

HOSPITAL SERVICES SUB -COMMITTEE OF THE CENTRAL MEDICAL ADVISORY COMMITTEE

The next meeting of the Hospital Services Sub-Committee will be held on
Tuesday 24 February 2004 at 2.15pm in the Lecture Theatre ,D.2
Castle Buildings.

AGENDA

1. Apologies.
2. Chairman's Business.
3. Minutes of the Last Meeting
4. Matters Arising from the Minutes
 - Best Practice – Best Care
 - SARS Contingency Planning
 - New GMS Contract
5. Specialist Registrar Staffing 2004/05
6. Modernising Medical Careers ~~make bullet points~~
7. Developments in Screening
8. Associate Specialist Regradings
9. Any Other Business
10. Date of Next Meeting

HSSC 2/04 (to follow)
HSSC 3/04

HSSC 4/04

HSSC 5/04 (to follow)

HSSC 6/04 (to follow)

HSSC 7/04

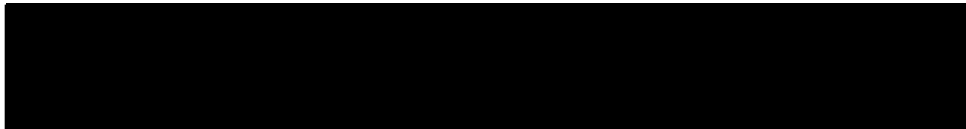
**HOSPITAL SERVICE SUB-COMMITTEE OF THE CENTRAL MEDICAL
ADVISORY COMMITTEE**

Minutes of the meeting held on Tuesday 24 February 2004 at 2.15 pm in Lecture Theatre D.2
Castle Buildings

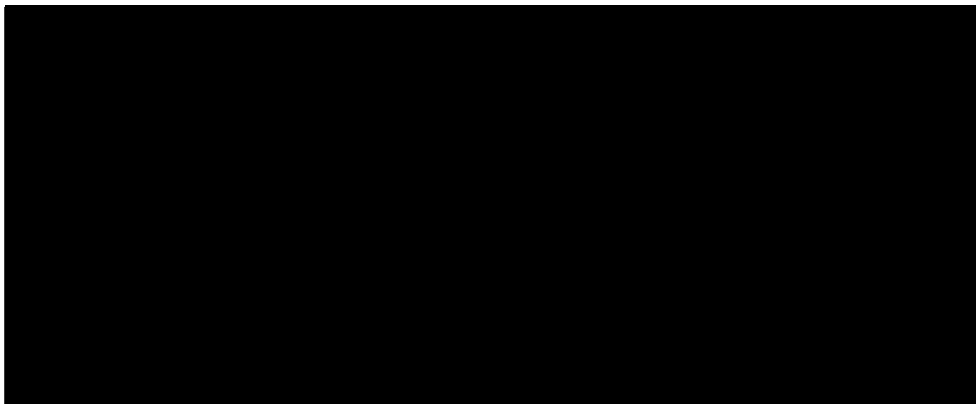
Present: Dr R Houston (Chairman)
Dr I M Rea
Dr M P O'Neill
Dr M Madden
Dr I Orr
Ms C M Scally
Dr K Moles
Dr I Hunter
Prof A B Atkinson
Dr M Parker
Dr M Shields
Dr C Cassidy
Dr B Devlin
Mr C J McClelland
Mr F J Mullan
Mr J Gray
Mr L Roche
Mr E J Mackle
Mr M McCann
Dr J R McCluggage

In Attendance: Dr H Campbell (CMO)
Dr I Carson
Dr P Woods
Dr M Boyle
Dr M Gardam

1. APOLOGIES



2. CHAIRMAN'S BUSINESS



3. MINUTES OF LAST MEETING



4. MATTERS ARISING

“Best Practice-Best Care

Dr Carson gave members an update on key areas as follows:-

- Clinical and Social Care Governance – The first baseline assessments had been completed and Trusts were in the process of drawing up action plans.
- The Clinical and Social Care Governance Support Team had been established. Anne O’Brien, from the NHS Support Team had taken up the post of Director.
- CHI was commissioned to carry out a demonstration of their methodologies with the UCHT. This is on schedule for completion at the end of March.
- A Standards and Guideline Unit had been established.
- HPSSRIA –The recruitment process was underway for the Chair, Chief Executive and Director posts

Members raised concerns about the impact of the new consent process for examination or treatment on the delivery of services. Main issues that arose in the discussion included:-

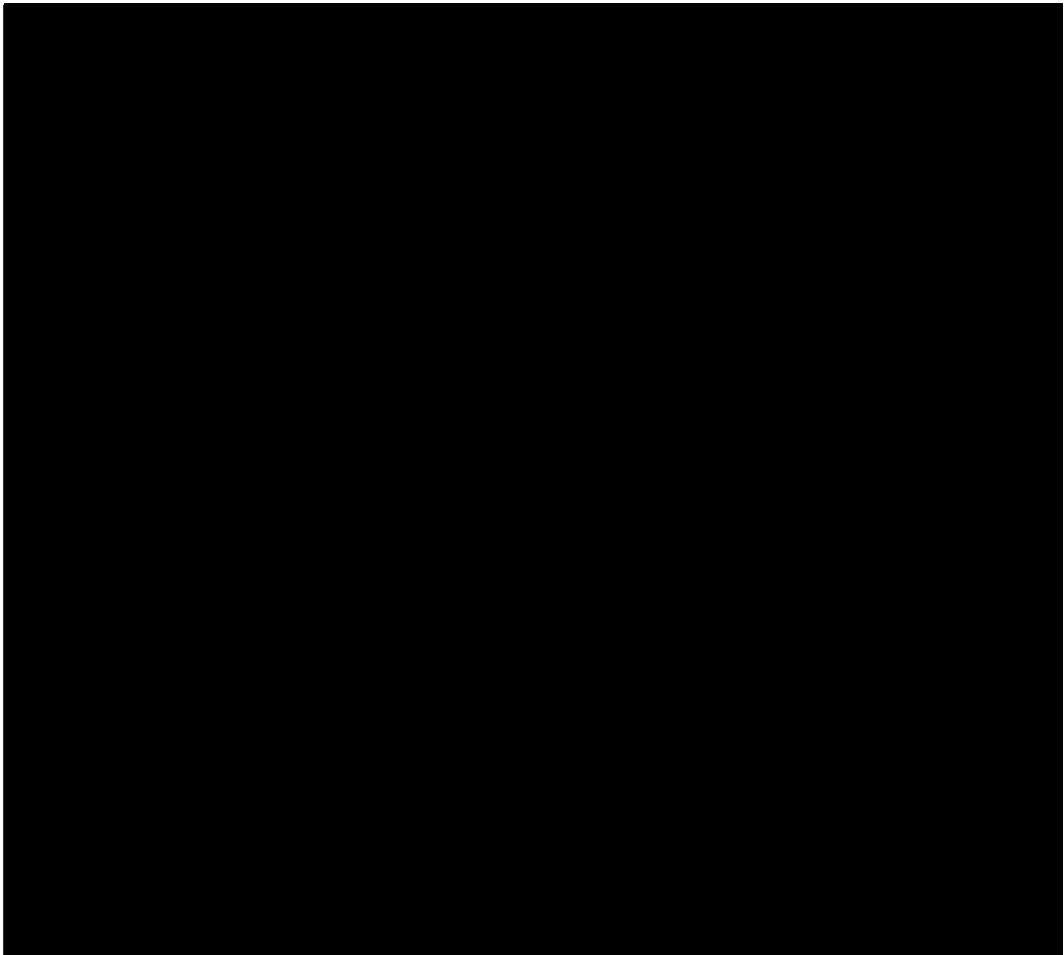
- Members indicated they were supportive of the consent policy but had concerns about what is realistically possible.
- Costs and time involved - consultants have to consent each patient at out patient clinics.
- Concerns were highlighted regarding: the provision of information to patients; the development, accessibility and readability of these materials; the process of verbal consent, it was felt that the provision of written material providing information to patients supplements this process and that guidance on consent forms and policy should have been issued centrally rather than a matter for each Trust to determine.
- Dr Carson explained that the consultation on the process had been extensive prior to the development of the consent documents. The timescale for the implementation of the consent guidance is 1 April 2004. Guidance for health care professionals had been issued by the Department to assist HPSS organisations to promote good practice in the way patients are asked to give consent. Information given to patients has to reflect service delivery in that location and it was a matter for local determination what form of consent is appropriate for individual procedures. The Department was keen to have regional standards on the principles that underpin consent. CMO indicated that the Department would be happy to disseminate emerging good practices in consent implementation.

- Sources of patient information about treatment include leaflets providing information to patients on specific procedures and information on websites.
- Members were informed that a consultation document on Post Mortem examinations – Good Practice in Consent and the Care of the Bereaved had been issued for consultation. The timescale for comments is the 30 April 2004. It is anticipated this will be in place by January 2005.

New GMS Contract

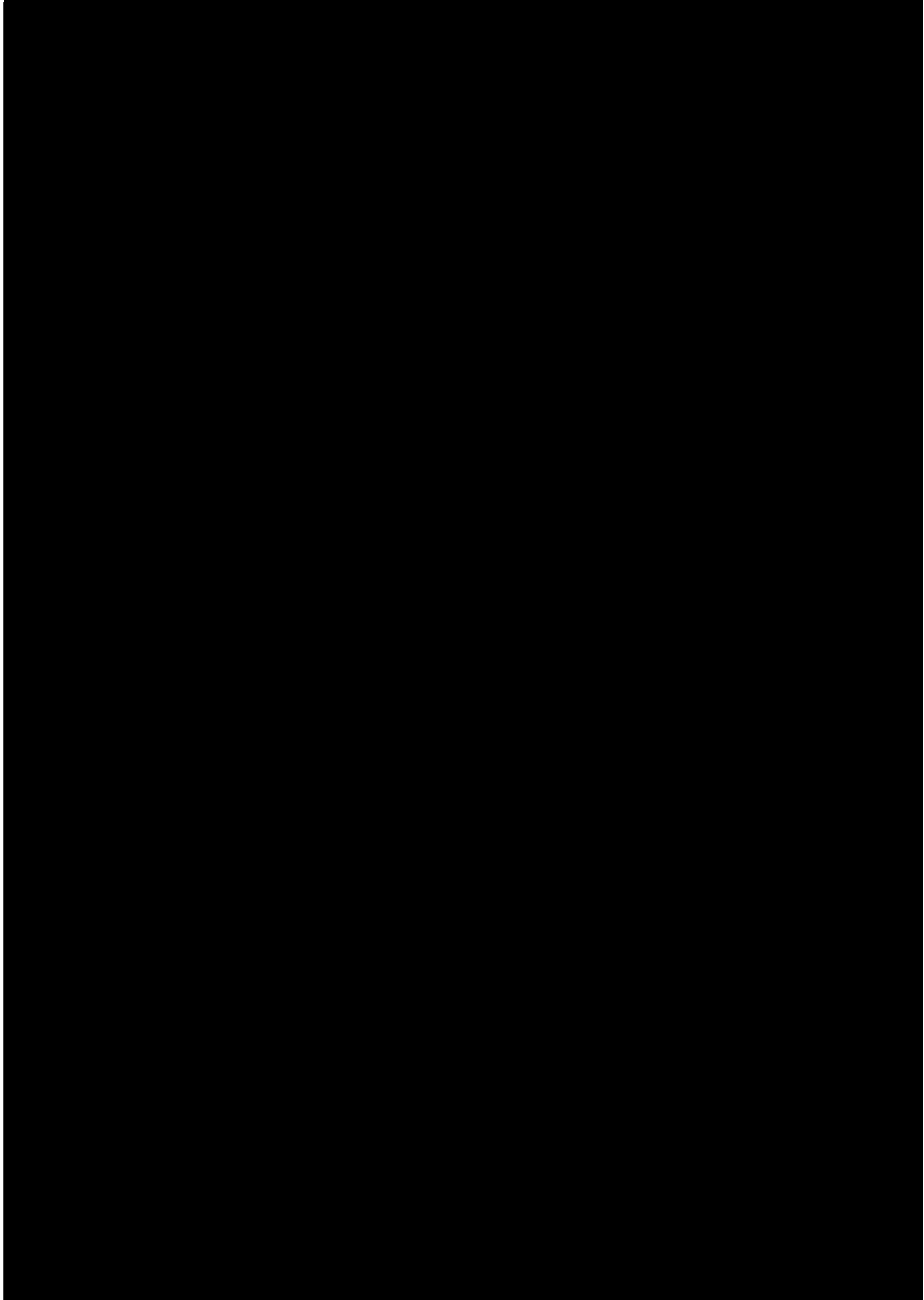


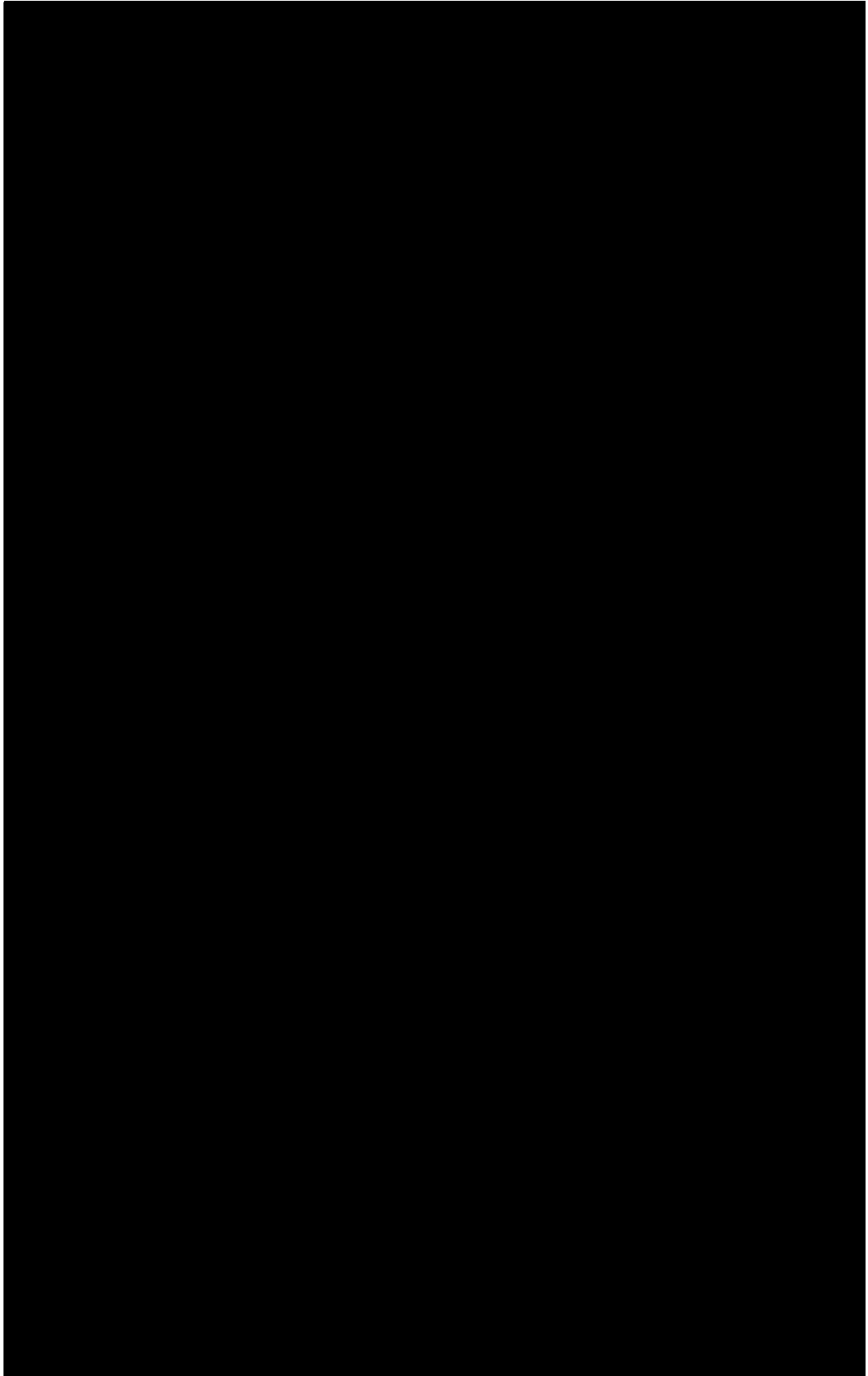
SARS Contingency Planning





5. SPECIALIST REGISTRAR STAFFING 2004/2005





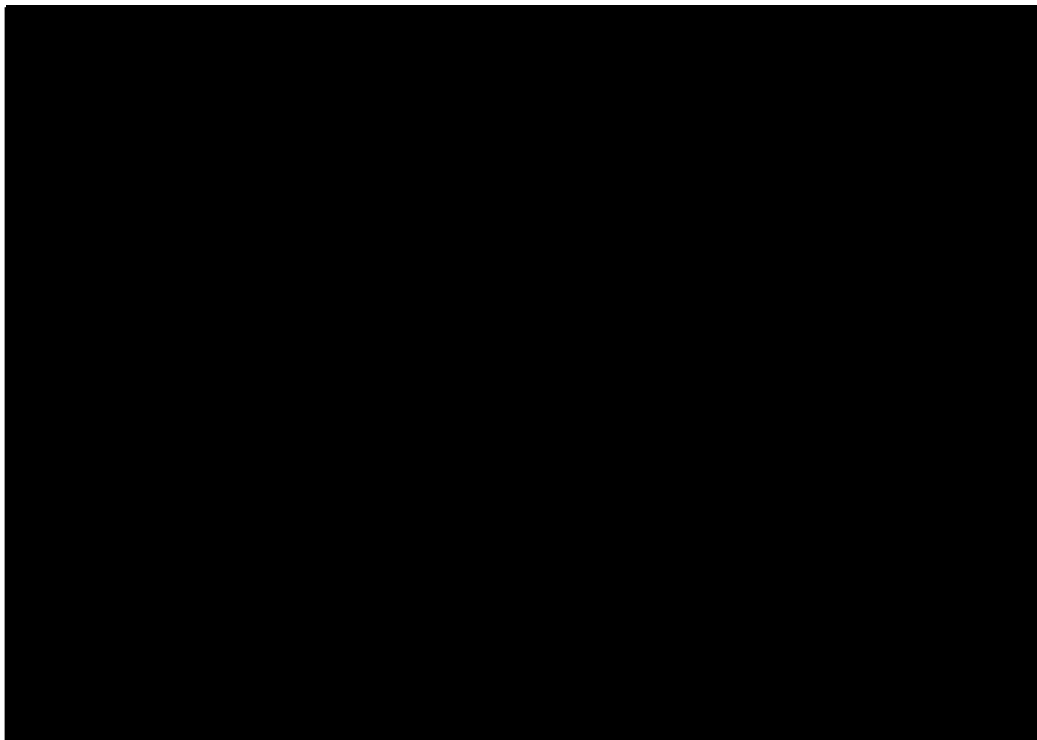
6. MODERNISING MEDICAL CAREERS

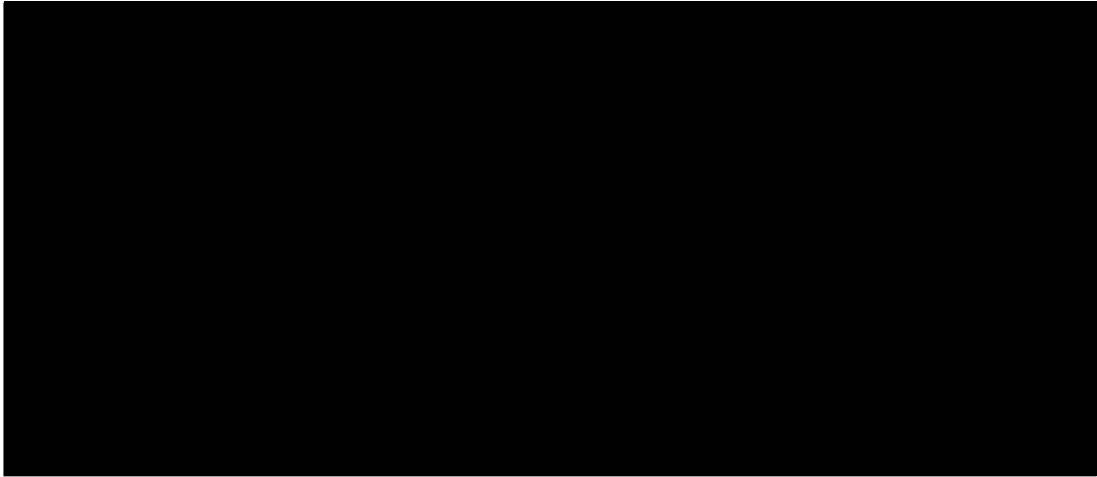
Members received a briefing paper outlining the background to Modernising Medical Careers and the current position. Dr Woods took members through the contents of the paper. Key elements include:

- Two UK wide Bodies, a strategy group and a Delivery Board have been established to oversee implementation, Royal Colleges and Faculties have been developing curricula for foundation programmes.
- It is envisaged that Graduates in 2005 will be the first group of doctors recruited into 2 year foundation programmes. The Postgraduate Medical Education and Training Board which will play a role in quality assessing this process is scheduled to become fully operational by October 2004.
- Work is ongoing to develop new curricula for basic and higher specialist training.
- The Consultation document "Choice and Opportunity" had outlined proposals for dealing with non consultant career grades.
- Next Steps include:
 - Identifying the constituents of foundation programmes in each regions
 - Reviewing recruitment selection procedures
 - Communication to service, medical schools and students.

The Chairman said it was difficult to grasp all the implications of the proposed new structures for postgraduate medical education. HSSC was generally supportive of the proposed way forward, however, there were concerns about the practical implications of implementing the proposed new training arrangements.

7. DEVELOPMENTS IN SCREENING

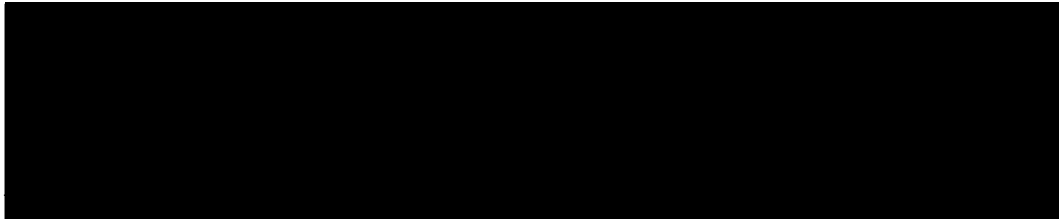




8. ASSOCIATE SPECIALIST REGRADING



9. STAFF GRADE APPROVALS



STAFF GRADE POST – PAEDIATRICS – ULSTER HOSPITAL

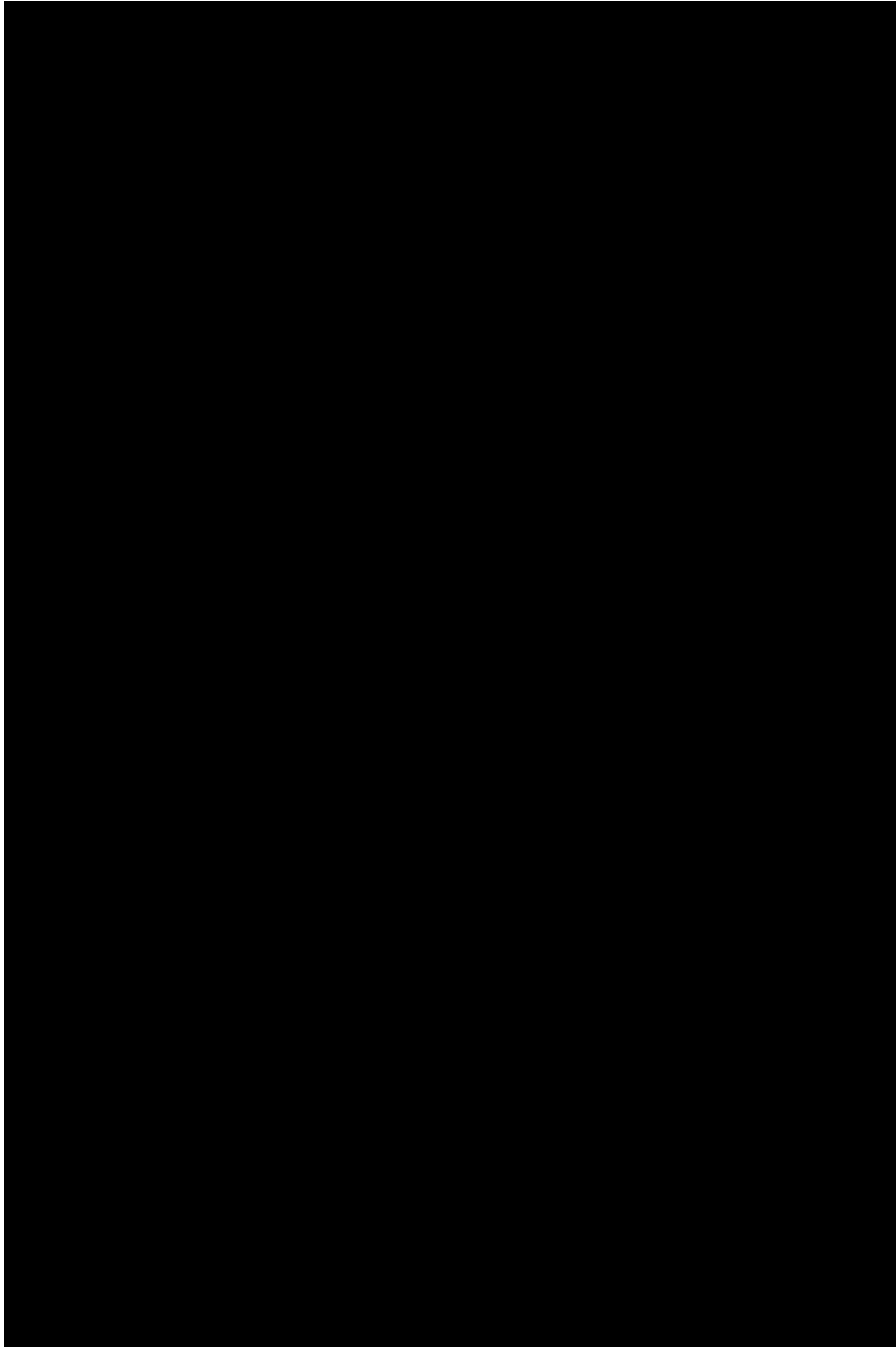
HSSC noted that the staff grade post had the approval of the Specialty Adviser and the BMA.

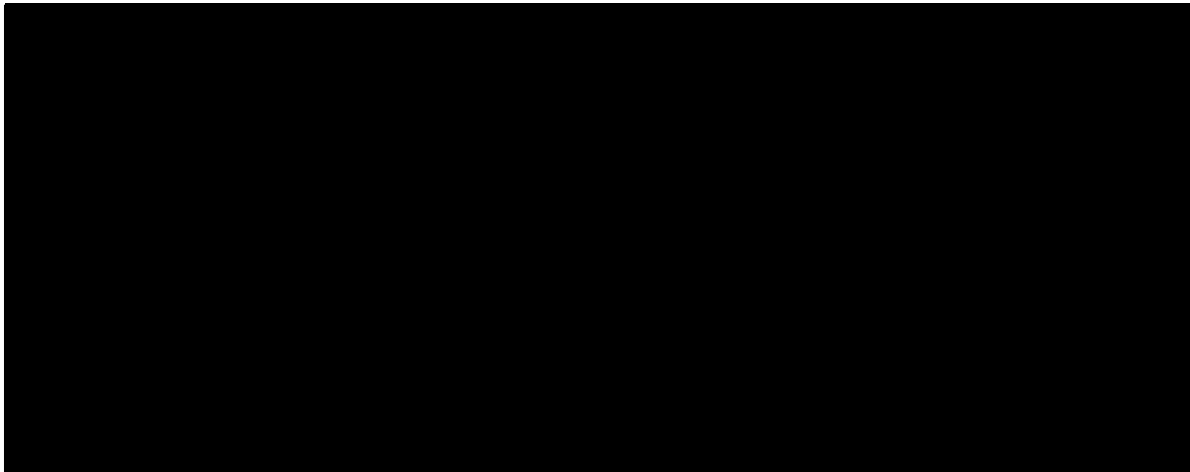
HSSC expressed concerns that the job description does not highlight future changes in the staff grade's on call pattern. The commitment will initially be a set week night each week with no weekend cover. This will change with the appointment of further staff to a shift pattern including weekend. HSSC considered this information should be highlighted to applicants.

HSSC agreed to recommend the approval of the post.

**STAFF GRADE POSTS A&E MEDICINE (6 POSTS) BASED AT MID –
ULSTER HOSPITAL WITH SERVICES AT ANTRIM HOSPITAL**

**STAFF GRADE POSTS A&E MEDICINE (2) POSTS BASED AT ANTRIM
HOSPITAL WITH SESSIONS AT MID- ULSTER HOSPITAL**





10. DATE OF NEXT MEETING

