HOSPITAL SERVICE SUB-COMMITTEE OF THE CENTRAL MEDICAL ADVISORY COMMITTEE

Minutes of the meeting held on Wednesday 17 October 2001 at 2.15pm in Room 922, Dundonald House.

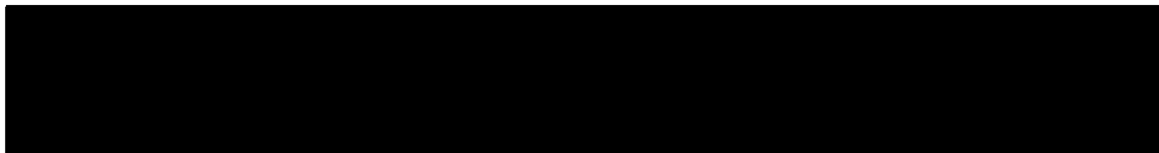
Present:

Dr J Jenkins (Chairman)
Dr M P O'Neill
Dr M Madden
Dr I Orr
Ms C M Scally
Dr J MacMahon
Dr R McMillen
Mr S J A Rankin
Dr J McAloon
Dr T C M Morris
Dr A E Montgomery
Mr C J McClelland
Mr W J I Stirling
Mr J Gray
Mr K S Panesar
Mr E J Mackle
Mr M J G Hawe
Dr K M Mahood
Mr M C McCann
Dr J R McCluggage
Dr A M Telford
Dr W W M McConnell
Dr D A J Keegan

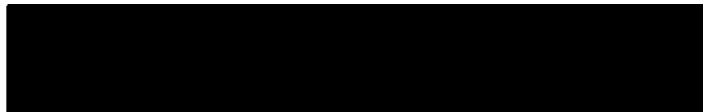
In Attendance:

Dr P Darragh (Deputy CMO)
Dr P Woods

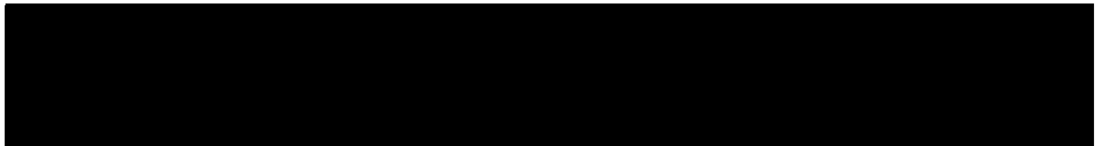
1. APOLOGIES



2. CHAIRMAN'S BUSINESS

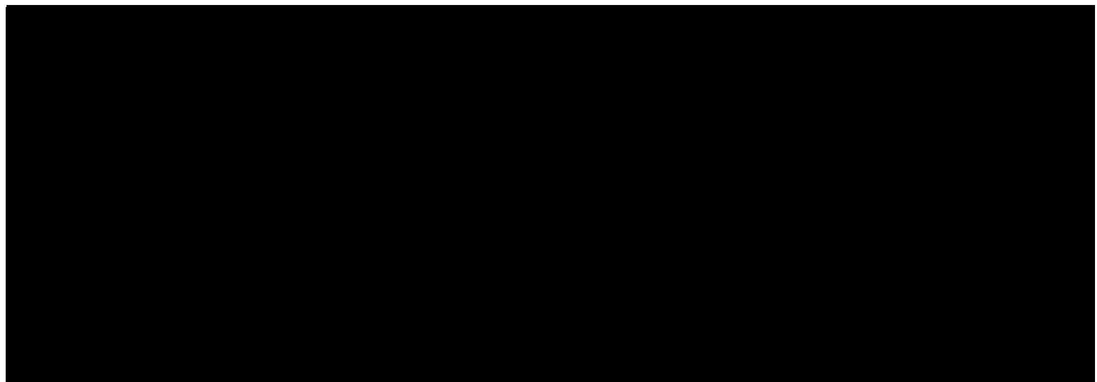


3. **MINUTES OF LAST MEETING**

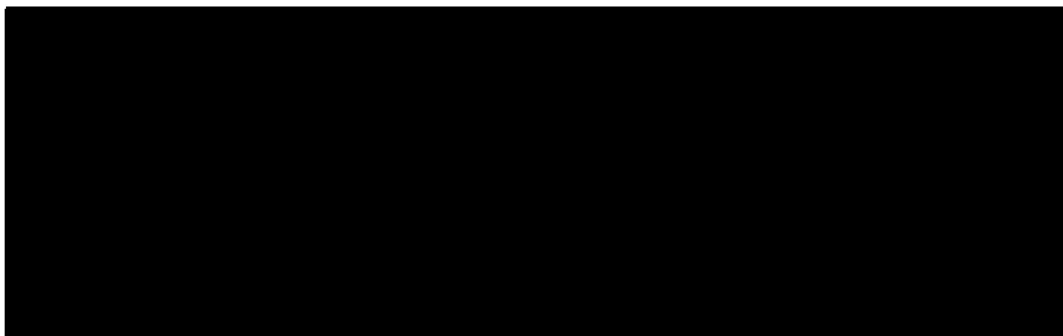


4. **MATTERS ARISING**

4.1 Cancer Services



4.2 Building the Way Forward in Primary Care



4.3 Progress on the Quality Agenda

Members had received a paper which detailed progress on the Quality agenda. Dr Woods highlighted initiatives and developments that impact on the proposals within the consultative document "Confidence in the Future" These include:-

The publication of Best Practice – Best Care

The introduction of appraisal for consultant staff employed by the HPSS

Progress on the GMC's proposals for revalidation

The establishment of the National Clinical Assessment Authority in April 2001. Consideration needs to be given as to the relationship, if

any, with the service locally. Similar consideration needs to be given regarding the relationships with the National Patients Safety Agency.

Recommendations of the Bristol Inquiry.

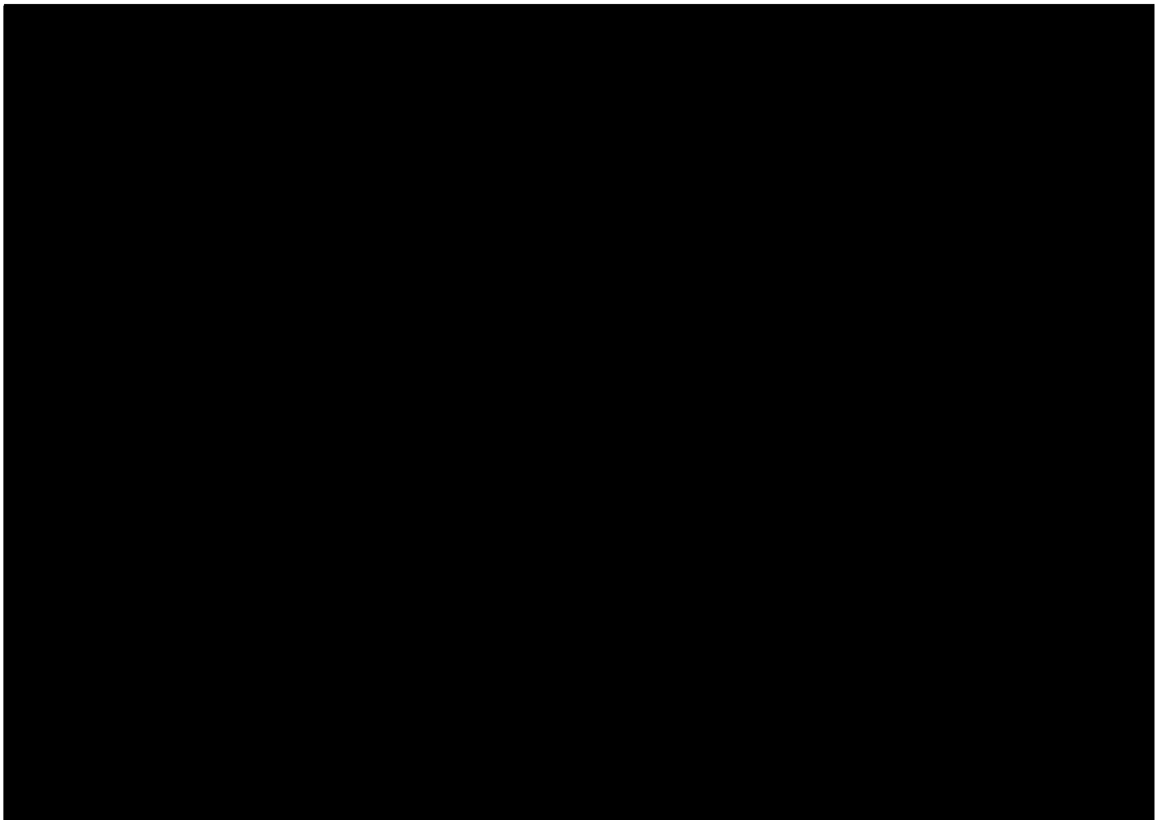
The Committee endorsed the need for consideration to be given to the relationships between N.I. and the UK bodies NCAA and the NPSA. Members suggested NI should tie in with the NPSA database but there should be a smaller separate local database for NI. Dr Woods said that this aspect could be considered. The channels by which local information is sent to the NPSA could help form a local database.

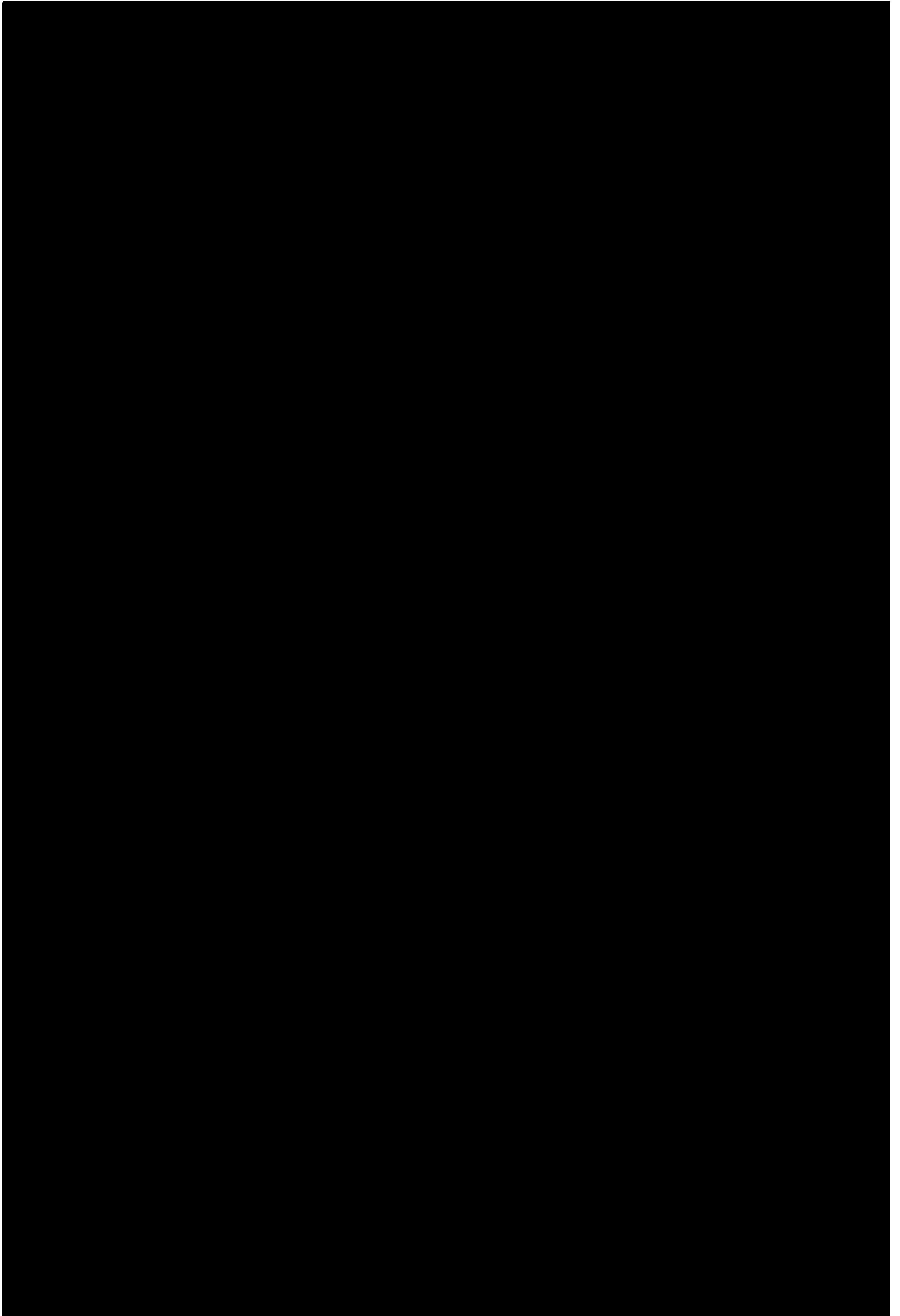
The Chairman advised that on behalf of the Committee he had responded to the consultation document "Best Practice – Best Care". A copy of the Committee's response is attached at Appendix 1.

Members sought clarification about the timescale for the implementation of "Confidence in the Future" and the introduction of appraisal and revalidation.

Dr Woods said work is ongoing to introduce appraisal for further groups of doctors for example GPs , doctors in training and non-consultant career grade doctors. This is a matter for negotiation and agreement between the Health Departments and the various representative bodies. The proposed date for the commencement of revalidation assessments is 2004.

5. ACUTE HOSPITALS REVIEW GROUP REPORT





Chapter 5 VISION FOR THE FUTURE

Paragraph 5.7 bullet point 9 - "Ensure the delivery of services through managed clinical networks - some regional, some locally centred"

The Committee endorsed the concept of managed clinical networks , however, the practicalities of how these would work, and their management arrangements need to be clarified.

There was concern that the report made sweeping generalisations in relation to clinical networks. Members said there was a need for different models of clinical networks for the delivery of different clinical services and that a more specific look should be taken at the development of clinical networks.

Members raised concern about aspects of continuity of care; the mobility of consultant staff to deliver this system of care and increased travelling time and overheads involved.

Members questioned whether this system was the most appropriate and efficient use of consultants' time. It was noted that some aspects of care can by delivered by a variety of information technology solutions for example video conferencing.

Page 38, paragraph 5.7 - bullet point 10 " Provides acute hospital services that are consultant delivered rather than consultant led"

The Committee supported the recommendation for an increase in consultant numbers to provide a consultant delivered service.

The affordability of this recommendation - the report had not addressed the financial implications of a consultant delivered service.

The Committee considered that the report should have placed more emphasis on the roles of consultants and non-consultant grade doctors.

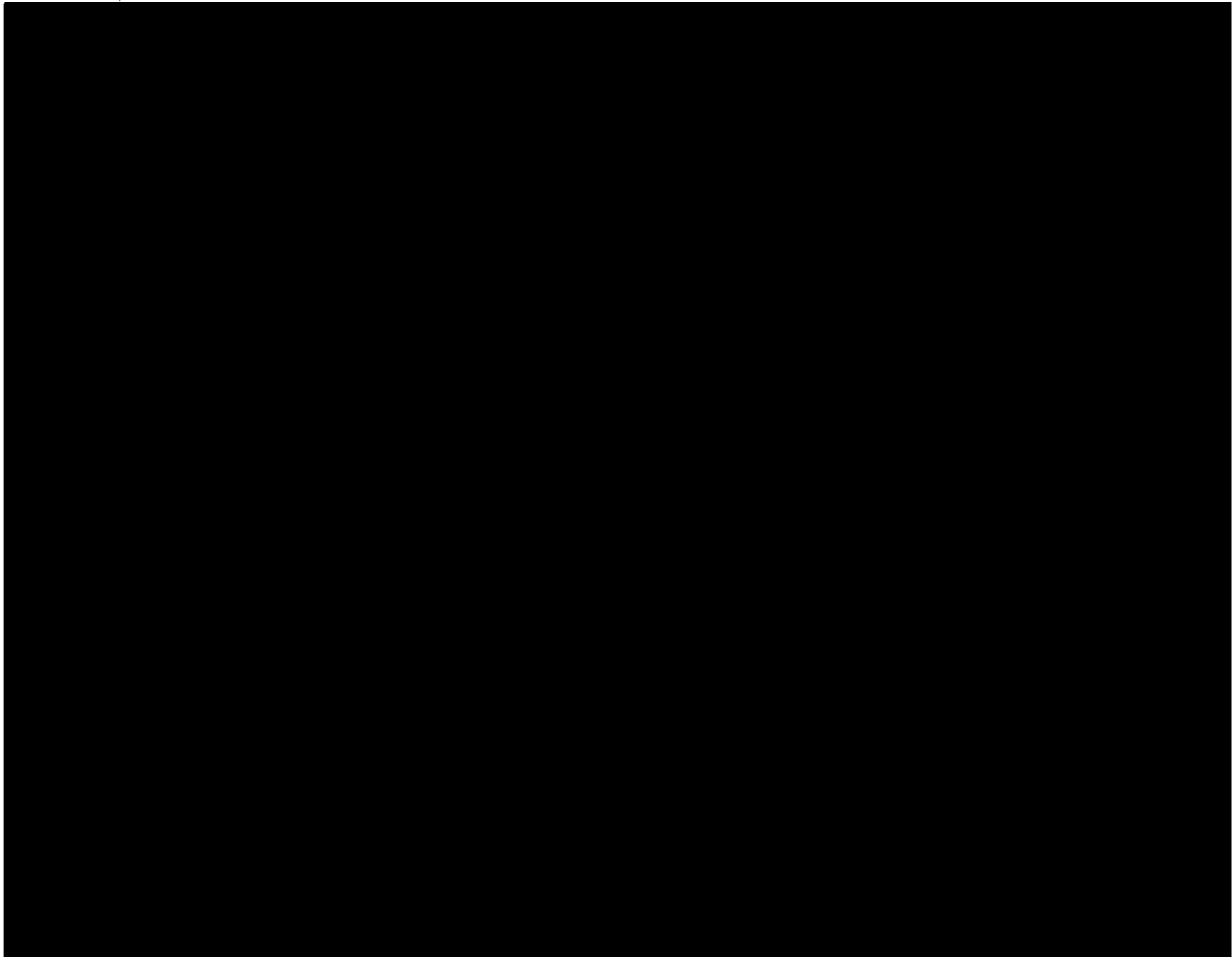
Concerns identified included:

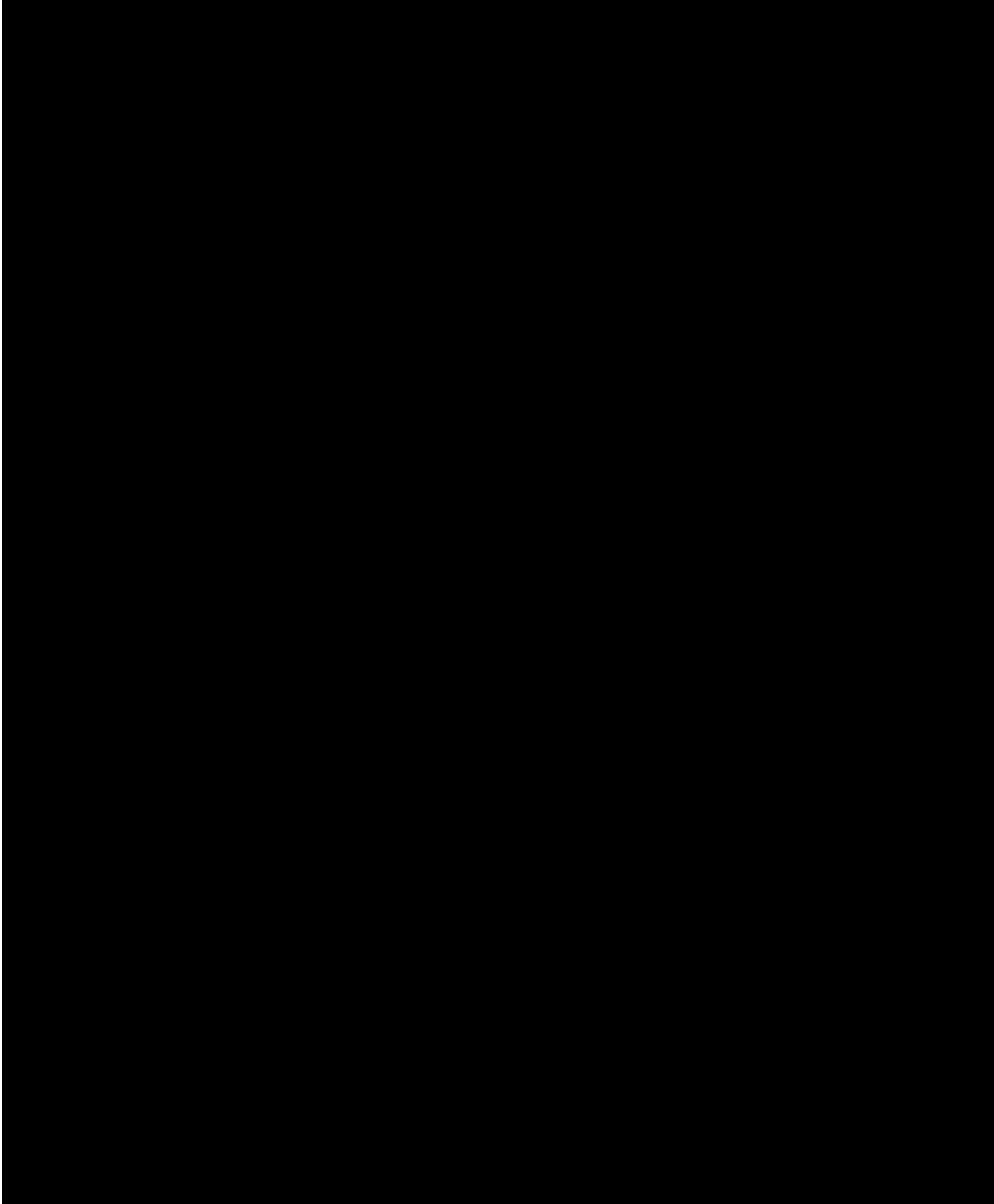
inappropriate duties for consultants;
the changing pattern of consultant work;
staffing shortages in specialities and resulting pressures on consultants;
consultants in smaller hospitals without junior staff are being used to deliver services which other staff could deliver;
the issue of unpaid out of hours work for consultants and the need for a new consultant's contract.

With regard to increasing consultant numbers estimates for the numbers required should take account of the EC Working Time Directive, recommendations of the various specialty groups, recommendations of Royal Colleges and Specialty Advisors views.

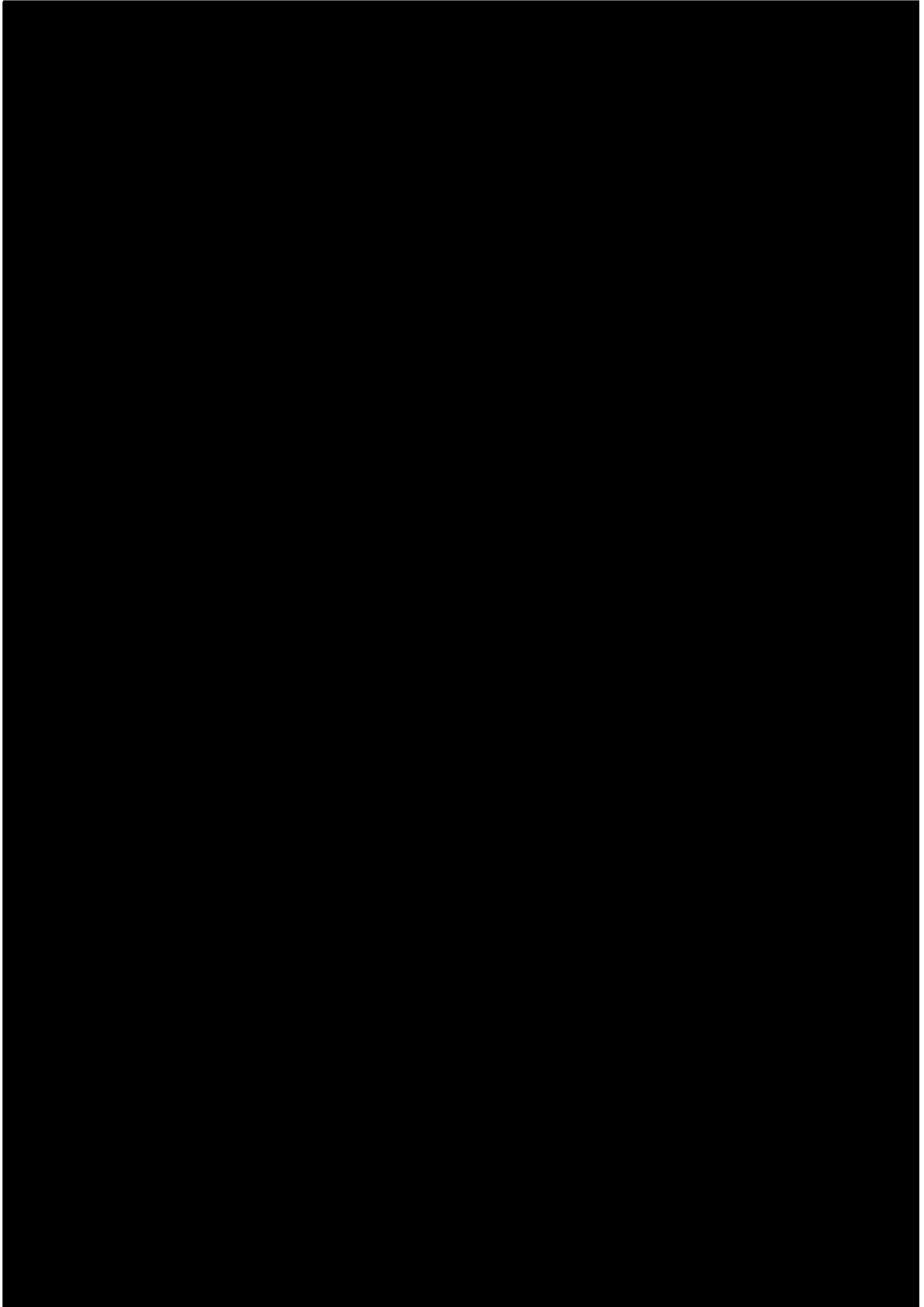
The Chairman referred to the document " *A Health Service of all the Talents Developing the NHS Workforce – a consultative document on the review of workforce planning*", which had addressed workforce and training issues. It was recognised that in future the service would need to use the different talents within the workforce to meet future demand and develop services.

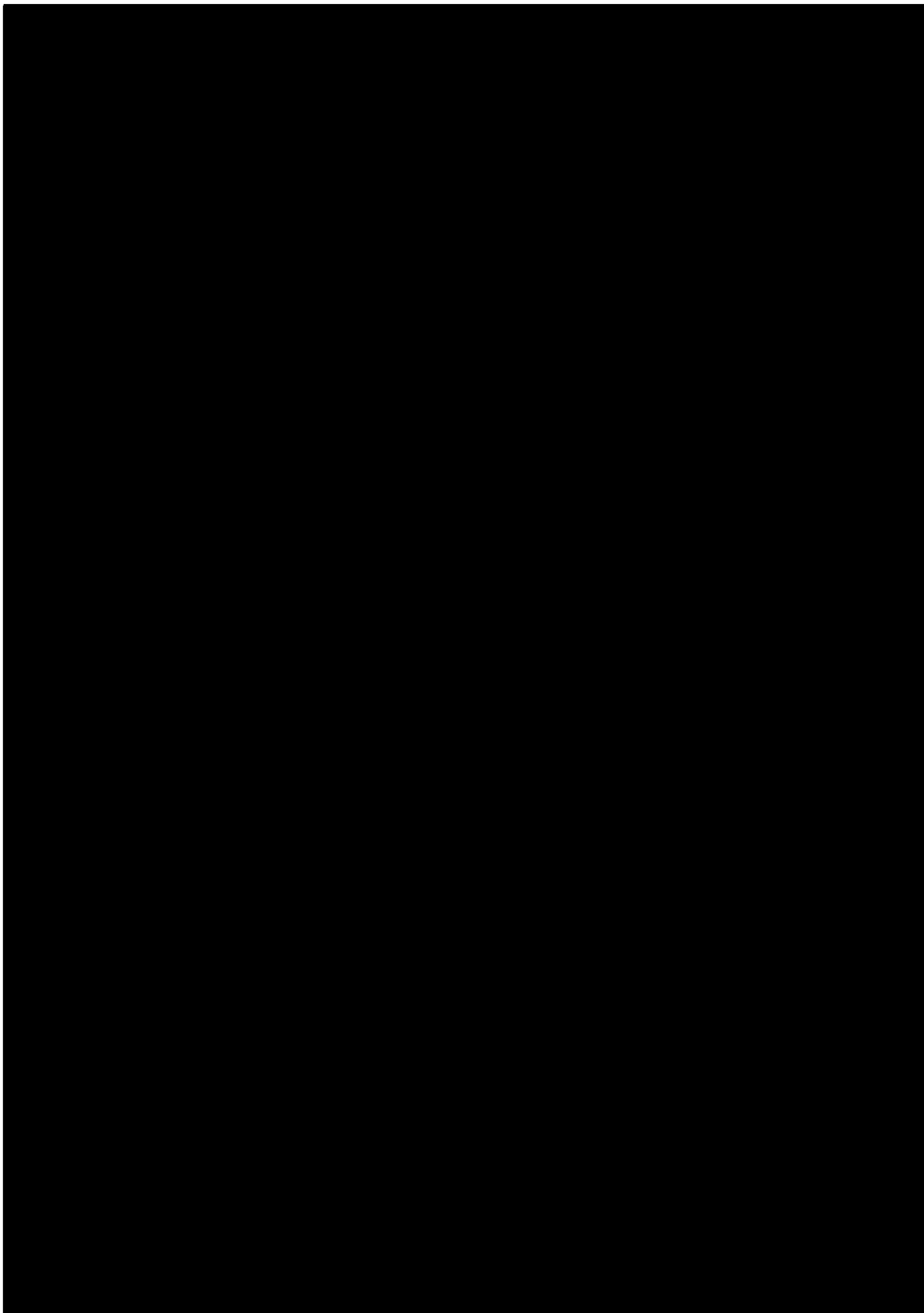
The Committee had supported the principles outlined in the documents "*Putting it Right*" and " *Fit for the Future* " The Committee welcomed that many of these key principles are contained in the Acute Hospitals Review Group Report.

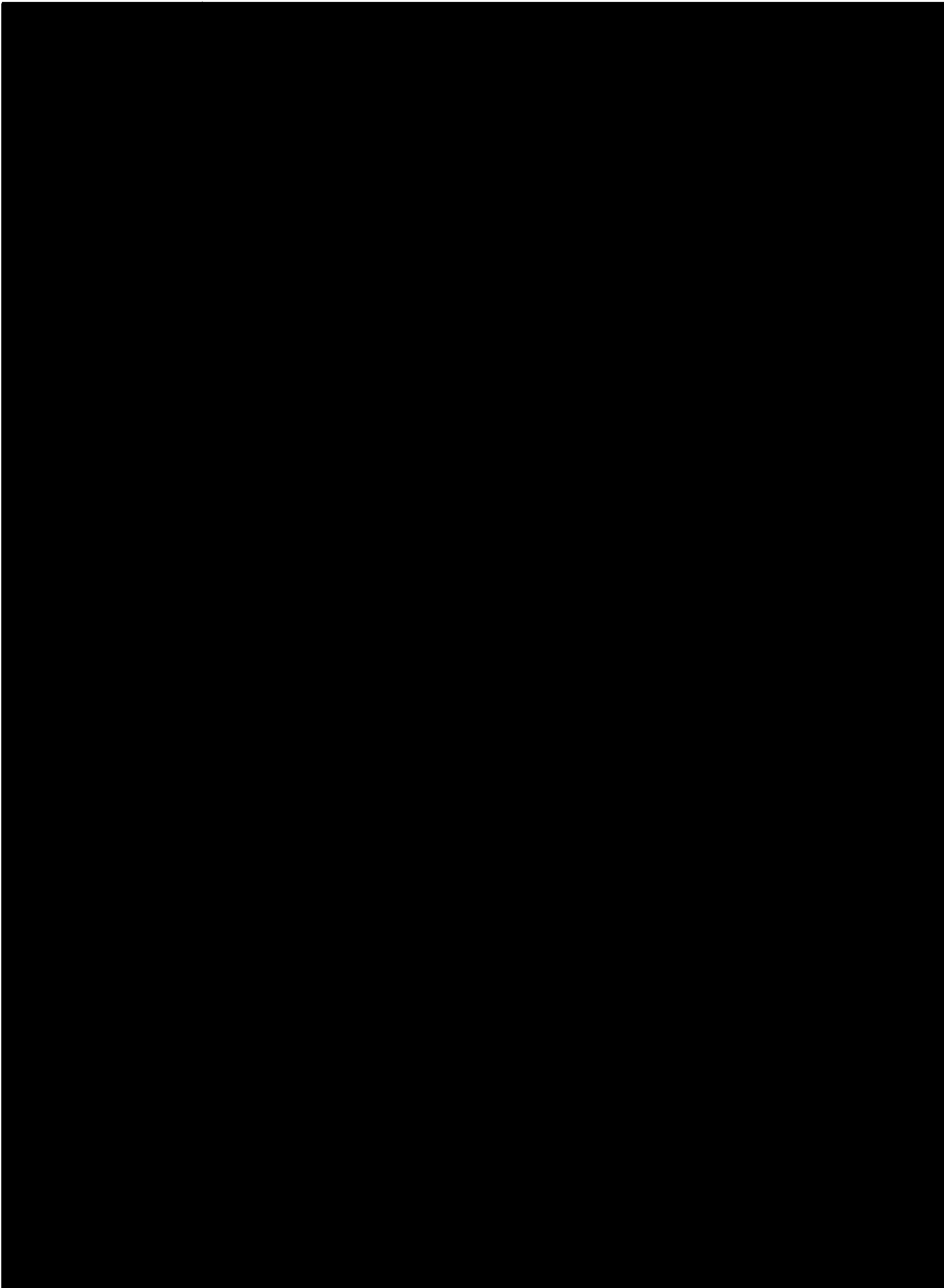




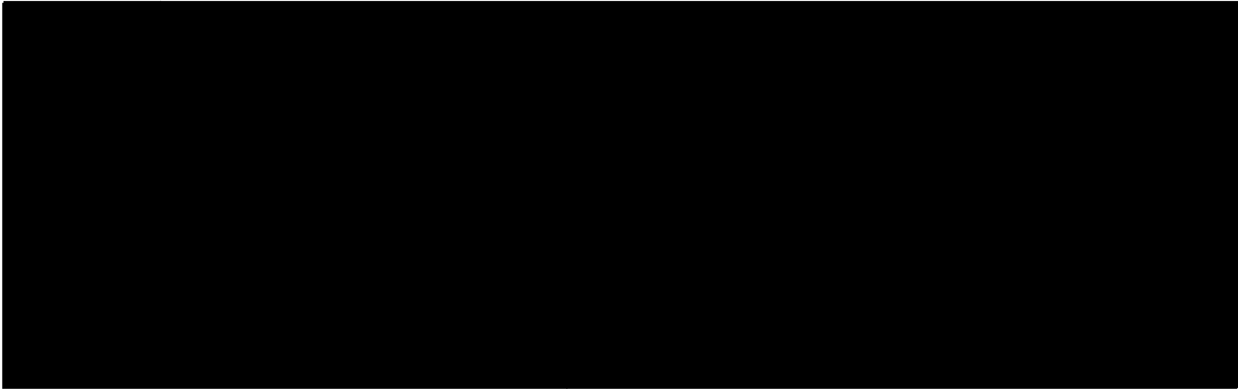
Page 44, Paragraph 6.17



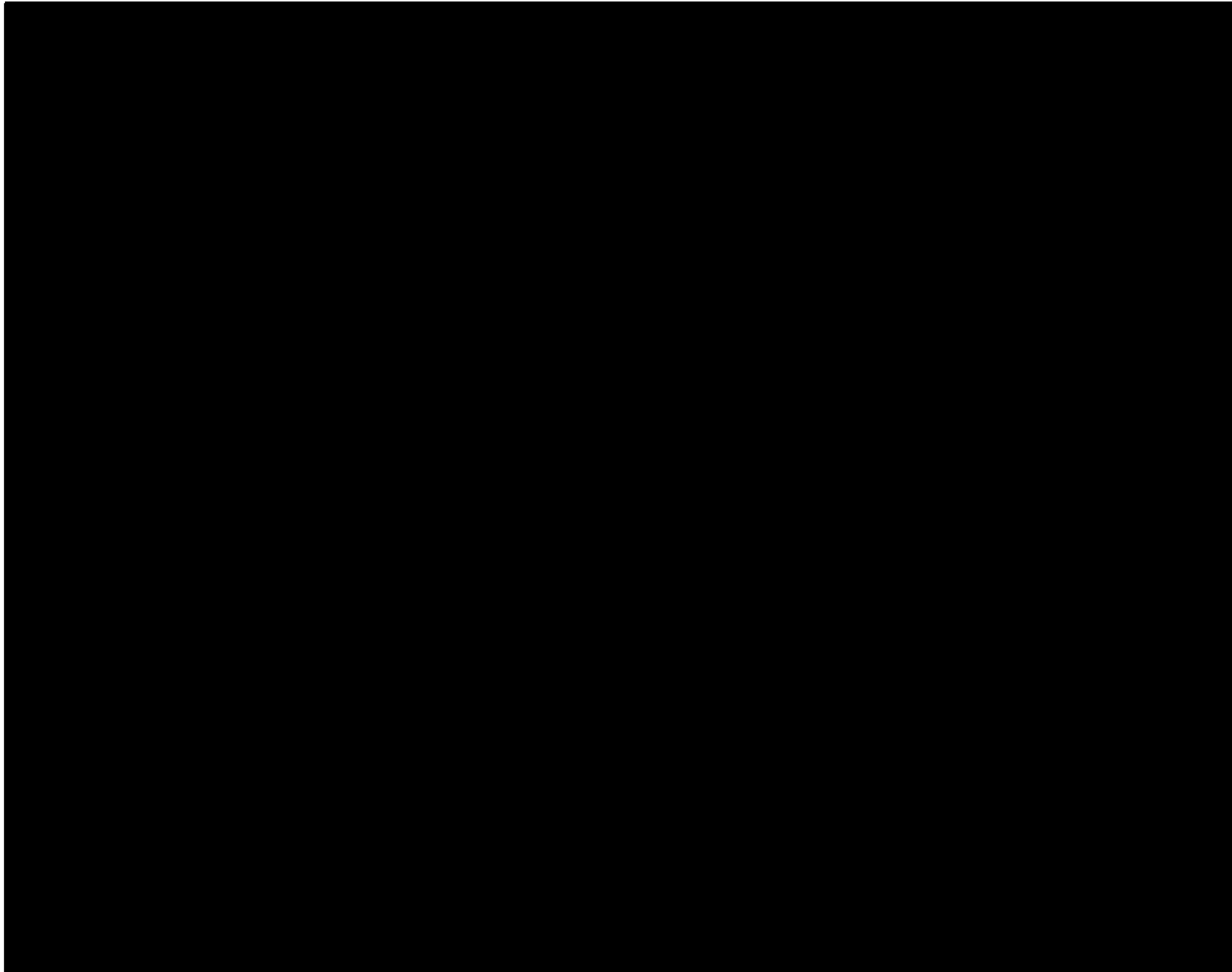


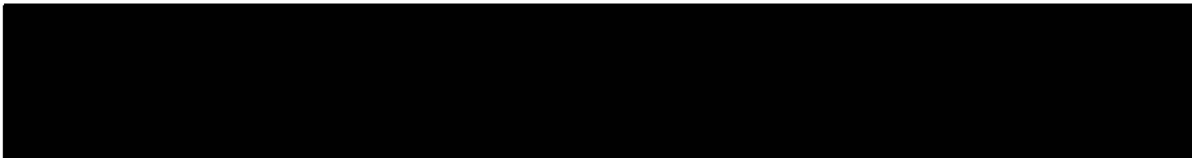


6. CARDIOLOGY AND CARDIAC SURGERY REVIEWS

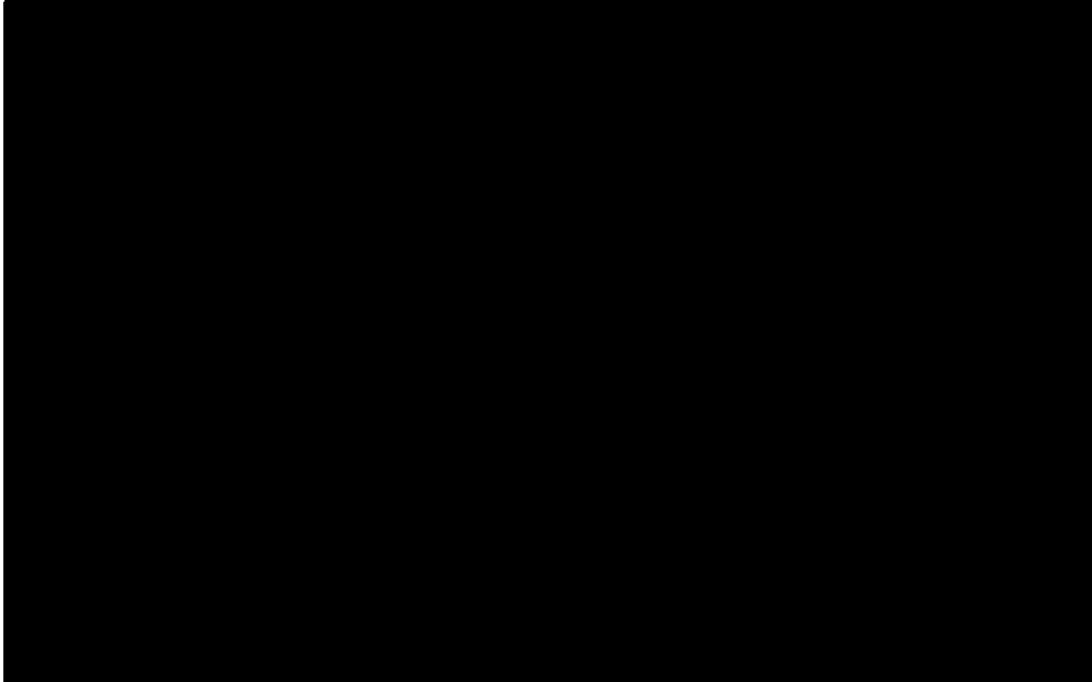


7. IMPROVING JUNIOR DOCTORS' WORKING LIVES – IMPLEMENTATION SUPPORT GROUP (ISG)





8. APPLICATIONS FOR REGRADING TO ASSOCIATE SPECIALIST



9. DATE OF NEXT MEETING