

## **CENTRAL MEDICAL ADVISORY COMMITTEE**

Minutes of the Central Medical Advisory Committee meeting held on  
Wednesday 2 December 1998 at 2.00pm in Room C3.18, Castle Buildings.

**Members Present:** Dr S M Lyons (Chairman)  
Dr B P Gaffney  
Prof A H G Love  
Dr E P Beckett  
Dr M E Callender  
Dr J Jenkins  
Dr B Dunn

**Present:** Dr E Deeny (Chairman WAMAC)  
Dr D Boyle (Chairman EAMAC)  
Dr P J Loughran (Chairman SAMAC)

**In attendance:** Dr E Campbell (CMO)  
Dr P McClements  
Dr E Mitchell  
Dr P Woods

### **1. APOLOGIES**

[REDACTED]

### **2. CHAIRMAN'S BUSINESS**

#### **2.1 Minutes of Central Medical Advisory Committees**

[REDACTED]

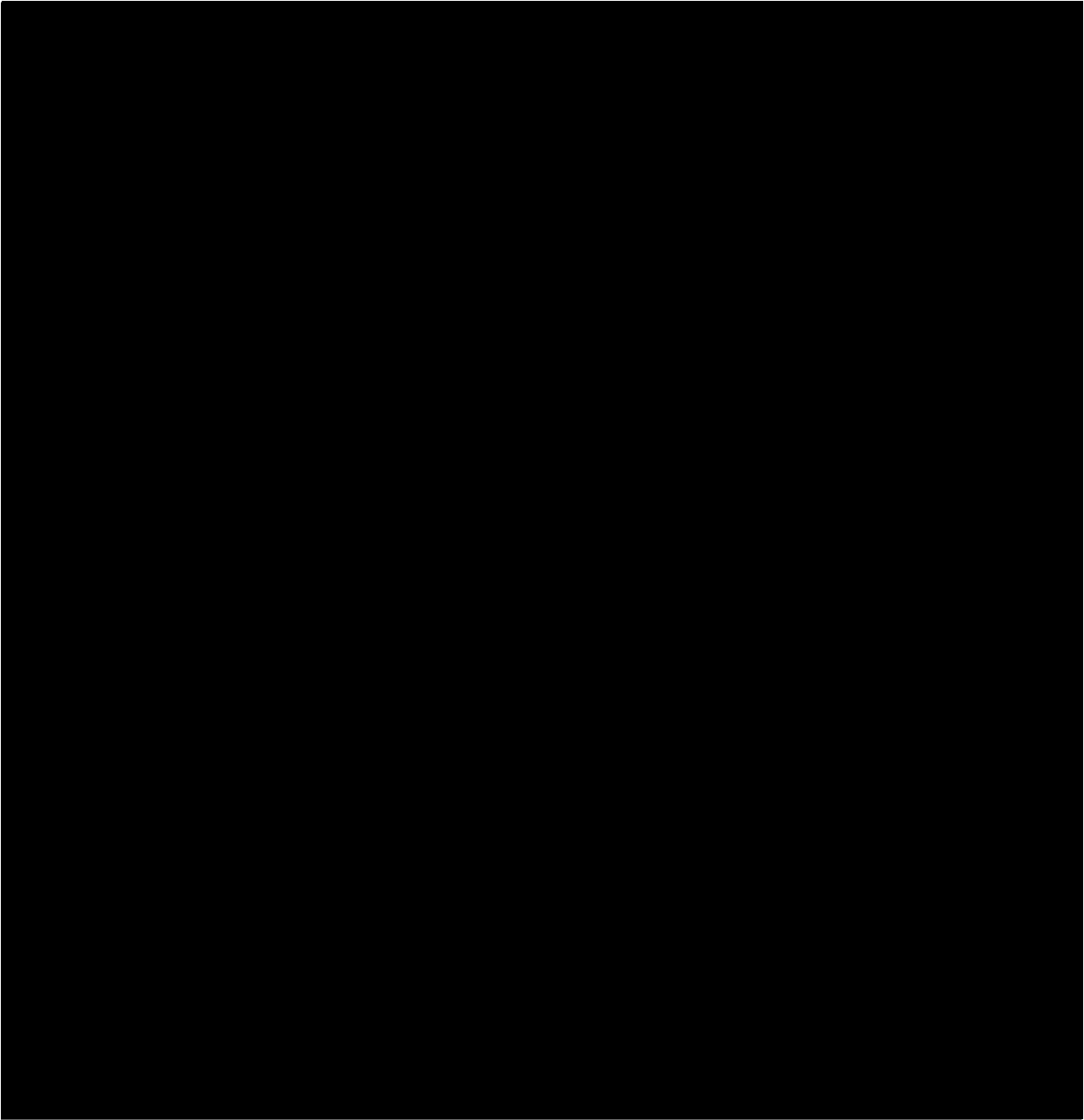
### **3. MINUTES OF LAST MEETING**

[REDACTED]

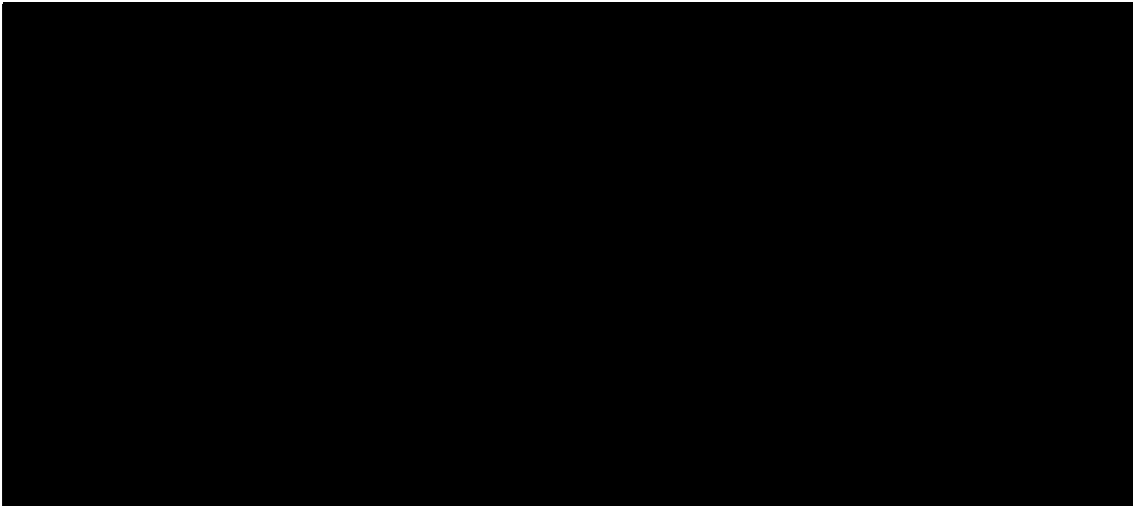
### **4. MATTERS ARISING**

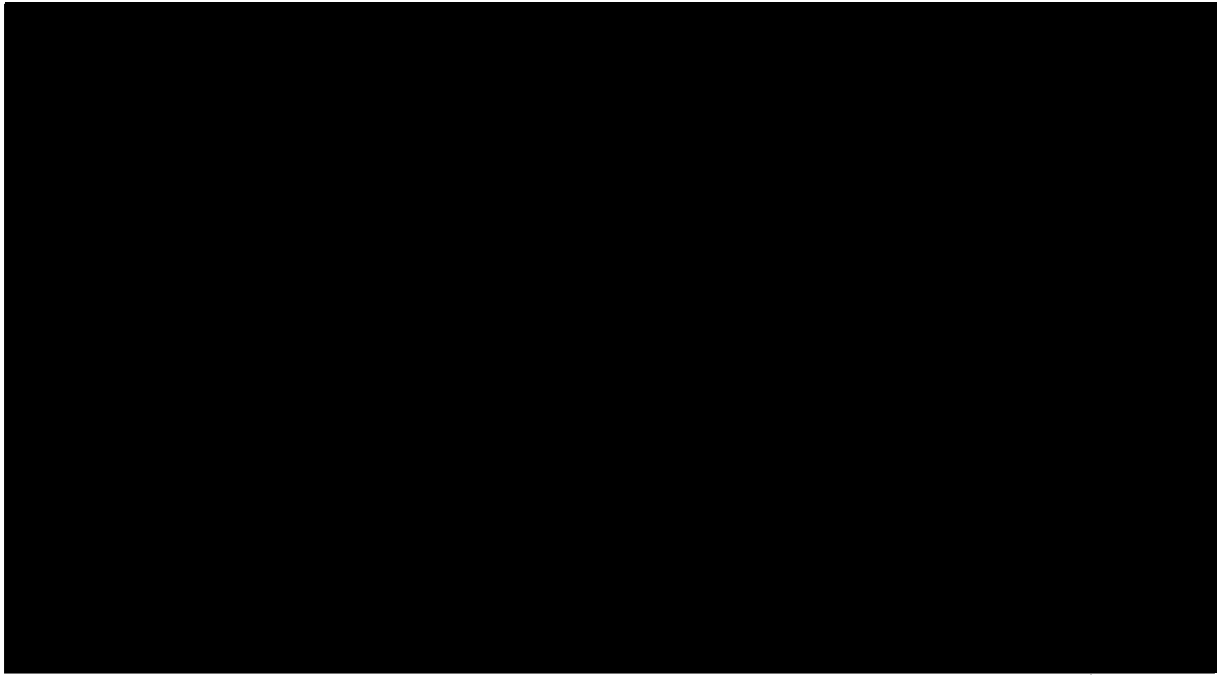
#### **4.1 Cancer Services**

[REDACTED]

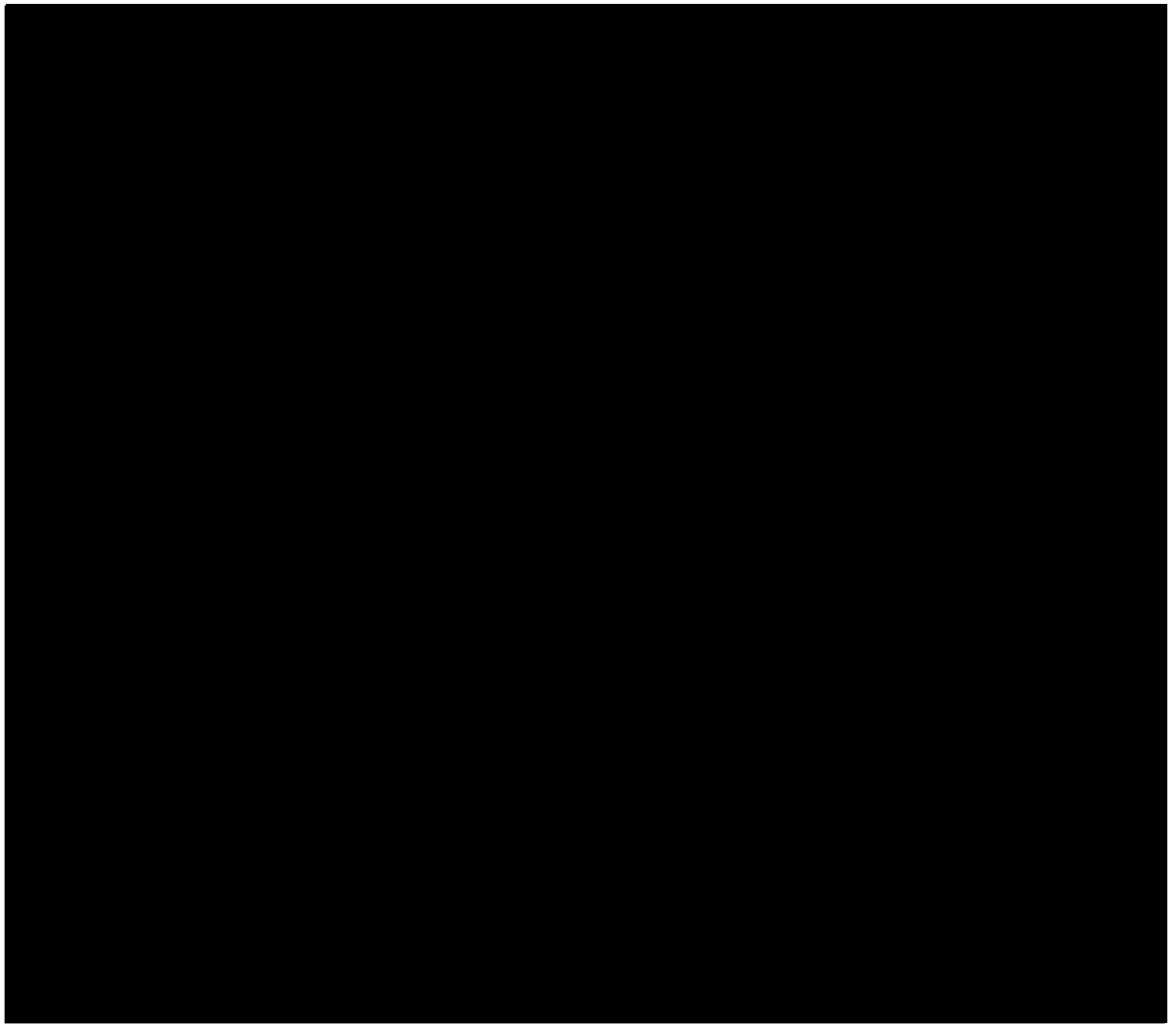


**4.2 Research and Development**



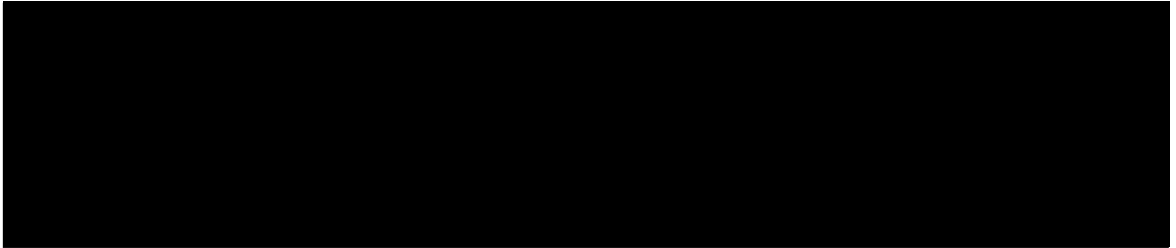


**4.3 Fit for the Future**



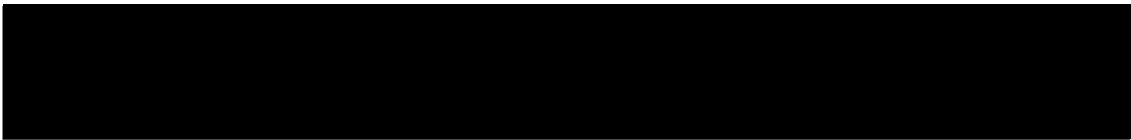


**4.4 Blood Safety**

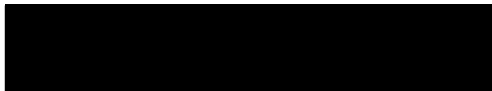


**5. MATTERS ARISING FROM THE MINUTES OF THE TWO SUB-COMMITTEES**

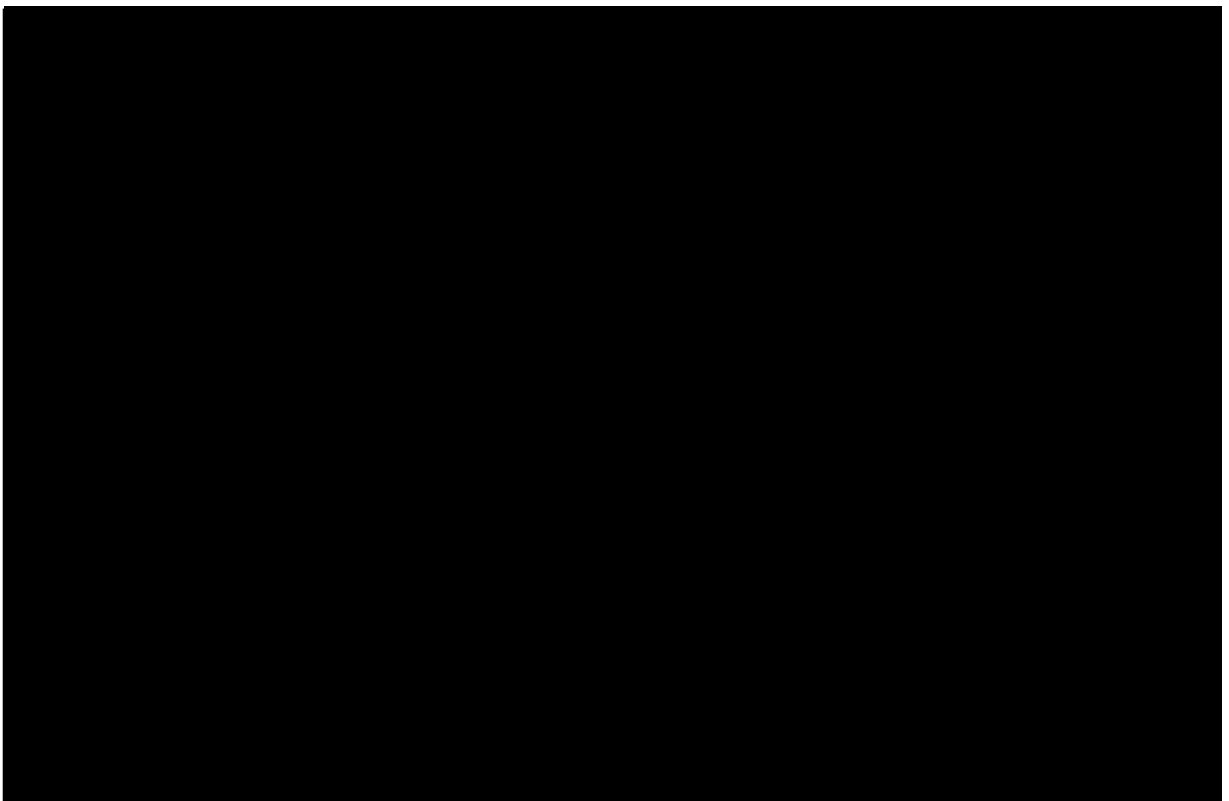
**i. Hospital Services Sub-Committee**

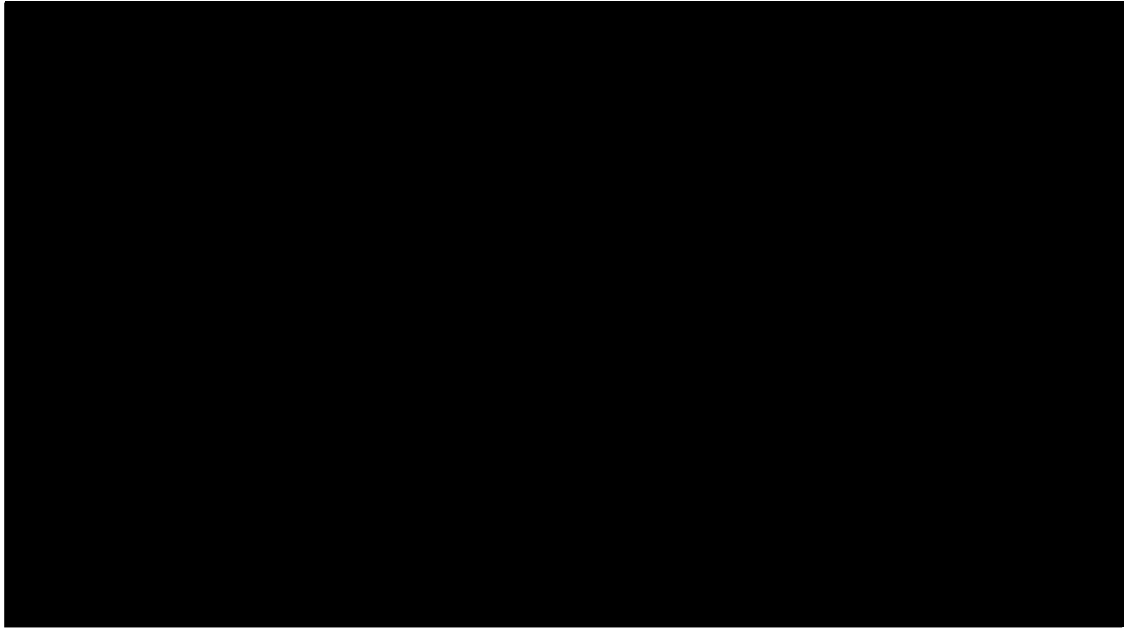


**Meeting 18 August 1998**

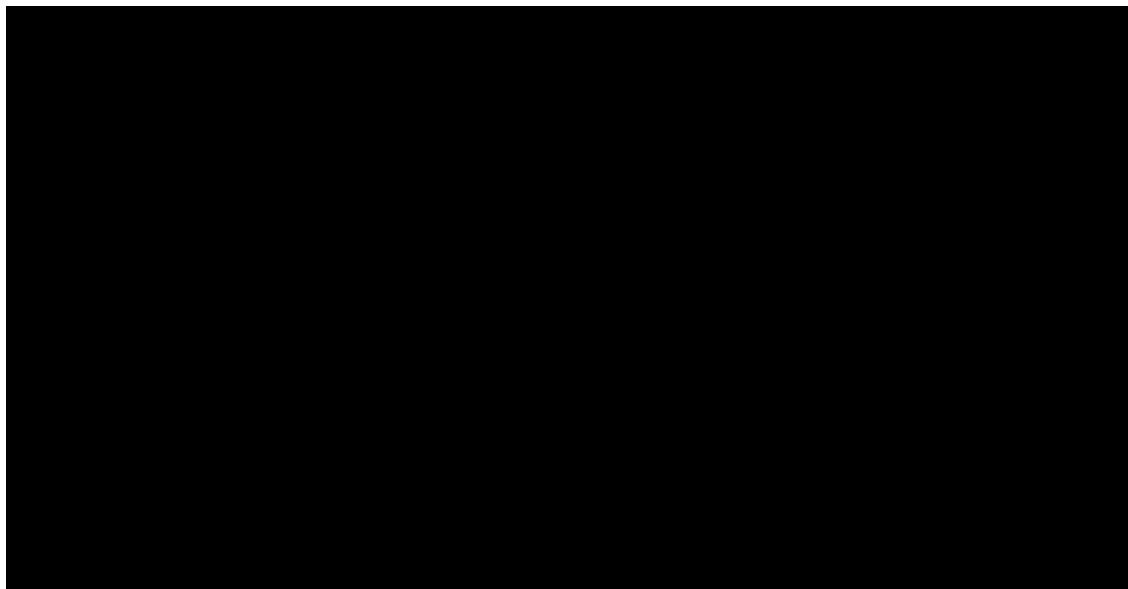


**Meeting 19 November 1998**





ii. **General Medical Care Sub-Committee**



6. **CLINICAL QUALITY/CLINICAL GOVERNANCE**

Dr McClements introducing this item said that quality had been given a strong emphasis both in the consultation paper "Fit for the Future" and the English White paper "The NHS, Modern and Dependable". This area must be progressed quickly and decisions on the way forward could not be delayed because of the setting up of the New Assembly.

Members had received a paper setting out the main initiatives flagged up in the English White paper to drive forward the quality agenda. The paper also details progress already made in Northern Ireland in improving clinical quality and effectiveness and this includes the work of CREST, the development of clinical guidelines, the introduction of medical and multi-professional audit, the commitment

to clinical effectiveness and evidence based practice and the establishment of the R&D Office.

Dr McClements sought members views on:-

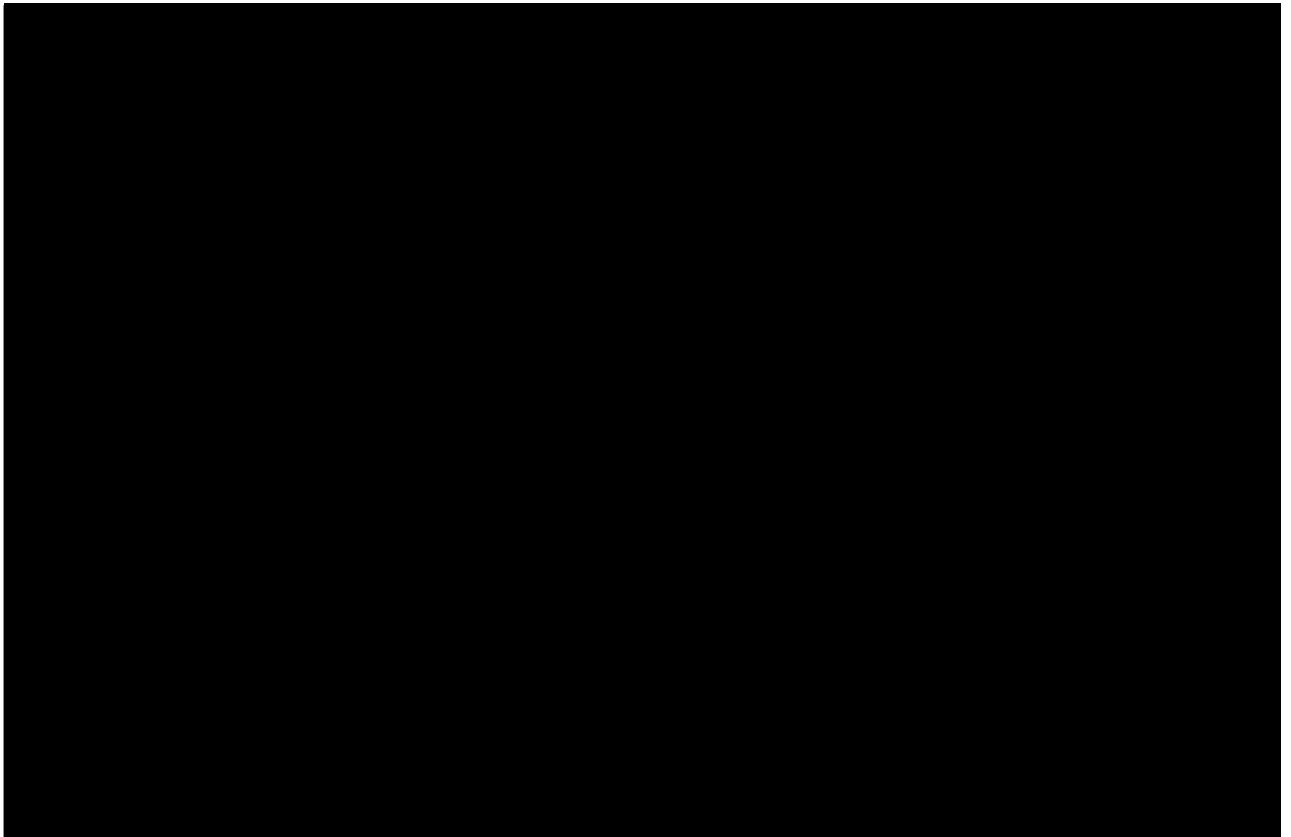
- The appropriateness and feasibility of using or adapting GB National Services Frameworks in Northern Ireland.
- The establishment of a link between Northern Ireland and NICE and the interface with CREST.
- The need to develop a separate monitoring and investigative body like CHIMP in Northern Ireland.
- The practical implications of setting up Clinical Governance structures and arrangements in provider units.

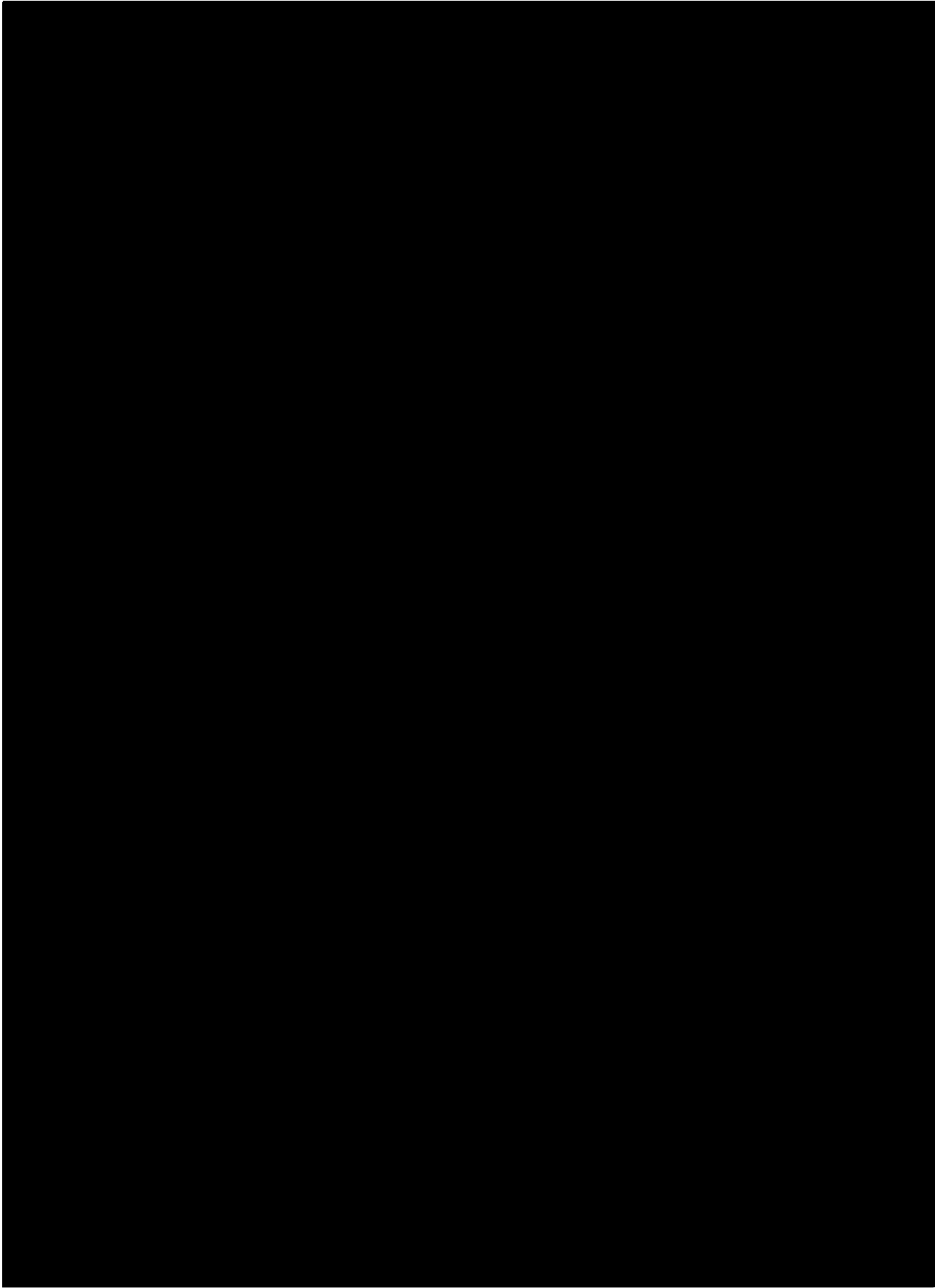
During discussion the following points emerged:-

- With regard to the question of how Northern Ireland will relate to the NICE and CHIMP structures in GB, and how quality measures will be applied in Northern Ireland. CMAC emphasised that Northern Ireland should have the same clinical standards and should follow GB National Services Frameworks.
- Dr Deeny referred to difficulties surrounding the development of clinical governance structures in General Practice and the community. Under new commissioning structures it is expected that this role will be taken on by Primary Care Groups. In the absence of these new arrangements it is difficult to identify an interim method or body to carry out this role. He said that clinical governance should be professionally led and there was concern that Chief Executives of Trusts rather than clinicians will drive this forward.
- Dr McClements advised that the views of GPs will be sought on clinical governance arrangements. Clinical governance has been defined as corporate accountability for the management of clinical quality. The English White Paper sets out models for the development of clinical governance and under these arrangements the Chief Executive of Trusts will be accountable for clinical governance and will need to ensure that structures are established. It is expected that responsibility for these arrangements will be delegated to a health professional. Dr McClements emphasised the need for the medical profession to drive forward the quality agenda.
- Dr Callender said that the area of clinical quality and clinical governance had been identified as a key issue at a recent meeting of the Royal College of Physicians.

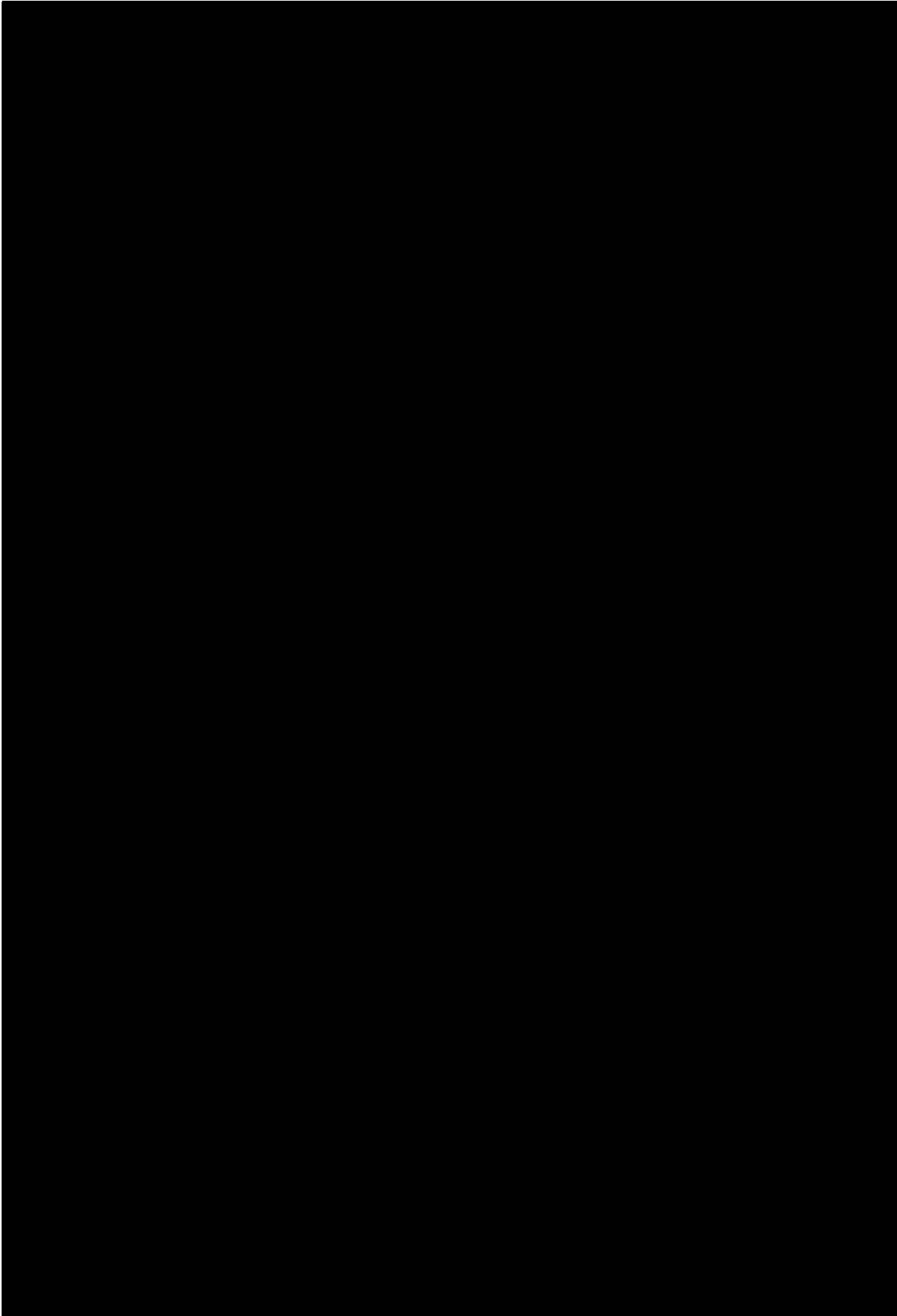
- Members said that Royal Colleges should set down standards which are practicable. Reference was made to a series of documents on consultant work practices produced by the London College of Physicians.
- In response to a query about the timescale for the introduction of clinical governance arrangements, CMO advised that although decisions had not been taken on the consultative document "Fit for the Future" action will be taken to move this area forward and Chief Executives of Trusts will take on the responsibility for the management of clinical quality.
- CMAC agreed that links should be established between NI and NICE. In response to a query about whether Northern Ireland will have regional representation on NICE and CHIMP, Dr McClements said consideration will be given to the establishment of links between NI and these bodies when decisions are taken on the way forward.
- With regard to the position of CREST, CMAC acknowledged the importance of the work of CREST in driving the quality agenda forward. Members stated that NICE has a broad agenda and CREST has a track record of producing good quality guidelines and recommendations which have status locally. The Committee recommended that CREST should be maintained and felt it should identify and concentrate on priority areas of work of relevance in Northern Ireland.

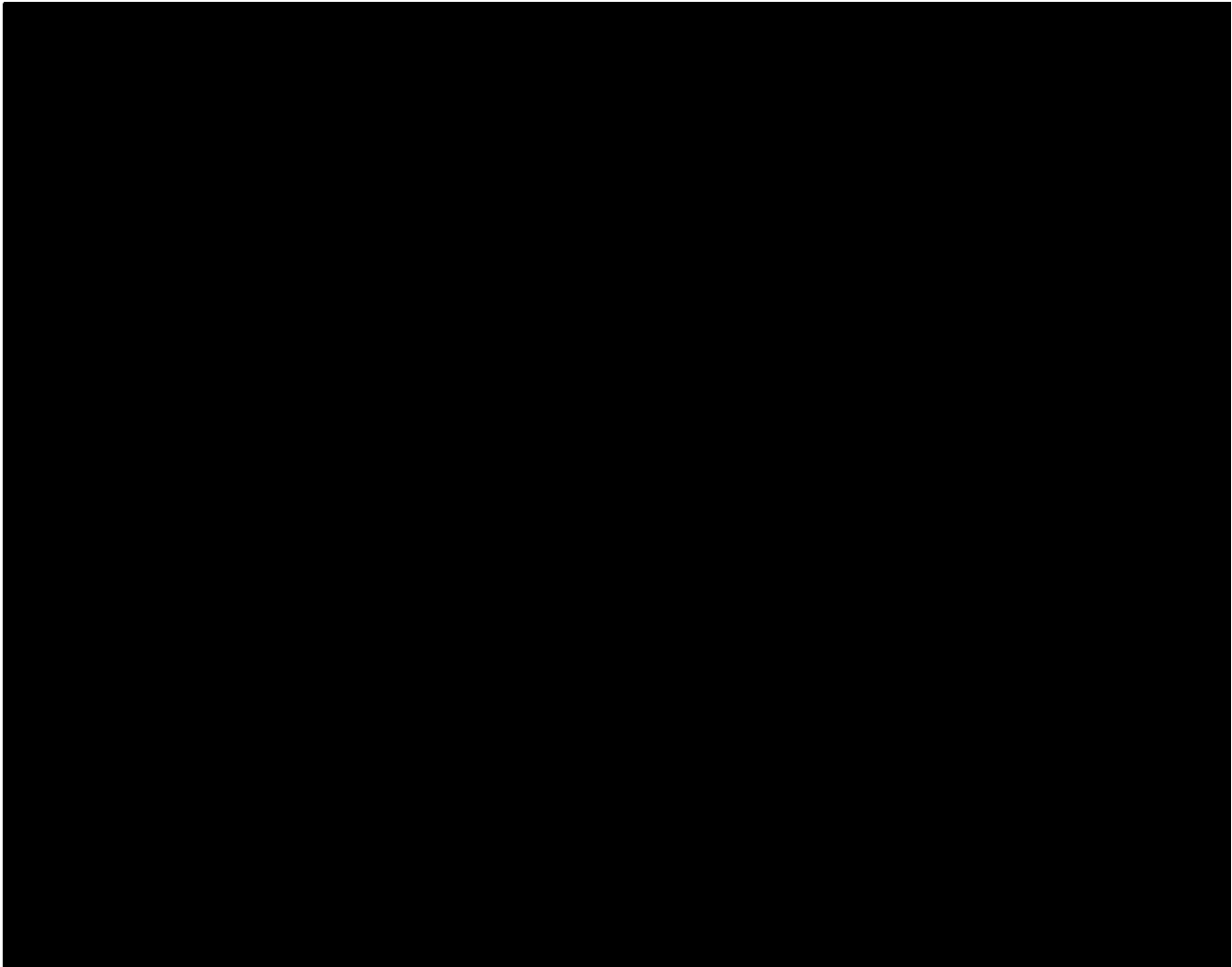
## **7. ACUTE SERVICES REVIEWS**



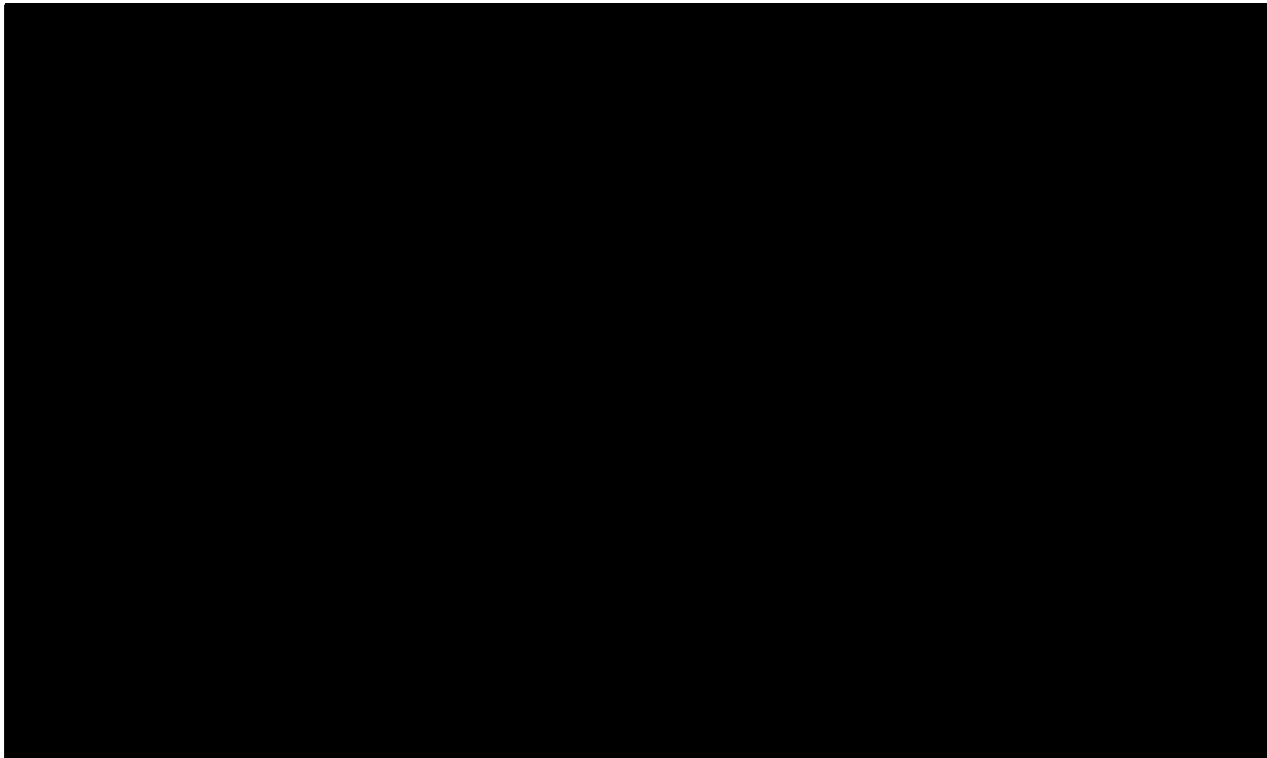


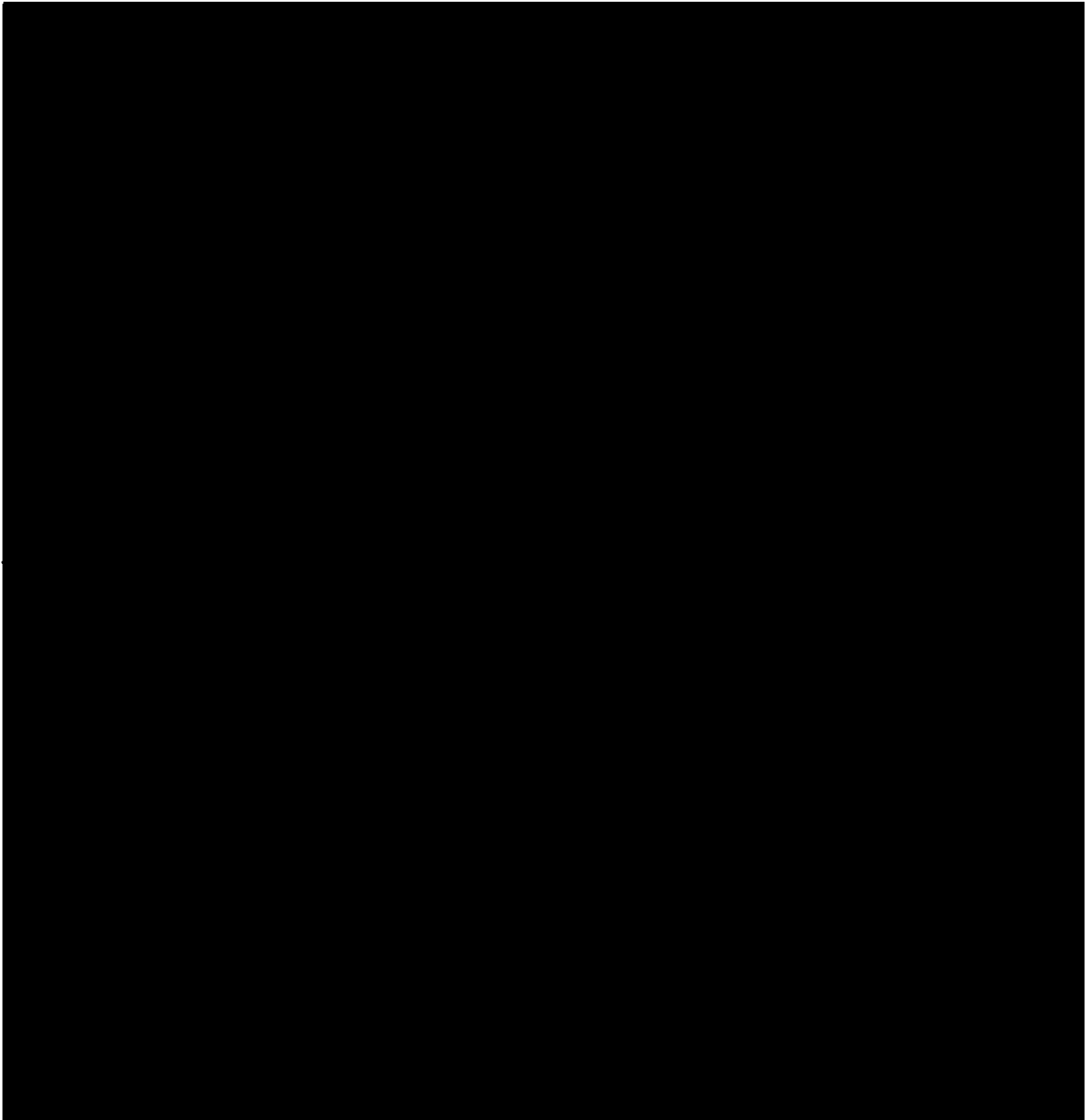




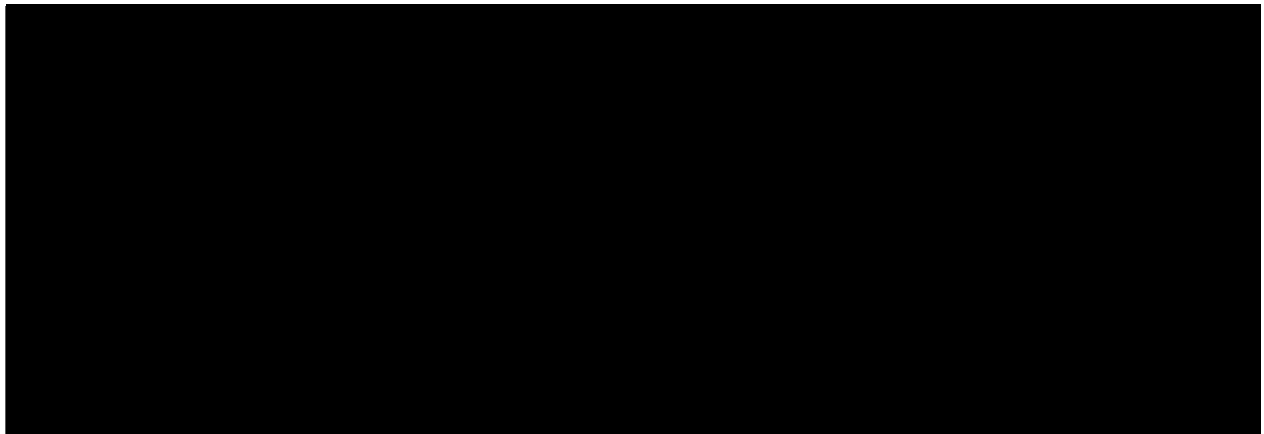


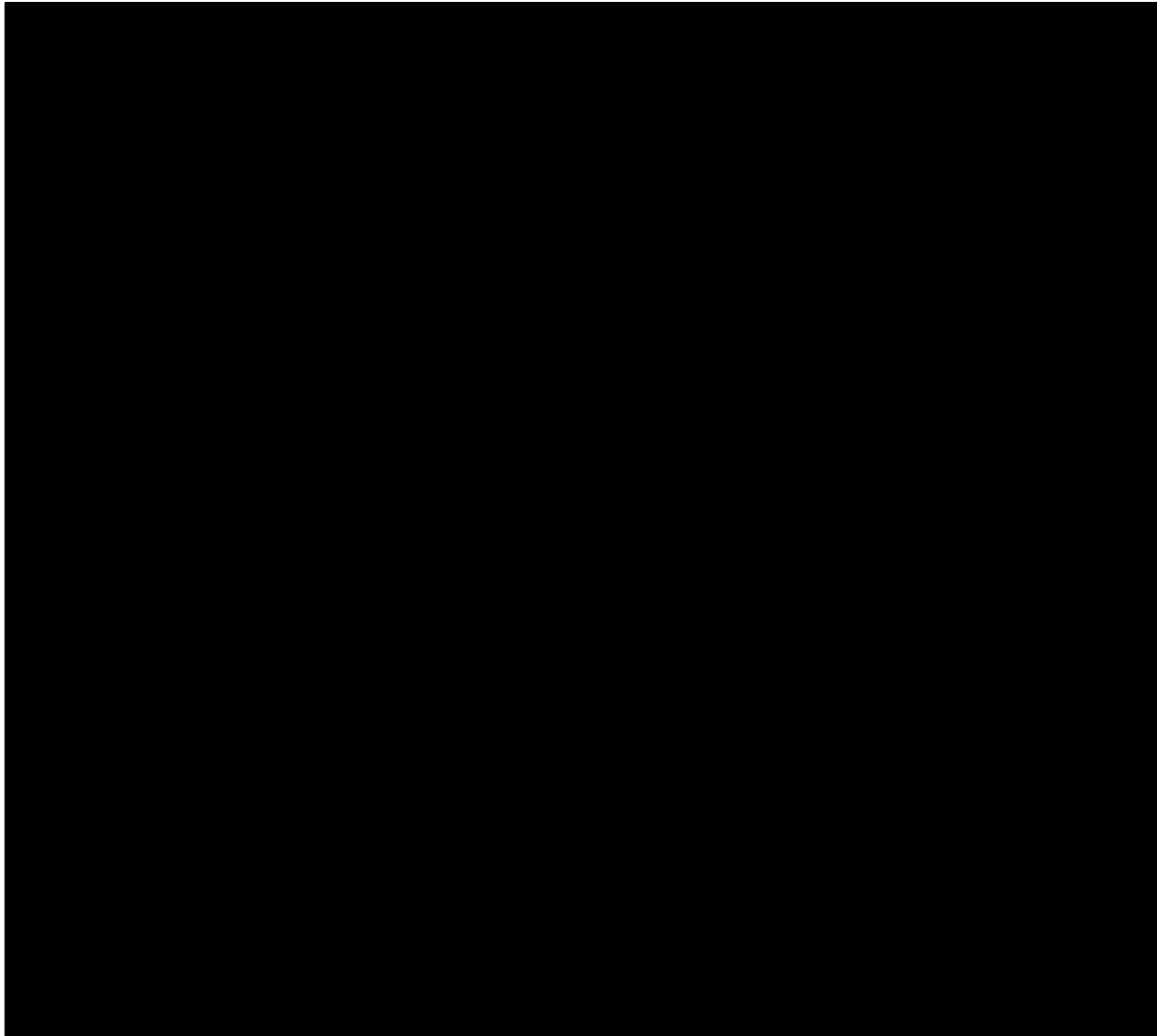
**8. ANTIMICROBIAL RESISTANCE**



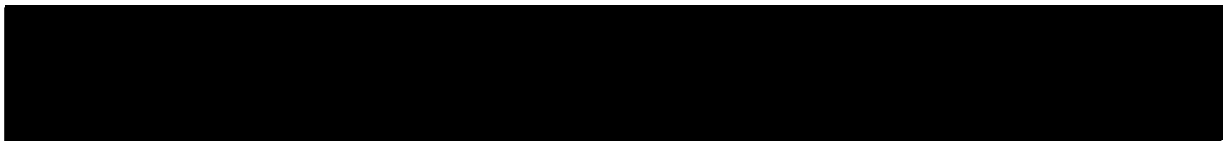


**9. PRIORITIES IN HEALTH AND SOCIAL CARE**

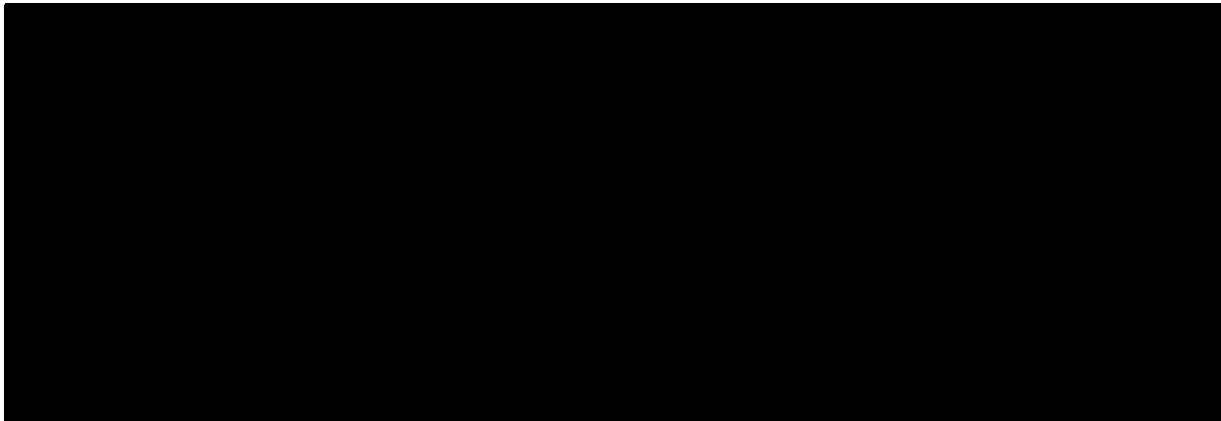


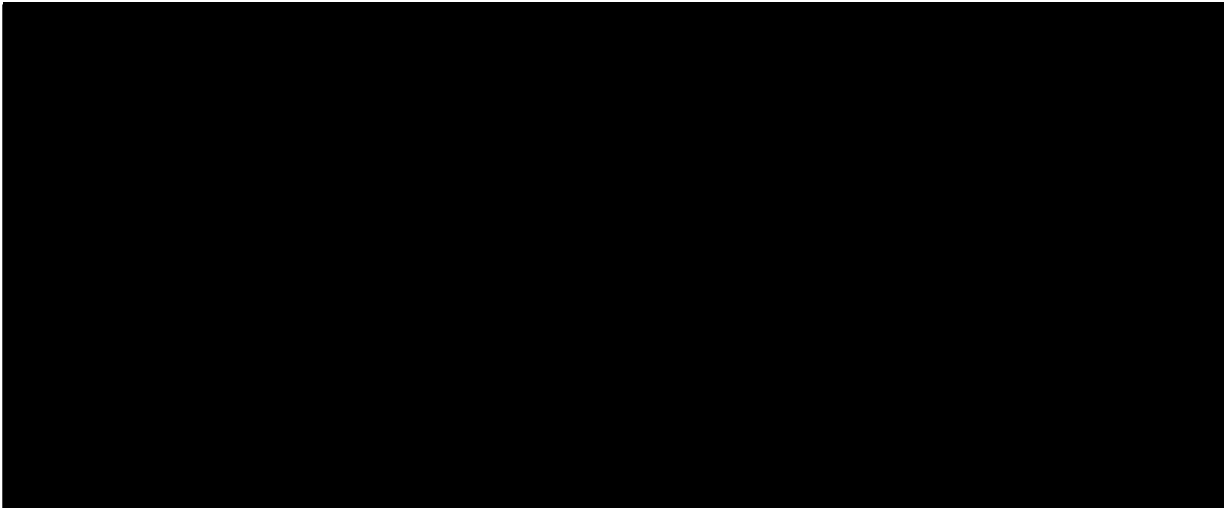


**10. TOBACCO WHITE PAPER**

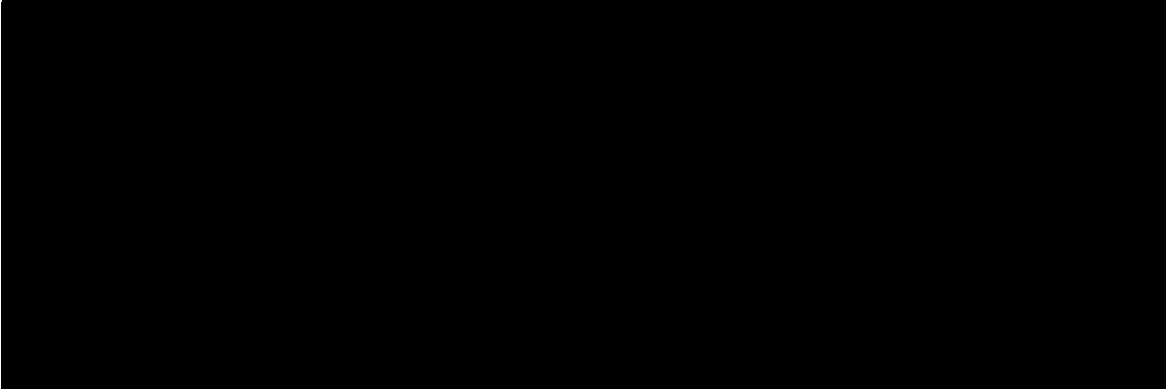


**11. MAGNETIC RESOURCE IMAGING (MRI)**

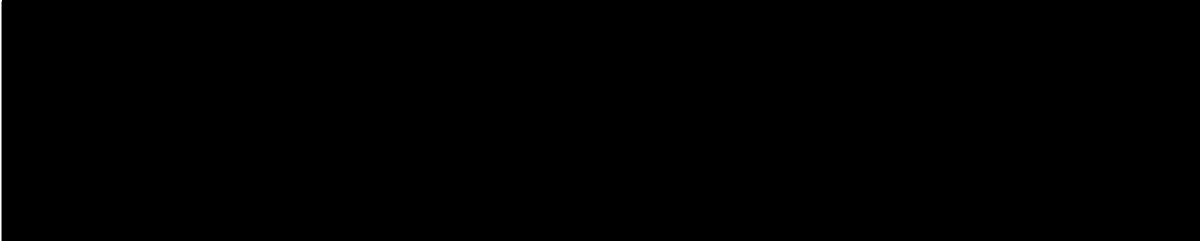




**12. THE IMPLICATION OF A DEVOLVED ADMINISTRATION**



**13. REVIEW OF CARDIOLOGY SERVICES**

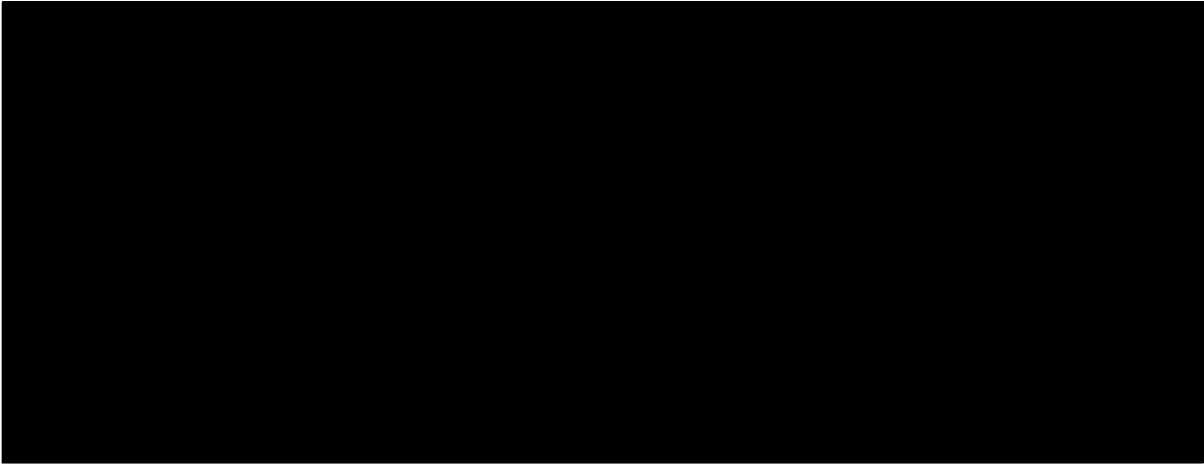


**14. REVIEW OF ADULT NEUROLOGY SERVICES**



**15. ANY OTHER BUSINESS**





**16. DATE OF THE NEXT MEETING**

