hoped would be helpful.

The Chairman reminded members that any written comments they wished to make should be sent to Dr Colin Sullivan, Secretary of the Purchasing Function and Structures Review Group, by 16 March 1994.

The Chairman thanked Mr Hunter and Mr Sheppard for their attendance at the meeting.

15. **ANY OTHER BUSINESS**

NORTHERN IRELAND MATERNITY STUDY GROUP

[redacted]

[redacted]

16. DATE OF NEXT MEETING

No date was fixed for the next meeting.

17. PAPER FOR INFORMATION

[redacted]