CENTRAL MEDICAL ADVISORY COMMITTEE

The next meeting of the Central Medical Advisory Committee will be held on Wednesday 27 April 2005 at 2.00 pm in Conference Room C3.18 Castle Buildings

AGENDA

1. Apologies.
2. Chairman's Business.
3. Minutes of the Last Meeting.
4. Matters Arising from the Minutes.
   - Nurse Prescribing — **CMAC 2/05 (To be tabled)**
   - Locum Doctors — **CMAC 3/05**
   - Protecting Personal Information — **CMAC 4/05**
5. Minutes of the Hospital Services Sub-Committee and the General Medical Care Sub-Committee and any matters arising.
6. Update on Quality
   - "Best Practice – Best Care" – Quality Standards for Health and Social Care — **CMAC 5/05**
   - Critical Incident Reporting – Initial Responses — **CMAC 6/05**
   - Overview of the National Clinical Assessment Service – Presentation by Dr Thompson
   - CMO Review of Medical Revalidation : A Call for Ideas — **CMAC 7/05**
   - Update on Appraisal and Future Revalidation
7. Expansion of Medical School

8. Review of Public Administration in Northern Ireland *

CMAC 8/05

* The full consultation document on the Review of Public Administration is available on the website at www.rpani.gov.uk
Enclosed with the papers is:-
- Executive Summary
- Chapter on Health and Social Services

9. Developing Better Services – Update
   - Managed Clinical Networks **CMAC 9/05**
   - Strategic Development of Out of Hours Services **CMAC 10/05**

10. Review of Public Health Function in Northern Ireland - Executive Summary

CMAC 11/05

11. Any Other Business

12. Date of Next Meeting

PAPERS FOR INFORMATION

Regional Strategy for HPSS – A Healthier Future -A Twenty Year Vision For Health and Wellbeing in Northern Ireland 2005 - 2025 – The full document can be accessed at the DHSSPSNI website www.dhsspsni.gov/uk/publications/2004healthyfuture.asp
An Executive Summary of the Strategy is enclosed.

Pandemic Influenza – update.

Teaching Training and Research under the new Consultant Contract - Memorandum of Understanding.

Confidential Enquiry into Maternal and Child Health – Why Mothers Die 2000-2002 Executive Summary and Key Recommendations.

CENTRAL MEDICAL ADVISORY COMMITTEE

Minutes of the meeting of the Central Medical Advisory Committee held on Wednesday 27 April 2005 at 2.00 pm in Conference Room C 3.18 Castle Buildings

Present:

Dr J G Jenkins (Chairman)
Dr B Farrell
Dr P W B Colvin
Dr R F Houston
Dr J P Porteous
Dr I Orr
Mr C J McClelland
Dr T Trinick (Chairman EAMAC)
Dr P Beckett (Chairman SAMAC)
Dr M P O'Neill (Chairman NAMAC)

In Attendance:

Dr M Briscoe
Dr L Mitchell
Dr C Mason
Mrs O Brown
Dr R Thompson
Dr C Fitzpatrick
Mr D Sullivan
Mr R Duffin
[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 MINUTES OF THE LAST MEETING

4.1 Nurse Prescribing

The Chairman welcomed Dr Carolyn Mason, Nursing Officer, DHSSPS Nursing and Midwifery Advisory Group and Mrs Oriel Brown, Nurse Prescribing Adviser, EHSSB. They gave members a presentation on nurse prescribing. A copy is attached at Appendix 1 of the minutes. Key elements highlighted include:-

- Groups of nurses eligible to prescribe:-

- District Nurses (limited)
- Health Visitors (limited)
- Independent and Supplementary Nurse Prescribers

- Independent prescribers –make a clinical assessment of the patient, make a diagnosis, and then prescribe if required.

- Supplementary Prescribers – undertake continuing care of patients, who have their condition diagnosed by a doctor, using a Clinical management Plan. Nurses who have the clinical opportunity to prescribe must have a medical mentor and access to a prescribing budget.

- The part time course at Degree level for Extended Independent Nurse Prescribing and Supplementary Prescribing nurses offered jointly by the University of Ulster and Queen's commenced April 2003.The third course is underway. There are four modules on: professional issues and patient empowerment; pharmacotherapeutics; health assessment; and specialised assessment and prescribing.

- Current situation - There are over 150 qualified Extended Formulary Nurse Prescribers in Northern Ireland from a wide range of clinical areas in the Acute, Community and Primary care sectors .They are able to prescribe for a wide range of conditions. The Nurse Prescribing Formulary includes approximately 180 POMS and all pharmacy GSL medicines. Further expansion of the Formulary is planned in 2005 especially for emergency care. Since 11 April 2005, supplementary prescribers can prescribe controlled drugs as part of the Clinical Management Plan with the independent prescriber (doctor or dentist).

- The Prescribing Order 2005 which came into force on 7 April 2005: allows the prescription of unlicensed medical products under supplementary prescribing; extends list of medicines prescribable by EFNPS; allows electronic signatures on prescriptions and extends the range of supplementary prescribers.

- A consultation on options for the future of Independent prescribing by Extended Formulary Nurse prescribers has recently been issued with a closing date for comments by 23 May 2005.

The roll out of nurse prescribing is an important development which will benefit patients. Four Nurse Prescribing Advisers have been appointed in each of the four Boards areas to continue the development and support for nurse prescribing. Mrs Oriel Brown, Nurse Prescriber, EHSSB gave members an overview of her role. This includes supporting and monitoring developments in nurse prescribing and providing help and advice on practice and issues within the Board area. Anita Glenn, DHPSS project development officer for nurse prescribing, period of secondment has ended and the lead for nurse prescribing is Dr Carolyn Mason. Key outstanding challenges include issues surrounding prescribing budgets and operational matters.

The Chairman said CMAC at its last meeting had expressed concerns about the imbalance between encouraging the drive towards new roles, extending roles and developing new ways of working and barriers which are restricting these developments. Also concerns had been expressed surrounding professional indemnity arrangements for independent and supplementary nurse prescribers.

Members were advised that all nurse prescribers must ensure they have professional indemnity insurance for example by means of a membership of a professional organisation. This is emphasised in the nurse prescribing course.

Members referred to some operational prescribing issues surrounding Out of Hours Services including: the need for designated prescription pads, and the sharing of prescribing information between different GP practices. Members were advised that a duplicate copy prescription pad had been developed to ensure GP Practices are kept informed. It was suggested consideration should be given to the development of a database to record prescribing information.

In response to queries it was stated that nurses are involved in the yellow card scheme for the collection of information on adverse drug reactions to medicines.

CMAC welcomed the significant progress that has been made in implementing independent and supplementary nurse prescribing in Northern Ireland .This is an important development which will provide a better quality service for patients through a multidisciplinary approach and more flexible use of health care professionals. It was recognised there are some outstanding operational issues.

4.2 Locum Doctors

[redacted]

4.3 Protecting Personal Information

[redacted]

[redacted]

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

Hospital Services Sub –Committee

[redacted]

General Medical Care Sub-Committee

[redacted]

6. UPDATE ON QUALITY

"Best Practice – Best Care" – The Quality Standards for Health and Social Care

Members had received the consultation paper "Best Practice Best Care: the Quality Standards for Health and Social Care" which is being issued for public consultation. The closing date for the receipt of responses is 4 July 2005. The consultation document and questionnaire is available on the Department's website. The document will not be published until the election takes place. Dr Briscoe gave members a presentation on the quality standards. A copy of the presentation is attached at Appendix 11 of the minutes. Key elements highlighted included:-

- The quality standards for health and social care outlined in the consultation document are part of the framework being put in place to raise the quality of health and social services provided. The aim is to produce generic core quality standards which will integrate existing standards on corporate governance with clinical and social care governance. They will apply to all HPSS organisations and will be used by the new The Health and Personal Social Services Regulation and Improvement Authority (HPSSRIA) which commenced operation on 1 April 2005. It will inspect services provided by the HPSS in Northern Ireland and regulate specified health and social care services provided by the HPSS and Independent sector. The standards will facilitate the HSSRIA in the monitoring of the quality of services provided by the HPSS.

- The five themes that have been identified are:-

    - Safe and effective care
    - Timely delivery of quality services
    - Promoting , protecting and improving health and social wellbeing
    - Open and effective communications and
    - Leadership and accountability of organisations.

The standards aim to raise the quality of health and social services and to improve the health and social well being of the people of Northern Ireland.

Critical Incident Reporting – Initial Responses

In June 2004 guidance on the reporting and follow up of serious adverse incidents was issued to HPSS organisations and special agencies. The guidance highlighted the need for the Department be informed about serious incidents which were regarded as serious enough to:- require action to be taken to ensure improved care or safety for patients, clients or staff; be of public interest and/or merit consideration of an independent review of the incident.

Members had received a paper providing a summary of the first 40 incidents reported to the Department following publication of this guidance. The paper details themes emerging .Where appropriate the Department has sought further advise/update from the relevant HPSS organisations. It is hoped a more detailed report will be provided to HPSS organisations and special agencies in the near future. This will raise awareness on particular issues and cascade learning across the HPSS.

Concerns were raised about the patchy pattern of reporting these incidents by HPSS organisations and agencies and the need for increased participation. It was recognised that this work is at a very early stage. It was suggested that the Chairs of Boards' Area Medical Advisory Committees should convey the concerns expressed by CMAC regarding discrepancies in reporting patterns and highlight the need for the Department to be informed about these incidents. The importance of the communication process between and within HPSS organisations about the handling of severe or major safety incidence in the HPSS was emphasised. A Risk and Governance workshop will be held in June 2005 which will clarify reporting arrangements of these incidents and examine factors influencing reporting. The guidance had asked HPSS organisations to nominate a senior manager in each HPSS Trust who would have overall responsibility for the reporting and management of these incidents.

Members were informed that work is ongoing to develop a Safety Framework for the HPSS.

Overview of the National Clinical Assessment Service

The Chairman welcomed Dr Thompson and Dr Fitzpatrick, NCAS Advisers for Northern Ireland. They gave members an overview of the work of the National Clinical Assessment Service. A copy of the presentation was circulated to members. Key elements highlighted include:-

- The Department and the National Clinical Assessment Authority entered into an agreement to extend the remit of the Authority to cover Northern Ireland from 1 October 2004. The NCAA became the National Clinical Assessment Service on 1 April 2005. This NCAS continues to offer a support service to HPSS employers who are concerned about the performance of individual doctors and dentists. The NCAS provides a point of contact for the HPSS where concerns about a practitioner's performance arise. It provides a support service to HPSS bodies and takes referrals from them. Its services include advise, support, assessment, action planning and follow up.

- Three Northern Ireland NCAS Advisers were appointed in January 2005 (2 Medical and 1 Dental). The role of the NCAS Advisers includes:-

    - Support the NHS/HPSS and the profession to resolve any concern regarding medical or dental performance
    - Help the NHS/HPSS and the profession not to need that service
    - Outcomes:- A reduction in the inappropriate use of suspension in the NHS/HPSS: Develop and use excellent methods for assessing performance and evaluation research and development function
    - New work after 2005 includes
        - Suspension and exclusions
        - NHS/HPSS Medical and Dental Disciplinary Framework
        - Alert letters – developing a web based alert system for practitioners about whom there is concern
- The Performance Triangle
- Factors that Impact on Performance
- Assessment Framework and the process when an organisation approaches the NCAS
- Number of requests for NCAS help; Age of referrals; Number of referrals by Hospital specialities; Factors presenting concern include health related, behaviour, clinical capability and organisational.
- A launch event was held in March and workshops will be held in September.

Members were asked to convey to colleagues details about the support services provided by NCAS and arrangements for accessing the NCAS. A copy of the NCAS handbook was circulated to members. This may be accessed through the NCAS website http://www.ncaa.nhs.uk

With regard to the pattern of referral for NCAS services in Northern Ireland, it was stated that the number of requests had significantly increased and are mainly from the secondary care sector.

Concerns were expressed that if a doctor has a vexatious allegation made against him /her the doctor may feel that participation in an assessment process is unfair. It was stated that the NCAS seeks the co-operation of the practitioner but has no power to require practitioners to comply with assessments. The GMS contract requires all doctors to co-operate in assessment processes. Also this will also be a requirement under the new Disciplinary Framework which it is expected will be rolled out in line with English disciplinary procedures by July 2005. Employing authorities have a responsibility to ensure that information gathering is substantiated by others. Also it is expected that Quality assurance mechanisms will be put in place. Members questioned the process of raising concerns about the performance of individual sessional doctors and were advised that initial contact about this issue should be made with Medical Directors/Advisers.

CMAC welcomed and recognised the value of the NCAS services. The Chairman thanked Dr Thompson and Dr Fitzpatrick for the presentation.

CMO Review of Medical Revalidation: A Call for Ideas

The details of revalidation are being revisited through a review following the recommendations made in Dame Janet Smyth's Shipman's Inquiry's 5th report. The review will be undertaken by an advisory group chaired by the CMO in England and will examine the appraisal and revalidation process.

A DOH article concerning the CMO review of medical revalidation: A Call for Ideas was issued to members. This seeks views on issues that the review should cover to help inform the CMO and the advisory group in considering options for change. Any issues that respondents wish to raise should be sent to the CMO in England by 13 May 2005.

Members had received a letter from the GMC advising that the introduction of licensing and revalidation had been postponed until the review was completed. Members were advised that HPSS appraisal as set out in current guidance should continue pending the outcome of this review.

There was discussion and the following main comments were made:-

- It was noted that GMC had prepared a detailed response which will go on its website.
- Concerns that the introduction of robust systems of appraisal would impact on the provision of clinical services.
- The need for robust and effective models of revalidation at local level to support the revalidation of doctors through clinical governance and other local systems.
- Concerns regarding the benefit of the proposed additional knowledge tests for doctors. Members emphasised the need for the appraisal and revalidation process to address doctors' behaviours and attitudes. There was concern about a lack of willingness within current appraisal systems to engage in assessing doctors' attributes in relation to behaviours and relationships with colleagues.
- Concerns that issues which are raised during appraisal and agreed for action for example environmental issues and the provision of IT support are rarely actioned by employing organisations.
- The need for investment in IT systems to support the appraisal and revalidation process.
- The consequence of the outcome of the review of medical revalidation are UK wide and there is a need to stress that issues relating to Northern Ireland and systems of health care should be taken into consideration.

Members were asked to send any comments they wished to make to the Chairman. He undertook to prepare a response on behalf of CMAC.

Update on Appraisal and Future Revalidation

Members had received a GMC letter of 4 March 2005 concerning the postponement of the introduction of Licensing and Revalidation. In the light of issues raised by Dame Janet Smyth in the 5th Shipman inquiry with the GMC's agreement it had been decided to postpone the introduction of licensing and revalidation until the review led by the CMO in England is completed. Appraisal as set out in current guidance should continue.

Members were informed that an evaluation of all appraisal systems in NI was being undertaken. A CMO letter and a questionnaire had been issued to Boards and Trusts. The Department is currently giving consideration to the implementation of the recommendations emerging from the Shipman inquiry. An implementation group has been set up to look at the recommendation in the NI context.

7. EXPANSION OF MEDICAL SCHOOL

The Chairman referred to the expansion of the medical school at Queen's University, the reorganisation of the medical curriculum and the restructuring taking place within Queen's University. Members highlighted concerns associated with these changes and how these would impact on the functions of medical school.

Concerns were expressed about the knock on effect of a more research driven University on the functions of the medical school at a time when the medical student intake is increasing.

It was agreed that the Department would discuss these issues with Senior Management within QUB and keep Professor Hay informed of development.
Members were advised that the Department plans to review the SUMDE arrangements. This was being taken forward by Mr David Bingham, Director of Human Resources. Members emphasised the need for a review and an expansion of this scheme.

8. REVIEW OF PUBLIC ADMINISTRATION IN NORTHERN IRELAND

The consultation document on the Review of Public Administration was launched on 22 March 2005. It contains options for local Government and public bodies and proposals for health and structures. Members had received the Executive summary and the Chapter setting out proposals for new HPSS structures. The closing date for responses is 30 September 2005. The full consultation document is available on the website at www.rpani.gov.uk.

Dr Mitchell outlined main elements of the proposed new HPSS structures:

- DHSSPS will remain responsible for determining regional policy and strategy, legislation, allocation of resources, setting targets, performance management and oversight and management of HPSS bodies.
- The current four HSS Boards and 18 of the 19 HSS Trusts will be replaced by five or seven new HPSS Agencies.
- A Regional Forum consisting of the chief executives of the HPSS Agencies and the regional service delivery body and chaired by the Permanent Secretary of the DHSSPS will advise on the development of regional services and the work of the Agencies.
- The existing Regional Service bodies will be reduced from six to four or five.
- The current four HSS Councils will be replaced by one regional body
- The role of the current Local Health and Social Care Groups will be reassessed.

In line with the finding of the Review of Public Health Functions it is proposed that regional arrangements for health promotion, health improvement and the management of public health intelligence should be consolidated in a single regional service delivery body. It is proposed that the new HSS Agencies should be established in shadow form for six to nine months before coming into operation. It is therefore likely to take up to two years from the date that final decisions are taken on the

outcome of the review to formally launch the new bodies. They would develop proposals for their management structures for DHSSPS endorsement.

The document seeks views on:-

- The proposal that there should be five or seven HPSS Agencies to replace the current four Boards and 18 Trusts.
- The proposal to reduce the existing Regional Service bodies from six to four or five.
- The proposal to replace the four Health and Social Services Councils with one regional body.

CMAC considered that the preferred model was 5 HPSS Agencies. An important issue is the need for coterminosity between the Health and Social Services and the boundaries of other public services and agencies organisations. CMAC expressed the view that it would be unwise to be bound by existing health boundaries and these should reflect natural patient flows which may not fit in with Council boundaries.

CMAC supported the proposal to reduce the existing regional bodies from six to four or five and that the Blood Transfusion Agency should continue as a separate body. The importance of the functions of these Agencies and the need to protect them was emphasised. It is proposed that the Ambulance service should be maintained as a separate organisation .Members supported the proposal that consideration should be given to closer co-operation between the ambulance service and the fire service.

CMAC highlighted the importance of resolved medical advice at Board level and felt this should be specified within management structures for the proposed HPSS agencies and there should be a Director of Public Health within the management tier. The Chairman asked members to send any other comments they wish to make to him by E-Mail and he undertook to respond to the consultation on behalf of CMAC.

9. REVIEW OF PUBLIC HEALTH FUNCTION IN NORTHERN IRELAND

Members had received a copy of the Executive summary of the report on the review of the public health function in NI. Dr Mitchell gave members a presentation. A copy was circulated. She summarised key factors as follows:

- The Department had commissioned a review of public health function in Northern Ireland. The independent review was overseen by a steering Group chaired by CMO.
- The findings of the review were launched by the Minister in December 2004. health protection, health improvement, services development and training were some of the key recommendations of the review. The main recommendations relate to :-
    - Strengthening Public Health at inter-departmental level
    - Strengthening Public Health at Departmental Level
    - Consolidating existing arrangements at regional level with respect to health protection, health improvement and knowledge management
    - Broadening the contribution of Environmental Health in the public health function
    - Strengthening Public Health at local, community and neighbour level
    - Developing a multi-disciplinary Public Health workforce
    - Developing Academic Public Health and R&D
    - Strengthening North/South working with regard to Public Health
    - Reduction of health inequalities

- An Implementation Group chaired by CMO will develop an action plan to take the recommendations forward. Four sub-groups have been established to progress this work. The Department will organise a workshop before next spring to update key stakeholders.

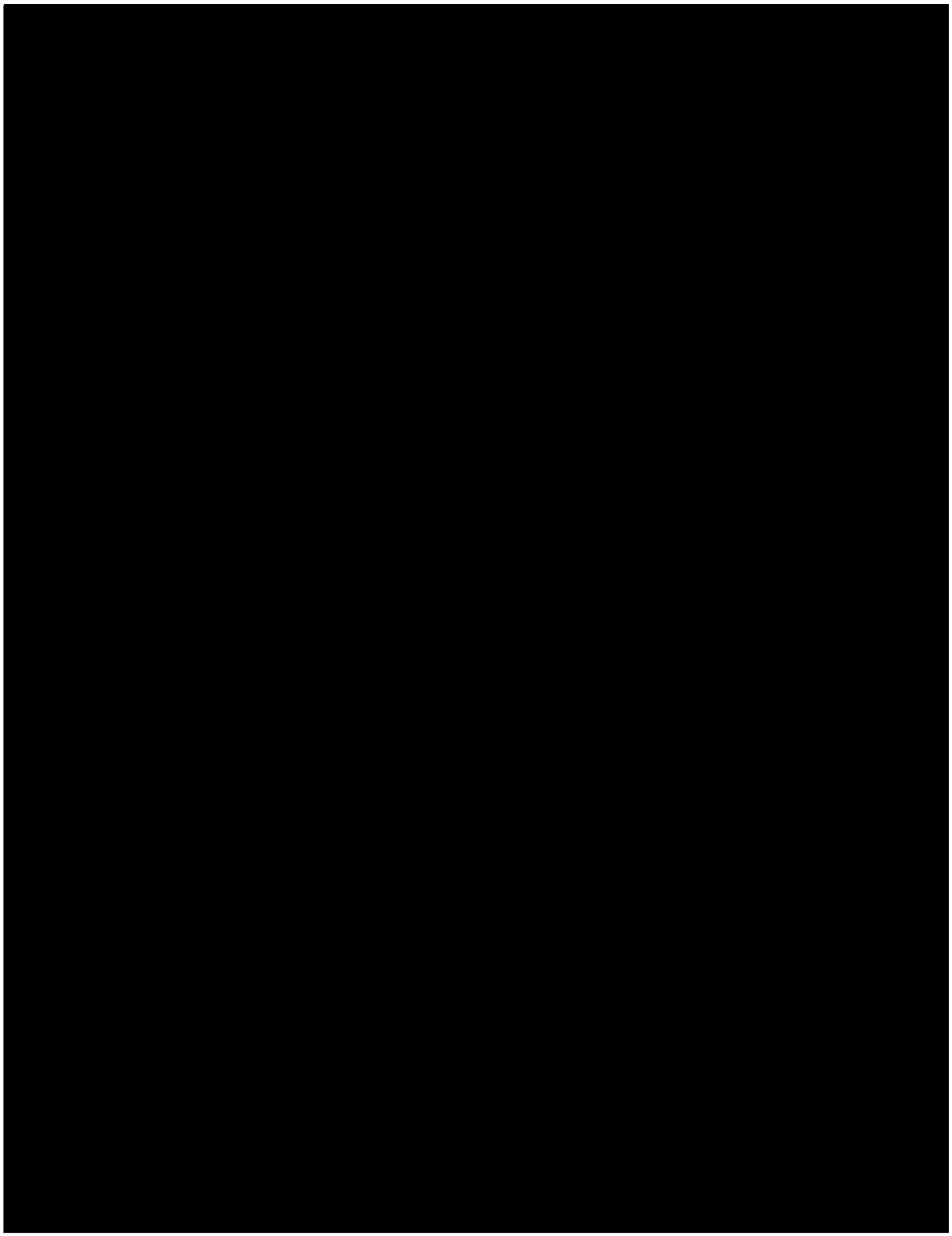
10. DEVELOPING BETTER SERVICES – UPDATE

The Chairman welcomed Mr Dean Sullivan, Director of Secondary Care. He updated members on progress on the implementation of Developing Better Services and Managed Clinical Networks as follows:-

Managed Clinical Networks

At the regional conference on Managed Clinical Networks on 10 March 2005 the Department announced its intention to designate two flagship MCNs per Area Programme Board with some central funding input. Members had received a letter which details the process for designation of these flagship MCNs and a framework for their operation. Adherence to this framework will be a requirement of all centrally funded MCNs. Two flagship MCNs should be identified by each Area Programme Board and their proposal document sent to the Department for approval by 30 September 2005. The aim is to have these MCNs in operation by 30 September 2006.

Developing Better Services Programme.



Strategic Development of Out of Hours Services

The Chairman welcomed Mr Richard Duffin, Primary Care Directorate. Members had received a report "Research and Report on Models of Regional Out -Of Hours Services". Mr Duffin summarised key factors as follows:-

- The project objectives were to identify research and report on models of primary care out-of-hours services existing outside Northern Ireland. .
- Themes emerging include:-

Costs of OOH service provision and staffing matrix
Convenience
Location and Co-location of OOH services
Quality standards
Training issues
Definitions of what OOH service should provide
Use of A &E services
Minor Injury Units
Technology issues and Data ownership

- As part of the implementation of the new arrangements for out-of hours services a Regional project board was established to assess the development of a regionalised OOH service. The group will evaluate the information contained in the report along with evaluations of OOH models established by Boards and produce a recommendation for a model for a regional OOH service in Northern Ireland.

- CMAC welcomed the report and noted it set out features of a good generic model of OOH services and standards to be met by this model. The Chairman asked how the Committee could input into the process. Members were informed that the next step was a preliminary workshop to be held on 15th June 2005 for the workshop to be held in September. It was agreed that the Chair of each Boards' Area Medical Advisory Committee and the Chairs of CMAC and its two sub-groups the Hospital Service Sub-Committee and the General Medical Care Sub-Committee would be invited to attend the workshop. Mr Duffin undertook to progress this matter.

- Concerns were expressed that the membership of the OOH Regional Group had no GP representation. It is stated that Dr Browne, medical advisor in the Department and the medical director of one of the EHSS Board's out-of-hours providers, is a member of the Group. CMAC considered that the membership of the Group should be re-examined and consideration given to including a GP representative from a professional organisation.

The Chairman thanked Mr Duffin for the update.

11. DATE OF NEXT MEETING

[redacted]