CENTRAL MEDICAL ADVISORY COMMITTEE

**Minutes of the meeting of the Central Medical Advisory Committee held on Wednesday 19 June 2002 at 2.00 pm in Room C3.18 Castle Buildings**

**Members Present:**
Dr D A J Keegan (Chairman)
Dr B M Cullen
Mr J M Dunlop
Professor R W Stout
Dr J McAughey
Dr P W B Colvin
Dr J G Jenkins
Dr J MacMahon
Dr R McMillen

**Present by Invitation:**
Dr T Trinick (Chairman EAMAC)
Dr M P O.Neill (Chair NHSSB)
Dr P J Loughran (Chairman SHSSB)

**In Attendance:**
Dr H Campbell (CMO)
Dr M Briscoe
Mr D Finegan
Mrs M R McNaughton
Mr W Baird
Mr D Jordon
[redacted]

1. **APOLOGIES**

[redacted]

2. **CHAIRMAN'S BUSINESS**

[redacted]

2.1 **Minutes of Central Advisory Committees**

[redacted]

3. **MINUTES OF THE LAST MEETING**

[redacted]

4. **MATTERS ARISING FROM THE MINUTESOF THE LAST MEETING**

4.1 **Nursing Roles and Practices**

The Chairman said that at its last meeting CMAC had discussed issues raised by Professor Stout regarding what procedures nurses can undertake, and the need for uniformity and guidelines. Miss Blaney, who was a nursing officer in the Department, had attended the meeting and had indicated that this issue related to workforce resources, workload, the need for priority setting by nurses and consultation between the professions. She had emphasised the concept of shared activities between nursing and medical staff.

Members raised a number of issues including: the workforce planning exercise for the HPSS which will examine workforce issues including

skills and service requirements; the importance of a central overview on workforce issues and planning, and the sharing of tasks with junior doctors to provide holistic care for patients. The Chairman undertook to raise this matter again with CNO and the Chair of the Central Nursing Committee.

4.2 **Update on the Review of N.I. Postgraduate Medical and Dental Education Council**

CMO advised that a steering group had been set up to examine the structure and role of the N.I. Council for Postgraduate Medical and Dental Education with particular reference to the establishment of the Medical Education Standards Board and new emerging pressures and developments. It is expected that a consultation paper will soon be published. It is hoped to discuss this paper at the next meeting of CMAC.

**Action Point: Published paper for next meeting of CMAC.**

4.3 **Single Use Instruments**

[redacted]

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

**Hospital Service Sub-Committee**

[redacted]

[redacted]

General Medical Care Sub-Committee

[redacted]

12 December 2001

[redacted]

14 February 2002

[redacted]

6. HUMAN ORGANS INQUIRY

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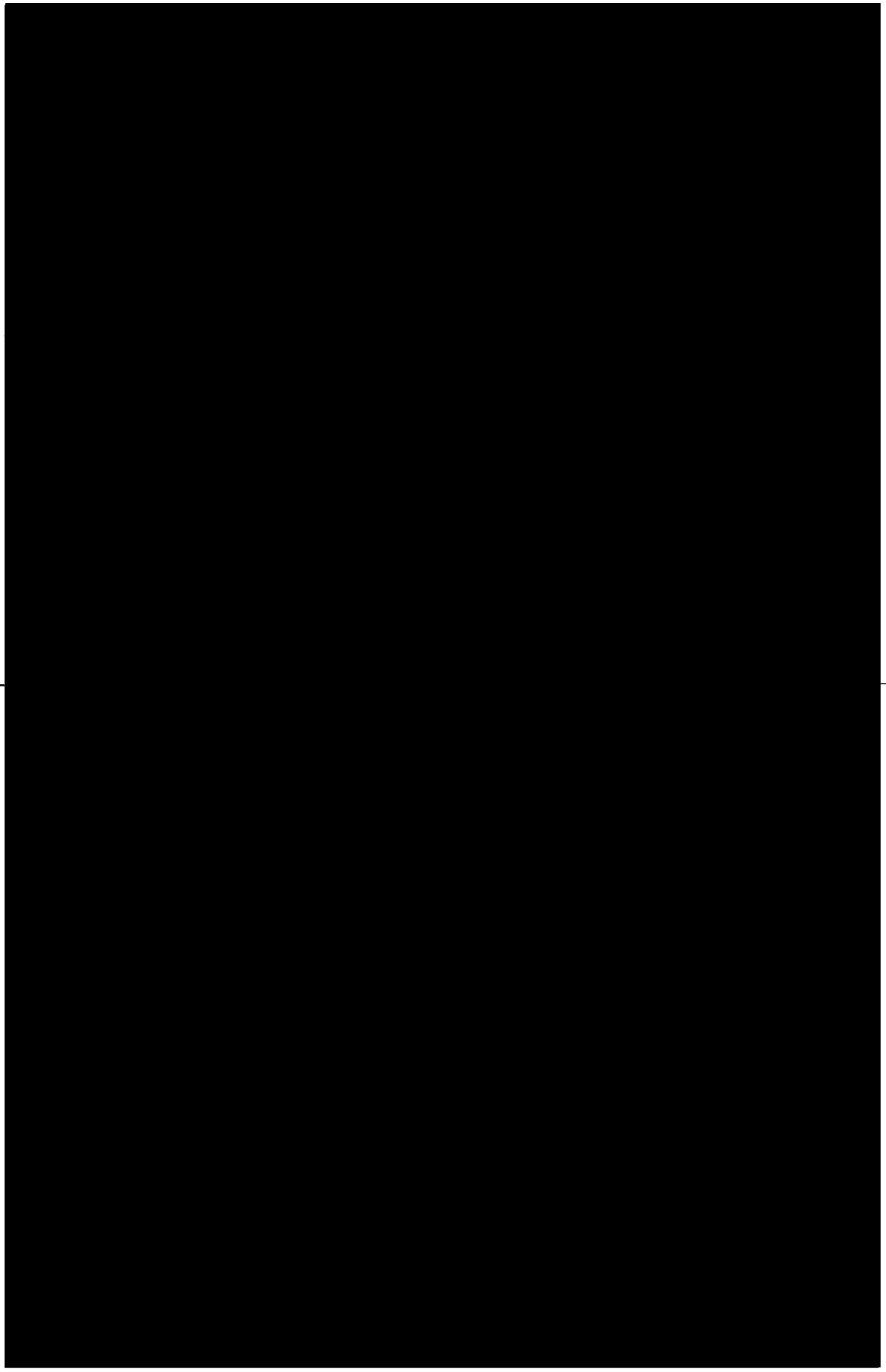

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## 7. DEVELOPING BETTER SERVICES – MODERNISING HOSPITALS AND REFORMING STRUCTURES

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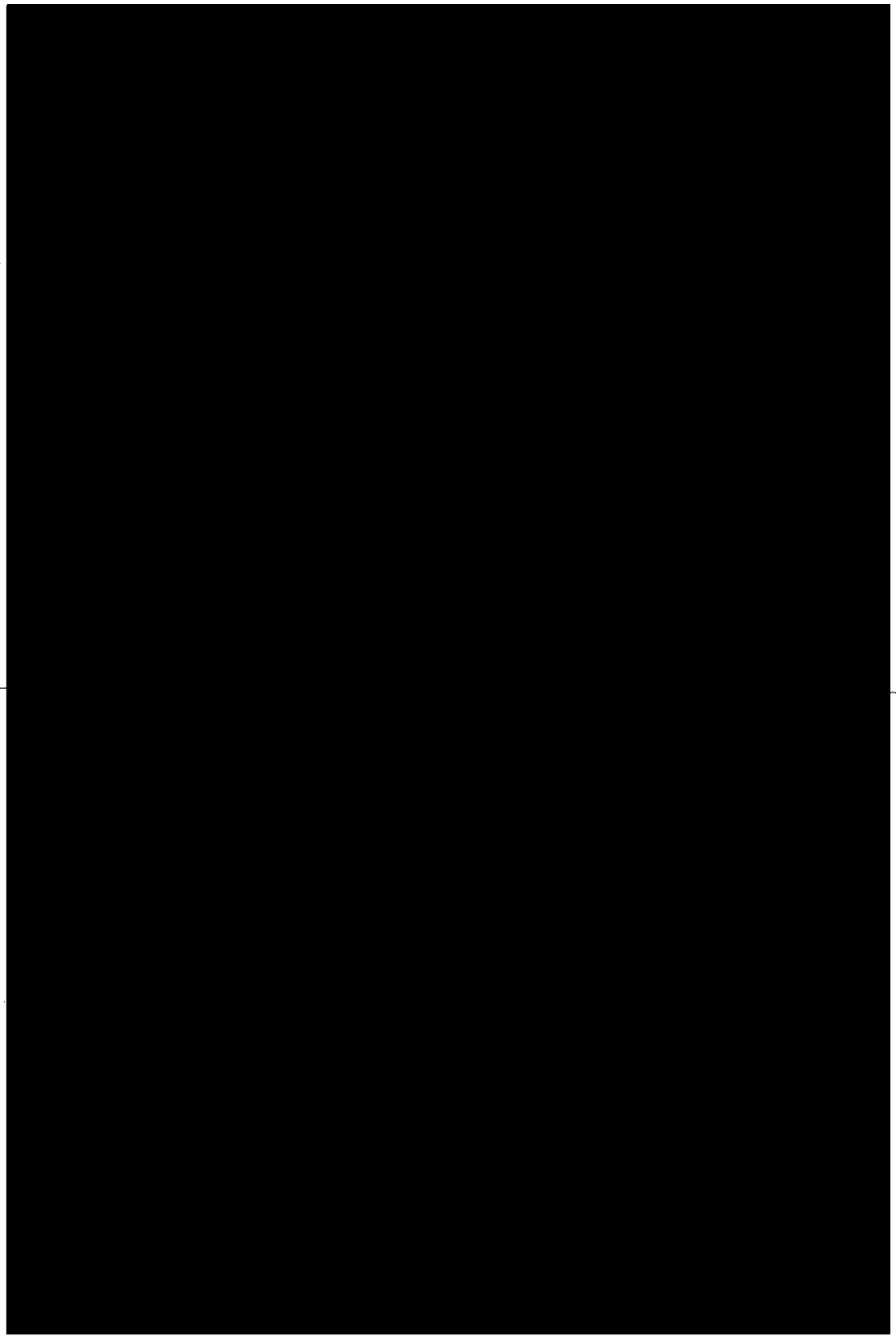

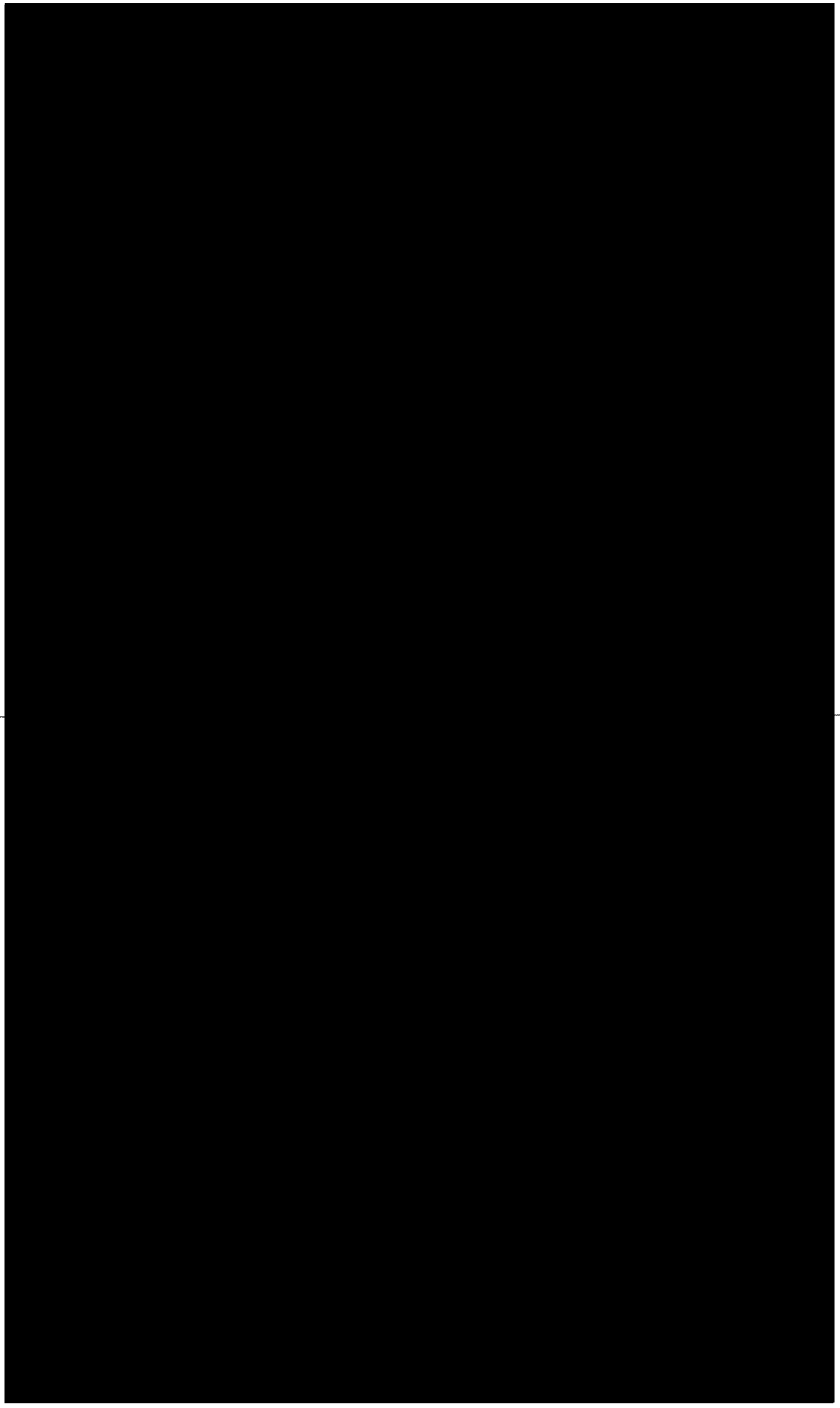

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8. **BEST PRACTICE – BEST CARE**

The Chairman welcomed Mrs McNaughton and Mr Baird, of the Department's Quality and Performance Improvement Unit. Mrs McNaughton gave members an update on the new arrangements to improve quality in the HPSS. The main points are summarised as follows:

- A press release had been issued setting out the Ministers' proposals, which are based on the "Best Practice- Best Care" consultation document. Included in the new arrangements will be:
    - A new system of clinical and social care governance for the HPSS;
    - The HPSS to be statutorily responsible for the quality of services provided by their organisation;
    - A formal link with the two English Bodies; the National Institute for Clinical Excellence and Social Care Institute of Excellence;
    - A standards and guidelines unit to be set up within the Department;
    - Regulation to be extended to cover a wider range of social care services;

- The establishment of a single body, the Health and Social Services Regulation and Improvement Authority to carry out this regulation and monitor the HPSS;

- Additional proposals include the development of a Performance Management framework and Service Development Frameworks;

A copy of the press release is attached at Appendix 1 of the minutes.

- It was intended to issue a letter to all Chief Executives of HPPS organisations setting out the way forward.

- Project teams would be set up to provide assistance to take forward different strands of the arrangements. Nominations would be invited from within the HPSS for membership of the project teams.

- The Standards and Guideline Unit would wish to take account of the expertise of CREST.

- Some of the new arrangements would require legislation and it was hoped to have a draft Bill introduced by September 2002.

- It was intended that a Clinical and Social Care Governance Support Team be established to provide assistance to organisations to set up clinical and social care governance arrangements, and develop training arrangements and guidelines. A set of guidelines would be issued to all HPSS organisations.

Mrs McNaughton invited comments from members. The Committee raised the following main points:

- Responding to a query about how the new arrangements would differ from the clinical governance system already in place, Mrs McNaughton said that the new arrangements would introduce a new organisational system for clinical and social care governance with improved monitoring and regulation. The Support Team would develop more detailed guidelines.

- Members sought clarification about what functions the standards setting body N I CE would have in Northern Ireland in relation to standards and guidelines for the HPSS.

- CMO explained that consideration had been given to the establishment of an independent body in Northern Ireland to replicate the work of the standards setting bodies NICE and SCIE. Taking account of the use of resources and priorities it was decided that the best approach would be not to replicate NICE here but to establish formal links with the standards setting bodies NICE and SCIE.

- Members raised concern that professional groups had been notified about the Minister's proposals to improve quality in the HPSS by the issue of a press release. It was suggested that consideration should be given to using other methods of communicating policy decisions to professional groups. CMO indicated that "Best Practice -Best Care" was mentioned in the new Document "Developing Better Services" and it had been necessary to issue the press release to back up the issue of this document.

- The document "Best Practice - Best Care" did not mention arrangements for clinical and social care governance in the area of primary care. Members enquired whether a consultation document would be issued on clinical and social care governance in primary care and how primary care would be represented within the new arrangements. CMO advised and that it was not intended to issue a consultation paper for primary care. Guidelines would be issued on how clinical and social care governance arrangements could be applied in primary care. Also it is expected that LHSCGs would provide a structure around which a model of clinical and social care governance could be developed for primary care.

- Mrs McNaughton indicated that the Clinical and Social Care Governance Support Team would provide assistance to primary care organisations to establish and develop clinical and social care governance arrangements. It was intended that the project teams would include representatives from primary care.

- Members questioned whether HPSS professionals would be included in consultations about the preparation of NICE guidelines; CMO said it was expected that NICE would set up a process to allow professional groups to be involved.

- Discussion focused on the future role of CREST. CMO advised that CREST would not be retained as a group but it was intended to take account of CREST expertise and use this as an infrastructure to move forward.

The Chairman thanked Mrs McNaughton for her attendance at the meeting.

## 9. REFORM OF THE GENERAL MEDICAL COUNCIL

Members had received a document, which set out proposals for the reform of the General Medical Council. The proposals for reform had been developed by the GMC in consultation with patients' representatives and medical professional bodies and were an important step towards a modernised system of professional regulation. While the structures for delivering the functions of GMC would change, its role would continue to be to protect the public by maintaining a register of doctors, which were competent and fit to practise.

Professor Stout summarised some of the main points of the paper as follows:-

- The reform of the GMC would cover:

  Constitution and Governance – the organisation of the GMC and its accountability;

  Fitness to Practise – handling concerns about conduct, performance or ill health;

  Revalidation, the licence to practise and registration.

- The new GMC would be a smaller strategic organisation with a membership of no more than 35. There would be a majority of medical members and an increased number of lay members.

- Members of the new Council would not play the same role in determining fitness to practise. These cases would be heard by panels made up of non- members.

- It was expected that the new GMC would come into being over the next 18 months. The consultation document and a draft Order had been issued for consultation. Individuals were invited to submit comments to the Department of Health by 6 September 2002.

## 10. PRIMARY CARE

### 10.1 Development of the Local Health and Social Care Groups

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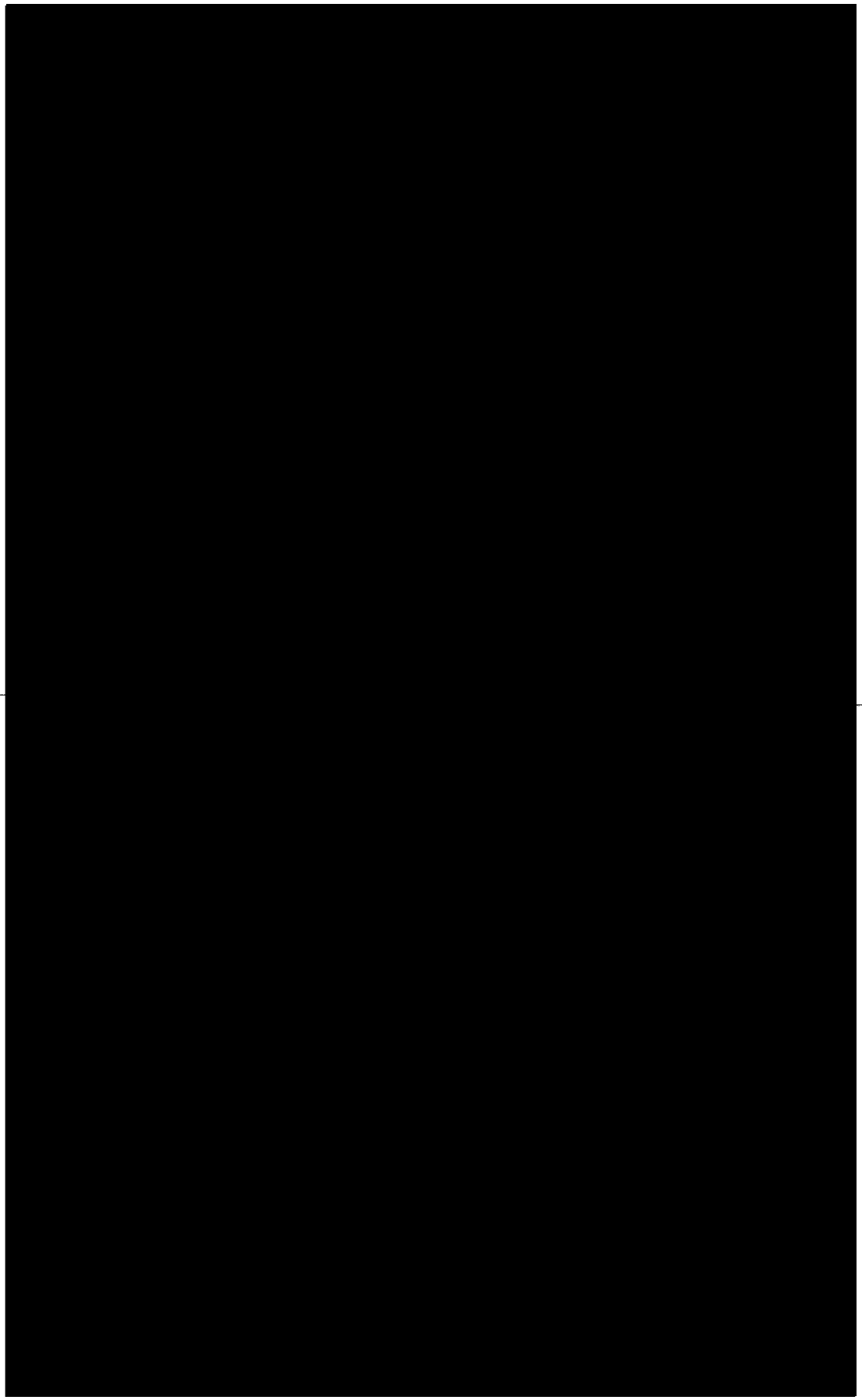

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**10.2 New GP Contract**

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11. **COMMUNITY CARE REVIEW**

[redacted]

12. **CONSENT FOR EXAMINATION OR TREATMENT**

Members had received a written update from Dr Mark on the proposed launch of a number of new consultation documents on "Consent to Examination or Treatment" in June 2002. The aim of the guidance was to ensure good consent practice by focusing the process on the rights of individuals and their families, ensuring that consent procedures reflect patients' needs and improving patients' and professionals' knowledge of the consent process. There were 10 consultation documents, which include a Reference Guide to consent for Examination and Treatment. The documents were based on guidance published by the Department of Health in England in 2001. Copies of the consultation documents were available on the Department's web-site www.dhsspsni.gov.uk.

The Chairman advised that the consultation period would end on 30 September 2002 and any comments that members wished to make could be sent to the Department at the address shown in the consultation paper.

**Research Governance** - Professor Stout informed members that guidance to researchers and participants would be included within a new Research Governance Framework document for Health and Social Care. It would set out broad principles of research governance and would ensure that health and social care research was conducted to high scientific and ethical standards. It was intended that the Framework document would be issued for consultation with the HPSS shortly.

Professor Stout said that when research was funded by the HPSS, Chief Executives of Trusts had to accept responsibility for the good conduct of the research. He emphasised that Research Ethics Committee approval was an important area and referred to the EC Directive on research ethics, which had to be incorporated in law in the UK by 2004. The result of this Directive was that formal legal status would be given to Research Ethics Committees. Work was ongoing on the reorganisation of Research Ethics Committees here.

Professor Stout said that the issue of consent would be included within the new Research Governance Framework.

Members highlighted some areas of concern namely:

- issues surrounding confidentiality and consent required for research purposes;
- implications for resources in terms of doctor's time;
- the need for a mechanism to ensure that proper ethic research approval had been obtained;
- responsibility for research in primary care; and
- the question of differentiating between audit and research.

## 13. INVESTING FOR HEALTH

[redacted]

### 13.1 Tobacco Action Plan

[redacted]

## 14. ANY OTHER BUSINESS

[redacted]

[redacted]

15. **DATE OF NEXT MEETING**

[redacted]

[redacted]

18/11/02