

MINUTES OF THE MEETING OF THE HOSPITAL SERVICES SUB-COMMITTEE OF THE CENTRAL MEDICAL ADVISORY COMMITTEE

**29TH SEPTEMBER 2005 AT 2.15PM
IN LECTURE THEATRE D2
CASTLE BUILDINGS**

Present:

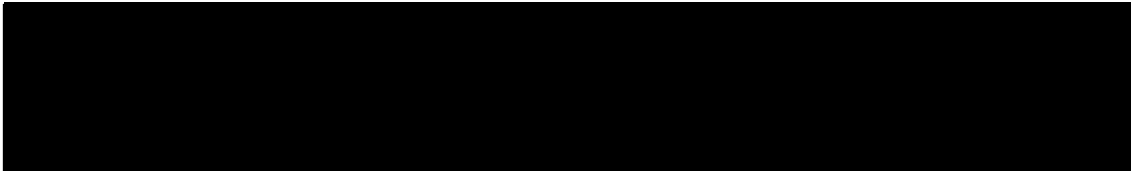
Dr B Devlin
Dr R F Houston (Chairman)
Dr E J Mackle
Dr K Moles
Dr T C Morris
Mr F J Mullan
Mr M McCann

Dr C J McClelland
Dr W McConnell
Dr G McKee
Dr I Orr
Dr M Parker
Dr M Shields
Dr D Stewart

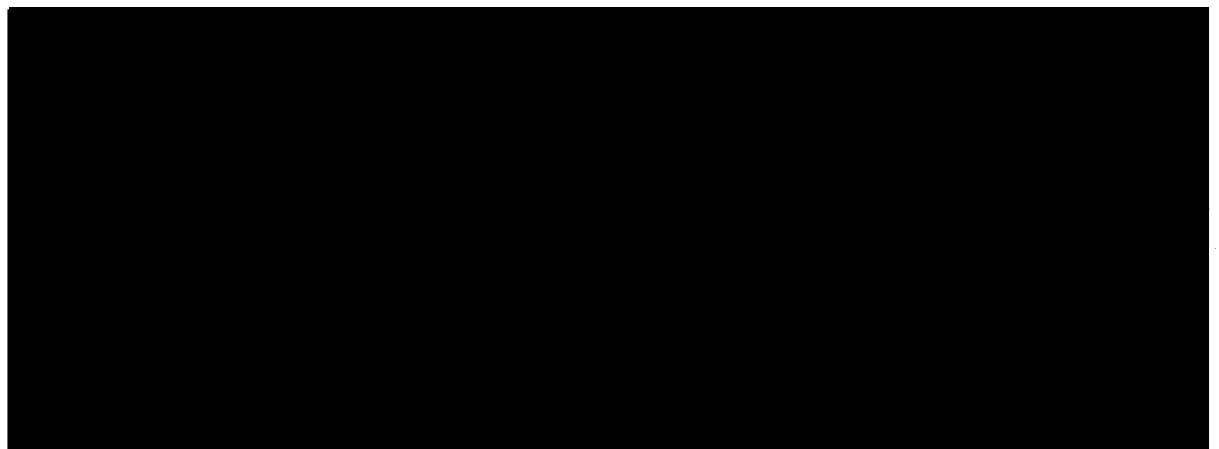
In attendance:

Dr P Woods


1. Apologies



2. Chairman's Business



3. Minutes of the Last Meeting



4. Matters Arising

- **GMS Contract – Update**



- **Consent**

At the last meeting of HSSC which was held in February members had expressed concerns about the loss of information to the Cancer Register. Members had suggested that a legal opinion should be sought to resolve this issue. Dr Woods reported that the advice of the Department's information management branch was that each case would be assessed on an individual basis. A lengthy discussion followed on how best to implement the consent process effectively and efficiently.

Members suggested the following:

- The Department should clarify the issue with the Cancer Registry prior to determining a need for legal opinion.
- The Department should provide clear guidance and take overall responsibility.
- Data needs to be meaningful.
- IT facilities should be maximised.
- Consent forms needs to be tailored to ensure consistency. Each Trust should be consistent ensuring good practice across the HPSS.
- As surgeons are responsible for the completion of the consent form, it was suggested that forums such as SAC could develop guidelines for completion of the consent forms.

Members highlighted that the whole process was causing clinicians a lot of concern, due to the length of time it took to complete the consent form.

An audit of the consent forms had taken place in Altnagelvin and the report indicated that junior doctors were much better completing the forms than the surgeons.

Dr Woods agreed to seek the views of each of the SACs.

**ACTION POINT: ADVICE ON CONSENT TO BE
SOUGHT FROM EACH SAC**

• **Best Practice Best Care**

Members were referred to Paper HSSC 17/05. This paper provided an update of progress and developments. Dr Woods outlined the key elements as follows:-

The HPSS Regulation and Improvement Authority (HPSSRIA) commenced work on 1st April 2005. Work is ongoing to ensure that NICE recommendations are given consideration. The Service Level Agreement is close to completion. The NCAA will provide an advisory service to take referral from HSS Trust and Boards, and other relevant PSS bodies so that they can take appropriate action in addressing concerns over poor performance.

The Clinical and Social Governance Support Team (CSCGST) is continuing with an extensive programme for work in 2005/2006. An evaluation is underway at present. Dr B Devlin expressed concern about the title of the NI Shipman Inquiry. He felt it could be portrayed as offensive to the Shipman family.

Members further highlighted the need for improved responsiveness to serious adverse incident reports, clarity of accountability and links to root cause analysis. They also urged speed in finalising guidance.

5. **Future of SACS**

A workshop on the future of SACS had been held on 21st June 2005. Members were asked to note Paper HSSC 18/05 which summarised the outcome of the survey and the proposals for future options. Members were asked to comment on the future options:

The Committee made the following comments:

- The Department needs more advice not less.
- Some SACs had a common theme and members felt that a forum other than SACs could address these.
- The SACs which were more productive were the ones that held pre-meetings as a matter of course.
- Members suggested that all SACs could be held on the one day to reduce travelling etc.

Dr Morris suggested that a model similar to The Academy of Medical Royal Colleges, which already meets regularly in Scotland and Wales, could be set up in Northern Ireland. Key DHSSPS representatives and elected representatives from each SAC could be invited to attend. The committee supported this forum but advised that the outcome of the Review of Public Administration would have a bearing on the future committee structure.

6. Developing Better Services

Members received a paper highlighting the ongoing activity on the implementation of Developing Better Services. (DBS).

Members made the following comments;

- They expressed frustration in the slow progress to date;
- The aspiration that nothing changes until everything changes was simply unrealistic;
- The focus on capital development with little apparent consideration of other relevant developments;
- Limited development of Managed Clinical Networks.

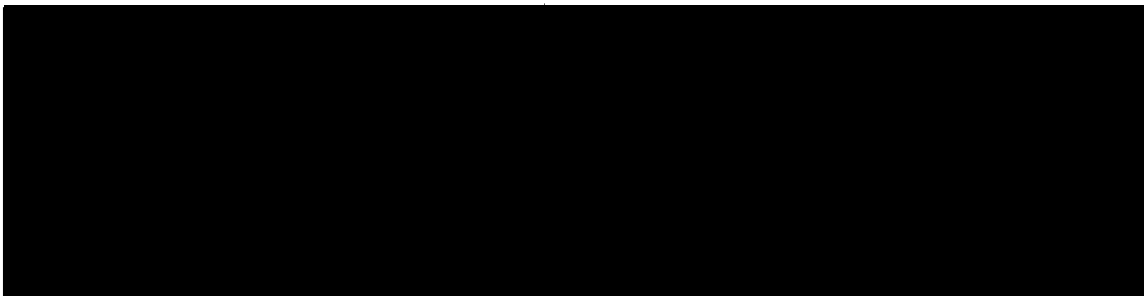
7. Modernising Medical Careers

The first wave of Foundation programmes began in August 2005. A specialist training curriculum is being developed by each Royal College and it is hoped it will begin in 2007.

The following points arose in discussion;

- centred on the huge responsibility this model places on those providing career advice;
- It was felt that a lot of doctors will take ST1/ESA posts creating a new "lost tribe";
- Was there capacity within current training programmes/
- Was there capacity to absorb the output of training programmes?

8. New Contract for SAS Doctors



[REDACTED]

9. **Survey of Non Consultant Career Grade Doctors**

Dr Woods summarised the results of the survey undertaken in September 2004 and expressed disappointment with the overall response rate which was 44%. Overall, two thirds of respondents were female. Although the response rate was poor, some broad conclusions could be drawn from the results obtained. Of note was that the majority of doctors in this grade were local graduates.

10. **Regrading to Associate Specialist**

[REDACTED]

10.1 **Staff Grade Proposal Neonatology**

[REDACTED]

11 **Any Other Business**

[REDACTED]

12. **Date of Next Meeting**

[REDACTED]