


CENTRAL MEDICAL ADVISORY COMMITTEE

Minutes of the Central Medical Advisory Committee held on Thursday 27th May 1999 at 2.00pm in Room D 4.2 Castle Buildings

Present: Dr S M Lyons (Chairman)
Dr E P Beckett
Dr D A J Keegan
Dr P F Donaghy
Professor I V Allen

Present by Invitation: Dr E Deeny (Chairman WAMAC)
Dr P J Loughran (Chairman SAMAC)

In Attendance: Dr E Campbell (CMO)
Dr P McClements
Dr M McCarthy



1. APOLOGIES



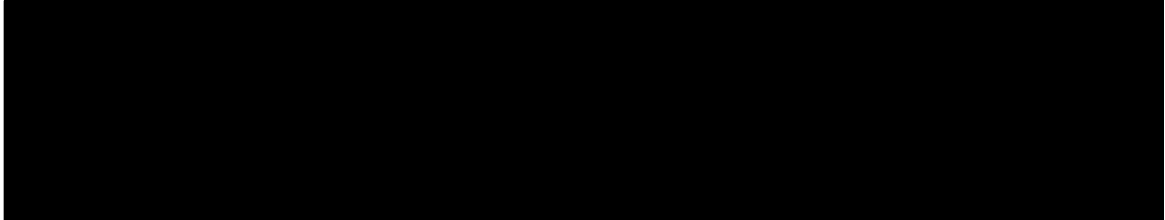
2. CHAIRMAN'S BUSINESS



2.1 MINUTES OF CENTRAL ADVISORY COMMITTEES

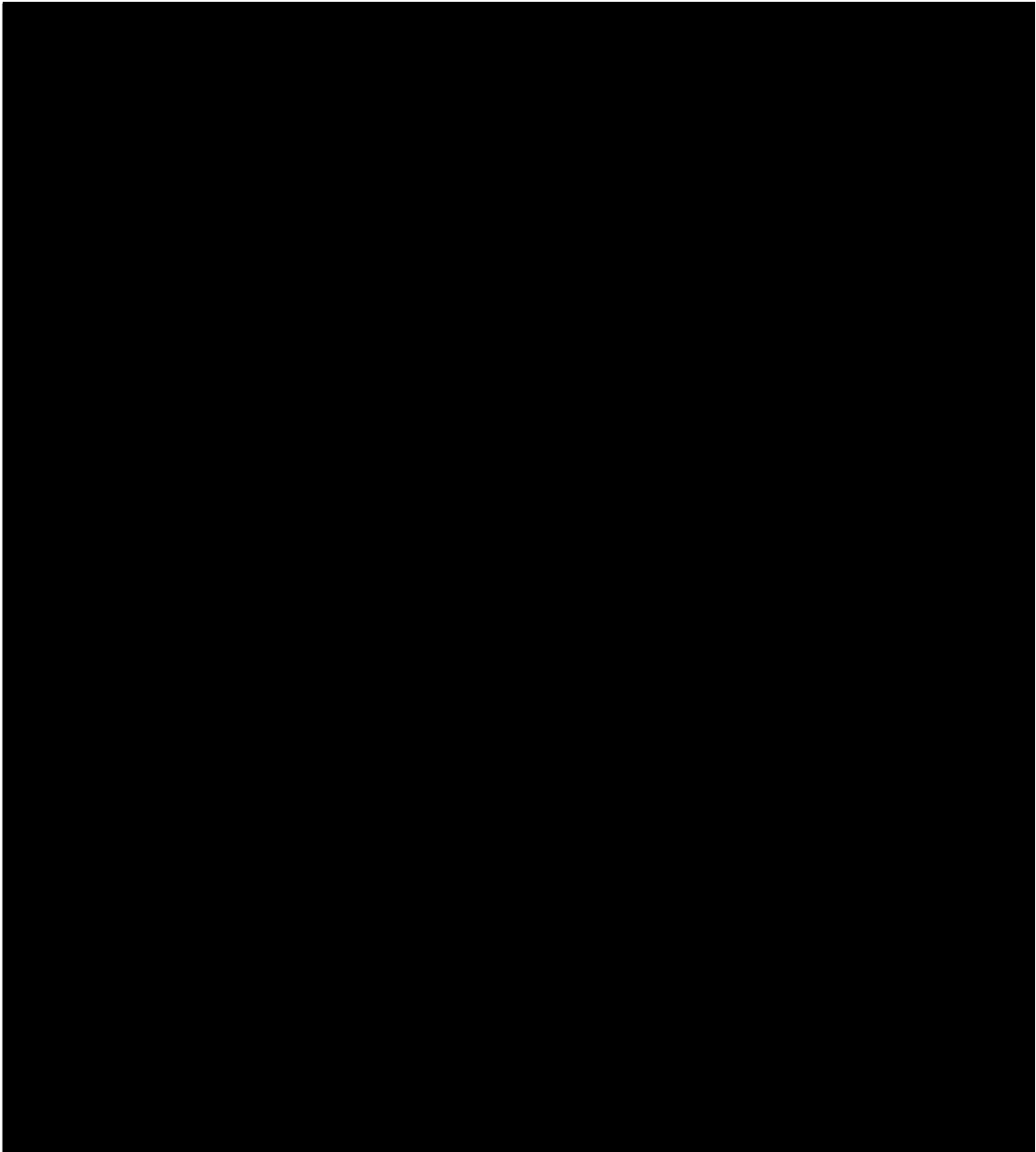


3. MINUTES OF THE LAST MEETING



4. MATTERS ARISING FROM THE MINUTES OF THE LAST MEETING

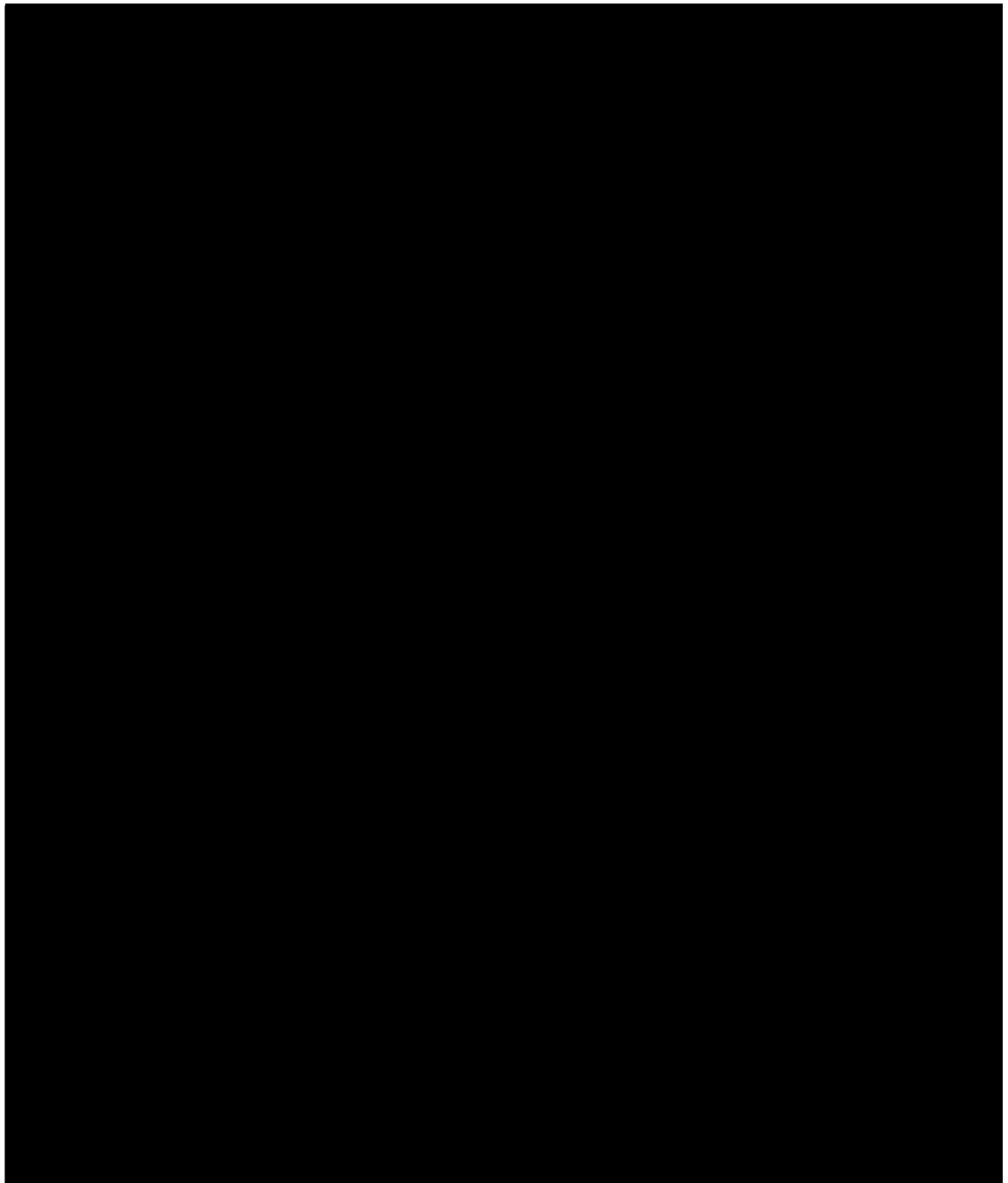
4.1 Cancer Services



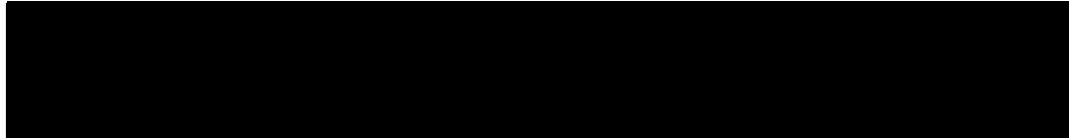


- 4.2 (i) **Fit for the Future**
(ii) **Devolved Administration**
(iii) **Putting it Right**

- (i) **Fit for the Future**



4.3 Blood Safety



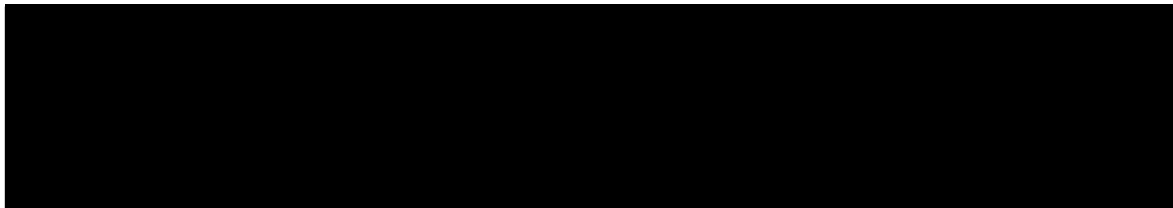
4.4 Clinical Quality/Clinical Governance

Dr McClements informed members that:-

- CMO and Dr McClements had visited Trusts to discuss with the medical profession how clinical governance should be developed in NI.
- Clear messages emerging included: NI should link into National Services Frameworks, the National Institute of Clinical Excellence (NICE) and the Commission for Health Improvement (CHImp); standards should be set nationally but have local ownership; there should be local monitoring arrangements; the resource implications of clinical governance were accepted
- Further work needs to be undertaken in the area of clinical governance in primary care.
- Discussion with the medical profession had provided a fair amount of unanimity about how clinical governance should be developed. Further work needs to be done to move the agenda forward.

CMAC supported the introduction of clinical governance arrangements in Northern Ireland.

5. MATTER ARISING FROM THE MINUTES OF THE TWO SUB-COMMITTEES



6. RESEARCH AND DEVELOPMENT

Professor Allen gave members an update on this topic as follows:-

- The Strategy for Research and Development produced by the R&D Office had been issued for consultation. The document sets out a framework for delivering high quality, relevant and co-ordinated HPSS R&D.
- To date over 80 responses had been received. In general responses had been extremely positive indicating strong support for the Strategy.
- It is planned to issue a series of more definitive Strategy papers covering operational areas of the R&D Strategy.
- NI has excellent researchers within the HPSS and in Universities and the R&D Strategy will provide infrastructural support for biomedical and HSS research and help enhance NI reputation in these areas.

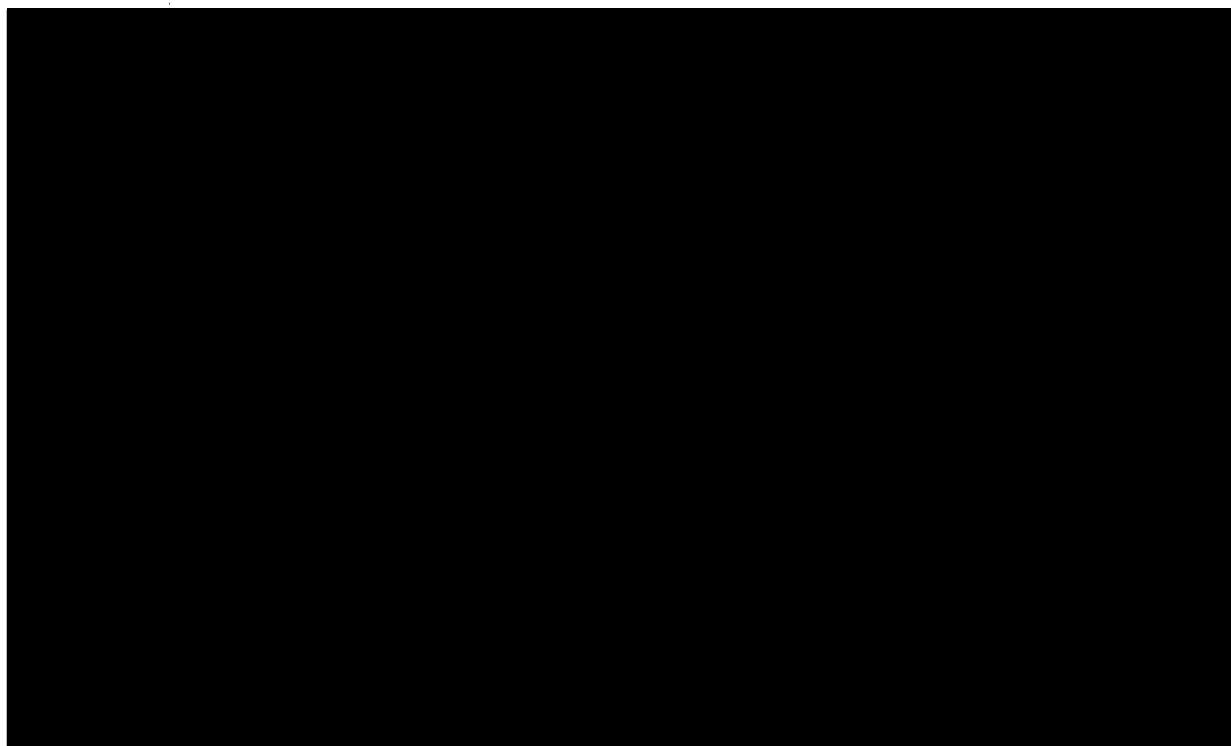
Professor Allen invited comments from members. During discussion the following points emerged:-

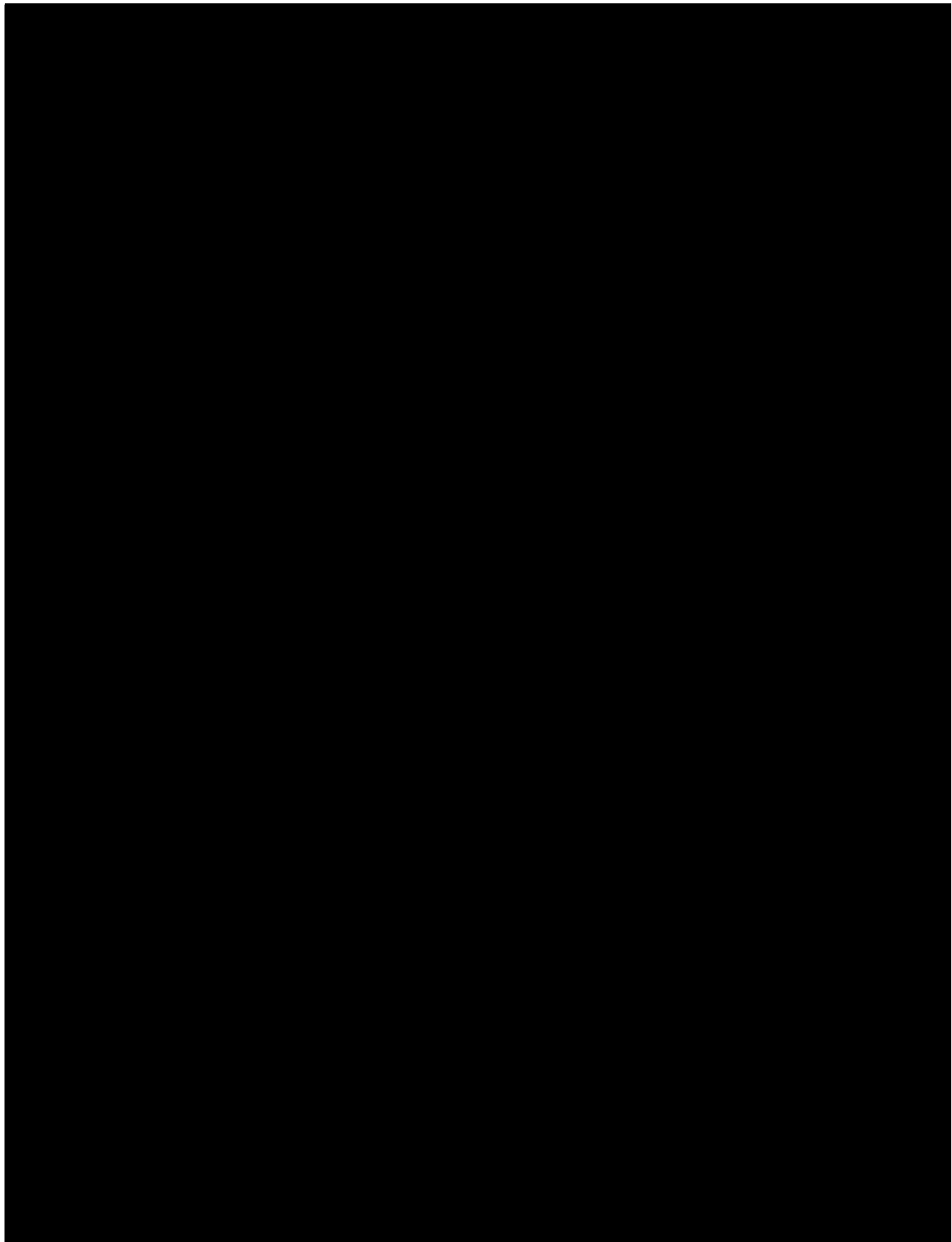
- The Chairman referred to recent criticism about the research programme at the Faculty of Medicine Queen's University and questioned how the R&D Strategy would help this area and help stimulate partnership with the Universities.
- Professor Allen said there is valued good quality research within the Faculty of Medicine. The Faculty is relatively small and there are difficulties surrounding a lack of critical mass for research and liaison with other facilities and specialities. The R&D Strategy would act as a catalyst towards a NI unified biomedical and social services research programme. The Faculty of Medicine is crucial to the R&D Strategy. The support of the Universities is required to take forward the Strategy and to develop the recognised research group's concept and training and education schemes.
- The RRGs are a new concept, which will enhance relevant quality research with increased multidisciplinary working and co-operation. Membership of RRGs would be derived from the HPSS, Universities and the wider research community.
- Professor Allen stressed that the establishment of partnerships within the service and with Universities is essential to take forward the Strategy.
- With regard to concerns about the overvaluing of molecular research at the expense of other research Professor Allen emphasised the need for strong clinical research to interact with molecular research.

- Members highlighted a number of concerns surrounding the R&D funding and bidding structures and arrangements for the management and allocation of the R&D fund. Also there was concern that the costs of running the R&D Office would be a significant cost of the total R&D budget. Discussion centred on costing and accounting for R&D activity in Trusts and the proposed methodology for the release of funding from Trusts to the R&D fund.
- Professor Allen said that the administration of the R&D Office is not expensive. It is recognised that people want fuller details about operational issues and it is intended to issue papers covering various strands of the Strategy.
- Members referred to the need to promote research in the primary care sector and sought clarification about what measures would be taken to increase the level of R&D activity. Professor Allen said pump-priming funding had been provided to increase research capacity and support areas with a low research base. She emphasised the importance of fostering a research culture in primary care and outlined methods of capacity building these included: primary care fellowships; additional funding to support R&D activity; and primary care will be encouraged to bid as part of RRGs.

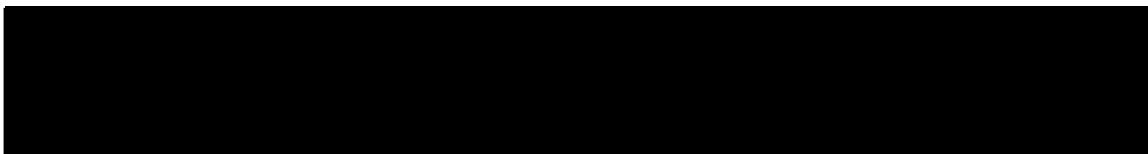
In conclusion the Chairman said CMAC welcomed the concept of the Strategy and endorsed its objectives. He undertook to write to Professor Allen on his own behalf and reflecting the opinions expressed by CMAC. He advised members that any further comments they wished to make on the document should be sent to Professor Allen.

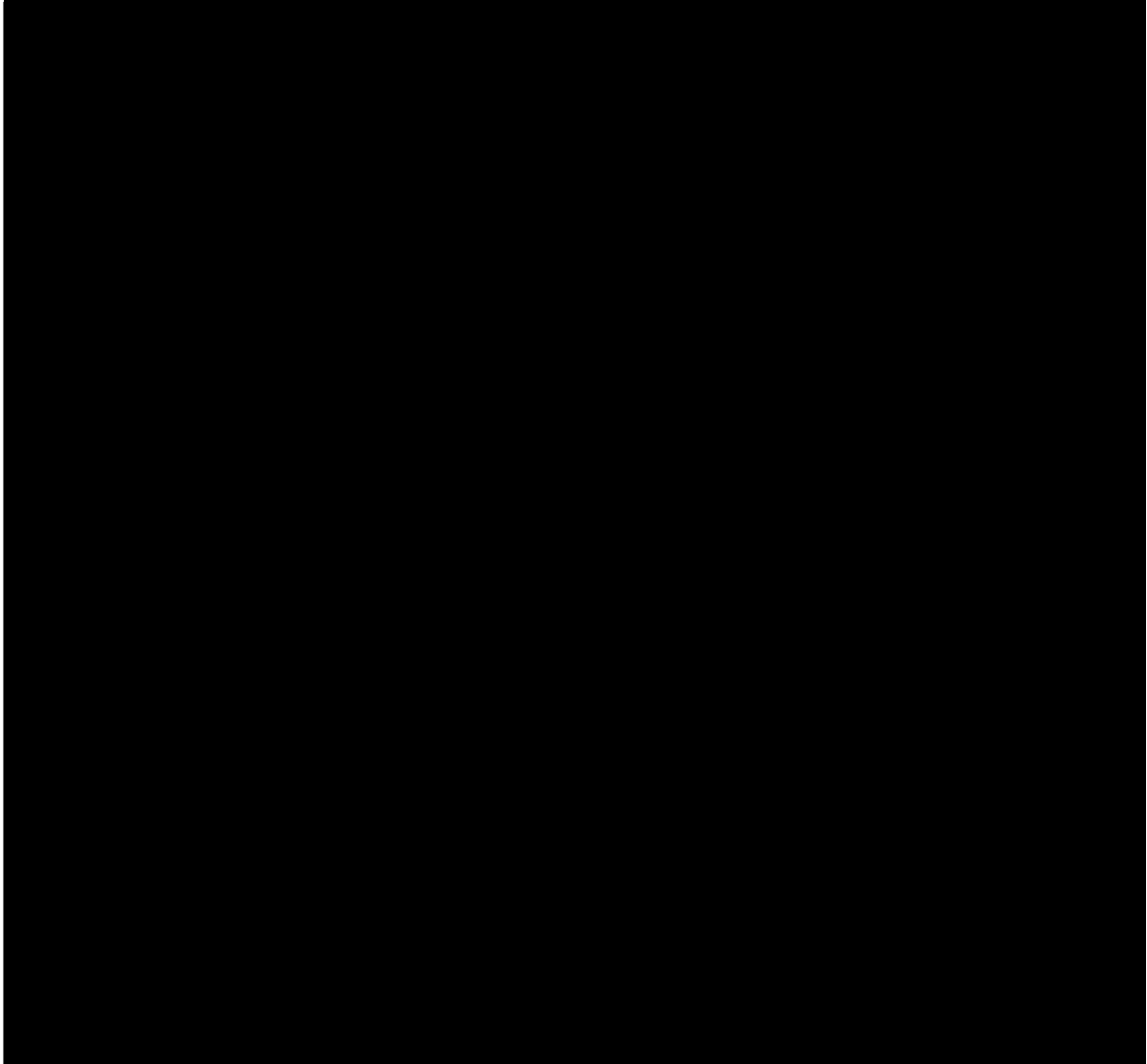
7. REVIEW OF CARDIOLOGY SERVICES IN NORTHERN IRELAND





8. INCREASING PRESSURES ON THE ACUTE SERVICES

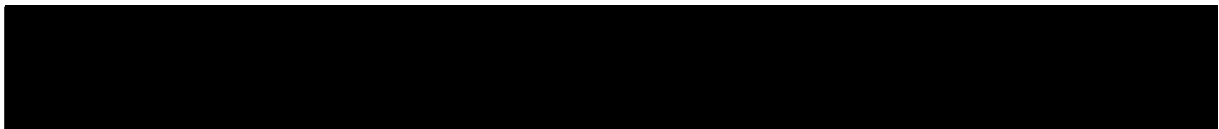




9. CLINICAL IMAGING STRATEGY GROUP



10. ANY OTHER BUSINESS





11. DATE OF NEXT MEETING

