

**HOSPITAL SERVICE SUB-COMMITTEE OF THE CENTRAL MEDICAL
ADVISORY COMMITTEE**

**Minutes of the meeting held on Wednesday 31 January 2001 at 2.15pm in Room 922,
Dundonald House**

Present: Dr J Jenkins (Chairman)
Dr D Boyle
Dr M P O'Neill
Dr P G Loughran
Dr M Madden
Dr I Orr
Ms C M Scally
Dr M E Callender
Dr R McMillen
Dr S J A Rankin
Dr T C M Morris
Dr A E Montgomery
Dr B Devlin
Mr C J McClelland
Mr W J I Stirling
Dr R F Houston
Mr J Gray
Mr E Mackle
Dr K M Mahood
Mr M C McCann
Dr C Marriott
Dr J R McCluggage
Dr D Stewart
Dr W W M McConnell
Dr A Mairs

In Attendance: Dr P Darragh (Deputy CMO)
Dr P Woods

1. APOLOGIES

[REDACTED]

2. CHAIRMAN'S BUSINESS

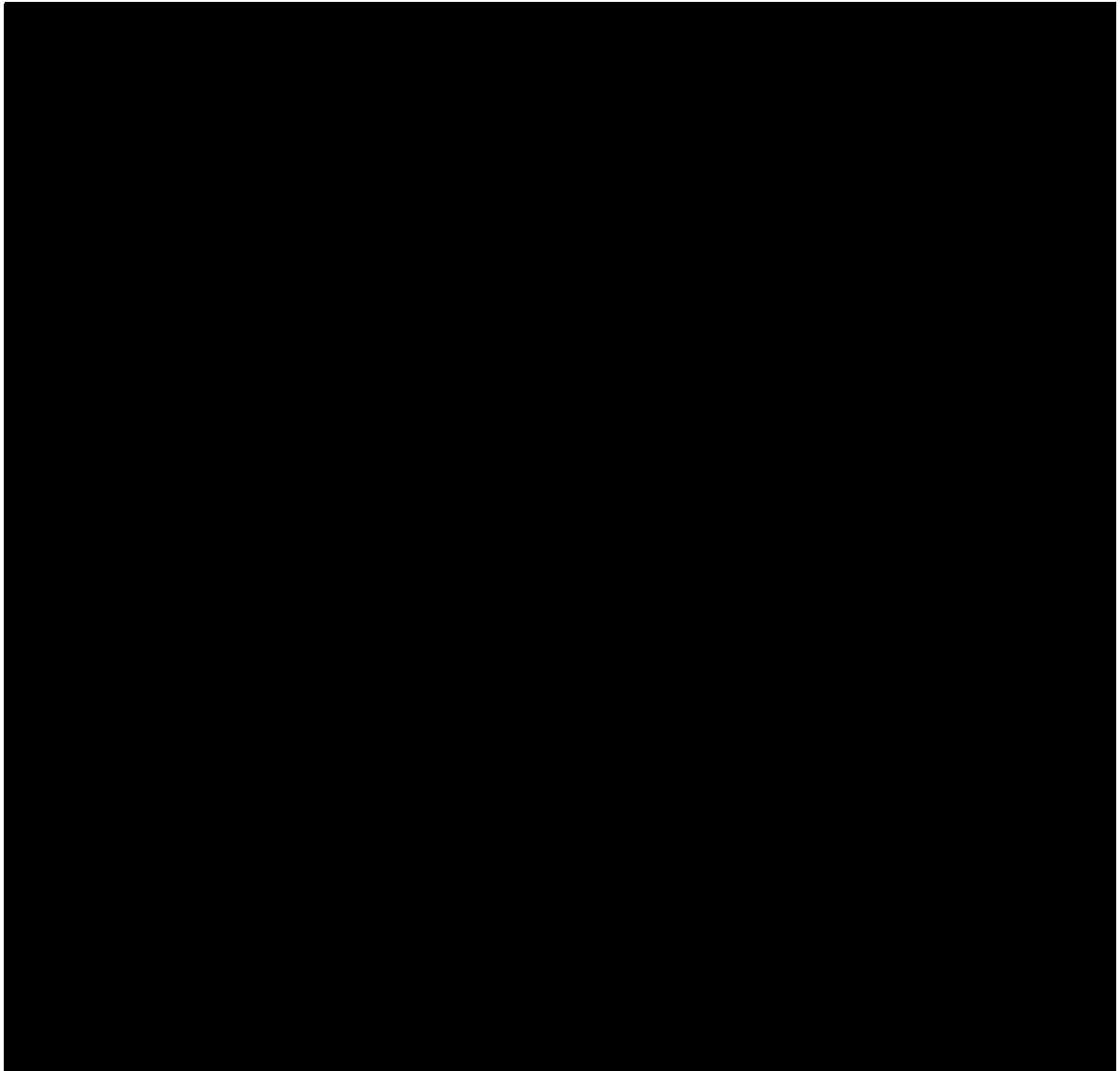
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3. MINUTES OF LAST MEETING

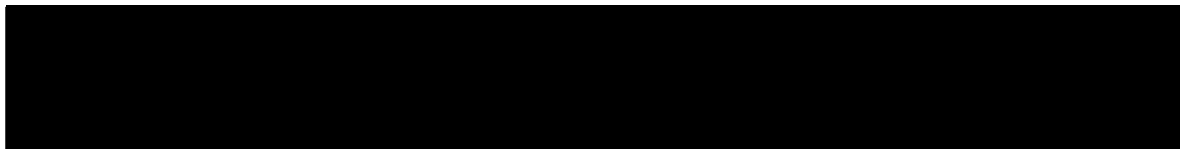
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4. MATTERS ARISING

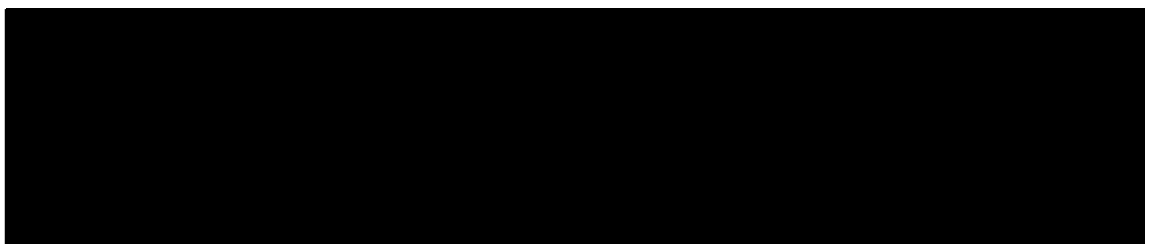
4.1 Cancer Services



4.2 Update on Staff Grade Post Approved under the New Arrangements



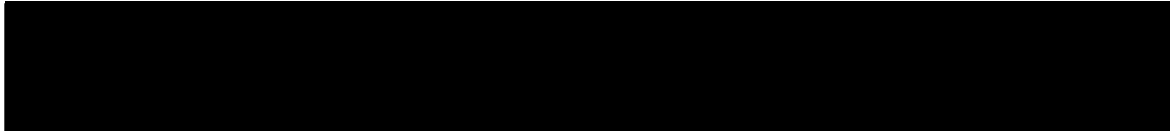
4.3 E-Mail Address – Information and Communication Technology for the HPSS in NI



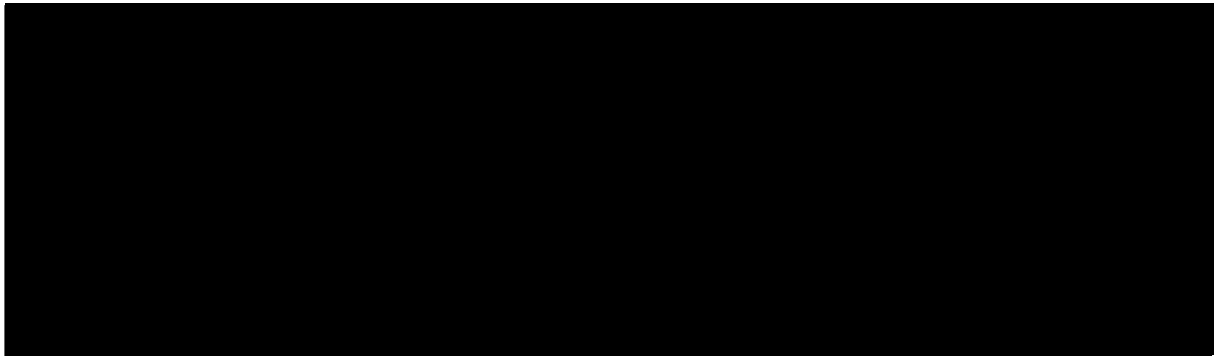
4.4. NHS National Plan

Dr Wood advised that it was not intended to issue the equivalent of the NHS plan for NI. The approach locally would be to issue a number of specific documents on public health matters such as "Confidence in the Future" and "Investing for Health" and many of the issues raised in the NHS plan would be included in these and other documents.

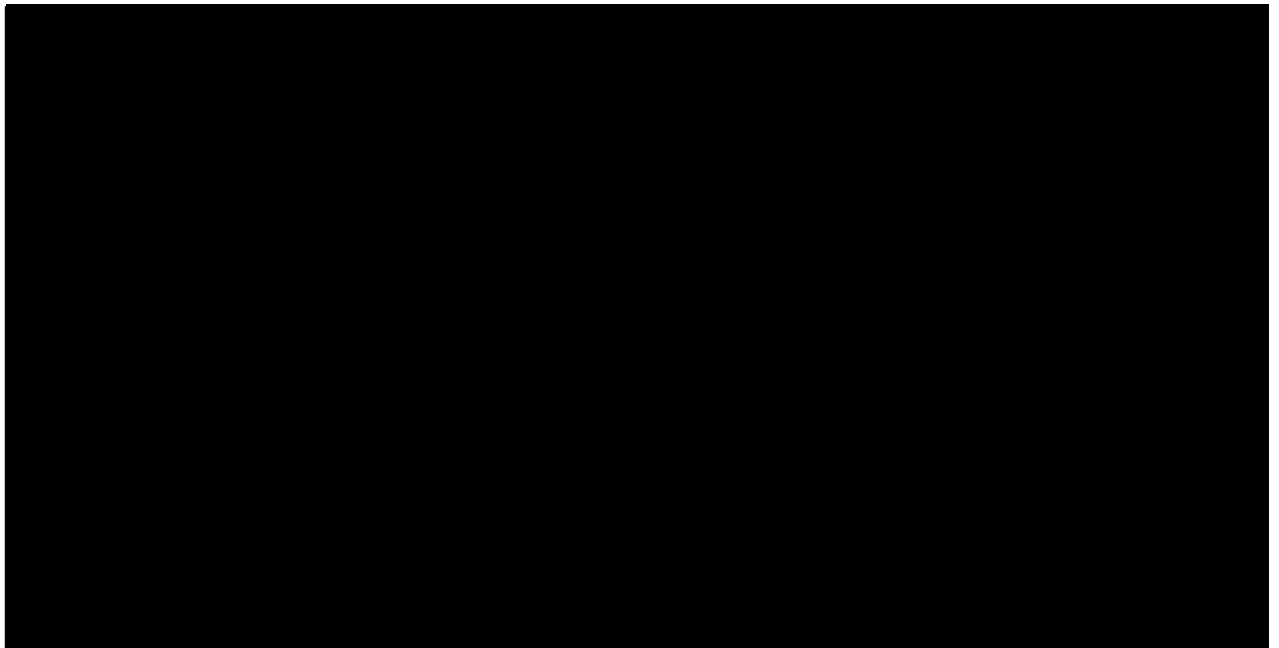
4.5 Cardiac Surgery



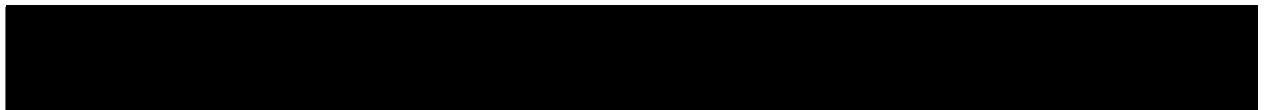
4.6 Acute Hospital Review Group

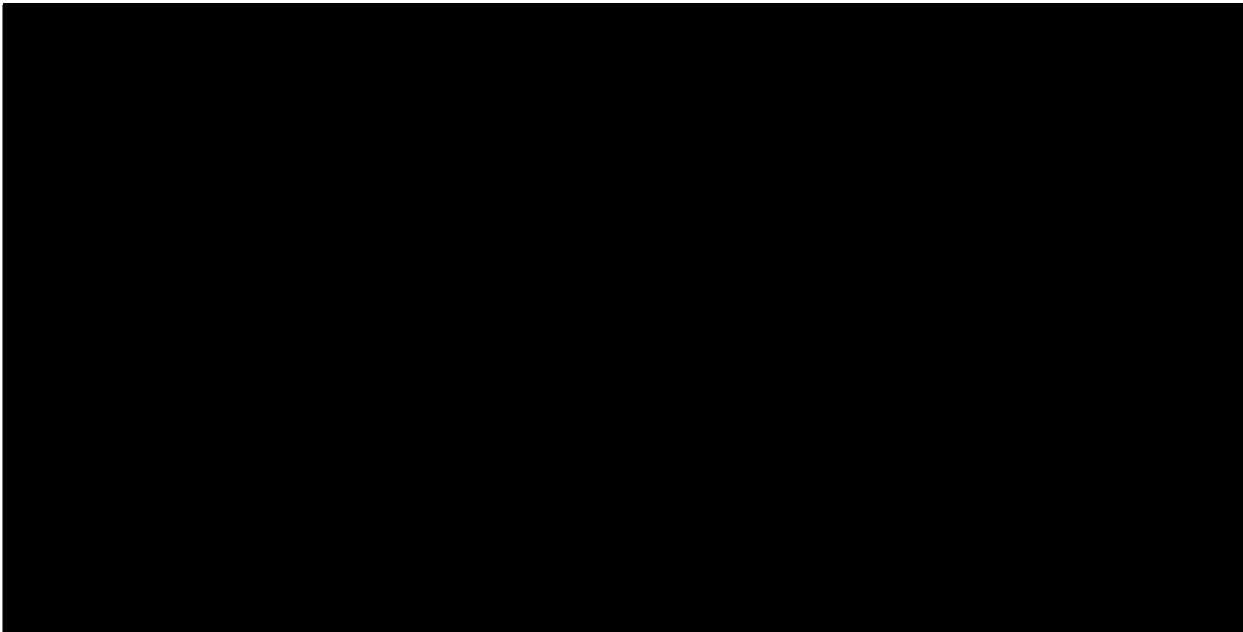


5. SPECIALIST REGISTRAR STAFFING 2001/2002



Anaesthetics

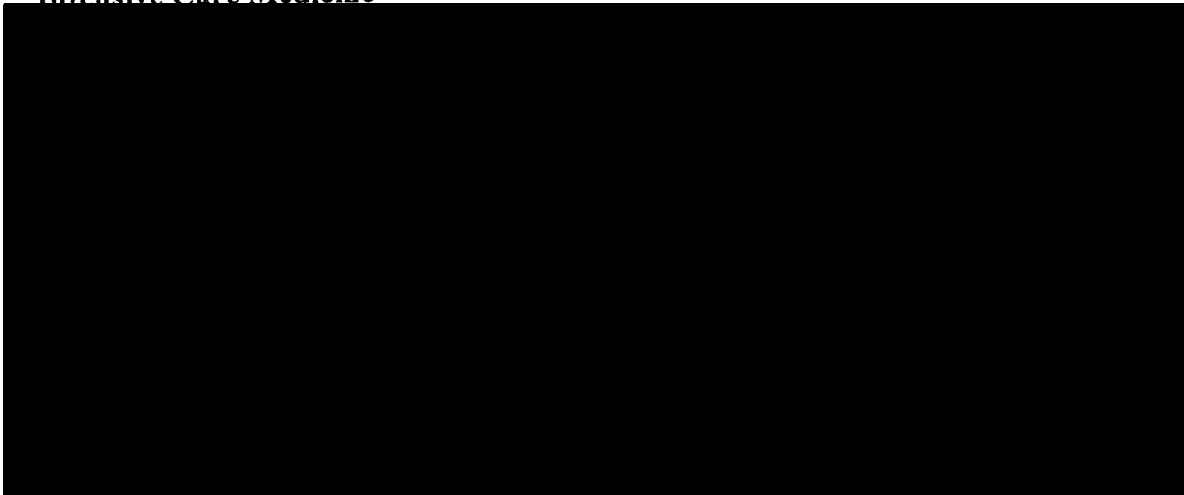




Accident and Emergency Medicine



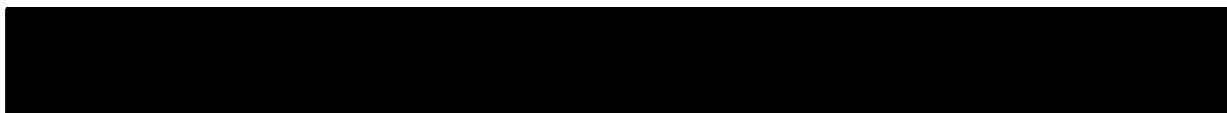
Intensive Care Medicine



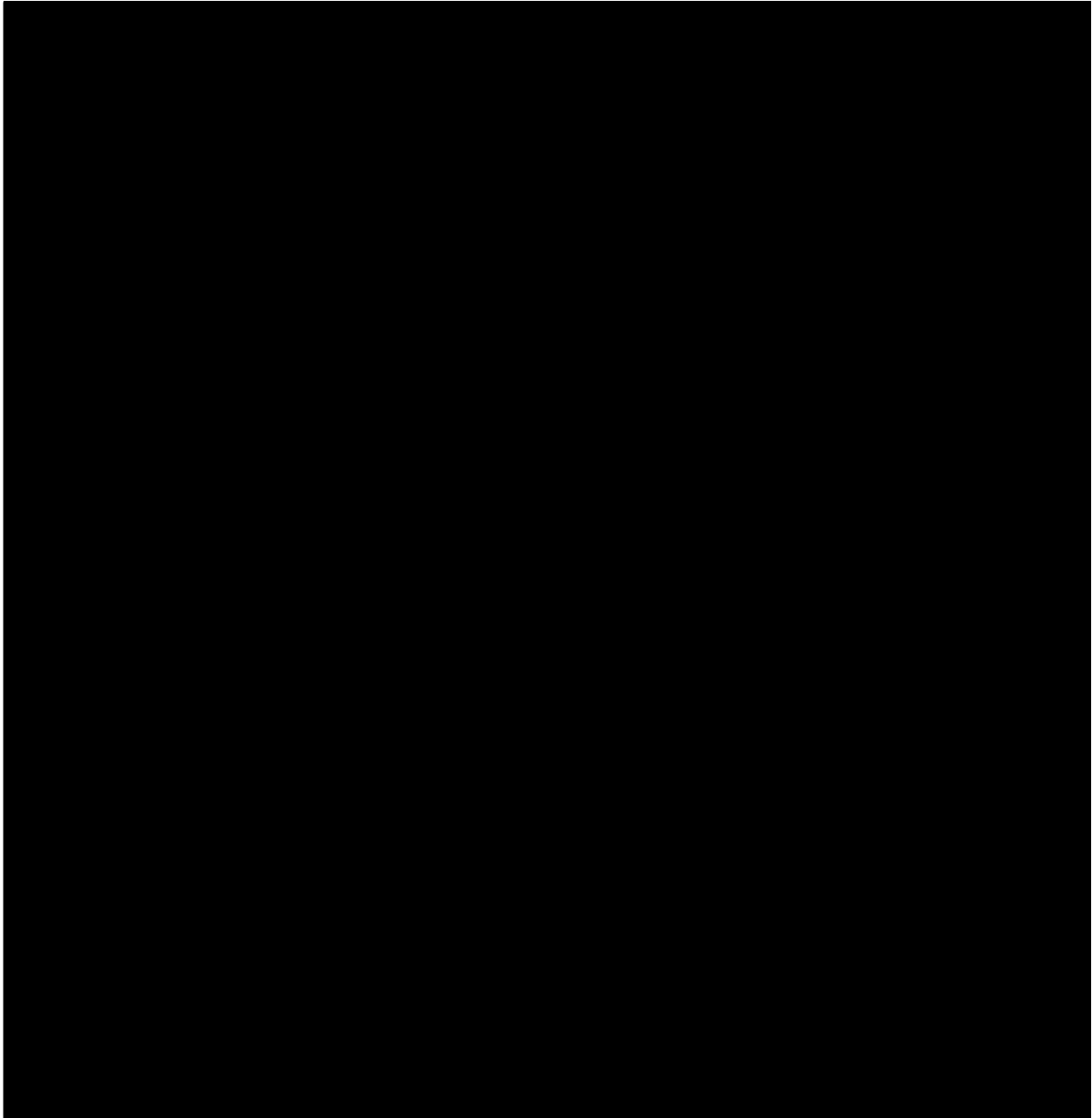
ENT Surgery



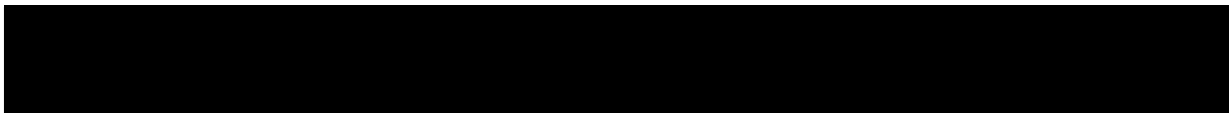
General Medical and Related Specialities



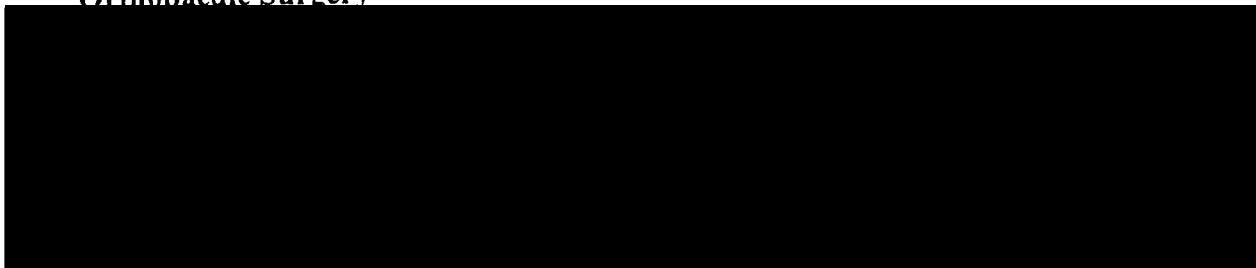
Infectious Disease

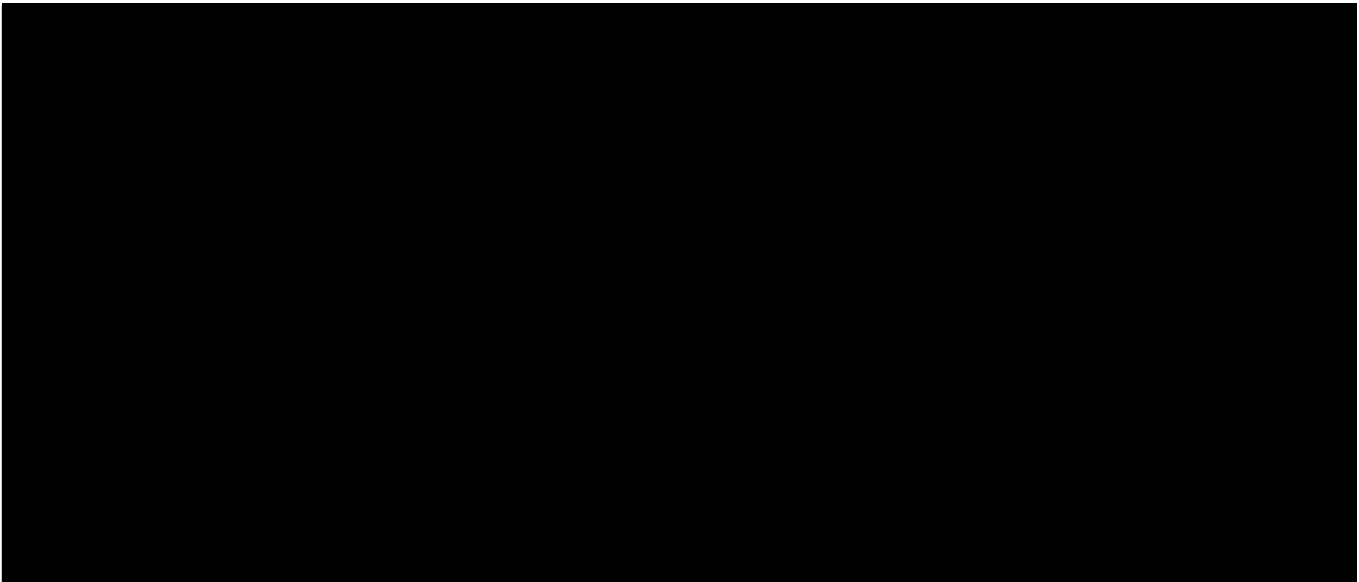


The Surgical Specialities



Orthopaedic Surgery

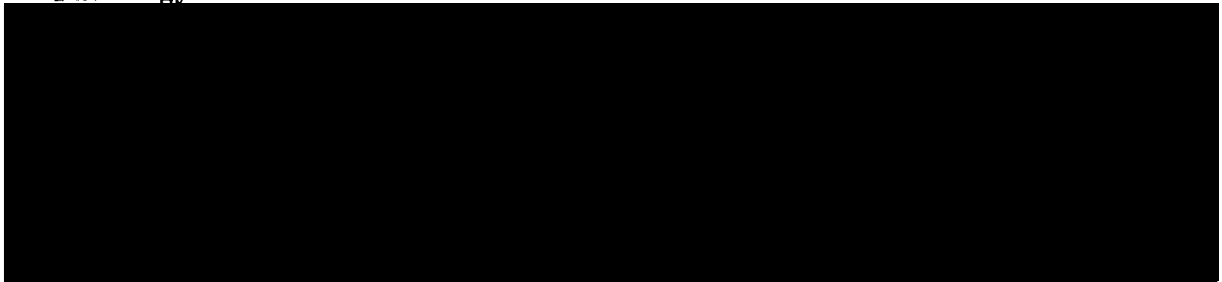




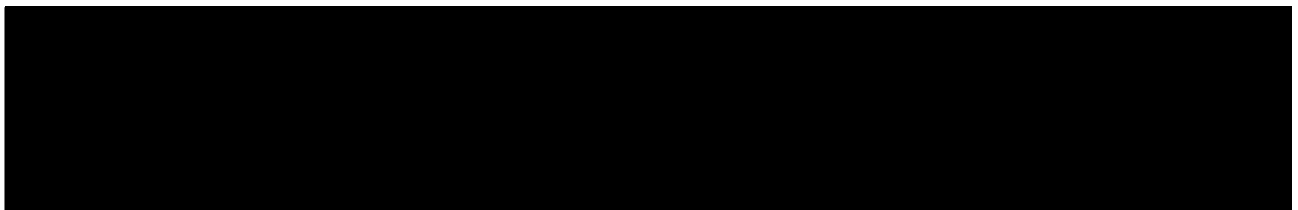
General Surgery



**Laboratory Medicine
Pathology**



Obstetrics and Gynaecology



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[Redacted]

Ophthalmic Surgery

[Redacted]

Paediatric Medicine

[Redacted]

Psychiatry and Learning Disability (PLD)

[Redacted]

Clinical Imaging

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Non-Surgical Oncology

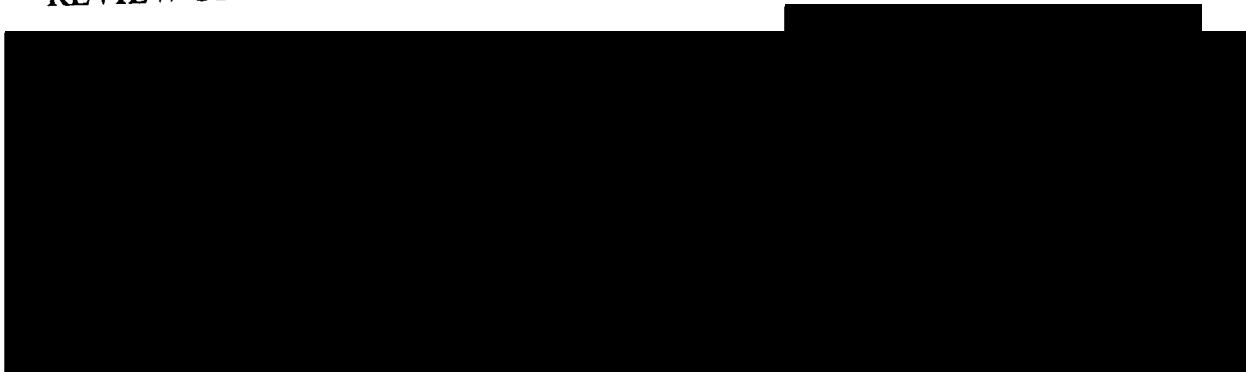
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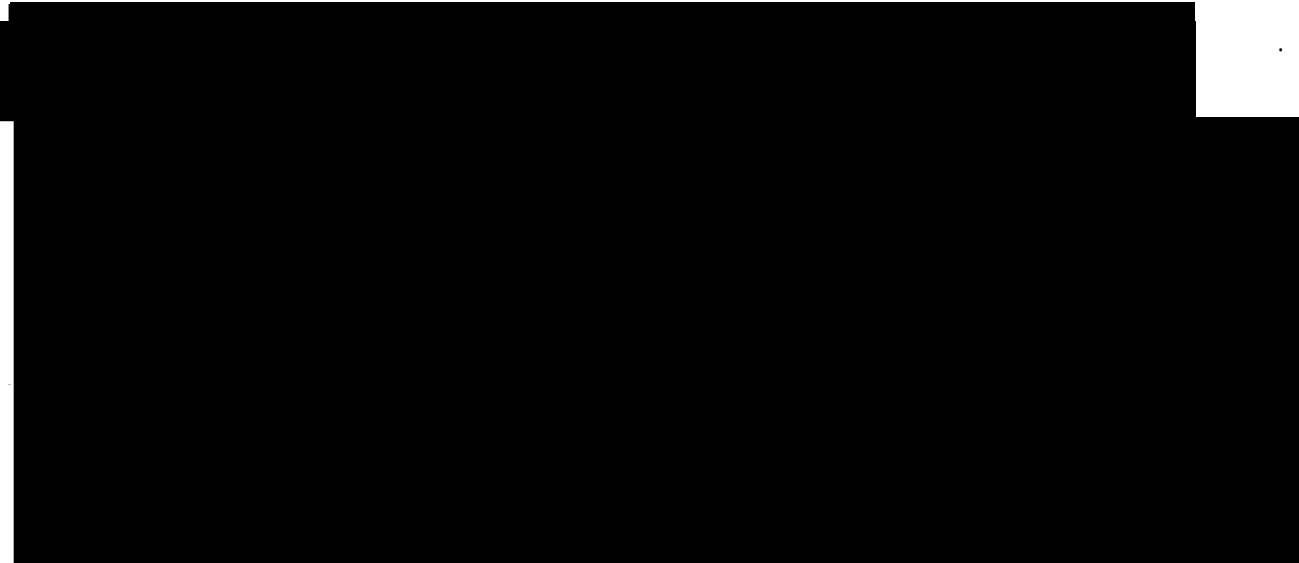
Occupational Health



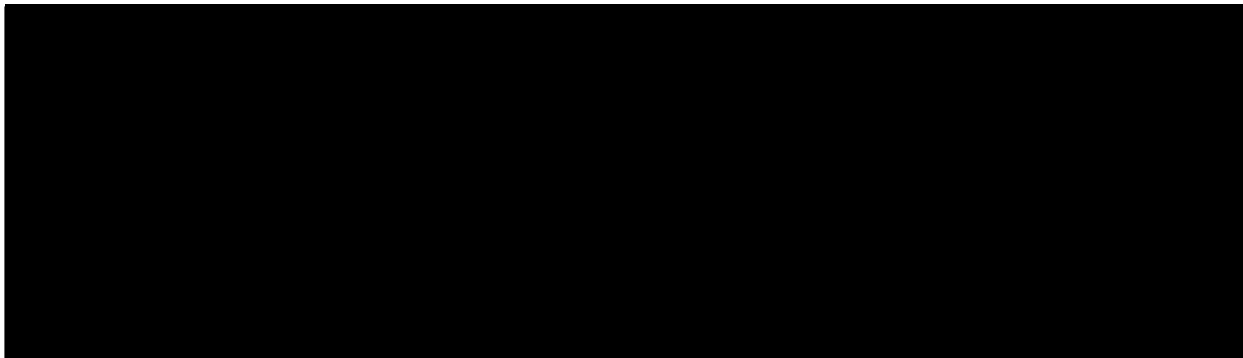
6. REVIEW OF TIME-EXPIRED REGISTRARS

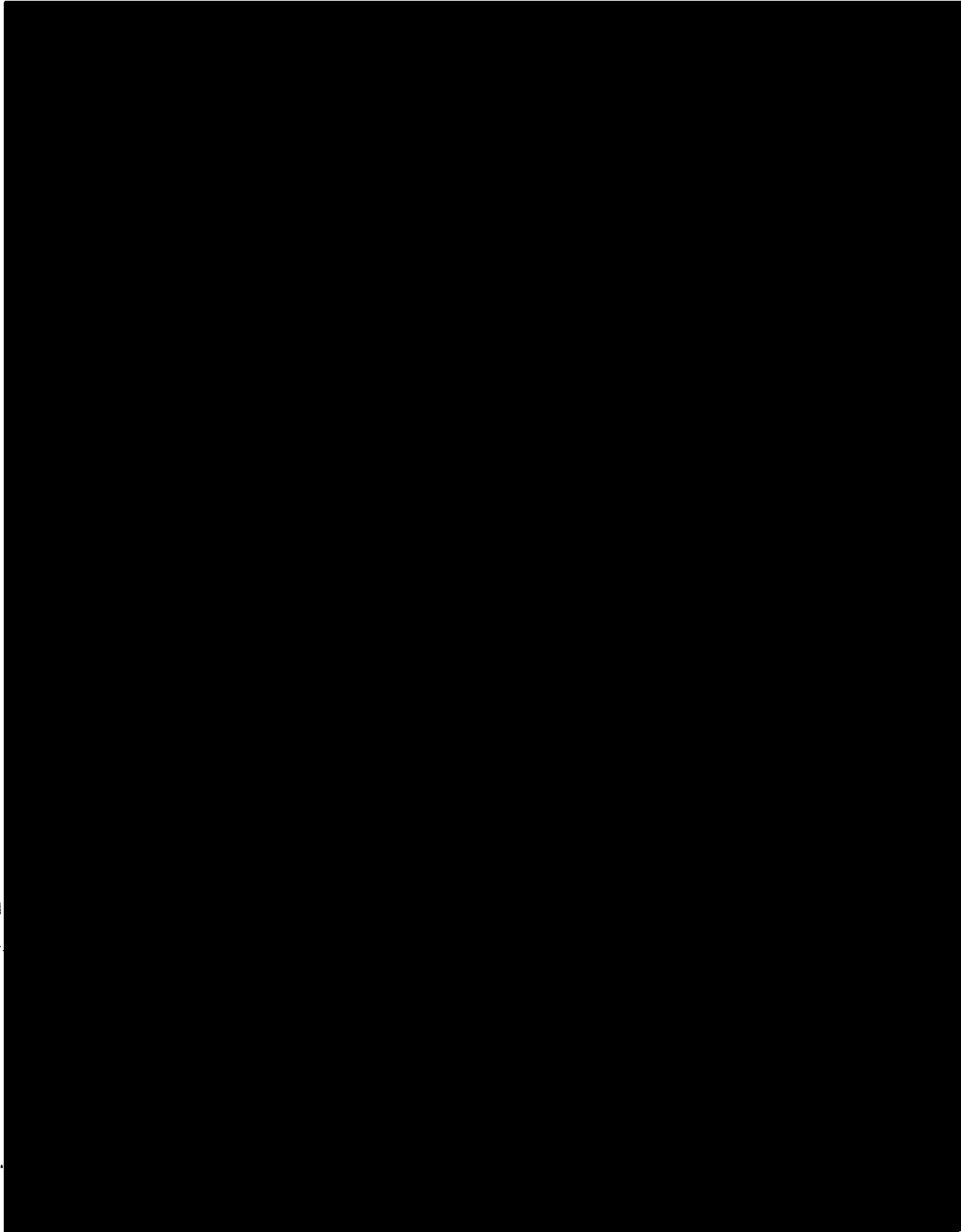


7.



8. NON CONSULTANT CAREER GRADE POSTS





9. INVESTING FOR HEALTH

(Investing for





10. JUNIOR DOCTORS' HOURS – THE NEW DEAL REPORT ON SEPTEMBER 2000 SURVEY

Members had received a report based on returns provided by each Trust on progress towards the New Deal targets at 30 September 2000.

Dr Woods summarised some of the key areas as follows:

The figures presented were based on 12 completed returns for the relevant period.

40% of PRHOs fully comply with the New Deal. Obstacles to compliance remain working arrangements and the volume of clinical task of limited educational value undertaken by PRHOs and the cost of providing and training staff to share these duties.

78% of SHO posts complies fully with the New Deal compared to 86% in March 1999.

Dr Woods said that this fall in compliance had occurred despite an on-going investment of £3 million each year with an additional £300,000 in 2001/02.

Dr Woods sought comments from members. During discussion the following points arose.

The Chairman said that the sub-group of HSSC – “The Advisory Group on Junior Doctors’ Hours” had not yet considered this report.

Dr McCluggage said that the NICPMDE is very concerned about compliance in the PRHO grade. Postgraduate Medical Deans in other regions share this concern. Training other staff to undertake duties undertaken by PRHOs had received limited support from other professions. An issue is the increase in the intensity of work. There is an increase in the number of doctors that are not completing the PRHO year. Dr McCluggage indicated that the NICPMDE was examining the issues.

Dr Woods said that funding had been allocated for the appointment of a junior doctor to assist the Advisory Group in its role. He advised that the appointment would be made as quickly as possible.

11. CONFIDENCE IN THE FUTURE FOR PATIENTS, AND FOR DOCTORS

Members had received a copy of the recommendations. Dr Darragh reported that the main messages emerging from the consultation process included;

The principles underlying the document are well supported

Practical issues of concern had been identified.

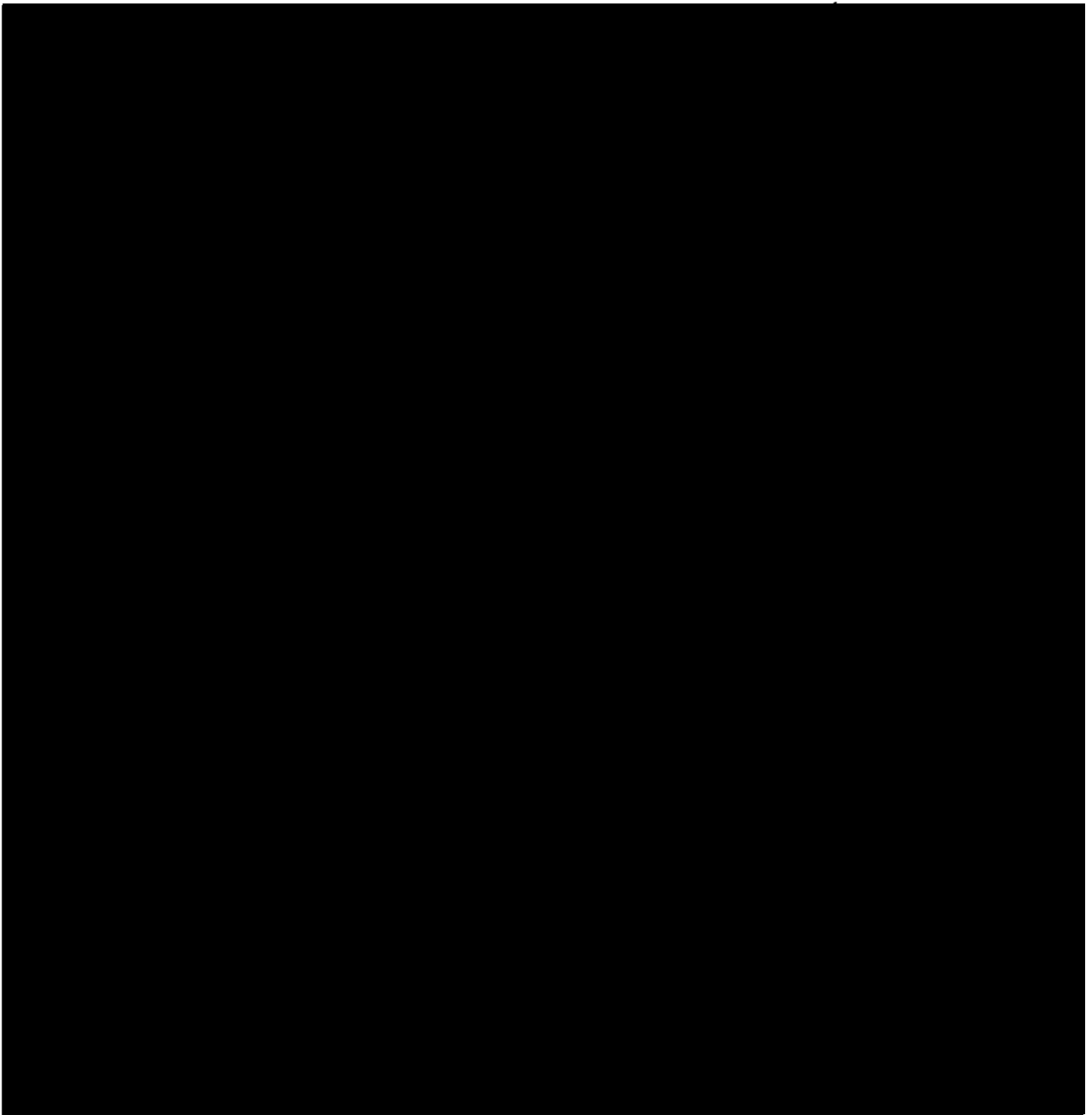
The issue of resources required to implement the recommendations.

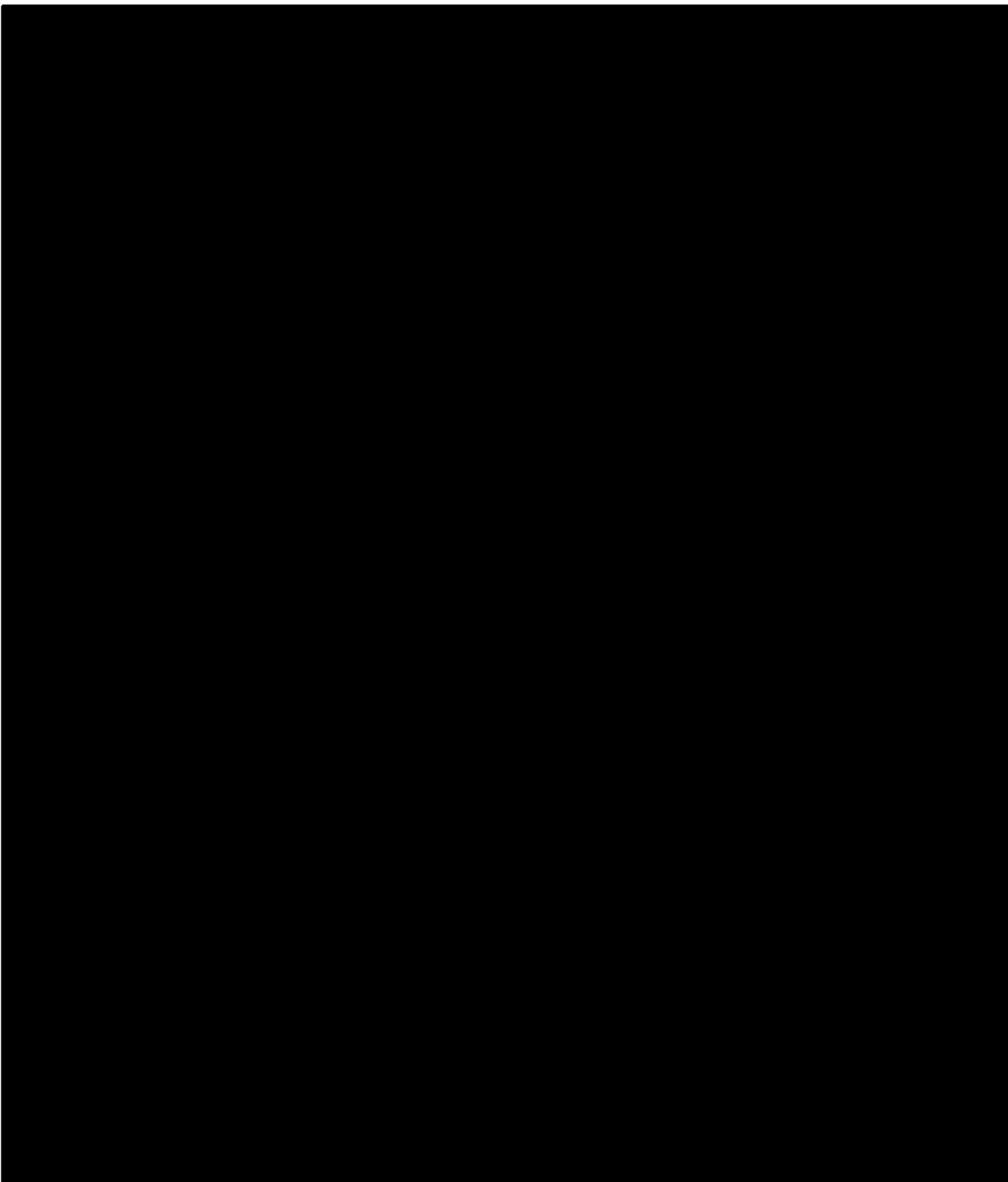
Human rights issues

Disparity between responses from doctors and patients groups

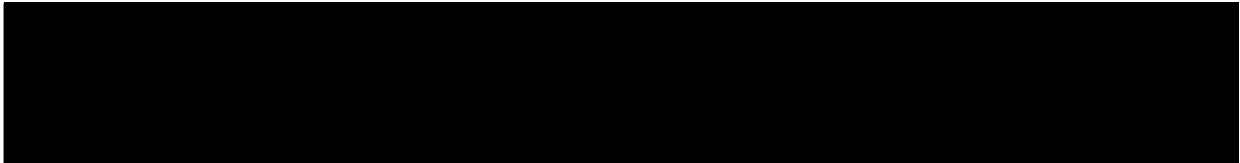
Dr Darragh said that in the light of responses to the consultation more detailed proposals will be brought forward.

12. **BUILDING THE WAY FORWARD IN PRIMARY CARE**





14. DATE OF NEXT MEETING



HOSPITAL SERVICE SUB-COMMITTEE OF THE CENTRAL MEDICAL
ADVISORY COMMITTEE

Minutes of the meeting held on Wednesday 23 May 2001 at 2.15pm in Room
C3.18 Castle Buildings.

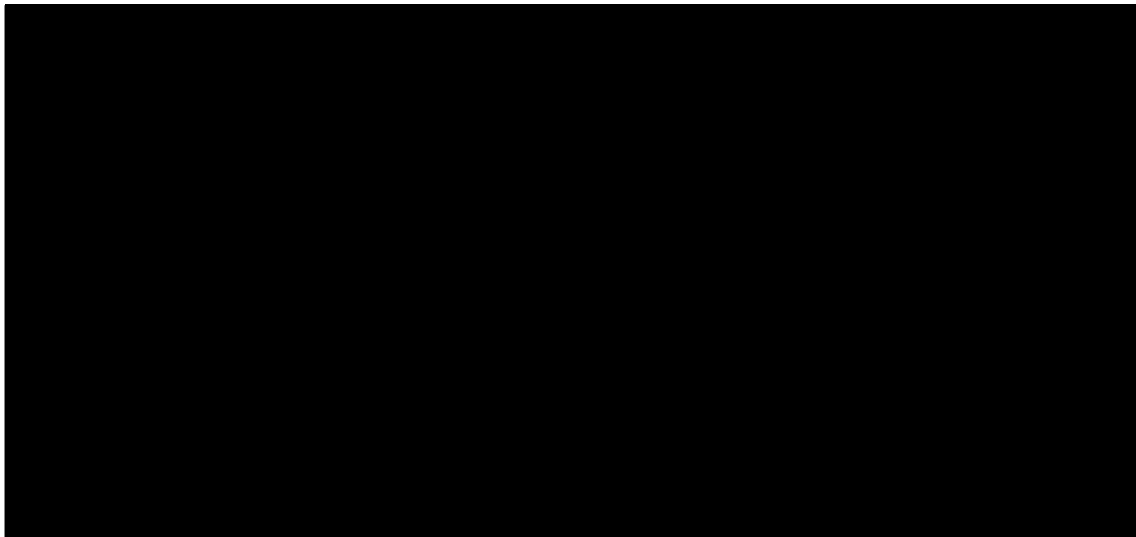
Present: Dr J Jenkins (Chairman)
Dr M P O'Neill
Dr I Orr
Ms C M Scally
Dr R McMillen
Dr McAloon
Dr T C M Morris
Dr A E Montgomery
Dr B Devlin
Mr C McClelland
Dr R F Houston
Mr M J G Hawe
Dr K M Mahood
Dr S Gracey
Dr D Stewart
Dr W W M McConnell

In Attendance: Dr P Darragh (Deputy CMO)
Dr P Woods
Mrs M R McNaughton

1. APOLOGIES

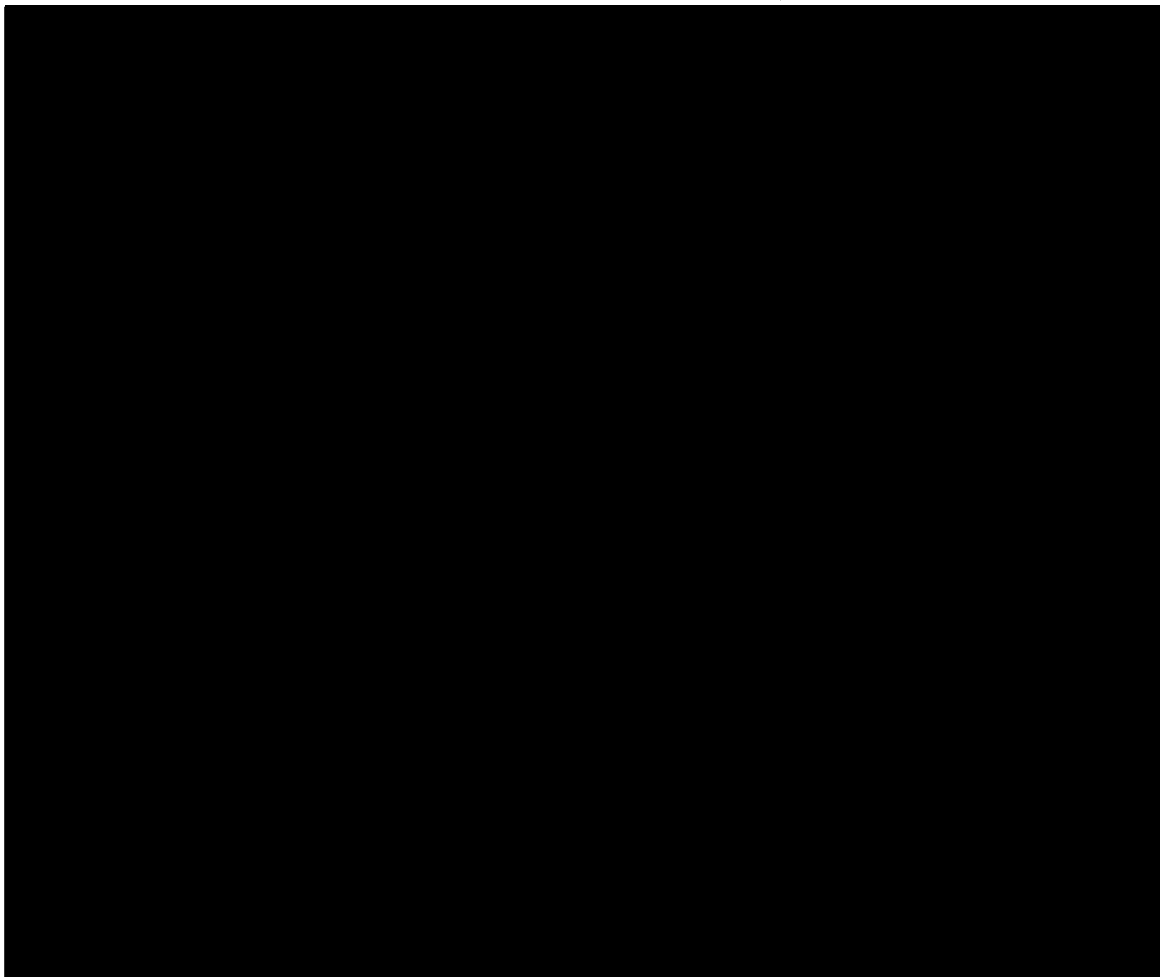
2. CHAIRMAN'S BUSINESS

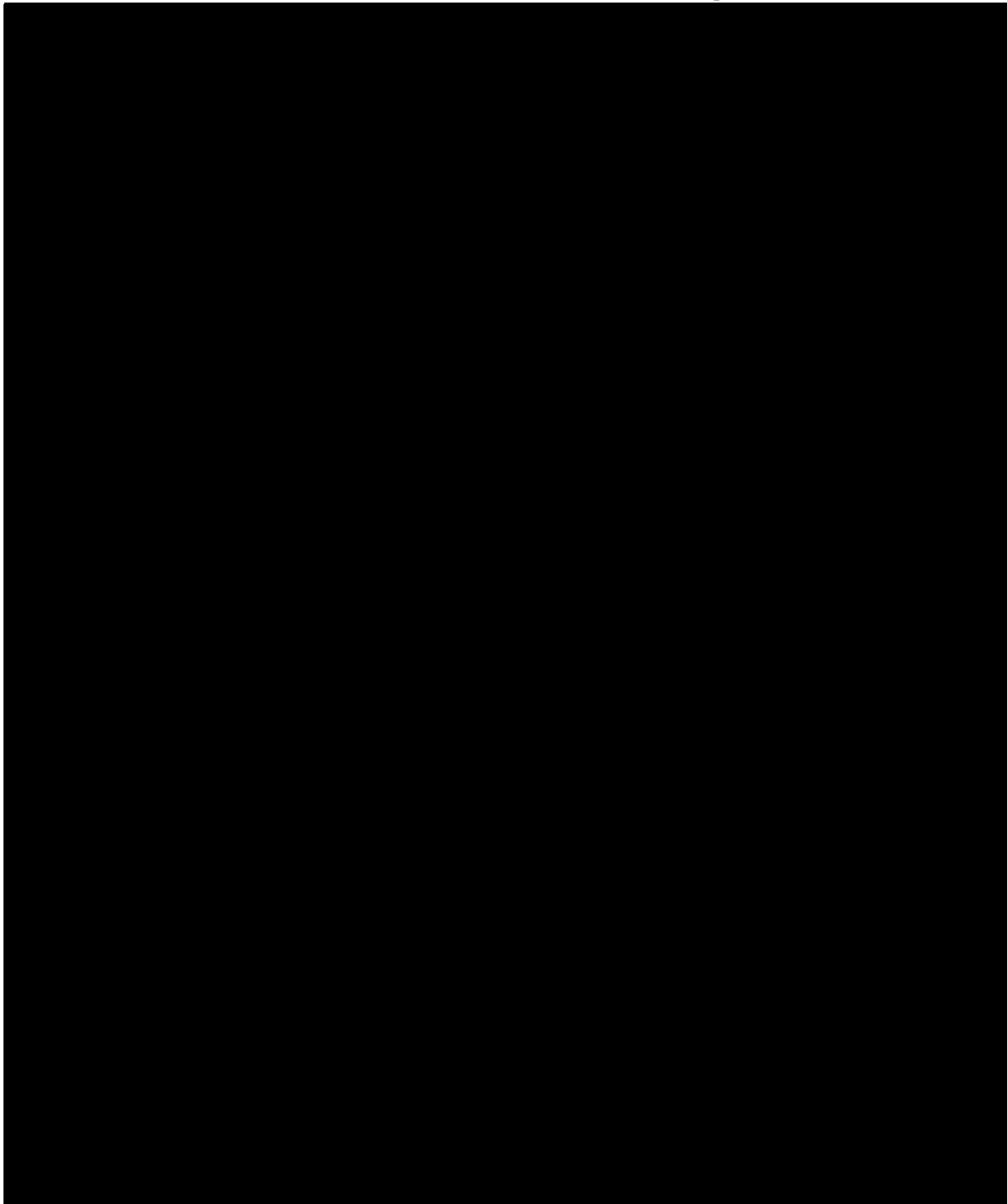
3. MINUTES OF LAST MEETING



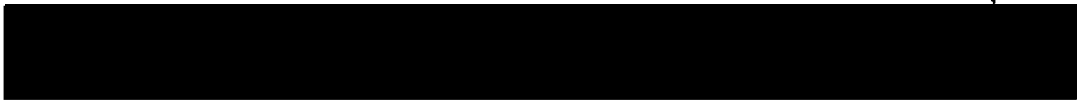
4. **MATTERS ARISING**

4.1 **Cancer Services**

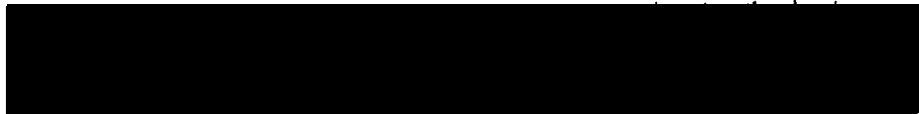




4.2 Staff Grade Posts Approved 2001



4.3 Acute Hospitals Review Group



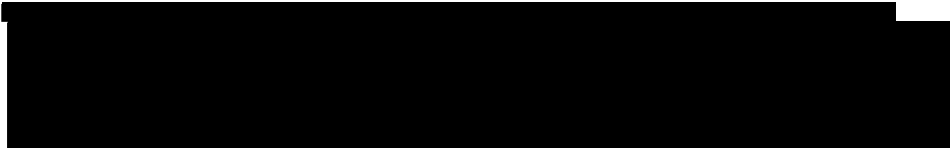
4.4 Outcome of HSSC Recommendations on Specialist Registrar Numbers for 2001/02

Dr Woods advised that, at its meeting in January, HSSC had reviewed the recommendations of each SAC in respect of SpR numbers for 2001/02. Available finance was sufficient to establish 15 additional posts. A number of recommended posts were outstanding. Members had received a paper which detailed the SpR posts established in order of priority and the recommended posts outstanding.

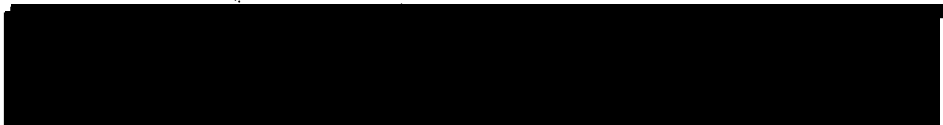
Dr McAloon drew attention to difficulties in planning for replacements for SpRs in Paediatrics because of delays in the funding of research grants. Better co-ordination and an agreed timetable was required. It was suggested that this matter should be raised with the R&D Office.

Concerns were raised about the interface between the funding of consultant posts and requirements in the "Priorities for Action" document. Dr Morris said that the CCST system made it difficult to schedule the funding of consultant posts. The financial constraints introduced in the "Priorities for Action" document were too rigid. It was recognised that this document introduced arrangements for financial planning to regulate Trust/Boards overspends and unplanned developments and improve financial discipline.

4.5 Investing for Health



4.6 Building the Way Forward in Primary Care



4.7 Confidence in the Future for Patients and for Doctors

Dr Woods advised that the consultation process had ended and over 50 responses had been received. The Working Group had considered the responses received. The next stage involved seeking Ministerial approval on the way forward. A number of workshops on the introduction of consultant appraisal had been set up.

Dr Woods highlighted the need to take account of developments that had taken place since the publication of the consultation document. Locally this included the publication of "Best Practice – Best Care" together with the establishment of bodies such as the National Clinical Assessment Authority and the National Patient Safety Agency. In addition, GMC had been considering its proposals for revalidation the previous day.

4.8 Junior Doctors Hours

Dr Woods reported that the post of a junior doctor to assist the Advisory Group in its role had been advertised the previous week. It was intended to have this doctor in post by the beginning of August. In the interim, four junior doctors had been seconded to the Scottish Implementation Group.

The Undergraduate and Postgraduate Deans had written to all organisations regarding the intensity of work in the PRHO grade.

5 BEST PRACTICE – BEST CARE

The Chairman welcomed Mrs Margaret Rose McNaughton, Quality and Performance Improvement Unit, and invited her to speak to the consultation document "Best Practice – Best Care". Mrs McNaughton explained that in the Programme for Government the Executive had made a commitment to put in place a framework to raise the quality of services in the HPSS. The Minister had issued the consultation paper as a first step to delivering this.

The paper sets out proposals aimed at providing high quality services in the HPSS. The proposals are centred on:

- Setting standards – improving services and practice
- Delivering services – ensuring local accountability; and
- Improving monitoring and regulation of the services

Mrs McNaughton gave members a presentation covering the proposals in the document. A copy of the overheads are attached at Appendix 1 of the minutes. Mrs McNaughton advised that the Department would welcome comments on the proposals in the document. The consultation period on the document ends on 18 July 2001.

The Chairman said that the Committee would respond to the paper within its remit which covers secondary care. Members views were sought and the following main points emerged:

The Committee welcomed the paper and endorsed its focus on raising the quality of services in the HPSS. The Committee supported the principles underlying the proposals.

The Committee endorsed option 3 as the only viable option.

The HPSS Standards Board should not stifle the production of local guidelines.

Consideration should be given to exploring how NI could link in with standard setting bodies in other home countries e.g. Scotland.

HPSS Standards Body would be an internal mechanism for filtering standards and guidelines to the HPSS. It was considered that the Board should not be seen as an internal mechanism and should be able to bring in relevant expertise from outside here as required. There was also concern that a filtering mechanism would be seen as an economic filter.

A large volume of standards and guidelines are produced by NICE and because this system is so vast there is a danger that any filtering mechanism set up here will be swamped.

A multi-disciplinary approach to the production and dissemination of standards and guidelines was required.

The issue of team work and team accountability had not been taken into account in the paper. The Committee emphasised the need to promote a multi-disciplinary approach.

Continuous Professional Development was a key element in raising standards of service. Members raised concern that in the past CPD had not been properly resourced.

The Committee highlighted the importance of taking on board and making linkages with other recent policy documents such as "Confidence in the Future", "Investing for Health" and "Building a Safe NHS for Patients".

A focus on identifying outcomes and investment in this area is required.

The need to ensure that the same standards of quality are applied throughout the HPSS was highlighted.

The Committee supported the introduction of clinical governance arrangements in NI. It was recognised that new arrangements should build on existing quality frameworks already in place here.

HSSC supported the statement "For clinical and social care governance to be successful all HPSS organisations in tackling issues of performance or poor quality must move away from a culture of blame to one of learning. They will need to adopt a partnership and collaborative approach within HSS teams and between health and social care professionals and managers."

It was important that indicators developed to assess performance in key areas are meaningful. Members raised concerns that the Performance Management Indicators were being developed internally by the Department without pre consultation with professionals in the field. The Committee felt that a pre consultation exercise with professional groups should be undertaken to develop proposals for the Performance Management Framework.

HSSC strongly supported the introduction of service development frameworks for the HPSS.

CREST – The Committee commended the work of CREST and recommended that CREST should be retained and its activities built into the new system.

The Committee endorsed the proposal that a statutory duty of quality should be placed on an HSS Trust for the services it commissions as well as those services it provides.

The Committee noted that introduction of a system of clinical and social care governance had significant resource implications.

The Committee highlighted the need for better clinical information systems.

NI is a small country and members raised concerns about internal monitoring, the question of vested interests and the need for true objectivity in monitoring performance. It was felt that a framework should be developed to allow expertise from outside NI to be available to assist in monitoring here.

Members questioned whether it was necessary to set up an independent body to monitor performance here and whether there would be merit in calling on the services of the Commission for Health Improvement.

The Chairman thanked Mrs McNaughton for the presentation. He undertook to prepare a formal response on behalf of HSSC taking account of the comments made at to-day's meeting.

6. MODERNISING THE SENIOR HOUSE OFFICER GRADE

Dr Woods introduced this item. He said that a working group under the Chairmanship of Professor Liam Donaldson had been established to examine and improve arrangements for SHO training to meet modern service and educational demands.

Members had received selected papers produced by the Working Group. The final proposals were likely to be based on five key principles:

- Training should be programme based
- Training should begin with broadly based foundation programmes pursued by all trainees
- Programmes should be time limited
- Training should allow for individual tailored personal programmes and
- Arrangements should facilitate movement into and out of training

Dr Woods summarised the main points in the papers. He explained that the proposed changes would not happen in isolation but would need to reflect broader changes and developments in the health service. The work of the Group would encompass workforce issues including the size of the workforce, changing practices; flexible working; gender of the workforce and skill-mix issues.

It is likely that the report of the technical group will form the basis of the final report. The Working Group was expected to report in September. Dr Woods sought members comments.

Dr Houston enquired about numbers in the SHO grade in NI and what proportion of doctors in this grade were in basic training SHO posts labelled as Year One and Year 2. In order to make a two year Foundation Programme Training work there would be a need to put trainees into 2 year rotation programmes and the rest of the SHO posts would be year 3 and above.

Dr Woods said that approximately 25% of SHOs had been in the grade in excess of 3 years.

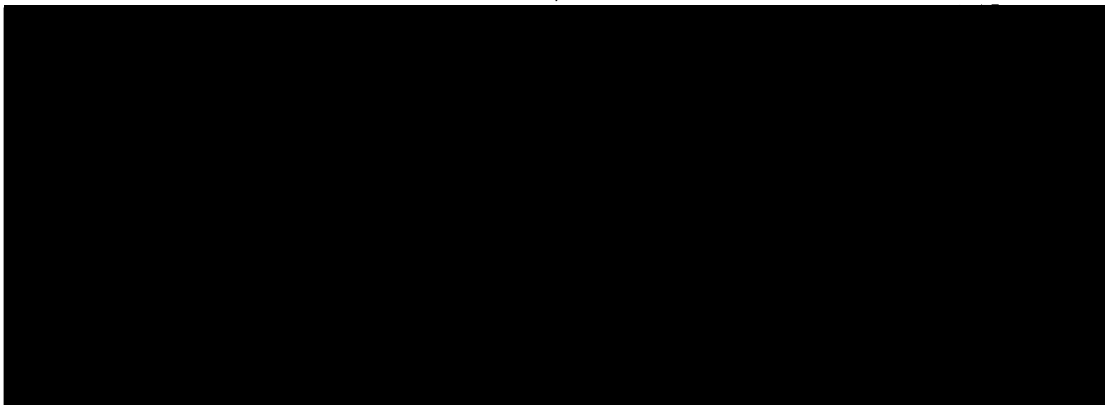
It was recognised that in NI there is a major imbalance between the number of SHO posts and the number of posts required for training. In many instances SHOs were being used inappropriately to provide service.

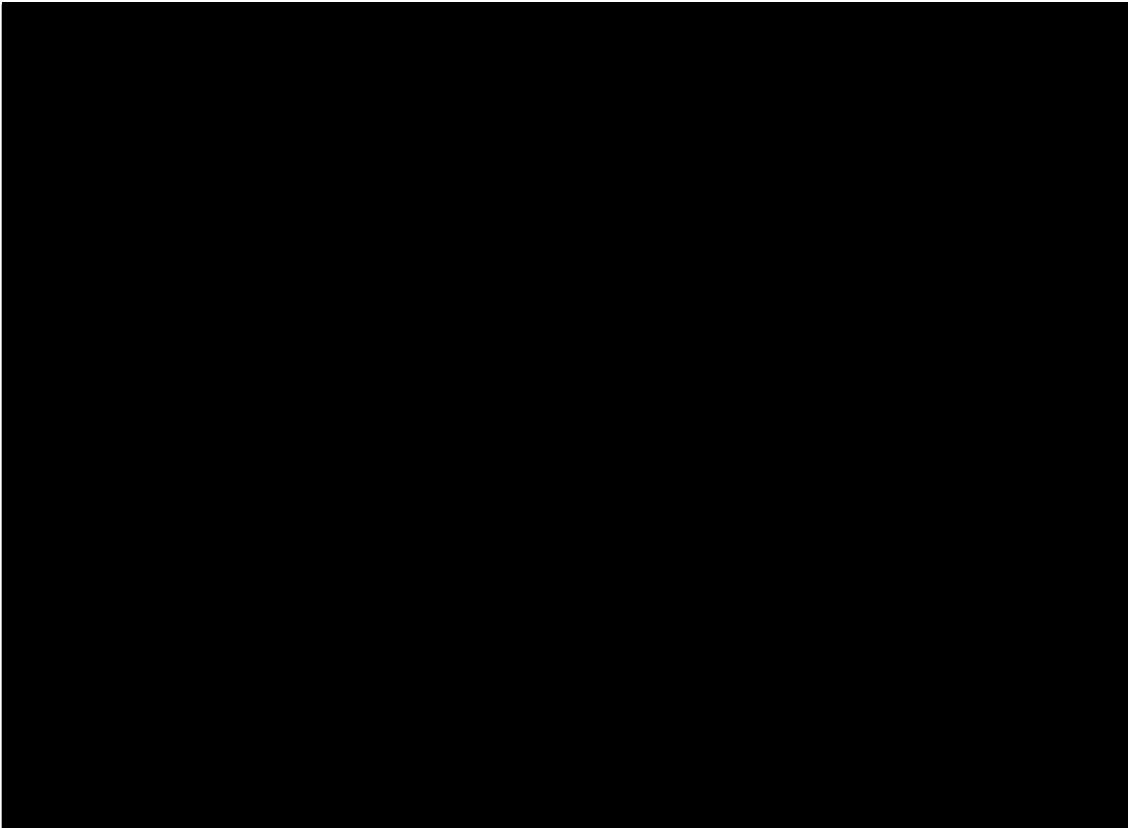
In response to queries about when SHOs would make their career choice, Dr Woods said that it was felt that trainees were specialising too early in their career and would benefit from broadly based foundations programmes. The need for improved career counselling had been recognised.

Members were concerned that a trainee who had obtained MRCP should not be precluded from career progression. Members expressed disquiet about stuck SHOs who had difficulty in progressing because of bottlenecks in entry to the SpR grade. Improved workforce planning was necessary to ensure this.

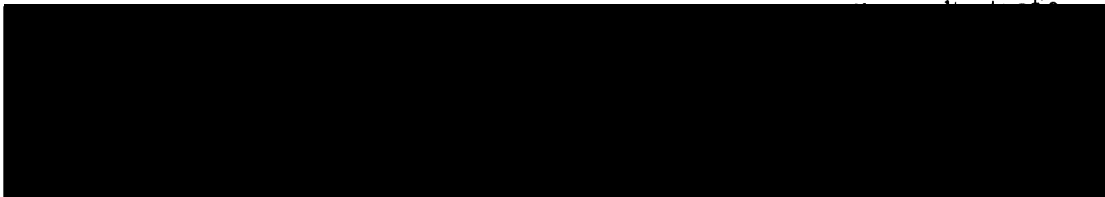
Dr Woods said it was recognised that any proposals had to allow for inherent uncertainty but there was a need to make broad moves to improve arrangements for SHO training. He indicated that he would be happy to convey any comments received from members on any aspects of the papers, particularly any local implications.

7. APPLICATIONS FOR REGRADING TO ASSOCIATE SPECIALIST





8. ANY OTHER BUSINESS



9. DATE OF NEXT MEETING

