HOSPITAL SERVICES SUB -COMMITTEE OF THE CENTRAL MEDICAL ADVISORY COMMITTEE

The next meeting of the Hospital Services Sub-Committee will be held on Wednesday 1st March 2006 at 2.15pm in Room C3.18, Castle Buildings.

AGENDA

1. Apologies.
2. Chairman's Business.
3. Minutes of the Last Meeting — **HSSC 2/06**
4. Matters Arising from the Minutes
   - Future of SACs
   - Best Practice – Best Care
5. Specialist Registrar Staffing 2006/2007
6. Modernising Medical Careers
7. ISG – The Improving Junior Doctors' Working Lives-Implementation Support Group – Annual Report 2004-2005
8. Consent
9. Modernisation and Services Reform – ***Ms Avril Imison***
10. Improving Services for Major Trauma – Consultation Document
11. Re-grading to Associate Specialist
    - Dr V McGoldrick
    - Dr D Hughes
    - Dr Carol Campbell
12. Any Other Business
13. Date of Next Meeting

11. Any Other Business

12. Date of Next Meeting

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

1 MARCH 2006 AT 2.15PM
IN ROOM C3.18,
CASTLE BUILDINGS

Present:

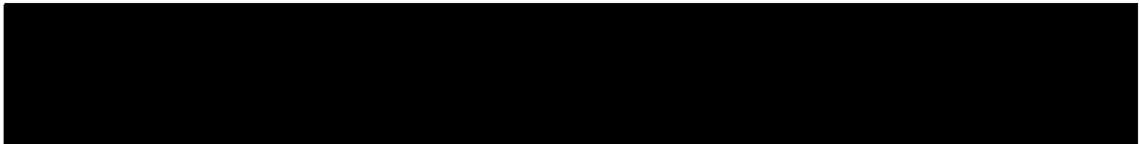
Dr R F Houston (Chairman)
Mr M J Hawe
Dr J Jenkins
Dr T C Morris
Dr P Murphy
Mr M McCann
Dr W McConnell
Dr G McKee
Dr I Orr
Dr M O'Neill
Dr I M Rea

In attendance:

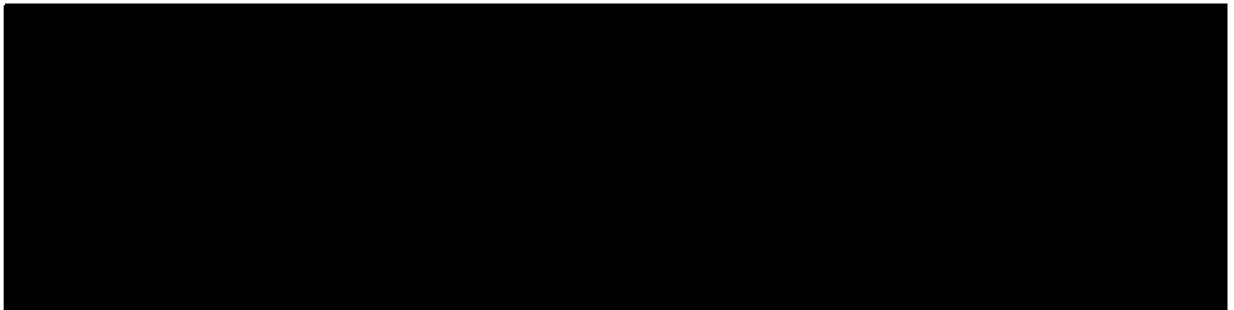
Dr G Mock
Dr P Woods

Ms A Imison

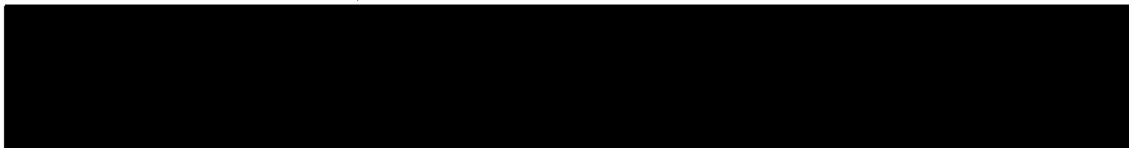
1. Apologies.



2. Chairman's Business.



3. **Minutes of the last meeting.**



4. **Matters Arising.**

The Chairman reported that there were two matters arising from the last meeting: -

- **Future of SACS.**

  Dr Woods advised that the paper on the future of SACs had now been considered by each of the Specialty Advisory Committees. However, the recent publication of the Review of Public Administration would have a bearing on advisory structures. By a similar token, a new CMO also is likely to have views on the future shape of the advisory system.

  One suggestion was a Northern Ireland Academy of Medical Royal Colleges as a means of advice. Members felt that involvement in advisory committees should be reflected in job plans. Change gave the opportunity to formalise advisory roles through specifying the expectation on committee members.

- **Best Practice Best Care.**

  Dr Woods advised that a review of medical appraisal systems throughout the HPSS had recently been completed. Some initial findings had been shared with Trust Medical Directors. There was a significant fall off in the percentage of completed consultant appraisals in the year 2003/2004. There was consistently low completion rates for doctors in training and non-consultant doctors. Members thought that the process could be carried out more efficiently and that a lot of doctors have not been appraised. The importance of training was also highlighted.

5. **Special Registrar Staffing 2006/2007.**

Dr Woods summarised the findings of each SAC's review of consultant medical staffing which had concluded with SAC Pathology, held the previous day.
Members were supportive of the projections set out. They expressed concern that no funds had been available for investment in additional specialist trainees in the past year and at the prospect of the same situation arising in the in-coming year. The position of elderly care was highlighted as a priority given demographic change and the growing contribution of these physicians to acute care.

6. **Modernising Medical Careers.**

Dr Woods referred members to the paper setting out the UK MMC Career Framework Proposal. The framework set out the various options available at different stages of a doctor's career. He advised that this was still work in progress.

Members expressed the importance of post CCT training availability. They also expressed concern about the introduction of a sub-consultant grade and whether there would be consultant posts for career grade doctors who gained access to the specialist register.

7. **ISG – The Improving Junior Doctors' Working Lives – Implementation Support Group – Annual Report 2004 – 2005.**

Dr Woods outlined the main findings in "The Improving Junior Doctors' Working Lives Implementation Support Group Annual Report 2004 – 2005". In the Spring of 2005, 81% of doctors in training had working arrangements which complied with the requirements of the New Deal. EWTD compliance stood at 70%. It was agreed that much work was still required to meet the July 2009 EWTD target.

Dr Morris highlighted the anomaly in the Department's approach to the EWTD in comparison to the European Directive on Blood Safety. He was aware of no investment or guidance to ensure the implementation of the latter directive.

Dr Mock agreed to raise this issue with the Department.

ACTION: - Dr Mock

8. **Consent.**

Dr Woods reported that, in line with the Committee's advice, the views of the SACs had been sought on the new consent process. It was generally agreed that the new arrangements were time consuming but necessary. The procedure could be ameliorated by the production of literature and use of pre-op assessment clinics.

Should be Dr Rea

Dr Morris enquired whether there was scope to amend consent forms. Dr O'Neill advised that there was a need to consider consent issues for students.

ACTION – Dr Woods.

9. **Modernisation and Services Reform.**

The Chairman welcomed Ms Avril Imison, Elective Reform Team, to the meeting.

Ms Imison proceeded to give a presentation "Reform of Elective Care in Northern Ireland", [attached for members attention (HSSC 11/06)]. She outlined the work to date in identifying demand for elective services and the identification of capacity to meet that demand.

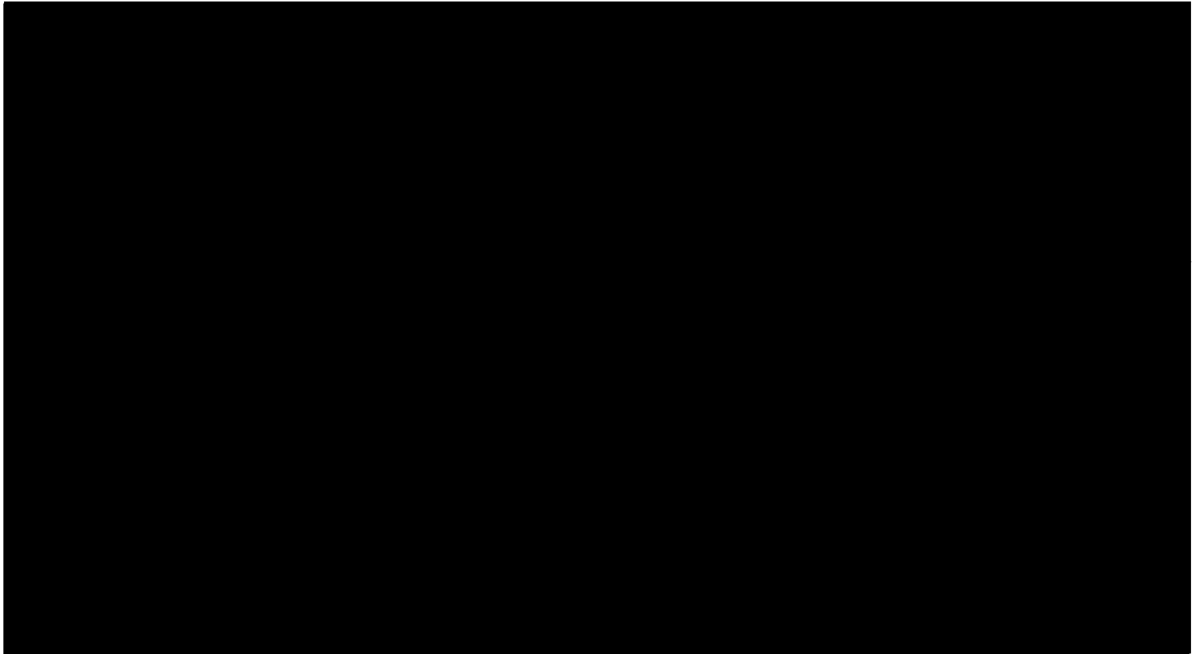
She highlighted the principles of the reform to out-patient services. This involved the common triage of all referrals by a multidisciplinary team. Referrals would be processed through an Integrated Clinical Assessment and Treatment Service (ICATS). This could result in five outcomes, rather than the single one, consultant outpatient appointment, available at present. One of the alternative approachs is delivered by GPs with a special interest. The aim is that by December 2007 no patient should wait more than 13 weeks from GP referral to decision to treat and no longer than 5 months from decision to treat to completing in-patient or day case treatment.

Members made the following points;

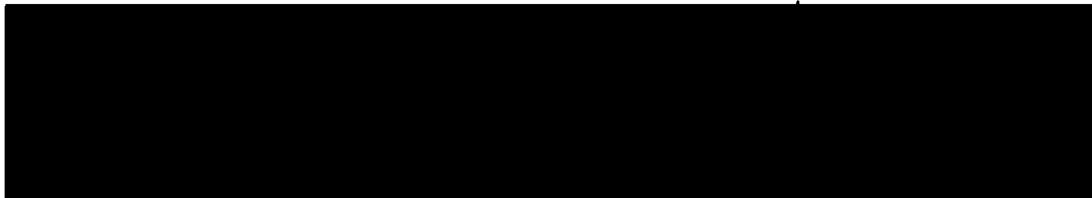
- the diagnostic process can be complicated and that the 13 week target may prove difficult to meet;
- there may be particular difficulties with some specialities, such as haematology;
- the 6 week notice of periods of leave may also prove hard to meet;
- coordination between GPs and the ICATS teams would be very important; and
- the issue of training for GPs was also highlighted.

The Chairman concluded by thanking Ms Imison for her presentation and acknowledged the additional funding being provided for the project.

10. Improving Services for Major Trauma – Consultation Document.



11. Regrading to Associate Specialist.



12. Any Other Business.

13. Date of Next Meeting.