

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


Minutes of the meeting held on Wednesday 25 September 2002 at 2.15pm in Room
C3.18 Castle Buildings.

Present:

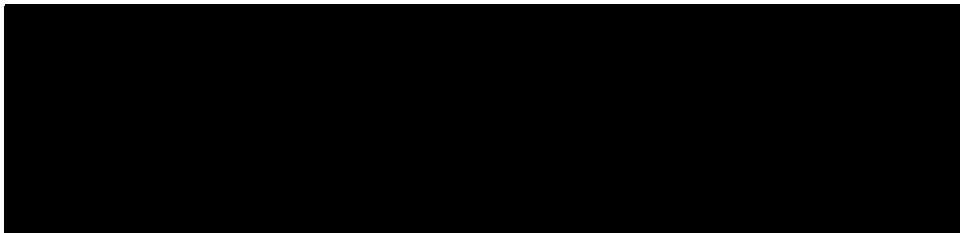
- Dr J G Jenkins (Chairman)
- Dr M P O'Neill
- Dr P Garrett
- Dr I Orr
- Dr C M Scally
- Dr J MacMahon
- Mr S J A Rankin
- Dr T C M Morris
- Dr J McAloon
- Dr T C Morris
- Dr A E Montgomery
- Dr B Devlin
- Dr C J McClelland
- Dr J R McCluggage
- Mr W J I Stirling
- Dr S McAleer
- Mr M J G Hawe
- Dr S Landy
- Dr D McCluskey
- Dr J McCluggage
- Dr W W M McConnell
- Dr KS Pansear

In Attendance:

- Dr H Campbell (CMO)
- Dr I Carson
- Dr P Woods



1. APOLOGIES



2. CHAIRMAN'S BUSINESS

The Chairman welcomed members. On behalf of members he also welcomed Dr I Carson to the meeting in his new role as the Department's Deputy Chief Medical Officer.

[REDACTED]

3. **MINUTES OF LAST MEETING**

[REDACTED]

4. **MATTERS ARISING**

4.1 **Investing for Health**

[REDACTED]

4.2 **Best Practice – Best Care**

Members noted a paper received from the Department providing an update on the implementation of the recommendations in the consultative Document “Best Practice – Best Care”.

Dr Carson spoke to the briefing paper and summarised key issues.

The Ministerial announcement had accepted the recommendations.
These cover:-

- Establishment of a new system of clinical and social care governance
- Establishment of a Statutory Duty of Quality within HPSS organisations and Special Agencies
- Establishment of formal links with NICE and SCIE
- Establishment of a “Standard and Guidelines Unit” within the DHSS&PS to regulate certain services and to monitor and review clinical and social care governance arrangements
- Establishment of an independent “HSS Regulation and Improvement Authority
- The necessary legislation needed to be put in place. It is aimed to have closure of the Bill by 17 February 2003 and commencement of the Duty of Quality to be in place by 1 April 2003. The establishment of the new bodies would take another 12 – 18 months.
- Draft guidance had been issued to Trusts on 1 August 2002 with suggested actions and proposals for next steps.
- A series of visits to Trusts from a DHSS&PS would commence shortly.
- It is proposed to establish a Clinical and Social Care Governance Support Team to assist Trusts.

- The first draft of a circular on CSC Governance had been issued to HPSS organisations. It is expected that final guidance will be issued shortly

Dr Carson said good progress had been made over the past few months and the legislative machinery would continue to move the implementation of the recommendations forward.

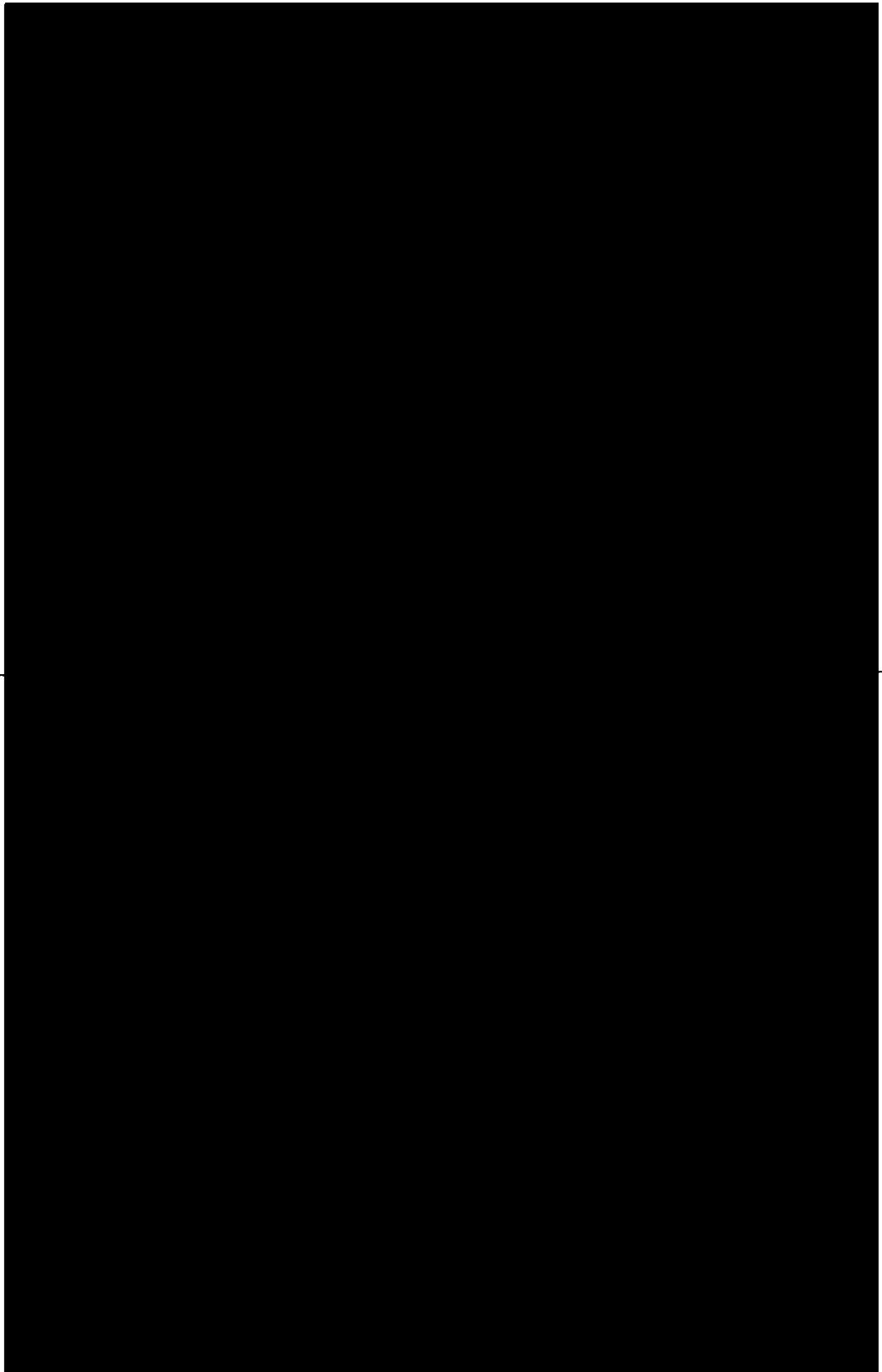
The main issues raised by members are summarised as follows: -

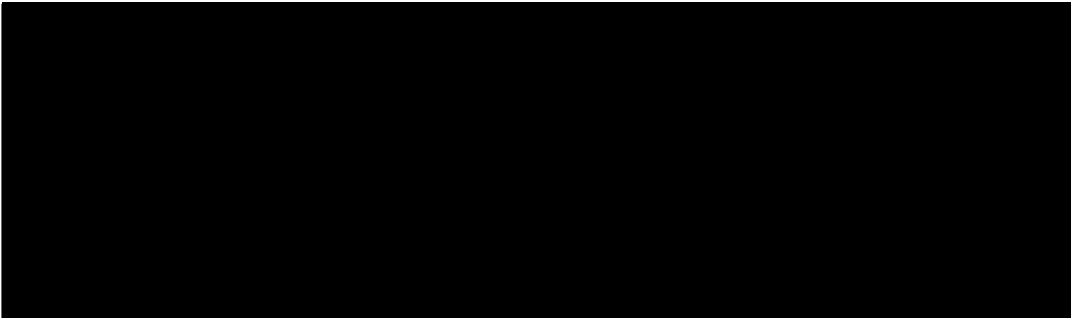
- Members sought clarification about the future of CREST. Dr Carson said further work was required in relation to establishing links with other standard setting bodies and operational arrangements for the new bodies.
 - Members expressed concern about the development and organisational arrangements for clinical and social care governance at regional level and how smaller regional specialties would take this forward. It was felt that this area needed to be defined.
 - It was recognised that patients and service users should be given more say in terms of the quality of services and the development of service standards. How this should be organised was an issue for debate and further consideration.
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- Attention was drawn to the establishment of the cancer collaborative and cancer networks in England, which involved users in cancer care pathways.
 - There was a need for the Royal Colleges to develop support mechanisms and a framework to measure staff performance and these should be brought to the attention of Chief Executives of Boards and Trusts.
 - Dr Carson highlighted three components of clinical governance: -
 - Where the individual stands
 - The process within which the individual works
 - Where this sits in relation to multi-disciplinary teams.

It was acknowledged that the development of this concept would take time and how effective individual organisations were in putting the principles of clinical and social care governance in place would be monitored.

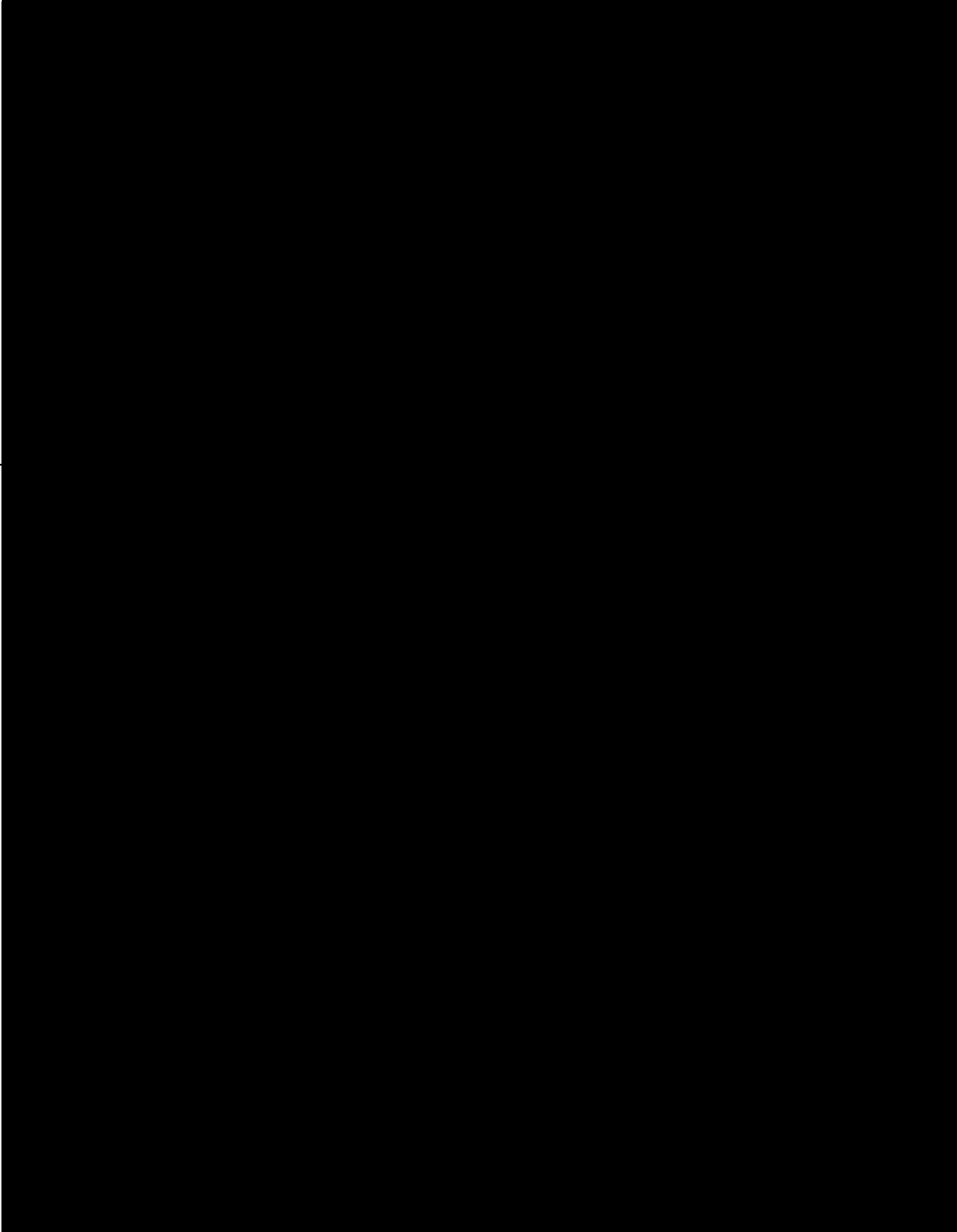
4.3

Staff Grade Approvals

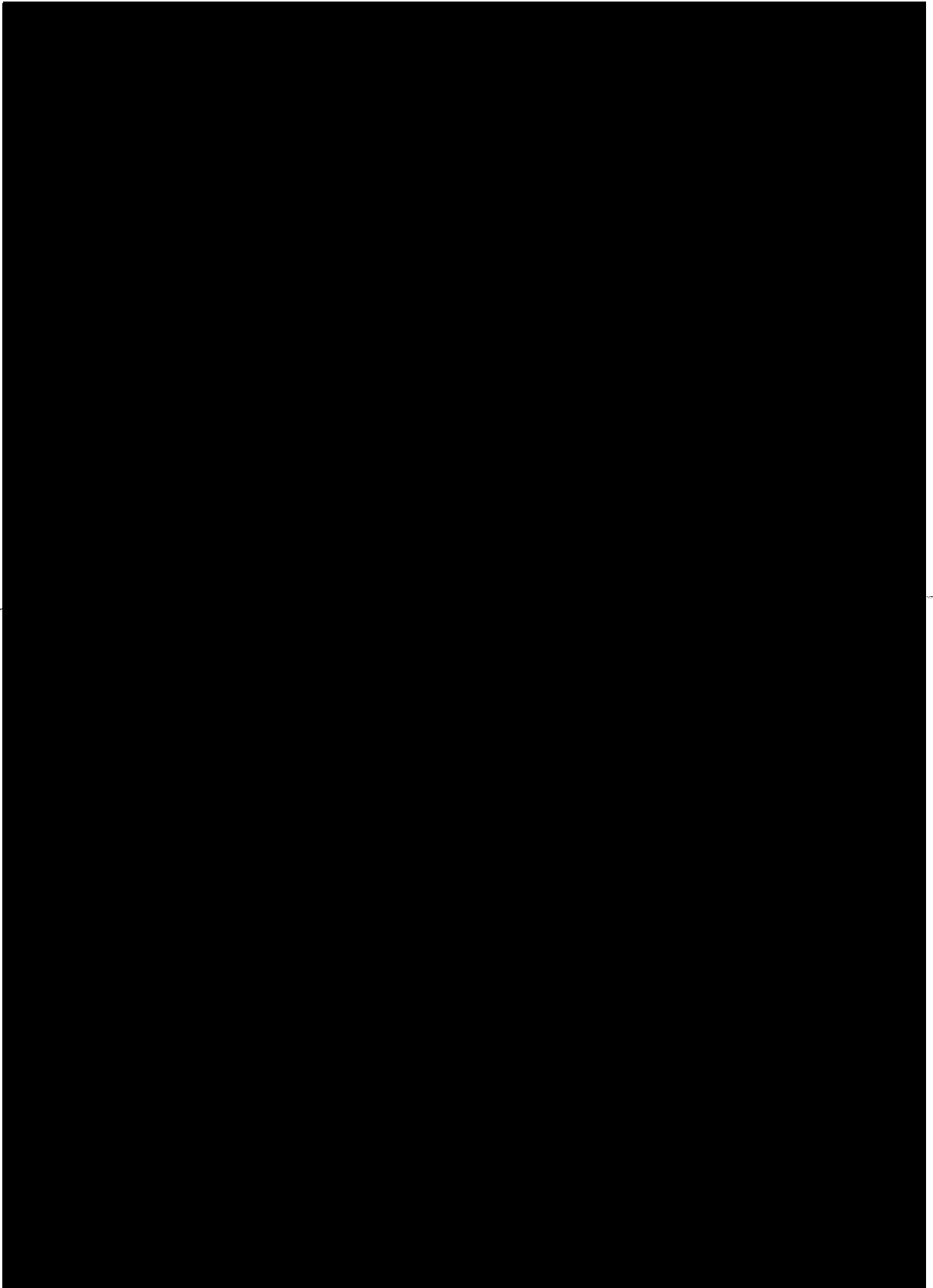


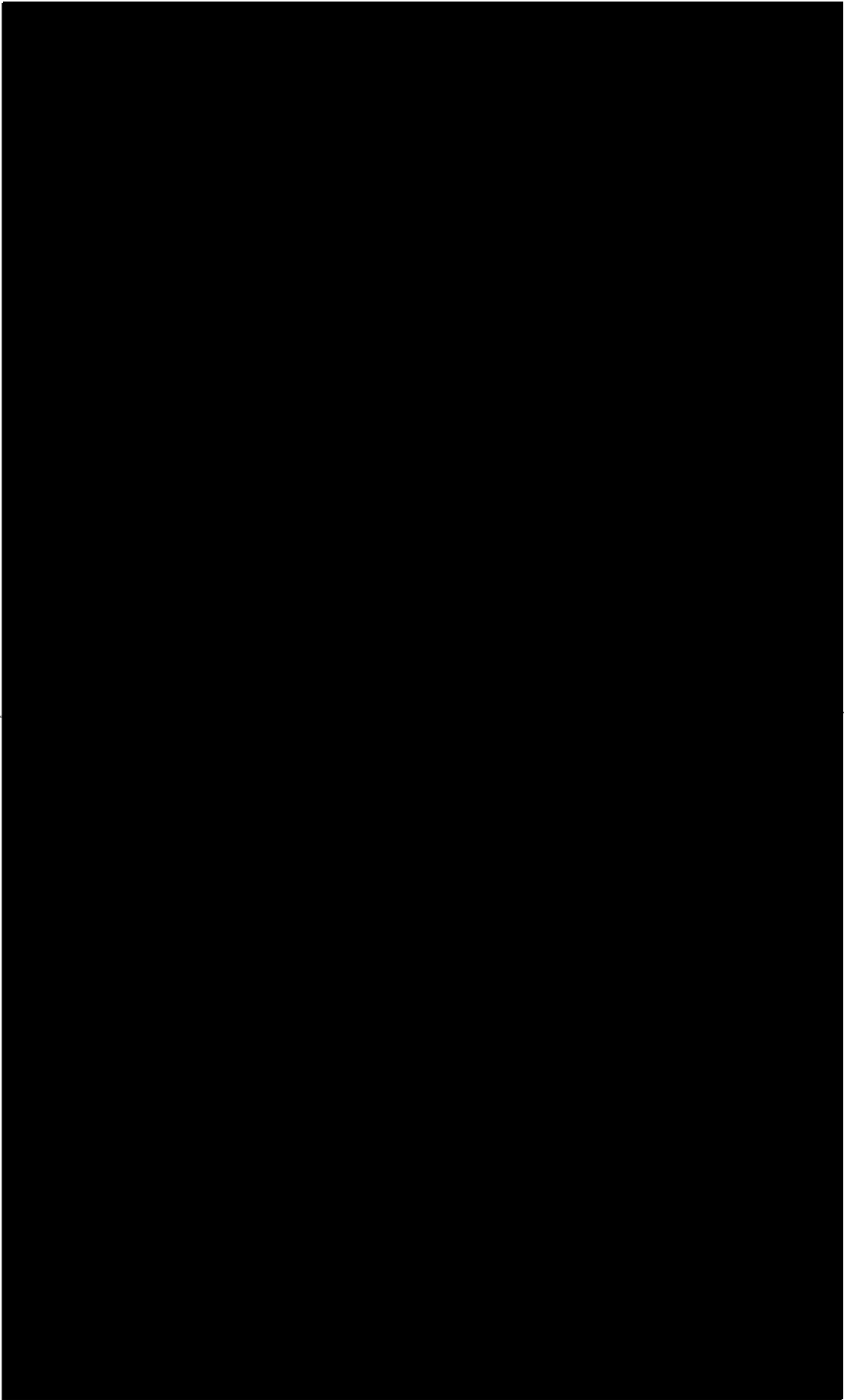


4.4 Perinatal Pathology



**5. DEVELOPING BETTER SERVICES – MODERNISING HOSPITALS
AND REFORMING STRUCTURES**







8. PROTECTING PERSONAL INFORMATION – A CONSULTATION PAPER



9. POSTGRADUATE MEDICAL EDUCATION AND TRAINING – STATEMENT ON POLICY

Dr Woods reminded members that the Department of Health in London had issued a consultation paper, which set out proposals to modernise the arrangements for postgraduate medical education and training in the UK. Members had considered the consultation document at a previous committee meeting. Consultation on this paper had ended in March 2002 and the policy statement was based on the results of that consultation.

Dr Woods summarised some of the key areas:-

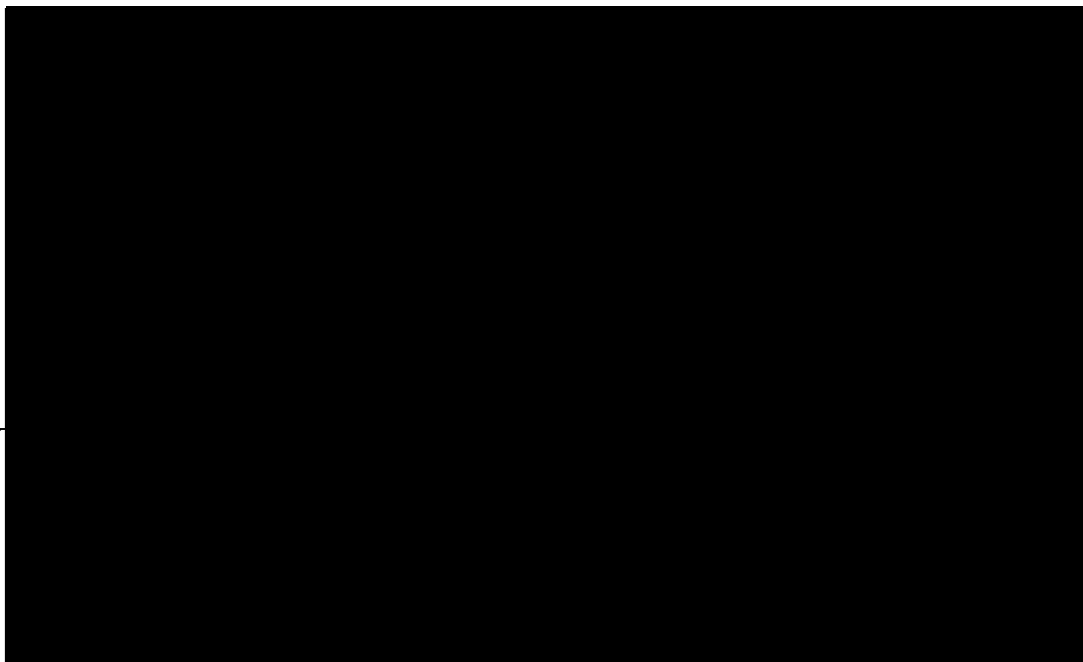
- It is intended to put in place a new body, the Postgraduate Medical Education and Training Board (PMETB), which will have a remit for postgraduate medical education and training. Legislation will create the Board and consultation on the draft legislation will start later this year.
- The document outlined the objectives and remit of the Board. The projected timescale for the establishment of the Board in shadow form is October 2003.
- The DHSSPS will be entitled to appoint one medical member and one non-medical member to the Board.

- It is proposed to re-establish a Specialist Register and introduce a General Practice Register.

Members noted the statement at page 18, paragraph 9.1 of the document indicated that the Board would have to take account of movement of doctors across national boundaries in the course of their training as happens between Northern Ireland and the Irish Republic. Members were pleased that the document recognised Northern Ireland's position in relation to arrangements for training with the Irish Republic.

Dr McCluggage indicated that a lot of work would fall at Deanery level.

10. ANY OTHER BUSINESS.



11. DATE OF NEXT MEETING

